

Age differences in women's verdicts on the quality of primary health care services

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SUMMARY

Background. One aim of the Patients' Charter initiative is to ensure that general practitioner (GP) services become more sensitive to the expressed needs of patients. Most studies in this area have concentrated on the personal and professional attributes of the GP, and few studies have explored in detail the specific views of women patients.

Aim. To examine age differences in the views of women under the age of 65 years on the quality of different aspects of primary health care services.

Method. A random sample of 1251 women aged 16–65 years was surveyed by postal questionnaire on their use of and satisfaction with primary health care services. Analyses were undertaken of women's verdicts on the best and worst aspects of the services provided.

Results. There is a strong inverse relationship between age and negative evaluations of primary health care services. On each of 20 items ['what are the worst things about the GP surgery?'], older women consistently scored lower than younger women. The results were not so clear-cut among the 20 positive items ('what are the best things about the GP surgery'). On nine items, there was a significant positive association with age (the highest being on 'receptionists are approachable' and 'practice nurse is approachable and easy to talk to'). On nine items, there was no significant age difference, and on the item with the highest overall positive ranking, 'not far to travel to GP surgery', the association was in the opposite direction to that expected, i.e. a larger proportion of women under 40 years of age (72.5%) answered positively than did women over the age of 40 years (64.9%).

Conclusions. It is likely that the relationship between age and positive evaluations of primary health care service is less straightforward than has been assumed previously. Although older women are consistently less willing to criticize primary health care services across the board, they are more discriminating in giving and withholding praise.

Keywords: service provision; questionnaire survey; women; patient satisfaction; age factor.

Introduction

OVER the past decade, the views and judgements of members of the general public about primary health care services have become increasingly important to general practitioners (GPs). The 1987 White Paper *Promoting Better Health*¹ called for primary health care services to respond effectively to the needs of the consumer, and a specific aim of the *Patient's Charter*^{2–4} ini-

tiative was for GP services to be more sensitive to the expressed needs of patients. The expansion of fundholding and recent changes in GP remuneration for health promotion have led to a new competitive environment in primary care, in which it is in GPs' interests to be better informed about the views of their patients.^{5,6} More importantly, patient satisfaction can affect compliance⁷ and clinical outcomes⁸ and can have a marked effect on the take-up of screening and preventive health services.⁹ It is thus particularly important to identify the aspects of primary health care provision that affect patient satisfactions and dissatisfactions, and to ascertain whether they are consistent across different sectors of the population.

The most commonly reported findings from British studies are that the GP's personality, professional competence, and interpersonal skills are central, as are consultation times.¹⁰ However, a meta-analysis found that most studies did not enquire about other potentially relevant areas, such as access, service organization, and facilities.¹¹ Many studies reported a positive correlation between age and satisfaction,¹² and a negative correlation between age and expressed dissatisfaction,¹³ adding weight to the common assumption that older patients hold their GPs in higher esteem than younger patients.¹⁴ Sex differences are not so clear-cut: an extensive review concluded that 'patients' sex appears not to have any consistent relation with satisfaction',¹² but several studies have reported higher levels of dissatisfaction among women than among men.^{7,13}

Only one recent British study has reported on the relationship between age and sex. Unlike the majority of other studies, it found an inverse relationship between age and satisfaction and lower levels of satisfaction among men than among women. There was a significant inverse relationship between age and satisfaction among women, except in training practices, where the relationship, although weaker, was in the opposite direction. The author suggested that 'satisfaction is not influenced directly by the patient's age, but instead is subject to an interaction between age and other variables, including aspects of the service'.¹⁵ The present study set out to explore satisfactions and dissatisfactions with a wide range of aspects of primary health care services among women under the age of 65 years. This paper explores age differences within this group.

