

In-patients as a source of medical information for patients admitted to the rheumatological ward

Współpacjenci jako źródło informacji medycznych u chorych leczonych na oddziale reumatologicznym

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Summary

One hundred patients admitted to the rheumatological ward were questioned concerning the will to discuss their medical problems with other in-patients and the impact of such obtained data on their attitude to medical problems. The preliminary results indicate that almost half of the patients considered the data obtained from other in-patients as important. The will to discuss is also common, the most frequently the will was declared by female patients younger than 30 or older than 51. There was no significant effect of education on the investigated will to discuss medical problems. The obtained data suggested that exchange of information between in-patients may be an important factor in their cooperation in the management of the rheumatic diseases, and further studies in the field are needed.

Streszczenie

Stu pacjentów przyjętych na oddział reumatologiczny odpowiedziało na pytania dotyczące ich chęci rozmawiania z innymi chorymi na tematy medyczne oraz wpływ tak uzyskanych danych na ich stosunek do problemów leczenia. Uzyskane wstępne wyniki wskazują, że prawie połowa chorych przebywających w szpitalu uważa tak zdobyte informacje za ważne. Chęć rozmawiania na tematy medyczne jest najczęstsza wśród pacjentek w wieku poniżej 30 lat lub powyżej 51 lat. Nie stwierdzono, aby zależała ona od wykształcenia badanych. Uzyskane dane wskazują, że informacje zdobyte w czasie rozmów chorych mają istotny wpływ na ich współdziałanie z personelem medycznym w trakcie leczenia przewlekłych chorób narządu ruchu, a sam problem wymaga dalszych badań.

Introduction

Patient's education is considered as an important component of a complex management of patients, especially those suffering from chronic disorders [1]. The education is considered to enhance knowledge of the patients that focus on better cooperation with the medical personnel. It includes understanding of general nature of the disease, recognition of early symptoms of exacerbation or adverse reaction of the medication as

well as knowledge and motivation of introduction of proper changes in the patient's life style [2]. Contemporary patients are getting medical information from various sources, and only some sources are at least partially controlled by medical staff [3].

It is generally believed that most of the patients admitted to hospital are willing to discuss problems of their diseases with other patients staying in the hospital. The discussions are probably a form of stress reduction

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and facilitate adaptation to a new situation, i.e. the hospital environment. Many physicians are convinced that changes in patient attitude (both positive and negative) towards a number of medical situations are resulting from information obtained from other in-patients [4]. To our knowledge, this phenomenon was never investigated. The present study was designed to evaluate the value and role of medical information obtained from other in-patients on patient's behavior. Additionally, we would like to describe the potential factors that may affect the information transfer and application.

Patients and methods

One hundred consecutive patients fulfilling the inclusion criteria admitted to the rheumatological ward (summer 2005) were investigated. The inclusion criteria of the study were as the following:

- patients staying in the hospital at least for 3 days
- consciousness and full ability to converse
- Polish language native speakers
- informed consent for participants of the study.

The following patients were excluded from the study

- with coma, impaired consciousness, dementia or mental disorders, including depression requiring current pharmacotherapy
- receiving medication known to affect consciousness, the use of sleeping pills to facilitate sleep was allowed
- with disorders that did not allow them to leave the bed or to converse freely
- with inability to write due to illiteracy or physical disability.

All the investigated individuals were requested to answer the questions in the form of a questionnaire. The questionnaire was prepared for the study by the authors. It included 7 questions addressing the following problems:

- attitude towards discussion with other in-patients
- intensity of the discussions
- the main medical problems discussed
- impact of the obtained during the discussion information on the patient's decisions related to diagnostic and therapeutic procedures.

Additionally, the data on the patients' education, duration of the disease symptoms and previous admissions to the hospital were collected.

Results and discussion

Table I summarized the characteristics of the investigated patients. It was found that 85 per cent of the patients were females and the most common age of them was over 51 yrs although almost the same number of patients was aged 31-50 yrs. It is similar to expectations and indicated that the investigated group was representative of the patients of our department.

Educational profile of the investigated patients indicated that most of the patients had completed or uncompleted secondary education. A slightly lower number of patients had vocational education. About one-third of the patients were not admitted to the hospital in the one year preceding the investigation while two fifths of the patients were once or twice in the hospital within a year prior to the study.

Table I. Demographic characteristics and frequency of hospitalization of the investigated patients

Tabela I. Charakterystyka demograficzna i częstość hospitalizacji badanych pacjentów

Demographic feature	All investigated	Female	Male
Age of the patients			
Number of subjects	100	85	15
Aged <30 yrs	11	7	4
Aged 31-50 yrs	42	38	4
Aged >51 yrs	47	40	7
Education			
Elementary education	7	7	0
Secondary education (completed or uncompleted)	44	39	5
Vocational education	33	24	9
University education (completed or uncompleted)	16	15	1
Hospitalization (admission to the hospital)			
None	33	27	6
Once	22	19	3
Twice	20	17	3
Three times	9	9	0
Four or more times	16	13	3

Table II. Relationship of age and sex to the declared will to discuss medical problems with other in-patients
Tabela II. Deklarowania chęć rozmawiania o problemach medycznych z innymi chorymi w zależności od wieku i płci

Intensity of discussions	All investigated subjects	Female	Male
All investigated subjects	100	85	15
I do not discuss	7	7	0
I discuss rarely	48	38	10
I discuss frequently	37	32	5
I discuss very frequently	9	9	0
Aged less than 30 yrs	11	7	4
I do not discuss	1	1	0
I discuss rarely	7	4	3
I discuss frequently	3	2	1
I discuss very frequently	0	0	0
Aged 31-50 yrs	44	4	4
I do not discuss	3	3	0
I discuss rarely	17	15	2
I discuss frequently	22	20	2
I discuss very frequently	2	2	0
Aged more than 51 yrs	45	38	7
I do not discuss	3	3	0
I discuss rarely	23	18	7
I discuss frequently	12	10	2
I discuss very frequently	7	7	0

The declared will to discuss medical problems with other in-patients was summarized in Table II. The cumulative number of all the investigated patients who declared the will to discuss rarely and frequently seems to be similar, 48 and 37 per cent, respectively.

