

Reported satisfaction among women receiving hormone replacement therapy in a dedicated general practice clinic and in a normal consultation

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SUMMARY

Background. A general practice-based hormone replacement therapy clinic was set up in one practice following the introduction of the 1990 contract for general practitioners. The funding for this clinic was withdrawn in 1993.

Aim. A study was undertaken to measure reported satisfaction with care among women receiving hormone replacement therapy in the dedicated clinic and among those receiving treatment in normal general practice consultations.

Method. Questionnaires were sent to all women in the practice who were currently using or who had used hormone replacement therapy in the last 12 months. The questionnaire sought biographical details, and asked whether the women had had a hysterectomy, and whether they attended the clinic for their hormone replacement therapy. Women's satisfaction with their care was assessed by scoring 12 statements using a five-point Likert-type scale.

Results. One hundred and thirty seven women replied (80%), of whom 60% had attended the practice's clinic. Analysis of the ratings of the 12 statements revealed a significant difference between those attending the clinic for their hormone replacement therapy and those attending normal general practice consultations, suggesting that those attending the clinic rated their care more highly than those who received their hormone replacement therapy from elsewhere in the practice.

Conclusion. Patient satisfaction with care was higher among women who attended the hormone replacement therapy clinic than among those who did not. Possible reasons for this difference are discussed. Research in other practices may determine whether this finding is more widespread. General practitioners are having to balance the short- and long-term benefits of running such clinics against the resources available for them. Information about measurable benefits, such as patient satisfaction, might help with future decisions about the organization of care within general practice.

Keywords: hormone replacement therapy; patient satisfaction; general practitioner clinic; comparative studies.

Introduction

FOLLOWING the introduction of the 1990 contract for general practitioners¹ many practices developed a range of clinics² including the menopause, osteoporosis or hormone replace-

ment therapy clinic.³ Payments for these clinics were withdrawn when the banding system of payments was introduced in July 1993. Clinics in general practice require considerable resources³ and the potential number of women who might want to attend a hormone replacement therapy clinic is high.⁴ Many general practitioners have been faced with the difficult decision of whether or not to continue existing clinics.

The use of clinics within general practice has resulted in improvements in clinical care in some practices^{5,6} but not in others.^{7,8} The organization of care within a practice can affect the outcome of care⁹ but there is a lack of guidance on how to judge the quality of care.¹⁰

Patient satisfaction is one outcome measure that can be used to assess the quality of services provided¹¹ within general practice, although defining and measuring it is fraught with difficulties¹² and patients' views need to be interpreted with care.¹³

A study was undertaken to measure women's satisfaction with their care while using hormone replacement therapy in a general practice setting, comparing the views of women attending a dedicated clinic with those of women receiving hormone replacement therapy in normal general practice consultations.

Method

The study took place during the summer of 1993 in a four-partner general practice in Wigan. The practice served a total of 6849 patients, of whom 1031 were women between the ages of 40 and 65 years.

A menopause/hormone therapy clinic had been set up in the practice 12 months previously by the woman general practitioner and practice nurse using previously published guidelines.¹⁴ Women were encouraged by their doctors to attend the clinic because of the long consultation time available, use of a protocol in the clinic, as well as the availability of screening.

All women in the practice who were currently using or who had used hormone replacement therapy within the previous 12 months were identified from computer records of prescriptions issued for hormone replacement therapy and were sent a questionnaire accompanied by an explanatory letter and a stamped, addressed envelope. The questionnaire was developed using published guidelines,^{15,16} following a pilot study involving 10 consecutive attenders at the hormone replacement therapy clinic. The questionnaires were coded numerically to allow anonymous analysis. Non-respondents were identified by this system and a second questionnaire was sent to these women six weeks after the first.

The questionnaire asked about the woman's age and occupation, whether she had had a hysterectomy, and whether she attended the hormone replacement therapy clinic. Social class was determined using the woman's present or former occupation if stated, her husband's present occupation or, if this information was not given, women remained unclassified.¹⁷ Women's satisfaction with their care while using hormone replacement therapy was assessed by 12 statements using a five-point Likert-type rating scale¹⁸ on which women indicated their response as strongly

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Submitted: 24 February 1994; accepted: 29 July 1994.

