

Do patients care about the age of their general practitioner? A questionnaire survey in five practices

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SUMMARY

Background. Previous work has suggested that some patients like their doctors to adopt a paternal or maternal role.

Aim. This study set out to establish whether or not patients had preferences with regard to the age of their general practitioner and also to see whether they attributed various characteristics to younger or older doctors.

Method. A self-administered questionnaire was given to 500 patients attending five general practices in Lothian, Scotland.

Results. Significant numbers of patients attributed different characteristics to older or younger doctors. Older doctors were more likely to be attributed positive attributes such as being thorough, kind, and willing to listen. The mean preferred age was 42 years. This varied slightly with the age of patients, from 40 years for patients under the age of 25 years to 45 years for those over 60 years. Of patients, 58% thought the age of their doctor was unimportant, but many were unhappy about seeing very young doctors (20–25 years, $n=195$) or old doctors (66–75 years, $n=193$).

Conclusion. Patients did not seem concerned about the age of their doctor as long as he or she was of an age normally practising in the United Kingdom (27–65 years). They had some stereotyped views on the characteristics of older and younger doctors, but these were not held particularly strongly. Patients appeared to want a balance with the doctor being experienced and being up to date.

Keywords: patterns of work; doctor's age; doctor-patient relationship; patient attitude.

Introduction

AT THE end of the 1980s steps were taken by the government to restrict the age of practitioners providing general medical services. At the time, this was resented by many older doctors who felt they still had an important role to play in the health service.¹ Previous work suggested the possibility of a desire on the part of patients for their doctor to adopt a paternalistic or maternalistic role and it was thought that one manifestation of this might be the desire to consult an older doctor.² There appeared to have been no studies conducted on patients' preferences with regard to the age of their general practitioner.

This study aimed to establish whether or not patients had such preferences and also to see whether they attributed particular characteristics to younger or to older doctors.

Method

Five hundred patients in five practices in Lothian were asked to complete a questionnaire at the time of attendance at their general practice. In the busier surgeries the survey was completed in as few as four sessions, but in the less busy surgeries, as many as seven sessions were required. Every patient over the age of 14 years attending at that time was included in the survey. The questionnaire was designed so that it could be completed by a wide range of patients in less than five minutes. Patients were asked to return the completed forms to the reception desk. Care was taken to distribute the questionnaires at different times of the day in order to obtain the widest spectrum of replies.

The first part of the survey asked patients if they associated 26 different attributes with either younger or older doctors or whether they thought there was no difference. These characteristics were chosen after consultation with colleagues and patients as to what they thought might be important characteristics of general practitioners. Patients were also asked to select an ideal age for a doctor they would like to consult, all other things being equal. Patients were asked how important they thought the age of their doctor was and whether they would be worried about seeing doctors of a certain age. Patients' age, sex, practice and the frequency of attendance in the last year was noted.

The data were analysed and statistical significance determined by the chi square test.

Results

Of the 500 questionnaires distributed 479 were returned. One practice returned all 100 of their forms, with the lowest return being 92 out of 100 in another practice. The forms were generally well completed, the lowest response to any question being 438 replies out of a possible 479 (91.4%).

The characteristics of the participating practices and patients are shown in Table 1. The sex distribution and frequency of attendance across all five practices were similar. Of 461 respondents, 70.9% were women. Of 438 respondents, 31.1% had attended the practice between one and three times in the last year, 32.6% between four and six times, and 36.3% more than six times.

Attributes of younger and older doctors

A substantial proportion of patients did not consider there to be any differences in the individual attributes between younger and older doctors. However, some attributes were significantly associated at the $P<0.01$ level with younger and older doctors (Table 2). It should be noted that some of these associations were based on only a small number of patients perceiving a difference.

When the data were analysed according to age of the patients responding it was found that patients aged 36 years and over were more likely than younger patients to attribute features such as 'up to date' (25/230 versus 12/226, $P<0.01$), 'understands young people' (30/216 versus 16/223, $P<0.05$) and 'easy to talk to' (55/234 versus 42/223, $P<0.05$) to older doctors. More women than men thought that younger doctors were better with

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Table 1. Characteristics of the participating practices and patients.

