

Consultation length, patient-estimated consultation length, and satisfaction with the consultation

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SUMMARY

Lack of time is a frequently expressed patient concern, but actual measured consultation length is often not associated with patient satisfaction. Correlational analysis of patients from nine GP practices was used to test the hypothesis that patients' perceptions of consultation length are influenced not just by actual consultation length, but by other aspects of their experience of consultations. The consultations of 160 patients were timed, and patients in subsequent interviews gave estimates of consultation duration and completed a satisfaction questionnaire. Consultations where patients were more satisfied appeared to patients to have lasted longer (partial correlation $r = 0.26$), but were not actually longer. Patient concerns about time may be as much about quality time as about actual time.

Keywords: consultation length; patient satisfaction; quality time.

Introduction

LACK of time in consultation with doctors is a frequent patient concern. In quantitative patient surveys it is the most common source of patient dissatisfaction with consultations.¹ Qualitative studies tell the same story more evocatively.

Increasing consultation length is generally associated with increased patient satisfaction with consultation time,² but the effects are relatively modest. Increased consultation length is sometimes, but not always, associated with increased patient satisfaction with other aspects of the consultation.²⁻⁴ The discrepancy between patients' consistent concerns about time and the modest and inconsistent effects of increasing consultation length suggest that patients' concerns about time may be based in part on aspects other than actual objectively measured consultation time.

Estimation of time is influenced by a number of factors, notably including mood.⁵ It is possible that patients' estimation of consultation length is mediated by their affective evaluation of their consultations, such that consultations that are experienced as more positive are estimated as being longer. This hypothesis is examined in a secondary analysis of a previously reported cohort of consultations with patients with psychological problems.⁶

Method

Details of sample selection are given in previous reports.⁶ In brief, consecutive patients aged 18 to 75 years attending the surgeries of nine general practitioners (GPs) were invited to complete the 30-item General Health Questionnaire (GHQ, a measure of psychological morbidity), and to have their subsequent consultations with the GP audiotaped. The audiotapes were timed for consultation duration. A sample of patients with above-threshold GHQ scores (5 or more) was approached to be interviewed at home one to five days after the consultation. In the interview, patients were asked how long they estimated the consultation had lasted. Where patients gave a range (for example, 10 to 15 minutes), the responses were coded at the mid-point of the range.

After the interview, patients completed a 50-item questionnaire regarding their satisfaction with the consultation.⁷

Data analysis was undertaken using SPSS software. Relationships between variables were analysed using correlational analyses and *t*-tests. Because of the skewed distribution of consultation length, patient-estimated consultation length and, to a lesser extent, satisfaction, these variables were subjected to a logarithmic transformation prior to correlational analysis.

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HOW THIS FITS IN*What do we know?*

Lack of time is a frequently expressed patient concern, but actual measured consultation length is often not associated with patient satisfaction.

*What does this paper add?*

Consultations where patients are more dissatisfied appear to the patients to have lasted a shorter length of time. Patient concerns about time may be as much about quality time as about actual time.

Results

Screening questionnaires were returned by 1084 (73.1%) of 1484 consecutive adult patients. Of these patients, 397 (36.6%) had GHQ scores of 5 or more, of whom 176 were interviewed (13 refused, five were excluded with probable psychotic disorders on the GP's report, and the remaining 203 were not approached for interview, as sufficient patients had been recruited for the original main study design). Complete data were available for 160 of these 176 patients (for two patients accurate consultation duration was unavailable, for four patients satisfaction questionnaires, and for 10 patients estimated consultation length). These 160 patients formed the sample for this study. The mean age of the 160 patients was 42.6 years (standard deviation [SD] = 14.9), 113 (70.6%) were female, and the mean GHQ score was 15.3 (SD = 6.5).

The mean duration of the consultations was 9.9 minutes (SD = 7.2). Ninety-six (60%) patients overestimated the length of their consultation and 64 (40%) underestimated the consultation length. Mean patient estimation error was an overestimation by 1 minute 43.2 seconds (SD = 6 minutes 2.7 seconds; range = -20 minutes 25 seconds to +25 minutes 58 seconds).

Patient satisfaction was not significantly associated with consultation length ($r = 0.12$, $P = 0.131$) but was associated with patient-estimated consultation length ($r = 0.27$, $P = 0.001$) and with patient perception of consultation length relative to its actual length (partial $r = 0.26$, $P = 0.001$).

Table 1 presents these results in another form, comparing the quartiles of patients who were most and least satisfied with their consultations. The most satisfied quartile of patients overestimated consultation length by an average of 2 minutes 37 seconds, whereas the least satisfied quartile underestimated their consultations by an average of 40 sec-

onds ($t = 2.53$, $df = 80$, $P = 0.013$).

Discussion

Patient satisfaction with the consultation was related in this study with patients overestimating the length of their consultations, but not with actual measured consultation length. This is consistent with the hypothesis that patients' perceptions of consultation length are influenced not just by actual consultation length, but by other aspects of their experience of the consultations, so that consultations that they experience as more positive are perceived to be longer than they actually are.

However, there are several limitations to the study and alternative explanations for the findings. The study was limited to psychologically distressed patients with, as is common for psychological consultations, longer than average consultation length, and it is possible that the relationships found are unrepresentative of patients in consultations more generally. In addition, the findings are based on secondary data analyses, with accordingly greater potential to capitalise on idiosyncratic aspects of the sample of patients studied. As a naturalistic study, the association between patient satisfaction and perceived consultation length found is open to alternative causal explanations.

The implications of patients' affective evaluation of consultations affecting their perceptions of consultation length, if confirmed, are that patients' expressions of dissatisfaction with, and complaints about, lack of time should not always be taken just as expressions of the objective brevity of consultations, but as expressions of their experience of the quality of the time they have received. The distinction between actual time and quality time and the importance of quality time when actual time is at a premium is well established in the parenting and childcare literature, both popular and scientific.⁸ While actual consultation time is undoubtedly important to patients and outcomes,⁹ how the time is used to best help patients feel listened to, understood, and helped is also important.

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Table 1. Consultation length and patient estimation of consultation length for the most highly satisfied quartile of patients and for the least satisfied quartile. Values are means (standard deviations in brackets) unless stated otherwise.

	Patients with highest satisfaction (n = 40)	Patients with lowest satisfaction (n = 42)	Difference between groups (95% CI)
Consultation duration (in seconds)	568.8 (345.1)	564.2 (530.5)	4.6 (-193.2 to 202.3)
Patient-estimated consultation duration (in seconds)	726.0 (462.3)	524.3 (331.6)	201.7 (25.5 to 377.9)
Patient overestimation of consultation duration ^a	157.3 (358.4)	-39.9 (346.2)	197.2 (42.3 to 352.0)

^aUnderestimation of consultation length is indicated by a minus sign.

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