



¹ Gergana FOREFA

¹ Radost ASENOVA

² Valentina MADJOVA

The Patients' Opinion On Psychological Aspects Of General Practitioner's Work

Aile Hekimlerinin Çalışmasının Psikolojik Yönleri Üzerine Hastaların Düşünceleri

ABSTRACT

Background: "General Practitioner" institution that functions as a "gate keeper" has no tradition in Bulgaria. After a reform in the organization and funding of the health care system it was established in 2000. Because of the strongly approved patterns in the past, the biological aspects of the health and illness are still a priority for patients and doctors in primary health care.

Aim: The aim of the research is to know the opinion of the patients and their expectations from general practitioners regarding the psychological aspects of their health problem.

Material and method: The research is carried out, by written questionnaire, in the waiting rooms of two out patients' departments for primary health care, during five working days. The questionnaire contains twenty nine closed questions about patients' perception and expectation regarding psychological aspect of health care providing by GPs. Additionally Generalized anxiety disorder scale /GAD-7/ is included. 60,5% /112 patients/ of the patients-visitors during the investigated period, accepted to participate. All the questionnaires were fully filled in and the data from them are processed with the help of standard package for statistic procession – SSPS.16.

Results: The spread of psychologic complaints in our country is far greater than in some other countries. Approximately 1/3 of the GPs' patients need psychological help, which is also proved by the GAD-7 scale. The realized necessity of such a help in this group is 31%; GPs have referred 25,7% of these patients to specialists.

The patients without a high score on GAD-7 also need psychological support. About 80% of the patients admit that their family doctors give them psychological support by listening to them and let them ask questions freely, as well as by showing respect to their opinions and discussing their feelings. Only 10,3% of the patients report about consultations longer than 20 minutes. For 1/5 of the patients the GP is not competent as a psychotherapist. But they trust to him and the general satisfaction with him declared by the whole group of investigated patients is considerable.

Conclusion: The patients' opinions, their expectations from the consultation should be investigated systematically. Such investigations may serve as a basis for improving the quality of primary medical care.

Keywords: General Practitioner, psychological aspects, primary medical care

ÖZET

Amaç: Bulgaristan' da "Aile Hekimi"nin "Kapı Bekçisi/Doktoru" gibi bir fonksiyonu kurumsal olarak gelenekselleşmemiştir. 2000 yılında sağlık sisteminin organizasyonu ve bütçe sisteminde bir reform gerçekleştirildi. Geçmişte şiddetle desteklenen kalıplar yüzünden, hastalık ve sağlığın biyolojik yönleri birinci basamak sağlık hizmetlerinde hekimler ve hastalar için hala birincil öncelikteydi. Bu araştırmanın amacı Aile Hekimlerinin sağlık problemlerinin psikolojik yönlerine dair beklentilerini ve hastaların düşüncelerini belirlemektir.

Materyal ve metod: Araştırma, basılı bir anket vasıtasıyla, birinci basamak sağlık kuruluşuna ait iki poliklinik bekleme odasında beş ardışık işgününde gerçekleştirildi. Anket formu Aile Hekimleri tarafından birinci basamak sağlık kurumunda verilen hizmetin psikolojik yönlerine dair hastaların beklenti ve algılarına ait 29 kapalı uçlu soru içermekteydi. Ek olarak ta, Generalize anksiyete bozukluğu skalasını (GAD-7) içermekteydi. Araştırma periyodundaki hasta-ziyaretçilerin %60,5 (112 hasta)'i katılımcı olarak çalışmaya alındı. Bütün anket formları tümüyle dolduruldu ve veriler SSPS.16 standart istatistik paket programı yardımıyla işlendi.

