

What do general practice receptionists think and feel about their work?

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SUMMARY

Background. Although there is some published work acknowledging that the general practice receptionist's role is both important and difficult, receptionists' own views have rarely been sought.

Aim. To explore general practice receptionists' ideas and feelings about their work.

Method. A questionnaire was distributed to all 150 receptionists in a representative sample of 26 practices in the area covered by Leeds family health services authority. Semi-structured interviews were conducted with a representative group of 20 receptionists selected from the questionnaire sample.

Results. All responders were women, 60% were over 40 years old, and about half had been in the post for more than five years; four-fifths worked part-time. They had chosen the job because it dovetailed with the rest of their lives. Responders derived satisfaction from helping patients, meeting people, having good relationships with colleagues, and doing varied work. Sources of stress included difficult patients, work pressure, problems finding appointments for patients, and feeling caught between doctors' and patients' demands. Responders' experiences and views of training were diverse. Practice managers were important in making them feel consulted and supported. All had a sense of teamwork with colleagues, but many did not perceive the whole practice as a team. Many felt doctors failed to appreciate the pressure and complexity of their work.

Conclusions. Receptionists' work is complex, demanding and intense, involving a high level of commitment to patients, colleagues, and the practice. Recommendations include improved appointment systems, a positive role for practice managers in relation to reception staff, and individual planning of receptionists' training. Effective teamwork among receptionists should be recognized and developed. General practitioners (GPs) are recommended to develop a greater understanding of receptionists' work.

Keywords: practice receptionist; receptionist–doctor relationship; receptionist–patient relationship; receptionists' attitude.

Introduction

ALTHOUGH receptionists occupy an important position at the front line of general practice, their role has not been widely researched. Textbooks for GPs on practice management¹ suggest that reception work is usually a part-time job for older married women. Some authors^{2,3} have suggested that receptionists' prob-

lems would be reduced if they had more training. One study of receptionists themselves³ showed that they believed their main role is to help patients. In the context of teamwork in primary care,^{1,4,5} little has been written specifically about the receptionist's role.

This two-stage study set out to explore receptionists' own perspectives on their work, focusing explicitly on their concerns but also aiming to identify good employment practice. It was conducted in Leeds between November 1995 and April 1996.

Method

Questionnaires

A sample of 35 practices was selected from the Leeds Family Health Services Authority list to cover the full range of practice characteristics. A letter inviting participation was sent to practice managers and senior partners. Managers of participating practices were asked to supply the names of their receptionists, to whom individually addressed questionnaires were sent. The questionnaire had three sections. The first asked for personal data (age, length of experience in the job, grade, and hours of work). The second used open-ended questions to elicit up to three sources of stress and three sources of satisfaction at work. The last section asked if they would be willing to be interviewed.

Interviews

From those willing to be interviewed, a sample of 20 was selected to include the full range of ages, working hours, and practice characteristics. The interviewer (ME) introduced herself as a postgraduate student, only mentioning that she was a GP when asked directly. She conducted semi-structured interviews based on a schedule of topics including patients, doctors, management, the receptionist's job, and the interviewee's work history. The interviews were tape-recorded and transcribed.

Data analysis

The interview transcripts and open-ended questionnaire responses were analysed to identify common themes, according to the 'framework' method.⁶

Responder validation

To validate the interview data analysis, each interviewee was sent both an interim report and a summary report at the end which included conclusions and recommendations; no adverse comments were received.

Results

Response rates

Twenty six (74%) of the 35 practices agreed to participate; there were no major differences in the characteristics of participating and non-participating practices. Questionnaires were sent to 150 receptionists, of whom 119 (80%) replied. Comparison between the characteristics of responders and non-responders showed no significant differences (Table 1). Of the 119 questionnaire responders, 57 (48%) were willing to be interviewed. Their practice and personal characteristics did not differ significantly from

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Table 1. Characteristics of responding and non-responding receptionists.

