

## **An Examination of Treatment Seeking Behavior Affecting Factors: A Qualitative Study in Iran**

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**Abstract:** Care seeking behavior is the process of care seeking by individuals for improving the perceived disease. The decision making for the treatment seeking is a dynamic and continual process which can be affected with various factors. These factors are divided to internal and external factors. This qualitative study was done in 3 phases including literature review, interview and Delphi process for extracting the determinants of treatment seeking behavior. In the first phase, the key words, including treatment seeking behavior, care seeking behavior, consumer behavior and consumption pattern, were searched in data bases of Google scholar, Pubmed, Science direct, emerald and SID and 86 full text and 214 abstracts studied. In second phase, interviews were done with 20 Healthcare and health marketing experts. Factors were extracted using content analysis method. Effective factors on treatment seeking behavior were divided to five groups including: psychological, individual, socio-cultural and familial, marketing and situational factors. 19 items of Psychological factors, 14 items of individual factors, 14 items of socio-cultural and familial factors, 20 items of situational factors and 5 items of marketing factors were identified. This study indicated that care seeking behavior can be affected with different factors which should be considered in policy-making.

**Key words:** Treatment Seeking Behavior • Care Seeking Behavior • Utilization • Consumer Behavior • Consumption Pattern

### **INTRODUCTION**

The Behavior is defined as the internal coordinated responses of individuals and groups to an external or internal stimulus that is changeable [1].

Consumer behavior is defined as the behavior that consumer display in searching for purchasing, using, evaluating and disposing of product and services to satisfy their needs [2]. The utilization of health services can be viewed as a type of individual Behavior. Generally, individual behavior is explained as a function of characteristics of the individual himself, environment in which he lives and/or some interaction of these individual

and societal forces [3]. One of the first theories of health care utilization was the sick role as proposed by Parsons (1951). According to this theory, when an individual is sick, they adopt a role of being ill. This sick role has four main components: 1) the individual is not responsible for their state of illness and is not expected to be able to heal without assistance; 2) the individual is excused from Performing normal roles and tasks; 3) there is general recognition that being sick is an undesirable state; and 4) to facilitate recovery, the individual is expected to Seek medical, Assistance and to comply with medical treatment. Parsons' theory attempted to identify typically seen behavior in individuals who are ill [4].

Second, Suchman's stages of illness and medical care (1965) indicates five stages of the individual's decision process in determining whether or not to utilize health care: 1) the individual's symptom experience, including pain, emotion and recognition of experience as symptomatic of illness; 2) the individual's assumption of a sick role. During this second stage, the individual also explores his or her lay referral system for validation of the sick role and for exploration of treatment options; 3) medical care contact. During this stage the individual seeks a professional health care system. 4) The assumption of a dependent-patient role via acceptance of professional health care treatment. It is possible for this stage to be disrupted if the individual and the professional health care provider have differing opinions of the illness; 5) the individual's recovery from illness [5].

Therefore, care seeking behavior displays the process of the remedial actions that individuals accept to improvement of their perceived disease [6]. Care seeking behavior is a dynamic and continual process which can be affected with various factors. These factors are divided into internal and external factors [7]. Recognition of care seeking behavior mood in each society will help to optimize allocation and distribution of the health care resources [8]. Also, it will help to better planning for improvement of accessibility, service quality or appropriate management of the consumption flow [9]. Indeed, inappropriate strategy adoption in the health sector will lead to reduction in service consumption [10]. Moreover, continual improvement in early diagnosis and treatment of disease is necessary for management of diseases [11]. And delay in diagnosis and treatment of disease is related to increased disease transmission, morbidity and mortality [12]. The point of care seeking affects the treatment, its outcomes [13] and the future course of the disease [14]. Active behavior of the health information seeking can increase the knowledge, satisfaction and treatment of ailments as well as it can reduce fear and unreliability [15]. Generally 69 percent of the total costs in the health sector are heavily affected by consuming behavior [16]. Thereupon the recognition of the effective factors on services consumption is a very important economical and sanitary subject and appropriate conception of the imperative factors on the individuals' use of the health services is important in evaluation of the policies related to accessibility in the health system [17].

