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Patients' expectations of general practitioners

Abstract

Introduction. General practitioner (GP) plays an important role in the health care system as he is the first person that a patient turns to with his health related problem. The crucial role of the primary health care system is to control risk factors contributing to civilization diseases such as cancer, diabetes or cardiovascular diseases.

Aim. The aim of the research was the assessment of the selected aspects of patients' satisfaction with a GP's care. Conducted study provided answers to questions about the level of patient's satisfaction, his expectations and needs in the field of doctor's care within the primary health care system.

Material and methods. Diagnostic poll was used as a method to study public opinion. The poll was based on the research technique in the form of the original questionnaire consisting of 23 closed-ended questions. Study group consisted of 99 primary health care patients from lubelskie voivodship.

Results. The majority of the studied group assessed the quality of general practitioners' services both in cities and rural areas as high. Respondents declared their satisfaction with the availability of diagnostic tests (73%), quality of information about health condition and treatment provided by the doctor (80%), information about how the medicine should be taken and about further treatment (65%) and respect for privacy and dignity (82%). Minority of the researched group was dissatisfied with the quality of general practitioner's services mainly because of the limited access to diagnostic tests (27%), low quality of information provided by the doctor about method of taking medicine (35%), short time of the doctor's visit (38%), suggested method of treatment (36%), disrespect for privacy and dignity of a patient (18%) and limited access to medical documentation (24%).

Conclusions. There is a need to implement actions that will increase patients' satisfaction with the medical services provided by general practitioners, especially in the following fields: length of the doctor's visit, quality of information provided by the doctor, improvement in the patient – doctor relation, full access to medical documentation and promotion of health by doctors.

Keywords: primary health care, general practices, general practitioner.

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INTRODUCTION

Public health care plays an important role in the health care system in every country, as the majority of patients' health needs are satisfied by general practitioners. Public health care provides variety of services such as: prevention, diagnostics, treatment, rehabilitation and nursing within the general medicine, family medicine, internal diseases and pediatrics provided in the system of outpatient treatments [1]. Primary health care services provided by doctors, nurses and midwives are guaranteed to every insured person in the health care system of our country.

The range of guaranteed services within the basic health care aims at health preservation, early diagnosis, prevention from illnesses, treatment and nursing. Primary health care's role of controlling risk factors that contribute to civilization diseases like cancer, cardiovascular diseases or diabetes is especially emphasized [2]. To fulfill the task, primary health care provides complete health services that contribute to preservation, prevention, saving, recovering or improvement of health and other medical services that result from the course of treatment.

The World Health Organization at a conference in Alma-Ata in 1978, stressed that primary health care is one of the most important parts of health care system. During the conference it was also stressed that the primary health care plays an essential role in preserving health, that it is based on practical, scientifically based and socially acceptable methods and technologies and it guarantees access to its services to every individual and family in the country within the means a society and country can afford [3,4].

Primary health care is considered to be a part of scientific discipline called family (general) medicine. Family medicine as a specialty is by definition: a specialization that deals with health problems regardless of age, gender and other patient's characteristics. At the time of first contact it provides openness and accessibility

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of medical services, it ensures efficient use of health care resources through its control, it promotes cooperation between people representing different professions and cooperation with various medical specialties, it provides an individual approach focused on a person, as well as his environment and his family; it is characterized by a professional course of consultations, which through doctor-patient communication develop mutual trust; it is responsible for providing continuity of care in accordance with patient's needs; it is involved in chronic and acute medical conditions; it is also engaged in health promotion and healthy and physically active lifestyle and finally, it is responsible for health of the local community [5].

AIM

The aim of the study was to evaluate selected aspects of patient satisfaction with the practice of the family doctor. The conducted study allowed us to achieve results that, in turn, helped to illustrate the overall level of satisfaction, as well as needs and expectations of a patient towards medical services provided by the family doctor within primary health care. The main research problem was focused on answering the question of the extent to which patients are satisfied with the care provided by family doctors. Other questions revolved around the frequency of doctor's visits, which especially in chronic diseases is reflected in the quality of a patient- doctor relation. Especially in this component of care, patients base their assessment on doctor's involvement in the process of diagnosis and treatment, access to diagnostic tests, the quality of information provided, kindness, as well as the organization of the institutions of primary health care.

