

Magdalena Woynarowska-Sołdan[1], Izabela Tabak[2], Antonina Doroszewska[3], Karolina Jabłkowska-Górecka[1]

TEENAGERS' PERCEPTION OF BEING AN ACTIVE PATIENT AND PUTTING THE CONCEPT INTO PRACTICE

POSTRZEGANIE I PODEJMOWANIE PRZEZ NASTOLATKI ZACHOWAŃ AKTYWNEGO PACJENTA

[1]Public Health Division,
Faculty of Health Sciences, the Medical University of Warsaw, Poland
[2]Department of Child and Adolescent Health,
Institute of Mother and Child in Warsaw, Poland
[3]Department of Didactics in Gynaecology and Obstetrics,
Faculty of Health Sciences, the Medical University of Warsaw, Poland

Abstract

Aim: *To analyse the results of research on how adolescents understand the "active patient" concept, how often they undertake that role depending on gender and on whether they are suffering from a chronic disease.*

Material and methods: *The research was conducted in a group of 14-15 year-olds. It comprised qualitative research (focus groups, N=24) concerning the way the concept of an "active patient" is understood and quantitative research (questionnaire study, N=716). The research tool was an anonymous authored questionnaire with questions concerning the role of the active patient and chronic illnesses.*

Results: *The idea of the "active patient" was not understandable to the teenagers, but they were able to enumerate many kinds of behaviours which are typical for such a patient. Among the 7 kinds of such behaviours, only two (presenting their ailments to the doctor and following the doctor's recommendations) were always or almost always followed by over half the respondents. The frequencies of undertaking behaviours typical for an active patient by girls and boys were similar. Teenagers with chronic diseases more often behaved actively during their visit to the doctor, but less frequently followed the doctor's recommendations.*

Conclusions: *Few adolescents actively participate in the process of diagnosis and treatment. There is a need for early education of children and young people to become active patients, since such an attitude promotes health throughout one's lifetime. Such education is first of all the task of doctors and nurses, and it can be effective only if the intercommunication skills with patients are improved. It is a necessity to support young people with chronic diseases in their treatment and in coping with their disease.*

Key words: adolescents, active patient, chronic disease

Streszczenie

Cel: *Analiza wyników badań dotyczących rozumienia przez nastolatki pojęcia „aktywny pacjent" i częstości podejmowania przez nie zachowań aktywnego pacjenta w zależności od płci oraz występowania choroby przewlekłej.*

Materiał i metody: *Badania przeprowadzono w grupie 14-15-latków. Obejmowały one badanie jakościowe (wywiady grupowe, N=24) dotyczące rozumienia pojęcia „aktywny pacjent" oraz badanie ilościowe (ankieta, N=716). Narzędziem badawczym był anonimowy autorski kwestionariusz zawierający pytania dotyczące częstości podejmowania zachowań aktywnego pacjenta oraz występowania chorób przewlekłych.*

Wyniki: *Pojęcie „aktywny pacjent" nie było dla nastolatków zrozumiałe, ale potrafiły one wymienić wiele zachowań charakterystycznych dla takiego pacjenta. Wśród 7 analizowanych zachowań aktywnego pacjenta tylko dwa (przedstawianie lekarzowi dolegliwości i przestrzeganie jego zaleceń) podejmowane były zawsze lub prawie zawsze przez nieco ponad połowę badanych. Częstość podejmowania zachowań aktywnego pacjenta przez dziewczęta i chłopców była podobna. Nastolatki z chorobami przewlekłymi częściej niż te bez chorób przewlekłych zachowywały się aktywnie w czasie wizyty u lekarza, ale rzadziej przestrzegały jego zaleceń.*

Wnioski: *Niewielu nastolatków aktywnie uczestniczy w procesie diagnozy i leczenia. Istnieje potrzeba wczesnej edukacji dzieci i młodzieży na rzecz stawania się aktywnym pacjentem, gdyż taka postawa sprzyja zdrowiu człowieka w każdym okresie jego życia. Edukacja ta jest przede wszystkim zadaniem lekarzy i pielęgniarek, a warunkiem jej skuteczności jest doskonalenie ich umiejętności komunikacji interpersonalnej z młodymi pacjentami. Niezbędne jest wsparcie młodzieży z chorobami przewlekłymi w leczeniu i radzeniu sobie z chorobą.*

Słowa kluczowe: nastolatki, aktywny pacjent, choroba przewlekła

DEV PERIOD MED. 2015;XIX,2:202-211

INTRODUCTION

Publications devoted to the communication of health professionals with patients underline the importance of active participation on the part of the patient in the process of prophylaxis, diagnosis, treatment and rehabilitation [1, 2, 3, 4]. The pro-active involvement of patients in these areas increases the effectiveness of their efforts to improve prevention, and either preserve or recover good health and strengthen it. For this reason many authors point out how necessary it is for patients to cooperate with health professionals. The scope of such a cooperation depends on many factors, such as the condition of the patient, his/her age and individual character features, as well as the patient's competences and expectations [5, 6, 7].

