

University of Wollongong

## Research Online

---

Faculty of Science, Medicine and Health -  
Papers: part A

Faculty of Science, Medicine and Health

---

January 2016

### Patients' acceptance of SNAP assessment: An exploration

Chun Wah Michael Tam

*Fairfield Hospital, University of New South Wales*

Nicholas Arnold Zwar

*University of New South Wales, nzwar@uow.edu.au*

Charlotte Hespe

*University of Notre Dame Australia*

Follow this and additional works at: <https://ro.uow.edu.au/smhpapers>

---

#### Recommended Citation

Tam, Chun Wah Michael; Zwar, Nicholas Arnold; and Hespe, Charlotte, "Patients' acceptance of SNAP assessment: An exploration" (2016). *Faculty of Science, Medicine and Health - Papers: part A*. 4329. <https://ro.uow.edu.au/smhpapers/4329>

Research Online is the open access institutional repository for the University of Wollongong. For further information contact the UOW Library: [research-pubs@uow.edu.au](mailto:research-pubs@uow.edu.au)

---

## Patients' acceptance of SNAP assessment: An exploration

### Abstract

We previously described in *Australian Family Physician* a survey experiment that demonstrated patients' acceptance of alcohol enquiry from their general practitioners (GPs) varied markedly depending on the reason for the initial presentation.<sup>1</sup> A further qualitative study identified that the acceptability of these discussions was influenced by their perceived relevance. For many patients, this 'was determined by whether the presenting complaint was seen to be an issue affected by alcohol drinking'.<sup>2</sup> Is this finding isolated to assessment of drinking, or does it apply to other SNAP (smoking, nutrition, alcohol, physical activity) risk factors?<sup>3</sup> **Methods** We re-analysed data from the 66 questionnaire respondents from the intervention arm of the original survey experiment.<sup>1</sup> In brief, the participants were adult patients who attended a general practice in Sydney, Australia in 2014. Two-thirds of the participants were female and the mean age was 53.6 years. Full demographics are available in the original paper.<sup>1</sup> These participants rated the acceptability of GP enquiry ('unacceptable', 'ambivalent' or 'acceptable') of each of the four SNAP factors to 20 clinical vignettes. The vignettes were simple, written to a fifth grade student reading level,<sup>1</sup> and based on the most frequent reasons for encounter and problems managed in Australian general practice.<sup>4</sup> We ranked the vignette acceptability data and reported them descriptively. We used Friedman's two-way analysis of variance (ANOVA) by ranks to analyse the differences in SNAP factor acceptability within the vignettes, and Wilcoxon signed rank test between specific factors (IBM SPSS Statistics 23). This study was approved by the University of New South Wales's (UNSW's) Human Research Ethics Committee (reference number HC14074). **Results** The variation in the acceptance of GP enquiry to all four SNAP factors was substantial, ranging from half of participants (least acceptable vignettes) to all (most acceptable; Table 1). There were variations in SNAP factor acceptability within the vignettes. The vignettes where these differences were statistically significant ( $P \leq 0.05$ ) were: cough, sore throat, back pain, skin rash, depression, diabetes, arthritis, high lipids, gastro-oesophageal reflux disease (GORD), bronchitis, asthma and urinary tract infection. For example, while all participants reported smoking enquiry was acceptable in the asthma vignette, 85%, 81% and 92% did so for nutrition, alcohol and physical activity enquiry respectively ( $P < 0.0001$ ). **Discussion** Patients' acceptance of GP enquiry for all four SNAP factors seems to vary depending on the reason for presentation. Ensuring that patients understand why we are interested in these issues may be a useful strategy; for instance, explicitly linking SNAP assessment to the presenting complaint.<sup>1,2</sup>

### Keywords

acceptance, patients', snap, assessment:, exploration

### Publication Details

Tam, C., Zwar, N. & Hespe, C. (2016). Patients' acceptance of SNAP assessment: An exploration. *Australian Family Physician*, 45 (5), 340-341.

# Patients' acceptance of SNAP assessment: An exploration

CW Michael Tam, Nicholas Zwar, Charlotte Hespe

We previously described in *Australian Family Physician* a survey experiment that demonstrated patients' acceptance of alcohol enquiry from their general practitioners (GPs) varied markedly depending on the reason for the initial presentation.<sup>1</sup> A further qualitative study identified that the acceptability of these discussions was influenced by their perceived relevance. For many patients, this 'was determined by whether the presenting complaint was seen to be an issue affected by alcohol drinking'.<sup>2</sup>

Is this finding isolated to assessment of drinking, or does it apply to other SNAP (smoking, nutrition, alcohol, physical activity) risk factors?<sup>3</sup>

## Methods

We re-analysed data from the 66 questionnaire respondents from the intervention arm of the original survey experiment.<sup>1</sup> In brief, the participants were adult patients who attended a general practice in Sydney, Australia in 2014. Two-thirds of the participants were female and the mean age was 53.6 years. Full demographics are available in the original paper.<sup>1</sup> These participants rated the acceptability of GP enquiry ('unacceptable', 'ambivalent' or 'acceptable') of each of the four SNAP factors to 20 clinical vignettes. The vignettes were simple, written to a fifth grade student reading level,<sup>1</sup> and based on the most frequent reasons for encounter and problems managed in Australian general practice.<sup>4</sup>

We ranked the vignette acceptability data and reported them descriptively. We used

Friedman's two-way analysis of variance (ANOVA) by ranks to analyse the differences in SNAP factor acceptability within the vignettes, and Wilcoxon signed rank test between specific factors (IBM SPSS Statistics 23).

This study was approved by the University of New South Wales's (UNSW's) Human Research Ethics Committee (reference number HC14074).