As a result, researchers, practitioners, educators and policymakers regularly confront questions regarding the extent to which people have access to health care, the quality of this care and the nature of how, where, when

and why people utilize (or do not utilize) existing health care resources. The implications of these more recent initiatives suggest a sustained collaborative effort that spans the health care system, research, business, the media and participatory community action [18].

## **MATERIALS AND METHODS**

The current research is a qualitative study in which it accomplished 3 phases:

**Literature Review:** In the first phase of research, we systematically reviewed the library resources, journals and articles related to this subject until definition of care seeking behavior and its related factors are obtained. The key words, including treatment seeking behavior, care seeking behavior, consumer behavior and consumption pattern, were searched in data bases of Google scholar, Pubmed, Science direct, Emerald and SID.

**Interview with the Health Care Experts:** In this phase, some depth interviews were done with healthcare and health marketing experts. The inclusion criteria for interviewee selection included special knowledge, management background in health care, interested to participate in research and active participation in studying extent. We used semi-structured and deep interviewing technique because it gives enough time and freedom to interviewees for expression of their opinions. Indeed, the purposive sampling approach and snowball sampling method were used. In the end of second phase, we summarized the dimensions of treatment seeking behavior and its affecting factors in a checklist that was used for consensus-building in Delphi rounds.

**Process of the Delphi and Consensus-Building:** In this phase we obtained the consensus of research sample about the concept of treatment seeking behavior and its related factors. Totally, 2 rounds of Delphi were done. In each round, interviewees of 2<sup>nd</sup> phase, votes to all items of checklist in 5-points LIKERT scale. We used mean and SD for definition of consensus or non-consensus.

## **RESULTS**

In the first phase of study (literature review) we studied 300 articles including 86 full text and 214 abstracts from them the definitions and affecting factors of treatment seeking behavior were extracted. In the 2<sup>nd</sup> phase we obtained opinions of 20 experts. Totally, in

Table 1: Demographic characteristic of interviewees

Variable		Number	Percent
Gender	Female	8	40%
	Male	12	60%
Field of study	Health education	4	20%
	Medical education	3	15%
	Health management	10	50%
	Health policy	3	15%
Education	Ph.D	20	100%

theses phases we found 75 affecting factors of treatment seeking behavior which were summarized in a checklist. Prepared checklist was given to research sample that they scored the items based on 5-points LIKERT scale in which score 1 demonstrated the lowest important item and score 5 the most important item. Finally mean and standard deviation of each item computed and items with mean beyond 4 and standard deviation of lower than 1 confirmed and items with mean less than 2 and standard deviation more than 1 rejected. Other items entered to the second round. In the second round, all items with mean beyond 4 and standard deviation less than 1 confirmed and items with mean less than 2 and standard deviation more than 1 rejected. Totally, 68 items obtained consensus in Delphi rounds. In a focus group with health experts the confirmed items were categorized in 5 categories includes: psychological, situational, sociology-cultural-familial, individual and marketing factors. In category of psychological factors 14 items, situational factors 17 items, socio-cultural-familial factors 13 items, individual factors 18 items and marketing factors 6 items identified. Among these categories, individual dimension had the lowest score in treatment seeking behavior and marketing dimension has not score in treatment seeking behavior and dimensions of situational, socio-cultural and familial, psychological and individual were in the following categories.

The demographic characteristics of interviewee are shown in the Table 1.

Also, the affecting factors of treatment-seeking behavior summarized in Table 2.

The mean and standard deviation of treatment seeking behavior dimensions in the consensus round of Delphi process are shown in Table 3.

## DISCUSSION AND CONCLUSION

In this study, we attempted to find the affecting factors of treatment seeking behavior. Based on the findings, a total of 75 factors which can be categorized in 5 categories (individual, psychological, socio-cultural and familial, situational and marketing factors) affect the treatment seeking behavior.

Existing literatures suggest that treatment seeking behavior is a multidimensional issue and various models such as Rosenstock's health belief model andersen's health behavior model and Young's choice-making model have been offered about its dimensions and affective factors [19].

