General practice consultations

How well do doctors predict patient satisfaction?

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BACKGROUND
While patient satisfaction with the general practice consultation has been extensively researched, there have been relatively few studies of doctors' perception of patient satisfaction. This study sought to measure how accurately doctors are able to predict patient satisfaction with consultations in general practice.

METHODS
Adult patients consulting about new episodes of illness in general practice completed a consultation satisfaction questionnaire. The scores from the questionnaire were compared with doctors' predictions of patient satisfaction.

RESULTS
Nine general practitioners completed the study and returned a total of 167 pairs of questionnaires. On average, the patients gave their doctors higher scores on the general satisfaction and professional care scales than on the depth of relationship and perceived time scales of the questionnaire. On every scale, patients reported higher levels of satisfaction than their doctors predicted they would. There was poor correlation between patient and doctor scores for the perceived time scale, but moderate correlation for the other three scales.

DISCUSSION
Our findings suggest that a doctor's sense that a patient was not satisfied following a consultation may be valid, but that doctors may underestimate their patients' satisfaction.

How valid is the feeling general practitioners sometimes have that their patient has left unsatisfied after a consultation? This question has implications for both clinical practice and medical training.

Patient satisfaction with the general practice consultation has been extensively researched. Factors shown to enhance satisfaction include a patient centred consulting style in which the doctor shows interest and concern, seeks the patient's ideas and opinions, finds common ground, and develops a negotiated management plan.[1–3] There is evidence that a patient centred style enhances patient adherence and may improve health outcomes.[4,5]

In contrast, there have been relatively few studies of doctors' perception of patient satisfaction in general practice.[6,7] We set out to measure how accurately doctors are able to predict patient satisfaction with general practice consultations about new episodes of illness.

Methods

We emailed 41 GPs working in western Sydney (New South Wales) who supervise medical students for our academic department, seeking expressions of interest in this research. We phoned those who responded and visited their practices to explain the study further. We continued recruitment until 10 doctors had agreed to participate, and asked each to recruit 20 adult patients who were consulting with a new problem. Constraints on time prevented us from recruiting more doctors, but we estimated that with an 80% response rate, data from 160 consultations would give the study greater than 90% power at the 0.01 significance level to detect a mean difference of 0.5 standard deviations between patient satisfaction scores and their doctor's predictions of those scores.

The practice receptionists gave information sheets and consent forms to consecutive patients aged 18 years or over. Patients were asked to participate if they were consulting the doctor about a new problem. If the patient agreed, they returned the signed consent form to the receptionist and received in return two unsealed envelopes, one addressed to the patient, the other to the doctor.

The patient's envelope contained a copy of the consultation satisfaction questionnaire (CSQ).[9] The CSQ

Table 1. Patient and doctor scores on each of the scales of the consumer satisfaction questionnaire (note: the score on each scale ranges from 1–5; 1 = lowest, 5 = highest level of satisfaction)			
Scale of CSQ	Patient mean (SD) score	Doctor mean (SD) prediction of patient score	Paired sample t-test, comparing patient scores with doctor predictions
General satisfaction	4.42 (0.58)	3.76 (0.59)	t=13.6, $p<0.001$
Professional care	4.44 (0.54)	3.86 (0.41)	t=13.8, $p<0.001$
Depth of relationship	3.83 (0.70)	3.01 (0.67)	t=15.6, $p<0.001$
Perceived time	3.96 (0.81)	3.78 (0.63)	t=2.54, $p=0.012$

Table 2. Correlations between patient scores and doctor predictions on each of the scales of the consumer satisfaction questionnaire		
Scale of CSQ	Pearson correlation coefficient	Significance
General satisfaction	0.44	$p<0.001$
Professional care	0.38	$p<0.001$
Depth of relationship	0.52	$p<0.001$
Perceived time	0.18	$p=0.021$

is a validated measure of satisfaction with the consultation. It includes 18 items, each with five response options ranging from 'strongly agree' to 'strongly disagree', and generates scores on four scales: general satisfaction, professional care, depth of relationship and perceived time. The doctor's envelope also contained a copy of the CSQ, but the doctor was asked to anticipate how the patient would have responded and to score the items accordingly. Both questionnaires bore the same study record number to permit subsequent matching. No identifying details of the patient were recorded.

Immediately after the consultation, the patient was asked to seal their completed CSQ in the envelope provided and deposit the envelope in a box on the reception desk. The doctor was also asked to seal their completed CSQ in the envelope provided. The sealed envelopes were collected and the data was coded and entered into SPSS. Relevant univariate and bivariate distributions were plotted, and summary statistics calculated.

This study was approved by the University of Sydney Human Research Ethics Committee. Participating doctors were awarded Royal Australian College of General Practitioners continuing professional development points.

Results

Nine GPs (five women) completed the study and returned a total of 167 pairs of completed questionnaires (range 15–20 per participating doctor).

Table 1 shows patient mean scores on each of the four scales of the CSQ, and the doctor mean predictions of the patients' scores. On average, patients scored their consultations with the doctors higher on the general satisfaction and professional care scales than on the depth of relationship and perceived time scales. For all four scales, the patient scores were on average higher than the scores the doctors had predicted.

Table 2 gives the Pearson correlation coefficients between patient and doctor scores on each scale of the CSQ.

Discussion

We found that for all four scales of the CSQ, doctors tended to underestimate patient reported levels of satisfaction. For general satisfaction, professional care and depth of relationship, doctors' predictions were moderately correlated with patient scores, but for perceived time there was poor correlation between these predictions and patient scores.

Our findings were obtained from a small, nonrandom sample of GPs, so their generalisability may be in doubt. However, they are consistent with the findings of the one other study we have found in which patient satisfaction scores for individual consultations were compared with their doctor's predictions of those scores in a family practice setting.[6]

We found two other studies that compared patient and doctor views of the consultation in general practice, but these used different methodologies to our study. McKinstry et al[7] gave the CSQ to 1848 patients of 29 Scottish GPs, who were asked to predict their patients' overall satisfaction with the consultation. There was poor correlation between patient scores on the CSQ and the doctors' prediction of overall satisfaction. Rashid et al[8] obtained data from 250 patients consulting with five doctors in England. The patients completed a questionnaire to measure their satisfaction with various aspects of the consultation, while the doctors completed a questionnaire to measure their own satisfaction with the same aspects. For all aspects, the patients were significantly more satisfied than the doctors were.

It appears from our findings and those of others that doctors tend to underestimate their patients' reported satisfaction. In our study and that of Hall et al,[6] doctors achieved moderate correlation with patient scores on at least some scales.

It may be that doctors participating in our study and others tend to be modest in their predictions of patient satisfaction. Alternatively, they may be genuinely more critical of their performance than their patients are. Satisfaction depends, at least in part, on expectations being met. Perhaps in many ways the doctors in our study were meeting

their patients' expectations better than they thought. However, the poor correlation on the perceived time scale suggests that the doctors were not aware when patients desired a longer consultation. Doctors don't always elicit all of their patients' concerns,[10] so a doctor may believe that they have dealt in full with a patient's agenda when in fact the patient has further matters they wish to discuss.[11]

Our findings suggest that a doctor's sense that the patient was not satisfied following a consultation may be valid, but that doctors may underestimate their patients' satisfaction. This may prompt reflection and self examination. If a doctor feels strongly that the patient is not satisfied, a direct enquiry of the patient may help clarify whether that is indeed the case, and why.

Conflict of interest: none declared.

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