



# Tracking Ourselves?

*Caring for ourselves through everyday monitoring.*

## Executive Summary.

April 2020

## Everyday Experiences of Self-Monitoring

For an interactive version of this document, please see our web tool 'House of Tracking'. You can access this here:

<https://tracking-ourselves-house-of-tracking.group.shef.ac.uk>

## Project overview

Tracking Ourselves<sup>2</sup> is a research project concerned with exploring the everyday practices of people who undertake self-monitoring, focussing on the cases of blood pressure (BP) and body mass index (BMI). The project involved qualitative interviews and participants taking photographs of their monitoring activities (such as recording their BP or weight measurements) over a period of six months and focus groups with primary care professionals. The research is funded by the [Leverhulme Trust](#), and is a collaborative project between the Universities of [Sheffield](#), [Sussex](#) and [Brighton](#).

## Background

Technologies for people to track or monitor their own health have become increasingly popular. In the past, these were mainly used by clinicians, to routinely measure their patients' blood pressure (BP), heart rate, blood glucose or oxygen. Now, they are available to all. There are hopes that this kind of tracking might improve people's management of their own health and save healthcare costs. Yet, beyond studies undertaken through clinics or where devices are allocated to patients as part of research, there are still many questions about how and why people buy their own monitors and engage in self-tracking in their personal lives. We have been interested in the social and cultural reasons for, and consequences of, our increasing engagement in self-monitoring for health, self-care and fitness.

## Key findings

### How do people acquire a monitor?

We found that people acquire a monitor in many ways. Devices are purchased from a wide variety of places including pharmacies, supermarkets, online retailers, or borrowed from family, friends or colleagues. Some people buy a BP monitor following a GP appointment where their blood pressure was high, because they want to check it again without the anxiety of the clinic (also known as white coat hypertension). Sometimes, monitoring is done in an impromptu fashion, such as jumping on someone's bathroom scales or 'having a go' on their blood pressure monitor when visiting their house. Some people receive self-monitoring devices as gifts from family members or work colleagues.

### What are the reasons for self-monitoring?

People self-monitor for a number of reasons. People might monitor because of how they are feeling. Sometimes they do it when they feel anxious or they might weigh themselves if they are feeling sluggish or their clothes don't fit them properly. Sometimes, people begin to self-monitor BP following a high reading at the gym (such as a gym induction) or a health check at their local GP surgery. In this way, self-monitoring at home might work as a method of reassurance. People can check their readings in the comfort of their own home rather than booking an appointment to see their GP. On a lighter note, self-monitoring does not always mean monitoring for health, people might do it for fun or out of curiosity where they simply have a go. Sometimes, people acquire a monitor when they have a health target they want to reach. For example, they might want to lose weight for a life event such as a summer holiday or a wedding, or they might want to keep an eye on their high blood pressure due to high

stress levels.

### Where do people keep their monitoring devices?

Where devices are used and stored is important. Monitors may be kept and used in many locations within the home. Sometimes they are placed near to hand, on table tops or nearby cupboards, working as a reminder for people to take readings. At other times, monitors are stored away in drawers, at the back of wardrobes or the bottom of suitcases, which often indicated they were no longer in use. This illustrates that where the device is placed might be used to encourage or discourage self-monitoring, if someone keeps it close to hand to increase the chances of taking a reading or puts it away to keep it 'out of sight, out of mind'. Sometimes, people store their devices in private or semi-private spaces, such as in bathrooms or bedrooms. They might also store their written records in more personal spaces such as a private office or a personal diary. They might also keep their BP device hidden in a bag if they don't want their family members to know that they are regularly monitoring.

### How often do people self-monitor?



Having a monitor does not mean that people regularly use it. The importance and use of devices can change over time, according to life events and our health. The amount that people monitor varies from person to person. Some people monitor several times a day and others only monitor from time to time or at particular times of the year when they want to check in on their health. For example, many people weigh themselves after Christmas or a few months before

a summer holiday. Some people measure their blood pressure for a short period of a week or two before a clinic appointment. When people have periods of monitoring, they might integrate this into their daily routine. Self-monitoring can become part of the fabric of everyday life – people might take their blood pressure in the morning when having a cup of tea and reading a morning newspaper or jump on the scales before heading in to the shower. The practices of self-monitoring are not always distinct activities but can become part of everyday routines and rhythms.

