Patients' views of the ophthalmic optician

Part 1. Communication between practitioners and patients

Chris French*, Mike Mellor† and Lynn Parry†

There has been quite a lot of research in medical fields and some in the area of dentistry into communication between practitioners and patients. The importance of effective communication is self-evident -and there has been no dearth of evidence showing the seriousness of breakdowns between doctors and patients. While the scope for misunderstanding is possibly less in an optician's work, the writers wanted to look at the situation and see what the position was particularly from the patient's point of view. We are reporting their findings in two articles. The first will look mainly at patients' attitudes towards communication, and the readability of the literature available to the ophthalmic optician. The second (appearing in our next issue) will look at patients' beliefs about .their eyesight, and the optician and his work

The samples

These articles are based on the results of two surveys. Each involved the replies from approximately 200 people. We hoped to arrange samples as representative as possible of patients who visit opticians and to realise this ideal, we approached local Family Practitioner Committees. However, they felt unable to help even though the questionnaires used were responsibly worded and did not ask for the respondent's name in to preserve privacy. Several order opticians kindly offered their assistance, but samples of people with experience predominantly limited to just a few opticians who, by the very nature of their offer, were more progressive would not have been very useful - particularly when we came to compare people's experiences of doctors and dentists. In an effort to obtain a truly random sample we selected people from the electoral register, but this gave a response rate which we felt was unacceptable and would in itself lead to a strong bias. We therefore adopted another procedure and the majority in our samples were approached via friends unconnected with ophthalmic optics. For example, all customers at a Norfolk garage, over a few weeks, received a questionnaire and stamped addressed envelope at the same time as they collected their bill. Other questionnaires were distributed similarly and although this technique was not perfect, it did give a more acceptable res-

*Lecturer in Ophthalmic Optics Department at UMIST.

[†]Ophthalmic optician currently working in the Manchester area.

Table 1: Distribution by sex in our two samples compared with the population of 16-year-olds and over in England and Wales

mer

ı nen	samples per cent 46 54	population per cent 47 53	
	100	100	

Table 3:

Distribution of social-occupational class in our samples compared with the population of England and Wales

Social/ occupational class	samples per cent	population per cent	Dercentage y	Table 4:	or each age
AB (Managerial, administrative, professional)	29	14	group in 6 Which?'s 19 spectacles	our samples comp 977 estimates of the	bared with ose needing
supervisory)	14	22	age	sample	Which?
C2 (Skilled manual)	27	31		per cent	per cent
DE (Semi-skilled,	8 223	10.0	15-24	54	25
unskilled, others) 30	33	25-34	71	25
			35-44	- 73	47
	100	100	45-54	72	74
	0.000		55+	82	03

ponse rate. The surveys were carried out during the summer of 1977.

As a result of the above problems there are a few flaws in our samples. In Tables 1, 2 and 3 we have combined the two samples and broken them down by age, sex and social-occupational class * to enable comparison with the General Household Survey for 1973. Table 4 shows the percentage of spectacle wearers in each age group as compared to those reported by Which*? in 1977 as needing spectacles. From these comparisons it can be seen that our samples contained higher proportions of upper-middle and middle

class people, and also spectacle wearers. In general we felt these drawbacks were not too serious. In any case, since different practices draw on different social groups, there can be no sample which is truly representative of every optician's patients.

per cent

Frequency of visits to practitioners

Since most of the -research to date on practitioner-patient communication has been in the medical field, we decided to ask parallel questions concerning people's

28 October. 1978. The Ophthalmic Optician

en minine

Distribution of age in our samples compared with the population of England and Wales manulation

Table 2:

age	samples	population
	per cent	per cent
15-24	20	15
25-34	15	19
35-44	14	16
45-54	21	17
55-64	16	15
66+	14	18
	100	100

Table 5:

Number of visits made by respondents to practitioners in the last five years

median number of visits	to dentist	to doctor	to optician
	5.7	4.8	1.6
modal number of visits	10 (20 per cent)	3 (14 per cent)	2 (24 per cent)
proportion with zero visits	19 per cent	6 per cent	23 per cent
proportion with 20+ visits	4 per cent	15 per cent	0 per cent

Table 6:
Percentages ticking the answers to the question: 'When you visit each of these practitioners
how much time do you feel they usually give you? $(n = 138 \text{ to } n = 170)$

"too little time" "enough time" "more than enough time"	1	dentists per cent 7 83 10	doctors per cent 16 78 6	opticians per cent 4 81 15
		100	100	100
		11.81.1423	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.546.125.17

experiences with doctors and dentists as well as opticians. These questions formed our first questionnaire.

