

Making use of waiting time

An organisational tool for encouraging health promotion in rural general practice



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General practitioners are in an ideal position to encourage health promotion activities: the community sees GPs as a credible source of health information¹; they see a high percentage of the population²; and can alter patients' lifestyle behaviour.³ However they are often criticised for not providing this advice.⁴

There are several possible reasons. General practitioners' input into health promotion is limited by structural and organisational barriers (lack of time, inadequate reimbursement and training,^{5,6} and a perceived need to give priority to acute health issues). Overcoming these barriers with organisational tools may increase uptake of health promotion activities.⁷ We developed a checklist to make use of one 'preventive opportunity' in general practice – time spent waiting for a GP. We then piloted this 'checklist' in an at risk population characterised by higher mortality rates⁸ and a failure to address their own health needs⁹ – rural men.

Method

We developed a short checklist which included six questions about blood pressure, cholesterol, smoking, exercise, alcohol consumption, and mood. It included the rhetorical questions: 'How often do you have your car serviced? How often do you have a 'health service'? This was given

by the receptionist to men waiting for an appointment in an attempt to make use of this time (in addition to that available within the consultation). It encouraged rural men to consider their risk factor assessment and then to discuss this with their GP.

The study, undertaken in June 2003 to coincide with International Men's Health week, was part of a broader division of general practice promotion on men's health. Participants were rural men presenting to a solo general practice in a town rated RRAMA 4 in southwestern New South Wales with a population in the 2001 census of 7122.¹⁰

Results

Throughout June 2003, 91 men presenting to the practice were given the checklist by the practice receptionist. They were older than the general population (28% >65 years compared to 18% in town census data¹⁰), with a mean age of 53 years (SD=16, range 17–83). A total of 57 (63%) returned the checklist to their GP for discussion. Their mean age was 51 (SD=15, range 18–80), while for those who did not, the mean age was 55 (SD=17, range 17–83).

Discussion

The checklist was designed to make use of waiting time for addressing lifestyle health risk factors. Although a small pilot study in a single practice, our results suggest

that it was potentially useful. Over half the rural men given the checklist completed it and returned it to their GP, which has the potential to extend the effectiveness of the limited time available during the face-to-face consultation. Of course we cannot know to what extent the health promotion tool actually caused behavioural change.

Implications of this study for general practice

- Time spent by patients in the waiting room is often wasted.
- We found over half of rural men responded to a simple checklist addressing lifestyle risks to health.
- This has the potential to efficiently bring health promotion into the consulting room.

Conflict of interest: none declared.

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References

1. Richmond R, Kehoe L, Heather N, Wodak A, Webster I. General practitioners' promotion of healthy lifestyles: what patients think. *Aust NZ J Public Health* 1996;20:195–200.
2. Britt H, Miller G, Charles J, et al. General practice activity in Australia 1999–00: University of Sydney, Australian Institute of Health and Welfare, 2000.

3. Ashenden R, Silagy C, Weller D. A systematic review of the effectiveness of promoting lifestyle change in general practice. *Fam Pract* 1997;14:160–76.
4. Cumming R, Barton G, Fahey P, Wilson A, Leeder S. Medical practitioners and health promotion: Results from a community survey in Sydney's Western suburbs. *Community Health Stud* 1989;13:294–300.
5. Raupach J, Rogers W, Magarey A, Lyons G, Kaluey L. Advancing health promotion in Australian general practice. *Health Educ Behav* 2001;28:352–67.
6. Cornuz J, Ghali WA, Di Carlantonio D, Pecoud A, Paccaud F. Physicians' attitudes toward prevention: importance of intervention specific barriers and physicians' health habits. *Fam Pract* 2000;17:535–40.
7. The Royal Australian College of General Practitioners. Putting prevention into practice: a guide for the implementation of prevention in the general practice setting. Melbourne: RACGP, 1998.
8. Australian Institute of Health and Welfare. Rural, regional and remote health: a study on mortality. AIHW: Cat no. PHE 45. Canberra: Australian Institute of Health and Welfare, 2003.
9. Humphreys JS. Rural health and the health of rural communities. Available at: www.latrobe.edu.au/bendigo/worner/1998.html.
10. Australian Bureau of Statistics. 2001 census of population and housing Cootamundra (A) (LGA 12200). Canberra: Australian Bureau of Statistics, 2003.

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