

Original article



## THE CARE OF PERSONAL HEALTH AS A PART OF SUSTAINABLE HEALTHCARE DEVELOPMENT

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### SUMMARY:

Active participation and personal responsibility of patients for their own health are necessary to realise the idea of the sustainable development of health care.

**Aim:** To study the readiness of patients to take personal responsibility for their health.

**Material and Methods:** A questionnaire was prepared for the purposes of the study. The methods utilised were a direct individual anonymous questionnaire, statistical – descriptive, analytical (hi – square). The answers were examined and statistically processed according to **age, gender and education level** of the participants.

**Results:** 1. 92,7 % of those between 18-24 years old answered, that the decision to change their lifestyle in order to prevent disease, depend on the deprivation they have to suffer. 2. Only ¼ are responsible for their health, while the ones who know they have to do it, but they do not are 12,2%. 3. University graduates pay more attention and take more care for their health. 4. Lack of time is the primary reason patients cite for not taking care of their health. 5. Few could read the labels – only 9,6%. The remaining over 90 % do not understand the labels. 6. Gender wise – women are more responsible and have higher health education.

**Conclusions:** The lack of health education and care, using the lack of time as an excuse, as well as the reluctance to compromise and deprivation for health's sake, demonstrate the lack of sustainability of health care system with respect to health education and promotion.

**Keywords:** sustainable healthcare, health education

### INTRODUCTION:

Active participation and personal responsibility of patients for their own health is necessary to realise the idea of sustainable development of health care. The National Health Fund (NHF) data shows that only a small portion of the health insured patients in Bulgaria have visited their GP for the regular, mandatory prophylactic check-up. This fact is rather disturbing. The lack of interest to the annual

prophylactic check-ups, which may be lifesaving could not be explained only with the low health education of the population. [1-7] There should be other explanation.

The vicious practice of underestimation of prophylaxis and prevention of health and morbidity of patients continues. According to the law, GP should inform their patients for the annual check-ups. In the GP's office in an easily visible place should be positioned all the information of the check-ups, what should they include and how regular should they have been done. Paradoxically no one neither NHF, nor GP, nor patients are interested to finishing their liability. Promotion of Health care is the main goal of Europe's Health policy [1,5,8,9]. Active part in the whole process of treatment takes the patients and their families. The sustainable health care development includes preservation of nature, personal responsibility of personal health, a professional medical specialist with continuing education, patients rights, the introduction of new technologies and fair distribution of finances[2,3,4,9,11]

### The Aim:

The Aim is: To study the readiness of patients to take personal responsibility of their health.

### MATERIAL AND METHOD

A questionnaire was prepared for the purposes of the study. The methods utilised were a direct individual anonymous questionnaire, statistical – descriptive, analytical (hi – square). The answers were examined and statistically processed according to **age, gender and education level** of the participants.

The quests were collected for a period of 2 months, and the participants are workers in “Fantastiko” shop, “The Dots” company, “Work and Law”, my patients with different professions, parents and workers in ESPA School, neighbours and my friends.

391 participants in the questionnaire take part, but only 385 of the question papers were filled adequately. Only these were included in the statistics process – totally 385.

**Table 1.** The quest to patients

gender		age				education	
M	F	18-24	25-44	45-59	60+	secondary	higher

Question No.		Answer
1	Would you express will and effort in case there's a probability - through a certain lifestyle – to prevent or delay a given illness?	A. Yes B. No C. Depend on deprivation
2	Do you take care about your health?	A. Yes B. No C. I don't have time
3	Do you think you have a good health culture with respect to knowledge about prevention nad health prophylactics?	A. Yes B. No C. I don't know
4	Can you read food labelling?	A. Yes B. No C. Very little

**RESULTS:**

From 385 participants, according to **sex** - 46.5% are male and 53,5 % are female. According to age the percentage of 18-24 years old are 21,3%, 25-44 years are 39%, 45-59 years - 30,6% and over 60 years old are only 9,1%. According to **education** - 71,4% higher education, and 28,6% are with secondary education.

Results of **Question No.1** Would you express will and effort in case there's a probability - through a certain lifestyle – to prevent or delay a given illness?

79,5 % would express effort. 12,7 % answered that it depends on the efforts and the rest 7,8 % refuse to make efforts.

