Who should give lifestyle advice in general practice and what factors influence attendance at health promotion clinics? Survey of patients' views

SOUTH TYNESIDE PATIENT SATISFACTION WORKSHOP

SUMMARY

Background. Health promotion activity in general practice has increased greatly since 1990. A large proportion of this work is undertaken by practice nurses. Little is known about patients' views about the providers of health promotion or their views about general practice health promotion clinics.

Aim. A study was carried out in 1992 to determine patients' views about the provision of health promotion advice by general practitioners and practice nurses and their views about attending health promotion clinics.

Method. A postal questionnaire was sent to a random sample of 1750 patients aged 16 years and over from five general practices in south Tyneside. The questionnaire explored patients' preferences regarding health promotion advice from the general practitioner or practice nurse in relation to four areas of lifestyle advice and factors that might encourage patients to attend a health promotion clinic.

Results. A response rate of 75% was obtained from 1639 eligible patients. Receiving health promotion advice from either the general practitioner or the practice nurse was the most commonly preferred option expressed by patients overall. The ability of health promotion clinic staff to deal with patients' concerns about their illness and short waiting times were more likely to influence patients' attendance at health promotion clinics than the presence of a general practitioner or practice nurse.

Conclusion. In the present study, many patients found health advice received from practice nurses and general practitioners equally acceptable. However, it was the ability of health professionals to respond to patients' health concerns in the health promotion clinic rather than the type of health professional running the clinic that was important for patients.

Keywords: health promotion; health education; health professionals' role; patients' attitudes.

Introduction

THE advent of the 1990 contract for general practitioners, together with the introduction of health promotion clinic payments, led to an unprecedented growth in health promotion clinics in general practice. Much of the increased workload was

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© British Journal of General Practice, 1995, 45, 669-671.

delegated to practice nurses,³ whose numbers have trebled in England and Wales since 1987 to over 15 000 in 1993.⁴ More importantly, there has been a change in the role of practice nurses where much of their work is now centred around health promotion.^{5,6}

There is concern about the nature, organization and adequacy of training of practice nurses to equip them for their changing role in general practice. Doubt has also been cast on the value of health advice given by nurses in changing patients' cardiovascular risk factors and in helping smokers to stop smoking.

Further changes to general practice health promotion occurred in 1993. 10 A new health promotion contract shifted the emphasis away from clinics and their payments 11-13 to a return to opportunistic health promotion. 14

Despite these far-reaching changes, the views of patients have received little attention. A study was therefore carried out to determine patients' views about two providers of health promotion — the general practitioner and the practice nurse — and to determine patients' views about attending health promotion clinics in general practice.

Method

The study population consisted of a random sample of 350 patients aged 16 years and over from each of five general practices in the south Tyneside district of the Northern Region in England. The five practices represented 24 general practitioners, 10 practice nurses and 43 600 patients. The sample was drawn from family health services authority computer records.

A postal questionnaire was developed through a series of interview stages, the results of which have been reported elsewhere. ¹⁵ The questionnaire explored patients' preferences regarding health promotion advice from the general practitioner or practice nurse in relation to four main areas of lifestyle — weight, exercise, smoking and drinking alcohol — and factors that might encourage patients to attend a practice health promotion clinic. Patients' attitudes were assessed on the questionnaire using scales based on the nature and range of patients' responses obtained during development of the questionnaire.

The main survey was conducted in November and December 1992. A copy of the questionnaire was mailed to each patient in the study accompanied by a covering letter signed by the patient's general practitioner and a reply-paid envelope. A reminder letter was sent after three weeks, and then six weeks later a further reminder letter was sent together with a second copy of the questionnaire.

Data were analysed using *EPI INFO* and *SPSSPC*. ^{16,17} Results were analysed using cross tabulations.

Results

Of the 1750 questionnaires sent to patients in the sample, 111 (6.3%) were returned stating that the patient was not at that address or had died. A total of 1237 of the 1639 patients (75.5%) completed questionnaires. The response rate in the five different practices ranged from 72.7% to 78.6%. Of 1233 respondents, 718 (58.2%) were women (data on sex missing for four respondents).

Receiving health promotion advice from either the general practitioner or the practice nurse was the most commonly preferred option expressed by patients overall (Table 1). Fewer patients wanted to talk to a practice nurse only compared with a general practitioner only. Approximately half of patients did not wish for advice about smoking or drinking.

