

Time and the general practitioner: the patient's view

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SUMMARY. Patient satisfaction with the amount of time general practitioners allow them has been questioned. This paper reports the analysis of a questionnaire answered by 1,112 patients in 25 practices in Britain. The questionnaire explored the patients' assessment of the appropriateness of the length of the consultation and their ability to communicate their problem to the doctor.

While most patients (91 per cent) felt that the consultation was long enough, there were a number of patients who were dissatisfied with the length of the consultation and their ability to communicate their problem to the doctor; dissatisfaction increased with shorter booked appointment times, with younger patients, when fewer previous visits to the doctor had been made and when the psychological component of the case was greater. It is particularly disturbing that more than 50 per cent of women between the ages of 15 and 44 years experienced difficulty in telling the doctor about their problem.

Introduction

A STUDY of 69 general practitioners in Britain¹ showed that doctors spend about one third of their working time on the complex business of consulting. A similar study which compared the time spent by doctors in different countries² showed that British doctors spent less time consulting than doctors from 15 other countries. Though some authors calculate the mean length of consultation in British general practice to be 8.7 minutes the majority put it between 5 and 6 minutes.³⁻¹⁰ Morrell and colleagues⁴ showed that consultations concerning psychoneurotic problems were longer than average. Cartwright¹¹ found that 88 per cent of 1,310 patients were satisfied with the time that their general prac-

itioner gave them and 93 per cent said that the doctor was good at listening to what they said. Marsh⁸ found that despite speedy consultations 90 per cent of patients were able to tell their doctor about their health.

Nevertheless, six minutes is not long. Buchan and Richardson⁶ felt that consultation time should be increased; for ways of economizing on time they suggested a reduction in home visiting, an improvement in surgery design and an increase in delegation. Bowling¹² echoed the need for delegation to ease the dissatisfaction of doctors with the triviality of much of the work. On the other hand, unwillingness to help with social problems and reduction in home visiting by doctors have been cited as causes of deterioration in general practice between 1964 and 1977.¹³ Arber and Sawyer¹⁴ questioned whether patients have benefited from changes in general practice and claimed that accessibility, continuity of care, the personal relationship between doctor and patient and ease of communication have deteriorated with the growth of partnership size and increased use of ancillary staff.

It was decided to assess patients' satisfaction with the time given to them and whether they felt able to communicate their problem to the doctor, according to their age and sex, to the degree of psychological content to the problem and to the number of previous consultations.

Method

The questionnaire used in this survey underwent many drafts after submission to several general practitioners, educationalists and other research workers experienced in the use of questionnaires. Two pilot studies were undertaken with drafts of the document before the final form emerged (Figure 1). This did not eliminate all the problems; for example, one practice returned the document because their patients could not understand the word 'psychological'. Another area of difficulty was in the use of the term 'fairly well' in question 4. It might be argued that to some patients 'fairly well' might mean satisfactory communication, though we believe that as this is the fourth of a five-point scale from no communication

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Please tick the appropriate box.

1. Are you: MALE FEMALE

Aged: 0-14 15-44 45-64 65+

2. Approximately how many times have you seen your doctor in the last five years?

Not before today 1-5 times 6-10 times

11-20 times More than 20 times

For the next three questions please mark the scale where you think appropriate.

3. When you saw your doctor today did you feel that the consultation was:

Far too rushed Rather too short Barely adequate Nearly enough Just about right Too long

4. Did you feel that you were able to tell your doctor about your problem:

Not at all A little bit About half Fairly well Very well indeed

5. How do you assess your problem—is it psychological, physical or some mixture of the two:

Entirely psychological Mostly psychological Half psychological, Half physical Mostly physical Entirely physical

Figure 1. Questionnaire used to assess patients' views about the consultation.

to total communication, it must indicate less than completely satisfactory communication.

It was decided that, since it was the views of the patients that were involved, it would be acceptable to select doctors who would be prepared to ask their patients to complete forms. Some 60 doctors, known personally to one of us (F.M.H.), were approached by letter; 32 of these expressed interest and 25 sent in returns. Eighteen of these doctors worked in the Midlands, two in Scotland, one each in Northern Ireland, London, the North East, the North West and the South West. All except one of the respondents were male. Five doctors were examiners for the Royal College of General Practitioners and three were members of the Midland Faculty Board of the RCGP. Eleven doctors were interested in research in general practice. Fifteen of the doctors worked in health centres, while the mean number of partners for the others was four. All the doctors used an appointment system.

The doctors were asked to give the questionnaire to 50 consecutive patients at the end of a consultation. Doctors were also asked the length of time which was allotted to appointments (booked time) and their mean consultation time (MCT) for 50 consultations.

