

KNOWLEDGE OF PATIENTS REGARDING THEIR DISEASE CONDITION FOLLOWING TREATMENT AT A GENERAL HOSPITAL

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ABSTRACT

The aim of this study was to assess the knowledge of patients regarding their disease condition following treatment at a general hospital. A convenient sample of 100 patients who were leaving the General Hospital, Peradeniya, after obtaining care, were interviewed using a pre-tested structured questionnaire, to determine their awareness of the diagnosis, any special investigations that had been carried out, and the treatment plan. The patients were graded into 4 categories depending on the level of knowledge they possessed. It was found that, on the whole, patients had limited knowledge about various aspects of their condition. Patients with chronic conditions were better informed than those who had reported with some acute problem. There was a tendency of patients who had received more formal education having more knowledge.

INTRODUCTION

This study was conducted to assess the knowledge of patients about their diagnosis and treatment plan, following treatment at a general hospital. It is an obligation of health professionals to educate patients about their condition. That would make patients more able to deal with their health problems. The transmission of proper information to patients regarding their condition may be a critical factor in ensuring compliance with medical regimens involving the keeping of future appointments, home care instructions, and drug therapy. Adequately informing patients about their disease may also be seen as a basic ethical duty of a health professional. The communication with patients which this will entail, may be seen as an integral part of good institutional patient care where doctors have a deeply caring commitment to the welfare of their patients. In fulfilling such a commitment the health professional may act in two ways:

- i. As an expert authority (Traditional patient-professional relationship)
- ii. As a teacher and counsellor.

In building communication between the doctor and patient it is important to recognize the inherent gap in the relationship between the two parties. This includes differences in knowledge, values, language, and social status. Frequently, professionals overlook the fact that they possess special knowledge and a technical vocabulary that may be strange to their patients.

Such factors place a distance between doctors and their patients, which has to be bridged by the professional enabling a constructive dialogue with the patient about the

disease. This will involve being sensitive to patient needs and aspirations, spending time with patients, and providing information in language, which the patient can understand. Unfortunately, all over the world, and especially in Sri Lanka, health professionals spend little time communicating with their patients and even when they do so they may be ill equipped for the task, considering the technical nature of their training which does not impart social skills.

In analyzing the reasons for this, doctors may cite lack of time owing to pressure of work involving the need to clear large numbers of patients amidst poor facilities and a lack of supporting staff. Doctors would claim that if they spend more time on one patient it would be at the expense of time spent on other patients who urgently need their attention.

However, the attitude and knowledge of patients too can contribute to poor doctor-patient communication. It is possible that given their socio-cultural context many Sri Lankan patients from deprived economic backgrounds may not be very interested in getting educated about their health problems. It may be that they do not expect to understand such matters which they consider to be in the doctor's domain in whose ability they usually have blind faith. Alternatively, the sheer toil and burden of living and other concerns might result in their placing a low value on conversations with the doctor as against getting some treatment and going home.

On the contrary, studies of patient expectations in other parts of the world have shown that, amongst the various characteristics of a dental practice, a friendly communicative attitude on the part of a clinician was rated very highly by patients, in comparison with ostensibly more important features, such as clinical competence, and the quality of care. Consequently, it is now recognized that the provision of health services in the future must be strongly oriented towards consumer expectations. The present study was intended to be a tentative exploration of the extent to which patients attending a general hospital in Sri Lanka had been made aware of their disease and its treatment.

The objective of the study was to ascertain the knowledge of patients about their disease after visiting a hospital and to see whether such awareness varied with the educational status of patients and their disease condition, whether chronic or acute.

METHODS AND MATERIAL

A standard questionnaire was designed and administered, after pilot studies, to a convenient sample of 100 patients who had attended a general hospital on the same day. Patients were informally interviewed at the hospital canteen, as it would have been difficult to approach patients inside the hospital. The interviews were carried out by three dental students who together chatted with one patient at a time. The patients were chosen from different clinics such as the diabetic, gynaecology, and obstetrics, neurology, psychiatry, paediatric clinics, and also from amongst O.P.D. patients. They were classified as chronic or acute, based on the duration of the diseases.

The patients were classified into acute and chronic disease categories. Patients with chronic disease were those who were on long term hospital care for conditions like heart disease and diabetes, while patients classified as having an acute disease, were mainly those receiving OPD treatment for some episodic condition of short duration.

Each patient was classified as having either no knowledge, low knowledge, average knowledge, or high knowledge for each of three aspects, namely, the diagnosis, special investigation, and treatment plan. After the discussion with each patient he/she was classified on a consensus reached by the three investigators according to the following criteria.

Diagnosis

- Nil - Has no knowledge at all about the disease - not even the name.
- Low - Knows only the name of the disease
- Average - Has some idea of the disease including its cause and prevention
- High - Can describe the disease in some detail including its severity and complications

Special investigations

- Nil - Knows nothing about the investigations except that tests were done.
- Low - Knows the name of the investigations only
- Average - Know why the investigations were been done and their relationship to the disease.
- High - Able to describe the special investigations in detail including the results and their implications for the prognosis and treatment of the disease.

Treatment plan

- Nil - No knowledge of the medication prescribed or the prognosis of the disease.
- Low - Know the names of the medication only.
- Average - Know why the medication was prescribed.
- High - Has a very good knowledge of the various medications prescribed, and their potential effects on the course of the disease

The education status of patients was recorded in terms of four categories, namely, No education, Primary education, Secondary education, and Education beyond GCE(A/L).

RESULTS

Of the 100 patients surveyed 17% presented with acute conditions and 83 % with chronic conditions.

