

Consultations in general practice: a comparison of patients' and doctors' satisfaction

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Abstract

Objective—To provide an objective means of assessing patients' and doctors' satisfaction with a consultation.

Design—Questionnaire study of patients and general practitioners after consultations.

Setting—Urban general practice.

Subjects—250 Patients attending consecutive consultations conducted by five general practitioners.

Main outcome measure—Identification of deficiencies within a consultation as perceived by both doctors and patients.

Results—The doctor's and patient's questionnaires for each consultation were matched and the results analysed on a group basis. The response rate for individual questions was high (81-89%). The doctors and patients significantly disagreed about the doctors' ability to assess and put patients at ease, to offer explanations and advice on treatment, and to allow expression of emotional feelings and about the overall benefit that the patients gained from the consultation. In all cases of disagreement the doctor had a more negative view of the consultation than the patient.

Conclusions—The results of giving structured questionnaires on consultations to both patients and doctors could be a useful teaching tool for established doctors or those in training to improve the quality and sensitivity of care they provide.

Introduction

The white paper *Working for Patients* signals more clearly than ever before the need for general practice to adopt a more consumer oriented approach.¹ Though there have been several studies of patients' satisfaction or doctors' perception of patients' satisfaction, these have generally dealt with access to general practitioners' information systems and compliance with treatment.²⁻⁶ Few researchers have looked at communication within a consultation and tried to assess the patient's and the doctor's satisfaction simultaneously.

Studies of patients' satisfaction have yielded useful information about the structure, process, and outcomes of medical care. They have also to some extent predicted how patients might behave in the future.⁸ Thus knowledge of the behavioural consequences of different levels of satisfaction with the delivery of health care among patients and doctors may be useful in formulating health care policy. Greater satisfaction among patients has, for example, been associated with improved compliance with treatment, a decreased incidence of litigation against doctors, and strengthening trust with improvement of the doctor-patient relationship.

In this study we aimed to identify those aspects of a consultation in which patients and doctors agreed or disagreed that an acceptable level of medical care had

been provided. The results of such a study could be used as feedback^{9,10} to allow doctors to alter the patterns of their consultations to improve their own and their patients' satisfaction with the delivery of health care. Such feedback mechanisms have already been used successfully to change prescribing behaviour and may be a useful adjuvant to video and tape recordings in medical education.

Methods

Separate parallel questionnaires were designed based on the quality initiatives of the Royal College of General Practitioners.¹¹ They were invisibly coded to minimise bias due to the patients' fear of upsetting their doctors and the doctors' fear of being identified. Each of the 13 questions on the questionnaire (see table) was personalised to both the doctors and the patients, allowing retrospective analysis of each consultation by matched pairs. Patients were given a brief written statement explaining that the purpose of the study was to improve the quality of care provided to them. Guarantees of confidentiality were given to all participants. The patients were not aware, however, that the doctors were completing parallel questionnaires on the same consultation as this might have inhibited them. The questionnaires were tested in a pilot study for feasibility, acceptability, and the time taken for completion.

Altogether 250 consecutive consultations were monitored, 50 from each of four general practitioners and one general practitioner trainee. The practice was in an urban area with a wide mix of social classes and a list of 9000 patients. The patients completed their questionnaires anonymously in privacy on the surgery premises. For patients under 13 years old who were accompanied by an adult, the adult completed the questionnaire.

The data gathered were analysed on a group basis rather than individually so that the doctors would not feel threatened. The coded questionnaires were matched and the data analysed by computer with McNemar's test to test the difference in responses between doctors and patients to the same question (that is, did the doctors and patients significantly agree or disagree on their response to each question?). As several significance tests were performed an overall significance level of 0.004 was used.

Results

The response rate for each question varied from 211 (84%) to 231 (92%) for the patients and from 240 (96%) to 241 (96%) for the doctors (table). There was no significant disagreement between the doctors and patients with respect to the doctors listening and correctly understanding what patients were trying to say; giving patients enough time (patients were booked

