

Access to Primary Care From the Perspective of Aboriginal Patients at an Urban Emergency Department

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<http://qhr.sagepub.com/content/21/3/333.full.pdf+html>

Abstract: In this article, we discuss findings from an ethnographic study in which we explored experiences of access to primary care services from the perspective of Aboriginal people seeking care at an emergency department (ED) located in a large Canadian city. Data were collected over 20 months of immersion in the ED, and included participant observation and in-depth interviews with 44 patients triaged as stable and nonurgent, most of whom were living in poverty and residing in the inner city. Three themes in the findings are discussed: (a) anticipating providers' assumptions; (b) seeking help for chronic pain; and (c) use of the ED as a reflection of social suffering. Implications of these findings are discussed in relation to the role of the ED as well as the broader primary care sector in responding to the needs of patients affected by poverty, racialization, and other forms of disadvantage.

“A little heaven in hell”: The role of a supervised injection facility in transforming place and its future

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MA Thesis, School of Criminology

<http://summit.sfu.ca/item/12116>

Abstract: While numerous studies on InSite (North America's first and only supervised injection facility (SIF)) have been published in leading international journals, little attention has been given to the potential role that InSite has played in transforming the landscape and culture of drug use in the Downtown Eastside (DTES) of Vancouver, British Columbia (BC). The present research was conducted on the premise of assessing the transformative role of InSite in the lives of injection drug users (IDUs) who are caught in a vicious cycle of substance abuse, poverty and homelessness. Semi-structured qualitative interviews were conducted with a purposively chosen sample of IDUs in Vancouver, Surrey, and Victoria, BC. Audio recorded interviews were transcribed verbatim and analyzed thematically using NVivo 8 software. Findings suggest attending InSite has numerous positive effects on the lives of IDUs. Furthermore, attending InSite has contributed to landscape and drug use transformation in the DTES. There is also an urgent need to expand the current facility to cities where injection drug use is prevalent. Cost-benefit and cost-effectiveness analysis conducted for this thesis suggests that funding additional SIFs in Vancouver would be an efficient and effective use of financial resources in the public health domain. Furthermore, there is a need for supervised inhalation rooms (SIRs) in Canada. Implementing a SIR could be based on the goals of prevention of infectious disease, reducing HIV and Hepatitis C risk behaviour, harm reduction education, reducing violence and improving safety.

Canada's Compassionate Care Benefit: Is it an adequate public health response to addressing the issue of caregiver burden in end-of-life care?

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<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3123207/>

Abstract: An increasingly significant public health issue in Canada, and elsewhere throughout the developed world, pertains to the provision of adequate palliative/end-of-life (P/EOL) care. Informal caregivers who take on the responsibility of providing P/EOL care often experience negative physical, mental, emotional, social and economic consequences. In this article, we specifically examine how Canada's Compassionate Care Benefit (CCB) - a contributory benefits social program aimed at informal P/EOL caregivers - operates as a public health response in sustaining informal caregivers providing P/EOL care, and whether or not it adequately addresses known aspects of caregiver burden that are addressed within the population health promotion (PHP) model.

“I always feared the bell”: A qualitative, textual analysis of www.bullying.org

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PhD Dissertation, School of Criminology

<http://summit.sfu.ca/item/11846>

Abstract: This cyber-research study involves a qualitative, textual analysis of the first 475 messages (as of December 31st, 2002) and the last 475 messages (as of August 30th, 2006) posted on the Canadian-based anti-bullying Web site, www.bullying.org. The 950 messages—from bullies, bully-victims, victims, bystanders, parents, school personnel, and many others—were categorized and coded in NVivo, a computer software package used in qualitative research. Both qualitative and quantitative methods were employed, including grounded theory, content analysis, discourse analysis, narrative analysis, and statistical analysis in the SPSS. A number of the “truisms” about school bullying—e.g., that it is more widespread or more virulent today than it was in the past—are challenged through an in-depth examination of 125 narrative accounts of bullying dating back over 20 years ago (some from over 60 years ago). This provides a longitudinal perspective that is invariably missing from contemporary school-based studies. The study adds new insights into the nature and level of violence involved in female bullying, and questions whether female bullying has really changed all that much through the years. It sheds new light on why bully-victims routinely appear in lower numbers in school-based samples than they do in “real life”, by demonstrating that many self-portrayed “victims” actually engage in bullying activities themselves. While the negative consequences of bullying are usually highlighted by researchers, this cyber-research study shows that bullying sometimes has neutral or even positive outcomes. An explanation is also offered for why anti-bullying programs have routinely produced negligible to modest results at best. Although this cyber-research study employed a “grounded theory” approach, the research findings offer new