	Practice				
	V	W	X	Y	Z
Location	City	City	Town	City	Town
No. of GPs	3	3	8	5	5
Mean age of GPs (years)	38.7	48.7	43.6	38.4	42.2
No. of responding patients aged (years) ^a					
<35	43	31	57	41	55
36+	51	61	42	49	39

^aData missing for 10 patients.

children (59/307 versus 13/117, $P<0.05$), but otherwise there were no clear associations with sex or frequency of attendance.

Practice variations were partly, but not completely explained by the age distribution of patients in the practice. Practice Y which, despite a slightly older population of respondents than some of the other participating practices, appeared to favour younger doctors. The mean age of the doctors in this practice was younger than the doctors in the other practices (Table 1).

Ideal age of doctor

The preferred ages of doctors are shown in Table 3. The mean preferred age was 41.6 years with 75% and 25% quantiles of 45 years and 35 years, range 19 years to 80 years.

Table 2. Patients' perceived attributes of younger and older doctors.

Attribute	No. of patients perceiving ^a		
	Attribute of younger GPs	Attribute of older GPs	No difference
<i>Associated with younger GPs</i>			
Lacks experience	230	11***	210
Understands young people	217	47***	184
Up to date	203	38***	225
Informal	169	60***	241
Is prepared to explain things	155	99***	209
Does more tests	101	61**	297
Easily embarrassed	100	29***	308
Lacks authority	87	9***	351
<i>Associated with older GPs</i>			
Has a lot of experience	9	360***	92
Understands older people	19	247***	199
Knows your background	34	195***	231
Reassuring	54	162***	244
Listens to you more	89	143***	230
Takes more time	73	140***	246
Thorough	68	119***	266
Takes you seriously	62	113***	285
Kind	48	85**	335
Distant	45	75**	305
Writes more 'sick lines'	23	59***	348
<i>No difference</i>			
Keeps to time	55	31	370
Writes more prescriptions	29	48	361
Refers more patients to hospital	44	48	346
Friendly	76	60	327
Gets harrassed easily	67	51	317
Good with children	73	64	302
Easy to talk to	119	102	246

^aRows do not equal 479 because of non-respondents. χ^2 of difference, between younger and older GPs: ** $P<0.01$, *** $P<0.001$.

Table 3. Patients' preferred age of doctor.^a

Preferred age of doctor (years)	% of responses (n = 895)
<20	0.1
20-24	0.9
25-29	2.9
30-34	10.9
35-39	15.1
40-44	25.1
45-49	14.9
50-54	13.0
55-59	6.6
60-64	5.1
65-69	5.3
70-74	0
75+	0.1

n = number of responses. ^aWhere patients registered a preference in more than one age band a response was recorded in each band covered.

There was a significant difference ($P<0.001$) between older and younger patients in their choice of preferred age of doctor (Table 4). Older patients preferred a slightly older doctor. There was no association between preferred age of doctor and sex of patient or frequency of attendance. In all practices there was a consistent pattern of older patients preferring slightly older doctors.

Importance of age

Of the 468 patients who responded 3.6% thought the age of their doctor was very important, 14.7% quite important, 23.5% slightly important and 58.1% not important. A total of 359 patients said they would be worried about seeing doctors of a certain age, 97 patients said they would not. One hundred and ninety five patients would be worried about seeing a doctor aged 20-25 years, 41 a doctor aged 26-35 years, six 36-45 years, five 46-55 years, 53 a doctor aged 56-65 years, 193 a doctor aged 66-75 years and 272 a doctor aged 76-85 years. There were no associations with patients' age, sex, frequency of attendance or practice.

Patients were given the opportunity to say what they thought were the main differences between older and younger doctors in an open question at the end of the questionnaire. Those who completed this either made the comment that they thought that younger doctors were more up to date (11 patients) or that older doctors were wiser (14 patients). No comments outwith the choices offered in the questionnaire were made.

Discussion

These results show that patients generally do not seem to mind what age their doctor is as long as he or she is an age that is normal for practice in the United Kingdom (27-65 years). There were some stereotyped views on the characteristics of younger and older doctors but apart from some unsurprising ones (younger doctors being more up to date, older doctors having

Table 4. Patients' preferred age of doctor, by age of patient.