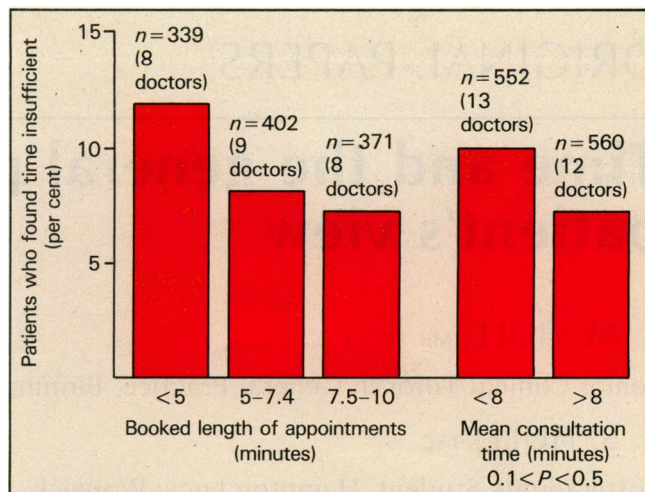


Figure 2. Patient satisfaction with length of consultation in relation to doctor's booked length of appointment and mean consultation time (n = 100 per cent).

Results

The 25 doctors returned 1,114 questionnaire forms of which two were rejected as illegible. Among the 1,112 acceptable forms there were occasional omissions of answers so that some of the histograms show a figure of less than 1,112 as 100 per cent.

The results for question 3, relating to satisfaction with the length of the consultation, are shown in the categories 'just about right' or 'insufficient'. To simplify the presentation of the data, answers in the categories 'far too rushed', 'rather too short', 'barely adequate' and 'nearly enough' were telescoped into the category 'insufficient' and two patients who answered 'too long' were excluded. For question 4, relating to the patient's ability to communicate the problem to the doctor, the answers 'not at all', 'a little bit' and 'about half' were compressed into one group termed 'half or less' for ease of representation in the figures.

Most patients (91 per cent) felt that the time their doctor gave them was 'just about right'. However, when asked if they were able to tell the doctor about their problem, only about 57 per cent said they could do so very well, 36 per cent said fairly well and 7 per cent felt they were only able to tell the doctor about half or less of their problem. Figure 2 shows the percentage of patients who felt that the time they were given was insufficient in relation to the time booked for each consultation and the mean consultation time for the practice (MCT). The proportion of patients who felt that the time was insufficient fell with longer appointments and in those practices whose mean consultation time was greater than eight minutes.

Figure 3 shows that the patient's assessment of his ability to communicate his problem to the doctor was much the same whether the time booked for appointments was less than five minutes or between five and

seven-and-a-half minutes. But communication was improved with booked appointment times of over 7.5 minutes and a mean consultation time greater than eight minutes. Although the data shown in Figure 2 was not statistically significant, the relationship between a longer MCT and improved communication is significant in Figure 3.

Figure 4 shows the percentage of patients according to sex and age who felt that their consultation was too short. The figures relating to patients under the age of 15 years have been excluded because the views expressed were likely to have been those of the accompanying adult. Although only 9 per cent of all the patients had said that the appointment time was too short, there was some variation in this opinion between the age and sex groups: more women between the ages of 15 and 44 years (12 per cent) and more men between the ages of 45 and 64 years (13 per cent) were dissatisfied with the amount of time. The excess of women aged 15 to 44 years over the other two age groups for women was significant ($P < 0.01$).

Figure 5 relates age and sex to the patient's estimate of this ability to tell the doctor about his problem. There was an obvious trend towards increasing ease of communication with increased age for both sexes combined and for women alone. For men, the greatest difficulty in communicating was experienced in the 45 to 64 years of age group. It is noteworthy that more than half of the women between 15 and 44 years of age felt they had difficulty in telling the doctor about their problem.

Figure 3. Patient's estimate of ease of communication with doctor in relation to length of consultation ($n = 100$ per cent).