© British Journal of General Practice, 1995, 45, 79-81.

agree (score of one) to strongly disagree (score of five). The scores of those attending the clinic and those attending normal general practice consultations were analysed using the Mann Whitney *U* test,¹⁹ and a *t*-test was used to compare their ages. The final section of the questionnaire included open questions to encourage women to comment further about their care.

Results

Questionnaires were sent to 171 women of whom 137 (80.1%) returned completed questionnaires. Eighty two of these women (59.9%) had attended the practice hormone replacement therapy clinic, the remaining 55 (40.1%) obtained their hormone replacement therapy from their own general practitioners during normal surgery consultations. The proportion of clinic attenders (55.9%) and normal consultation attenders (44.1%) was similar among the non-respondents (checked by searching the notes of these patients). None of the respondents was receiving hormone replacement therapy from specialist hospital clinics.

The overall mean age of hormone replacement therapy users who responded to the questionnaire was 51.3 years with no significant difference between the ages of the clinic attenders and those attending normal general practice consultations. The social class distributions of the two groups were similar, with 22.0% of clinic attenders and 20.0% of normal consultation attenders in social classes 1 and 2.

Women's own general practitioners were the main source of information about the clinic (Table 1). Although many women who did not attend the clinic preferred to see their own general practitioner, only 47.3% reported having attended their doctor for hormone replacement therapy review in the last 12 months.

The 12 statements used to assess women's satisfaction were scored by consistently more clinic attenders than normal general practice consultation attenders (Table 2). The significant difference in the scoring of statements by the two groups (except for

the second statement) suggests the clinic attenders were more satisfied with their care than those receiving hormone replacement therapy in normal consultations. Many of those seen in normal consultations had not seen the practice nurse and therefore were unable to score the second statement. Lifestyle advice was given by the practice nurse in the clinic but not necessarily by general practitioners during surgery consultations, hence some women were unable to score the third statement. Few respondents (13) scored statements equally. Of those attending normal consultations 38.2% scored one or more responses as four or five on the scale compared with one clinic attender who scored four for one question.

In order to discover whether women's level of satisfaction was affected by the severity of their medical condition, the views of women in the two groups who had undergone a hysterectomy were compared (31 clinic attenders and 28 normal consultation attenders). There was a significantly higher degree of reported satisfaction among those attending the hormone replacement therapy clinic, found for 11 out of the 12 questions (Mann Whitney *U* test, $P < 0.01$).

Among comments recorded at the end of the questionnaire, six clinic attenders remarked on the time spent in clinic appointments where they did not feel rushed. Eighteen clinic attenders also stated that they felt at ease in a women-only clinic.

Discussion

Women's satisfaction was assessed using Likert-type scales¹⁸ which have been used and developed previously.^{20,21} In this study the Likert scale did not include any inverse scoring as this would have lengthened the questionnaire and increased its complexity, thereby defeating the important aim of easy completion. The candidness of women's views was encouraged by anonymous analysis and assurance of confidentiality.^{15,16} Few respondents scored all statements equally, suggesting they had considered the statements individually before scoring. Thirty eight per cent of non-attenders scored one or more responses as four or five on the scale, suggesting these women were able to express their dissatisfaction despite the positive nature of the statements. If a higher proportion of statements had been scored by those women receiving hormone replacement therapy in normal consultations this may have resulted in even greater differences between the two groups as non-respondents tend to be less satisfied than respondents.²²

Although the age and social class distribution of the two groups of women were found to be similar, assessments of possible differences between the two groups with respect to personal factors such as lifestyle,¹² severity of menopausal problems or complexity of medical histories was precluded by insufficient information in the questionnaire and medical records. However, among women who had had a hysterectomy there was a significantly higher degree of satisfaction among clinic attenders than normal consultation attenders.

Despite the publication of guidelines on prescribing hormone replacement therapy,¹⁴ 24% of normal consultation attenders had not been reviewed by their general practitioner for over a year, including five women who reported never having been seen.

The length of consultations was greater in the clinic than in normal general practice appointments. Patient satisfaction is increased by longer consultations^{23,24} and some clinic attenders commented on this.