To start with, we asked respondents how often they had visited the three practitioners in the past five years. This information is of interest in that dearly one's attitudes towards a practitioner are likely to be influenced by the amount of contact — frequency and duration of visits — that one has with them as well as the nature of the contact. The results are summarised in Table 5.

We found that the most usual intervals between visits were six months for the dentist, 20 months for the doctor and 2y years for the optician. Median visit rates to dentists and doctors were once a year and to opticians once every three years. Both statistics clearly show that opticians are visited less frequently than their fellow practitioners. Not unexpectedly there were a few people who visited doctors and dentists a great deal (more than 20 times in five years) as well as a larger group (a quarter to a fifth of our sample) who saw dentists and opticians hardly at all.

Duration of visits

Next, we asked people whether they felt the time spent with a practitioner was adequate or not. In all three cases most people thought that the time allowed was sufficient (see Table 6). There were, however, some differences between the professions with 16 per cent of patients feeling that doctors gave them too little time, whereas only 7 per cent and 4 per cent felt the same about dentists and opticians. This trend was even more evident when respondents were asked how busy the practitioners seemed to be. Eighty-two per cent rated doctors as 'very busy' compared with only 21 per cent for opticians, while 23 per cent rated opticians as 'not very busy' compared with a mere 1 per cent for doctors (see Table 7).

These results are of especial interest to

opticians since almost a quarter of our sample considered opticians as 'not very busy'. These responses could be accounted for in a number of ways. It may simply be a reflection of the length of time required to wait for an appointment or the number of people observed in the waiting area. 'Emergency' consultations are less frequent with opticians as against dentists and doctors so that appointments can
be run more smoothly with a consequent absence of queuing. The 'not very busy' optician may be a fact or simply an allusion, but it is certainly an impression perceived by many patients.

Asking practitioners questions

If you consult a practitioner over your health you expect to receive advice. You may want clarification of this advice and you may want things explained in some detail. How do people feel about the answers they get to questions on health, treatment and prescriptions? Most people in our sample appeared quite happy, although 20 per cent found doctors' answers confusing compared with 10 per cent and 9 per cent for dentists' and opticians'. We do not know whether this is because questions asked of a doctor are more complex with consequently more scope for confusion, or simply that he or she has less time in which to answer because they are busy. Seventyfive per cent of people would like to have asked more questions of dentists and opticians, and 60 per cent of doctors. The reason given for being deterred from

asking further questions varied but the main one, even for the optician, would appear to be the feeling that the practitioner is too busy (63 per cent). Other reasons given include the observation that they would not understand the answer anyway (22 per cent) or that the practitioner is too unfriendly (11 per cent), but this particular breakdown is based on a rather small number of responses and too much should not be read into the precise figures.

Instructions to patients

Oral communication is, of course, not the only means of explaining treatment to people or getting them to follow instructions. It is very easy to forget what one has 'been told — particularly if the situation is a stressful one - tout understanding it in the first place may also be a problem. Opticians get tired of telling patients with reading glasses that if they look into the distance objects will appear blurred, only to find them coming back and complaining of the very same thing as though they had never been told. The advantages of written instructions to practitioners and patients alike would on the face of it seem self-evident.

We asked people how they felt about instructions. The results for dentists and opticians were quite similar with most people (64 per cent) feeling oral instructions were quite adequate, although 36 per cent would prefer instructions to be written down as well. However, with doctors, the pattern was reversed with most (66 per cent) wanting written directions. The difference may simply reflect the accepted practice of instructions always being written on medicines. Still, it is of interest that even for opticians and dentists over a third expressed a preference for additional written directions.

Health literature

You do not need to be a biochemist to understand the treatment for an ulcer any more than a motorist needs to be a car mechanic, but some people often find simple explanations helpful. Certainly with serious illness people very naturally want to know the likely prognosis. Obviously a doctor cannot always afford the time to go into elaborate explanations. Nor for that matter can an optician spend

T-LL-	7 .
I SULLA	· ·
1 41710	

Percentages ticking the answers to the question: 'How busy do the practitioners usually

not very busy' fairly busy' very busy'	dentists per cent 2 44 54	doctors per cent 1 17 82	opticians per cent 23 56 21
	100	100	100

Table 8:

Classification of Reading Ease scores giving description of style and per cent of population who would be expected to understand the text Assimilation of the RE concept should be assisted by the fallowing familiar examples. Our estimate of the RE score for Duke-Elder's Parsons Diseases of the Eye is 25, Emsley's Visual Optics— 32, The Guardian - 41, Daily Mirror — 60, James Herriot's Vet books — 71, Enid Blyton's Famous Five books 85, and The Dandy—91. This article has a score of approximately 45.