The health belief model (Rosenstock, Strecher, & Becker, 1994) discusses the individual's actions to treat and prevent disease via consideration of four central variables: 1) the individual's perceived susceptibility to disease, 2) the individual's perception of illness severity, 3) the individual's rational perception of benefits versus costs and 4) the individual's cues to action [20]. Also andersen (1968) developed a model of health care utilization which looks at three categories of determinants. This model explains the treatment seeking behavior as a function of 3 categories of factors including predisposing factors (socio-cultural characteristics, social structure, health beliefs and demographic variables), enabling factors (the logical aspects of obtaining care include personal/family factors, community-level factors and possible additions such as genetic and psychological attributes) and need factors which are the immediate causes of treatment seeking [21, 22]. Young (1981) proposed a choice-making model which is based on his ethnographic studies of health services utilization in Mexico. This model incorporates four components that are most essential to the individual's health service choice: 1) perceptions of gravity; 2) the knowledge of a home treatment; 3) the faith in remedy and 4) the accessibility of treatment [23].

All of these models have been attempted to conceptualize the treatment seeking behavior general dimensions and its affective factors. In this study, we purposed to provide a comprehensive list of the treatment seeking behavior affective factors that can be used as a baseline for designing a valid tool of treatment seeking behavior surveys.

Although, it is difficult to identify which determinants are most influential in the decision making to utilize health care but existing knowledge suggests that culture, economics, access, perceptions, health knowledge and literacy, belief in efficacy, age, gender and social roles are all among the extensive list of factors influencing both the choice to seek health care and the assessment of which health care option to utilize for prevention and treatment of illness [19]. In this study, we identified and categorized the determinants of treatment seeking behavior as followings:

Table 2: Affective factors of treatment seeking behavior

Dimension	Factors
Psychological	<ol style="list-style-type: none"> <li>1.fear of death and treatment outcomes</li> <li>2.fear of financial consequences</li> <li>3. shame</li> <li>4.depression</li> <li>5.stress</li> <li>6.denial</li> <li>7.negative experience</li> <li>8.anxiety</li> <li>9.motivation</li> <li>10.patients perspective toward disease, health sector personnel and health services</li> <li>11.patient expectations</li> <li>12.hesitate</li> <li>13.various perception to disease and health</li> <li>14.dissatisfaction from available treatment options because of not beneficially, belief in efficacy</li> <li>15.not troubling for others</li> <li>16.self esteem</li> <li>17.judgment and prejudge</li> <li>18.trusting to health care providers</li> <li>19. attitudes toward care</li> <li>20. fatalism</li> </ol>
Individual	<ol style="list-style-type: none"> <li>1. education</li> <li>2.age</li> <li>3.race</li> <li>4.religion</li> <li>5.previous medical history</li> <li>6.marital status</li> <li>7.occupation</li> <li>8.gender</li> <li>9. health status</li> <li>10.Smoking, Alcohol consumption</li> <li>11.level of individual independence</li> <li>12.health literacy</li> <li>13.severity and duration of problems</li> <li>14.level of individual disability because of that disease</li> <li>recognition of need and disease signs by individual</li> </ol>
Socio-cultural and familial	<ol style="list-style-type: none"> <li>1.families and society duties and responsibility of individual</li> <li>2.household size</li> <li>3.social interaction to disease</li> <li>4.family income</li> <li>5. society values</li> <li>6.linguistics barriers</li> <li>7. living site</li> <li>8.housing</li> <li>9. society beliefs and traditions</li> <li>10.support and encourage of patient by family and friends</li> <li>11.relationship problems of individuals with health facilities</li> <li>12.relationship gap between patient and physician</li> <li>13.recommendation of others</li> <li>14. culture of silence and disease tolerance</li> </ol>
Situational	<ol style="list-style-type: none"> <li>1.health care quality</li> <li>2.geographical situation of health facilities</li> <li>3. number of health care provider organizations</li> <li>4.duration of treatment</li> <li>5.side effects of disease</li> <li>6. type and frequency of required care</li> </ol>

