



PHARMACEUTICAL CARE NETWORK EUROPE

Working Conference 2013 – Abstract

Collaborative pharmaceutical care in research and practice

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The above mentioned participant in the PCNE WC 2013 wishes to submit following abstract for a poster or oral communication. If accepted and presented, the abstract will be published in the International Journal of Clinical Pharmacy. Please make sure the abstract is no longer than 350 words, excl. author-details.

Title	
Informal caregivers' willingness to use Home Medicines Review: Developing and testing the Knowledge Hassles Information Seeking Model (KHISM)	
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*Presenting author	Poster presentation preferred
Type of abstract	
<input checked="" type="checkbox"/> Research <input type="checkbox"/> Practice development <input type="checkbox"/> Practice implementation	
Aim of project/study	
<p>Informal caregivers (caregivers) have a key role in ensuring that some of the most vulnerable members of the community have access to pharmaceutical care services. Little is known about the psycho-social factors which influence caregivers' willingness to assist their care-recipient to use these services.</p> <p>Previous qualitative research shows that in relation to Australia's Home Medicine Review (HMR), caregivers' outcome expectancy is grounded in information-seeking.¹ The study aimed to develop and test a new theoretical model of health behaviour, the Knowledge Hassles Information-Seeking Model (KHISM). The term "knowledge hassles" was coined to describe the mild form of stress that caregivers experience because of the need to repeatedly process information about their care-recipient's medicines. It was predicted that caregivers' knowledge hassles would increase their outcome expectancy and willingness to participate in an Australian medication management service, Home Medicines Review (HMR).</p>	

Method

A cross sectional postal survey was conducted in 2009 among 2350 members of a support group for caregivers, CARERS (NSW, Australia). Respondents were included in the study if they were involved in medication-related tasks for their care-recipient and were not paid as caregivers. Their care-recipient needed to be taking more than 5 medicines daily or more than 12 doses daily and not have experienced HMR. Structural equation modelling was used to test the model.

Result(s)

Surveys received from 324 eligible respondents (14%) were analysed. Respondents recorded high levels of willingness to participate in HMR. The model predicted 51% of the variation in willingness. Analysis of the structural model revealed that knowledge hassles increased outcome expectancy (Beta=0.43, $p<0.05$) and indirectly increased willingness (Beta=0.19, $p<0.05$).

In conclusion, the more caregivers' experience knowledge hassles, the more they perceive HMR to be a helpful information source and the more willing they are to use it. General practitioners and pharmacists who sense that informal caregivers appear stressed about complicated medication regimens should consider whether care-recipients may be interested in facilitating pharmaceutical care services for their care-recipient. Further exploration of the Knowledge Hassle Information Seeking model (KHISM) is warranted.

¹ White L, Klinner C, Carter S. Consumer perspectives of the Australian Home Medicines Review program: benefits and barriers. *Research in Social and Administrative Pharmacy*. 2012; 8: 4-16.

+++ NB: PhD students still pay the early bird fee for their abstract if their abstract is accepted ++++