empirical support for explanations of bullying involving theoretical constructs such as social capital, social support, status and stigma (labelling theory) and institutional anomie theory.

“I didn’t even know what I was looking for”: A qualitative study of the decision-making processes of Canadian medical tourists

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<http://www.globalizationandhealth.com/content/8/1/23>

Abstract: Medical tourism describes the private purchase and arrangement of medical care by patients across international borders. Increasing numbers of medical facilities in countries around the world are marketing their services to a receptive audience of international patients, a phenomenon that has largely been made possible by the growth of the Internet. The growth of the medical tourism industry has raised numerous concerns around patient safety and global health equity. In spite of these concerns, there is a lack of empirical research amongst medical tourism stakeholders. One such gap is a lack of engagement with medical tourists themselves, where there is currently little known about how medical tourists decide to access care abroad. We address this gap through examining aspects of Canadian medical tourists' decision-making processes. Semi-structured phone interviews were administered to 32 Canadians who had gone abroad as medical tourists. Interviews touched on motivations, assessment of risks, information seeking processes, and experiences at home and abroad. A thematic analysis of the interview transcripts followed. Three overarching themes emerged from the interviews: (1) information sources consulted; (2) motivations, considerations, and timing; and (3) personal and professional supports drawn upon. Patient testimonials and word of mouth connections amongst former medical tourists were accessed and relied upon more readily than the advice of family physicians. Neutral, third-party information sources were limited, which resulted in participants also relying on medical tourism facilitators and industry websites. While Canadian medical tourists are often thought to be motivated by wait times for surgery, cost and availability of procedures were common primary and secondary motivations for participants, demonstrating that motivations are layered and dynamic. The findings of this analysis offer a number of important factors that should be considered in the development of informational interventions targeting medical tourists. It is likely that trends observed amongst Canadian medical tourists apply to those from other nations due to the key role the transnational medium of the Internet plays in facilitating patients' private international medical travel.

“It is not going to change his life but it has picked him up”: A qualitative study of perspectives on long term oxygen therapy for people with chronic obstructive pulmonary disease

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<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3750579/?tool=pmcentrez&rendertype=abstract>

Abstract: Long-term oxygen therapy (LTOT) extends life in patients with chronic obstructive

pulmonary disease with severe hypoxaemia. Questionnaire-based studies of the effects of LTOT have not suggested uniformly positive findings. The few qualitative studies suggest that patients report benefits but also concerns about dependency on oxygen therapy. The aim of the study was to explore the views and experiences of COPD patients, their carers and the healthcare professionals who deliver these services, on the long-term use of oxygen therapy.

"It's a feel. That's what a lot of our evidence would consist of ": Public health practitioners' perspectives on evidence

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<http://ehp.sagepub.com/content/34/3/278.full.pdf+html>

Abstract: This article describes how evidence is defined and used in two British Columbia public health departments during the implementation of a Healthy Living initiative in 2009. Through interviews with 21 public health staff and decision makers, the author sought to investigate how “evidence” was defined by both frontline and management staff and how it was used in decision making. The authors found public health staff, particularly frontline practitioners, to be drawn to grassroots and local “lived experience” evidence. This tacit wisdom, in combination with evidence from academia and clinical evidence accessed through disciplinary or professional networks, offered a knowledge transition opportunity to inform decision making, rather than what can be characterized in the literature as unidirectional knowledge translation. It is often difficult for staff to digest and interpret research as part of their work day because of the volume and density of information that typically counts as evidence. Moreover, there exist challenges to identify and gather indicators as evidence of their work.