**According to age:** 92,7 % of 18-24 years old answered that the decision depends on the effort. The percentage lowers in the other groups. The highest number of answer "No" is found at the age 60+. Pearson Chi-Square =30,740 ; p=0,000

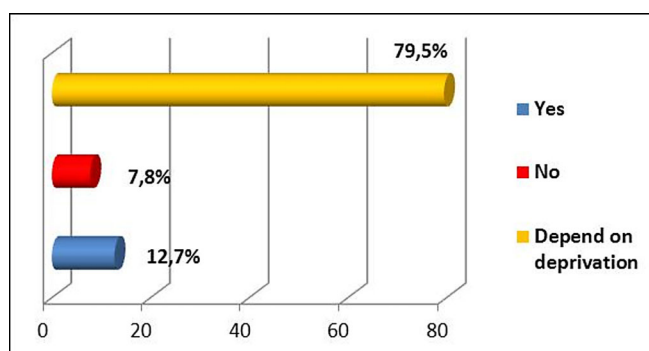
**According to sex:** Up to men, the most important is what kind of effort do they have to make. Most of the men answered that they are not ready to change. Women show more readiness to make an effort and to change their lifestyle.

Pearson Chi-Square =30,740; p=0,000

**According to education:** People with high education are more ready to make a change and effort. Only 4,7 % of them refuse to make a change. It is interesting that the answer "depend on the effort" is chosen by both groups with more than 70% and the higher percentage is for people with high education. Pearson Chi-Square =14,292; p=0,001.

The percentages split of the answers of question No 1 are shown in fig. 1:

**Fig. 1.** Percentages split of the answers of question No.1



Results of **Question No.2** Do you take care of our health?

Few are the ones who thinks that they are responsible and take care of their health – only ¼ .

The ones who knows that they have to take care but do not take care are 12,2%.

**According to age:** The highest percent80,5% of ones who lack time are the ones in the group of 18-24 years old. Followed by 45-59 years old with 61,9 % , and 25-44 years old - 58,7% and with the smallest % are the ones over 60 years - 22,9%. 22% in the group 45-59 years old do not take care for their health. In the other groups the negative answer is average 10 %. 62,9% of ones over 60 years of age take care of their health, all the other groups average 20 % take care.

Pearson Chi-Square=58,931; p=0,000

**According to sex:** More women think that they take care about their health and higher % of men answered that they do not have time.

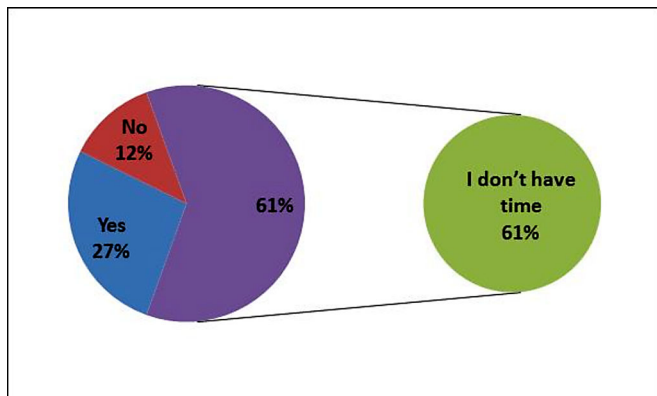
Pearson Chi-Square =9,312; p=0,010

**According to education:** There is not a difference in the answers according to education. Both have answered with 60 % that they do not have time to take care for their health. But ones with high education take more cares about their health.

Pearson Chi-Square=10,312; p=0,006

The percentages split of the answers of question No. 2 are shown in fig. 2:

**Fig. 2.** Percentages split of the answers of question No. 2



Results of **Question No.3** Do you think you have a good health culture with respect to knowledge about prevention and health prophylactics?

Few are these who are sure of their knowledge about health education and awareness – 11,9 %. Other 44,2% probably know what they have to study, but they haven't learnt it yet. Interesting are the answers "No". It is not sure from that quest if they don't know what is prevention and prophylactic of health or they are not sure in their knowledge.

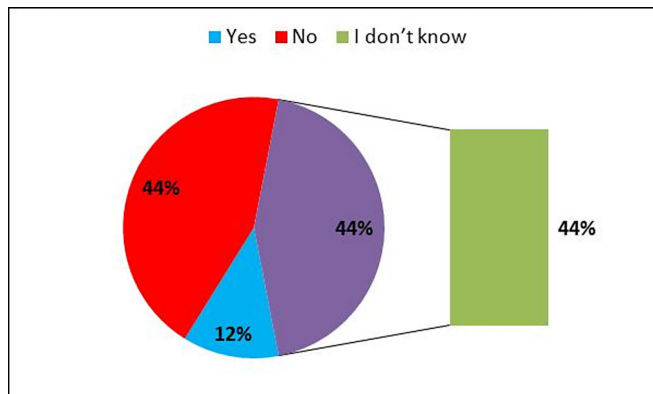
**According to age:** 50% of 25-44 years old and 50 % of 45-59 years old answered that they don't know if their health education is satisfactory and enough. For the group of 18-24 years old, the same answer is 30 %. Average for the groups 18-59 years old answered that they have good and enough health education is 10 %. 28,6 % of age 60 + are sure in their knowledge. For old ages average, 50 % refuse to have good health education. Pearson Chi-Square = 38,454; p=0,000

**According to sex:** women have better health awareness than men. 46,9 % of men answered that they do not know what is the level of their health education while for the women the percent is 41,3%. Pearson Chi-Square = 8,771, p=0,012

**According to education:** The ones with high education have better health education than the ones with secondary education, and they also are more sceptic about the level of their awareness. Pearson Chi-Square=22,581; p=,000

The percentages split of the answers of question No.3 are shown in fig. 3:

**Fig. 3.** Percentages split of the answers of question No.3



Results of **Question No.4** Can you read food labelling?

