

Expectations of patients towards general practitioners in Poland

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ABSTRACT

Introduction

Primary healthcare in Poland plays a key role in the whole public healthcare structure in Poland. Professionals employed in this sector meet not only health needs of patients but also psychological and emotional ones. Primary health care also contributes to the social and economic development of the society. The one of strategic goals of primary healthcare in Poland is to provide satisfaction with its services, which is strictly related to patients expectation towards general practitioners.

Objective

The purpose of this study is to present how expectations of patients towards general practitioners are depicted in professional literature.

Results

Analysis of presented studies showed that patients of Polish primary healthcare practices mainly expect discussion about the health problem and comprehensible information on how to deal with their illness. On the other hand one large-group study revealed that patients await on the first place effectiveness of treatment, professionalism of the practitioner and the solution of the their problem. Although, explaining and informing was also very frequently chosen answer in

the questionnaires. Polish patients of general healthcare services relatively rarely expect emotional support, but seeking some kind of psychological help may be even the main reason for visits of patients over 65 to a primary care physician. This is crucial issue as many patients who met general practitioners with their complaints are from geriatric age group.

Conclusions

A satisfactory exploration of the patients' expectations in primary health care conditions seems to be pivotal for an good communication with patients and providing adequate healthcare. Lack of understanding of the patient's needs and lack of coping skills with patients who primarily expect to be able to talk to their doctor and receive comprehensive information, explanation of medical problem and emotional support, may be a source of dissatisfaction with the visit of both the doctor and the patient.

Keywords: General Practitioners, Patient Preference

Introduction

In Poland and other countries in Central Eastern Europe general practitioners and primary healthcare system (polish abbreviation – POZ) are the core of the public health care system [1]. The breakthrough event for its development was the declaration adopted by the World Health Assembly (Alma-Ata, 1978). It emphasizes the importance of POZ influence not only on the health status of the population, but also on the social and economic development of a society. According to the document ‘Analysis of the functioning of primary healthcare in Poland and proposals for system solutions’ [2] created by a team appointed by the Minister of Health strategic goals of POZ in Poland are (1) preservation and improvement of the health of the society, (2) limitation of the financial consequences of the disease and disability of the beneficiaries of primary care and (3) a high level of safety and satisfaction with POZ services. The last point is interesting in particular. Raising the issue of the satisfaction with healthcare services, it recalls the matter of expectations of patients that should be faced to obtain their contentment.

Objectives

The purpose of this study is to present how expectations of patients towards general practitioners are depicted in professional literature.

Methods

Significant articles describing expectations of patients towards general practitioners have been analyzed.

Results

General practitioners (GP`s) are expected meet and satisfy patients' expectations and needs. Nonetheless, doctors view on what exemplify good practice may differ from patients opinion. Thus, it seems significant to have awareness of areas of controversy between patients and their family doctors.

Therefore, there was a study by Jung et al. conducted in the Netherlands to explore, which aspects of primary healthcare are assessed differently by family doctors and patients [3]. The study subjects were 1772 patients (from 45 GPs) and a random sample of 315 GPs.

Patients filled in a questionnaire involving 23 aspects of primary healthcare and rated the importance of each aspect, also 315 GPs completed the same formula and gave their opinion on each feature and 315 GPs completed the questionnaire as well, but presented their perceptions of patients' evaluations.

This study showed that there is a high correlation between the priorities of patients and doctors. The five aspects ranked highest by the patients were also ranked most positively by the GPs. These were: "keeping data confidential", "listening to you", "spending enough time during consultation", "providing quick service for urgent problems", and "helpfulness of staff".

However, some interesting differences were found as well. Initially these were present in organizational area. GPs ranked "waiting time in the waiting room" and "being able to speak to the GP on the telephone" significantly higher than patients.

Nevertheless, the largest differences were found for the aspect "preparing for what to expect from specialist or hospital care" (rated positive by 74.7% of patients and by only 40.4% of doctors). Furthermore "quick relief of symptoms" was higher rated by patients than physicians (74.8% and 41.4% respectively), and "helping to understand the importance of following the GPs' advice" as well (79.7% of patients, 47.9% of GPs).