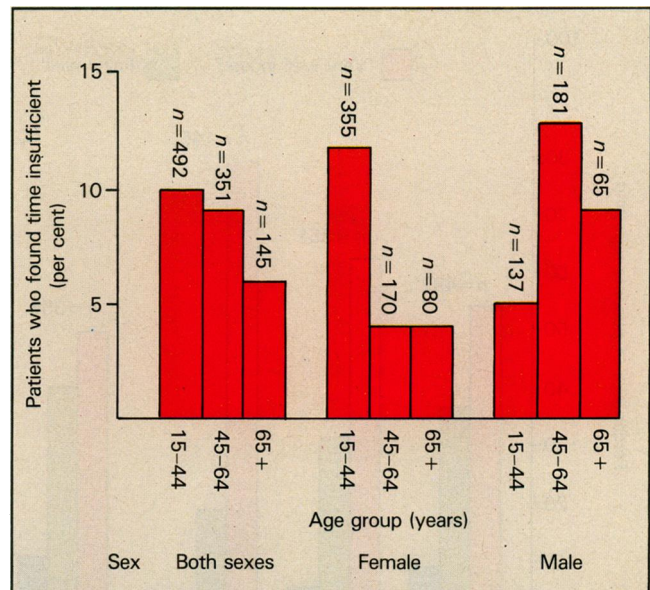
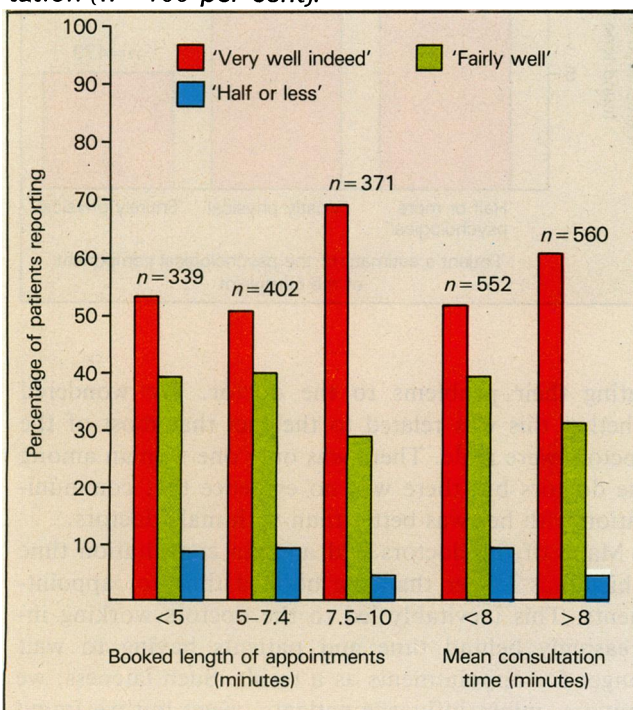


Figure 4. Patient satisfaction with length of consultation in relation to age and sex ($n = 100$ per cent).

As expected, ease of communication tended to improve with the number of times that the patient had seen the doctor within the last five years (Figure 6). Patients found it difficult to assess the psychological component of the consultation and only 1,073 complete replies were obtained (96.5 per cent). Many of the doctors commented that the patients tended to assess their problems as having a greater physical component than they themselves would have thought. Because few patients estimated the psychological component of their problem to be 'entirely psychological' or 'mostly psychological' (6.7 per cent together), the data is shown in the categories 'half or more psychological', 'mostly physical' or 'entirely physical'. Figure 7 shows that 15 per cent of those who estimated a large psychological component in their case felt that the consultation was too short, whereas only 5 per cent of those who felt the problem was physical thought this. Figure 8 shows that the patient's ability to communicate his problem to the doctor increased when he felt the problem was physical and that only 45 per cent of patients who estimated a large component of their problem as being psychological were able to communicate with the doctor as well as they would have wished.

Discussion

These findings support the view that patients are dissatisfied with the time given to them; this dissatisfaction increases when the psychological component of the case is greater but decreases when doctor and patient know each other well. Clearly this dissatisfaction is more common when the time allotted to appointments is very short, illustrating an urgent need for doctors to increase