	Total Number (%)	Responders Number (%)	Non-responders Number (%)	
	n = 150	n = 119	n = 31	
Age (years)				
<20	1 (1)	1 (1)	0	
20-29	16 (11)	12 (10)	4 (13)	
30-39	39 (26)	32 (27)	7 (23)	Aggregating lines 1 and 2 (age <30), and 5 and 6 (age >49) to produce large enough numbers gives $\chi^2 = 0.49, P > 0.5$
40-49	37 (24)	30 (25)	7 (23)	
50-59	51 (34)	40 (34)	11 (35)	
>60	6 (4)	4 (3)	2 (6)	
Years' experience				
<2	23 (15)	21 (18)	2 (6)	
2-5	51 (34)	37 (31)	14 (45)	$\chi^2 = 4.26, P > 0.1$
6-10	48 (32)	37 (31)	11 (36)	
>10	28 (19)	24 (20)	4 (13)	
Hours				
Full time (>33 hours per week)	30 (20)	24 (20)	6 (19)	$\chi^2 = 0.01, P > 0.5.$
Part time (<34 hours per week)	120 (80)	95 (80)	25 (81)	

the total sample; the same was true for the final sample of 20 interviewees.

Little part-time job or career?

The receptionists were all women, and most were employed on the basic grade. More than half had been in post longer than five years, and most of them planned to stay. Very few considered pursuing a career in practice management. All the interviewees had had other jobs previously; nearly all had family responsibilities and had chosen the job to dovetail with the rest of their lives.

Satisfaction

Four main sources of satisfaction emerged from the questionnaires (Table 2) and the interviews: meeting people, helping patients, variety of work, and relationships with other receptionists.

Stress

Four main sources of stress were reported: difficult patients, pressure of work, appointment problems, and feeling caught between the demands of doctors and patients. Growing problems with other areas of National Health Service provision, including secondary care, impinged on receptionists' work. Responders regretted having less time for patients. A typical response was:

'You don't have time to spend with people ... you've a lot more paperwork which takes you away [For] some people it's a real effort to come to the doctor's ... they should have time spent with the It's all changed ... you have to meet the targets ... I just think it's taken the emphasis off patients' care.'

Practice management

The role of the practice manager was a key factor. Those receptionists who thought their manager had a positive role were likely to feel that they were supported within the practice, and that they were informed, or even consulted, about developments affecting their work:

'[The] practice manager gives us a general plan of what's happening if there's something new in the offing ... She will ask us beforehand when we have a staff meeting ... 'have you any points you want brought up?' ... If they decide to

change how we do a particular thing we can always go back and say "look, we don't like this" or "this is making life very difficult."

Teamwork

A sense of teamwork was central to the satisfaction receptionists derived from relationships with their colleagues. In large practices, the team consisted of the group working together on a shift or at a branch surgery. There were two main concepts of teamwork: a supportive group, and a group that shared tasks in a practical sense:

'Sometimes we do slightly different jobs ... and if the person on the desk gets extra busy, the other one will always come and help ... They'll always come and lend a hand, so we do

Table 2. Responses to qualitative questionnaire items.

Sources of satisfaction	Number of mentions
Helping patients	79
Relationships with patients	75
Relationships with colleagues	50
Variety of work	41
Usefulness/job satisfaction	24
Completing work/keeping things running smoothly	17
Computer and clerical work	10
Good pay/conditions/hours/location	10
Acknowledgement from doctors	5
Running clinics (baby, A/N)	5
Other	5
Sources of stress	Number of mentions
Difficult patients	88
Pressure of work	49
Appointment problems	29
Piggy in the middle	29
Difficulties with doctors	23
Distress at patients' severe illness/death	20
Problematic working conditions/low pay	15
Too much paperwork/filing/other specific jobs	9
Problems with colleagues	4
Other	8

definitely work as a team.'

Receptionists and GPs

Most responders felt that receptionists and GPs could not be regarded as part of the same team, because of the employer-employee relationship. Receptionists appreciated doctors showing recognition for their work, and valued accommodating behaviour, such as agreeing to see extra patients. Behaviour they found difficult included impatience and rudeness, inconsistency and moodiness, and doctors running late, causing patients to vent their frustration on the receptionists.

