

## HEALTH EDUCATION

### AN EXPERIMENT IN HEALTH EDUCATION

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IN RESPONSE TO A SUGGESTION by a number of patients a preliminary series of five lectures on a variety of health problems was arranged during January and February 1970. Attendance was restricted to patients included in the author's National Health Service list and that of a partner. The divisional medical officer of health co-operated in this venture and the lectures were given at the local health authority clinic.

The subject matter of the five lectures were: (1) chronic bronchitis; (2) diseases of infants; (3) minor surgical conditions; (4) immunization, at home and abroad; (5) diabetes. The lecture on diseases of infants was given by a consultant in paediatrics and the lecture on immunization by the divisional medical officer of health. The other three were given by the general practitioners.

#### Method

During December 1969 a programme of the intended series of lectures was handed to patients as they attended the surgery. Over 900 were distributed in this way. The programme gave details of the content of the lectures, the name of the lecturer in each instance together with dates, times and place of the lectures. The series was also advertised at the surgery.

Each lecturer was accompanied on the platform by either a district nurse or a health visitor. The purpose of this was to draw attention to the health team and to permit a wider range of general discussion after each lecture.

TABLE I  
NUMBER OF PATIENTS ATTENDING

Sequence of lecture	Subject of lecture	Number attending		
		Male	Female	Total
1	Chronic bronchitis	15	26	41
2	Diseases of infants	1	15	16
3	Minor surgery	1	8	9
4	Immunization	0	14	14
5	Diabetes	3	16	19

NUMBER OF PATIENTS ATTENDING MORE THAN ONE OF THE LECTURES

Number of lectures attended . . . .	2	3	4	5
Number of patients . .	8	3	0	2

Total attendance at all lectures = 99 = 2.8 per cent of practice population

All the lectures began at 7.30 in the evening. The formal part of each lecture lasted for not more than half an hour and each was followed by a discussion in which the audience took part. Visual aids such as charts, diagrams, x-rays and pamphlets were used.

Refreshments were not provided.

**Results**

The number of patients attending each lecture is shown in the first table.

The distribution of those attending over the whole series of lectures according to sex, age, social status and marital status is shown in the second table. A comparison is made of these values with those for the practice as a whole.

An attempt was also made to find a reason why some patients attended some lectures. A direct relationship was suggested in the instances of the lectures on chronic bronchitis and diabetes between the subject and morbidity among the patients attending. This is shown in the third table which also shows that the patients attending the lectures on diseases of children and

**TABLE II**

ANALYSIS OF PATIENTS ATTENDING BY AGE, SEX, MARITAL STATUS AND SOCIAL STATUS; COMPARED WITH VALUES OF THE SAME PARAMETERS FOR THE PRACTICE AS A WHOLE; AS PERCENTAGES

<i>Sex</i>	<i>Male</i>	<i>Female</i>						
Lecture series .. ..	20	79						
Whole practice .. ..	49.9	50.1						
<i>Age</i>	-20	-30	-40	-50	-60	-70	70+	
Lecture series .. ..	9	18	22	17	22	16	1	
Whole practice .. ..	28.6	16.2	13.9	14.9	9.8	8.9	8.1	
<i>Social status</i>	1	2	3	4	5			
Lecture series .. ..	7	13	46	19	13			
Whole practice .. ..	3.6	11.8	50.6	18.0	15.9			
<i>Marital status</i>	<i>S</i>	<i>M</i>	<i>W</i>	<i>D</i>				
Lecture series .. ..	4	87	8	0				
Whole practice .. ..	35.8	58.1	5.8	0.4				

**TABLE III**

RELATED CHARACTERISTICS OF PATIENTS ATTENDING HEALTH EDUCATION LECTURES

<i>Lecture 1—Chronic bronchitis (C B)</i>	
Number of patients attending .. .. .	41
Number known to have chronic bronchitis .. .. .	16 =40
Number married to a patient known to have chronic bronchitis .. .. .	10
Percentage of patients of practice who have chronic bronchitis .. .. .	10.4
<i>Lecture 2—Diseases of infants</i>	
Number attending .. .. .	16
Number attending who have children under five .. .. .	10
Number of these known to breast-feed for three months or longer .. .. .	9
<i>Lecture 4—Immunization</i>	
Number attending .. .. .	14
Number attending whose children have received all usual immunization .. .. .	13
<i>Lecture 5—Diabetes</i>	
Number attending .. .. .	19
Number known to be diabetic .. .. .	11 =58
Number married to a diabetic .. .. .	5
Percentage of practice known to be diabetic .. .. .	0.86
Number of patients attending lectures 2 and 4 .. .. .	30

immunization had characteristics which suggest an established interest in these subjects.

The number of patients involved is small and conclusions difficult to make. More women attended; more married patients attended; there is no significant tendency to attend associated with age or social class.

A distinct impression, shared by the doctors, nurses and health visitors, was that the patients attending the lectures were those who least needed health education and that the problem families were conspicuously absent.

#### Discussion

By any standards this series of lectures could not be regarded as a success. It does not seem that a series of formal lectures followed by a discussion does much to increase the knowledge of the patients of the practice regarding health problems. An objective assessment of the value of health education is not easy, though an impression was gained during this experiment that we were "preaching to the converted".

The early part of the year may well be the wrong time to hold a series of lectures of this kind. The experiment will be repeated in the autumn. Consideration will also be given to the use of films.

It is likely that a number of methods will need to be tried and that health education must entail a variety of methods and techniques. These various methods could take place at the same time in order to reach the widest spectrum of the population of the practice.

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### CLINICAL TRIAL

## *Music at Night*

### An experiment in a geriatric ward

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A DONATION OF £25 WAS MADE to a long-stay geriatric ward by a former patient. This was to be used for some purpose to improve the care and comfort of the long-stay patients in the ward. A proposal to experiment with the hypnotic effect of nocturnal music had previously been shelved because of lack of funds to purchase a tape recorder. The funds now being available a second-hand tape recorder was purchased.

As the ward was divided into two pavilions of 16 patients, it was decided to introduce the music to one pavilion only in the initial stages. A primary trial period of seven nights was decided on, during which time all routine night sedation was stopped and the music played from 8 p.m. to 6 a.m. The patients were observed individually for the amount of sleep they had and whether they were peaceful or restless. It was decided that if at the end of the primary trial period the patients showed no signs of distress or deterioration, then a full trial over three months should be started. The primary trial period passed without incident or complaint from the patients and all 32 patients were then put on to nocturnal music as their routine night sedation and observed. The night nurse was instructed that if a patient who had previously received a drug-sedative had failed to settle by midnight then the drug was to be given and the fact recorded. (Appendix).

The type of music to be employed was considered to be of great importance. Each track on the tape would last two hours and was built up in a similar manner. It was considered that the ideal type of music would be what Eric Robinson calls "light music straight down the middle",