Method

A postal questionnaire was administered in Sheffield in 1993. Sampling was undertaken from the Family Health Services Authority age-sex register. The original intention was to sample 2000 women aged 16–65 years randomly from the register but this figure was not achieved because of technical problems with the register itself.¹⁶ This led to the loss of 160 names, so questionnaires were eventually sent to 1840 women. After two reminders, 1251 completed questionnaires were returned. This gave a response rate of 68%, which compares favourably with other recent studies.^{12,13} The completed sample was highly representative in relation to age (16–40 years: sample 53.7%, Sheffield 53.0%; 40–65 years: sample 46.3%, Sheffield 47.0%). It is not possible to assess the representativeness of other socio-demographic attributes, but it is likely that the following groups are under-represented in the sample: social class I; social class V;

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Table 1. Items nominated as being among the best things about the GP surgery, in rank order ($n = 1251$).

Items	Rank	Percentage all ages	Percentage age <40 years	Percentage age 40+	Chi square
Not far to travel to GP surgery	1	69.0	72.5	64.9	$P < 0.01$
GP is easy to talk to	2	53.7	50.4	57.5	($P < 0.05$)
Waiting area is pleasant	3	48.8	46.4	51.5	NS
GP is professional	4	45.2	44.8	45.8	NS
Receptionists are approachable	5	43.9	38.1	50.6	$P < 0.0001$
My GP provides good explanations	6	40.2	36.5	44.6	$P < 0.01$
Appointments are easy to get	7	39.7	39.0	40.6	NS
Service is efficient	8	36.5	32.1	41.5	$P < 0.001$
Practice nurse approachable and easy to talk to	9	35.1	27.7	43.7	$P < 0.0001$
The building is very welcoming	10	30.8	28.7	33.2	NS
GP good with children	11	29.9	36.6	22.1	$P < 0.0001$
Seen quickly by GP	12	28.9	26.8	31.4	NS
It runs a lot of clinics	13	28.6	28.6	28.7	NS
Plenty of time to ask questions	14	27.0	23.8	30.7	$P < 0.01$
Short waiting time	15	25.4	23.1	28.2	($P < 0.05$)
Doctor is a female	16	25.0	25.9	24.0	NS
Seeing someone I know	17	21.4	18.3	25.0	$P < 0.01$
GP spends a lot of time with you	18	18.1	18.5	17.8	NS
Doctor is a male	19	11.6	8.6	15.8	$P < 0.001$
I can see my own notes	20	6.8	7.4	6.0	NS

occupants of private rented accommodation; and members of minority ethnic groups.¹⁶

The questionnaire included a wide range of topics concerning women's usage of primary health care services.¹⁷ Responders were asked to state what they thought were the best things (if any) about the GP surgery from the 20 items listed in Table 1. In addition, they were asked to state what they thought were the worst things (if any) from the items listed in Table 2. There were also open-ended questions asking if there were any other aspects they wished to identify. The items were derived from previous research instruments^{10,13} and were then pretested with a haphazard sample. The whole questionnaire was piloted with a random sample in a local town not included in the main study.

Results

Number of responses

The average number of responses to the question 'what are the best aspects of your GP surgery' was 6.7, and two-thirds of the sample gave between three and 10 responses. There was a positive association between age and number of responses ($r_s = 0.0870$, $P < 0.001$). On average, women with children gave more positive answers than women without children, but this was only significant among women aged under 40 years (t -test = 3.47, $P < 0.001$). This is largely attributable to the child-specific nature of one of the items ('GP is good with children'), and the t -statistic is not significant once this item is excluded. The partial correlation between age and number of positive responses, controlling for children, was 0.0829 ($P < 0.002$).

The average number of responses to the question 'what are the worst aspects of your GP surgery' was 1.9, and over a third of women (36%) replied 'none'. Women with children had fewer negative responses than women without children (average of 1.7 and 2.3 respectively). As with the positive responses, age was more important than having children. There was a negative correlation between age and the number of responses ($r_s = -0.3178$, $P < 0.001$), and the partial correlation, controlling for children and after exclusion of the child-specific item, was -0.2590 ($P < 0.001$). There was a marked difference in responses at the extremes of the age range. The average number of responses given by women aged 16–20 years was four times higher than that given by

women aged between 60 and 65 years (2.8 and 0.7 respectively).