Bulgular: Ülkemizdeki anksiyete durumunun yaygınlığı diğer bazı ülkelerdekenden çok daha fazladır. GAD-7 skalasına göre, Aile Hekimlerinin yaklaşık 1/3'ü psikolojik desteğe gereksinim duymaktadır. Bu grupta realize edilmiş bir yardım gerekliliği %31 olup, bu hastaların %25,7'si Aile Hekimi tarafından bir uzmana sevk edilmiştir. GAD-7'den yüksek bir skor almayan hastalarda psikolojik destek ihtiyacı duyulabilir. Aile hekimlerine başvuran hastaların yaklaşık

¹ Medical University – Plovdiv,
Department of Health
Management, Economics
and General Medicine

² Medical University – Varna,
Department of General
Medicine

Submitted/Başvuru tarihi:
17. 11. 2009
Accepted/Kabul tarihi:
01. 01. 2011
Registration/Kayıt no:
09 11 88

Corresponding Address /Yazışma Adresi:

Gergana FOREVA

Medical University Plovdiv
Department General Practice
15A Vassil Aprilov, Str.
4000 Plovdiv
Bulgaria

e-mail: gforeva@dir.bg

© 2011 Düzce Medical Journal
e-ISSN 1307- 671X
www.tipdergi.duzce.edu.tr
duzcetipdergisi@duzce.edu.tr

%80'i kendilerine psikolojik destek verildiğini, serbest olarak soru sorulabildiği kadar, kendi düşüncelerine de saygı gösterildiğini ve kendi hissettiklerinin de tartışıldığını ifade etmişlerdir. Hastaların yalnızca %10,3'ü konsültasyonların 20 dakikadan daha uzun sürdüğünü bildirmiştir. Hastaların 1/5'i, Aile Hekiminin psikoterapist olarak yeterli olmadığını ifade etmiştir. Ancak, hastalar hekimlerine güvenmekte ve tüm incelenen hasta grubu hekiminden oldukça memnun olduğunu bildirmiştir.

Sonuç: Hastaların kanaatleri, konsültasyondan beklentileri sistematik olarak incelenmelidir. Bu tip araştırmalar birinci basamak sağlık hizmetlerinin kalitesinin bir temel üzerinde artmasına katkı sağlayacaktır.

Keywords: Aile Hekimi, psikolojik yönler, birinci basamak sağlık hizmetleri

INTRODUCTION

The bio-psycho-social method is assumed to be the theoretical basis of General practice. (5) By definition a family physician can be described as a doctor who takes care in a holistic way. He/she sees the person not only as a whole but also integrated in his/her environment. In the practice family physician uses a bio-psycho-social model but needs time to listen to the patients and sometimes their relatives. A great part of GP consultation is occupied to attend psycho-social problems some of which can be solved by listening and talking to the patients. M. Buszewicz et al (1). Noted the fact that the GPs' role in providing a safe place where patient feel they are listened to and understood should not be underestimated, particularly in the context of mental health.

A General Practitioner institution that (GP) functions as a "gate keeper" has no tradition in Bulgaria. After a reform in the organization and funding of the health

care system it was established in the year 2000. GPs still concentrate their attention on somatic diseases, paying less attention to the psychological and social problems. By tradition psychological problems were a task for the psychiatrist and psychologists, but nowadays using the bio-psycho-social model in practice of the GPs must take care of all kind of health problems ant to back patients' integration in their environment.

Sometimes believes and attitudes take time to change, because they are based on many years of behavior. To use new strategies in medical practice we need to know patients' opinions.

The aim of the research is to know the patients' opinions about expected GP's activities regarding to the psychological aspects of their health problems.

MATERIALS AND METHODS

The research is carried out, by written questionnaire, in the waiting rooms of two out patients' departments for primary health care, during five working days. The questionnaire contains 29 closed questions about patients' perception and expectation regarding psychological aspect of health care by GPs. Additionally Generalized anxiety disorder scale /GAD-7/ is included (7).

60,54% /112 patients/ of the patients-visitors during the investigated period, accepted to participate.

All the questionnaires were fully filled in and the data from them are processed with the help of standard package for statistic procession – SSPS.16.

