

Accessing health information in a hospital setting: a consumer views study

JAYNE SANDFORD

Jayne Sandford is Health Promotion Project Officer at Flinders Medical Centre, Adelaide

Abstract

Meeting consumers' needs for health information is an important role for all health professionals. A Consumer Views Study was conducted at Flinders Medical Centre (FMC) to ensure strategies for improving access to health information for staff and consumers were congruent with consumers' views. Semi-structured questionnaires were completed by 100 consumers of FMC services. A key finding was the strong preference consumers have for accessing health information through staff members, which confirms the important part that education plays in information provision. A concern was that less than half of the participants were provided with written information. This could be indicative of the difficulties staff have in accessing health information to provide to consumers. Results also showed the important role General Practitioners (GPs) have in providing health information to consumers. Findings have helped shape strategies that focus on coordinated electronic access to quality health information, which will support staff in accessing and providing health information to consumers, and improve direct access to health information for consumers.

Background

Ensuring consumers have access to health information to meet their needs is an important role for all health professionals. It is evident in the literature that providing consumers with quality health information can have a range of positive benefits from both the individual and organisational perspective. From an individual perspective these benefits include improved postoperative recovery (Johnston & Vogeles 1993; Devine & Westlake 1995) and positive effects on health outcomes, which were shown in studies of patients with hypertension, breast cancer and diabetes (Coulter et al 1999). From a psychological perspective the provision of health information has been shown to reduce anxiety and distress and provide reassurance helping patients and families to cope (Simpson et al in NHMRC 1999).

From an organisational perspective, Fries et al (1998) have demonstrated that providing consumers with information and guidelines for self-management can lower service use by 7-17% at very low cost. Larson et al (1996) have also shown that meeting information needs is positively and significantly associated with patient satisfaction with hospital treatment.

Consumers are also expressing the desire to become more involved in decision making regarding services, treatments, and clinical decisions which affect their lives (NHMRC 1999; Coulter et al 1999). For consumers to be involved in decision-making they require sufficient and appropriate information to be provided (Coulter et al 1999). It is a consumer's right to be provided with health information that meets their needs to participate in decision-making and to give consent to treatment (South Australian Health Commission 1996). A Cochrane Review focusing on decision aids has shown they improve knowledge and realistic expectations of the benefits and harms of options, reduce passivity in decision-making and lower decisional conflict stemming from feeling uninformed (O'Connor et al 2001).

Providing health information does have positive benefits for both the consumer and the organisation and should therefore not be seen by busy health professionals as an 'optional extra' to be provided to consumers if time

permits. In a hospital setting coordinated systems need to be in place to support staff in making quality health information accessible to consumers. This systems approach is consistent with the current safety and quality in health care focus (Australian Council for Safety and Quality in Health Care 2000; Berwick 1996), and is supported by reports into facilitating consumer access to health information conducted by both the Department of Health and Aged Care (2000) and the Department of Human Services Victoria (2000). However, for appropriate systems to be in place in a hospital setting, consumers' preferred way of accessing information needs to be identified (Department of Human Services Victoria 2000) as well as staff needs in providing that information. Only then can systems be developed to meet both staff and consumer needs in terms of accessing health information.

Local context

A Health Information Project is being undertaken at FMC to address the significant area of providing consumers with access to quality health information. The project is focusing on both quality and access issues for staff and consumers. It aims to develop the organisational infrastructure to support staff in providing consumers with ready access to quality health information. Determining the views of staff and consumers has been essential in determining appropriate strategies to achieve this aim.

Staff interviews were conducted at the commencement of the project to understand the current situation in the organisation, the barriers to accessing and providing health information and ideas for improvement. A need for the project was identified and supported by staff. The Consumer Views Study was undertaken to help to understand our consumers' preferences for accessing health information at FMC.

Methodology

Sampling

Non-random purposive sampling was used to recruit 100 consumers (including patients, their family members, friends and carers) of FMC into the study, which was carried out over four weeks in February 2002. Ten consumers from each of six inpatient and four outpatient areas completed questionnaires. This method was chosen to provide input from FMC consumers with experience in a variety of settings within the hospital. A non-random technique was chosen because the intention was to determine the views of FMC consumers, not the wider population, to enable the development of strategies congruent with these views.