Individual items

Table 1 shows the positive responses to individual items in rank order. The item that achieved the highest positive response was 'not far to travel to GP surgery'. Another highly rated response was 'the waiting area is pleasant'. General practitioners were consistently highly valued for being easy to talk to (53.7%), professional, good at explaining, and good with children (29.9% of the total sample but 40.6% of mothers), but less so for spending a lot of time with patients. Also, only 28.9% praised being seen quickly by the GP.

Table 2 shows the negative responses to individual items in rank order. High on the list of discontentments were problems in getting to see the GP (long waiting times, difficulty in getting appointments, and having to book too far in advance), along with not being able to see their case notes and lack of approachability of receptionists. Lower down the list were some items specifically related to the GP (doesn't spend enough time with you, doesn't explain things very well, never the same GP, no time to ask questions, not easy to talk to). Only two other items gained negative responses from more than 5% of women: the building is not very welcoming and the waiting area is unpleasant.

Taking the positive and negative items together, it can be seen that GPs' professionalism and their treatment of children have high positive and low negative responses, GPs' skills in communication and explanation have high positive and quite low negative responses, whereas the time spent with the GP has the lowest positive and highest negative responses of any of the items specifically related to the behaviour of GPs. Practice nurses achieved high positive responses and low negative responses for approachability, but there was a more divided response over receptionists. Travelling time to the surgery was the strongest area for praise, with 69.0% positive responses and only 3.7% negative responses. Access to GP case records was the strongest area for criticism (6.8% positive and 18.6% negative).

Age differences

Tables 1 and 2 compare the responses for each item of women under 40 and over 40 years of age and give the results of chi-

Table 2. Items nominated as being among the worst things about the GP surgery, in rank order ($n = 1251$).

Items	Rank	Percentage all ages	Percentage aged <40 years	Percentage aged 40+	Chi square
Long waiting times	1	26.3	33.3	18.1	$P < 0.0001$
Appointments are difficult to get	2	22.3	28.0	15.7	$P < 0.0001$
Cannot see my own notes	3	18.6	24.7	11.6	$P < 0.0001$
Receptionists are not very approachable	4	16.2	21.0	10.7	$P < 0.0001$
Have to book too far in advance for appointments	5	15.3	18.3	11.9	$P < 0.01$
GP doesn't spend enough time with you	6	13.4	16.7	9.7	$P < 0.001$
GP doesn't explain things very well	7	9.9	12.6	6.7	$P < 0.01$
Never the same GP	8	9.3	12.6	5.4	$P < 0.001$
The building is not very welcoming	9	8.8	10.6	6.7	$(P < 0.05)$
No time to ask questions	10	8.2	10.1	5.9	$(P < 0.05)$
Waiting area is unpleasant	11	7.7	10.3	4.7	$P < 0.001$
GP is not easy to talk to	12	6.6	8.3	4.5	$(P < 0.05)$
Rarely see someone you know	13	5.4	7.7	2.8	$P < 0.001$
Have to travel too far	14	3.7	4.9	2.2	$(P < 0.05)$
Doesn't run many clinics	15	3.6	5.2	1.7	$P < 0.01$
The service is inefficient	16	2.7	3.7	1.6	$(P < 0.05)$
Practice nurse is not very approachable or easy to talk to	17	2.5	2.8	2.1	NS
GP is a man	18	2.2	2.7	1.7	NS
GP is not good with children	19	1.1	1.5	0.7	NS
GP is a woman	20	0.8	0.7	0.9	NS

squared tests for the significance of the difference between them (probability levels of <0.05 are parenthesized because of the high likelihood of chance occurrences in lists with 20 items). The most notable feature about age difference in relation to individual items is that they are mostly in the same direction: older women are less negative and more positive than younger women. This is true for all the negative items (where older women consistently give fewer negative responses than younger women) and for 14 of the 20 positive items.