It was generally agreed that GPs do not understand either the complexity or the pressure of receptionists' work:

'I don't think they realize what you do in a day... six jobs at once You can be on the phone, there can be somebody at reception and the doctor can be buzzing through for a set of notes, and they expect them just like that, immediately.'

However, the receptionists perceived the doctors' job as very stressful indeed.

Training

Several responders initially said they had had no training, but then recalled being 'sent on courses'. Four kinds of training were identified: systematic supervision when starting the job, short courses that happened to be advertised to the practice, systematic courses for practice staff, and unusual courses chosen individually (for example, counselling and Punjabi). Receptionists who had attended courses they had chosen felt valued by their employers, and remembered the training better than those sent on courses chosen for them. Some of the more experienced receptionists were sceptical that the training they were offered had any value at their stage:

'Perhaps if I was 19 ... I would appreciate going and learning how to answer the phone and talk to a patient over the counter.'

Discussion

Qualitative methods were chosen in order to understand receptionists' perspectives.⁷ The response rate was satisfactory, and measurable characteristics did not differ between responding and non-responding receptionists, nor between participating and non-participating practices. Responder validation provided some evidence of reliability of both data and interpretation.⁸

Nevertheless, some problems remained. Practices' refusal to participate may have been associated with factors relevant to the study, for example authoritarian management styles. Although the responders are representative of Leeds receptionists, their thoughts may differ from those in other areas.

This study confirms previous work^{3,9,10} but also identifies several new issues. The results suggest that training for receptionists should not be advocated uncritically, but should be tailored to the needs of individuals.

Practice managers are increasingly recruited from outside general practice,^{11,12} often with an emphasis on financial expertise. This study highlights the key role of practice managers in facilitating communication and providing support for staff; a positive view of the practice manager, rather than practice size or the pattern of meetings, was the main factor associated with interviewees feeling consulted and supported.

The study demonstrates some common perspectives of GPs and receptionists. Like GPs, receptionists gain satisfaction from helping patients. They value long-term involvement, and are

upset by patients' distress or misfortune. However, they are unlikely to have received training in handling relationships with patients; they also experience much more hostility and abuse than GPs. Interviewees also echoed many GPs' feelings about recent changes in the National Health Service, with escalating paperwork and increasing problems with other services. Unfortunately, GPs' own low morale and sense of pressure may blunt their sensitivity to their staff's reactions. Receptionists' stress can be reduced when GPs understand and acknowledge the demanding nature of their work.¹³

The finding that most responders felt that GPs and receptionists could not be regarded as part of the same team will be unsettling to many GPs, but represents a realistic response to the many differences in status between the two groups. However, many receptionists commented positively on the teamwork among themselves. This confirms Pearson and Jones' view¹⁴ that teamwork takes place most effectively in small groups focused on a single task.

On the question of whether reception work is a little part-time job or a career, the study suggests that neither description is appropriate. Most responders intended to stay in their job without promotion. Those who found it insufficiently challenging planned to change their job rather than develop within it. However, responders showed a high level of commitment to their work, which was reflected in their attitudes towards patients, doctors, and the practice. This is more than would be expected in a 'little part-time job', but there is no evidence that the work constitutes a 'career'. Other researchers have suggested that women's working lives may be viewed as a web of commitments,¹⁵ with a delicate balance between work and home, rather than the career ladder usually associated with men in unbroken full-time employment. Many practices rely on receptionists' commitment to their work, but fail to recognize it openly and reward it appropriately.

Key points

- Receptionists' work is complex, demanding, and stressful; their commitment to patients, doctors, and practices should be recognized and acknowledged.
- Inadequate appointment systems are a major source of conflict between receptionists and both patients and doctors.
- Practice managers have a key role in enabling receptionists to feel supported and involved.
- Many receptionists demonstrate effective teamwork; this should be developed and may be an example for clinical members of health care teams.
- Training for receptionists is of variable value; it should be more carefully planned, on an individual basis.

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