



## KEY POINT SUMMARY

### OBJECTIVES

This study looked at how patients engage with different health information in the waiting room, and how this impacts their health literacy and subsequent conversations with clinicians.

## Patient and clinician engagement with health information in the primary care waiting room: A mixed methods case study

Penry Williams, C., Elliott, K., Gall, J., Woodward-Kron, R., 2019 | Journal of Public Health Research, Volume 8, Issue 1, Pages 1476

### Key Concepts/Context

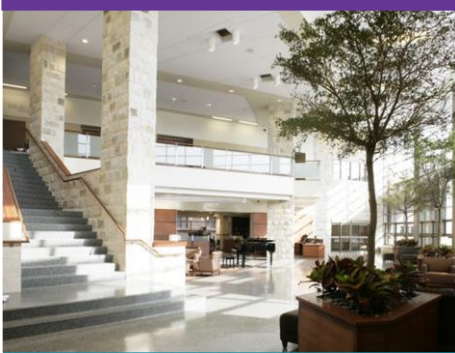
Health literacy (i.e., the ability to understand medical information) is a big part of how people make decisions about their health. The availability of health information in waiting rooms has the potential to provide education to people who may not otherwise have access. Patients are a captive audience, and if the available health information is engaging, it can make an impact on the overall healthcare experience, and even the person's overall health.

### Methods

This case study took place in the waiting room of a general practice in Australia, which was chosen based on factors that contribute to low health literacy (e.g., rural, low income, low school retention). The health information in this waiting room covered a wide range of health topics via televised health programs, posters, and pamphlets. There were also lifestyle (not health-focused) magazines in the room.

The research team used a "naturalistic" method, meaning that the researchers studied the natural behaviors and activities of patients (and accompanying persons) in a waiting room and did not manipulate the design of the space or attempt to control for any of the variables in the setting.

Over a ten-day period, researchers gave out the patient questionnaire and conducted observation in the waiting room. Researchers conducted observation from the corner of the room, noting how patients and accompanying guests engaged/did not engage with health information. The patient questionnaire included questions around how patients and accompanying persons engage with the health information while waiting, as well as their general health literacy. Clinicians were asked to fill out log books, noting instances when patients mentioned any external health information, or if they recommended health



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information to patients. After the ten-day period, researchers conducted interviews with clinicians to understand their perspective around how patients engage with health information.

Researchers conducted simple descriptive analysis with the questionnaire data, coded observation and interview data, and through consensus, determined themes and categories that stood out.

## Findings

Despite the fact that nearly everyone is glued to their mobile device while passing the time in a waiting room, this study found that patients still tend to engage with magazines, pamphlets, and other formats of information around them in the waiting room. However, the authors also point out that the patient engagement is mostly passive; patients seem to notice the messages but they are not necessarily following up on what they learned in subsequent conversations with providers.

Seventy-four patients and accompanying persons filled out the patient questionnaire. When asked how long they were in the waiting room, the most common response was about 20 minutes (17.6%), and during that time, nearly half of the participants (47.3%) indicated that they read magazines. Almost as many patients (43.2%) reported using a mobile device. It is worth reiterating that the magazines were not health-focused, and noting that none of these patients indicated they were accessing health information on their devices.

Only 11 participants (14.9%) reported reading pamphlets or posters on the wall. Of these respondents, five women said that they had take-home messages from what they read, mainly around men's health issues. Nearly half of participants (44.6%) indicated that they watched the televised health information. Of these, 17 viewers shared that they received take-home messages from the programs.

Only six of the nine clinician participants filled out the log books, and of these, five indicated that they recommended websites to patients. Between nurses and general practitioners, nurses reported sharing health information more often. Over the entire 10-day period, there were only four instances recorded by clinicians of patients mentioning external health information. Nurses mentioned that patients may not feel comfortable reading pamphlets on certain sensitive health topics in the waiting room, because there is no privacy.

## Limitations

The naturalistic observation method has its benefits, but it makes it difficult to control the potential confounding variables in the study. For instance, the researchers had no control over what type of health information was presented in the waiting room. They also had no control over various confounding variables that may have impacted the ability to pay attention to the health information (e.g.,



varying levels of noise in the waiting room). The authors mention the study was limited by “self-report” in most of the data sources, meaning the data is highly subjective when learn how participants see their own experience.

### Design Implications

Design that supports a sense of privacy may encourage patients to engage with health information on sensitive topics. Seating layout can support discreet access to materials in a waiting area, while placement of signage and screens (televisions or digital displays) in an exam room can support “patient activation,” allow clinicians to select specific content they want to share with their specific patient population, and allow patients to engage with the content without feeling exposed.

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