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	No of consultations yielding matched responses	Doctor's response: Yes		Doctor's response: No		Significance of difference in responses
		Patient's response: Yes*	Patient's response: No†	Patient's response: Yes†	Patient's response: No*	
Did the doctor discover the patient's real problem?	216	174 (81)	9 (4)	28 (13)	5 (2)	p=0.003
Was the doctor listening?	222	207 (93)	5 (2)	10 (5)	0	NS
Did the doctor understand what the patient was trying to say?	219	196 (89)	7 (3)	16 (7)	0	NS
Was the patient at ease talking to the doctor?	223	188 (84)	8 (4)	26 (12)	1 (<1)	p=0.004
Did the doctor give the patient enough time?	216	169 (78)	15 (7)	30 (14)	2 (1)	NS
Was the patient satisfied with the doctor's explanation of his or her problem?	218	175 (80)	8 (4)	35 (16)	0	p<0.001
Was the patient satisfied with the advice for treatment given?	203	168 (83)	4 (2)	28 (14)	3 (1)	p<0.001
Did the patient understand the advice given or how to use the treatment if prescribed?	218	193 (89)	10 (5)	15 (7)	0	NS
Did the doctor give the patient an opportunity to ask any necessary questions?	222	156 (70)	7 (3)	55 (25)	4 (2)	p<0.001
Did the doctor allow the patient to express any emotional feelings, worries, or frustrations?	203	118 (58)	13 (6)	68 (33)	4 (2)	p<0.001
Was the patient given any advice on healthy living or disease prevention?	212	34 (16)	37 (17)	49 (23)	92 (43)	NS
Did the doctor give the patient the opportunity to return if no better?	217	162 (75)	14 (6)	30 (14)	11 (5)	NS
Did the patient feel it was worth coming to the doctor for the consultation overall?	220	179 (81)	5 (2)	35 (16)	1 (<1)	p<0.001

*Agreement between doctor and patient.
 †Disagreement between doctor and patient.

at five minute intervals) and adequate explanations of treatment or advice; and giving patients the opportunity to return if they were not better. Both the doctors and patients, however, thought that the doctors had given inadequate instruction on preventive health care.

There was significant disagreement between the doctors and patients with respect to the doctors' assessment of patients' problems; the ease of talking to the doctor; the explanation given by the doctor of the nature of the patient's problem; the actual advice or treatment given; patients having the opportunity to ask questions during the consultation or to express psychological difficulties or frustrations; and the overall benefit for the patient of going to see the doctor on this occasion.

Discussion

We studied 13 variables indicating satisfaction with various aspects of a consultation in general practice and found that doctors and patients disagreed significantly on seven. On the whole the patients were more satisfied than the doctors with the consultation. The doctors were far more critical of their ability to assess and treat patients, communicate with them (by an explanation), and allow them more time and to express aspects of psychological ill health. The only aspect that the doctors and patients agreed was lacking in the consultation was the provision of anticipatory care. Few studies are available for comparison, but one study found that 93% of patients thought that their doctors were good at listening to them (compared with 97% in our study), 88% that they were good at taking their time and not hurrying (compared with 91%), and 75% that they were good at explaining things fully (compared with 94%).

On the whole, this study confirms a high level of satisfaction with general practitioners during a consultation. With an increasing emphasis on consumerism and participation of patients,¹¹ patients' satisfaction is being increasingly recognised as an important dimension in the provision of good medical care. Thus methods that define and measure this must be developed.¹² We believe that a system of feedback between general practitioners and patients that is convenient to use with fairly large numbers would provide specific information (as in this study) and could be used to change doctors' consultation behaviour and in training future general practitioners.

The questionnaire that we used in this study was

based on the quality of care that we wanted and were able to provide. Such questionnaires can be tailor made to the requirements of individual practices and can even be made sensitive to local needs. We showed our findings to the doctors who participated in the study, as a group, which enabled them to correct the deficiencies in their consultation behaviour on the basis of objective measurement rather than gut feeling. Clearly, the government intends to widen the scope of such interventions in general practice.

Copies of the questionnaire may be obtained from AR.

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ONE HUNDRED YEARS AGO

Our Paris correspondent writes: "Six people who drank some 'Syrian drink,' sold in the Rue de Caire of the International Exhibition, manifested symptoms of poisoning. A strict inquiry proved that the drink was prepared with inoffensive colouring substances which had been placed the previous evening in a zinc pail. The persons affected quickly recovered. The practical sanitation at the Exhibition is harshly and deservedly criticised. In some of the large restaurants attached to the Exhibition the water-closets are in the middle of the kitchens! A less dangerous expedient for economising space might have been found, and one which would not have thus outraged all sense of decency, common cleanliness, and the elementary precepts of hygiene." (*British Medical Journal* 1889;ii:138)