### Who is involved?

Despite the term 'self-monitoring', the practice is not always done alone. Our participants described how they encouraged their partners to monitor, how they monitored together, or looked out for one another if monitoring became a source of worry. Participants often share monitors, weigh together, or share results. Members of personal networks may offer help with making decisions on the kind of monitor to buy, or they may buy a monitor as a gift and provide assistance with using the device (such as setting up the device or interpreting the readings). In some cases, people monitor together. Taking readings was referred to at times as 'our blood pressure' or a practice that 'we' did. Participants often helped each other place the blood pressure cuff on the other's arm or noted down someone else's readings. Of course, there was a fine line between respecting someone's privacy and autonomy, and showing care or concern for their health, and a shared future. Self-monitoring can also be a private activity. We found that some of our participants kept their monitoring to themselves, such as not letting on they were regularly checking their blood pressure so as not to concern other family

members, especially children.

### **How do people keep records of their monitoring?**

People make records of health monitoring in diverse ways – some on paper, some on computers, some through monitoring devices which may be networked, some using apps, and some keep track in their heads. Some records are created for personal use only, and other times individuals create records together or with a view to sharing with someone they may be monitoring with (e.g. a collective project of losing weight together) or a healthcare professional. We found that participants don't always record their results regularly, but often do so intermittently, selecting the data they want to record and sometimes only writing down the positive or negative results. Our participants showed us how they kept spreadsheets visible at home to remind them to record. Some recorded on their phones as they found this convenient and always nearby. Others noted that the nearness of apps can make us over concerned with monitoring, nudging us to take readings too often. Sometimes, records of readings were simply noted down on slips of paper, the backs of envelopes, stashed away or lost in the midst of people's busy lives.

### **What happens at the clinic?**

Health care professionals (HCP) such as doctors, nurses and healthcare assistants provide a lot of support with BP self-monitoring. HCPs might encourage patients to buy their own self-monitoring device. They might assist in choosing a reliable monitor (an accredited monitor or one that is reasonably priced), offer advice and support on how to use it, and check that home monitors are reliable and in line with those at the clinic. They might also direct their patients to buy monitors from a local and trusted pharmacy, who have knowledge and offer advice. This support is important as patients have different capabilities in monitoring independently.

Health care professionals' value the practice of self-monitoring at home. They often invite patients to self-monitor in preparation for an appointment, and might offer a structured proforma for their patients to complete. For example, this is important in cases where patients experience white coat hypertension (WCH) where they exhibit a higher blood pressure reading at the clinic versus at home where they might be more relaxed. However, people do not always take in their own records to their appointments, either because they have not been asked to do this or doubt their HCP will be interested in them. When people do take in their records, they are often unsure about what happens to them and how they are used. Nevertheless, health care professionals told us that they use the readings provided by their patients as the basis for decisions about medication and do input this data into their patients' records. However, averaging or processing patients' data is time consuming and this work might be undertaken after the appointment or distributed across different staff in the clinic. All of this might be invisible to their patients.

While some monitoring is initiated or invited by HCPs, patients might have their own reasons for bringing their self-monitoring records to the clinic. They might use them as a prompt to discuss their own concerns, such as wanting to reduce or stop taking medicines, or be called to the clinic less often.

### **Where can I find out more information?**

If you would like to read more, you can access our interactive webtool which details these findings further here: <https://tracking-ourselves-house-of-tracking.group.shef.ac.uk>. You can also find some of our published papers through our project website here:

<http://tracking-ourselves.group.shef.ac.uk>. If you have any questions, please contact our project lead, Dr Kate Weiner. Her email is [k.weiner@sheffield.ac.uk](mailto:k.weiner@sheffield.ac.uk).

### **Acknowledgements**

Thanks to everyone who participated in this study, and to [The Leverhulme Trust](#) for funding the research. Thank you to those who provided administrative support and to our Advisory Board for all help and support that has allowed for the smooth running of this project. This research has been carried out by [Dr Kate Weiner](#) (University of Sheffield), [Dr Catherine Will](#) (University of Sussex), [Professor Flis Henwood](#) (University of Brighton), [Dr Ros Williams](#) (University of Sheffield), [Dr Jacob Andrews](#) (University of Nottingham) and [Dr Lauren White](#) (University of Sheffield).



The University  
Of Sheffield.

**US**  
UNIVERSITY  
OF SUSSEX



University of Brighton

**LEVERHULME  
TRUST**