MATERIAL AND METHODS

The model of health care system adopted in Poland in the 90s underlined the crucial role and importance of primary health care. It was assumed that it had to be an institution located in the patient's neighborhood to which the patient had fast and direct access. At the same time, primary care doctor called the family doctor, commonly known as GP, having specialization in family medicine, was to treat wide range of health problems. This meant both caring for symptoms of the patient but also obligation to take actions on health promotion in the local community. For those reasons, it can be assumed that this model of health care is evaluated by the majority of patients very well. Therefore, it was decided to check patients' satisfaction with a GP practice. To elicit public opinions a method in the form of diagnostic survey was used, and the research technique in the form of a questionnaire. The study was conducted using an original questionnaire containing 23 closed questions among which the first 5 questions have sociometric character (are related to gender, age, place of residence, livelihoods and education of respondents), and the remaining questions are related to, among others, the frequency of GP's counseling, access to diagnostic and laboratory tests, the quality of information provided by the doctor and the doctor-patient relationship. The study included 99 patients from 5 primary care clinics in the area of Lublin province, in the period from January to May 2016.

RESULTS

Among the 99 surveyed respondents, more than half (53%) were women and 47% were men. The numbers show a positive trend of an increase in the number of men using the benefits of health care. The largest age group were respondents aged from 25 to 65 years. The smallest age group were the respondents aged over 65 years. A detailed analysis are included in Table 1.

TABLE 1. The age structure of the respondents.

Age	n	%
≤ 25	18	18.19
26-45	32	32.32
45-65	34	34.34
≥65	15	15.15
Total	99	100

Taking into account respondents' place of residence, 52% of them are urban dwellers and 48% are rural residents. The largest percentage of respondents – 45% were working while the smallest percentage (7%) of people were living on unemployment benefits provided by the social welfare center. As for the livelihoods of the remaining respondents, 18% were pensioners/retirees, 16% were unemployed and 14% were students. The majority of respondents (33%) completed secondary education and 32% vocational education. Higher education was completed by 21% of respondents. The remaining respondents completed primary education – 11% and lower secondary – 3%.

The vast majority of respondents (72%) declared that they do not suffer from any chronic diseases, what, observing that the majority of respondents are of working age, is a proof of their good health. Among the respondents 28% indicated they are being treated of chronic diseases. The survey results show that the waiting time for an appointment with the family doctor is short (it lasts maximum one day), what was declared by 45% of respondents. Even more satisfactory information was declared by 29% of respondents who said that there are no waiting lists to see a family doctor. This means that patients are admitted on a regular basis, even on the day of registration. Only 19% of respondents indicated that the time of waiting to see a family doctor is two days, and only 7% of respondents identified that they have to wait three days and more. Undoubtedly, those results depend on the frequency of the doctor's appointments with the particular patient. As many as 75% of respondents say that they visit a doctor occasionally, once or twice a year, what is a very good sign of the state of respondent's health. Exactly 41% of respondents declare one family doctor visit per year, and 34% of respondents – one visit in six months. Only 25% of respondents say that they visit a doctor once a month. This may, on one hand, indicate that those patients are being treated for chronic diseases or require regular visits only to receive prescriptions for medications taken permanently. The fact that 73% of respondents rated accessibility to diagnostic tests as good or very good is satisfactory. The number of 25% of respondents assessed the availability of diagnostic tests as average, and only 2% of respondents rated the access as bad. This may mean that 27% of respondents have limited or no access to diagnostic tests and it has to be remembered that the necessity of undergoing medical tests is always a reasoned decision of a GP. In order to correctly assess the patient's health, a family doctor is able to refer him for diagnostics and laboratory tests. The diagnostic tests, such as gastroscopy, colonoscopy, abdominal ultrasound, X-ray, ECG, as well as laboratory tests, are undergone by respondents very

rarely. Exactly 82% of respondents use tests once a year – 55% of respondents and 27% – once in two years or more. Only 1% of respondents undergo these tests once a month. These results are again a confirmation of the low incidence of chronic diseases among the studied population.

