Effect of an Educational Meeting on the Understanding by Patients of the Results of Laboratory Test

Tosetti C, Nanni I



A Cadaver Simulation Model for Basic Hand Surgery Training – A Design and Development Research

The Impact of COVID Pandemic on Rates of Deliberate Self-Harm in a Tertiary Hand Unit

Establishing Self-Care Practices Early in Medical and Health Education: A Reflection on Lessons Learnt from the COVID-19 Pandemic

Diet as a Potential Therapeutic Target in the Management of Chronic Pain: A Review

Preparing Course Learning Objectives Guide: A Four Stage Process

Off-Pump Versus On-Pump Coronary Artery Bypass Grafting: A Comparison of Long-term Graft Patency in Returning Patients

Effect of an Educational Meeting on the Understanding by Patients of the Results of Laboratory Test





ISSN 2052-1715



Effect of an Educational Meeting on the Understanding by Patients of the Results of Laboratory Test

Tosetti C, Nanni I

Institution

Abstract

Health Agency of Bologna, Porretta Terme (BO) Italy

WJMER, Vol 26: Issue 1, 2021

Aim: To evaluate the effect of educational meetings on the awareness of elderly subjects to understand the results of some laboratory tests.

Methods: Participants at two educational meetings, carried out at recreative centres for the elderly, filled out two identical anonymous questionnaires, at the beginning and at the end of the meeting. The items concerned the understanding of the results and the normal values of some common laboratory tests.

Results: Before the meeting, 80.8% of participants declared to have a good understanding of the results of the most common laboratory tests, however the real correct understanding varied from 65% (HDL cholesterol) to 22.3% (blood glucose). A total of 69.2% declared they quickly contact a doctor in the presence of an "abnormal" (flagged) test, and, after the meeting, this percentage decreased to 56.0%.

After the meeting, the subjects showed a better understanding of normal values of blood glucose, haemoglobin and HDL cholesterol.

Conclusions: Elderly subjects overestimate abnormality of the results of the most common laboratory tests. Simple community-based educational interventions can improve the understanding of the results of these tests.

Key Words

Laboratory Tests; Primary Care; Patient Empowerment; Health Education

Corresponding Author:

Dr Cesare Tosetti; E-mail: tosetti@libero.it

Introduction

Communication and understanding of the results of laboratory tests represent frequent activities in primary care, mainly aimed at the management of chronic diseases and therefore involving a mostly elderly population.¹ These processes are influenced by the physician's communication characteristics, by the type of results to be communicated, by the organisational model of communication, as well as by numerous factors of the patient such as age, literacy, expectations and emotional state.^{2,5} Factors belonging to the patient's sphere affect the timing of the request for evaluation.⁵ Among these factors, an important role can be played by the patient's awareness to understand the results of the tests.¹

Objective

To evaluate the effect of simple educational meetings on the awareness of elderly subjects to understand the results of some laboratory tests.

Methods

Participants at two educational meetings on the importance of the periodic monitoring of chronic diseases, carried out at recreative centres for the

elderly, were invited to fill out two identical anonymous questionnaires at the beginning and at the end of the meeting. The forms were numbered to allow pre-post matching. Personal data were reduced to a minimum (age, sex) to ensure anonymity and an acceptable number of responses. The items concerned the understanding of the results and the normal values of some common laboratory tests. Results were expressed as mean (standard deviation) and percentage. The analysis was carried out by non-parametric and chi-square tests. A p value < 0.05 was chosen as statistical significance. The study was conducted according to the indications of the Helsinki Declaration. Since this study consisted of a totally anonymous survey without the use of clinical data, it was not necessary to request explicit consent from the participants, according to national legislation.

Results

Seventy-eight subjects (36 males, 42 females) filled out the two questionnaires (80% of the audience). The median age was 70.5 years (standard deviation = 8.5 years) without significant difference between males (72.2 years; standard deviation = 9.3 years)

34

and females (68.9 years; standard deviation = 7.5 years).

Table I shows the results of the questionnaires. Before the meeting, a high percentage of participants (80.8%) declared to have an overall good understanding of the results of the most common laboratory tests, with differences according to single tests (cholesterol test = 80.0%; urine test = 70.8%; glucose test = 59.0%, blood count = 45.8%).

A total of 69.2% of participants declared to contact a doctor in the presence of an "abnormal" (flagged) test. Regarding the evaluation of simulated results, 77.3% said they consider blood glucose = 100 mg / dL always as alarming, compared to 70.6% for a normal value of haemoglobin, 60.0% for a normal value of total cholesterol and 35.0% for a normal value of HDL cholesterol. No differences were found in the responses to the pre-meeting test according to sex or age.

The answers after the meeting did not show significant differences with respect to the percentage of participants who said they had a good ability to understand the results of the laboratory tests, but there was an increased frequency of positive response to understanding single tests. The percentage of those who said they quickly contact a doctor in the presence of an "abnormal" result decreased from 69.2% to 56.0%, without significant statistical difference. Regarding the evaluation of simulated results, blood glucose = 100 mg / dL was considered alarming by 34.8% of the participants (p = 0.001 compared to pre-meeting), haemoglobin = 14.6 g / dL by 25.0% (p = 0.001 compared to premeeting), HDL cholesterol = 60 mg / dL by 17.4% (p = 0.037 compared to pre-meeting) and total cholesterol = 190 mg / dL by 45.3% (p = ns compared to pre-meeting) of the participants.