Data collection

A semi-structured questionnaire was designed and used. Pilot interviews were conducted with ten participants to test questions. Feedback resulted in minor adjustments to question structure. All participants were approached within FMC and invited to participate. An information sheet was provided and informed consent obtained from all participants. The study was approved by the Flinders Clinical Research Ethics Committee.

Data analysis

Questionnaire data was collated and analysed using SPSS for Windows statistical package to generate descriptive statistics.

Results

Demographics

Demographic data was collected and included, age, gender, area of the hospital the participant was in and the participant status. Figure 1 outlines the demographic data collected.

Figure 1: demographic data

Characteristic	Number	Percent
Age		
18-40	28	28
41-65	38	38
>66	34	34
Gender		
Male	37	37
Female	63	63
Hospital area		
Inpatient	60	60
Outpatient	40	40
Participant status		
Patient	73	73
Family member	24	24
Friend	2	2
Other	1	1

Where participants access health information when they needed it

Participants were asked where they access health information when they need it (more than one answer was possible). The majority of participants (93%, n= 93) chose General Practitioners. Figure 2 outlines participant response to this question.

Figure 2: Where participants access health information when they need it

Access point	Number	Percent
General Practitioners	93	93
Pharmacies	47	47
Public hospitals	28	28
Family and friends	25	25
Media	21	21
Community Health Centres	16	16
Internet	15	15
Library	12	12
Other	6	6
Local Councils	1	1

Information received from FMC

Not all participants reported receiving information from FMC. 76% (n=76) reported receiving information, 17% (n=17) reported not receiving information, 4% (n=4) were not sure, and 3% (n=3) did not answer the question. Participants were then asked questions specifically relating to the information received from FMC. This included format of information received, who accessed from, perceived usefulness of information, the timeliness of information provision and the ease of access to information. Due to not all respondents reporting to have received information and others who were not sure or did not answer the question, response to these questions are variable.

Format of information received

When asked in what format information was received (more than one answer possible) 76 participants responded to the question. Of the 76 respondents, 73 (96%) received the information verbally and 33 (43%) received the information in the written format.

Who information was accessed from

When asked from whom information was accessed, (more than one answer possible) 82 participants responded to the question. Of the 82 who responded, 75 respondents (91%) reported accessing their information from staff, six respondents (7%) accessed the information by themselves and two respondents (2%) accessed information from other sources.

Usefulness of information received

When asked if the information they had received had been useful 78 participants responded to the question. Of the 78 who responded, the majority reported that the information had been useful. Fifty-five respondents (71%) reported the information was very useful or quite useful, 19 respondents (24%) reported the information had been somewhat useful and four respondents (5%) reported the information was not useful. Comments from participants expressed the desire for more information to be provided, for example, “more information could have been given when taking observations”, “need more information about the hospital and where to go for appointments”.

Timeliness of information received

When asked about the timeliness of the information provision, 76 participants responded to the question. Of the 76 who responded, 53 respondents (70%) reported that the information had been received at a very good or good time. Eighteen of the respondents (23.5%) reported that the information had been provided at an OK time, and five respondents (6.5%) reported that the information had been provided at a poor or very poor time. A range of comments were provided and included “always appropriate information to follow specific instructions” and “in my case the information was given too late”.

Ease of access to information

When asked about the ease of access to information, 80 participants responded to the question. Of the 80 who responded, 58 respondents (72.5%) reported the information was very easy or easy to access when needed, 16 respondents (20%) reported the ease of accessing information was OK, and six respondents (7.5%) reported it was not easy or very difficult to access information when they needed it. A range of comments were provided and included “I have been given information continuously” and “staff could have answered my concerns more quickly”.

Where prefer to access health information at FMC

All participants responded when asked how they would prefer to access health information at FMC (more than one answer was possible). Figure 3 outlines the response of participants to this question.

Figure 3: where prefer to access health information at FMC

Where prefer to access information	Number	Percent
Staff	67	67
Central location	31	31
Ward displays	21	21
In house TV service	9	9
Internet access	8	8
Other	1	1

Discussion

Usefulness, timeliness and ease of access to health information at FMC were rated reasonably high by the participants in this study. The response in relation to the usefulness of the information received is comparative to other studies in the area of health information provision (Johnson 1999). This high rating however is difficult to interpret due to the data not providing information about the expectations of our consumers. It is

also unclear what our consumers understanding is of the term “health information” and the different types of information. Interestingly the majority of the information was received verbally, with under half of the participants receiving written information. There is a concern with this finding, as providing only verbal information tends to leave authority in the hands of the health professional, potentially disempowering the recipient, (Johnson 1999). This could be an indication of the difficulty staff presently have at FMC (Sandford 2001) in being able to access quality health information to provide to consumers or lack of valuing of written information as an important part of the communication process.