Currently, some authors point out that patients seek partnership and empowerment in their contacts with doctors, full access to medical records regarding their own health and want to take part in decisions which take into account not only medical recommendations but also such circumstances of their lives as work or family. There are many factors that promote the development of such a trend, i.e. the growing level of education and access to medical information, increasing life expectancy, the rising number of chronic diseases, or the patient's using fee-paying medical services. The granting of Patient's Rights was a milestone in improving patient empowerment [8].

The concept of *patient involvement* is not unambiguous. Qualitative research done among health care providers and adult patients as part of Eurobarometer 2012 shows that the term "patient involvement" can be differently understood by health professionals and by patients; each of these groups can perceive the active role of the patient in health care differently [9]. An attempt to specify the term "active patient" was undertaken by B. Woynarowska, who isolated the features and kinds of behaviour of an active patient [10]:

- in the case of illness (e.g. looking for information about one's disease, its causes and treatment; asking the doctor questions; recognising the symptoms of the disease, its exacerbation; taking medication exactly as prescribed, and observing the doctor's recommendations; developing the skills to cope with one's disease, as well as with negative emotions and tension),
- with reference to prophylactic examination (e.g. a positive attitude to tests and procedures, preparing one's medical history; considering what questions to ask the doctor; asking questions, requesting information about one's health condition, the need to undertake extra tests or procedures, explaining the terms one does not understand, obtaining lifestyle recommendations, implementing the recommendations following test results).

The process of teaching/learning the active patient role is long and starts in one's childhood. According to I. Obuchowska [11] from the point of view of the child, evaluation of a his/her role as a patient constitutes one of the factors with a real significance in the course of his/her disease – one that needs to be strengthened. One of the factors that are conducive to such a development is allowing the child to make decisions on some aspects of treatment. For the child who suffers from disease, making decisions is important for developing his/her feeling of self-esteem and helps to form an active attitude in the role of a patient as a grown-up.

From the point of view of teaching/learning the role of an active patient, it is particularly important to focus on adolescents. This is a time of a growing need for independence and self-reliance in taking different kinds of decisions, including those connected with one's health [12]. Although this period of human life is considered "the healthiest":

- about 20-25% of teenagers suffer from chronic diseases or disabilities [13, 14],
- they frequently suffer from many ailments and negative emotional states connected with different biological and psychological changes [15],

- they undertake many kinds of behaviour which pose risks to their health [16].

All of those are connected with frequent contacts with health care providers, using medical services, i.e. taking the role of the patient.

According to current regulations [8], a child who reached the age of 16 is called an underage patient and can take decisions regarding his/her health. Such a patient can agree to have medical tests done and undergo other kinds of medical examinations performed by the doctor. He/she can also disagree with the opinion of their parents or legal guardian. Moreover, patients over the age of 16 have a right to obtain information about the state of their health from the doctor, find out the diagnosis and seek recommendations regarding possible diagnostic and treatment procedures, learn about the effects of implementing these or not, find out the results of their health tests, or procedures and prognosis. Nurses should give them information how to look after themselves and take care of the disease. It is important that young people should know their patient's rights, learn how to take the role of an active patient and understand the benefits resulting from this [10]. The active role of the patient promotes his/her health throughout his/her life.

AIM

The aim of the paper is to analyse the results of research conducted among 14-15-year olds regarding:

1. Their understanding of the "active patient" concept.
2. The frequency of their undertaking the role of an active patient depending on gender and on whether they suffer from a chronic disease, suffer from a disability or other serious health conditions diagnosed by a doctor.

METHOD

A triangulation of methods was used: both qualitative and quantitative research was conducted:

1. Qualitative research involved group interviews focusing on the way teenagers understand the "active patient" concept. The main question was formulated, i.e.: *What does it mean to be an active patient?* Then an additional questions were asked: *What does it mean to "cooperate with the doctor?" What does it mean to "cooperate in treatment?" What kinds of behaviour before and after the medical appointment support treatment?* Interviews were conducted in January 2013 and took place in 4-5- person groups attending one lower secondary school.
2. Qualitative research used the technique of an anonymous questionnaire. The research tool was an authored questionnaire including such questions as:
   - The frequency of taking the "active patient" role. A scale of active patient behaviours was used. This scale was developed based on the character features of an active patient specified by B. Woynarowska [10]. It consisted of 7 statements (enumerated in Table II) describing features of desirable patient behaviour connected with medical appointments and treatment. The adolescents surveyed specified how often they behaved in the ways described in the statements using a 4-point scale: *always or almost always (3), often (2), sometimes (1), never or almost never (0)*. The total indicator accepted values from 0 (lack of listed behaviours) up to 21 (the highest frequency of all the kinds of listed behaviours).
   - The existence of chronic health conditions: *Do you have a chronic (long-term) disease (e.g. diabetes, allergy) or do you suffer from any form of disability or other major health problems which were diagnosed by a doctor?* Categories of answer: *yes, no*. A question from the international standard HBSC (Health Behaviour in School-aged Children. A WHO Cross-national Collaborative Study) questionnaire [17] was used in the survey.

The qualitative survey was conducted in April and May 2013 after obtaining the consent of the head teachers of the schools and the children's parents. The anonymous survey was conducted using the auditorium test method, and was administered by the children's teachers according to detailed instructions. The survey was preceded by a pilot study performed in February 2013 in two groups of 14-15-year-olds (second year of lower secondary school, N=36).

