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Moving with the times

Familiarity versus formality in Australian general practice

Background
Forms of address between patients and general practitioners is an underexplored area which may influence productive dialogue within a consultation. This article aims to describe how Australian patients prefer to be addressed by their GP, how patients prefer to address their GP, and the factors influencing these preferences.

Methods
Twenty consecutive patients of 13 randomly selected GPs (n=260) were surveyed on preferences for use of names in consultations and the factors influencing these preferences.

Results
Ninety percent of patients prefer to be addressed by their first name. Thirty-five percent of patients prefer to call the GP by first name, 27% by title and last name, 21% by title only, and 10% by title and first name. A range of influencing factors was identified.

Discussion
These findings allow GPs to feel confident in addressing their patients informally. They indicate the diversity of patient preferences for addressing their GP and the factors influencing these choices.

Keywords: patient preference; general practice; doctor-patient relations; names; verbal behaviour

The way in which a patient is greeted by their general practitioner is a significant factor in setting the tone of a consultation, and in the establishment of an effective and supportive dialogue.[1–3]

Traditional concepts of the power dynamic between doctors and their patients appear to be changing with the modernisation of society, with greater emphasis on patient empowerment and an inclusive dialogue.[4] Medical ethics authorities have suggested that the optimal approach is for GPs and patients to address each other with the same level of formality so as to obviate any potential power imbalance, but they do not go so far as recommending what level of formality this should be.[2,5]

Overseas research on the mode of address preferred by patients has mostly focused on settings other than general practice and on other aspects of greetings such as shaking hands.[5–7] The majority of patients in a United Kingdom study preferred to be addressed by their first name[8] and there were similar findings in a Irish geriatric unit survey.[9] Ethnic origin has been shown to influence preferences for mode of address in Israel,[10] and in the United States of America, preference for more formal names has been documented among African-American patients.[5]

To date however, there has been very little research done in this area in an Australian setting. A small Australian hospital survey in 1997 found that most patients preferred to be called by their first name, and to call the doctor by their title and surname.[11] Demographic characteristics of the Australian general practice workforce are changing, with increasing numbers of women and overseas trained doctors;[12] this in turn may be influencing trends in communication styles between GPs and their patients.

This study aims to describe how patients in Australia prefer to be addressed by their GP, how patients prefer to address their GP, and to explore the factors influencing these preferences.

Methods

This study used a waiting room survey modelled on elements of tools used in previous studies [5,13–15] and modified after feedback from general practice and health professional academics and a small group of patients.

The study sampling frame was a list of all GPs in the Gold Coast Division of General Practice (Queensland). From this list of 441 GPs, 40 were selected by random number generation. These 40 GPs and their practice managers were telephoned to seek consent for participation and followed up until 13 GPs had agreed.

Twenty consecutive, eligible, consenting patients over the age of 18 years presenting to each of the 13 GPs in particular sessions were surveyed. This gave a total sample of 260 patients to power the study at 80% to detect a true odds ratio of three, assuming an intraclass correlation of 0.05. Patients were excluded from participation if they were non-English speaking, had significant cognitive impairment, had an emergency complaint, or were under the age of 18 years, and these exclusions were recorded along with those who declined to participate. The primary researcher or research assistant was present at each practice for those sessions, and assisted any patients with disabilities to complete the survey.

The age group and gender of participating GPs was recorded for comparison with national demographics.

Trends for responses to primary outcome of interest (preference for first name to be used) were recorded and correlated with demographic factors of age, gender, ethnicity and educational level.

Ethics approval was granted by the Griffith University Human Research Ethics Committee.

Analysis methods

The SPSS version 17.0 software was used to analyse the clustered data using the Generalised Estimating Equation (GEE), with an exchangeable working correlation structure to account for within-GP correlation.[16] With the GEE, a binomial distribution with a logit link was used for patient preference for mode of address, where we compared formal (title and last name) versus informal (first name only). For the preference for addressing the GP, a multinomial distribution with a logit link was used to compare formal (title and last name, title and first name and title only) versus informal (first name only). Both univariate and multivariate analyses were performed on patient nominated factors and patient characteristics to provide odds ratios and adjusted odds ratios respectively, with 95% confidence intervals.

Results

Three hundred and eight patients were approached to achieve the target sample size of 260. Of these, 33 were ineligible and 15 declined to participate, giving an acceptance rate in eligible patients of 95% (260/275). Respondents' characteristics are presented in *Table 1*.

Overall demographics of patients were comparable to Australian general practice population demographics when compared with the most recent data from the Bettering the Evaluation and Care of Health (BEACH) survey.[12] A wide range of cultural backgrounds was represented, with the highest proportion from New Zealand and the United Kingdom.

