

A Method for Determining Patients' Perceptions of Their Health Needs

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Success or failure in establishing a meaningful relationship between physician and patient depends to a large extent on how fully the patient communicates, and the physician understands, his/her health needs. Return visits, compliance with the physician's prescribed regimen, and the effectiveness of the treatment and rehabilitation are also closely related to the disclosure and assessment of the patient's health needs. A model of how health needs are determined is presented. Various behavioral outcomes which follow the identification of a health problem and assessment of health needs by a patient are discussed. A Health Needs Assessment Questionnaire is presented in English and Spanish to be used and tested as an aid to the family physician in assessing patients' health needs at the first encounter.

The initial encounter between patient and physician is crucial in determining whether a professional relationship can be established that will meet the health needs of the patient. Ideally, the patient relates his/her health needs to the physician and the physician decides whether he/she can meet some or all of them. Sometimes, however, the process for determining whether a patient-physician relationship can exist does not take place as an open, frank discussion of health needs.

What happens is that both patient and physician make assessments of the verbal and nonverbal behavior, personality, values, and attitudes of the other; they "size each other up."¹ Patients may or may not tell the physician the significance of this day or this week as the time they decided to seek

help, or they may not state the priority of health needs in their personal value system. Indeed, the initial meeting between a potential patient and a physician is a complex one. The outcome of this visit usually determines whether the patient will return, as well as the nature of the professional relationship and the degree to which the patient's health needs will be met.

No simple method has been devised to determine how patients see their health needs other than through a dialogue between patient and physician. During this exchange, patients may omit information that the physician might consider important, or the physician may not be aware of the significance of some information in the life of a particular patient. This encounter between physician and patient can be marred by a mismatch between conceptions of what constitutes important information and behavior. Full disclosure in a frank, open manner may be hampered by the restricted time that the physician has to give to each patient and the patient's sensitivity to this.

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The authors believe that, with enough time and with some avenue available, patients can provide much information about their health needs at the time of the initial meeting with a physician and that the physician can use this information to make a sensitive and comprehensive assessment of why the patient came and what he expects. The authors recognize that determining health needs is not a simple matter. Indeed, health needs change and must be reassessed periodically. In addition, many factors influence health needs and the priorities they are given in an individual's life. Nonetheless, the authors feel that a practical method can be developed to assist physicians in determining the health needs of their prospective patients. The purpose of this paper is to propose such a method for use, testing, and refinement. This method, or a variation of it, could enhance patient-physician communication and interaction.

Needs Influence Behavior

Becker and his colleagues have developed a scheme to examine the relationships between the many factors that influence individuals' health behaviors.² They point out that people will not seek health care unless they are motivated and knowledgeable, and unless they see themselves as vulnerable and the condition as threatening. In other words, a potential patient performs a self-assessment of need, which determines to a large extent whether or not he will make an initial visit to a physician. This self-assessment is always powerfully influenced by the thinking, feeling, and acting of the individual's closest associates. Thus, a person's decision to seek or not to seek health care is influenced by his own assessment of his needs and this assessment includes the evaluation of his needs by others.³ Several studies have shown that decisions as to what to do about a condition are negotiated within the family.⁴

Physicians, therefore, encounter patients who have been influenced to act by a variety of motives: those who come on their own initiative, those who are encouraged or pressured by family, friends, or others, and those who are referred by health care (or other) professionals. The route by which the patient arrives for the initial visit with a physician can provide valuable insights into his self-assessment of need and the extent to which this assessment agrees with the assessments of

others. Although a knowledge of the complex behavior that may take place before a person ends up seeing a physician would be helpful to the physician in his first encounter with the patient, this paper will focus on another aspect of becoming acquainted with the patient: the assessment of the patient's health needs that takes place at the first encounter and how the physician uses the information gained in this assessment in meeting a patient's health needs.⁴ It should be pointed out that health needs are defined here in the broadest sense, that is, "health need" not only includes the treatment for a specific physical or mental ailment, but also includes coping with life-style and environmental or other factors that affect one's total well-being.

A Model of How Health Needs Are Determined

The behavioral options that are in effect when a person considers a health problem, and the outcome of following each path have been designed into a flow chart (Figure 1). The components of the chart will be discussed first, followed by the presentation of a method for assessing patients' needs.