Description of style	Proportion who would understand	Typical magazine
ware difficult	per cent	scientific
very anneun	2	scientific
difficult	24	academic
fairly difficult	40	quality
standard	75	digests
fairly easy	80	slick fiction
easy	86	pulp fiction
very easy	90	comics
	Description of style very difficult difficult fairly difficult standard fairly/easy easy very easy	Proportion who Description of style would understand per cent very difficult 5 difficult 24 fairly difficult 40 standard 75 fairly easy 80 easy 86 very easy 90

all day explaining about contact lenses, short-sightedness and its aetiology, bifocals and so on. One would expect that 'leaflets written in simple English would be a boon to the hard-pressed practitioner. Any points not fully understood could then be explained at a later date. It is clear from our enquiry (that most people would like to ask more questions but are deterred. This is indirect but positive evidence of a need for explanatory documents.

We found that attitudes towards dental, medical and ophthalmic literature were not radically different. Twenty-one to 31 per cent had found such literature helpful, and only 1 to 3 per cent had found it unhelpful, although 8 to 17 per cent had no real opinion. The significant feature appears to be that 58 to 63 per cent had no memory of being given such literature.

Research, mainly in medical areas, has shown that failure in communication is patients frequently due to not understanding, and to their forgetting what they have been told (eg Ley, 1974 and 1975). It is sometimes not realised that patients may forget much of what (they have been told immediately after being presented with the information. Good literature should remedy this by providing something which can be referred to at will, but it will only fulfil this role if it is understood by more than a small minority of the population.

Some medical and dental -literature has been shown to be too difficult and we wondered how readable was existing ophthalmic literature, so we calculated the Flesch Reading Ease (RE) scores of 38 pamphlets, booklets and documents which can be found in opticians'. Seventeen of the documents had been issued





by the Optical Information Council. Reading ease is in part a function of sentence length - number of words per sentence - and word number of syllables per word. length -Short sentences and short words towards easier reading contribute (Flesch, 1948). Of course no text is completely homogenous and some parts will be easier to read than others, but it is possible to calculate an average RE score for a document by taking a number of different samples of text and analysing them. Low scores indicate difficult texts while high scores indicate easy ones. A conventional classification of the scores along with a guide to their interpretation and a few familiar examples is given in Table 8.

Amongst the ophthalmic literature we analysed, average scores varied from 41 to 74 — that is from mid-way through the 'difficult' category to the middle of the 'fairly easy' category. Over 70 per cent of the documents fell within the average RE scores of The Guardian and Daily Mirror (41 to 60). It would appear that seven (18 per cent) were suitable for 24 per cent of the population, 20 (53 per cent) for 40 per cent, nine (24 per cent) for 75 per cent, and two (5 per cent) for 80 per cent. Thus, only two leaflets fell in any of the 'easy' categories and over half the literature was only suitable for under half the population. The distribution of RE scores is shown as a histogram in Fig 1.

Of course explaining about eyesight problems in 'words of one syllable' is not easy. And it can be argued that while people of high ability are likely to be interested in written explanations, those of lower ability are not (we have no evidence for this). All the same k seems to us that ophthalmic literature should aim at more than 50 per cent of the population and at present it does not always appear to do this. Of course reading ease is not the only factor to be taken into account when considering efficient communication. Documents should be well illustrated and presented, and contain all the relevant information.

In our second article we will be looking at people's beliefs about their eyesight and the work opticians do. Perhaps this will tell us whether there is an important educational role for ophthalmic literature to play.

References

- Flesch, A. A new readability yardstick. Journal of Applied Psychology, 32, 221-233 (1948).
- Ley, P. Communication in the clinical
- Ley, P. Communication in the clinical setting. British Journal of Orthodontics, 1, 173-177 (1974).
 Ley, P. What did your doctor tell you? New Behaviour, 1, 58-61 (1975). Office of Population, Censuses and Surveys, The General Household Survey, 1973, HMSO (1976).

Spectacles. Which? August 1977, 424-428.

28 October, 1978. The Ophthalmic Optician