## Results

The variation in the acceptance of GP enquiry to all four SNAP factors was substantial, ranging from half of participants (least acceptable vignettes) to all (most acceptable; Table 1). There were variations in SNAP factor acceptability within the vignettes. The vignettes where these differences were statistically significant ( $P \leq 0.05$ ) were: cough, sore throat, back pain, skin rash, depression, diabetes, arthritis, high lipids, gastro-oesophageal reflux disease (GORD), bronchitis, asthma and urinary tract infection.

For example, while all participants reported smoking enquiry was acceptable in the asthma vignette, 85%, 81% and 92% did so for nutrition, alcohol and physical activity enquiry respectively ( $P < 0.0001$ ).

## Discussion

Patients' acceptance of GP enquiry for all four SNAP factors seems to vary depending on the reason for presentation. Ensuring that patients understand why we are interested in these issues may be a useful strategy; for instance, explicitly linking SNAP assessment to the presenting complaint.<sup>1,2</sup>

## Authors

CW Michael Tam BSc(Med), MBBS, MMH(GP), FRACGP, Staff Specialist in General Practice, Fairfield Hospital – General Practice Unit, Prairiewood, NSW; Conjoint Senior Lecturer, UNSW Australia – School of Public Health and Community Medicine, Sydney, NSW. m.tam@unsw.edu.au

Nicholas Zwar MBBS, MPH, PhD, FRACGP, Professor of General Practice, UNSW Australia – School of Public Health and Community Medicine, Sydney, NSW

Charlotte Hespe MBBS(Hons), DCH, GCUT, FRACGP, FAICD, Head, General Practice Research and conjoint Head, General Practice, University of Notre Dame Australia – School of Medicine, Darlinghurst, NSW

## Acknowledgements

This project was funded by an RACGP Family Medical Care, Education and Research Grant and the authors gratefully acknowledge the RACGP Foundation for their support.

## References

1. Tam CWM, Leong LH, Zwar N, Hespe C. Consultation contexts and the acceptability of alcohol enquiry from general practitioners – A survey experiment. *Aust Fam Physician* 2015;44(7):490–96. Available at [www.racgp.org.au/afp/2015/july/consultation-contexts-and-the-acceptability-of-alcohol-enquiry-from-general-practitioners-%E2%80%93-a-survey-experiment](http://www.racgp.org.au/afp/2015/july/consultation-contexts-and-the-acceptability-of-alcohol-enquiry-from-general-practitioners-%E2%80%93-a-survey-experiment) [Accessed 4 April 2016].
2. Tam CWM, Leong L, Zwar N, Hespe C. Alcohol enquiry by GPs – Understanding patients' perspectives: A qualitative study. *Aust Fam Physician* 2015;44(11):833–38. Available at [www.racgp.org.au/afp/2015/november/alcohol-enquiry-by-gps-%E2%80%93-understanding-patients-%E2%80%99-perspectives-a-qualitative-study](http://www.racgp.org.au/afp/2015/november/alcohol-enquiry-by-gps-%E2%80%93-understanding-patients-%E2%80%99-perspectives-a-qualitative-study) [Accessed 4 April 2016].
3. The Royal Australian College of General Practitioners. Smoking, nutrition, alcohol and physical activity (SNAP): A population health guide to behavioural risk factors in general practice. 2nd edn. East Melbourne, Vic: RACGP, 2004. Available at [www.racgp.org.au/your-practice/guidelines/snap](http://www.racgp.org.au/your-practice/guidelines/snap) [Accessed 4 April 2016].
4. Britt H, Miller GC, Henderson J, et al. General practice activity in Australia 2011–12. General practice series no. 31. Sydney: Sydney University Press, 2012.

**Table 1. GP enquiry of SNAP risk factors – ranked by patient acceptability**

		<b>Smoking</b>	<b>(%)*</b>	<b>Nutrition</b>	<b>(%)*</b>	<b>Alcohol</b>	<b>(%)*</b>	<b>Physical activity</b>	<b>(%)*</b>
Most acceptable vignettes	1	Asthma	100	GORD	100	GORD	99	Arthritis	99
	2	Check-up	99	Diabetes	99	Diabetes	97	Hypertension	99
	3	Hypertension	97	High lipids	99	Hypertension	97	Check-up	97
	4	Bronchitis	96	Hypertension	97	Check-up	96	Diabetes	97
	5	Cough	96	Check-up	96	Depression	96	High lipids	97
	6	Diabetes	92	Depression	94	High lipids	96	Depression	92
	7	Sore throat	92	Arthritis	88	Anxiety	86	Asthma	92
	8	High lipids	91	Skin rash	88	Arthritis	83	Back pain	89
	9	GORD	88	Anxiety	85	Blood test	82	GORD	89
	10	Anxiety	83	Asthma	85	Skin rash	82	Anxiety	88
Least acceptable vignettes	11	Arthritis	82	Blood test	82	Asthma	81	Cough	83
	12	Depression	82	Sore throat	82	UTI	79	Blood test	82
	13	Blood test	82	Bronchitis	80	Bronchitis	77	Bronchitis	79
	14	Prescription	73	UTI	79	Cough	74	Prescription	73
	15	Skin rash	73	Cough	76	Sore throat	74	Sore throat	71
	16	Test results	71	Prescription	73	Prescription	73	Test results	70
	17	UTI	62	Test results	71	Test results	71	Skin rash	68
	18	Immunisation	59	Back pain	62	Back pain	61	UTI	62
	19	Back pain	58	Immunisation	59	Immunisation	59	Gov't forms	59
	20	Gov't forms	56	Gov't forms	55	Gov't forms	58	Immunisation	58

\*Proportion of participants who responded that enquiry of the specified lifestyle risk factor in the vignette was acceptable  
 GORD, gastro-oesophageal reflux disorder; UTI, urinary tract infection