Learning to account for the social determinants of health affecting homeless persons

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<http://onlinelibrary.wiley.com/doi/10.1111/medu.12132/pdf>

Abstract: Intersecting social determinants of health constrain access to care and treatment adherence among homeless populations. Because clinicians seldom receive training in the social determinants of health, they may be unprepared to account for or address these factors when developing treatment strategies for homeless individuals. This study explored: (i) clinicians' preparedness to provide care responsive to the social determinants of health in homeless populations, and (ii) the steps taken by clinicians to overcome shortcomings in their clinical training in regard to the social determinants of health. Qualitative interviews were conducted with doctors ($n = 6$) and nurses ($n = 18$) in six Canadian cities. Participants had at least 2 years of experience in providing care to homeless populations. Interview transcripts were analysed using methods of constant comparison. Participants highlighted how, when first

providing care to this population, they were unprepared to account for or address social determinants shaping the health of homeless persons. However, participants recognised the necessity of addressing these factors to situate care within the social and structural contexts of homelessness. Participants' accounts illustrated that experiential learning was critical to increasing capacity to provide care responsive to the social determinants of health. Experiential learning was a continuous process that involved: (i) engaging with homeless persons in multiple settings and contexts to inform treatment strategies; (ii) evaluating the efficacy of treatment strategies through continued observation and critical reflection, and (iii) adjusting clinical practice to reflect observations and new knowledge. This study underscores the need for greater emphasis on the social determinants of health in medical education in the context of homelessness. These insights may help to inform the development and design of service-learning initiatives that integrate understandings of the social determinants of health, and thus potentially improve the readiness of clinicians to address the complex factors that shape the health of homeless populations.

Placing well-being and participation within processes of urban regeneration

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<http://www.emeraldinsight.com/journals.htm?articleid=17089691&show=abstract>

Abstract: The concepts of well-being and participation are prevalent in current regeneration policy, being seen as crucial to alleviating disadvantage and marginalisation in deprived communities. However little is understood about how such ambiguous concepts are articulated within urban regeneration practice. This paper seeks to present a reflective case study of research in a New Deal for Communities (NDC) area designed to understand different conceptualisations of well-being and participation in community places and regeneration practices.

Psychological Contracts across Cultures

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<http://oss.sagepub.com/content/31/11/1437.full.pdf+html>

Abstract: This paper explores the relationship between national culture and individuals' psychological contracts. Predicted relationships were drawn from prior theory that identified cognitive and motivational mechanisms through which culture manifests its influence. The dominant forms of psychological contracts were evaluated against predictions based on the national-level cultural values of vertical and horizontal individualism and collectivism in four countries. Results of interviews with 57 participants indicated that French interviewees (vertical individualist) described their psychological contracts as primarily exploitive, Canadians (horizontal individualist) as primarily instrumental, Chinese (vertical collectivist) as primarily

custodial and Norwegians (horizontal collectivist) as primarily communitarian. Exploration of the conditions under which patterns deviated from those predicted by the theory indicates potential areas for future theoretical development.

Public Sector Volunteering: Committed Staff, Multiple Logics, and Contradictory Strategies

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<http://rop.sagepub.com/content/30/2/235.full.pdf+html>

Abstract: Volunteers in government agencies are significant in the delivery of public services. The participation of these volunteers, however, is not straightforward and is restricted by conflicts between their needs and those of the agency. Although volunteer perspectives have been investigated, less is known about the experience of frontline staff. Using a qualitative study of a municipal ecology center in Canada, the author explores how a staff team committed to volunteers can develop and implement strategies that minimize volunteer involvement. Drawing on a central idea in institutional theory, institutional logics, the author identifies how the blending of elements from three main logics—professionalism, new public management, and community participation—can create contradictions in the staff's strategies toward volunteers. For those seeking greater participation of volunteers in public services, the findings suggest a need to recognize and assist frontline staff in navigating the institutional context that can shape volunteer–staff relationships.