The groups surveyed

The qualitative survey was conducted in a group of 24 teenagers (11 girls, 13 boys) aged 14-15 years. They were students of the second year of a lower secondary school in a small town (of about 20 thousand inhabitants) in the Warmian-Masurian Voivodship.

In the quantitative survey analysed data from 716 teenagers (365 girls and 350 boys) aged 14-15 years. These were students of the second year of seven lower secondary schools located in five voivodships (provinces), i.e. łódzkie, mazowieckie, pomorskie, warmińsko-mazurskie, wielkopolskie, in places of different sizes (villages: 2 schools; towns of under 100 thousand inhabitants: 4 schools; city over 500 thousand inhabitants: 1 school). The surveys were filled out by 84.9% of the second-year students attending those schools.

About 24% of the respondents said they suffered from some kind of a chronic disease, a disability or other serious health conditions diagnosed by a doctor. The percentage of girls providing such an answer (25.9%) was slightly higher than that of boys (21.6%), however the difference between the genders was not statistically significant. Later in the paper, members of this group are referred to as respondents with chronic diseases.

Statistical analysis of the results

The statistical analysis of the results was performed using the SPSS v.14.0 programme. It took into account the gender of the respondents, as well as the presence of a chronic disease, a disability of some kind, or other major health conditions diagnosed by a doctor. The significance of the difference was examined by chi-square and t-Student methods for independent samples; differences were considered statistically significant if $p<0.05$.

In order to check the psychometric features on the scale of active patient behaviours, an analysis of its reliability was performed (Cronbach's α coefficient) and its construct validity (factor analysis). Cronbach's α for the whole scale was 0.706, which can be considered a satisfactory result, on the basis of which the scale can be considered reliable. Factor analysis showed that the statements included in the scale depend on two factors, and not on one, as it had been assumed. It was decided that the first one includes statements no. 3, 4, 5 and 6, and the second one statements 1, 2 and 7 (factor loadings from 0.505 to 0.781). Statement no. 4 had similar factor loadings in both factors but on the basis of content analysis it was placed in the first factor (Table II). Two subscales were identified, which were given the name of:

- The subscale of "behaviours connected with the medical appointment" (statements 3, 4, 5, 6); Cronbach's α coefficient: 0.620. The total indicator accepted values from 0 (lack of listed behaviours) up to 12 (the highest frequency of all the kinds of listed behaviour).
- The subscale of "behaviours before and after the appointment" (statements 1, 2, 7); Cronbach's α coefficent: 0.628. The total indicator accepted values from 0 (lack of listed behaviours) up to 9 (the highest frequency of all the kinds of listed behaviours).

Due to the unexpected structure of the factors and the rather low values of Cronbach's α coefficients in the two sub-scales, the research tool requires further development and verification in future research.

RESULTS

Adolescents' perception of the "active patient" concept

Adolescents' answers in group interviews concerning their understanding of the active patient role were analysed. It was found that the term "active patient" was not clear to the young people. This is why additional questions were used. The adolescents' answers were divided into two categories called "polite patient" and "active patient" (Table I).

Table I. The way adolescents understand the term "active patient".

Tabela I. Rozumienie przez nastolatki pojęcia „aktywny pacjent".

Category ***Kategoria***	**Examples of authentic teenagers' expression** ***Przykłady autentycznych wypowiedzi nastolatków***	**Number of responses** ***Liczba wskazań***
Polite patient *Kulturalny pacjent*	Have a positive attitude *Mieć pozytywne nastawienie* Be polite, nice *Być kulturalnym, miłym* Be calm, not get annoyed *Być spokojnym, nie wkurzać się* Be tolerant, patient, patiently wait in the queue, not push through the queue *Być tolerancyjnym, cierpliwym, cierpliwie czekać w kolejce,* *nie wpychać się w kolejkę* Be punctual *Być punktualnym* Thank after the appointment *Po wizycie: podziękować*	13
Active patients *Aktywny pacjent*	Should cooperate with a doctor *Pacjent powinien współpracować z lekarzem* Be talkative, get into a conversation with the doctor *Być rozmownym, wdać się w rozmowę z lekarzem* Honestly talk about the condition of their health, openly say what is wrong *Szczerze rozmawiać o stanie swego zdrowia, otwarcie mówić, co mu dolega* Honestly answer questions about their health *Szczerze odpowiadać na pytania dotyczące zdrowia* Ask questions (about the possible further health complication and ways of solving them), seek information on their health, talk the doctor about everything that worries them regarding health *Dopytywać (o możliwe komplikacje naszego stanu zdrowia i ich rozwiązania),* *szukać informacji na temat własnego zdrowia,* *pytać lekarza o wszystko, co go trapi w sprawach zdrowia* Follow the doctor's instructions during an appointment *Wykonywać polecenia lekarza w trakcie wizyty* After an appointment: follow the doctor's recommendations, buy the prescribed medication *Po wizycie: dostosować się do zaleceń lekarza, wykupić receptę*	10

Undertaking the role of the active patient

Among the seven kinds of behavior of an active patient that were analysed, only two were undertaken *always or almost always* by over half of the adolescent respondents. These were: giving a detailed description of one's symptoms to the doctor (52.9%) and following the doctor's recommendations (55.7%). The other kinds of behavior were undertaken by the respondents less frequently, in particular when considering before the appointment what one would like to ask (8.5%), asking the doctor questions during the appointment if the need arises (20.9%), and asking for clarification if something was unclear (22%).