Patients' age (years)	Mean preferred age of GP (95% CI)
<25 (n = 84)	39.5 (37.6 to 41.1)
25-45 (n = 182)	41.1 (40.2 to 42.0)
46-59 (n = 49)	43.3 (41.4 to 45.3)
60+ (n = 47)	45.4 (43.2 to 47.5)

n = number of patients in group. CI = confidence interval.

more experience) these were not held particularly strongly. Older doctors may take some comfort from the fact that where votes were cast, older doctors seemed to come out rather better than younger doctors on positive features such as willingness to listen, reassurance and thoroughness. It is perhaps also unsurprising that older patients viewed older doctors more positively.

All this begs the question as to what is an older doctor. The answer for most people is probably a doctor a few years older than themselves. A pilot study attempted to be more specific with age ranges, dividing doctors roughly into three age bands, but patients found it hard to complete the questionnaire and so the rather more vague format was chosen. Originally, there was also concern that the patients' own experience of their doctor would influence their choices, and so patients were asked in the pilot study to give the age of their own doctor. Again, this was poorly completed, often because patients saw several different doctors, and so was abandoned.

Any survey conducted in the surgery will inevitably be biased toward higher attenders and will exclude the views of the house-bound. A question on frequency of attendance was included, as it was thought that frequently attending patients might have stronger views or might possibly seek an older, more fatherly or motherly figure. This was not, however, the case. The demography of respondents showed a preponderance of women patients, in keeping with typical surgery populations.³

We were unable to find any previous work on patients' preference with regard to the age of their doctor. Most general literature on age stereotypes deals with children, teenagers and the very old. Kite and colleagues found that in a questionnaire survey, 65-year-old men were more likely to be perceived as generous, wise, stubborn, friendly and talkative than 35-year-old men and that stereotyping by age was stronger for many of these parameters than by sex.⁴ Wakefield's team looked at older doctors' attitudes to retiring.¹ Half were not looking forward to retirement; 15% claiming that one reason for this was that they were needed by their patients. The present study suggests that patients start to lose confidence in doctors once they are over retirement age.

What work there has been on the competence of older doctors has been inconclusive.^{5,6} Winefield and Anstey found that younger doctors were more likely than older doctors to report emotional exhaustion and to feel that they treated their patients as impersonal objects.⁷ Younger doctors were also more likely to feel pressurized by patients to refer.⁸ If this finding is true it may explain some of the differences in the present study.

In a survey of outpatients, Cartwright and Windsor asked patients if their referring general practitioner was easy to talk to.⁹ They found that younger doctors were more likely to be described in this way than older doctors. They also found that, contrary to the present study results, those with older doctors were more likely to describe them as 'not so good' about taking time, but agreed with the findings presented here that younger doctors were more likely to be better at explaining than older doctors. Interestingly, they found that despite these results, older doctors were more likely than younger doctors to describe their own relationship with patients as excellent and that they found it very easy to communicate with patients.

Patients may want a balance with a doctor being experienced and up to date. Possibly the patient's desire for the doctor to take on a paternalistic or maternalistic role may be a factor in some patients' preferences.

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MRCGP EXAMINATION – 1994/5

The dates and venues of the next two examinations for Membership are as follows:

October/December 1994

Written papers: Tuesday 25 October 1994 at centres in London, Manchester, Edinburgh, Newcastle, Cardiff, Belfast, Dublin, Liverpool, Ripon, Birmingham, Bristol, Sennelager and Riyadh.

Oral Examinations: In Edinburgh on Monday 5 and Tuesday 6 December and in London from Wednesday 7 to Monday 12 December inclusive.

The closing date for the receipt of applications is Friday 2 September 1994.

May/July 1995

Written papers: Wednesday 3 May 1995 at those centres listed above.

Oral Examinations: In Edinburgh from Monday 19 to Wednesday 21 June inclusive and in London from Thursday 22 June to Saturday 1 July inclusive.

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MRCGP is an additional registrable qualification and provides evidence of competence in child health surveillance for accreditation.

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