

Do patients read health promotion posters in the waiting room? A study in one general practice

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SUMMARY

Background. General practitioners are aware of the need to provide easily accessible health promotion information for their patients. Although many practices use health promotion posters in their surgeries, there appears to have been no formal evaluation of their effectiveness.

Aim. A study was undertaken to investigate whether patients read and remembered waiting room posters, and if so, what factors influenced this.

Method. A short questionnaire was distributed to patients in one practice following their consultation. It asked what they remembered of the poster display in the waiting room.

Results. Of 319 patients attending a doctor during the study period 82% said they had noticed the posters, 95% of whom reported they had also read them. Patients over 50 years of age were significantly more likely to say they had read the posters than younger patients, but significantly fewer showed interest in further information. The sex of patients did not influence their reading of posters or their interest in further health promotion literature. The longer patients had to wait for the doctor, the more likely they were to remember the subject of the posters correctly. Some subjects appeared to attract more patients' attention than others, in particular the displays about smoking cessation and about the human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS). Overall 53% said they would be interested in more information.

Conclusion. Patients say they read and remember the subject of waiting room posters. Posters in the waiting room can increase awareness of health promotion issues.

Keywords: health promotion; patient literature; patient waiting area; patient attitude.

Introduction

THE introduction of the new contract for general practitioners¹ and the publication of *The health of the nation*,² along with the introduction of health promotion banding, have encouraged general practitioners to look at methods of providing patients with information on adopting a healthier lifestyle. As 70% of a practice population pass through the waiting room each year,³ this seems an obvious place for health promotion to take place. However, do patients notice what is displayed and can they remember it?

There is little research on the effectiveness of poster displays in general practice, although their use is widespread in the advertising world. It has been shown that a rotating poster display catches patients' attention,⁴ but there is no information on the use of static displays. Posters are widely used as a medium for health

promotion because they are an inexpensive way of reaching a large section of the population.⁵ However, a consumer health education survey in 1988 found that only 27% of its sample had seen health promotion material in poster form (compared with 72% who had seen it on television).⁶ Posters are limited by design constraints in that they need to be simple, clear and eye-catching, but still convey the required message.⁷ In addition, exposure to the poster is brief and non-interactive.⁸ Despite these limitations, they are a method of health promotion available to general practitioners which could be of some help in attaining targets set by the Department of Health and practices themselves (such as reductions in smoking, alcohol intake, improvements in diet and exercise habits, family planning, education about the acquired immune deficiency syndrome (AIDS) and travel advice.

A study was undertaken to evaluate the effectiveness of notice board displays by investigating whether patients read health promotion posters, and whether they would be interested in receiving more information. The study also aimed to investigate whether reading health promotion posters was related to the poster subject, to the characteristics of the patients themselves, or the length of time spent in the waiting room.

The study was undertaken in an inner city Manchester group practice which had four full-time and one part-time partners, and a list size of 8700 patients. The practice also had one trainee and two part-time practice nurses. The waiting room in the study practice had four notice boards which carried a selection of material such as advertisements for self-help groups, telephone advice lines and information about the practice. Following redecoration of the waiting room, the notice boards were free for a formal poster display; two were chosen for the study and the other two continued to display the previous literature.

Method

The waiting room notice boards chosen for the study were covered with bright blue card. Other health promotion material in the room was removed. The display was made up of posters selected from the local health promotion unit in Manchester, and supplemented with handmade stencilled headings. Four topics were chosen on a rotating monthly basis: healthy eating, smoking cessation, alcohol reduction, and information about the human immunodeficiency virus (HIV) and AIDS.

Patients were excluded from the study if they were under 16 years old, or attending with another person, or had already been entered into the study. At the end of each consultation, the doctor gave patients a short questionnaire asking them what they remembered about the display and how long they had waited to be seen. The questionnaire was quick and easy to complete. It was filled in by patients at a table in the hall, and then left in a box near the exit. The layout of the surgery was such that patients left the building after seeing the doctor without re-entering the waiting room where the posters were displayed. The patients were not prevented from reviewing the poster display although it would have taken them out of their way to do so. The survey was conducted by two out of five of the doctors at any one time during the first week of each new poster display in order to avoid congestion in the corridors. Interim analysis indicated that the first display, on healthy eating, was noticed more than subsequent displays. To see if this was a result of a 'new look'

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effect in the waiting room, the same display was repeated at the end of the study, hence there were five study weeks.

The age-sex distribution of the sample was compared with that of a typical week's surgery to ascertain if the sample was representative of the population of patients using the practice. Results were analysed using SPSSPC+ in order to calculate frequencies and chi square tests.