There was no statistically significant difference in undertaking active patient roles between girls and boys. Those adolescents who suffered from chronic diseases asked the doctor questions more frequently than their peers who did not have such ailments, but less frequently followed the doctor's recommendations (in both cases $p<0,05$).

The analysis of differences between mean results in the total scale of active patient behavior conducted by the t-Student test did not reveal statistically significant differences depending on gender, or the presence of a chronic disease (Table III). The test was repeated for the two subscales revealed on the basis of factor and content analysis. No statistically significant difference between girls and boys was found in either of the subscales analysed. On the other hand, adolescents with chronic diseases undertook selected kinds of active patient

Table II. Adolescents who always or almost always undertook active patient roles according to gender sex and the presence of a chronic disease (percentage of respondents).

Tabela II. Nastolatki, które zawsze lub prawie zawsze podejmowały zachowania aktywnego pacjenta według płci i występowania choroby przewlekłej (odsetek badanych).

Statements ***Stwierdzenia***	**Total** ***Ogółem***	**Girls** ***Dziewczęta***	**Boys** ***Chłopcy***	**Persons with chronic diseases** ***Osoby z chorobami przewlekłymi***	**Persons without chronic diseases** ***Osoby bez chorób przewlekłych***
1. When I notice disease symptoms and I feel bad, I ask grown-ups for help (e.g. my parents, teachers, the school nurse) *Kiedy zauważam objawy choroby, źle się czuję, proszę o pomoc dorosłych (np. rodziców, nauczycieli, pielęgniarkę szkolną)*	40.8	42.2	39.4	40.2	41.0
2. When I have to see the doctor, I do not object or procrastinate *Kiedy muszę iść do lekarza, robię to bez sprzeciwu, bez ociągania*	43.3	42.5	44.1	41.1	44.2
3. Before my medical appointment I think about what questions to ask *Przed wizytą u lekarza zastanawiam się, o co chcę go zapytać*	8.5	6.9	10.2	8.4	8.5
4. During the medical appointment I describe my symptoms in detail *W czasie wizyty u lekarza dokładnie przedstawiam mu moje dolegliwości*	52.9	53.8	52.6	53.8	52.6
5. During the medical appointment I ask the doctor questions, e.g. about my health, how to look after it, how to treat my disease if the need arises *W czasie wizyty u lekarza, jeśli mam taką potrzebę, zadaję mu pytania, np. na temat mojego zdrowia, dbałości o nie, leczenia choroby*	20.9	19.5	22.4	26.6*	18.9
6. During the medical appointment I ask for clarification if I do not understand something *W czasie wizyty u lekarza, jeśli czegoś nie rozumiem, proszę o wyjaśnienie*	22.0	21.6	22.3	21.3	22.2
7. I follow the doctor's recommendations regarding e.g. taking medication, nourishment, physical activity *Stosuję się do zaleceń lekarza dotyczących np. stosowania leków, sposobu odżywiania, aktywności fizycznej*	55.7	56.4	54.9	49.1*	57.8

*Difference between persons with and without chronic diseases $p<0,05$/*Różnice między osobami z chorobami przewlekłymi i bez tych chorób p<0,05.*

Table III. Mean results (with standard deviation) obtained by the respondents in the full scale of active patient behavior and in both of its subscales according to gender and the presence of a chronic disease (percentage of respondents).

Tabela III. Średnie wyniki (z odchyleniem standardowym) uzyskane przez badanych w pełnej skali zachowań aktywnego pacjenta i w obu jej podskalach według płci i występowania choroby przewlekłej (odsetek badanych).

Scale/subscales ***Skala/podskale***	**Points:** ***Punktacja:*** **min. – max.**	**Total** ***Ogółem***	**Girls** ***Dziewczęta***	**Boys** ***Chłopcy***	**Persons with chronic diseases** ***Osoby z chorobami przewlekłymi***	**Persons without chronic diseases** ***Osoby bez chorób przewlekłych***
Full aggregate scale of active patient behaviour *Pełna sumaryczna skala zachowań aktywnego pacjenta*	0-21	12.45 (4.05)	12.34 (3.91)	12.57 (4.20)	12.69 (4.15)	12.37 (3.97)
Subscale "behaviours connected with the medical appointment" (statements 3, 4, 5, 6) *Podskala „Zachowania związane z wizytą"*	0-12	6.00 (2.82)	5.91 (2.72)	6.11 (2.93)	6.37 (2.84)*	5.88 (2.77)
Subscale "behaviours before and after the appointment" (statements 1, 2, 7) *Podskala „Zachowania przed i po wizycie"*	0-9	6.44 (2.00)	6.42 (2.01)	6.45 (2.00)	6.33 (2.00)	6.48 (1.99)

*Difference between persons with and without chronic diseases p<0.05/*Różnice między osobami z chorobami przewlekłymi i bez tych chorób p<0,05.*

behavior connected with medical appointments (the mean result in the scale "Behaviours connected with the medical appointment" in this group was 6.37 *vs*. 5.88, p<0.05) (Table III).