A satisfactory exploration of the patients' expectations in primary health care conditions seems to be pivotal for an good communication with patients and providing adequate healthcare. Notwithstanding, many GPs are sceptic about asking patients to depict their experiences and needs. This phenomenon may be result of lack of time while patient examination, apprehension of criticism or simply, lack of real interest of this issue.

Thus, many other studies were performed to evaluate patients needs in context of primary healthcare and hospital environment.

Initially, Moczyłowska et al. [4] described patients expectations toward medical staff in the area of surgical (I group) and non-surgical (II group) wards. The study included 300 patients who anticipate the accuracy of diagnosis (25.3% in group I and 28% in group II) and physical examination (23.3% in group I and 30% in group II). Although the highest percentage of respondents indicated that discussion about the health problem with the patient (71.8%), and comprehensible information on how to deal with family member illness (86.5%) were the most important. According to the study, features esteemed by the patients were the ability to evoke trust (76.5%) and selflessness (59.8%). According to presented facts, patients treated in hospital departments expect to be precisely examined and receive accurate diagnosis but satisfaction with medical services may not be full while good treatment is not followed by simple information about patient condition and accessible explanation of recommendations given to relatives.

Is similar approach present among patients of primary healthcare practices?

The most comprehensive depiction of this problem in Polish literature was created by Marcinowicz et al. [5] The study was conducted using a questionnaire survey among 1330 respondents. There was one, close-ended question: 'Have your expectations for the last visit been fulfilled?' and following open-ended question with substantiation of the answer. The majority of respondents (79.2%) answered that their expectations for the last visit had been met. According to the open-ended question, the needs of patients were divided in several groups: instrumental effectiveness, informing the patient, patient-doctor relationship, referral for diagnostic testing, issuing prescriptions, referral to specialist, effectiveness of doctor's expressive functions.

The most often indicated answer was instrumental effectiveness (22%). First of all, this wide term consisted of the effectiveness of treatment, professionalism of the practitioner and the solution of the patient's problem. In this category also correct diagnosis, recovery or improvement of the health condition and the fact that the doctor examined the patient were classified.

The second, most often recorded category of expectations (21,8%) was explaining, informing the patient about the disease, proceeding, prevention and making it possible to ask questions and answer questions of the patient. The way of providing information was also very important

for respondents of the study. They expected comprehensive information, given in intelligible, understandable way with valuable tips and exact explanation. What is more, the ability to make a freely talk and ask questions was truly appreciated.

Further, less frequently indicated expectations towards the family doctor referred to the patient's relationship with the doctor (13%). In this group listening to the patient, interest in the patient, his health and doctor`s attitude, behaviour as well as dedicated time were mentioned.

Interestingly, expectations related to referring to diagnostic tests, making a prescription, referral to specialist consultation, expressive effectiveness (understood as providing emotional support of the patient (e.g. anxiety reduction), improvement of general well-being and other positive emotions accompanying the patient during the visit) as well as aspects of visit organisation were indicated quite rarely.

The results of research carried out by Rotter et al. [6] were analogous in the area of expectations of emotional support. According to the study, the level of this kind of expectations of polish patients of primary healthcare services is rather low. Although, with age, the patients have a growing need for emotional support and the difference between young people and older patients are statistically significant ($p < 0.05$). What is more, there is a statistically significant relationship between education and the expectation of emotional support (higher expectations in the groups of people with higher education). Moreover, retirees, widows / widowers and people having no spouse require more emotional support.

In the research by E Kemicer-Chmielewska [7] confirmation of above presented facts on emotional support. Older age is associated with higher level of expectations of emotional support, while respondents from geriatric age group frequently await simple explanation of the illness and information regarding examination and treatment.

The study by Strzelecka et al. [8] showed that the expectation to receive emotional support are even the main reason for visits of patients over 65 to a primary care physician.

