

How proactive are patients in primary health care?

Attitudes and needs of seniors:

Project PRACTA – Activating the Elderly by Medical Practice

Joanna Chylińska¹, Dorota Włodarczyk¹, Magdalena Łazarewicz¹, Marta Rządkiwicz¹, Mirosława Adamus¹, Gorill Haugan², Monica Lillefjell³, Geir Arild Espnes³.

¹Medical University of Warsaw, Poland; ²Sor-Trondelag University College, Trondheim, Norway; ³Norwegian University of Science and Technology, Trondheim, Norway.



Introduction:

The idea of active ageing has become a key issue in ageing societies, and an increase in lifespan is connected to the heightened use of medical services. The PRACTA project aims at exploration of the process of creating active attitudes towards illness and health by doctors in primary health care in Poland. Crucial processes that might be involved are establishing proper rapport and doctor-patient communication. The objective of the presented study was to answer the question of how the elderly patients and their doctors assess their attitude toward illness and treatment (ATIT) and needs?

Participants

280 doctors working in public primary health care centers in central Poland
773 patients above 65 years old (age: M=72,4; SD=5,78) awaiting appointment at their GP's

Method

ATIT : 1 scale - global and specific aspects of the patient's approach toward illness: cognitive, emotional, motivational and proactive.

Needs of patients - 2 scales: (1) **The Patient's Needs Scale (PNS)** measuring 6 types of appointment-related needs and (2) **Communicational Needs Scale (CNS)** developed to assess various communicational behaviours applied by doctors during the visit.

- ❖ The same scales (with adjusted instructions) for patients and doctors
- ❖ Patients approached before and after the visit at the GP's; Doctors approached individually before patients' examination had started

Conclusions:

- ❖ Doctors describe the attitude of their elderly patients as generally less active than patients themselves. The only exception is emotional functioning – patients declare more negative and less positive emotions than doctors can see.
- ❖ Majority of patients' needs requires better response from doctors: patients rate doctors level of desired behaviors during the appointment as lower than doctors themselves. The need of disease explanation is the only one, where no differences between patients and doctors ratings were found.
- ❖ Doctors overestimate their communication skills – patients rate them lower than GPs.

Results:

Tab.1. Differences between patients and doctors in ATIT evaluation

Subscale	Group	M	SD	U	p
Cognitive	Patients	5.38	1.26	95933,5	0.007
	Doctors	5.20	1.18		
Efficacy	Patients	5.31	1.29	97901,0	0.023
	Doctors	5.14	1.19		
Positive Emotions	Patients	5.27	1.10	143138,5	0.000
	Doctors	5.89	0.91		
Negative Emotions	Patients	3.42	1.57	61930,0	0.000
	Doctors	2.31	1.17		
Motivation	Patients	5.34	1.22	93947,5	0.002
	Doctors	5.07	1.15		

Tab.2. Satisfaction of patients needs and doctors evaluation of patients' needs

Subscale	Group	M	SD	U	p
Disease Explanation	Patients	5.51	1.27	109428.0	0.671
	Doctors	5.56	1.20		
Treatment Explanation	Patients	5.45	1.36	123864.0	0.000
	Doctors	5.85	0.94		
Emotional Support	Patients	5.10	1.28	157802.5	0.000
	Doctors	6.05	1.09		
Health Promotion	Patients	4.51	1.63	118585.0	0.011
	Doctors	4.88	1.36		
Quality of Life	Patients	5.08	1.21	57509.0	0.000
	Doctors	3.77	1.77		
Rapport	Patients	5.36	1.20	165792.5	0.000
	Doctors	6.43	0.73		

Fig. 1. Differences between patients and doctors in evaluation of communication during the visit