There are two major exceptions for which younger women are significantly more positive than older women. One, 'GP is good with children', is not unexpected because of the higher proportion of younger than older women with young children, and the age difference reduces and becomes non-significant for mothers who visit the GP with their children. The other is the item that gained the highest positive response overall, 'not far to travel to GP surgery'. The age difference and statistical significance is maintained when controlling for different modes of transport (on foot, by bus, and by car) and for journey times under 15 minutes, but statistical significance is lost when both journey time and mode of transport are controlled.

Discussion

Age differences in women patients' evaluations are more complex than has been indicated in previous studies.¹² Response patterns differed depending upon whether women were invited to make positive or negative assessments. Older women in the sample (all of whom were under the age of 65 years) were consistently less willing than younger women to make negative assessments in answer to 'what are the worst aspects of your GP surgery?'. This is consistent with the findings of recent studies that have reported on the distributions of positive and negative responses.⁷

However, there was not an equally consistent willingness among older women to make positive assessments in answer to 'what are the best aspects of your GP surgery?'. For nine of the 20 items, older women were significantly more likely to give positive responses than younger women. For a further five items, older women gave higher responses, but the differences were not statistically significant. For two items, younger women were sig-

nificantly more likely to give positive responses than older women. The explanation for one of these two apparently anomalous findings is not hard to find: younger women are more likely than older women to be concerned about the way their GP treats children. Also, the initial statistical significance disappeared when women who did not visit the GP on behalf of children were excluded from the analysis.

The other apparent anomaly, 'not far to travel to the GP surgery', is harder to explain. At first sight, it might appear reasonable to expect young women, who may have babies or young children in pushchairs, to be more positive than older women about ease of access to the surgery, but women with children in both age groups gave slightly lower positive response rates than women without children. Alternatively, it might be hypothesized that this is one of those items that are salient to older women, but that older women may experience greater difficulties in getting to the surgery than younger women and, therefore, give a lower positive response because an important requirement is not met. However, there is no evidence for this: there was no significant difference in travel time between age groups, and the negative response rate to this item was one of the lowest of any items for older women (and for the sample as a whole).

There is another unusual feature about this item. It achieved the highest positive response in this study, but in no other recent British study has travel time been among the most highly rated aspects of primary health care services. This might be because of local features unique to Sheffield or, alternatively, because of lack of coverage in other studies: in some, there was no question on transport and, in others, it was included in portmanteau items about access to services.^{7,11,13}

One other important issue relates to the differential significance of some positive items in comparison with the homogeneity of age differences in the negative responses. It is also not easy to see why there are significant age differences in some items, e.g. 'GP provides good explanations', 'plenty of time to ask questions', and 'seeing someone I know', but not in others, for example, 'GP is professional', 'GP spends a lot of time with you', and 'seen quickly by GP'. It is unlikely that these differences are caused by a type II statistical error, because the sample size is large enough to sustain a very high statistical power for even a small effect.¹⁸

Conclusions

Many of the findings reported here are consistent with those from other recent studies, particularly regarding the importance of the GP's personality, professional competence, and interpersonal skills, and of adequate time being given for consultations. The importance of travelling time, however, has not been reported elsewhere in the literature. This is an issue beyond GPs' control for patients already registered with them, but taking travelling time into account is relevant to practice policies on admitting new patients. The age differences of most practical relevance to GPs are the value that older women under the age of 65 years place upon the approachability of receptionists and practice nurses.

There are three areas that require further study. First, more research is needed on why the age differences in positive responses are more heterogeneous than in negative responses. Secondly, the unexpected findings about travel time to the GP surgery merit further detailed study, both in relation to its overall importance and the age differentials. Thirdly, it would be valuable to replicate the present study with a sample of women over the age of 65 years and with a sample of men.

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