ARTICLE ORIGINAL / ORIGINAL ARTICLE

WHAT MATTERS IN THE PATIENTS' DECISION TO REVISIT THE SAME PRIMARY CARE PHYSICIAN ?

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ABSTRACT • Objective : To assess the priority of various aspects of the patient-primary care physician relationship in the decision to visit again that same physician. **Study settings** : A total of 400 community residents in Ras Beirut, Lebanon. **Study design** : A cross-sectional community based study sampled by a nonrandom sex-education quota-based procedure. **Data collection** : Participants were asked to fill a survey where they indicated the ranking of nine items by importance in their decision to revisit the same physician. The nine items were chosen from three categories of factors : professional expertise of the physician ; characteristics of the patient-physician relationship, office organization. **Results** : Having a physician that gives the patient adequate time for discussion prevailed as rank 1 and luxurious clinic ranked as 9th. Affordability was one of the main concerns among men, those with poor health and those of lower socioeconomic status. Accessibility of the physician's phone was considered highly important among women and those of lesser education status. **Conclusions** : This study emphasizes the importance of adequate time with the patient, accessibility and affordability of the physician in maintaining continuity of care and patient satisfaction, beyond mere medical expertise.

Keywords : Lebanon, choice, patient-physician relationship, office management, decision making, Arab, free market

Antoun JM, Hamadeh GN, Adib SM. Qu'est-ce qui détermine la décision de retournner consulter le même médecin en pratique de première ligne ? J Med Liban 2014 ; 62 (4) : 198-202.

RÉSUMÉ • Objectif : Évaluer l'ordre des priorités des divers aspects de la relation patient-médecin dans la décision de consulter à nouveau le même médecin. **Population**: Quatre cents habitants de Ras Beyrouth, Liban. **Design** : Étude transversale sur un échantillon non-aléatoire, avec sélection de quotas égaux pour les deux sexes. **Collecte des données** : Les participants ont été invités à compléter un questionnaire où ils devaient classer neuf éléments par ordre d'importance dans leur décision de revoir le même médecin. Ces éléments appartenaient à trois catégories de facteurs : l'expertise professionnelle du médecin, les caractéristiques de la relation patient-médecin, et l'organisation du lieu de consultation. **Résultats** : Le premier rang d'importance était que le médecin donne au patient le temps adéquat pour la discussion, alors que le luxe de la clinique a été classé 9e. Le coût abordable est l'une des principales préoccupations chez les hommes, ceux qui ont une mauvaise santé et ceux de faible statut socioéconomique. La première priorité pour les femmes et pour ceux de faible niveau d'éducation était d'avoir accès au téléphone du médecin. **Conclusions** : Cette étude souligne l'importance de l'accessibilité du médecin, de la durée de la consultation et du coût abordable dans le maintien de la continuité des soins et de la satisfaction du patient, au-delà de la simple expertise médicale.

INTRODUCTION

Patients who have the option of choosing their primary care physician seem to be more likely to engage in mutually beneficial outcomes, such as greater overall satisfaction, and duration of relationship [1-3], and adherence to treatment regimens [2]. Previous studies have shown that patients do not actively get involved in pursuing ways for selection of their physicians. They rely on proximity and recommendations from family members and friends [4-7]. Recently, there has been more emphasis on active physician selection by patients using card reports about physicians qualities. Despite this consumerist behavior trend, the Health Tracking Household Survey (HSC 2007) revealed that half of the surveyed adults who found a new primary care physician in the past year relied on recommendations from friends and relatives [8].

Previous studies in the US and UK have shown that patients are both interested in technical and interpersonal skills of the physician [9]. An exploratory study approached community residents and assessed the importance of 23 items on the decision to choose a physician [10]. These items fell into three groups of factors: professional skills; office management; and physician's personal characteristics. Personal characteristics of the physician did not play any role in the choice process. Board certification, physical appearance of the office and waiting for appointment received the highest ratings [10].

After the initial personal encounter, a patient has to make a decision whether to continue with the same physician, choose a different physician, or even elect not to contact any physician in the future [11]. Recommendations, accessibility and convenience issues were less important in making that decision than factors related to the encounter, like affective qualities of the physician and

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outcome of the visit [11]. This predicament is further supported by a qualitative report from Hong Kong which showed that patients attend to the same doctor again mainly if they got relief of their symptoms [12].

Most studies on issues of physician selection are conducted in countries with some structure of managed care. In many non-Western countries, such as Lebanon, the primary health care system is composed of private solo practices and public care centers. Individuals are free to choose between different physicians and usually pay out of pocket. Some might have private insurance; others are covered by government funds.

In this "free market" environment, a large number of physicians compete to attract and retain clients. Patients tend to shop around for doctors and they might settle down only if they establish a good relationship with a given physician [12]. Hence, the initial encounter plays a major role in the decision of the individual to return and get involved in a longer professional relation with the same physician.

This pilot study, the first of its kind in Lebanon, examines the diverse aspects of the patient-physician encounter in the decision-making process among the Lebanese patients to return to the same physician.