Factors Influencing Perception of Health Needs

How people perceive their health needs is influenced by many factors, some obvious and some not recognized at all. Thus, although we know that health needs are determined first by one's early social and cultural environment and that they are modified by changes in environment, life situations, and personal values, a complete understanding of how they develop is never possible.

Health needs are only a part of the needs of an individual. Certainly (if health is viewed broadly), health needs are related to the basic human need for survival. Even with this common starting place, however, health is viewed and valued differently by individuals even within the same culture. Some of the factors that can influence these individual variations are listed in Figure 1, although many others may come into play. Indeed, a simple expression of a health need such as "I feel sick" involves a complex interaction of fac-

Figure 1.
Flow Chart of Behavioral Options and Outcomes Based on Patients' Perceptions of Health Needs

Some Factors Influencing Perception of Health Needs

Age
 Education
 Religious beliefs
 Knowledge of illnesses
 Fear

Knowledge of health care system
 Previous experience with illness
 Rank of health in personal value system
 Cultural values
 Availability of health care and kind available

Economic situation
 Access to health care
 Attitudes of family and friends
 Present life situation
 Degree of hopefulness

Perceptions of Health Needs

Identification and Verification: "I need to know whether I'm sick or not"
 Knowledge: "I need to know what I can do to get well, and the implications of my illness"
 Treatment: "Can my illness be treated"
 Support: "I need to talk to someone who understands"

Behavioral Options

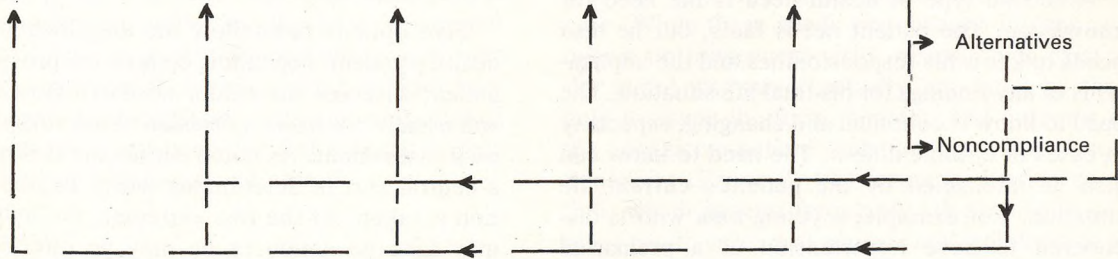
No action Self diagnosis and care Consultation with or care by friends & relatives Care from health or other practitioners Care from medical doctor

Behavioral Outcomes

Compliance

Alternatives

Noncompliance



tors. What is important to the physician at the time of the initial visit is to learn the importance of the factors that have led the patient to express his need at this time.

Perceptions of Health Needs

A person's health needs can be grouped simply for discussion into four major categories: identification and verification, knowledge, treatment, and support, although some needs will be found to overlap among the categories.

First of all, patients usually seek some identification of a health need and verification by others that it indeed exists. They need to know whether they are sick or not. Therefore, depending upon their particular culture, they may undergo a complex series of steps to decide whether or not they are sick, in laymen's terms, and what kind of help they need.

Patients often come to a physician's office for the first time with certain expectations of what the physician will tell them about their present health status. This can range from the patient who appears for a routine physical examination expecting a "clean bill of health" and is told that abnormalities have been found, to a patient who believes that "something is wrong" and is told that no abnormalities have been discovered. A variety of other possibilities occur between these extremes in the process of identification and verification of health needs.

A second type of health need is the need for knowledge. The patient needs facts, but he also needs to know his responsibilities and the implications of any findings for his total life situation. The need to know is continual and changing, especially in cases of chronic illness. The need to know can also be intensified by the patient's current life situation. For example, a young man who is discovered to have hypertension at a premarital examination may have a pressing need to know his responsibilities in controlling his disease and its future implications.