DISCUSSION

The article presents the results of research regarding the way how 14-15-year-olds understand the "active patient" concept and the frequency of their undertaking such a role depending on gender and on whether they suffer from a chronic disease, a disability or other serious health conditions diagnosed by a doctor. In the group analysed, 24% of the respondents stated that they do suffer from the above-mentioned health conditions. A similar result (20.3%) was obtained in a representative sample of Polish youth aged 11-15 in international HBSC surveys conducted in 2010 [14, 18].

The "active patient" concept turned out to be unclear for many of the respondents. It was necessary to use additional questions to guide them. An analysis of answers to these questions shows that the respondents usually associated this concept with being polite during their medical appointment, e.g. displaying a positive attitude to the visit and coping with negative emotions. It was slightly less frequently that they enumerated behaviour which is typical of the active patient role, such as two-way communication with the doctor or following the doctor's recommendations. The results can, however, be a good starting point for developing the competences of an active patient.

The research assumed that there are seven kinds of behaviour, which, if undertaken always or almost always demonstrate that the active patient role has been implemented. These have been assigned to two groups:

1. Behaviours before and after the medical appointment: seeing the doctor without objections or procrastination, following the doctor's recommendations. It can be assumed that such behaviour reflects the patient's discipline. Such behaviour was displayed by only about half of the respondents (40.8–55.7%).

2. Behaviours connected with the medical appointment: considering before the appointment what one would like to ask, giving a detailed description of one's symptoms to the doctor, asking questions, asking for clarification if something was unclear. Such behavior can be considered a reflection of a conscientious attitude to the medical appointment. It was undertaken with a desirable frequency (almost or almost always) by 8.5 to 52.9% of the respondents.

Such results must be considered unfavourable. They show that a large number of our adolescents do not display an active attitude to their medical appointment. The passive attitude of patients at this age can remain the same when they grow up.

It seems that two groups of reasons for the passivity of adolescent patients can be isolated:

1. Reasons connected with the adolescents:
   - Teenagers are young people who:
     – Usually enjoy good health. HBSC research conducted in 2010 on a representative sample of 15-year-olds showed that 76% said that their health is good or excellent [19];
     – Live "here and now" and do not realise the consequences of insufficiently looking after their health [20],

  - Make a medical appointment usually in the event of an acute disease or injury [21],
  - Many of them do not treat a medical appointment as a situation which is something important and difficult [22];
- Health usually has low priority in the hierarchy of young people's values [23];
- Adolescents may still have a limited understanding of some health issues [24, 25].

2. Reasons connected with the behaviour of grown-ups:
- During their medical appointment teenagers are accompanied by their parents, who usually take initiative in contacts with the doctor. Such behavior can be illustrated with the statements made by girls who took part in the pilot study that was used for the present paper: *It does not make any sense to answer questions about the behaviour of an active patient. When I'm at the doctor's, my parents do everything for me and I have to say no whatsoever.*
- The existence of barriers in the doctor – adolescent patient relation. These can be e.g.:
  - A patronizing attitude of the doctor to the patient, which is expressed in behaviour that gives the impression that the teenager's feelings, sensations and views are unimportant, trivial, funny and not worthy of the doctor's attention [25],
  - A communication model of asking and examining the teenager and giving results or recommendations to his/her parents [24].

In the case of underage patients, a three-way communication and relationship model is established during the appointment. The parties involved are the doctor, the child and the parent [25]. The parent is a source of information, supports the child, reduces the feeling of threat, and takes decisions in the name of the child [26], but should not talk to the doctor instead of the child. P.D. Sloane said that there should be no doubt that it is the maturing human being and not his/her parents who is the patient [21]. According to A. Jakubowska-Winiecka, if the doctor discusses important matters not with the teenager but with his/her parents, then in the eyes of the teenager the patient's autonomy is not respected. This can be a source of conflicts and lack of cooperation in the treatment, and moreover increase the dependence of the teenager on grown-ups [27].

E. Pyörälä [28] is of the opinion that the more adults there are in the surgery, the more marginalised is the role of the child-patient. In research devoted to the relationship between 13-15 year-olds with dieticians, it was found that teenage patients were most active in direct contacts with their dietician, even in conversations concerning sensitive issues, or in the course of time-consuming tests. In situations when a parent acted on behalf of the adolescent, the teenager took the role of a withdrawn, reticent, passive witness of the grown-ups conversation. Also A. van Staa [29] underlines that communication in a triad is not conducive to promoting the active role of a teenager in his/her contacts with the doctor. The teenagers with chronic diseases that took part in her research wanted to be treated as partners during their hospital consultation, but the level of their participation in the interaction with doctors was low: they were not the main partners in the presence of their parents. According to this author, teenagers with chronic diseases should be prepared for playing the active patient role in their adulthood. Health care professionals should encourage them to be active in communication with doctors, to make their medical appointments themselves, and to influence changes in the behaviour of their parents. According to R. Lopez, [30], starting from the age of 13-14, children should be given the possibility of having face-to-face contacts with the doctor. This can be done gradually, e.g. parents can leave the doctor's office for the duration of the examination and ask to be called in when the examination is over. Parents should respect the child's increasing need for privacy and at the same time be ready to accompany the growing child, when he/she wants they stay with him/her in the surgery.

