

INFORMATIVE NEEDS OF A PATIENT USING INPATIENT CARE

POTRZEBY INFORMACYJNE PACJENTA KORZYSTAJĄCEGO Z LECZNICTWA ZAMKNIĘTEGO

Monika Matecka¹, Jolanta Sielska¹, Eliza Dąbrowska¹, Sylwia Zdrojowa²

¹ Department of Organization and Management in Health Care
Poznan University of Medical Sciences

² H. Święcicki Clinical Hospital at Poznan University of Medical Sciences

ABSTRACT

Aim. The aim of the studies was the evaluation of the accessibility of informative support provided to patients by the medical personnel.

Material and methods. The studies were conducted among 95 patients of clinical wards and the admissions of the clinical hospital at Poznan University of Medical Sciences.

Results. The majority of patients participating in the study obtained information at least in the four areas examined (the patient's condition; diagnostic examinations and treatments; effects of medical activities, the doctor's instructions). However, in the process of communication there appeared mistakes in the form of providing the information, which the patients determined as incomprehensible. 50% of the patients did not receive the information about the way in which they should prepare themselves for diagnostic examinations/treatments. More than 20% of the patients claimed that during the admission to hospital no medical interview was carried out with them.

Conclusions. Proper communication in the patient-medical personnel relationship is of great importance to the right course of the diagnostic-therapeutic process and in consequence it influences the patient's satisfaction and the image of the medical subject.

KEYWORDS: communication with a patient, informative support, psychological stress.

STRESZCZENIE

Cel. Celem badań była ocena dostępności wsparcia informacyjnego udzielanego pacjentom przez personel medyczny.

Materiał i metody. Badania przeprowadzono wśród 95 pacjentów oddziałów klinicznych oraz izby przyjęć szpitala klinicznego im. H. Święcickiego Uniwersytetu Medycznego im. Karola Marcinkowskiego w Poznaniu.

Wyniki. Większość pacjentów uczestniczących w badaniu uzyskała informacje przynajmniej w 4 badanych obszarach (stan zdrowia; badania diagnostyczne i zabiegi; skutki czynności medycznych; zalecenia lekarskie). W procesie komunikacji pojawiały się jednak błędy w postaci udzielania informacji, które pacjenci określali jako niezrozumiałe. 50% pacjentów nie otrzymało informacji o tym, w jaki sposób należy przygotować się do badań diagnostycznych/zabiegów. Ponad 20% pacjentów stwierdziło, że podczas przyjęcia do szpitala nie przeprowadzono z nimi wywiadu lekarskiego.

Wnioski. Prawidłowa komunikacja w relacji pacjent-personel medyczny ma istotne znaczenie dla prawidłowego przebiegu procesu diagnostyczno-terapeutycznego, a co za tym idzie, wpływa na satysfakcję pacjenta oraz wizerunek podmiotu leczniczego.

SŁOWA KLUCZOWE: komunikacja z pacjentem, wsparcie informacyjne, stres psychologiczny.

Introduction

Health problems should be acknowledged as a natural, strong and common source of stress. Psychosocial consequences connected with the fact of experiencing a somatic disease are diversified since they depend on first of all the medical characterisation of a disease, which means its type, duration, the degree of threat to life. At the same time, however, one may show some general regularities in human functioning, changes appearing in different spheres of a person's activity which take place regardless of the type of a disease. Furthermore, a disease often initiates a spiral of loss – losing health resources entails limitations or inability to perform a professional role, which in turn causes the decrease of the economic situation involving, in a further perspective, a threat to material basis for existence [1].

The disease is reflected in emotional and cognitive processes. An ill person builds the image of his or her disease (the concept of the disease), and various factors take part in this process – among others, the emotions experienced, current physical and mental state as well as information the source of which is the medical personnel, specialist literature, social environment (family, friends), the Internet. Therefore, while creating a cognitive representation of his or her own disease, a patient uses both medical and non-medical sources of knowledge, which – taking into account the last factor – results in certain threats. Not all the information obtained by an ill person is true. The lack of knowledge, incomplete or unreliable knowledge may contribute to the escalation of the reaction of anxiety, fear, dread or quite the opposite – lower the ill person's motivation to

behaviour directed at diagnosing the health problem and undertaking proper treatment. In this context the key meaning should be attributed to the issue of proper communication in the patient-medical personnel relationship. The necessity to use medical help in the conditions of inpatient care, which is associated with a serious state that cannot be helped in the conditions of an outpatients' clinic, enhances the stress related to the diagnosis of the disease. In this situation both the patient and the family accompanying him or her in the process of treatment expect full, reliable information provided in an understandable form from the medical personnel.