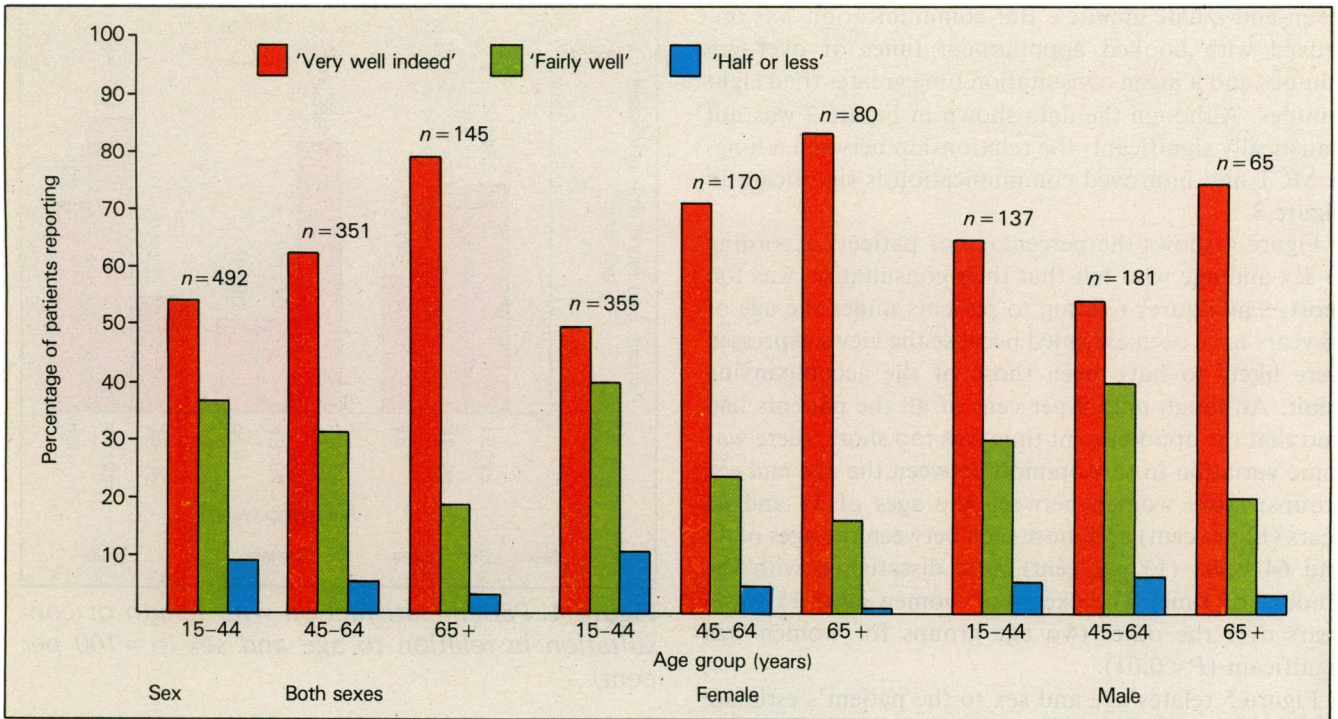
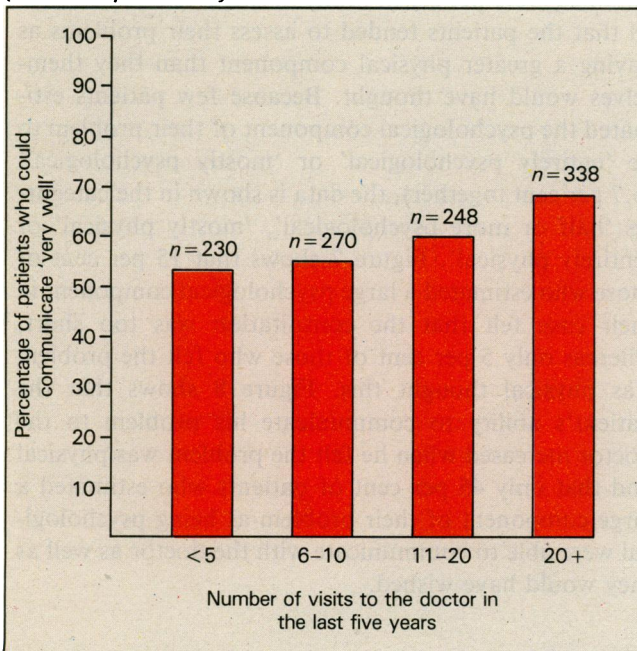


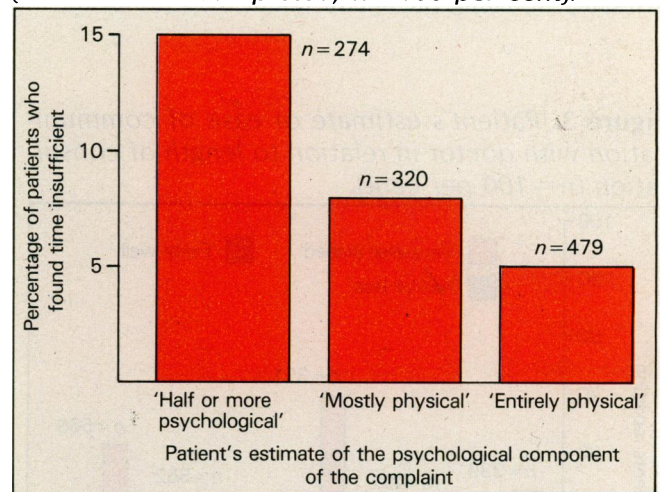
Figure 5. Patient's estimate of ease of communication with doctor in relation to age and sex (n = 100 per cent).

