Patient satisfaction with written information leaflets following vitreoretinal surgery

Rita Mclauchlan MA, BSc, DipN, RGN, ENB-346 Vitreoretinal Nurse Specialist, Elizabeth Revington BA, RGN, ENB-346 Information Sister

ABSTRACT
This article discusses the findings of an audit carried out to examine patient satisfaction with postoperative written information provided to patients following vitreoretinal (VR) surgery at Manchester Royal Eye Hospital UK. Patients were required to complete a questionnaire. Of 100 questionnaires, sixty-five (65 per cent) were returned. There were 36 male respondents. Overall, results suggest that patients were satisfied with the print size and the layout of the information in the leaflet. However, it was evident that the content of the leaflet needed revising, for example, the effects of gas bubbles and the inconsistencies between information in the leaflets and that given by healthcare professionals, needed to be addressed.

Key words: Patient satisfaction, patient information, vitreoretinal surgery, ophthalmology.

INTRODUCTION
Recently, patient turnover is becoming more rapid and hospital stays shorter, therefore, there has been an increased pressure on healthcare providers to produce evidence-based written information for patients. This was initially driven in the UK by The Patient’s Charter (DH 1991) and The Health of the Nation (DH 1992) and more recently by The NHS Plan (DH 2000). With vitreoretinal (VR) surgery on the increase (Cullen 1998), more patients need to posture after their operations. Patients need pre-operative information to cope successfully with the surgeon’s postoperative posturing instructions. Therefore, it is imperative that patients are given the highest quality of written and verbal information (Kelly and Wendel 1991).

Written information can be used to increase patient knowledge, hopefully influencing their behaviour (Merritt et al 1993). It has been used effectively in a variety of clinical settings, and offers many advantages as it is reusable, permanent, readable at leisure, and easy to reproduce (Yale 1993). Furthermore, reliance on verbal information alone may not always be effective. There are many printed patient information leaflets. However, if the material is to be useful, it must be written in a way that can be easily understood by patients (Dobree 1989). Various studies have shown that many information materials are written at a high academic level, and could cause problems with understanding for many people (Mumford 1997). Nowhere is this more relevant than in the case of visually impaired patients. The UK’s Audit Commission (1993) recommends taking “professional advice on layout, design and content”.

In an ophthalmic hospital in the north-west of England, VR patient information leaflets were last updated in 2001 as a direct result of previous research (Harker et al 2002, Mclauchlan et al 2002, Waterman et al 2005 a,b). The leaflets developed were weak on detail and did not reflect patients’ experiences and it was felt timely to improve them.

METHOD
Aim
Since information leaflets are intended for patients, it is important to explore what information they require from the leaflet through an audit.

Therefore, the objectives of the audit were to examine patient satisfaction with:
- the layout of the information;
- the usefulness of the information;
- the readability of the information.

Design, data collection and analysis
A combined qualitative and quantitative approach was used to achieve the above objectives. Some 100 patients who had vitreoretinal surgery were chosen. They were recruited at their first postoperative check following surgery. A self-completion questionnaire and stamped-addressed envelope were given to potential respondents. The questionnaire was accompanied by a letter including information about the purpose of the audit, assurance of anonymity, confidentiality and the level of involvement associated with their participation, and the option to drop out at any time without affecting their care. The lead nurse and all relevant consultants approved the audit. The audit was registered with the hospital’s audit department. Descriptive statistics were carried out on the data.