



Extended Research Article

How lived experiences of illness trajectories, burdens of treatment, and social inequalities shape service user and caregiver participation in health and social care: a theory-informed qualitative evidence synthesis

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Plain language summary

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When we become ill or need to look after others, we may have to do a lot of work. We may need to check, manage and record our symptoms; do different diets or physical activities; obtain and use different drugs, dressings and medical devices. We may also need to learn new skills to look after ourselves and others. Sometimes, we have to work out how we are going to pay for care. Doing this work may be affected by the inequalities and differences that we start out with when we are ill, for example, our incomes, ethnicity, housing, education, gender and age. The kinds of illnesses we have, and how these change over time as symptoms progress, can make this work harder, and we may find it difficult to look after ourselves or others.

To understand these challenges, and how they affect people's experiences of health and illness, we looked at 279 studies by other researchers. They told us about people's everyday experiences of living with six health problems. These were long-term conditions (Parkinson's disease and schizophrenia); diseases that change over time (bipolar disorder and inflammatory bowel disease); and rapidly progressing diseases (brain cancer and young-onset dementia). These studies explored the ways in which people – and their caregivers – described their experiences of illness in their own words.

The 279 studies we looked at did not say much about the advantages and disadvantages that people start out with, but they did tell us about what is lost when people become sick. They lose 'social capital': this is their income, access to transport, and access to employment and networks of friends. They lose their 'personal capacity'; this happens when people find it difficult to access care, find their diagnosis shocking and become fearful about the future. Symptoms can make it difficult to manage and may also make people think differently about them. Finally, they may need to take responsibility for their care, as diagnoses and symptoms become more difficult over time. This study has identified key 'pressure points' that are opportunities for supporting people as they travel through pathways of illness and care. Interventions that fit these pressure points are likely to effectively solve problems around their ability to influence the organisation and delivery of their care.

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