

**Patients' opinions of their doctors—a
comparative study of patients in a central
London Borough registered with single-handed
and partnership practices in 1969**

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IN a study of general practice carried out by the Social Research Unit at Bedford College in 1968 (Sidel *et al.*, 1972), certain differences were found between doctors practising as single-handed principals and those practising in groups or two-man partnerships.

Generally speaking, among many measures which were assumed to relate to quality of care, single-handed principals appeared not to provide as high a standard of service as those in two-man partnerships or groups. The single-handed doctors were more likely to practise from lock-up premises with restricted facilities for patients, to be without help from receptionists or local-authority supporting staff, and to refer their patients to hospital casualty departments for minor surgery. They were less likely to confer with their medical colleagues, use local-authority support services, or engage in research or special fields of medical interest.

However, modern premises, efficient organisation, and the use of ancillary and other medical services cannot by themselves necessarily be taken to infer good practice. The quality of service doctors are able to provide also depends on their professional skill which the research workers were not in a position to study. It depends too on their ability to relate easily with and inspire confidence in their patients. Such information must come from the patients themselves and was not gathered in the doctor study. However, a survey of households in a central London Borough in 1969 provided some data about doctors' ability to win their patients' confidence and establish a close personal relationship with them.

The survey

The survey was of 1,852 households occupying 1,133 randomly selected rateable units in the Borough. Interviews were obtained from at least one member of 1,568 of these households, a response rate of 85 per cent. The main purpose of the survey was to estimate the number of households with individuals in potential need of social support services, Varlaam *et al.* (1972); but the opportunity was also taken to interview a cross-section of adults in a sample of all the households visited about their use of medical services. Data relating to the use of general-practitioner services were obtained from 744 individuals. However, in order to arrive at correct estimates of the pattern of use in the Borough as a whole, additional weights had to be supplied to the data from

individuals who did not fall into any of the potential need categories, because only a sample of such individuals had been interviewed compared with all those in the potential need categories. The results given in the rest of this paper are based on the reweighted figures. (Allowance has been made for the stratified nature of the sample, in all statistical measures used.)

Using the data obtained in this way, we first compared the characteristics of patients registered with single-handed general practitioners with those of patients registered with partnerships. We then compared the opinions expressed by the two groups of patients about their general practitioners and the services they received from them.

Results

1. Socio-demographic characteristics of single-handed and partnership doctors' patients.

In 1968 in the Borough, 52 per cent of all doctors with National Health Service patients were in single-handed practice, and in 1969 the same percentage of adult Camden residents were registered with such doctors. In other words single-handed doctors collectively had the expected number of patients.

However, as Table I shows there were some differences in the socio-demographic characteristics of patients registered with single-handed doctors and those of patients registered with doctors in partnerships. Most of these differences could have occurred by chance in a sample of this size and nature, but the differences in age and social class background were significant in the sense that they were unlikely to have occurred by chance in more than five out of a hundred samples.

Since we did not ask patients to tell us why they had chosen their doctors, our data do not allow us to explain why those over 44 years of age and those in manual occupations were more likely than those under 45 and those in non-manual occupations to be registered with single-handed practitioners. We thought that one explanation for the greater proportion of elderly people registered with single-handed doctors might be found in a longer length of time for which such patients had been registered with the same doctor, particularly since the previous study had shown that the single-handed doctors were older than those in partnerships and had been practising in the Borough for a longer period. However, although there was a slightly larger proportion of patients of single-handed doctors than of those of partnership doctors who had been registered with the same doctor for five years or more (59 per cent and 54 per cent respectively) the difference did not reach a statistically significant level.

Similarly we thought the social-class differences might be explained by a greater tendency on the part of manual workers and their wives to register with doctors near to their homes. Since there were more than twice as many single-handed practice surgeries as partnership or group surgeries in the Borough, and the earlier study had shown them to be evenly distributed throughout the Borough, this seemed as if it would provide a feasible explanation.

However, on investigation we found that differences of this kind were negligible. Eighty-two per cent of the single-handed doctors' patients lived within 15 minutes' walk of their doctor's surgery; but so did 78 per cent of the partnership doctors' patients. In short, the data in themselves, provide no clue to the reasons for differences in the social-class and age composition of the patients on the lists of single-handed and partnership doctors.