Aim

The aim of the paper was the attempt to evaluate the level of the information obtained by patients concerning such aspects as: 1. the patient's condition; 2. the type, aim, course and effects of diagnostic examinations and treatments; 3. preparation for medical examinations and treatments; 4. receiving a doctor's instructions concerning health behaviour after leaving hospital (taking medicine, diet modification etc.); 5. the conditions in which the interview with the patient was carried out.

Material and methods

The study was conducted among the patients of one of clinical hospitals at Poznan University of Medical Sciences, in the period from September 2013 to February 2014. Altogether 95 people participated in the study; the study encompassed 62 people who came to the admissions of the hospital and 33 patients of clinical wards. The study used a questionnaire drawn up for the use of the study presented.

Results of the study and their discussion

As was established on the basis of the study conducted, all the people obtained information concerning their condition from the medical personnel. However, 26% of the patients decided that not all information was understandable to them. It probably means that in the process of providing the information some communication barriers occurred. The barriers include, for example, the use of specialist vocabulary by the personnel, the lack of asking questions which would enable the personnel to determine whether the message was understood by the patient.

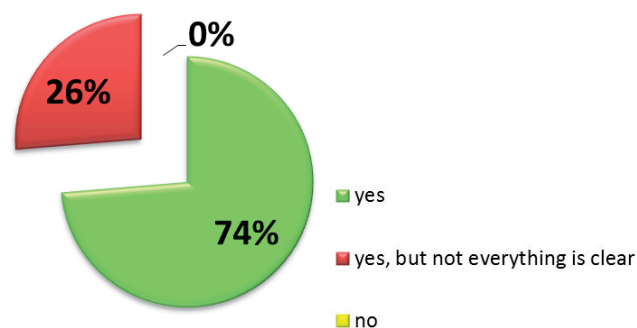


Figure 1. The percentage division of answers indicating whether a patient received full and comprehensible information about his or her condition

Source: own study

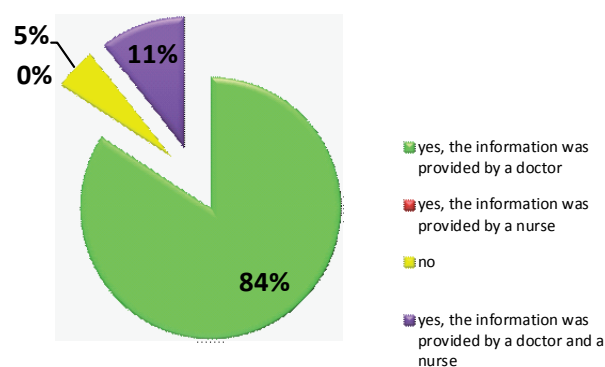


Figure 2. The percentage division of answers indicating the access – or the lack of access – to the information concerning the necessary diagnostic examinations and treatments

Source: own study

The duties of the medical personnel include informing a patient how the diagnostic and medicinal process will proceed, what the aim of particular medical activities is and what their effects may be. As results from own studies, the majority of patients (84%) received essential information in this area from a doctor, for 11% of the patients the source of the information was both a doctor and a nurse, yet 5% of the patients did not obtain such information from the members of the therapeutic team.