A third type of health need relates to treatment. Does a particular symptom need treatment? Can it be treated? Will the treatment be permanent? The patient expects something tangible and objective for his complaint. He expects something to be done to him or for him by the physician. Treatment expectations often are of foremost impor-

tance to the patient and the initial visit; and his need for identification, verification, and knowledge are of less importance. If the physician does not respond to the treatment need, the patient may not return.

A fourth type of health need is social support. This is one of the most common needs of patients, yet seldom does a patient openly acknowledge that he seeks support. The patient does make an assessment, however, of the physician's ability and willingness to be supportive at the initial visit. A patient may expect support for a decision such as a divorce or quitting smoking or for an impending crisis such as death of a spouse, or he may want merely to ventilate, discuss, or receive the attentiveness and understanding of a confidant. Social support has been shown to influence the etiology and onset, as well as the course of and recovery from an illness.⁵ The patient's need for social support may (or may not) be related to a clinically identifiable illness. Even so, medicine has been viewed historically as a source of supportive care by the public; indeed, some laymen even hold an idealistic expectation that physicians and other health care workers can assure happiness as well as health.⁶ It is important for the physician to ascertain the prospective patient's expectations and need for social support at the initial visit.

Behavioral Options

Five options can follow the identification of a health problem, depending on how the prospective patient assesses his health needs (Figure 1). He will usually not make a decision based solely on his own assessment. As noted earlier, the family plays a central part in determining which course of action is taken. At the two extremes, the individual may take no action or he may go directly to a medical doctor. Commonly, however, a series of intermediary or simultaneous actions occur. Of importance in this discussion are those individuals who appear in the office of a medical doctor. By assessing an individual's health needs at the initial visit and learning how to meet those needs more fully, a more mutually satisfying physician-patient relationship can be achieved.

The results of a visit to a medical doctor can range between establishing a good professional re-

relationship between physician and patient to abandonment of any further contact. If a physician's own inner needs and satisfactions form a complementary series with those of the patient, the prospective patient is likely to become a patient, and a professional bond is formed between physician and patient. This usually leads to compliance.⁷ The physician and patient join together in the effort to meet each other's needs.⁸ If a prospective patient has competing health needs, or if his health needs are in conflict with other needs, or if his health needs are not as important as other needs, he may not return (not comply) or may seek alternatives to (or other avenues in conjunction with) care given by a medical doctor.⁹

Because compliance is so dependent on the formation of this bond, the full assessment of a prospective patient's health needs at the initial visit is of utmost importance. The public are being told that they should assume more responsibility for self-care and should become more effective in using the sources of health care. Yet, because they have relied for so long on the physician for determining which health needs can be met, they have not learned when self-care might be substituted for a physician. It is clear that the optimal balance between self-care and professional care is not easily determined, although some consistent findings can be ascertained: the decision to contact the professional care-giver is largely, but not totally, at the initiative of the patient; it is often, further, the product of a lay referral process; a good part of the care for a given complaint takes place before sharing responsibility with the physician; treatment decisions may be patient-determined (particularly if the patient requests a prescription); patients vary with regard to compliance with the professional treatment plan; and patients habitually participate in evaluation of professional care.¹⁰

A Method for Determining Patients' Health Needs

With the model shown in Figure 1 (and the previous discussion of the components of the model) as a background, a method is proposed (Figure 2) that could be used by physicians to obtain a better grasp of patients' needs at the first encounter. It should facilitate communication between a prospective patient and the physician and lead to a

favorable outcome for both. The method is based on written information provided by the patient. The prospective patient is asked to answer 30 questions relating to health needs while waiting to see the physician. This information is then given to the physician to use as a part of the history taking process; the patient's responses to the questions serve as cues for physician discussion in the initial interview.¹¹ If the questionnaire is presented to the prospective patient as a way to provide the physician with information "so he can know you and your health needs," it is likely that the patient will participate fully and honestly.

The questionnaire could be given to a prospective patient while waiting to see a physician, which has several advantages: the patient utilizes the time immediately before meeting the physician in an assessment of his needs and expectations; he provides input into the history taking process; and he learns, in advance of seeing his physician, that the physician is interested in knowing more about him as a person.