It could be that older patients prefer older doctors and younger patients younger ones; such preferences could also be reciprocated, doctors preferring patients of about their own age. Middle-class patients may prefer to register with doctors who run an appointment system and occupy more cheerful premises. Conversely working-class

TABLE I
PERCENTAGE DISTRIBUTION OF VARIOUS CATEGORIES OF PATIENTS
BETWEEN SINGLE-HANDED AND PARTNERSHIP PRACTICES

<i>Category of patients</i>	<i>Registered with single-handed general practitioners</i>	<i>Registered with partnerships or groups</i>	<i>Total</i>
<i>Age</i>			
Aged 16-44	46	54	100 (N=1,044)
45-59	61*	39*	100 (N= 467)
60 and over	59*	41*	100 (N= 382)
<i>Sex</i>			
Males	56	44	100 (N= 794)
Females	50	50	100 (N=1,099)
<i>Social Class</i>			
Registrar General's Classes I, II	46	54	100 (N= 974)
Classes III, IV, V	59*	41*	100 (N= 807)
<i>Country of origin</i>			
Native-born	53	47	100 (N=1,375)
Immigrants	50	50	100 (N= 518)
<i>Patient's size of household</i>			
Single-person household	46	54	100 (N= 283)
Two or more persons	52	48	100 (N=1,610)
<i>Number of children in household</i>			
None	54	46	100 (N= 437)
One or more	47	53	100 (N=1,456)
<i>All patients</i>	52	48	100 (N=1,893)

*An asterisk denotes that the variation observed is statistically significantly different from the 52 per cent-48 per cent expected ratio of single-handed to partnership patients.

patients may dislike the formality of appointment systems which were more commonly found in partnership and group practices than in single-handed ones.

2. Attitude to doctors of single-handed and partnership doctors' patients

In considering the attitudes of respondents towards their doctors, a comparison was first made between all those registered with single-handed practitioners and those registered with partnership practitioners, taking no account of the known differences in the age and social-class composition of the two groups.

Subsequently, an analysis was undertaken to see whether differences between the attitudes of the two groups could be attributed to such differences, or to smaller differences in their size of household and sex distributions. Finally, each group of patients was further divided into four separate sub-categories according to their age and sex to discover whether there were any systematic differences in the attitudes expressed by those in each sub-category depending on whether they were registered with single-handed or partnership doctors.

Respondents were first asked to indicate how satisfied they were with the attention and care they received from their doctor, and if dissatisfied what their main complaints were; second, whether their doctor gave them adequate time during consultations, or whether they felt rushed; third, how far they felt able to confide in their doctor and tell him everything they would like to about their condition or problem; fourth, whether their relationship with their doctor was primarily impersonal and business-like, or friendly and personal.

Two further questions were asked of a less direct nature; first, whether they had ever contemplated changing their present doctor and if so for what reasons; and second

to whom they had turned in the past for advice (if to anybody at all) in the case of serious personal problems.

Table 2 compares the replies to these questions of respondents registered with single-handed doctors with those on the lists of partnership practices. Only in two instances did the responses of the two groups differ significantly. First, substantially

TABLE II
PERCENTAGE COMPARISONS OF ATTITUDES EXPRESSED BY
PATIENTS REGISTERED WITH SINGLE-HANDED AND PARTNERSHIP PRACTICES

		<i>Patients with single-handed doctors</i>	<i>Patients with partnerships</i>
A. <i>Complaints about doctor</i>	Complaints	16	20
	No complaints	84	80
	TOTAL	100 (N=699)	100 (N=654)
B. <i>Dissatisfaction with doctor's attention</i>	Dissatisfied	5	8
	Satisfied	95	92
	TOTAL	100 (N=699)	100 (N=654)
C. <i>Dissatisfaction with doctor's knowledge, examination and treatment prescribed</i>	Dissatisfied	5	3
	Satisfied	95	97
	TOTAL	100 (N=699)	100 (N=654)
D. <i>Dissatisfaction with the duration of consultation</i>	Dissatisfied	15	10
	Satisfied	85	90
	TOTAL	100 (N=707)	100 (N=677)
E. <i>Unwillingness to confide in doctor</i>	Unwilling	6*	13*
	Willing	94	87
	TOTAL	100 (N=706)	100 (N=675)
F. <i>Nature of relationship with doctor</i>	Impersonal—business like	51	55
	Friendly and personal	21	17
	In-between, other	28	28
	TOTAL	100 (N=704)	100 (N=678)
G. <i>Contemplated changing doctor</i>	Wants change	16*	8*
	Does not want change	84	92
	TOTAL	100 (N=707)	100 (N=678)
H. <i>Person consulted in case of serious personal problems</i>	Nobody/friend only	30	38
	General practitioner	49	41
	Other professional worker	21	21
	TOTAL	100 (N=162)	100 (N=160)
H.2 <i>Person consulted in case of serious problems</i>	General practitioner	70	67
	Other professional worker	30	33
	TOTAL	100 (N=114)	100 (N=99)

*Denotes statistically significant differences.

more of those registered with single-handed practices had contemplated changing their doctor. Second, a higher proportion of patients registered with partnership doctors found it difficult to confide in their doctor.