Figure 6. Patients who estimated they could communicate 'very well' with the doctor in relation to number of visits to the doctor in the last five years (n = 100 per cent).



the time allowed. Certain groups of patients, especially women between the ages of 15 and 44 years and patients with psychological problems, need more time for consultations. A particularly disquieting aspect of this study is that more than half of the young women who took part in the survey expressed difficulty in communi-

Figure 7. Patient satisfaction with length of consultation in relation to the patient's estimate of the psychological component of the complaint (39 forms not completed, n = 100 per cent).



cating their problems to the doctor. We wondered whether this was related to the fact that most of the doctors were male. There was only one woman among the doctors but there was no evidence that communication with her was better than with male doctors.

Many of the doctors had a mean consultation time which was longer than the booked time for appointments. This inevitably led to the doctors working increasingly behind time and patients having to wait longer for appointments as a result. Such lateness, we thought, might influence patients' views but we found

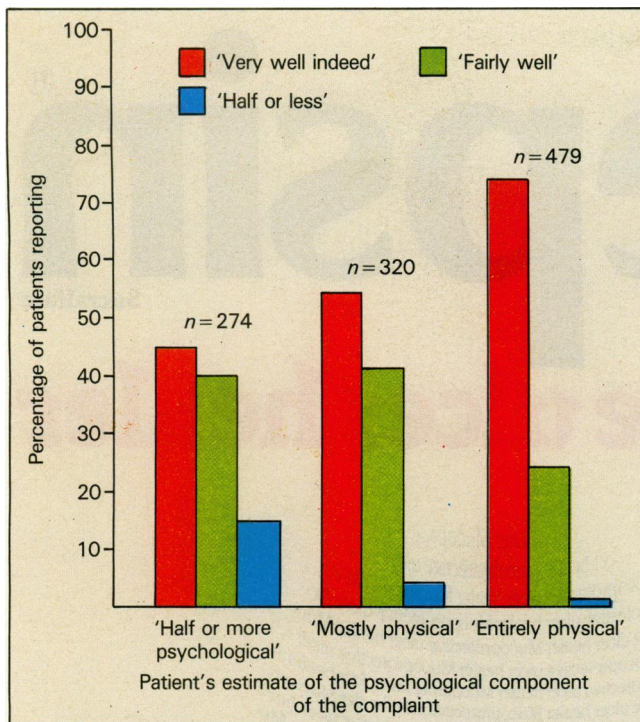


Figure 8. Patient's estimate of ease of communication with doctor in relation to the psychological component of the complaint (n = 100 per cent).

that where MCT was longer than the booked time patients were more satisfied, suggesting that they do not mind waiting for the doctor but do not like being hurried by him.

The doctors selected to take part in the study exhibited many of the qualities which have come to be recognized as excellent: they worked in groups, ran appointment systems and were interested in research and College activities. Cynics might say that such a group, because of its involvement outside the surgery, does not have time for its patients. Studies made by Tuckett (pers. comm.), however, suggest that patient dissatisfaction and difficulty of communication with doctors is widespread throughout general practice. Cartwright and Anderson¹⁴ stated that 'patients did not find doctors who were members of the Royal College of General Practitioners any better or worse at explaining things, being easier to talk to, listening to what they said, taking time and not hurrying them'.

At some time, general practitioners hear a patient who is leaving say 'By the way . . .'. Those patients nearly leave the consultation without saying why they have come, but how many actually leave the surgery without telling the doctor about their problem? We know that this happens but do not know the numbers of patients involved. This report of patients who feel that they have not been able to communicate with their doctor is, we feel, disquieting and a major criticism of general practice. There is a clear message coming from the consumer which general practice should not ignore.

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Alcoholic drinks and asthma

A questionnaire was designed to investigate how commonly alcoholic drinks affected asthmatic patients in a population of 168 patients with asthma. Fifty-four patients (32.1 per cent) reported that one or more types of drink made their asthma worse, the main offenders being wine, beer and whisky. Thirty-nine patients (23.2 per cent) reported that alcohol, usually brandy or whisky, made their asthma better, particularly when their symptoms were severe. Patients in this latter group tended to be older and were likely to have worse asthma than those who reported no improvement with alcohol ($P < 0.003$). In all, 47 per cent of patients reported that alcoholic drinks affected their asthma, indicating a more frequent influence of alcohol than is usually appreciated.

Source: Ayres JG, Clark TJH. Alcoholic drinks and asthma: a survey. *Br J Dis Chest* 1983; **77**: 370.