

Patients' and close relatives' perspective regarding the effectiveness and usefulness of the doctor's health information and education.

To the Editor: Health education constitutes a dynamic, ongoing and integral part of any healthcare delivery system and is of strategic importance as a tool for positive and meaningful change. The medical practitioner is of vital importance in imparting health information, health promotion and preventative measures with a view to improving the health status.¹

An analytical cross-sectional study was done to determine the patients' and close relatives perspective regarding the effectiveness and usefulness of the doctor's health information and education given to the patient at the Family Medicine departments of Pelonomi and National Hospitals. The departments included were out patients department (OPD), casualty, and patient wards. Both hospitals are Bloemfontein public hospitals, where 600 patients are seen per month. Every patient and their relatives in the waiting line, during the first author's consultation hours, were asked to participate in the study.

Data were collected by means of a questionnaire, which was completed by the participants on a voluntary basis, after giving written informed consent. Acutely ill, very old, frail, non compos-mentis, or psychiatric patients were excluded from the study.

A total of 199 participants took part in the study. The participants' median age was 33 years (range 13 to 93 yrs) and 67.8% were female. Most (78.4%) had a primary or secondary education and a third (31.7%) of the participants were unemployed. Participants consulted a doctor a median of 3 and 4 times per year for those at casualty and non-casualty, respectively.

Most (77.9%) participants were satisfied with the referral system in general and the information the doctors gave them concerning the referrals between the hospital and clinic. Approximately half (n=107, 53.8%) of the

participants were treated at the casualty department while the others (n=92) attended OPD and patient wards. Regarding patient satisfaction, 86.9% of those attending casualty departments felt that the doctors gave them sufficient time to express themselves during consultation. Significantly less participants (65.2%) seen in other departments, felt that the time allocated to them by the doctors during a consultation was sufficient (95% CI [9.9% ; 33.1%] for the percentage difference).

Percentage casualty and non-casualty participants' giving affirmative answers regarding satisfaction/dissatisfaction with the consultation is given in Table I. Most participants (97.2% casualty participants and 92.4% non-casualty participants) felt that they should receive useful information from doctors about their health at every visit. Of 194 (97.5%) participants, 45.9% felt that the doctors explained well and met their expectations, and 21.1% felt that the doctors were sympathetic, helpful and listened to their concerns. Of the 194 participants 39.2% also felt that the allocated consultation time was insufficient.

The results from this study agree with the generally accepted opinion that participants are demanding more information from their doctors and other health care providers. Adequate information concerning their ailments leads to a better understanding of their role and responsibility in managing a given condition.

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References

1. McWhinney IR. A textbook of family medicine. 2nd ed. New York: Oxford University Press; 1997.

Table I Percentage casualty and non-casualty participants' giving affirmative answers regarding satisfaction/dissatisfaction with the consultation

	Casualty			Non-casualty			95% CI for the percentage difference
	Response	Affirmative answer		Response	Affirmative answer		
	n	n	%	n	n	%	
Opportunity to ask questions	107	96	89.7	92	60	65.2	[13.0 ; 35.6]*
Special investigations ordered	106	65	61.3	92	54	58.7	[-10.8;16.1]
Higher patient load resulted in poor quality information	107	56	60.9	92	45	42.1	[4.9 ; 31.7]*
Doctors were sympathetic and helpful	95	35	36.8	59	6	10.2	[13 ; 38.1]*
Judgemental, dominant and the use of unclear medical terminology	9	6	66.7	31	20	64.5	[-32.2 ; 29.7]

* Statistically significant difference