Few are the ones who can read the food labelling – only 9,6%. The other 90 % do not know how to read the labels or somewhat know. Only 10 % answered "Yes", 71 % - "No" and 19 % - "have a little knowledge".

- According to age: approximately equal are the percentage of the answers "Yes" in the age groups 25-44 and 60 +. 25-44 years old are the most active part of the population and people are more responsible for their health, they read more and are more interested in the healthy way of living for them and their children. 60 + have more spare time and more knowledge. Around 4 % of 18-24 and 45 – 59 years old answered with "Yes" which is non-motivating because young people do not think of healthy and salutary. Their lifestyle habits are of great importance to their future health. The answer "very little" is steady in all age groups. Pearson Chi-Square =20,553; p=0,002

- According to sex: twice higher is the percentage of women than the men who can read the labels, but it is still very low percentage: women – 12,6 and men- 6,1 %. 6% more for the men is the lack of knowledge. There is no difference up to answer " little".

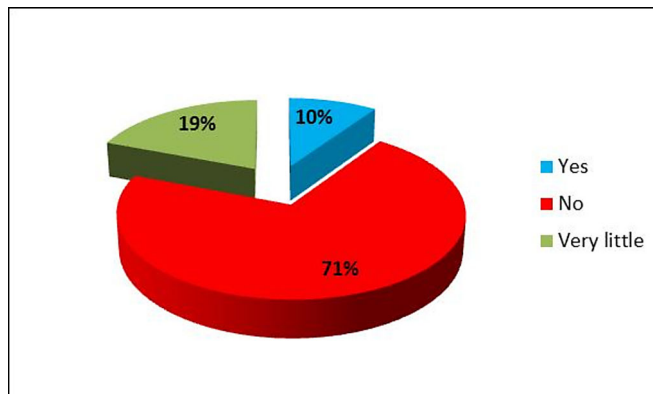
Pearson Chi-Square=4,829; p=0,089

- According to education: „Knowing participants" are more with high education.

Pearson Chi-Square = 19,116; p=0,000

The percentages split of the answers of question No.4 are shown in fig. 4:

**Fig. 4.** Percentages split of the answers of question No. 4



Generalized results of the quest:

1. 92,7 % of those between 18-24 years old answered, that the decision to change their lifestyle in order to prevent disease, depend on the deprivation they have to suffer.

2. Only ¼ are responsible for their health, while the ones who know they have to do it, but they do not are 12,2%.

3. University graduates pay more attention and take more care for their health.

4. Lack of time is the primary reason patients cite for not taking care of their health.

5. Few could read the labels – only 9,6%. The remaining over 90 % do not understand the labels.

6. Gender wise – women are more responsible and have higher health education.

#### DISCUSSION:

**In future, there is a need of strict control of the role of the GP according to prophylaxis and also control and sanctions for patients!**

According to health promotion and health education recommendations are towards NHF and Ministry of Health care to proceed annual media campaigns showing the benefits of the annual prophylaxis and the sanctions for the non-regular patients and promoting not health education but personal responsibility.

**Modern society allows and do not decide the problems with an unhealthy way of living, unhealthy atmosphere and polluted nature, unhealthy home and work place. The recommendation is to struggle and do our best to succeed in the stable development of health care with**

**the active role of the government and non-government organisations.**

The issues related to the **need for social activity and monitoring and control** of the used resources, medical ethics, control of the results of the high technologies in medicine are not solved. There is a need for change in getting staff ready to take on the new responsibilities of the public health, health problems, new medical culture and readiness to support the modern medical methods and their effect on society [3, 4, 8, 9, 10]

Because of lack of knowledge, the patient is not ready and free to choose alone, and he should rely on his doctor. The doctor should take care of his patients and do the best for them. The medical ethic is the one that is related to principles of moral attitude and behaviour. The doctors should be loyal to the patients, society, profession and standards. The interest of the patients and doctors should be preserved fair by law [3, 4, 6, 8, 9, 11, 12, 13]

The most acceptable ethical principal is: “The most goods for the most people!”

**The responsibility is shared between the medical professionals and patients!**

#### CONCLUSIONS:

1. The lack of health education and care, using the lack of time as an excuse, as well as the reluctance to compromise and deprivation for health's sake, demonstrate the lack of sustainability of health care system with respect to health education and promotion.

2. According to sex- women are more responsible for their health and have higher health education than men.

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