

Research Article

Patients' Awareness and Knowledge of Their Ophthalmic Condition at Lagos University Teaching Hospital (LUTH)

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Abstract

Purpose: To assess patient's awareness of their ophthalmic conditions following their clinic visits with the aim of improving communication between patients and health practitioners and enhancing care.

Methods: A hospital-based cross-sectional quantitative survey carried out in subjects over 18 years of age, attending the Guinness Eye Centre Clinic (Lagos University Teaching Hospital) over a four week period in 2019.

Results: A total of 250 subjects were surveyed. Male:Female 1:1.7 Age range 41-80 years. 42.4% had at least tertiary education. Although the majority of subjects (>70%) had enough time to ask questions from their doctors/nurses, 76.8% did not know the diagnosis of their ophthalmic conditions, 43.8% didn't know their treatment options, and 62% did not know the names of their eye drops. 95.2% of subjects, however agreed that a simple information leaflet explaining their ophthalmic condition and treatment will increase their understanding. Patients with tertiary education or higher are three times more likely to have knowledge of the condition and treatment compared with patients with lesser education. Odds ratio 3.07 CI:1.82 to 5.19 P < 0.0001.

Conclusion: Clinics should have counsellors who can spend more time to discuss with patients about their ophthalmic conditions. Information leaflets (in different languages) on different common medical conditions which include; Cataract, Glaucoma, Pterygium, should be printed in the simplest of language for patients to not only hear but also read to assimilate and enhance awareness in patients.

Keywords: Awareness; Knowledge; Information Leaflets; Ophthalmic Condition

Introduction

Patients all over the world, attend hospitals to get an understanding of their medical conditions and for treatment options which will enable them to make informed decisions on the treatment regimen to pursue. Modern trends in patient's management have placed emphasis on Patient's Reported Outcome (PRO) in the assessment of medical or surgical intervention¹. It is a well-known fact that patient satisfaction is a pillar of treatment efficiency, thus providing information to patients about their medical conditions and treatment options cannot be over emphasized [1-7].

Ley, et al., reported that 8-92% of patients (Median 44%) did not comply with their doctor's instruction due to poor communication of their disease state. Patients were more satisfied with the management of their disease conditions when improved communications led to a greater understanding of their illness [2]. A meta-analysis on the relationship between the

patient's satisfaction with treatment and compliance by Barbosa, et al., also concluded that patients are more likely to have better compliance when they are satisfied with their management [2].

Eye disorders are one of the most easily ignored illnesses and can have a major impact on the quality of one's life [3]. Awareness of eye conditions helps promote health and leads to better outcomes. However, in a developing country like Nigeria, some patients have poor knowledge of their disease processes. This could be as a result of poor communication or impatience on the part of health workers as a result of high patients load and shortage of manpower.

In a community-based study conducted in Singapore, 80% of patients with common eye diseases were unaware of their condition [4]. The lack of awareness of eye conditions could result in delayed treatment [3].

In this era of medical litigation, it is important for health care professionals to ensure patients are carried along on the diagnosis, treatment options and entire management regimen. This study assessed patient's awareness of their ophthalmic conditions following their clinic visits with the aim of improving communication between patients and health practitioners and enhancing care.

Materials and Methods

This was a hospital-based cross-sectional quantitative survey carried out in subjects over 18 years of age, attending the Guinness Eye Centre Clinic (Lagos University Teaching Hospital) over a period of one month. This was after Ethical approval was obtained from the Health Research Ethics committee of Lagos University Teaching Hospital. In addition, the study strictly adhered to the tenets of the Declaration of Helsinki and was conducted in accordance with good clinical practices (ADM/DCST/HREC/APP/3528). Consecutively consenting subjects who met the inclusion criteria completed the structured (self-administered) questionnaire after Informed consent was obtained.

Inclusion criteria- Subjects above 18 years who gave consent. Exclusion criteria - Subjects below 18 years, individuals with mental challenge and individuals who did not give consent to participate in the study.

Data entry and analysis was carried out using the Statistical Package for Social Sciences (SPSS) software version 23 (IBM SPSS Inc., Chicago, IL, USA). Categorical data was presented using frequency and percentage, while numerical data was presented using mean and standard deviation or median or interquartile range. Kolmogorov Smirnov test was used to assess normality assumptions. Association between categorical data was carried using chi square and Fischer's exact test as appropriate. The level of statistical significance was set at p -value < 0.05 . Charts, including histograms, were used for data presentation.

Results

A total of 250 respondents were enrolled with a 100% study completion rate.

Majority were between the ages of 41 to 80 years of age with Male:Female ratio 1: 1.7 with three quarters of the respondents having had tertiary level of education 106 (42.4%) [Table 1,2]. Two-third of respondents 153 (61.2%) spent an average of 4-6 hours in each clinic visit. With a large percentage attesting to having had enough time to ask questions about their ocular conditions from their health care provider [Table 2]. However, very few (23.3%) had an understanding of their diagnosis. And practically all (95.2 %) agreeing on the need for a simple leaflet explaining their ocular conditions. There is a statistically significant association ($p < 0.005$) between higher level of education of the respondents and knowledge of available treatment options/ knowledge of names of specific drugs commenced [Table 3,4].

Table 5 shows Likelihood ratios assessing knowledge of disease by educational attainment. The likelihood increased with age and exceeds one only after tertiary education. Patients with tertiary education or higher are three times more likely to have knowledge of the condition and treatment compared with patients with lesser education. Odds ratio 3.07 CI:1.82 to 5.19 $P < 0.0001$ [Table 5,6].