Qualitative research in the digital era: Obstacles and opportunities

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<http://proxy.lib.sfu.ca/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=89171709&site=ehost-live>

Abstract: Although the many sites and opportunities available to researchers through the development and proliferation of the Internet are well known, little attention has been paid to what digital technologies and the world's developing digital infrastructure can offer qualitative researchers for the actual process of doing research. This article discusses opportunities that now exist that we have experimented with and implemented in our own research, such as viral sampling strategies, wireless interviewing, and voice recognition transcription, as well as impediments we have encountered that stand in their way. Included in the latter are research ethics boards who often lack expertise in issues that arise in computer-assisted research, hardware/software costs and technological expertise for researchers, and university administrations who have not embraced infrastructure for qualitative research to the same extent they have supported quantitative research. The article closes with a look at the implications of emerging issues, such as the trend to cloud computing, the proliferation of mobile devices, and the maturation of voice recognition software.

Should Canada's first and only supervised injection facility (InSite) be expanded in British Columbia, Canada?

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<http://www.harmreductionjournal.com/content/10/1/1>

Abstract: This article reports qualitative findings from a sample of 31 purposively chosen injection drug users (IDUs) from Vancouver, Surrey and Victoria, British Columbia interviewed to examine the context of safe injection site in transforming their lives. Further, the purpose is to determine whether the first and only Supervised injection facility (SIF) in North America, InSite, needs to be expanded to other cities.

Spirituality and Treatment Choices by South and East Asian Women with Serious Mental Illness

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<http://tps.sagepub.com/content/42/4/630.full.pdf+html>

Abstract: The purpose of this qualitative study is to investigate how South and East Asian immigrant women who have diagnoses of serious mental illness make treatment choices in relation to spirituality and to explore how gender, cultural beliefs, and spirituality intersect with the process of choice. The findings reveal that the process of spiritual choice includes three interrelated phases: (1) identifying contributing factors, (2) exploring spiritual resources and strategies, and (3) living with the choices. Variations among health beliefs and health care decisions are explained and services that women see as being helpful are identified.

Supporting Recovery by Improving Patient Engagement in a Forensic Mental Health Hospital: Results From a Demonstration Project

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<http://jap.sagepub.com/content/19/3/132.full.pdf+html>

Abstract: Mental health services are shifting toward approaches that promote patients' choices and acknowledge the value of their lived experiences. The effect of the intervention on patient- and system-level outcomes was studied using a naturalistic, prospective, longitudinal approach. Quantitative and qualitative data were gathered from inpatients and service providers twice during the 19-month intervention. Despite succeeding in supporting patients' participation, the intervention had minimal impacts on internalized stigma, personal recovery, personal empowerment, service engagement, therapeutic milieu, and the recovery orientation of services. Peer support demonstrated

positive effects on internalized stigma and personal recovery. Strengthening patient engagement contributes toward improving experiences of care in a forensic hospital, but it may

have limited effects on outcomes.

Toward integrated services for dementia: A formal carer perspective

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<http://www.swetswise.com/FullTextProxy/swproxy?url=http%3A%2F%2Fwww.emeraldinsight.com%2Fthirdparty.do%2F%3Fini%3Dswets%26ident%3D1476-9018%2820130101%2921%3A4L208%3B1-%26lkey%3D111111%26rkey%3D999999&ts=1378335941592&cs=3742126130&userName=8899983.ipdirect&emCondId=8899983&articleID=172688987&yevolD=99256826&titleID=232797&remoteAddr=142.58.133.147&hostType=PRO>

Abstract: Purpose – Policy has identified the need for integrated dementia services for older people. However, the role of the formal carer within an integrated framework of service delivery has not been well articulated in practice. The aim of this paper is to understand the experiences of formal carers working with the context of an integrated dementia service by exploring findings from a research-based evaluation. Design/methodology/approach – The evaluation captured the experiences of formal carers working within the service via observations, semi-structured interviews and focus groups. Findings – Working with an integrated service brings about individual, social and organisational challenges to the role of the formal carer, in terms of: delivering flexibility and responsiveness, providing continuity of care, ensuring cross-organisational working and acquiring skills, knowledge and expertise. Originality/value – To facilitate the successful delivery of integrated care, the emerging role of the formal carer needs to be more clearly articulated and supported within a service context.