METHODS

Population and sample

The study is a community-based cross-sectional sample survey conducted in Ras Beirut, a central residential district in Beirut City, capital of Lebanon (area: 10,452 km^2, pop. est. 4.2 million). The population for this study was defined as adults (20-65 years) residing in Ras Beirut who visited a physician for the first and only time in the past six months. The actual participants were selected using a nonrandom quota-based convenience sample. Participants were recruited from four equal quotas of sex and educational levels (high school or less versus more than high school).

Sampling was done at four general-purpose stores in the targeted area, at various hours over a two-month period. The sites were chosen to represent the general population as much as possible. Individuals were approached as they entered the stores, and were invited to participate in a three-minute questionnaire.

Those agreeing to self-complete the questionnaire were first asked whether they had visited a physician for the first and only time in the past six months. If yes, they were asked about their ages and whether they resided in Ras Beirut. Illiterate participants were excluded. If all inclusion criteria were met, a short Arabic questionnaire was handed to them to be completed on their own without any assistance.

Survey questionnaire and variables

The items of the questionnaire explored both technical and interpersonal aspects of the encounter (See Box 1). In addition to personal data, nine items were included from three categories:

1. *Professional expertise of the physician*: medical school the physician graduated from and acquisition of specialization degrees.
2. *Characteristics of the encounter*: adequate time for explanation and discussion of the problem and treatment; and responding to patient's request for laboratory and imaging tests and medications.
3. *Office organization*: waiting time, helpfulness of the receptionist, availability of the physician's private telephone number, clinic furniture, and cost of the consultation.

Respondents were asked to rank the various items from the highest (1) to the lowest (9) importance in deciding to continue to visit the same physician.

Personal information covered socio-demographic factors: age, education (2 levels), gender, socioeconomic status (SES) as indicated by the crowding index (number of persons/rooms in the household with a higher crowding indicating lower SES); as well as perceived health status (4-level Likert scale). In the analysis, the median was used as a cutoff point in dichotomizing age and SES.

Box 1: English translation of the items included in the questionnaire that the participants were asked to rank based on their decision-making importance

Arrange the following nine features based on their importance in your decision to visit again the physician after your last visit. Rank them from the highest (**1**) to lowest in priority (**9**)

- You got the doctor's personal number .....
- The doctor responded to my desire in prescribing certain antibiotics or performing certain laboratory tests .....
- The doctor has spent enough time to give information and discuss treatment .....
- I did not wait a lot at the clinic .....
- There was a large number of certificates hanging on the wall .....
- The fee of the physician was low .....
- The medical school that doctor graduated from .....
- The clinic furniture was luxurious .....
- The receptionist was friendly and polite .....

Statistical analysis

The SPSS statistical software (SPSS, inc. v.16. Chicago, Illinois) was used for data entry. Frequencies of each rank for the nine items were tabulated. Ranks were subsequently compared for all five personal factors. Differences in ranking were analyzed using a qualitative approach.

RESULTS

Table I shows the personal characteristics of the 400 respondents. The mean age was 40 years and the mean crowding index was 1.0 person/room. Three-quarters of participants considered their health good or excellent and only 3% considered it poor or very poor.

Table II shows that having a physician that gives the patient full attention and adequate time prevailed over the other factors in the decision to continue to visit the same physician. It was ranked 1st by 60% of respondents (data not shown) and among the first three ranks by almost all the respondents (87.9%). Approximately 40% of the participants ranked the medical school the physician attended and short waiting time at the office visit among the first three items. Almost 50% and 81% ranked friendly receptionist and luxurious clinic, respectively, among the last three items.

The importance of the adequate discussion time spent in the encounter remained a top priority regardless of age, sex, SES, education and health status. Nice clinic furniture ranked the least important, regardless of any personal characteristic. The ranking of reasons second to fourth shuffled when analyzed by various socio-demographic factors determinants. For example, school of graduation ranked 2nd for males but not for females, for younger but not older respondents, for those with higher education but not those with lower one, for those with very good or poor health but not those in good to medium health, and was not affected by SES levels. Inexpensive fees ranked 2nd or 3rd in participants who described their health status as average or bad. Men, also, ranked this item 4th. Low SES ranked it 3rd after adequate time for discussion and medical school the doctor attended. Inexpensive fees ranked 2nd or 3rd in participants who described their health status as average or bad.

TABLE I
CHARACTERISTICS OF THE PARTICIPANTS (N = 400)

Characteristics	N (%)	Mean (SD)	Median [Range]
Age (years)			
20-40	193 (48.3)	40.2 (12.5)	40.0 [20, 65]
≥ 41	207 (51.7)		
Crowding (persons/room)			
Lower SES*	132 (33.0)	1.1 (0.7)	1.0 [0.2, 6.0]
Higher SES	268 (67.0)		
Sex			
Male	200 (50.0)	–	–
Female	200 (50.0)	–	–
Education			
Lower (high school or less)	200 (50.0)	–	–
Higher	200 (50.0)	–	–
Perceived health status			
Very good	125 (31.3)	–	–
Good	179 (44.8)	–	–
Average	84 (21.0)	–	–
Poor/Very poor	12 (2.9)	–	–

SES: socioeconomic status. All respondents whose household crowding index was ≥ median were categorized as lower SES.

