Older patients' satisfaction and length of visit in primary care – what influences this?

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TAKE HOME:

- **Patient's satisfaction in primary care appears independent form the length of the visit**
- **The satisfaction with visit in older patients can be increased by: higher number of patient's diseases, recent hospitalisation, lower functional decline, higher doctor's work satisfaction and greater percentage of older patients, and low staff turnover in the facility**
- **The length of the visit can be decreased by: higher patient's education, less functional decline, longer doctor's seniority and more working hours in the facility, satisfaction with work, national founding of the facility and low staff turnover**
- **Age does not determine how long or how good the appointment is for patients 50+**
- **Staff retention and satisfaction appears a substantial factor when both the quality and efficacy of primary care are considered**

1. WHY? Patients' satisfaction (PS) frequently represents the quality of primary care (PC), whereas its efficacy standards impose strict limits of the time spent per visit [1,2]. The data about associations between length of the visit (LOV) and PS are unambiguous[3-4] what calls for more detailed research. Setting out to additionally challenge stereotypes on the elderly patients' visits in PC, perceived as taking longer than for younger adults [5], the **aim of the present study is to identify and better understand the relationships between PS, LOV and basic factors characterising patients, doctors and facilities.**

2. HOW? The data were taken from a larger sample of *PRACTA-promoting active aging in medical practice* study [6,7] - www.practa.wum.edu.pl - **1559 patients** (age M=69,6, SD=9,1, range 50-98; 56% women) and their **155 general practitioners (GP)** (age M=52,3, SD=11,6, range 28-79; 71% women) in 81 PC facilities in central Poland were included.

Independent variables comprised three categories (for details see table 1): the patient's demographic and health status, the GP's demographic and professional characteristics, facility features. One-dimensional PRACTA Satisfaction with Visit Scale (PRACTA-PSVS), Heath Impact on Activities scale (HIA) and Doctors Work Satisfaction scale were also used [8,9].

3. WHAT? The Generalized Linear Models (GENLIN) computed using IBM SPSS 24 software, showed that:

❖ **factors from all three mentioned categories significantly contributed to PRACTA-PSVS (M=5.6, SD=0.8, range 2.29-7.00) and the LOV (M=15.54, SD=5.65, range 1-90)** (table 1), **often to both.**

For example:

- **Patients who are better educated had lower PS and shorter LOV; medical aim of the visit and number of diseases increased PS but didn't relate to LOV, while functional decline (HIA) increased LOV but decreased PS.**
- **Doctors who are married had higher PS and LOV; those working longer in given facility had greater PS and shorter LOV, whereas more hours per week in the facility had a reversed effect; having a lower rate of senior patients decreased PS as did training in geriatrics; higher work satisfaction increased PS and decreased LOV.**
- **Facilities founded nationally had worse PS and shorter LOV, whereas little staff turnover resulted in higher PS and shorter LOV**

❖ **Patient's age does not explain LOV nor PS**

❖ **PS to LOV relationship was negligible** (r=0.06, p=0.001, but Wald's $\chi 2 = 5.33$; p=0.07).

4. SO WHAT? Against the stereotypes nor LOV nor PS depends of patient's age among PC users aged 50+.

Although LOV is not a factor stratifying PS, we found a number of significant factors associated with both variables. **When aiming at improving PC quality and efficacy for older adults, specific PS and LOV related factors concerning patients, doctors and facilities should be carefully considered. It appears that the continuity of care (low staff turnover, doctor's seniority in one facility) and doctor's work satisfaction are essential factors.**

Table 1. Characteristics of patients, physicians and facilities and their role for patient satisfaction and length of the visit in primary care

	M (SD)	% (n)	range	Patient satisfaction Wald's χ^2 (p)	Length of the visit Wald's χ^2 (p)
PATIENT ***Wald's*** **χ^2 for the model (p)**				135.64 (<0.001)	52.93 (<0.001)
Intercept in the model				455.40 (<0.001)	55.98 (<0.001)
Age	69.6 (9.1)		50-98	**0.80 (0.37)**	**0.18 (0.67)**
Gender - women		56 (867)		0.34 (0.56)	2.83 (0.093)
Marital status -Marriage/partnership		64 (997)		**11.15 (0.01)**	**5.86 (0.12)**
Education -higher		20 (308)		**32.20 (<0.001)**	**10.13 (0.038)**
Financial status	3.2 (0.8)		1 (bad) – 5 (good)	0.90 (0.34)	**7.30 (0.007)**
Living alone		19 (302)		2.05 (0.56)	0.94 (0.82)
Aim of the visit – medical		83 (1300)		**38.03 (<0.001)**	**3.19 (0.20)**
Health state – good		27 (417)		**11.22 (0.001)**	**10.44 (0.001)**
Self-rated health	2.9 (0.7)		1 (v. good) – 5 (v. poor)	**0.48 (0.49)**	**0.58 (0.45)**
Number of diseases	1.5 (0.9)[a]		0 (none) to 4 (6+)	**17.34 (<0.001)**	**0.11 (0.74)**
HIA	1.5 (0.6)		1 to 4[b]	**28.54 (<0.001)**	**4.57 (0.033)**
DOCTOR ***Wald's*** **χ^2 for the model (p)**				123.16 (<0.001)	103,20 (<0.001)
Intercept for the model				463.76 (<0.001)	119.94 (<0.001)
Age	52.3 (11.6)		28-79	1.42 (0.23)	2.82 (0.093)
Gender -women		71%[c]		0.01 (0.9)	**4.77 (0.029)**
Marital status – married/partnered		82%		**15.10 (0.002)**	**33.67 (<0.001)**
Self-rated health				0.89 (0.35)	3.78 (0.052)
Training in geriatrics – at least one		32%		**30.33 (<0.001)**	**25.44 (<0.001)**
Rate of patients at age 65+ -50% or more of		67.3%		**47.77 (<0.001)**	6.17 (0.10)
Seniority	26.2 (11.6)		2-60	**0.03 (0.87)**	**1.61 (0.21)**
Seniority in given facility	13.33 (9.86)		1-46	**8.39 (0.004)**	**5.67 (0.017)**
Number of patients	1741 (555)		25-3000	**12.78 (<0.001)**	0.41 (0.52)
Working hours total/week	43.5 (10.3)		9-80	0.90 (0.34)	**6.26 (0.012)**
Working hours in facility	34.2 (10.7)		4-73	**6.61 (0.01)**	**12.18 (<0.001)**
Work satisfaction	5.2 (0.94)		1.8-7[b]	**15.85 (<0.001)**	**15.68 (<0.001)**
FACILITY ***Wald's*** **χ^2 for the model (p)**				363.12 (<0.001)	264.37 (<0.001)
Intercept in the model				4193.66 (<0.001)	395.84 (<0.001)
Health fund – state owned		62.5%		**5.16 (0.023)**	**39.59 (<0.001)**
Location – town 500000+		59.4%		**197.57 (<0.001)**	**85.31 (<0.001)**
Number of GPs	5.88 (3.4)		1-20	0.57 (0.45)	**7.26 (0.007)**
Number of patients per day	155.6 (130)		25-400	0.85 (0.37)	3.80 (0.051)
Staff turnover	3.9 (0.73)		1 (high) – 4 (very little)	**25.17 (<0.001)**	**12.99 (0.005)**
Time scheduled per visit	13.2 (2.8)		7-20	**140.32 (<0.001)**	**64.61 (<0.001)**

a indicates between 1 and 2-3 diseases, b – summary score, c – since the data on GP's was assigned to their patients exact numbers are not available

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