Table	I: Results of the	questionnaires	before and	after the	intervention	(educational	meeting)
-------	-------------------	----------------	------------	-----------	--------------	--------------	----------

Itom	Before the meeting		After the meeting		Duralura
item	Yes (%)	No (%)	Yes (%)	No (%)	r value
Do you think you can understand the re- sults of the common laboratory tests?	63 (80.8)	15 (19.2)	66 (84.6)	12 (15.4)	>0.05
Do you think you can understand a blood count result?	33 (45.8)	39 (54.2)	63 (84.0)	12 (16.0)	0.001
Do you think you can understand a urine test result?	51 (70.8)	21 (29.2)	75 (96.1)	3 (3.9)	0.001
Do you think you can understand a cho- lesterol test result?	60 (80.0)	15 (20.0)	78 (100.0)	0 (0.0)	0.001
Do you think you can understand a glu- cose test result?	39 (59.0)	27 (31.0)	66 (88.0)	9 (12.0)	0.001
If tests are "abnormal*" do you always contact a doctor immediately?	54 (69.2)	24 (30.8)	42 (56.0)	33 (44.0)	>0.05
Blood glucose = 100 mg/dL is always an alarming result?	51 (77.3)	15 (22.7)	24 (34.8)	45 (65.2)	0.001
Blood total cholesterol = 180 mg/dL is always an alarming result?	45 (60.0)	30 (40.0)	33 (45.3)	39 (54.7)	>0.05
Blood HDL cholesterol = 60 mg/dL is always an alarming result?	21 (35.0)	39 (65.0)	12 (17.4)	57 (82.6)	0.037
Blood hemoglobin = 14.6 g/dL is is always an alarming result?	36 (70.6)	15 (29.4)	15 (25.0)	45 (75.0)	0.001

* "Abnormality" = presence of a flag on the results

35

An Official Publication of the Education and Research Division of Doctors Academy

Discussion

The clinical management of the results of laboratory tests represents a relevant workload in primary care that is further aggravated in the case of misinterpretation or anxiety caused by understanding difficulties.^{2,6} This study was carried out among the participants of health educational meetings in two recreative centres for the elderly. Although the participants chose to complete the questionnaire themselves, we think that the data may reflect a large portion of subjects who weigh on primary care clinics as ambulant patients.

The results of the study show that these subjects, while declaring a good ability to understand the results of laboratory tests, overestimate the abnormality and often consult their doctor quickly. These results do not differ according to the gender and age of the participants. Previous studies showed that the understanding of the results of laboratory tests is around 50%, slightly higher than the comprehension of radiological reports, and in about 60% of cases the citizen turned to a healthcare professional to obtain an explanation.^{2,7}

Given the simple design of the study, it was not possible to consider the health literacy skills of the participants. Limited health literacy and numeracy skills are demonstrated to be significant barriers to basic use of laboratory test result data.^{2,7,8}

The results of the study also showed that a simple community-based educational intervention can improve the understanding of the results of laboratory tests. Moreover, the percentage of participants who declared that they always contact a doctor quickly in the event of an "abnormal" laboratory result decreased after the meeting, without reaching levels of significance. This can be explained not only by residual uncertainty by the subjects about the correct meaning of the results of the laboratory tests but also in the contest of the close relationship established between patient and family doctor in the Italian Health System.

Conclusions

Elderly subjects overestimate abnormality of the results of the most common laboratory tests. Simple community-based educational interventions can improve the understanding of the results of these tests.

References

- Hibbard J, Gilburt H. Supporting people to manage their health. An introduction to patient activation. King's Fund (Verlag) 2014; 978-1-909029-30-9 (ISBN) available: https:// www.kingsfund.org.uk/publications/supportingpeople-manage-their-health
- Keselman A, Slaughter L, Smith CA, Kim H, Divita G, et al. Towards consumer-friendly PHRs: patients' experience with reviewing their health records. AMIA Annu Symp Proc 2017;11:399-403.
- Bennett HD, Coleman EA, Parry C, Bodenheimer T, Chen EH. Health coaching for patients with chronic illness. Fam Pract Manag 2010;17:24-29.
- Litchfield IJ, Bentham LM, Lilford RJ, Greenfield SM. Test result communication in primary care: clinical and office staff perspectives. Fam Pract 2014;31:592-597.
- Wilkie P. Patient views on understanding laboratory results. Clin Chem Lab Med 2019;57:371-374.
- Moll J, Rexhepi H, Cajander Å, Grünloh C, Huvila I, et al. Patients' experiences of accessing their electronic health records: national patient survey in Sweden. .J Med Internet Res 2018;20:e278.
- Zikmund-Fisher BJ, Exe NL, Witteman HO. Numeracy and literacy independently predict patients' ability to identify out-of-range test results. J Med Internet Res 2014;16:e187
- 8. Davis TC, Wolf MS. Health literacy: implications for family medicine. Fam Med 2004;36:595-598.

36

The World Journal of Medical Education & Research (WJMER) is the online publication of the Doctors Academy Group of Educational Establishments. It aims to promote academia and research amongst all members of the multi-disciplinary healthcare team including doctors, dentists, scientists, and students of these specialties from all parts of the world. The journal intends to encourage the healthy transfer of knowledge, opinions and expertise between those who have the benefit of cutting-edge technology and those who need to innovate within their resource constraints. It is our hope that this interaction will help develop medical knowledge & enhance the possibility of providing optimal clinical care in different settings all over the world.