Neither of these differences could be attributed to the observed variations (in terms of age, sex, social class and size of household) in the composition of the two groups.

Further investigation, however, showed that these two differences could be largely accounted for by differences in the responses of particular kinds of patients. Thirty-eight per cent of men aged 45 or more registered with single-handed doctors said that they wanted to change, compared with only three per cent of the same age-sex group registered with doctors in partnerships or groups. There were no differences in the response to this question of younger men or of women similarly grouped into those aged 44 or younger and those aged 45 and over.

On the other hand, the difference in the willingness to confide in their doctors was confined to women under the age of 45; almost one in five of those registered with partnerships felt unable to confide in their doctor, compared to only eight per cent of those registered with single-handed doctors.

Since the analysis of factors associated with the two significant differences in response had shown that they were due almost entirely to differences expressed by particular age-sex groups, it was also possible that the overall similarity in the response to other attitude questions masked differences between respondents of particular age-sex groups registered with the two types of practice. To investigate this possibility, a comparison was made of the responses to all the attitude questions by each sex aged over or under 45 according to whether they were registered with single-handed or partnership practices.

This analysis showed no systematic or significant differences among women in either age group or among men aged 44 or less. It did show, however, that there were significant differences in the responses of men aged 45 and over to all but one of the questions (Table III). These differences were consistent in the sense that they all showed a higher proportion who appeared to be dissatisfied with their doctor among those registered with single-handed than among those registered with partnership doctors.

Conclusions

The analysis showed that significantly more elderly and working-class patients in the Borough, than could be expected if the distribution had been random, were registered with single-handed practitioners. These findings could not be explained by two factors which it was considered might have governed this distribution—that is, length of time registered or closeness to the doctor's surgery. The data obtained provided no other clues about the differences. It is possible that older patients prefer older doctors and working-class patients doctors who do not provide appointment systems; but the data did not cover reasons for the choice of doctor.

The analysis of patients' attitudes to their doctors did not suggest that single-handed practitioners as a whole were any less able than partnership doctors to inspire the confidence of their patients. High levels of patient confidence in their doctors can be inferred from the responses of patients registered with both types of doctor. In only two instances were there significant differences between patients; in one of these, the responses of patients of single-handed doctors could be interpreted as meaning a higher level of confidence than among patients of partnerships, and in the other instance the reverse.

An analysis of the attitudes expressed by four age-sex groups, however, found consistent and significant differences among males aged 45 and over according to whether they were registered with single-handed or partnership practitioners. Those

TABLE III
PERCENTAGE COMPARISONS OF ATTITUDES EXPRESSED BY MALE PATIENTS AGED 45 AND OVER
REGISTERED WITH SINGLE-HANDED AND PARTNERSHIP PRACTICES

		<i>Patients with single-handed general practitioners</i>	<i>Patients with partnership general practitioners</i>
A. <i>Complaints about doctor</i>	Complaints	20*	3*
	No complaints	80	97
TOTAL		100 (N=121)	100 (N=70)
B. <i>Dissatisfaction with doctor's attention and/or manner</i>	Dissatisfied	7	—
	Satisfied	93	100
TOTAL		100 (N=121)	100 (N=70)
C. <i>Dissatisfaction with doctor's knowledge, examination and treatment prescribed</i>	Dissatisfied	7*	—
	Satisfied	93	100
TOTAL		100 (N=132)	100 (N=70)
D. <i>Dissatisfaction with the duration of consultation</i>	Dissatisfied	19*	—*
	Satisfied	81	100
TOTAL		100 (N=129)	100 (N=71)
E. <i>Unwillingness to confide in doctor</i>	Unwilling	7*	1*
	Willing	93	99
TOTAL		100 (N=128)	100 (N=71)
F. <i>Nature of relationship with doctor</i>	Impersonal/businesslike	59	48
	friendly and personal in-between, other	14 27	20 32
TOTAL		100 (N=121)	100 (N=63)
G. <i>Contemplated changing doctor</i>	Wants change	38*	5*
	Does not want change	62	95
TOTAL		100 (N=132)	100 (N=71)

*Denotes statistically significant differences (Owing to the stratification in the sample the same percentage difference may be statistically significant in one instance and not in another).

registered with single-handed practitioners had a consistently lower level of satisfaction with their doctor than had those registered with partnerships. Only for this group, therefore, and for reasons which cannot be found in the data, can it be said that single-handed doctors were less able than those in partnerships or groups to inspire confidence in their patients.

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