The object of the study was the respondents' evaluation of the observance and respect of their rights by the family doctors. In particular, attention has been paid to the degree of respect for privacy and dignity of the patient, which 82% of respondents rated as good (56%) and very good (26%). The remaining 18% of the respondents assessed respecting the right by family doctors as average. There were no answers assessing the respect towards a patient as low. Relationships are an important part of the process of health care. Therefore, the aspect of a patient - doctor cooperation, which is mainly based on mutual kindness, seems important. The study group was asked to assess the kindness of the family doctor. It is worth mentioning that 83% of respondents were satisfied with the kindness of their family doctor. Dissatisfaction was declared only by 4% of respondents, and 13% evaluated it as average. Another important element of a patient – physician cooperation is effective communication. In this aspect, the transfer of information about the state of health from a physician to a patient is the most important. A significant percentage of respondents, as many as 80% rated the transmission of information (form, clarity, imagery) as good and very good. The remaining group of respondents (3%) had a bad experience in this field, and 17% average. Regarding the quality of the obtained information about their health, 87% of respondents assessed it as good or very good. Only 13% of respondents rated the quality of information as poor. Therefore, it seems reasonable to learn how respondents evaluate the accessibility to information about help in emergency situations. A surprisingly large percentage of respondents, as many as 63%, do not know where to look for help in case of an emergency. Only 37% of respondents declared to have access to such information. As far as the assessment of the information about drugs dosages provided by the doctor is concerned, 65% of the respondents were satisfied with the doctor's information, while the remaining 35% of respondents assessed it as average or bad when it comes to the way information about taking medications as well as further treatment is provided. The next point worth considering is whether a sufficient time is devoted to the patient during a family doctor's visit. The number of 62% of respondents believe that the time a doctor devotes to the patient is sufficient. There were some reservations declared on this point, however, by 38% of respondents. It must be remembered, that too short visits can affect the process of recovery, both in the area of proper diagnosis and treatment of the patient. Hence, it can be assumed that dissatisfaction with the little time that the doctor devotes to the patient may be related to a low assessment of the doctors' choice of the treatment method. Such dissatisfaction was indicated by 36% of respondents. However, 64% of surveyed patients declared that the treatment proposed by a physician was accurate. It should therefore determine the level of patients' satisfaction with the information they receive from their GP. About 35% of respondents indicated that they do not receive complete information. The opposite opinion was stated by the greater part of the respondents – 65%. The next question was to establish whether a family doctor obeys the patient's right to have access to his medical records. As many as 76% of respondents assessed that they have good or very good access to their medical records. However, 24% indicated incomplete satisfaction in this regard. This may prove the occurrence of cases when patient's access to medical records is limited. It has to be remembered that such cases, in which a patient is denied access to his own medical documentation, are against the law.

The study was also designed to capture differences between patients living in urban areas and rural areas concerning the availability of family doctors. Firstly, the waiting time to see a family doctor is considerably short. The longest waiting time was one day and patients were accepted on the day of registration. Small percentage of patients declared that they had to wait for an appointment more than 2 or 3 days. However, taking into account the criterion of waiting time, patients from rural areas waited longer than patients from cities. A detailed analysis is included in Figure 1.

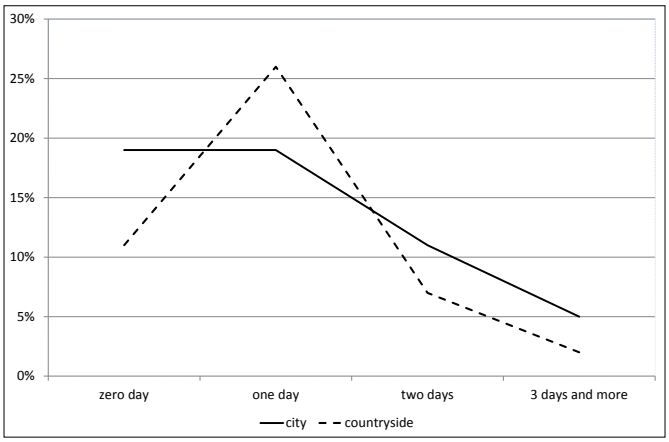

FIGURE 1. The waiting time for an appointment with a general practitioner in the city and in the countryside.

In this context dependencies on access to telephone registration at the family doctor in rural areas are worth noticing. Relatively similar assessment in this respect was received both from patients residing in urban and rural areas. Access to registration was rated as very good by 16% of respondents in cities and by 13% from rural areas. As many as 26% of respondents living in the city and 25% from rural areas rated access to registration as very good. Inverse relationship was observed in the assessing the access to telephone registration as average – 10% of the rural population and 8% of city dwellers. Whereas only 2% of respondents from rural areas declared that the accessibility of telephone registration was very poor. A detailed analysis is included in Figure 2.