Thirty-eight percent of GP participants were female and 62% male. The age distribution of GPs was comparable to BEACH data,[12] with 15.4% aged 18–39, 69.2% aged 40–59, and 15.4% aged 60–79 years (n=13).

On nominating factors that influence the preferences of address between patient and GP (*Table 2*), 45.8% of respondents elected length of time the patient had known the GP, 14.6% nominated age difference, 7.7% elected gender difference, and 7.7% cultural background. Several other influencing factors were listed in a free text section (26.2%), including respect for the doctor, and what patients perceived the doctor

Table 1. Characteristics of survey respondents (N=260)

Characteristic of respondents	Frequency (%)
Age (years)	
18–39	66 (25.4)
40–59	76 (29.2)
60–79	74 (28.5)
80+	39 (15.0)
Missing	5 (1.9)
Gender	
Male	79 (30.4)
Female	179 (68.8)
Missing	2 (0.8)
Country of birth	
Australia	167 (64.2)
Other and lived in Australia <2 years	2 (0.8)
Other and lived in Australia 2–10 years	19 (7.3)
Other and lived in Australia >10 years	68 (26.2)
Missing	4 (1.5)
Education level reached	
Secondary school completed or less	163 (62.7)
Undergraduate qualification	45 (17.3)
Postgraduate qualification	18 (6.9)
Other	31 (11.9)
Missing	3 (1.2)

Table 2. Patient preferences for modes of address and nominated influencing factors (N=260)

Variable	Frequency (%)	Range of % among the GPs
Preferences for GP addressing patient		
First name only	234 (90.0)	(75–100)
Title and last name	11 (4.2)	(0–15)
Other	10 (3.8)	(0–15)
Invalid/missing	5 (2.0)	–
Preferences for patient addressing GP		
First name only	91 (35.0)	(5–65)
Title and last name	71 (27.3)	(10–53)
Title and first name	27 (10.4)	(5–30)
Title only	54 (20.8)	(5–50)
Other	9 (3.4)	(0–10)
Invalid/missing	8 (3.1)	–
Factors influencing forms of address between patient and GP*		
Age difference between patient and GP	38 (14.6)	(0–25)
Gender difference between patient and GP	20 (7.7)	(0–21)
Cultural background of patient or GP	20 (7.7)	(0–19)
Length of time patient has known GP	119 (45.8)	(25–77)
Other	68 (26.2)	(9–47)
No response	23 (8.8)	–

* Total frequency and percentage were greater than 260 (100%) respectively, because respondents were allowed to select more than one influencing factor

would prefer. Most patients preferred to be called by their first name only (90%), ranging from 75% to 100% among individual GPs (*Table 2*). Those who preferred to be addressed formally (*Table 3*) included older patients, patients born overseas and patients with higher educational qualifications, but given the small numbers in this category, these results should be interpreted with caution.

The split of preferences for what patients prefer to call the GP was much more even (*Table 2*). For example, 35% (range 5–65%) of patients prefer addressing the GP informally using first name only. Patient characteristics significantly associated with preference for addressing the GP more formally included overseas birth, male gender, and no previous acquaintance with the GP (*Table 4*).

Discussion

These results highlight several important principles. Similar to previous overseas findings,[5,8–9] patients in Australian general practice overwhelmingly prefer to be addressed informally themselves; they have much more diverse preferences, however, for how they reciprocate. Thirty-five percent of patients in this study preferred to address the GP by first name only, compared with 40% in an American general practice based survey,[14] 24% in an Israeli study,[10] and 32% in a British survey.[8] It also contrasts with the Australian hospital setting, where 'most' patients prefer to address the doctor formally.[11] The preference for informality among Australian general practice patients may reflect a wider cultural trend in Australia paralleling that of the USA to be relaxed and laidback, contrasting the more formal traditional customs of our British and European counterparts.[17]

These results would also appear to counter the argument used by previous authors that parallel identity terms should be used between doctor and patient,[2,5] indicating that many patients feel comfortable with an imbalance in modes of address. Not surprisingly, many patients felt that the length of time they had known the GP and age difference influenced the level of formality they were comfortable with, but fewer were influenced by gender or cultural differences. Cultural backgrounds of the GPs participating in our survey were not recorded, but in the most recent BEACH data, 26% of GPs were overseas trained, meaning that Australian general practice patients are increasingly likely to be visiting a GP from a different cultural background.[12] Similarly, despite increased feminisation of the general practice workforce,[12] most patients do not perceive gender to be an important influence on their preferences for use of names.

In comparison with the Australian population, our survey population had a higher proportion of people born overseas (22% vs. 36%) and a higher proportion with a Bachelor/postgraduate degree (11% vs. 24%).[18] This could have influenced survey outcomes to some degree, but in all other respects our study population is comparable to Australian population demographics, and results could be confidently applied to the wider population.[18]

A potential area for further research would be looking at GP preferences for how patients address them and how this correlates with patient preferences; this could include a qualitative aspect on how GPs feel about the way they are addressed by their patients.

