Patient satisfaction and the content of general practice consultations

JUDITH TREADWAY
Medical Student, Southampton

SUMMARY. Patient satisfaction was measured in interviews with 81 patients after their initial visits to trainee general practitioners.

Increased satisfaction was found to be associated with the patient feeling understood, with the patient actually telling the doctor what he or she wanted (verbalizing the request) and with increasing age of the patient. Satisfaction was not associated with patients feeling improvement in their illness. The main conclusion of this general practice study was that encouragement of patients to express requests to their doctor will result in more effective doctor–patient communication and an improvement in doctors' understanding of patients' needs.

Introduction

PATIENT satisfaction is a desirable target for clinical practice as well as pleasing for patient and doctor, satisfaction probably having a notable influence on patients' compliance and their use of the health services.[1] While patient satisfaction has been used to evaluate health services[2] and the providers of care,[3] few studies have looked at the influence of the content of the consultation on patient satisfaction. Individual factors which influence patient satisfaction have been reported.[4,5] To enable doctors to concentrate their efforts most productively it is important to assess the relative contributions of such factors.

The aims of this study were to assess the relative importance of the following factors on patient satisfaction: active direction of the consultation by the patient; patient's feeling of being understood by the doctor; improvement in patient's symptoms.

The author undertook the project as a 'study in depth' during the fourth year of the curriculum at Southampton Medical School.[6]

Method

A study was made of 81 patients consulting eight trainee general practitioners all of whom had less than one year of general practice experience and who were seeing these patients for the first time, thus avoiding any possible influence that the doctor's previous knowledge of the patient might have had on patient satisfaction. Consecutive patients who had not previously seen the trainee practitioners were selected. There was a slight predominance of younger patients, patients in the higher social classes and patients with more years of education than in the national population. By age and sex the eight trainees were representatives of the total group of trainees in the Southampton area who had been approached for help.

Each consultation was recorded on audiotape with the consent of doctor and patient, both of whom were unaware of the aims of the study. Audiotaping has been shown to disrupt only minimally the content of consultations in general practice[7,8] and the technique has been used elsewhere for the study of doctor–patient encounters.[9,10] The author, who was not present during the consultation, asked each patient to respond to two questionnaires.

The first questionnaire, presented immediately after the consultation, consisted of two sections. The first section had questions about the extent to which patients considered they had actively directed the consultation:

1. Before you came in today did you know some special way you wanted the doctor to help you?
2. Did you tell the doctor that was what you wanted?
3. How much did the doctor help you put into words what you particularly wanted?
4. How well do you think the doctor understood what you wanted?
5. How large a part did you play in helping him to decide the plan of treatment?
6. Is the plan clear to you?

The second section estimated the degree to which patients considered that the doctor had understood their feelings and problems:

7. How well did the doctor understand the problems?
8. How well did the doctor understand your feelings?
9. Was this the sort of help you wanted in the first place?

Numerical scores were allocated to the answers to aid the analysis. Responses of the 'Yes/No' type were scored 2 for 'Yes' and 1 for 'No'. Responses where alternatives were offered were of the 'very positive', 'positive', 'neutral', 'negative' or 'very negative' type; these were scored 5, 4, 3, 2, 1 respectively. Details about the patients—age, sex, occupation, years of education—were coded numerically, and the age and sex of the doctor was noted.

The second questionnaire was the 'medical interview satisfaction scale'.[11] This consisted of 23 items covering three main aspects of patient satisfaction with the consultation and was presented in the patient's own home one week after the consultation. The scale covers patients' satisfaction with the information they have been given, their relationship with the

Table 1. Estimation of degree to which patients felt they had actively directed the consultation.

Total score*	Patients	
	Number	Percentage
30–39	10	*12*
40–49	9	*11*
50–59	4	*17*
60–69	22	*27*
70–79	13	*16*
80–89	8	*10*
90+	5	*6*
	81	*100*

Total of scores for Q1–Q6 of questionnaire 1.

Table 2. Estimation of the degree to which patients felt they were understood by the doctor.

Total score*	Patients	
	Number	Percentage
0–2	0	*0*
2–4	0	*0*
4–6	3	*4*
6–8	10	*12*
8–10	68	*84*
	81	*100*

*Total of scores for Q7 and Q8 of questionnaire 1.

doctor, and the doctor's behaviour during the consultation. In addition, the patients were asked whether their symptoms had improved. Total scores were awarded to each questionnaire and selected questions were also analysed separately.

Results

Sixty-seven patients (83 per cent) had requests they had wished to make, the commonest of these were for prescribed drugs (45 per cent), examination (19 per cent) and reassurance (1 per cent); requests for advice, information, certificates, tests and referral were also noted. Fourteen patients (17 per cent) had no specific request.

In spite of the large proportion who had requests to make, only 25 patients (37 per cent) expressed these wishes to the doctor consulted. Of 42 patients who expressed a special request, 56 per cent thought that this had been on their own initiative and that the doctor had encouraged them little in doing so. Ninety-one per cent of all patients with requests had them granted, regardless of whether or not they had expressed the request.