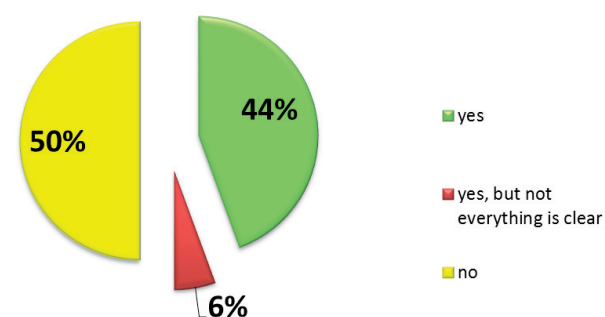


Figure 3. The percentage division of answers indicating whether a patient received or did not receive written information concerning what the examination consists in and how to prepare oneself for it

Source: own study

The information explaining the essence of the examination and the expectations connected with the patient's preparation for it should be provided in a written form. Own studies let the researchers to state that half of the patients did not receive – formulated in writing – full, comprehensible information explaining the aim and course of the examination and the process of preparation for it, which should be treated as a serious iatrogenic error.

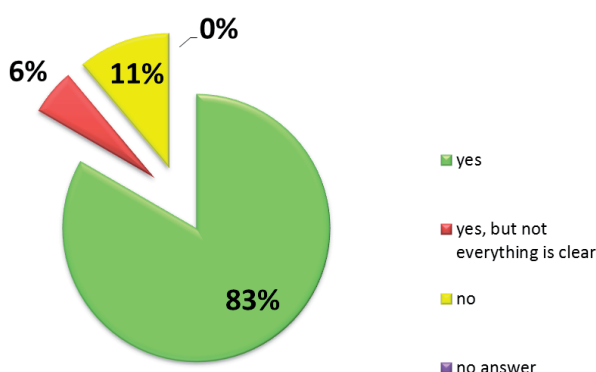


Figure 4. The percentage division of answers indicating the access or the lack of access to the information concerning the treatment, anaesthetization and effects of particular medical activities
Source: own study

As was established in the studies, more than 80% of the sick obtained information concerning the activities undertaken in connection with the treatment; however, in the case of 11% patients the answer received was negative, the next group of subjects admittedly obtained information but had reservations as for its comprehensibility or acknowledged it as insufficient. The lack of information concerning the effects of anaesthetization intensifies the patient's discomfort in the post-operative period.

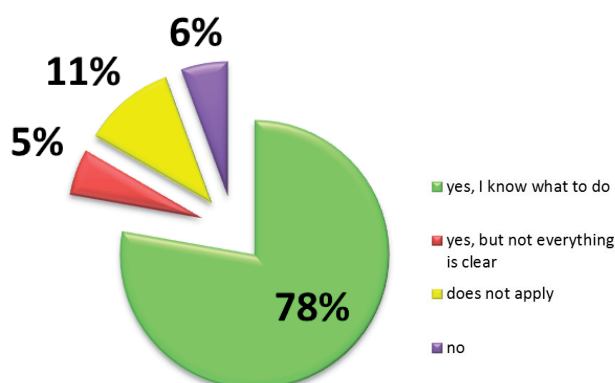


Figure 5. The percentage division of answers indicating the access or the lack of access to the information concerning how to take care of one's health after returning home
Source: own study

The information in this area was obtained by nearly 80% of the patients, whereas 11% altogether did not receive any information or assessed the information as insufficient or not fully understandable. The process of recovery is long-lasting and does not end together with leaving hospital. In order for the medical procedures to bring the expected result, after returning home the patient should keep to the doctor's instructions related to introducing changes in the lifestyle, undertaking rehabilitation and further treatment in the outpatients' system. However, in order for it to happen, an ill person must receive indispensable information already at the hospital treatment stage.

The situation of a patient awaiting admission to hospital is connected with experiencing strong emotional tension. The patient does not usually know the very procedure of admission; thus, it is a new situation for him or her, which generates anxiety. The patient cannot predict which diagnostic and therapeutic procedures he or she will be subject to at the ward. The person is accompanied by the sense of uncertainty and fear. In this situation, already during the admission to hospital, he or she expects informative and often also emotional support from the personnel.