DISCUSSION

This study has shown that adequate time for discussion and treatment provided by the physician is the most important factor in the decision of the patient to visit the same doctor again irrespective of socio-demographic or health status. Previous research had identified professional skills and expertise as most important in the initial choice of the physician [10]; whereas the level of confidence and trust

TABLE II
RANKING OF THE ITEMS INFLUENCING THE PATIENT'S DECISION TO RETURN TO THE SAME PHYSICIAN (N = 400)

Items	N (%) who ranked the item among the first three items	N (%) who ranked the item among the last three items
Adequate time for explanation and discussion of treatment	350 (87.5)	11 (2.7)
The medical school the doctor attended	169 (42.2)	80 (20.1)
Short waiting time at the office visit	156 (39.0)	68 (17.0)
Accessibility of physician's private telephone number	137 (34.2)	92 (23.1)
Inexpensive fees	113 (28.3)	109 (27.2)
Doctor has lots of degrees	95 (23.7)	138 (34.6)
Doctor accepts patient's requests for labs and x-rays or medications	95 (23.7)	181 (45.2)
Friendly receptionist	72 (18.0)	197 (49.3)
A luxurious clinic	13 (3.3)	324 (80.9)

in their physicians was highly associated with the patient's satisfaction with their physicians [13]. The reputation of the school from which the physician graduated was only second, and the preference for this varied based on personal characteristics of respondents. A consensus was found regarding the least important element of choice: the furnishing of the clinic.

The importance of providing enough time for patients in primary care, especially in the first encounter, has its impact on better medical outcomes and more intelligent decisions by both physicians and patients concerning their health management. Giving the patient more time to discuss his/her problems and emotions will lead to better comprehension of the medical information and accurate diagnosis which in turn will lead to less investigation, unindicated medication prescription and better adherence to management [14-16]. The latter is very important on the economic aspect of the healthcare delivery in a country where 21% of the Lebanese population are considered poor and only 5.9% of government expenditure goes to health care. Moreover, out-of-pocket constitutes 60% of total health expenditure [17].

Short waiting time was found highly important for patient's desire to return to the same clinic. This patient demand will pose a great challenge to physicians who have not identified a formula to balance giving patients more time during the encounter and maintaining a financially reasonable appointment list. Giving patients more time while keeping waiting times short implies taking in smaller numbers of patients, a reduction physicians may not always be able or willing to afford. A sliding scale linking fees to duration of encounter may be a solution to this conundrum. Patients often complain about high physician fees for relatively short encounters. They may be convinced that fees could vary proportionally to duration of visits.

A good health care system should be rooted in affordability, accessibility and accountability. Inexpensive fees were a salient issue with men, lower SES categories and those with poorer health. This reflects the rising costs of medical care for those with chronic health problems. In Lebanon, most men are sole bread-winners in their families and thus likely to be more sensitive to affordability as an important issue.

Accessibility of the physician's private telephone number was ranked 4th to 6th by 40% of the participants. There were some differences in choices between different sociodemographic categories of participants. Women considered the availability of the physician's private telephone number as 2nd most important compared to men who ranked it 5th. Women are known to use health services more than men and are more likely to be caregivers for the whole family members, especially for sick children. The easy accessibility of support from the physician puts women at ease in case of complications or problems. This preference was also noticed among those with lower educations status, similarly reflecting the insecurity of this category facing health issues. The open-access policy approach may jeopardize the privacy of the physician. Education of the patients about emergencies requiring direct calls may be needed in parallel to their obtaining a private number. Proper explanation of medications and illness time course would also limit the abuse of telephone contacts.

The medical expertise of the physician was interestingly important mostly in the extremes of perceived health status. This item moved from 4th to 2nd rank in those who perceived their health as very good or very poor. One may understand the expectations of the very sick patients for the best medical care possible. However, the importance of the expertise of the physician among individuals with very good health compared to those ranking their health as just plain good/average is intriguing and less easy to understand. One may speculate that those who perceive their health as very good are those most committed to better health, which implies higher demand for best knowledge and best expertise in all things related to provision of health.

Participants were asked to answer a hypothetical question about the importance of various aspects of patient-physician relationship on their decision to continue to visit the same physician in the future. It would be interesting to find out whether participants actually practice what they think as important in their decision when actually visiting their physician for a second time. Moreover, this study is a pilot study and is not generable to the whole Lebanese population. Rural populations might have different attitudes.

CONCLUSION

The most important issues in a sustained patient-physician relationship in Beirut remain the interactive dimensions of the encounter rather than other contextual or organizational factors. The importance of providing enough time for patients in primary care should be emphasized in training in basic communication skills in medical school curricula. These findings help the physician in decisions concerning practice management such as accessibility as well as waiting/encounter time and office management.

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