Table 2 shows that the ability of health promotion clinic staff to deal with patients' concerns about their illnesses and short waiting times were more likely to influence patients' attendance at health promotion clinics than the presence of a general practitioner or practice nurse.

Discussion

The overall response rate of 75% to the questionnaire compares favourably with two previous major surveys of patients' views about health promotion. ^{18,19}

Patients' attitudes to practice nurses are important, given the increasing role that practice nurses now have in health promotion in general practice. It has been suggested that patients find it easier to talk to a practice nurse rather than to a general practitioner;²⁰ this finding was not confirmed in the present study. In fact, fewer patients wanted to talk to a practice nurse only compared with a general practitioner only. During the preliminary interviews, a number of themes were identified.¹⁵ The most

Table 1. Patients' expressed preferences for source of lifestyle advice regarding weight, exercise, smoking and drinking.

Source of lifestyle advice	% of patients expressing preference regarding				
	Weight (n = 1215)	Exercise (n = 1205)	Smoking (n = 1125)	Drinking (n = 1132)	
GP only	26.5	24.3	20.3	17.8	
Practice nurse only	3.0	<i>3.2</i>	0.7	0.9	
GP or practice nurse	<i>48.6</i>	48.8	30.5	27.8	
GP and practice nurse	5.1	4.4	2.9	2.0	
Do not wish advice	16.8	19.3	45.6	51.4	

n = number of respondents to aspect of lifestyle advice.

Table 2. Factors considered by patients to influence their attendance at a practice health promotion clinic.

% of respondents con-

	sidering factor would influence attendance			
Factor	Yes	No	Do not know	
If I knew someone could explain				
my illness (n = 1174)	92.9	2.6	4.4	
Worries about my health ($n = 1204$)	91.9	4.1	4.0	
Short waiting time to be seen $(n = 1167)$	91.3	5.1	<i>3.7</i>	
Convenient times (n = 1168)	81.3	12.1	6.6	
If regular follow up suggested ($n = 1151$)	79.3	8.5	12.2	
If GP and practice nurse were				
present (n = 1127)	67.3	20.5	12.2	
If recommended by family/friends				
(n = 1150)	54.3	30.8	14.9	
If GP only present ($n = 1133$)	43.4	41.9	14.7	
As a result of something on TV ($n = 1150$)	27.5	54.1	18.4	
If practice nurse only present $(n = 1092)$	27.7	55.4	16.9	
Newspaper or magazine article				
(n = 1144)	23.6	58.3	18.1	

n = number of respondents to factor.

important was a belief among patients that opportunistic health promotion is part of the role of practice nurses. Patients showed discrimination about which problems they would take to the practice nurse and which they would take to the general practitioner. In particular, some problems were considered by patients to be too trivial for the general practitioner but appropriate for the practice nurse to manage.¹⁵

Overall, patients in the present survey were willing to receive advice from either the general practitioner or the practice nurse, but the general practitioner only rather than the practice nurse only was the next most commonly preferred source of advice. A preference for the general practitioner only rather than the practice nurse only may reflect the fact that patients prefer to seek and receive health promotion advice when consulting with other problems. ¹⁴ Patients may also be responding to the traditional role of the general practitioner in providing health advice, a role to which the practice nurse has only recently acceded. Work by Peter showed that half of practice nurses had no theoretical knowledge of health promotion despite the fact that all were engaged in health promotion activities. ⁶

The factor most commonly reported to influence attendance at a practice health promotion clinic was whether the patient's personal concerns would be met, rather than the presence of a general practitioner or practice nurse. Previous research has shown that the nature and presentation of lifestyle advice is crucial.^{21,22} Patients find lifestyle advice acceptable only if the issue is directly related to their concerns (in the present study, approximately half of patients did not wish to receive advice about smoking or drinking) or if the general practitioner has reasons to be concerned about the patient's health.^{21,22}

In the present study, receiving health promotion advice from either the general practitioner or the practice nurse was the most commonly preferred option expressed by patients. However, it was the ability of health professionals to respond to patients' health concerns in the health promotion clinic rather than the type of health professional running the clinic that was important to patients.

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Acknowledgements

This study was funded by the Department of Health. South Tyneside Medical Audit Advisory Group and South Tyneside Family Health Services Authority gave practical support; Theresa Huddart typed the manuscript.

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