Table 1, shows the knowledge of patients regarding their diagnosis. It can be seen that about 40% of patients with acute conditions had no understanding whatsoever regarding their diagnosis while around 30% of patients with chronic conditions had either no knowledge or low knowledge.

Table 1. Knowledge regarding diagnosis

Patients	High	Average	Low	No knowledge
Chronic (83)	16.8% (14)	24.1% (20)	30.1% (25)	28.9% (24)
Acute (17)	11.8% (2)	17.6% (3)	29.4% (5)	41.1% (7)

Table 2 shows the knowledge of patients regarding their treatment plan. It could be seen that while just over 40% of the patients with acute conditions knew nothing about the treatment plan, nearly three quarter of those with chronic conditions had either low knowledge or no knowledge.

Table 2. Knowledge of treatment plan

	High knowledge	Average	Low	No knowledge
Chronic	11.1%(10)	14.8% (12)	39.5% (33)	34.5% (28)
Acute	5.8% (1)	17.6% (3)	35.2% (6)	41.2% (7)

Table 3 shows the knowledge of patients regarding the special investigations. It is clear that a high percentage of patients from both categories had low knowledge. However, the patients with chronic conditions showed greater awareness in this regard than patients with acute diseases.

Table 3. Knowledge regarding special investigations

	High	Average	Low	No knowledge
Chronic	5.3%(4)	20.2%(18)	39.1%(32)	35.3%(29)
Acute	2.4%(1)	11%(2)	20.6%(4)	65.8%(10)

Tables 4, 5, and 6 show the relationship between the educational status of the patients and their knowledge of various aspects of their condition. It can be seen that there was a general tendency for patients with more education to be better informed. For example, Tables 4 and 5 show that, no more than 5 % of the patients with a primary education or less were highly aware of the diagnosis and investigations connected with their condition, compared to 66% of those who had proceeded beyond the GCE(A/L). Conversely, roughly 40% of patients with a primary school education had no knowledge of their diagnosis (Table 4), while 36% of this group had no knowledge of the investigations being undertaken (Table 5), and 63% no knowledge of their treatment plan (Table 6). This contrasted with the patients who had received a secondary education, roughly 26% of whom had no knowledge of their diagnosis (Table 4), 14.7%, no knowledge of the investigations (Table 5), and 38% no knowledge of the treatment plan (Table 6).

Table 4. Educational status and knowledge of diagnosis

	High	Average	Low	No knowledge
No education	0.0%	11.8%	41.2%	47.0%
Primary	5.0%	20.0%	35.0%	40.0%
Secondary	19.1%	23.5%	30.9%	26.5%
Above A/L	66.0%	-	-	33%

Table 5. Educational status and knowledge of investigations

	High	Average	Low	No knowledge
No education	-	17.6%	52.9%	29.4%
Primary	-	-	63.7%	36.4%
Secondary	6.5%	19.6%	59%	14.7%
Above A/L	66.7%	33.3%	-	-

Table 6. Educational status and knowledge of treatment plan

	High	Average	Low	No knowledge
No education	-	5.5%	55.5%	38.8%
Primary	-	-	36.4%	63.3%
Secondary	8.4%	17.4%	35.9%	38.3%
Above A/L	28.5%	28.5%	28.5%	14.24%

DISCUSSION

For the sample as a whole, relatively high proportion appeared to lack knowledge of the diagnosis, treatment, and clinical investigations pertaining to their condition. For example, 36% had no knowledge of the diagnosis, 69% had no knowledge of the investigations, and 60% of them had no knowledge of the treatment plan. Such a finding is probably not unusual for state hospitals in Sri Lanka where given the large patient load and the rigorous conditions under which treatment is carried out; patient communication may inevitably not get the priority it deserves.

There was also a general tendency for patients with chronic conditions to have greater awareness of their disease and its treatment than those with acute conditions. For example, it was observed that 16.9% of patients with chronic diseases had a high knowledge about the diagnosis of the disease, compared to 11.8% with acute disease. Similarly, many more acute disease patients had no idea of their diagnosis (41.1%) compared to those with chronic conditions (28.9%). A similar trend was apparent when the patients were questioned about their treatment plan, with nearly 6% of the acute cases having a high degree of awareness compared to 11% of those with chronic diseases. As in the case of the diagnosis, this pattern was also reflected in the higher proportion of acute disease patients, who had no awareness of their treatment, compared to the patients with chronic disease.

This greater awareness of patients with chronic conditions observed in this study may be due to the interest aroused by their long experience and prolonged treatment of the disease augmented by frequent visits to the clinics and regular contact with the doctor. Not surprisingly, it was found that patients with chronic conditions visited the clinic more frequently than their acute disease counterparts. Apart from more frequent contact with clinic personnel it is also possible that, doctors communicate more and spend more time, with chronic disease patients, given the critical importance of strict compliance with home care

instructions to the successful treatment of such conditions. This may also be a factor in stimulating the patient's interest in his condition.

The relationship between educational status and awareness of the disease, it's diagnosis, the treatment plan, and the investigations was to be expected. More educated people are likely to be more health conscious, will assimilate health information more easily, and may possess the confidence to ask for and obtain information from health personnel.

The present study constituted only a limited preliminary exploration of an important subject. Considering the small sample surveyed, the limitations of the questionnaire used, some subjectivity and potential bias in the categorization of patients based on their responses, and the possibility that the patient responses may have lacked accuracy, therefore the above results must be interpreted with caution. Nevertheless, the results do underline the necessity for hospital personnel to make sure that patients are properly informed about relevant aspects of their condition. This will entail giving individual attention to patients having regard to their educational status. Given the importance of patient cooperation in the success of medical care, such an approach is likely to enhance the reputation of a hospital.

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