The literature focuses on the principles of building proper relations between medical personnel and underage patients and overcoming communication barriers between them [12, 24, 25, 30]. Young people are very sensitive to various forms of patronising treatment and it is particularly important not to do this, and express a sincere interest in whatever concerns them and be ready to listen. Conversations with an underage patient is really a mutual solving of a problem and not "doing something" for the teenager or instead of him [12]. The underage patient is the first source of information about himself and can not be ignored in the course of speaking about his health or illness [25]. The teenager should be treated like a patient with full rights. During the appointment, health care professionals should speak directly to the adolescent using his/her name. Their comments and questions should not be addressed to the parent [27]. In the case of talking to the teenager without the presence of the parents, the young person should have a maximum feeling of confidentiality (if the doctor thinks the parents should know about something, he should inform the teenager about it and discuss with him what and how he is going to say it). Respecting such principles makes it possible to form a bond with the patient, to find out his opinions about his condition, health problems, and to build the kind of trust that lies at the foundation of good cooperation. The observations of doctors in Great Britain show that most teenagers are willing to share their problems with the doctor and treat him as a grown-up they trust [12].

Research results show that there are no statistically significant differences in the frequency of undertaking active patient roles between girls and boys, although HBSC survey results regarding 15-year-olds point out what follows [19]:
- Girls think their health condition is worse than boys do (69% girls and 83% boys evaluated their health as good or excellent),
- Girls report various somatic and mental health disorders more often that boys (e.g. frequent headaches are

reported by 31% girls and 13% boys, while anxiety is reported by 42% and 29% respectively).

It was found that adolescents with chronic diseases more frequently undertook the roles of an active patient than their peers without such diseases (above all, they more frequently asked questions about their condition and treatment). It can be assumed that such adolescents have more frequent contacts with the doctor, and therefore are more confident and relaxed in this relationship, in addition to which they have more knowledge and their own experiences concerning their disease and treatment.

Teenagers with chronic diseases less often followed doctor's recommendations (the differences were statistically significant). A chronic disease is a mental burden and can lead to such disorders as fear, feeling of discomfort; it can restrict their life activities and force them to submit to a regimen connected with the disease (such as observing a certain diet) [11, 26, 31]. One of the defense mechanisms used in the situation of a chronic disease is denying its existence, which manifests itself e.g. in not observing the doctor's recommendations. Teenagers without chronic diseases usually undergo acute forms of disease, which are quickly treated and less burdensome.

The literature points out that children with different kinds of chronic diseases have problems particularly during puberty [32-36]. They become more aware of the nature of their disease and the resulting limitations and often do not want to accept these. They want to be perfect, while the illness makes them feel different, inferior; they fear rejection. This is why rebellion can appear, a negative attitude to the disease and treatment, manifesting itself e.g. to being reluctant to take medication and follow other recommendations given by the doctor, as these make them different from their peers. This can lead to the worsening of treatment results, and their condition. In this situation, it is particularly important for the adolescents to obtain help from grown-up, especially their parents, doctor and teachers in the treatment process and in coping with the disease.

The results of the research presented show that there is a need for the education of teenagers in becoming an active patient. It is thought that patients can learn how to be active and take more responsibility for their health. Encouraging them to do so is first of all the task of medical professionals. Developing interpersonal communication competences on the part of health care personnel is a precondition to achieving this task [1, 29].

In educating adolescents to become active patients, a significant role has to be fulfilled by:

- General practitioners who have many contacts with the child throughout his illness and during the medical check-ups and when they examine them before vaccination [37],
- School nurses whom students see without their parents. These are adolescents' first independent contacts with health care professionals. The role of the nurse in health education was emphasised in formulating the standards of preventive health care performed by the school nurse and hygienist and the GP. These early experiences can play later a decisive role in the attitudes of adolescents as patients [38].

It is worth mentioning that in some countries, e.g. Canada, efforts have been undertaken to develop communication competences between teenagers and health care professionals as part of the school health education [39]. In Poland the current core curriculum for upper lower secondary schools states that when finishing the school "the student should be able to explain the concept of an active patient and know the basic patient rights." [40]. This makes it possible to have an additional influence on promoting an active patient attitude among young people as part of school health education.

The present paper is limited due to the non-representative group of young people surveyed, as only one age group was researched and it was not possible to compare the results with those of other authors. No other research projects devoted to the perception of the active patient role and undertaking such a role by teenagers have been found.