Derivation and Use of the Questionnaire

A review of the literature, discussions with laymen and health care professionals, and the authors' personal experiences as patients led to the formulation of the four categories of health needs shown in Figure 1. In the authors' view most patients have needs with respect to one or more of these four areas when they seek health care. While these needs may change in type and degree on subsequent visits, needs which exist at the initial visit are especially important as they help to shape the form, content, and outcome of the physician-patient relationship. The questionnaire (Figure 2) was formulated using questions which patients frequently ask physicians and other health care professionals and which relate to one of the four areas of need.

The questionnaire was reviewed by two family physicians, two physician's assistants, and a senior medical student regarding its usefulness to them. They all stated that the questionnaire was a useful adjunct to history taking and a way of initiating a dialogue with patients about needs that they might not ordinarily volunteer.

The questionnaire was pretested with 15 patients attending family medicine, obstetrics-

Figure 2.
Health Needs Assessment Questionnaire
Evaluación de Necesidades Saludables
 (To be completed by prospective patient)
 (Para ser completado por el paciente prospectivo)

Questions of Prospective Patient	Circle Your Response	What Information Can Be Learned from the Questions by the Physician
1. My symptoms are getting worse. <i>Mis síntomas se han hecho peor.</i>	yes no <i>si no</i>	Questions 1-5 Patient's Perceived Urgency of Need
2. Each day I feel more sick. <i>Cada día me siento peor.</i>	yes no <i>si no</i>	
3. I cannot eat, sleep, or concentrate because I am so worried about my health. <i>No puedo comer, dormir, o concentrar porque estoy tan mortificado sobre mi salud.</i>	yes no <i>si no</i>	
4. I have never felt as sick as I do now. <i>Nunca me he sentido tan mal como me siento ahora.</i>	yes no <i>si no</i>	
5. I need a doctor's help more than anything else right now. <i>Pienso que ahorita necesito la ayuda de un doctor más que cualquier otra cosa.</i>	yes no <i>si no</i>	
6. My health is more important to me than anything else. <i>Mi salud es lo más importante en mi vida.</i>	yes no <i>si no</i>	Questions 6-9 Patient's Priority of Health Needs
7. I make an effort to stay healthy. <i>Yo me esfuerzo para mantenerme en buena salud.</i>	yes no <i>si no</i>	
8. I am a good example to others about how to live a healthy life. <i>Yo soy un buen ejemplo para otros en como vivir una vida saludable.</i>	yes no <i>si no</i>	
9. I seldom get sick because I practice good health habits. <i>Raramente me enfermo porque yo practico buenas costumbres en respecto di mi salud.</i>	yes no <i>si no</i>	

Figure 2, continued

Questions of Prospective Patient	Circle Your Response		What Information Can Be Learned from the Questions by the Physician
10. Sometimes getting sick is a relief because you get to rest for a few days.	yes	no	Questions 10-12 Patient's Perceptions of Health Needs (Identification and Verification)
<i>Las enfermedades a veces son buenas porque puede uno descansar un poco.</i>	<i>si</i>	<i>no</i>	
11. I'll be disappointed if the doctor does not tell me what's wrong with me.	yes	no	
<i>Yo me sentiré decepcionado si el doctor no me dice que es lo que tengo mal.</i>	<i>si</i>	<i>no</i>	
12. Even if the doctor says I'm sick I still have to continue working.	yes	no	
<i>Aunque el doctor diga que estoy enfermo, de todos modos tengo que seguir trabajando.</i>	<i>si</i>	<i>no</i>	
13. I need to know what to do to get well.	yes	no	Questions 13-16 Patient's Perceptions of Health Needs (Knowledge)
<i>Necesito saber que tengo que hacer para mejorarme.</i>	<i>si</i>	<i>no</i>	
14. I need to know why I got sick.	yes	no	
<i>Necesito saber porque me enfermé.</i>	<i>si</i>	<i>no</i>	
15. I need to know if this illness will recur.	yes	no	
<i>Necesito saber si esta enfermedad me puede volver a ocurrir.</i>	<i>si</i>	<i>no</i>	
16. I need to know all the information the doctor can tell me about my illness.	yes	no	
<i>Necesito saber toda la información que el doctor me pueda dar sobre mi enfermedad.</i>	<i>si</i>	<i>no</i>	
17. I need to know what the doctor is going to do to treat my illness.	yes	no	Questions 17-19 Patient's Perceptions of Health Needs (Treatment)
<i>Necesito saber que es lo que va a hacer el doctor para tratar mi enfermedad.</i>	<i>si</i>	<i>no</i>	