Table 2: Continued

Dimension	Factors
	6.treatment methods
	7.lack of privacy in care
	8. medicine systems
	9.waiting time in health centers
	10.shortage of physician and equipments
	11. activity limited hours of health care provider center
	12.long distance
	13.referral system
	14. extent of insurance coverage
	15.comfort and charm of health care centers
	16. accountability of health care providers
	17.out of pocket expenditure
	18. reimbursements for episodic care
	19.suggestions and treatment plans
	20.insurance mechanisms
Marketing	1.cost of services
	2. the availability of education and consultation
	3.advertisement
	4. preferred information sources by patient
	5. method of information emission

Table 3: Mean and standard deviation of treatment seeking behavior dimensions in the consensus round

Dimension	Mean	SD
Individual	3.13	1.13
Psychology	3.17	1.19
Socio-cultural and familial	4.19	0.97
Situational	4.40	0.84
Marketing	4.42	0.80

**Individual Factors:** In the process of study we identified 14 individual factors that can affect the treatment seeking behavior (Table 2). Some another authors believe that the way persons behave is caused by factors which are specific to their as a person, their personality or other internal characteristics [24]. Previous studies have been indicated that socio-cultural factors including marital status [25], gender, age, family size, occupation [26], Smoking, Alcohol consumption, language [27], Literacy level, Place of residence, severity and complication of disease [28] housing status and Physical Functioning [29], affect the treatment seeking behavior.

**Psychological Factors:** Definitions of psychological, relate to the state of mind and behavior of an individual or a group. The definition of psychosocial factors is then: an agent of the mind or behavior of an individual or group that actively contributes to a result [30]. In this research we identified a total of 20 psychological factors which contribute in treatment seeking behavior. In some previous studies, psychological factors such as the risk of depression, stress [31], fear of death, fatalism, shame, preference for traditional healing [32], various perceptions

from disease and health [27], the emotion of fear, intensity of negative feelings [33], individual perceptions [34], were identified as Psychological determinants of treatment seeking behavior.

**Socio-Cultural and Familial Factors:** Culture is defined as a shared set of traits in a society, where traits are characteristics of human societies that are potentially transmitted by non-genetic means. Culture means the whole complex of traditional behavior which has been developed by the human race and is successively learned by each generation. It can mean the forms of traditional behavior which are characteristic of a given society or of a group of societies, certain race, certain area or of a certain period of time [35]. Our study identified a total of 14 socio-cultural and familial factors that affect the style of treatment seeking behavior. In the other studies, authors have been explained that positive social interaction [36], society duties and responsibility of individual [37], society values and tradition [32], other individuals recommendation [7], cultural patterns [38], are among the affective socio-cultural and familial factors of treatment seeking behavior.

**Situational Factors:** A situational factor is an external factor that affects the behavior of individuals. Sometimes we assume that someone's behavior depends upon their current circumstances or situation; the cause of their behavior is seen to be external to the individual, e.g. circumstances such as the actions of others, the nature of the situation, social pressures, or luck [24]. In this study, we identified 20 situational factors that affect the behavior of individuals in relation of care seeking. In previous studies, health care practices type, quality and frequency [39], geographic location, residence [40], Partnerships between the allopathic and traditional/complementary health sectors in research, policy and practice [37]. reimbursements for episodic care [41], mean out-of-pocket expenditure on illness and mean out-of-pocket expenditure for hospitalization, availability of drugs/services and extremely formal procedures at public hospitals, poor coverage of any health insurance program [42], the long distances and lack of public transportation, subsequent referrals, type of decentralized health system [43], unemployment, poverty [31], were expressed as situational affective factors of treatment seeking behavior.

**Marketing Factors:** In today's era of communication and media, marketing attempts of companies such as advertisement shape the individual and group behavior. This study identified 5 marketing factors that can affect the treatment seeking behavior. The previous studies have been indicated that preferred information sources by patient [44], education and method of information emission [32]. role of social support, guided learning and publicity [45], role of media exposure [46], public awareness about the causes and treatment of illness, common external sources of information for seeking treatment [47], are affecting factors of treatment seeking behavior.

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