CONCLUSIONS

1. Teenagers are not able to make a definition of the active patient concept, but they enumerate behaviours which characterise such a patient. This can form the grounds for their developing their active patient competences.
2. In practice, the frequency of undertaking active patient behaviours is unsatisfactory in a significant percentage of young people. There is a need to start educating children in the active patient role early in their lives. Such an approach is particularly important with reference to adolescents, because the active patient attitude is conducive to health at any stage of human life.
3. Encouraging young people to be an active patient is the first of all the task of health care professionals, particularly doctors and nurses. In order to cope with this, they need to develop their competences of interpersonal communication with young people.
4. Teenagers with chronic diseases more frequently displayed active behaviour in their contacts with their doctor during the appointment that their peers without such disorders, but they observed doctor's recommendations less frequently. Not following the doctor's recommendations is detrimental to the course of their treatment. It is necessary to support young people in their treating and coping with a chronic disease.

REFERENCES

1. Gordon T, Edwards WS. Rozmawiać z pacjentem. Podręcznik doskonalenia umiejętności komunikacyjnych i budowania partnerskich relacji, Warszawa, Wydawnictwo SWPS „Academica", 2009.
2. Siejka D. Relacja lekarz-pacjent – istotny element specjalizacji nie tylko lekarza rodzinnego, w: Porozumiewanie się lekarza z pacjentem i jego rodziną. Wybrane zagadnienia, Steciwko

A, Barański J (red), Wrocław, Elsevier Urban&Partner, 2012;69-79.
3. Rollnick S, Miller WR, Butler ChC. Wywiad motywujący w opiece zdrowotnej, Warszawa: Wydawnictwo SWPS "Academica", 2010.
4. Makara-Studzińska M. Komunikacja z pacjentem, Lublin: Wydawnictwo Czelej, 2012.
5. Heszen I, Sęk H. Psychologia zdrowia, Warszawa: Wydawnictwo Naukowe PWN, 2007.
6. Salmon P. Psychologia w medycynie wspomaga współpracę z pacjentem i proces leczenia, Gdańsk, GWP, 2002.
7. Porozumiewanie się lekarza z pacjentem i jego rodziną. Wybrane zagadnienia, Steciwko A, Barański J (red), Wrocław, Elsevier Urban&Partner, 2012.
8. Ustawa z dnia 6 listopada 2008 r. o prawach pacjenta i Rzeczniku Praw Pacjenta, Dz.U. 2009 Nr 52 poz. 417 z późn. zmian.
9. Eurobarometer Qualitative Study. Patient involvement. Aggregate Report (2012) Conducted by TNS Qual+ at the request of the European Commission, Survey co-ordinated by the European Commission, Directorate-General for Communication: http://ec.europa.eu/public_opinion/archives/quali/ql_5937_patient_en.pdf (dostęp: 7.11.2014).
10. Woynarowska B. Aktywny pacjent. Prawa pacjenta, w: Edukacja zdrowotna. Poradnik dla nauczycieli wychowania fizycznego w gimnazjach i szkołach ponadgimnazjalnych, Woynarowska B (red), Wydawnictwo Pedagogiczne ZNP, Kielce, 2012;166-170.
11. Obuchowska I. Rodzice i chore dziecko, w: Obuchowska I, Krawczyński M, Chore dziecko, Warszawa: Nasza Księgarnia, 1991.
12. Wrate RM. Rozmawianie z nastolatkami, w: Jak rozmawiać z pacjentem, Mayerscough PR, Ford M (red), Gdańsk: GWP, 2001;185-203.
13. Woynarowska B, Oblacińska A. Stan zdrowia dzieci i młodzieży w Polsce. Najważniejsze problemy zdrowotne, w: Zdrowie dzieci i młodzieży. Wybrane zagadnienia, Szymańczak J (red), Studia Biura Analiz Sejmowych Kancelarii Sejmu, 2(38) 2014;41-64.
14. Małkowska-Szkutnik A. Choroby przewlekłe u dzieci i młodzieży jako narastający problem społeczny, w: Zdrowie dzieci i młodzieży. Wybrane zagadnienia, Szymańczak J (red), Studia Biura Analiz Sejmowych Kancelarii Sejmu, 2(38) 2014;89-112.
15. Mazur J. Subiektywne dolegliwości somatyczne i psychiczne, w: Tendencje zmian zachowań zdrowotnych i wybranych wskaźników zdrowia młodzieży szkolnej w latach 1990-2010, Woynarowska B, Mazur J (red), Warszawa: Instytut Matki i Dziecka, Wydział Pedagogiczny UW, 2012;151-178.
16. Dzielska A, Kowalewska A. Zachowania ryzykowne młodzieży – współczesne podejście do problemu, w: Zdrowie dzieci i młodzieży. Wybrane zagadnienia, Szymańczak J (red), Studia Biura Analiz Sejmowych Kancelarii Sejmu, 2(38) 2014;139-168.
17. Mazur J, Woynarowska B, Kołoło H. Zdrowie subiektywne, styl życia i środowisko psychospołeczne młodzieży szkolnej w Polsce. Warszawa: Instytut Matki i Dziecka, 2007.
18. Mazur J, Sentenac M, Brooks F, Małkowska-Szkutnik A, Gajewski J, Gavin A. Burden of chronic health conditions in adolescence measured by schools surveys, Developmental Period Medicine, 2013;XVII,2:157-164.
19. Mazur J, Małkowska-Szkutnik A (red). Wyniki badań HBSC 2010. Raport techniczny 1, Warszawa: Instytut Matki i Dziecka, 2011.
20. Wistoft K. Health strategies and reservoirs of knowledge among adolescents in Denmark, Global Health Promotion, 2010;17(2):16-24.
21. Sloane PD. Opieka nad pacjentem w okresie dorastania, w: PD Sloane, LM Slatt, P Curtis P. Medycyna rodzinna, red. wyd. I pol. A Steciwko, Wrocław: Urban&Partner, 1998;71-78.
22. Woynarowska-Sołdan M, Tabak I. Doroszewska A. The feelings of adolescents connected with medical visits and their perception of the physicians' behavoiur, Dev Period Med, 2014;XVIII,3:331-342.
23. Woynarowska B. Edukacja zdrowotna. Podręcznik akademicki, Warszawa, Wydawnictwo Naukowe PWN, 2012.
24. Woynarowska B. Edukacja zdrowotna dzieci, młodzieży i rodziców, w: B. Woynarowska (red). Profilaktyka w pediatrii, Warszawa: Wydawnictwo Lekarskie PZWL, 2008;94-102.
25. Jankowska AK. Postepowanie z dzieckiem i jego opiekunami, w: Porozumiewanie się lekarza z pacjentem i jego rodziną (poz. 6), 83-93.
26. Góralczyk E. Choroba dziecka w twoim życiu, Warszawa: CMPPP MEN, 1996.
27. Jakubowska-Winiecka A. Rozwój psychiczny dziecka, w: W Kawalec, R Grenda, H Ziółkowska (red). Pediatria, Warszawa: Wydawnictwo Lekarskie PZWL, 2013;29-36.
28. Pyörälä E. The participation roles of children and adolescents in the dietary counseling of diabetics, „Patient Educ Couns." 2004;55:385-395.
29. van Staa A. Unraveling triadic communication in hospital consultations with adolescents with chronic conditions: The added value of mixed methods research, Patient Education and Counseling, 2011.
30. Lopez RI. Twój nastolatek. Zdrowie i dobre samopoczucie, Warszawa: Wydawnictwo Lekarskie PZWL, 2004.
31. Woynarowska B. Wpływ chorób przewlekłych na rozwój, zachowania i sytuację szkolną dzieci i młodzieży, w: Uczniowie z chorobami przewlekłymi. Jak wspierać ich rozwój, zdrowie i edukację, Woynarowska B. (red. nauk.) Wydawnictwo Naukowe PWN, Warszawa, 2010;19-41.
32. Kmieć T. Padaczka, w: Uczniowie z chorobami przewlekłymi (poz. 31), 194-209.
33. Korycińska-Chaaban D. Fenyloketonuria, w: Uczniowie z chorobami przewlekłymi (poz. 31), 100-111.
34. Marczyńska M, Szczepańska-Putz M. Zakażenie HIV, w: Uczniowie z chorobami przewlekłymi (poz. 31), 210-221.
35. Woynarowski M. Przewlekłe choroby układu pokarmowego i wątroby, w: Uczniowie z chorobami przewlekłymi (poz. 31), 260-283.
36. Kawalec W, Turska-Kmieć A, Kowalczyk M. Choroby układu sercowo-naczyniowego, w: Uczniowie z chorobami przewlekłymi (poz. 31), 222-243.
37. Rozporządzenie Ministra Zdrowia z 28 sierpnia 2009 w sprawie organizacji profilaktycznej opieki zdrowotnej nad dziećmi i młodzieżą, Dz.U. nr 139 poz. 1133.