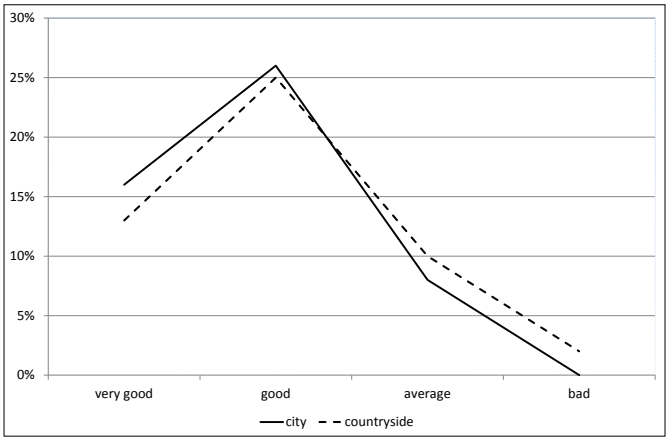

FIGURE 2. Assessment of availability to telephone registration allowing to make an appointment with the general practitioner in the city and in the countryside.

Further analysis involved finding the differences between patients living in cities and patients from rural areas in the assessment of the diagnostic tests availability. Respondents from both the city and the countryside were largely satisfied with the access to diagnostic tests. Exactly 37% respondents from cities and 36% of the rural population assessed the availability of diagnostic tests as very good. Only 3% of respondents living in the cities expressed their discontent with the access to diagnostic tests. A detailed analysis is included in Figure 3.

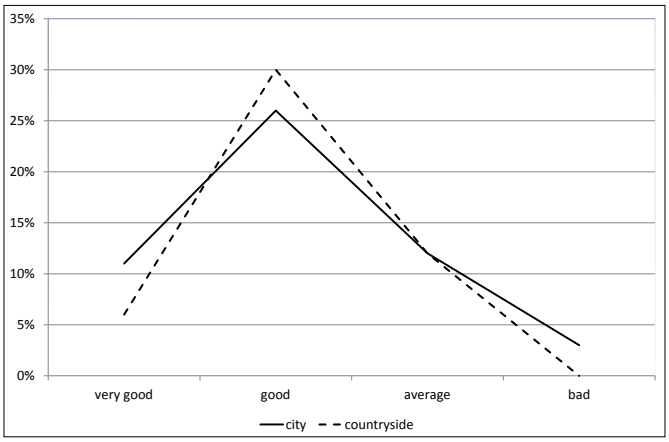

FIGURE 3. Assessment of the availability of diagnostic tests for patients living in urban and rural areas.

Availability was also evaluated in the context of medical records. The study was to assess whether the studied group declare that they have full access to their medical records or not. Respondents from both, the city 39% and from rural areas 38%, assessed positively the access to their medical records created by their family doctor. However, 13% of respondents from towns and 8% from villages rated access to their medical records as average. Moreover, there were also respondents from towns and villages (1% of each group), who stated that access to their medical records is very poor.

DISCUSSION

The institution of a family doctor was established to facilitate an access to medical care system by placing it close to the place of residence of a patient. This was a place where the patient turned to with his health problem. The tasks assigned to family doctors were mainly prevention and diagnosis of the patient and, if necessary, his referral to a specialist. Moreover, the preventive measures taken by a GP are particularly important as they can result in real benefits for society in the form of: improving the health consciousness of the population, improving health of the population, reducing the number of people with complications after a disease and permanent disability, reducing morbidity and mortality, increasing the detection of diseases at an early stage of development, increasing the percentage of recoveries, decreasing absenteeism [6]. Therefore, it is important to be aware of patient's opinion on family doctors. An important element of the assessment of the effectiveness and efficiency of primary health care is always the acceptance of level of medical services. It should be emphasized that the choice of a family doctor by a patient is not only dictated by the location of the primary health care institution. Other aspects, such as the opinion of other patients on the family doctor, on his kindness, manners, involvement in the healing process or empathy are often equally important. Thus, surveys conducted among patients can help to identify the needs of beneficiaries of the health care system. It also allows to identify the patients' expectations and to determine the reasons for dissatisfaction with received medical services.

