

Practice receptionists: poorly trained and taken for granted?

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SUMMARY. Seventy receptionists from 20 general practices in Newcastle upon Tyne were interviewed using a questionnaire to determine their demographic and social characteristics, tasks performed and training experience. The majority of receptionists were mature married women working part-time; only 13% had received any formal training. Most receptionists had no career structure and only 9% had ever been given a written job description. Thirty-one per cent of receptionists did not feel appreciated by their general practitioners and more (49%) felt unappreciated by the general public. However, they believed their main function was to help patients. From the description of their work receptionists are clearly integral and essential members of the primary health care team.

To achieve the development of primary care services it is likely that practices will need to employ more ancillary staff, and these staff will require more pre-service and in-service training.

Introduction

TWO important changes in general practice since the inception of the National Health Service have been the expansion and development of the primary health care team and the introduction of compulsory vocational training for general practitioners. While further professional training of the medical members of the team is now mandatory, other key members of the team, including practice receptionists, apparently receive little or no training at all.¹ Yet the pivotal nature of reception work in general practice is well recognized,^{2,3} and the tasks undertaken by receptionists are likely to become more complex as practices grow in size,⁴ and as the responsibilities of the primary care team increase.⁵ Although it is often receptionists' knowledge, skills and attitudes that set the tone of practice-patient relationships,⁶ the work of receptionists has not been widely researched. Not surprisingly, it has been suggested that adequate training for this demanding role is essential.⁷

In 1981, there were 23 229 whole-time equivalent ancillary staff employed by the 21 610 principals in general practice in England and Wales. There were 4503 staff employed full-time and 34 701 employed part-time. The bulk of these staff were involved in reception work and less than 10% had received formal training. Fewer still had any recognized qualification.⁸

The present study was designed to investigate the demographic and social characteristics, tasks performed and training experience of general practice receptionists in the western half of the city of Newcastle upon Tyne. This part of the city has 24

practices, ranging from single-handed to six and seven doctor group practices, serving a total population of approximately 150 000 people.

Method

Initial contact with each of the 24 practices was established by a letter to the general practitioners, explaining the nature of the study, seeking their permission to interview staff and assuring them of confidentiality. Receptionists were contacted by telephone in May 1986 to arrange an interview, usually at the surgery.

All receptionists, defined as any staff doing reception work as part of their normal duties, both part-time and full-time, were interviewed in private by one of the researchers (J.C.) and the semi-structured questionnaire consisting of open and closed questions was completed. At the start of each interview the purpose of the study was explained together with an assurance that all information would be treated in the strictest confidence. The anonymity of the receptionists and the practice was guaranteed.

The receptionists were asked about their age, marital status, travelling time from work, length of time employed and what their employment contract was. They were asked what tasks they performed, what the general practitioners saw as their main function, what personal qualities and skills they needed and whether they had received any training.

Sex and hours of work were determined for all receptionists in the west Newcastle area by telephoning the respective practice manager, senior receptionist or the receptionist herself.

Results

There are 69 principals in general practice in the 24 practices in west Newcastle and 10 of the practices have branch surgeries. A total of 96 receptionists are employed by the practices, of whom 70 (73%) from 20 practices were interviewed. Of the 26 receptionists not interviewed, three were away, two declined, the general practitioner declined on behalf of three more and could not give permission (he was on holiday) on behalf of two others. The remaining 16 receptionists were not interviewed because the project ran out of time.

Demographic characteristics, recruitment and hours of work

All of the 96 receptionists in west Newcastle were female. Of the 70 receptionists interviewed, 81% were over 30 years old and only 6% were under 21 years old. Eighty-three per cent were either married, widowed or separated and 17% were single. Most (71%) lived within 15 minutes travel time of the surgery and only one receptionist lived more than 45 minutes away.

Ninety-one per cent of the receptionists had been interviewed by one or more of the practice partners prior to appointment and in 15 of these interviews a practice manager was also involved. Only six (9%) of the receptionists had ever been given a written job description, and two of these had been issued only after several years of employment.

Over half the receptionists (53%) had been employed by their practice for five years or more, and 33% had been employed for more than 10 years. The majority of the 96 receptionists in the area worked part-time: 17 worked for 20 hours or less per week, 34 worked between 21 and 30 hours, 39 worked between

31 and 37 hours and only six receptionists worked 38 hours or more, which is the definition of full-time according to family practitioner committee regulations.

The 69 principals in the area employed the 96 reception/secretarial staff for a total of 2887 hours per week, equivalent to 41.8 hours per doctor. This approximates to 76 full-time equivalent staff or 1.1 per doctor.

Tasks performed

All the receptionists interviewed were routinely involved in answering telephone enquiries, booking appointments, receiving patients, answering queries, preparing repeat prescriptions and filing (Table 1). Repeat prescriptions were considered the most time-consuming activity by 31% of receptionists; some referred to the actual writing of the prescriptions, whereas others referred to difficulties in discovering which medication had been requested. The other activities which were thought the most time consuming were: filing (23% of receptionists), typing (11%), reception desk (9%), telephone (7%), family practitioner committee work (6%), book keeping (4%), making appointments (3%), phoning hospital, computer work and visiting book (6%).

The receptionists were asked what they thought the general practitioners saw as their main function. Replies to this open-ended question fell into four broad categories:

1. Providing a service for patients: 'creating a pleasant atmosphere', 'being a bridge', 'the first person the public sees', 'keeping patients happy'.
2. Performing technical and administrative duties: 'ensuring that surgery runs smoothly', 'recording messages', 'repeat prescriptions', 'recording requests for home visits', 'typing letters'.
3. Creating a protective environment for the doctor: 'keeping pressure off the doctor', 'defending the doctor', 'catering to doctor's needs', 'vetting calls', 'shielding the doctor from patients', 'trying to make the doctor's job as easy as possible'.
4. Acting as general factotum: five receptionists reported that

Table 1. Tasks performed routinely by practice receptionists.