“Unclear across a barren landscape”: Parents’ experiences with the aftermath of sudden infant death syndrome

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PhD Dissertation, School of Communication

<http://summit.sfu.ca/item/9366>

Abstract: The sudden and unexplained death of an apparently healthy infant produces a profound and catastrophic sense of loss in parents. This study examines these outcomes in a group of 21 Canadian parents who were each interviewed and asked to tell their story of how they dealt with the aftermath of a death due to sudden infant death syndrome (SIDS). Using a grounded theory approach the results were analyzed using NVivo software and the themes and concepts that arose are described. The findings describe the grief process and the sub-types of memories these parents articulate, ranging from extremely traumatic to dissociative to pleasant. Issues of coping and resilience are examined, as well as the unique social stressors that these parents encounter. Emerging issues including emotion and grief, the physiology of bereavement, and lactation issues are included. Additionally, unique circumstances relating to the death scene investigation are examined, as well as support mechanisms that these parents used, including online assistance. It is argued that there is a more nuanced and complex phenomenon at play following a SIDS death. By examining pertinent aspects of grief theory, emotional memory, and

post-traumatic stress disorder (PTSD) along with empirical evidence from interviews with parents, a more specific understanding of the unique trajectory that these parents undergo emerges. Grief theory explains issues including meaning reconstruction and ways in which healing occurs while PTSD and emotional memory add information on the extreme trauma and life-altering changes that parents described in the interviews. Thus the SIDS experience is unusual—not the same as other forms of grief, but also not as pathological as PTSD, since some parents do overcome the trauma on their own and do heal in time. The parents' narratives in this study help to introduce concepts that are emerging in the literature. These include aspects of complicated grief, physiological and anthropological dimensions of grief, and long-term effects relating to grief-related morbidity and mortality.

Understanding, embracing, rejecting: Women's negotiations of disability constructions and categorizations after becoming chronically ill

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<http://www.sciencedirect.com/science/article/pii/S0277953608004036#>

Abstract: The purpose of this article is to elucidate the various responses women have to being, or not being, categorized as disabled within specific spheres (e.g., medical, state) or places (e.g., doctor's office, work) after developing a contested chronic illness. Drawing on interviews conducted with 55 women living with fibromyalgia syndrome in Ontario, Canada, we examine how they come to understand various constructions of disability and whether or not they reflect their sense of self, and how and why they either embrace or reject external categorizations of themselves as disabled by the state or medical professionals. In doing so we contribute to the limited geographic literature which stresses the importance of spatiality and ways of being in place to ill and impaired persons' negotiations of the self and relationships with others. We find that negotiating disability was, for many, an emotionally charged and complex process, drawing on one or more strategies: reluctantly employing some meanings associated with 'being disabled' to achieve material ends, creating an understanding of disability that is most in keeping with one's sense of self, embracing other meanings to the extent that they offer a legitimate basis for identity, and/or rejecting disability in the interests of sustaining an existing identity. For those women in need of forms of state assistance such as income support and health care, state institutions exert powerful pressures to come to terms with what disability means in one's life - particularly as medical and state authorities classify people as 'disabled enough' or 'not disabled enough' for entitlement to state resources.

Wellness 101: health education for the university student

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<http://www.emeraldinsight.com/journals.htm?articleid=1865219&show=abstract>

Abstract: This paper aims to describe two phases of a mixed-method study: in phase I, the wellness practices of students at a Canadian university are reported. These data informed the

re-development of a first-year health education course. Subsequent to its revision, phase II of the study assessed the impact of the course on students' wellness practices and learnings.

When Health Care Workers Experience Mental Ill Health: Institutional Practices of Silence

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<http://qhr.sagepub.com/content/23/2/167.full.pdf+html>

Abstract: Based on findings from an institutional ethnography in a large mental health organization, we explore how institutional forces shape the experiences of health care workers with mental health issues. We interviewed 20 employees about their personal experiences with mental health issues and work and 12 workplace stakeholders about their interactions with workers who had mental health issues. We also reviewed organizational texts related to health, illness, and productivity. In analyzing transcripts and texts, silence emerged as a core underlying process characterizing individual and organizational responses to employees with mental health issues. Silence was an active practice that took many forms; it was pervasive, complex, and at times, paradoxical. It served many functions for workers and the organization. We discuss the theoretical and practical implications of the findings for workers with mental health issues.