Access to information

Participants strongly indicated that staff are their preferred access point for health information. This was initially surprising due to the literature recommending a focus on central information centres to provide information to consumers (Department of Health and Aged Care 2000; Department of Human Services Victoria 2000). However this finding is supported in the literature where it has been shown that consumers place great value and respect on the advice of health professionals (Godolphin et al 2001; Johnson 1999). The educational interaction that takes place when staff provide consumers with written health information, along with the ability to take the information home for reference and reinforcement at a later time (Department of Human Services Victoria 2000) has been shown to be important to consumers.

These findings support the development of coordinated, systems that enable staff to easily access health information to provide to consumers. However it will be important for a range of strategies to be implemented to ensure control of access to health information is not kept in health professional hands, for example, health information displays and internet access. The days of health professionals being ‘gate keepers’ for information is becoming further away from reality as electronic sources of health information through the internet are making health information more easily available to more people (Shepperd et al 1999). This phenomenon is only going to grow as more people are becoming computer literate and have access to the internet (Australian Bureau of Statistics 1999). There is an opportunity for health care providers and in particular hospitals to play a key role by providing advice and direction for consumers in how to determine the quality of health information on the internet, and provide links to quality assured sites and search portals.

Health Information and General Practitioners (GPs)

GPs were nominated as the most popular place that participants go to access health information when they need it. This is supported in the literature and confirms the importance and confidence that consumers place in their GPs (Charlton 1997; Monroe 2002). This highlights the need for FMC to work with GPs to ensure strategies are conducive in supporting their access to health information developed by FMC for consumers.

Implications for FMC

The important role hospitals play in providing consumers with access to health information has been shown in the literature (Johnson 1999) and is supported in this study where public hospitals were identified by consumers as the third highest area where they access health information. This confirms the role FMC has in ensuring consumers have ready access to health information.

The findings in this study confirm the data gathered from staff interviews conducted at the commencement of the project, which identified that initial strategies should focus on developing a coordinated process that will support staff to be able to easily access quality health information to provide to consumers. This has lead to the commencement of work on developing and expanding health information sites as part of the FMC internet and intranet sites. These sites will provide FMC staff, actual and potential consumers of FMC and other health professionals including GPs and community agencies with access to:

- 1) links to existing quality health information sites where health information can be searched for and downloaded
- 2) access to tools to assist in the development of and assessment of the quality of health information
- 3) a central electronic location for access to quality health information developed by FMC

Other research recommended

Further exploration is required regarding GPs needs and barriers to accessing information from the FMC internet site. Funding has been secured to carry out this exploration. There is also the need to further explore a range of alternative strategies to enable wide access for consumers to quality health information at FMC. Strategies that have been utilised by other health service providers include internet kiosks and display areas that are popular in community health centres across regional areas, library health information areas, and displays in ward, outpatient and emergency areas. The Health Information at FMC Project will need to determine the most appropriate strategies for FMC.

Conclusion

The undertaking of the Consumer Views study at FMC has provided FMC with an understanding of our consumers' views in relation to accessing health information. The important role health professionals, in both hospital and general practice settings have in providing access to health information for consumers was confirmed in this study. Findings showing low levels of written health information provision have also confirmed the need for a coordinated systems approach to enable staff and consumers to easily access health information at FMC. Initial strategies are being developed that will focus on providing a coordinated, easy process for accessing health information through use of the FMC internet and intranet sites. Further areas for research have also been identified to ensure staff are not the only medium by which consumers can access health information. By gaining both staff and consumer views in relation to accessing health information, FMC can now develop strategies that have both a staff and consumer focus.

Acknowledgements

The author would like to acknowledge the Health Information at FMC Project Reference Group for their work in developing the Consumer Views Study and thank Dr Anne Johnson and Mr Ray Smith for their editorial advice and assistance.

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