Task	Number (%) of receptionists performing
Answering telephone enquiries	70 (100)
Booking appointments	70 (100)
Receiving patients	70 (100)
Answering patients' queries	70 (100)
Preparing repeat prescriptions	70 (100)
Filing	70 (100)
Opening mail	54 (77)
Controlling flow of patients into doctor	53 (76)
Making hospital appointments	36 (51)
Typing referral letters	20 (29)
Family practitioner committee work	17 (24)
Maintaining age-sex register	10 (14)
Testing urine	8 (11)
Booking ambulances	7 (10)
Keeping accounts, including wages	5 (7)
Preparing doctors' visiting lists	5 (7)
Maintaining cervical smear register and recall	4 (6)
Making coffee/tea for doctor	4 (6)
Ordering stationery	3 (4)
Tidying up doctor's surgery	2 (3)
Sending specimens to laboratory	2 (3)
Chaperoning patients	2 (3)
Operating microcomputer	2 (3)
Organizing blood pressure recall	1 (1)
Ordering loan equipment	1 (1)
Entertaining small children	1 (1)
Changing dressings	1 (1)

they thought the doctors viewed them as 'general dogsbodies'.

The receptionists were also asked what they saw as their most important function. Without exception their responses concerned the patients and the service that patients need.

Only 69% of receptionists felt appreciated by their practice, and even fewer (51%) felt appreciated by the general public.

Training and skills

The receptionists were asked what skills and personal characteristics they thought were necessary for their job. Many used more than one word or phrase in reply, but most replies were concerned with personal attributes rather than technical skills (Table 2).

Table 2. Characteristics and skills which practice receptionists thought they required for their job.

Characteristic/skill	Number (%) of receptionists mentioning (n = 70)
Warmth of personality: helpfulness, friendliness, cheerfulness	63 (90)
Sympathetic approach: tact, understanding, tolerance, ability to listen, diplomacy	48 (69)
Patience: not getting angry, being considerate but firm	44 (63)
Reception skill: good telephone manner, accurate filing	30 (43)
Commonsense: calm appearance, sense of humour	30 (43)
Secretarial skill: shorthand, typing	15 (21)
Confidentiality: discretion	13 (19)

n = total number of receptionists.

Only nine (13%) receptionists had received any formal training in medical reception work prior to employment; 31% had previously been employed in a clerical job not dealing with patients, and 11% had previously worked within the health service — three dental receptionists, one nurse, one radiographer, two dispensers and one in the Red Cross. Of the 61 receptionists who had received no formal training prior to employment, 36 learned the job from another receptionist. Two learned from the practice nurse, three from a doctor and four from the practice manager. Two receptionists were sent on a day-release course and one other spent a week with a neighbouring practice. Thirteen (19%) receptionists could not specify how or by whom they had been taught. It should be noted that the receptionists under the age of 21 years felt that they might not have been employed without a formal qualification.

Fifty-three per cent of the receptionists said they had received inadequate training for the job, and only 27% felt their training had been adequate. The remaining 20% were unsure.

Five receptionists were currently attending a day-release course in medical reception work and one was about to commence a practice manager's course. Only 66% of the receptionists had heard of courses which they could attend, and only 64%, including some who had not heard about the courses, thought such courses might be of benefit; 21% of receptionists thought that formal courses would be of no help. Of these 15, six had heard negative comments from other receptionists who had attended courses; three considered they had adequate on-the-job training; three felt that the job was 'basically common sense and diplomacy', which cannot be taught; and three gave no reason. Ten receptionists held no firm opinion on this question. Only two practices have any organized in-service training.

Discussion

This study has shown that the number of receptionists employed per doctor in west Newcastle (1.1) approximates to the national average — almost half the two members of staff which regulations governing salary reimbursement permit.⁸ We confirm that receptionists tend to be older married women with little training, whose personal qualities are valued more than their academic qualifications.⁹ They tend to stay with the same practice for a long time and they live near the practice at which they work. It has previously been noted that receptionists in inner cities need an awareness of, and sensitivity to the problems of the patients and these attributes are more likely to be found among members of the local community.¹⁰

From the description of their work, the receptionists are certainly key members of the primary care team. A great deal of their time is devoted to the preparation and issue of repeat prescriptions, and this may be a reflection of the number of patients in west Newcastle on long-term medication. Computerization of this tedious task would be time-saving, and might reduce prescription errors.¹¹

The planning sub-committee of the Newcastle Local Medical Committee have set out a plan for the future of general practice in the city.¹² This plan, which incorporates the notion of a guaranteed minimum service coupled with a computerized information system, might go some way to alleviate some of the inequalities in health experienced by the people of Newcastle. If such a plan is to come to fruition it is likely that practices will need to employ more ancillary staff and these staff will require more pre-service and in-service training. The financial consequences of this will need to be considered in any new contract for general practitioners.

This study highlights the need to define a career structure for ancillary staff in general practice, with the development of proper contracts of employment including grievance and disciplinary procedures, in line with other health professionals. It is unlikely that the present unprofessional approach of general practitioners to staff employment will meet the needs of primary health care service development in the future.

Finally, it is heartening that although many receptionists do not feel appreciated by doctors or the general public, they still believe that their main function is to help patients.

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Acknowledgements

We thank Ms S.A. Holmes for the preparation of the typescript. We are particularly grateful to the practice receptionists of west Newcastle who gave of their time so generously. This project was undertaken by Ms J. Copeman as part of her MSc course in tropical child health.

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