Patients younger than 30 and older than 51 rarely discuss the medical problems. On the contrary, the patients aged 31-50 discussed with other in-patients more frequently. A relatively small number of male patients did not allow us to analyze the relationship of

Table III. Relationship of the impact of the obtained data on the patients' attitude to medical problems with age and sex of the patients

Tabela III. Wpływ informacji uzyskanych od innych chorych na podstawę pacjenta w zależności od wieku i płci

Impact of the obtained data on the patient's attitude to medical problems	All investigated subjects	Female	Male
All investigated subjects	100	85	15
Data are without value for the patient	51	41	10
Data are useful for the patient	45	40	5
Data are very important for the patients	4	4	0
Aged less than 30 yrs	11	7	4
Data are without value for the patient	6	4	2
Data are useful for the patient	4	2	2
Data are very important for the patients	1	1	0
Aged 31-50 yrs	42	38	4
Data are without value for the patient	23	20	3
Data are useful for the patient	19	18	1
Data are very important for the patients	0	0	0
Aged more than 51 yrs	47	40	7
Data are without value for the patient	22	17	5
Data are useful for the patient	22	20	2
Data are very important for the patients	3	3	0

Table IV. Relationship of the impact of the obtained data on the patients' attitude to medical problems with education of the patients*Tabela IV. Wpływ informacji uzyskanych od innych chorych na postawę pacjenta w zależności od wykształcenia*

Impact of the obtained data on the patient's attitude to medical problems	All investigated subjects	Female	Male
Elementary education	7	7	0
Data are without value for the patient	2	2	0
Data are useful for the patient	4	4	0
Data are very important for the patients	1	1	0
Secondary education (completed or uncompleted)	44	39	5
Data are without value for the patient	26	24	2
Data are useful for the patient	18	15	3
Data are very important for the patients	0	0	0
Vocational education	33	24	9
Data are without value for the patient	15	11	4
Data are useful for the patient	14	9	5
Data are very important for the patients	4	4	0
University education (completed or uncompleted)	16	15	1
Data are without value for the patient	9	8	1
Data are useful for the patient	7	7	0
Data are very important for the patients	0	0	0

will to discuss in relationship to sex of the patients. In general, male patients less frequently discuss their problems while staying in the hospital.

The value of the obtained data during the discussions between in-patients is showed in Table III. Almost half of the patients declared that the data obtained from other in-patients were useful for them, and had impact on their attitude to medical problems. A similar part of the patients indicated that the data were of low importance for them. This ratio was similar in all the investigated age groups. Female patients paid more attention to the data obtained from other in-patients as compared to male patients, although the number of investigated male patients was relatively low. There was no significant relationship of the patient's education to the impact of the data obtained from other in-patients on the attitude to medical problems (Table IV).

The obtained results should be considered as the preliminary study. The number of the investigated patients was relatively small, thus further studies are needed. The main observation indicates that almost half of the in-patients considered the discussion with the other in-patients a valuable source of information. This finding indicates the value of education and in some cases the origin of failure in compliance of the patients. The study was undertaken after a number of anecdotic observations indicating the progressive development of failure to glucocorticoid or cytostatic treatment during the stay in the hospital. Despite the

discussion of the therapy with the patients, they suggested that they had "own" observations and sources of information. We had a feeling that some of in-patients spread "tragic" vision of sequels of the management. We had also suspicions that after such discussions between the patients the level of compliance was lower that before despite the efforts of the medical staff. The obtained results supported previous suspicions of mutual „education” of the in-patients. On the basis of the results it is difficult to conclude what factors are essential in this spreading of information. The most common “debaters” are female patients younger than 30 or older than 51. Education seems to have a small effect on the will to discuss medical problems; it is rather the feature of the patient's personality [5]. Similarly, educational level has no significant influence on the patient's attitude to the data obtained from other in-patients. This is probably also related to personality and emotional state of the patient.

Summing up, the discussion between in-patients modifies their attitude to medical problems and their compliance with therapy. These finding from the practical point of view suggested the role of medical staff controlled education offered to the in-patients during their stay in the hospital. On the other hand, the obtained results once again, supported the well-known role of patient's education in the comprehensive management of chronic rheumatic disorders.

References

1. Neame R, Hammond A, Deighton C. Need for information and for involvement in decision making among patients with rheumatoid arthritis: a questionnaire survey. *Arthritis Rheum* 2005; 53: 249-55.
2. Schrieber L, Colley M. Patient education. *Best Pract Res Clin Rheumatol* 2004; 18: 465-76.
3. Riemsma RP, Taal E, Rasker JJ. Group education for patients with rheumatoid arthritis and their partners. *Arthritis Rheum* 2003; 49: 556-66.
4. Barlow JH, Cullen LA, Rowe IF. Educational preferences, psychological well-being and self-efficacy among people with rheumatoid arthritis. *Patient Educ Couns* 2002; 46: 11-9.
5. Witney AG, Treharne GJ, Tavakoli M, et al. The relationship of medical. Demographic and psychosocial factors to direct and indirect health utility instruments in rheumatoid arthritis. *Rheumatology (Oxf.)* 2006 – in press.