Table 3. Patient characteristics significantly associated with preference for GP addressing patient formally (title and last name compared to first name only)

Factor	Adjusted odds ratio (95% confidence intervals)
Patient age greater than or equal to 60 versus patient age less than 40 years	4.94* (1.31–18.68)
Patient age between 40 and 59 versus patient age less than 40 years	2.74* (1.23–6.09)
Overseas birth and resided in Australia more than 10 years versus Australian born	4.24* (1.50–12.00)
Patients with undergraduate qualification versus patients with high school education	4.47* (1.96–10.19)

* Significant at 5% level

Table 4. Patient characteristics significantly associated with preference for patient addressing GP formally

Factor	Title and first name versus last name only	Title only versus last name only
	Adjusted odds ratio (95% confidence intervals)	Adjusted odds ratio (95% confidence intervals)
First encounter with GP versus having known GP for more than 5 years	9.62* (1.98–47.62)	2.11 (0.85–5.29)
Overseas birth and resided in Australia between 2 and 10 years versus Australian born	2.97* (1.01–8.74)	0.70 (0.36–1.34)
Overseas birth and resided in Australia more than 10 years versus Australian born	1.88* (1.05–3.38)	1.41 (0.67–2.98)
Male gender of patient versus female	0.71 (0.22–2.29)	2.05* (1.31–3.21)

* Significant at 5% level

Implications for general practice

Our findings help to translate overseas findings into the Australian context, and assist Australian GPs in determining the most appropriate mode of address with patients. General practitioners can feel confident in calling patients by their first names, irrespective of their age, gender, educational level and cultural background. The wide range of preferences for what patients

prefer to call their GP indicates that the best approach for Australian GPs to take in this respect is to allow patients to decide for themselves what form of name they use. A practical approach would be for GPs to introduce themselves at first meeting as their full name and address the patient by their first name, then allowing patients to decide how they prefer to address the GP in subsequent encounters.

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References

1. Kahn M. Etiquette-Based Medicine. New Engl J Med 2008;358:1988.
2. Lavin M. What doctors should call their patients. J Med Ethics 1988;14:129–31.
3. Comstock LM, Hooper EM, Goodwin JM, Goodwin JS. Physician behaviors that correlate with patient satisfaction. J Med Educ 1982;57:105–12.
4. Van Olmen J, Criel B, Devadasan N, et al. Primary health care in the 21st century: primary care providers and people's empowerment. Trop Med Int Health 2010;15:386–90.
5. Makoul G, Zick A, Green M. An evidence-based perspective on greetings in medical encounters. Arch Intern Med 2007;167:1172–6.
6. Amer A, Fischer H. "Don't call me 'mom'": how parents want to be greeted by their pediatrician. Clin Pediatr 2009;48:720–2.
7. Wallace LS, Cassada DC, Ergen WF, Goldman MH. Setting the stage: surgery patients' expectations for greetings during routine office visits. J Surg Res 2009;157:91–5.
8. McKinstry B. Should general practitioners call patients by their first names? BMJ 1990;301:795–6.
9. Tiernan E, White S, Henry C, Murphy K, Twomey C, Hyland M. Do elderly patients mind how doctors address them? Irish Med J 1993;86:73.
10. DeKeyser F, Wruble AW, Margalith I. Patients voice issues of dress and address. Holist Nurs Pract 2003;17:290–4.
11. Stewart-Wynne EG, Tey LY, Marshall JA, De Jesus G. How do patients like to be addressed by hospital staff? Med J Aust 1997;166:224.
12. Britt H, Miller G, Charles J, et al. General practice activity in Australia 2008–2009. General Practice Series no. 25. Canberra: Australian Institute of Health and Welfare, 2009.
13. Vinjamuri I. Greetings survey. Psychiatrist 2009;33:313.
14. Bergman JJ, Eggertson SC, Phillips WR, Cherkin DC, Schultz JK. How patients and physicians address each other in the office. J Fam Pract 1988;27:399–402.
15. Gillette RD, Filak A, Thorne C. First name or last name: which do patients prefer? J Am Board Fam Pract 1992;5:517–22.
16. Liang K, Zeger S. Longitudinal data analysis using generalised linear models. Biometrika 1986;73:13–22.
17. Mills S. Impoliteness in a cultural context. J Pragmat 2009;41:1047–60.
18. Australian Bureau of Statistics. Census of Population and Housing 2006. Available at www.abs.gov.au/websitedbs/D3310114.nsf/Home/census?opendocument#from-banner=GT [Accessed 18 March 2011].

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