Sufficient and understandable information is a prerequisite for patient satisfaction²⁵ and clinic attenders were more likely than the other group to be satisfied with the information they received about the menopause, their treatment and possible side effects of treatment.

Table 1. Women's sources of information about the clinic, reasons for not attending the clinic and length of time since normal consultation attenders saw their doctor about hormone replacement therapy.

	% of women
<i>Clinic attenders' sources of information about clinic (n = 82)^a</i>	
Own GP	70.7
Practice nurse	23.2
Waiting room poster	7.3
Friend	4.9
<i>Normal consultation attenders' commonest reasons for not attending clinic (n = 55)</i>	
Prefer to see own GP	27.3
Did not know about clinic	20.0
Clinic times inconvenient	18.2
<i>Time since normal consultation attenders last saw GP for HRT review (n = 55)</i>	
≤6 months	38.2
7-12 months	9.1
13-23 months	5.5
2-3 years	5.5
>3 years	3.6
Never	9.1
Not sure	9.1
No response	20.0

n = number of women in group. ^aSome women stated more than one source.

Table 2. Clinic attenders' and normal consultation attenders' scoring of statements of satisfaction with care.

	Mean (range) of responses ^a		
	Clinic attenders	Normal consultation attenders	z
Have been helped by discussing problems with doctor (n = 81/48)	1.4 (1-3)	2.0 (1-5)	4.36***
Have found it useful to see practice nurses to discuss concerns (n = 73/12)	1.6 (1-3)	2.4 (1-5)	2.33
Have found advice about lifestyle (eg, weight) useful (n = 78/31)	1.8 (1-3)	2.5 (1-5)	2.88**
Was able to tell doctor about my problems (n = 81/45)	1.4 (1-3)	1.9 (1-5)	3.16**
My problems were taken seriously by doctor (n = 80/49)	1.4 (1-3)	1.9 (1-5)	3.13**
Thought doctor did a thorough examination (n = 80/44)	1.3 (1-3)	2.4 (1-5)	5.63***
Doctor explained as much about menopause/my problems as I wanted to know (n = 80/49)	1.4 (1-3)	2.4 (1-5)	5.38***
Doctor explained as much about my treatment/HRT as I wanted to know (n = 81/46)	1.4 (1-3)	2.3 (1-5)	4.66***
Doctor explained as much about possible side effects as I wanted to know (n = 81/49)	1.6 (1-3)	2.6 (1-5)	4.90***
Had as much time to see doctor as I needed (n = 81/46)	1.4 (1-4)	1.9 (1-5)	2.98**
Feel it is important to attend doctor for check ups while on HRT (n = 80/45)	1.3 (1-3)	1.8 (1-5)	3.55***
Feel I can ask for further information if wanted (n = 81/48)	1.3 (1-3)	1.8 (1-5)	3.74***

n = number of clinic attenders/normal consultation attenders who responded to question. HRT = hormone replacement therapy. *Score of 1 = strongly agree, score of 5 = strongly disagree. Mann Whitney U test: **P<0.01, ***P<0.001.

The clinic doctor's own characteristics might have affected women's satisfaction. A doctor's special interest in a specific area of clinical care can affect the outcome of that care⁹ as can the style of consultation of a general practitioner.²⁶ Women are more likely to attend screening if they can see a woman doctor²⁷ and many clinic attenders stated they felt at ease in a women-only clinic.

Within this particular practice patient satisfaction with care was higher among women who attended the hormone replacement therapy clinic than among women who did not. Research in other practices may determine whether there is a more widespread difference in patient satisfaction between clinic and normal general practice consultation settings. If there is a difference, the reasons for this can be investigated and utilized to improve care, whether in clinics or in normal general practice consultations.

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Acknowledgements

I thank Mr A Gibbs for statistical advice, Professor D Metcalfe for constructive comments, Mr P J Garnett for technical help, and Schering Health Care for help with postage costs.

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Food for thought...

'In the checklist for suspected malignant melanoma, the three major signs to look for in a pigmented skin lesion are change in size, change in shape, and change in colour. The four minor signs are inflammation, crusting or bleeding, sensory change, and a diameter of more than 7 mm.'

Jackson A. Prevention, early detection and team management of skin cancer in primary care: contribution to *The health of the nation* objectives. *February Journal*, p.97.