	Frequency (n=250)	Percentage (%)
Age Group		
<20	29	11.6
21 - 40	51	20.4
41 - 60	81	32.4
61 - 80	83	33.2
>80	6	2.4
Sex		
Male	95	38.0
Female	155	62.0
Level of Education		
None	11	4.4
Primary	39	15.6
Secondary	85	34.0
Tertiary	106	42.4
Post-tertiary	9	3.6

Table 1: Socio-demographic characteristics of respondents.

	Frequency (n=250)	Percentage (%)
Clinic Duration (hours)		
1-3	60	24.0
4-6	153	61.2
7-9	29	11.6
10-12	5	2.0
Time Available To Ask Doctors Questions		
Yes	205	82.0
No	45	18.0

Time Available To Ask Nurses Questions		
Yes	186	74.4
No	64	25.6
Leaflet Improving Understanding		
Yes	238	95.2
No	12	4.8
Understanding of Diagnosis		
Yes	58	23.2
No	192	76.8
Knowledge of Treatment Options		
Yes	140	56.2
No	110	43.8

Table 2: Respondents' feedback responses.

Level of Education									
			None	Primary	Secondary	Tertiary	Post-tertiary	Total	Chi Square
Treatment Options Known	Yes	Count%	3 (30.0%)	17(43.6%)	39(45.9%)	75(70.8%)	6(66.7%)	140(56.2%)	X ² =0.001
	No	Count%	8 (70.0%)	22(56.4%)	46(54.1%)	31(29.2%)	3(33.3%)	110(43.8%)	df=4
Total		Count%	11(100.0%)	39(100.0%)	85(100.0%)	106(100.0%)	9(100.0%)	250(100.0%)	

Table 3: Association between level of education and treatment options known.

Level of Education									
			None	Primary	Secondary	Tertiary	Post-tertiary	Total	Chi Square
Known Names of Eye Drop	Yes	Count%	0(0.0%)	6(15.4%)	28(32.9%)	54 (50.9%)	7 (77.8%)	95(38.0%)	X ² =0.000
	No	Count%	11(100.0%)	33(84.6%)	57(67.1%)	52(49.1%)	2(22.2%)	155(62.0%)	df=4
Total		Count%	11(100.0%)	39(100.0%)	85(100.0%)	106(100.0%)	9(100.0%)	250(100.0%)	

Table 4: Association between level of education and known names of eye drops.

Educational Level	Knows Diagnosis	Doesn't Know Diagnosis	Likelihood Ratio	95% CI
None	3	8	0.295	0.080 to 1.085
Primary	17	22	0.607	0.339 to 1.086
Secondary	39	46	0.666	0.471 to 0.941
Tertiary	75	31	1.901	1.359 to 2.660
Post-tertiary	6	3	1.571	0.402 to 6.142

Table 5: Likelihood ratios table assessing knowledge of disease by educational attainment.

Less Than Tertiary Education	59	76	135	OR=3.07
Tertiary and Above	81	34	115	CI 1.82-5.19
Total	140	110	250	P<0.0001

Table 6: Bivariate analysis assessing likelihood of knowledge with educational attainment.

Discussion

Lagos State is a major metropolitan city in Nigeria and so it was not surprising that majority (42.4%) of respondents in this study are reasonably well educated. This however, did not seem to improve the number of respondents that knew the diagnosis of their ocular conditions, as only 23.2% understood the diagnosis of their ocular conditions. This is similar to a study by Sudesh, et al., at Birmingham on the audit of patient's awareness of ophthalmic diagnosis, where just 12% of the respondents understood the diagnosis of their ocular disease [5].

Despite the fact that health workers communicate with patients, patients apparently do not assimilate much of what is said to them at the clinic regardless of their educational status. Higher levels of education have been linked to higher awareness, but this has not been translated into accurate understanding of ocular diseases, as there could be substantial misconceptions⁶. Health education content needs to be reviewed with a view to reducing the dangerous misconception of ocular diseases and targeting the lower socio-economic population.

There was an association between increased level of education of the respondents and knowledge of available treatment options which was found to be statistically significant ($P < 0.005$). The same trend was also noticed between level of education and the ability to remember the names of the eye drops that they were using. Even though the respondents didn't know the diagnosis of their ocular conditions they however knew the various treatment options which could be either medical or surgical options. The respondents also remembered the names of the eye drops they were using, probably because they routinely buy these eye drops. The majority of patients (61.2%) confirmed that they spent 4-6 hours/ clinic time /day, while 13.6% attested to spending over 6hrs in the clinic/day. This could be due to the time spent in clinics receiving a large number of patients, arranging patients, health talks by the nurses and eventual clinic consultation by the doctors, however the majority of respondents (82%) and (74.4%) acknowledged having been given enough time by the doctors and nurses respectively to ask questions about their ocular conditions. These findings of long patient waiting time was similar to a the findings in a study by Ayeni EA, et al., on the service uptake in University College Hospital, Ibadan, Nigeria, where 78.5% of patients spent 1-3 hours or more just waiting to see the consultant ophthalmologists [7].

Over ninety five percent (95.2%) of respondents in this study agreed that additional learning aids, like information leaflets after clinic consultation would improve the knowledge of their ocular conditions. This could be invaluable in shortening the amount of clinic hours spent by the patients [8].

Conclusion

Clinics should have counsellors who can spend more time outside of clinic time to discuss with the patients about their ophthalmic conditions. Information leaflets (in different languages) on different medical conditions should be printed in the simplest language for patients to take home so that they can read, assimilate and enhance awareness of their ophthalmic condition. These steps will possibly shorten clinic visit time, heighten the pillar of treatment efficiency and prevent avoidable

vision loss. We also need a detailed training program for the practising health care professionals on the efficient yet empathic strategy in handling more delicate and complex issues in clinic like breaking bad news and various reactions by the patients and their relatives.

Conflict of Interest

The authors have no conflict of interest to declare.

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