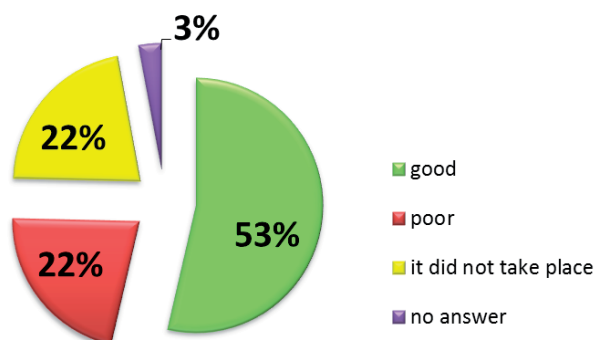


Figure 6. The percentage division of answers evaluating the conditions in which the medical interview was carried out
Source: own study

What is important for a patient in the admissions is both the form of the interview with a doctor and the physical surroundings in which the interview is carried out. Taking into consideration the results of own studies, one may state that more than 20% of the subjects evaluated the conditions in which the interview was carried out as poor. In view of the fact that patients in the admissions are often accompanied by someone from the family or friends, one should remember that these people, especially during a momentary absence of a patient (connected with e.g. the necessity to perform diagnostic examinations) expect information about his or her condition and further proceedings. In the ques-

tionnaires, in the space meant for additional statements of the patients, there appeared utterances (sometimes harsh in form), proving the lack of informing family and friends about the sick person's condition. And thus, the participants of the study indicated the following irregularities: 'The patient was taken to the ward without informing the family who were waiting in the admissions'; 'A lack of conversation with the family, a lack of information and forbidding the contact with a close, ill person. Everyone needs care, warmth, closeness and security!'; 'A lack of interest, a lack of information'; 'The family: no information'. At the same time it is worth noting that the comments of the subjects of the study also had positive overtones: 'Polite personnel at the reception desk'; 'Kind personnel'; 'Only the positive'.

Discussion

As was established in own studies, the level of informative support provided to patients is diversified depending on the area that it concerns. The majority of patients partaking in the study obtained information at least in 4 areas examined (the condition; the aim and specificity of diagnostic examinations and treatments; the effects of medical activities including anaesthetization; doctor's instructions which concerned undertaking particular kinds of health behaviour after leaving hospital). In the process of giving information there occurred, however, communication errors that consisted in, e.g. providing information in a way which turned out to be incomprehensible for a certain group of patients. This means that communication in this case should be acknowledged as ineffective. One of the most frequently occurring obstacles in communication with patients is using specialist vocabulary by doctors. Meanwhile, as was established in Baranski's studies, over half of the subjects could not give a correct meaning of such terms as a gland, haemoglobin or hormones [2]. What is really worrying is the fact that half of the patients partaking in own studies did not receive information about the way in which they should prepare themselves for diagnostic examinations and treatments. Over 20% of the patients decided, however, that no medical interview was carried out with them when they were admitted to hospital. As I. Heszen and H. Sek notice, the results of many questionnaire studies prove that patients show the need to obtain medical information and simultaneously they very rarely ask questions when the information provided by the doctor is insufficient [3]. A stay in hospital is connected with the occurrence of hospitalisation stress as well as experiencing negative emotions and feelings which accompany the functioning in the role of a patient of inpatient care. In response to the stress caused by the disease and the stay in hospital, an individual

undertakes particular activities directed at coping with a situation perceived in general as a loss and threat. Functioning in the role of a sick person usually involves an increased demand for support, especially informative and instrumental, but also emotional and spiritual. Social support (in the aforementioned forms) may be defined as a resource to which a person appeals in difficult, critical situations, which are connected with the depletion of individual possibilities of coping. Using the techniques of active listening (paraphrasing, reflecting emotions, summing up), lowering the patient's tension in a situation in which he or she experiences strong fear, and first of all providing informative support, that is giving full, understandable information concerning the condition and various aspects of hospitalisation, are the elements of the medical personnel's proceedings which may be called elementary psychotherapy [3].