Who is in charge of patient safety? Work practice, work processes and utopian views of automatic drug dispensing systems

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<http://www.sciencedirect.com/science/article/pii/S138650560600147X>

Abstract: In June 2003, a large, Canadian tertiary care facility introduced automatic drug dispensing machines on all units when it opened up a new building. In this paper, we provide an overview of the automatic drug dispensing system (ADS) implementation at the hospital. Our findings, based on daily field observations and interviews during and after implementation, with regular follow-up visits to the field site illustrate how the introduction of the ADS brought to light work practices that sometimes compromised patient safety. We suggest that utopian views of automatic drug dispensing machines obfuscate the challenges inherent to implementing such systems, and deter stakeholders from performing rigorous evaluation of the costs (both social and economic) and benefits of investing in such systems. Our work contributes to debates about the socio-technical efficacy of automating medication dispensing and delivery, and suggests that the balance of power in the patient safety equation lies in the work context and implementation issues, and not just the technology. For technology implementations to be successful considering that technologies frequently cross over jurisdictional boundaries, planning and implementation have to be conducted at a system wide level.

Workers' Experiences of Crises in the Delivery of Home Support Services to Older

Clients: A Qualitative Study

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<http://jag.sagepub.com/content/32/1/31.full.pdf+html>

Abstract: In the provision of care to older clients, home support workers regularly confront, avert, and manage crises. Semistructured interviews were conducted to explore the nature, type, and management of crises from the perspective of home support workers (N = 118) of older persons in British Columbia, Canada. The delivery of home health care occurs within a context of unpredictability related to scheduling, time constraints, variability of client need, and changing work environments. These events are experienced by 91% of home support workers and range from a serious medical incident (e.g., fall, death) to an interpersonal dilemma (e.g., client refusal of service, argument between worker and family member). Home support workers use a variety of strategies to manage these incidents. The analysis of crises enables us to better understand how agency and care policies may be more responsive to circumstances that challenge care work in home health settings.

“You’re dealing with an emotionally charged individual...”: an industry perspective on the challenges posed by medical tourists’ informal caregiver-companions

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<http://www.globalizationandhealth.com/content/9/1/31>

Abstract: Patients engage in medical tourism when they privately obtain a medical care abroad. Previous research shows that many medical tourists travel abroad with friends and family members who provide support and assistance. Meanwhile, very little is known about this important stakeholder group, referred to here as caregiver-companions. In this article we examine the challenges that can be posed by caregiver-companions and the overall practice of informal caregiving in medical tourism from an industry perspective. Specifically, we report on the findings of interviews conducted with international patient coordinators (IPCs) who work at destination facilities. IPCs come into regular contact with caregiver-companions in their professional positions and thus are ideally suited to comment on trends they have observed among this stakeholder group as well as the challenges they can pose to medical tourists, health workers, and facilities. We conducted 20 semi-structured interviews with 21 IPCs from 16 different facilities across nine countries. Topics probed in the interviews included caregiver-companion roles, IPCs’ and others’ interaction with caregiver-companions, and potential health and safety risks posed to medical tourists and caregiver-companions. Thematic analysis of the verbatim transcripts was employed. Although most participants encouraged medical tourists to travel with a caregiver-companion, many challenges associated with caregiver-companions were identified. Three themes best characterize the challenges that emerged: (1) caregiver-companions require time, attention and resources; (2) caregiver-companions can disrupt the provision of quality care; and (3) caregiver-companions

can be exposed to risks. IPCs pointed out that caregiver-companions may, for example, have a negative impact on the patient through cost of accompaniment or inadequate care provision. Caregiver-companions may also create unanticipated or extra work for IPCs, as additional clients and by ignoring established organizational rules, routines, and expectations. Furthermore, caregiver-companions may be susceptible to stresses and health and safety risks, which would further deteriorate their own abilities to offer the patient quality care. Although caregiver-companions can pose challenges to medical tourists, health workers, and medical tourism facilities, they can also assist in enhancing best care and offering meaningful support to medical tourists. If caregiver-companions are open to collaboration with IPCs, and particularly in the form of information sharing, then their experience abroad can be safer and less stressful for themselves and, by extension, for the accompanied patients and facility staff.