Figure 2, continued

Questions of Prospective Patient	Circle Your Response		What Information Can Be Learned from the Questions by the Physician
18. I'll be disappointed if the doctor does not give me something for my illness at this visit.	yes	no	
<i>Estaré decepcionado si el doctor no me da algo para mi enfermedad durante esta visita.</i>	si	no	
19. I expect the doctor's treatment to work fast.	yes	no	
<i>Espero que el tratamiento que me da el doctor trabaje rapido.</i>	si	no	
20. I need to talk to someone who understands.	yes	no	Questions 20-23 Patient's Perceptions of Health Needs (Social Support)
<i>Necesito hablar con alguien que me comprenda.</i>	si	no	
21. What I need now more than anything is someone who will listen to me.	yes	no	
<i>Lo que necesito más que nada es hablar con alguien que esté interesado en mi y mis problemas.</i>	si	no	
22. I need a doctor to help me through a rough time in my life.	yes	no	
<i>Necesito que un doctor me ayude a sobrevivir este tiempo difícil en mi vida.</i>	si	no	
23. For me, having someone to talk to helps more than any kind of treatment.	yes	no	
<i>Lo que me ayudaría más que cualquier tratamiento es tener alguien con quien hablar.</i>	si	no	
24. I came to the doctor first.	yes	no	Questions 24-27 Behavioral Options Already Exercised by Patient
<i>La primera persona que consulté en cuanto a mi condición fue el doctor.</i>	si	no	

Figure 2, continued

Questions of Prospective Patient	Circle Your Response	What Information Can Be Learned from the Questions by the Physician
25. I tried to treat myself but it didn't work.	yes no	
<i>Yo mismo traté de aliviar mi condición pero los tratamientos que yo escojí no tuvieron efecto.</i>	si no	
26. I tried several treatments suggested by my relatives or friends before I came to the doctor.	yes no	
<i>Usé varios tratamientos sugeridos por parientes y amigos antes de venir a consultar al doctor.</i>	si no	
27. I usually come to the doctor only after everything else doesn't work.	yes no	
<i>Casi siempre consulto al doctor solo cuando todo lo de más falla.</i>	si no	
28. I expect to have to come to see the doctor once or twice at most.	yes no	Questions 28-30 Patient Expectations
<i>Espero ver al doctor solamente una o dos veces a lo más.</i>	si no	
29. I expect to come back as often as the doctor wants me to come.	yes no	
<i>Espero regresar a ver al doctor tantas veces como él sujiera.</i>	si no	
30. I might try treating myself if I don't get well after this visit.	yes no	
<i>Posiblemente trataré de aliviar mi condición yo mismo si no me alivio después de esta visita al doctor.</i>	si no	

gynecology, and pediatric clinics. On the average, patients took 15 minutes to complete the questionnaire. The bilingual medical student who used the questionnaire said that Spanish-speaking patients commented that the questionnaire was clear and meaningful to them. In a few situations the questionnaire was given to patients by a nurse, or read by a nurse to patients who could not read. The effects of these factors on patients' responses are not known and need to be studied as the questionnaire is used.

The physician's assistants and the medical student stated that the questionnaire helped them to apply course material relating to the clinical interview and was, therefore, a good teaching tool.

It should be pointed out that the questionnaire was not designed as a research instrument; there-

fore issues such as scoring, reliability, and validity were not relevant in designing and pretesting it. The Health Needs Assessment Questionnaire (Figure 2) was modeled somewhat after the Cornell Medical Index which is a self-administered review of personality characteristics and physical symptoms.^{12,13}

The Health Needs Assessment Questionnaire will have to be used with a variety of prospective patients in different clinical settings to determine its general usefulness. The authors' experience with the questionnaire has indicated both that it can create a greater awareness on the part of health care professionals about their patients' social and psychological needs and that patients view the questionnaire as an indication of the health care professionals' interest in them as persons.

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