Results

A total of 322 questionnaires were distributed over the five study weeks, of which 319 (99.1%) were returned. The study sample comprised 229 women and 86 men, a ratio of 2.7:1 (four respondents did not answer this question). This compares with 272 women and 164 men attending the surgery during a sample week taken at the end of the fifth month, a ratio of 1.7:1. The median age of the study sample was 40 years (range 16 to 81 years), compared with 39 years (range 16 to 85 years) for those attending the surgery during the sample week.

Information on waiting times was unavailable for 68 patients. Eighty one respondents to the question (32.3%) spent less than five minutes in the waiting room, 120 (47.8%) spent five to 15 minutes and 50 patients (19.9%) spent more than 15 minutes waiting to be seen.

Of all the patients 263 (82.4%) reported that they had noticed the posters, 257 of whom (97.7%) said they remembered the subject of the display. The posters were reported to have been read by 251 patients (78.7%). A total of 169 patients (53.0%) were interested in having more information about a subject.

When patients were analysed by age, those aged over 50 years were found to be more likely to say they had read the posters than younger patients (88/99 versus 153/199, $\chi^2 = 6.16$, 1 degree of freedom (df), $P < 0.05$) (data missing for 21 patients). However, those aged under 50 years were more likely than older patients to show interest in further information on the poster subjects if they had read them (120/200 versus 45/91, $\chi^2 = 10.83$, 1 df, $P < 0.01$) (data missing for 28 patients). Patients' sex had no effect on whether they read the posters or were interested in more information.

Some poster subjects were more likely to be noticed than others, in particular the HIV/AIDS awareness and smoking cessation displays ($\chi^2 = 9.95$, 4 df, $P < 0.05$) (Table 1).

Waiting time appeared to influence reading of the posters, and people who waited longer for their appointment were more likely to remember the poster subject correctly ($\chi^2 = 25.4$, 15 df, $P < 0.05$) (Table 2).

Discussion

While the study sample was representative of surgery attenders in terms of age, there was a disproportionate number of women in the sample. A high response rate to the questionnaire was achieved.

Table 2. Accuracy of recollection of waiting room health promotion posters, by length of wait.

	% of patients waiting		
	< 5 min (n = 81)	5-15 min (n = 120)	> 15 min (n = 50)
Read poster			
Named subject correctly	65.4	69.2	92.0
Named subject incorrectly	12.3	8.3	0
Did not read poster but named subject correctly	1.2	0.8	0
Did not notice poster			
Named subject correctly	6.2	9.2	0
Named subject incorrectly	7.4	5.8	6.0
Other	7.4	6.7	2.0

n = number of patients in group. Data unavailable for 68 patients.

Owing to the brevity and simplicity of the questionnaire, it was not formally validated, apart from seeking face validity from the other doctors in the practice. However, a number of patients claimed not to have noticed the posters but still named the subject correctly and this discrepancy may have been due to low face validity. If the study were repeated, the questionnaire would need to be fully validated despite its apparent simplicity. Another explanation for this discrepancy could be that patients re-entered the waiting room to check the poster display before completing the questionnaire, or were only aware of the poster display subconsciously.

Despite the known limitations of posters as a means of health promotion,⁷ their use in general practice may still be justified, as it has been shown in this study that patients say they notice and read them. They were more likely to be read during a longer wait for an appointment than a brief one, and older patients were more likely than younger patients to say they had read them. It is encouraging that 79% of patients said they read the posters, regardless of the subject.

This is clearly useful information for organizations who use poster campaigns extensively, such as the Health Education Authority. Having shown that posters can help raise awareness of a health issue, they also appear to increase interest in that issue, in that 53% of patients said they would be interested in more information. The next step could be the provision of leaflets or other literature on the subject, perhaps with advice from the practice nurse or doctor. Patients may feel inhibited about collecting literature on a sensitive topic such as HIV or alcohol consumption from a public area such as the reception desk or waiting room. Each topic would need individual appraisal as to how it could be most appropriately delivered.

This study concentrated on a basic question: were posters read

Table 1. Recollection of waiting room health promotion posters, by poster subject.

	% of patients exposed to poster on				
	Healthy eating ^a		Alcohol reduction (n = 49)	Smoking cessation (n = 54)	HIV/AIDS awareness (n = 58)
	1 (n = 98)	2 (n = 60)			
Noticed poster	85.7	68.3	81.6	88.9	86.2
Remembered subject	82.7	40.0	75.5	74.1	87.9
Read poster	73.5	76.7	83.7	79.6	84.5
Wanted more information	63.3	50.0	44.9	48.1	50.0

n = number of patients in group. ^aPoster on healthy eating was displayed in two study periods.

and remembered by patients in waiting rooms? It did not aim to look at methods of providing more education or at outcome measures relating to use of health promotion literature such as the number of people giving up smoking after reading posters. It can be concluded that patients say they read and remember the subject of waiting room posters. Having shown that posters are a suitable medium for health promotion, it would be interesting to see if their messages are effective in the process of changing patients' behaviour and lifestyles.

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