



Yonder: a diverse selection of primary care relevant research stories from beyond the mainstream biomedical literature

Chicken shops, bronchiectasis, fertility, and regrets

Chicken shops. If you were writing a TV show about life in a deprived community in England set a few decades ago, you might choose to set it in a laundrette, given that they were important social spaces where much of the rich tapestry of life unfolded. In 2018, you'd probably write it in a 'chicken shop', which seems to play a similar role. A research team from LSHTM recently explored the role of these fast-food outlets, and tried to understand how they were perceived by local residents in a part of East London.¹ Through narrative family interviews and school video focus group workshops, they found that chicken shops were depicted as both potentially damaging for the health of local residents and, at the same time, as valued community spaces. This contradiction reflects the fact that chicken shops are deeply embedded in the social fabric of neighbourhoods. In light of this, the authors highlight that successful strategies to improve diet therefore require context-sensitive environmental interventions.

Bronchiectasis. Although bronchiectasis is a common and distinct condition that we see fairly regularly in practice, most research about it has used questionnaires that have been extrapolated from other respiratory conditions. A research team from Dundee recently sought to find out the major contributors to quality of life in bronchiectasis by interviewing adult patients about their experiences of the condition.² They found that symptoms are highly individual. The important themes were symptom burden, personal measurement, and control of symptoms. Quality of life was affected by social embarrassment, sleep disturbance, anxiety, and modification of daily and future activities. They used these findings to improve existing bronchiectasis symptom questionnaires, with the hope that future research in this area is better able to measure factors that matter most to patients with the condition.

Fertility. Men have traditionally been seen as secondary in the realm of fertility, which is routinely viewed as a feminised space.

The societal narrative has been to question the 'fitness' of women to enter motherhood, whereas men are portrayed as being able to reproduce across the lifespan, regardless of age and lifestyle. The high-profile reporting of celebrity older fathers in the media is a good example. Recent scientific evidence has demonstrated that lifestyle is indeed related to male fertility. A Leeds research team recently studied how men have responded to this, by analysing a men's online infertility discussion forum board.³ They found that 'lifestyle work' is construed as crucial for achieving conception — and as a means to demonstrate men's commitment to the goal of parenthood. Perhaps in years to come, 'fitness to father' will be part of our lexicon and thinking.

Regrets. As healthcare professionals, we are expected to consistently and systematically provide excellent care to our patients, regardless of the complexity, time pressure, and resource shortages that we face. As all clinicians recognise, this is an impossible task, and we can't always achieve the high standards that we set for ourselves. As a result of this, we regularly have to deal with unfortunate events, ranging from the trivial to the life-threatening. Regret is a typical emotional reaction to such events, and is the focus of a new Swiss study.

In two hospitals, doctors and nurses were asked about 48 health care-related regret experiences.⁴ They found that intense feelings of regret had far-reaching repercussions on participants' health, work-life balance, and medical practice. Besides active compensation strategies, social capital was the most important coping resource. Receiving superiors' support was crucial for reaffirming professional identity and helped prevent healthcare professionals from quitting their job. The authors suggest that patient safety interventions should therefore focus on the sociocultural aspects of healthcare professionals' work practice.

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REFERENCES

1. Thompson C, Ponsford R, Lewis D, Cummins S. Fast-food, everyday life and health: a qualitative study of 'chicken shops' in East London. *Appetite* 2018; **128**: 7–13.
2. Dudgeon EK, Crichton M, Chalmers JD. 'The missing ingredient': the patient perspective of health related quality of life in bronchiectasis: a qualitative study. *BMC Pulm Med* 2018; **18**(1): 81.
3. Hanna E, Gough B, Hudson N. Fit to father? Online accounts of lifestyle changes and help-seeking on a male infertility board. *Social Health Illn* 2018; **40**(6): 937–953.
4. von Arx M, Cullati S, Schmidt RE, *et al.* 'We won't retire without skeletons in the closet': healthcare-related regrets among physicians and nurses in German-speaking Swiss hospitals. *Qual Health Res* 2018; **1 Jun**: DOI: 10.1177/1049732318782434. [Epub ahead of print].