Insufficient involvement of the medical personnel in shaping proper relations with a patient may lead to actions thwarting the effects of the treatment process. In a situation of not receiving full, reliable and understandable information from a doctor, the patient may lose faith in the doctor's professionalism and attempt at searching for alternative forms of help. The phenomenon of 'computer revolution' has also been described in which it is necessary to use medical imaging universally. As M. Blaxter writes, it leads to a situation in which it is the image obtained with the use of diagnostic devices (a CAT scanner, magnetic resonance, angiograph, PET), and not the human body, that forms the basis for medical practice [4]. In this place it is worth referring to the two disparate types of a doctor-patient relationship described in the literature on the subject [5]:

1. somatic orientation – it is connected with concentration only on the patient's disease and the treatment process,
2. general orientation – it manifests itself in treating the patient as individuality and using an open style of communication which encompasses such reactions and behaviour as:
 - interest and involvement (assessed, among others, on the basis of the non-lingual and non-linguistic messages as well as signs of empathy);
 - structuralisation (explaining claims by asking questions);
 - the patient's participation in taking decisions connected with the diagnosis and treatment;
 - intentional probing (including new data in the interview);
 - discussing the reasons for coming to the medical institution with the patient.

Preferring one of the above-mentioned types of a relationship by the doctor determines the character of the interaction with the patient, facilitates or prevents building a proper therapeutic relationship and translates into the way of communication. In this context one should mention the three models of a doctor's contact with a patient singled out in the literature [5, 6]:

1. activeness-passivity, when the doctor entirely controls the sick person (operations in anaesthesia, serious injuries, the state of a coma),
2. management-cooperation, when the patient obeys the doctor's instructions,
3. mutual cooperation, which consists in a subjective treatment of the patient and his or her equal participation in the diagnostic-therapeutic process.

Work based on the premises of the third of the aforementioned models – the mutual participation model – demands fulfilling particular requirements. Some of them are addressed to the medical personnel and concerns specific attitudes (respect towards the patient) as well as skills (among others, cognitive empathy, that is the ability to perceive and understand the states of another person; providing information about the condition, the diagnostic and medicinal examinations planned; shaping types of behaviour which favour achieving health objectives). The remaining requirements are directed at the organisers of the medicinal process and concern such aspects as: providing the right place in which the interviews can take place, offering employees some trainings directed at developing psychosocial competence, first of all in the scope of communication, providing support, shaping the relationship with the patient.

Proper communication is an essential element of clinical proceedings. It enables not only ensuring medical and non-medical needs of the patient but also collecting vital information concerning the course of the treatment and care process. In the second context, effective communication is also the condition of obtaining information about different problems (undesirable phenomena, errors), which influence the assessment of care quality made by the patient. The information may constitute the basis for actions directed at improving the quality of the services provided, and in the future contribute to a better functioning of the medical subject as well as building its positive image in the surroundings.

References

1. Heszen I. Psychologia stresu. Warszawa: Wydawnictwo Naukowe PWN. 2013.
2. Barański J. Niektóre aspekty komunikowania się lekarza z pacjentem. W: Barański J, Piątkowski W (red.), *Zdrowie i choroba. Wybrane problemy socjologii medycyny*. Wrocław: Oficyna Wydawnicza Atut. 2002, 162–167.
3. Heszen I, Sęk H. Psychologia zdrowia. Warszawa: Wydawnictwo Naukowe PWN. 2007.
4. Blaxter M. *Zdrowie*. Warszawa: Wydawnictwo Sic! 2009.
5. Kuczyńska A. Modele kontaktu lekarza z pacjentem. W: Dolińska-Zygmunt G. (red.) *Podstawy psychologii zdrowia*. Wrocław: Wydawnictwo Uniwersytetu Wrocławskiego, 2011, 273–276.
6. Gawroń M. Empatia i jej znaczenie dla relacji lekarz-pacjent. W: Dolińska-Zygmunt G. (red.), *Podstawy psychologii zdrowia*. Wrocław: Wydawnictwo Uniwersytetu Wrocławskiego. 2011, 283–289.

The manuscript accepted for editing: 25.06.2014

The manuscript accepted for publication: 27.10.2014

Funding Sources: This study was not supported.

Conflict of interest: The authors have no conflict of interest to declare.

Corresponding author:

Monika Matecka

Smoluchowskiego 11

60-179 Poznań, Poland

phone: +48 61 861 22 80

e-mail: mmatecka@ump.edu.pl

Department of Organization and Management
in Health Care

Poznan University of Medical Sciences