38. Woynarowska B, Oblacińska A, Jodkowska M, Ostręga W. Standardy w profilaktycznej opiece zdrowotnej nad uczniami sprawowanej przez pielęgniarkę lub higienistkę szkolną i lekarza podstawowej opieki zdrowotnej, Warszawa: Instytut Matki i Dziecka, 2003.
39. Towle A, Godolphin W, Van Staalduinen S. Enhancing the relationship and improving communication between adolescents and their health care providers: a school based intervention by medical students, Patient Education and Counseling, 2006;62:189-192.
40. Rozporządzenie Ministra Edukacji Narodowej z dnia 23 grudnia 2008 w sprawie podstawy programowej wychowania przedszkolnego oraz kształcenia ogólnego w poszczególnych typach szkół, Dz.U. 2009 nr 4 poz. 17 z późn. zmian.

Authors' contributions/Wkład Autorów
According to the order of the Authorship/Według kolejności

Conflicts of interest/Konflikt interesu
The Authors declare no conflict of interest.
Autorzy pracy nie zgłaszają konfliktu interesów.

Received/Nadesłano: 16.12.2014 r.
Accepted/Zaakceptowano: 10.02.2015 r.

Published online/Dostępne online

Adres do korespondencji:
Magdalena Woynarowska-Sołdan
Public Health Division, Faculty of Health Sciences,
Medical University of Warsaw, Poland
ul. Banacha 1A, Blok F, 02-097 Warsaw, Poland
tel. 668-128-137
e-mail: m.woynarowska@op.pl