Cumulative scores were calculated from the answers to the questions for both sections of questionnaire 1 and for questionnaire 2. Table 1 shows the degree to which patients felt they had actively directed the consultation, Table 2 the degree to which patients felt they were understood—the high scores denoted high active direction and feeling understood. Table 3 refers to questionnaire 2 and shows the degree to which patients were satisfied with the consultation—high scores denoting high satisfaction. Seventy-seven per cent felt better or much better from their illness after a one-week interval; 23 per cent felt no change, worse or much worse.

Table 3. Estimation of patients' satisfaction with the consultation.

Satisfaction score (Percentage)*	Patients	
	Number	Percentage
60–69	12	*51*
70–79	32	*40*
80–89	21	*26*
90–100	16	*20*
	81	*100*

*Sum of the scores for all the questions of questionnaire 2 as a percentage of total possible score.

The correlations between patient satisfaction (results of questionnaire 2) and various other factors were determined. When the answers to questions were of the 'Yes/No' type, a two-tailed 't' value was computed and used to calculate the correlation coefficient, r. When the answers involved a ranked answer (1–5), Spearman's correlation coefficient was calculated.

Patient satisfaction was shown to be significantly associated with:

1. Patients feeling understood by the doctor ($r=0.4$, $P<0.001$);
2. Patients verbalizing their requests ($r=0.3$, $P<0.05$);
3. Older age groups ($r=0.3$, $P<0.05$).

Patient satisfaction was not significantly associated with:

1. Patients actively directing the consultation;
2. Patients feeling better;
3. Patients having their request granted;
4. Sex, social class, years of education of patients or age and sex of doctor.

Discussion

Patients in this study considered that feeling understood by the doctor was important, a finding which confirms the results of a previous study in the United States.[12] It was not a surprise to discover that this feeling of being understood was largely associated with the patient's relationship with the doctor—trust, confidence, etc.—rather than with what the doctor said or did. The fact that a significant number of patients felt they were understood by the doctor is encouraging inasmuch as all the doctors in this study were trainees and all the patients new to them.

Contrary to the findings of Eisenthal and Lazare,[12] patient satisfaction was not influenced by the patients' belief that they had actively directed the consultation. It is possible that private medical care encourages a more demanding approach to consulting. Personal experience also suggests that Americans tend to be more selfassertive than the British and they expect to have an active influence on the outcome of the consultation.

Many patients were reluctant to verbalize the request to the doctor. They offered explanations for their reticence: 'I don't like to ask—he's the one who knows best.' Some doctors look on patients who repeatedly make requests as troublesome: 'If a patient comes in demanding things, it makes me angry—I'm not sure why.'[13]

Nevertheless, when the patients in this study had an opportunity to express their requests, higher satisfaction resulted despite the finding that an overall feeling of having directed the consultation had not led to satisfaction. It might be postulated that this occurred as a result of patients have their requests granted. This was apparently not the case since granting of a request was not associated with patient satisfaction. Moreover, in a subsequent analysis the expression of requests was not significantly associated with a greater likelihood of having the request acceded to.

Why did expression of requests contribute to greater patient satisfaction? The results, in conjunction with patients' comments and analysis of the audiotapes, suggest that encouraging the patient to express requests has a number of benefits. If the request is inappropriate to the patient's illness, the doctor can then educate the patient as to the reason. A patient's request can provide the doctor with information about that patient's wishes, health beliefs and expectations. With this knowledge, the doctor can probably begin to advise and instruct more effectively. Expression of requests may lead to better rapport between patient and doctor and thereby contribute to patients' ultimate satisfaction. Putnam and colleagues found that patients were most satisfied with their relationship with the doctor when they were encouraged to express their opinions.[14]

Patient satisfaction was not associated with relief of symptoms. It has been shown that what doctors do for their patients is less important than how they interact with them.[15,16] This is worth remembering when the process of medical care concentrates mainly on diagnosis and treatment.

The findings of this study indicate that patient satisfaction is largely dependent on two factors: patients feeling understood and patients verbally expressing their needs or requests. It is not possible to predict whether or not the results would have been different using general practitioners with more experience. Getting the patient to express his wishes is a skill gained by years in practice, but many general practitioners may not want their patients to make demands of them and act as customers. (A number of trainees actually admitted this.) Also, many patients were too much in awe of their doctor to make requests—'It's not my right'—and this attitude may be even worse towards an experienced general practitioner. As regards feeling understood by the doctor, this may improve with experience of the doctor. However, experience is hard to quantify or qualify for such research purposes.

The main conclusion is that encouragement of patients to express requests to doctors will result in more effective doctor-patient communication and an improvement in doctors' understanding of patient needs. Before suggesting that general practitioners should allow patients more time to expand on their individual needs, further study is required on the nature and sources of doctors' attitudes towards patients and treatment, to determine whether these attitudes affect the communication behaviour of doctors.

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Address for correspondence

Dr J. Treadway, 8a Grange Gardens, Banstead, Surrey.