On the other hand, Grywalska et al. [9] showed that patients from all age groups not only expect professional medical, but also to receive spiritual support and assistance in solving personal, family and social problems. Lack of good social relations, a sense of isolation, may contribute to the fact that many people seek help and emotional support from their family doctor.

In the literature depicting expectations of patients towards general practitioners there is also opinion on diversity of patients needs [10]. For instance, older patients have different needs when they attend a visit in primary healthcare practice. According to the study, there are three groups of patients. The first one (mainly men) have a priority to receive accurate diagnosis and effective treatment. Second mainly appreciate practitioner`s interest of their problem and friendly approach. There is also last group, people living alone or disabled, whose fundamental need according to primary healthcare is to have a home visit.

Nowadays, patient-centered model of healthcare, giving an autonomy to patient is found as the most desirable, but according to the cited study, some patients of older age are passive and may prefer a paternalistic style of healthcare. There is therefore a need to recognize the needs and expectations of older patients and their individual treatment.

How is the situation in other countries of former Eastern Bloc? According to the study showing primary healthcare patients expectations in Lithuania [11] the most frequently met expectations were need for information and explanation of the medical problem and the least reported was seeking for emotional support. Authors suggest that it may prove that in Lithuania, the explanation of information in an understandable way and providing help in personal problems are not satisfyingly often performed. This phenomenon be explained by the well-established opinion in the former Eastern Block country society that physicians should primarily pay attention to the clinical, biomedical aspects of the problem presented by the patient, and emotional, social problems are not in the area of physician interest.

In Slovenia a wide study by Kersnik [12] assessing patient satisfaction with primary healthcare services can be a source of knowledge about society needs in this area. Respondents appreciated listening skills of a doctor, ability to speak to the general practitioner on the phone and confidentiality of medical records an quick relief of symptoms. On the other hand, quite low percentage of patients were satisfied, when it came to fulfill their need to have a medical problem explained, to receive enough interest in their personal situation and enough time during the consultation. The lowest contentment of respondents was associated with time of waiting in the waiting room. Thus, author suggest that doctor–patient communication skills should be improved and deep organisational changes to reduce time of waiting for a visit and provide enough time for a consultation to explain medical situation and analyze patients personal situation.

Conclusions

Analysis of presented studies showed that patients of Polish primary healthcare practices mainly expect discussion about the health problem and comprehensible information on how to deal with their illness. On the other hand one large-group study revealed that patients await on the first place effectiveness of treatment, professionalism of the practitioner and the solution of the their problem. Although, explaining and informing was also very frequently chosen answer in the questionnaires. Polish patients of general healthcare services relatively rarely expect emotional support, but seeking some kind of psychological help may be even the main reason for visits of patients over 65 to a primary care physician. This is crucial issue as many patients who met general practitioners with their complaints are from geriatric age group.

Largely, the same needs were presented by patients from other countries of former Eastern block. In Lithuania, the most frequent was wish to receive information and explanation of the medical problem and the least reported was seeking for emotional support. Slovenian patients were not fully satisfied, when it came to fulfill their right to have a medical problem explained, to receive enough interest in their personal situation and enough time during the consultation. The lowest contentment of respondents was associated with time of waiting in the waiting room. Interesting facts were illustrated by the study comparing patients and doctors opinions on key aspects of every consultation. The largest differences were found for the aspect “preparing for what to expect from specialist or hospital care”, “quick relief of symptoms” and “helping to understand the importance of following the GPs’ advice” as well, when patients judge this aspects as significantly more important than their family doctors.

How important is identification of patient needs for both doctor and beneficiaries of health services was described by Czachowski et al. [13]. In their qualitative research, they note that giving frequent advice to people reporting to the family doctor for "banal" reasons may be the cause of occupational burnout of general practitioners. Lack of understanding of the patient's needs and lack of coping skills with patients who primarily expect to be able to talk to their doctor and receive emotional support, may be a source of dissatisfaction with the visit of both the doctor and the patient.

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