The aim of the empirical research was to elicit the opinions of patients living in urban and rural areas on health care services provided by family physician in primary care. Analysis of the results shows that 72% of the study population does not suffer from chronic diseases. This result is satisfying, however 28% of the study population is affected by chronic diseases. That is why an important part of the primary care organizations is to improve the availability of family doctors and the quality of medical services. As for the length of waiting to see a family doctor, the average time is short and equals one day. Moreover, 29% of the study population indicated that they were generally accepted on the day of registration, which in reality means no queue waiting for an appointment with a family doctor. This opinion was declared by the majority of patients living in the cities, which may be due to a greater number of family doctors in urban areas, in comparison to rural areas. In this case, 62% of respondents were satisfied with the time that the doctor devoted to them. This part of the study group believes that the current time of the medical visit is sufficient to properly discuss the diagnosis and treatment of the patient. However, as many as 48% of the respondents were of the opposite opinion. This means, therefore, that a visit to a doctor is too short, which can have negative consequences for the patient. This may be explained by the patient's misunderstanding of the method and frequency of taking medications or patient's misapplication of the recommendations, such as diet which is optimal for a given disease. This conclusion can be confirmed by the conducted study, in which 35% of the study group assessed as insufficient the information provided by the physician on taking medication at home and further proceedings. This outcome is very disturbing because taking wrong dosages of medicine prescribed by the doctor can be harmful for the patient or deepen his illness. As many as 36% of respondents declared their dissatisfaction with the treatment proposed by the doctor. On the one hand, this may indicate that physicians suggest treatment based only on taking drugs and they do not offer alternative forms of treatment or they do not implement supportive care. On the other hand, patients often learn about diseases from non-professional sources influencing their expectations about the treatment which can lead to strong criticism. A relatively short time that a doctor spends with his patient is also associated with incomplete or too general information about the state of health and the method of treatment which the doctor provides to his patient. The number of 20% of respondents claim that such cases occur. Too general information on health state and method of treating a patient can undoubtedly do more harm for a patient than support his recovery. This is due to lack of patient's knowledge about the risks of the disease affecting him. Unfortunately, 37% of respondents who are not fully satisfied with the quality of the information about the state of their health, confirm the thesis. In this context, it is worth assessing the relationship between the doctor and the patient. As many as 83% of respondents assessed the doctor's kindness as very good or good. Similarly, 82% of respondents positively assessed respecting patient's privacy and dignity by a family doctor. However, up to 18% of the respondents have the opposite opinion on this topic. This may indicate,

on the one hand, the need for the training of doctors in the area of doctor-patient relation and on the other hand, it may be due to differently understood sense of intimacy among patients.

In addition, the subject study also showed patient's satisfaction with access to diagnostic tests, which was indicated by 73% of respondents from both cities and villages. However, 27% of respondents, particularly from urban areas, declared their discontent with the availability of medical tests. This may mean that physicians decide there is no need for additional medical test while patients often derive medical expertise for example from the Internet and on that basis require the implementation of diagnostic tests. In any case, the refusal of the GP to refer the patient for diagnostic tests is associated with patient's dissatisfaction. Study results also draw attention to the access to medical records. Access to them, regardless of its form - consulting the documents, making copies of documents or providing original documentation is a patient's right. Failure to comply with this right was noted by 24% of respondents. Respondents from urban areas were more prone to assess the access to medical records as very poor, while rural population assessed it only a bit better. Such assessments may indicate a one single problem that was experienced by some of the respondents. However, it may also suggest that the patient's rights of the access to his medical records as well as medical benefits granted to him are sometimes violated.

CONCLUSIONS

Analysis of the results of empirical study leads to the conclusion that a majority of the study population assessed highly the quality of services provided by the family doctor, both in the city and in rural areas. However, part of the study population, although smaller, has a different opinion. The following conclusions calling for an introduction of changes arise, especially in the areas of:

1. Access to medical records – the right of a patient to have access to medical records about his health and the process of his treatment should not be violated in any way.
2. Health promotion by family doctors – there is a need to increase measures aimed at strengthening the state of health of the population by encouraging a healthy lifestyle by family doctors.
3. In the doctor – patient relation; there is a need to strengthen the good relations in the communication between a physician and a patient, which can be obtained through vocational training of the medical staff and which will significantly increase patient satisfaction.
4. Quality of medical information – the need for detailed, clear and simple information concerning the patient's state of health, a proposed treatment process, as well as medication and the use of other medical recommendations.
5. Time that the doctor devotes to the patient – the healing process is always conditioned by the understanding and cooperation between the physician and the patient and therefore, an efficient and effective treatment needs to increase the time which a doctor spends with a patient.

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