Diagram 1. Subgroups according GAD 7 scale

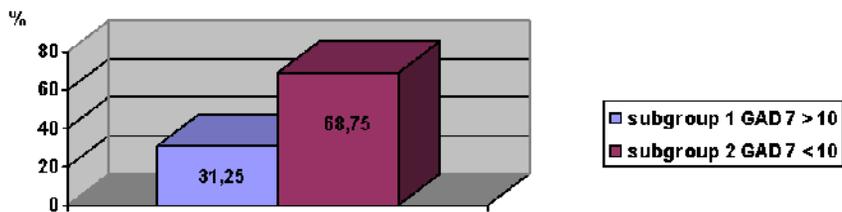
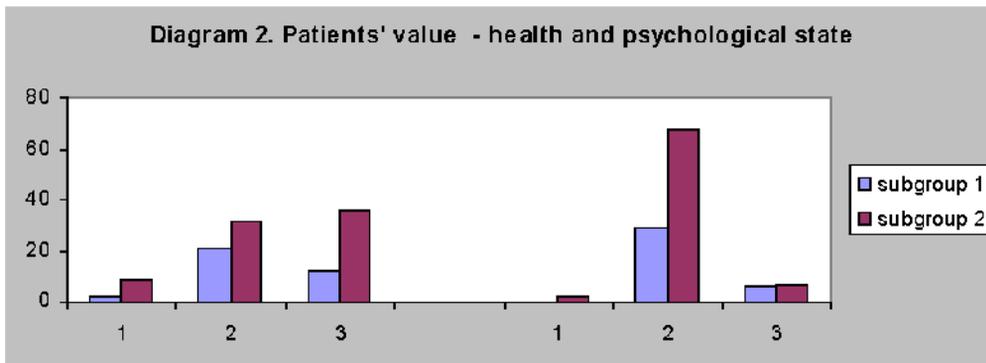
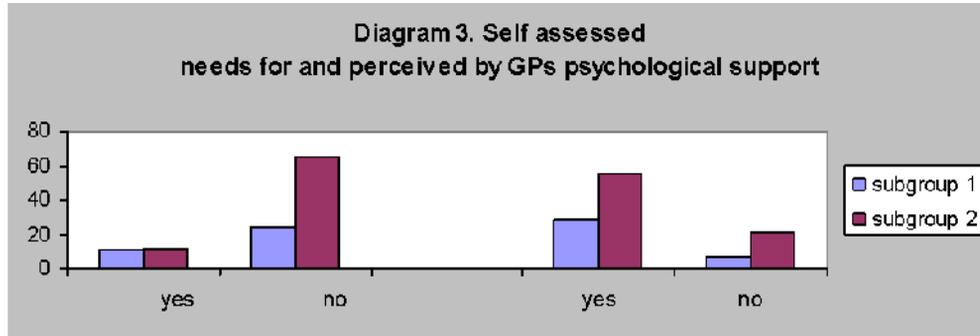


Diagram 2. Patients' value - health and psychological state





RESULTS

Socio-demographic characteristics of the investigated 112 patients: 33,93 ± 4.47% are men and 66,07 ± 4.47% - women. The patients' age distribution: 18 to 30 – 15,18 ± 3.39%; 31 to 50 – 40,18 ± 4.63%; 51 to 70 – 34,82 ± 4.50% and over 70 – 9,82 ± 2.81%. Educational status: primary school – 5,36 ± 2.13%; comprehensive-55,36 ± 4.70% and 39,29 ± 4.61% with higher education. Working status: 63,39 ± 4.55% are working, 30,36 ± 4.34% are pensioners and 6,25 ± 2.29% are unemployed; Social welfare – self assessment: 25,89 ± 4.14% define their status as unsatisfactory, 53,57 ± 4.71% as good; 16,07 ± 3.47% as very good and 4,46 ± 1.95% - excellent.

The investigated group was divided into two subgroups.

The first one /subgroup 1/ includes (35) 31.25 ± 4.38% of the investigated patients. They had score range more than 10 according to the GAD-7 scale, related to moderate and severe anxiety symptoms. Second subgroup /2/ includes (77) 68.75 ± 4.38% patients who have no such problems according to GAD-7 scale. Diagram 1.

No statistically significant relation was found between socio-demographic variables and anxiety symptoms. The most frequently signs of anxiety in subgroup 1 are: restless and unable to sit still – 77,14 ± 7.10%; afraid as if something may happen – 74,28 ± 7.39% and had trouble relaxing – 62,85 ± 8.17%. On a lower degree are symptoms like worried about different things – 28,57 ± 7.63% and easily annoyed or irritable – 20,00 ± 6.76%.

The patients' views of the value of health and respectively of the psychological state are measured by the tree grade scale (1 – not important; 2 – somewhat important and 3 – very important). The distribution of the opinions is shown on the Diagram 2

There is no difference on the health attitude of the both groups as a whole $X^2 = 0.18$. It is interesting the fact that the patients from the subgroup 1 underestimate the psychological health. On the

Diagram 3 presents the self assessed needs for and perceived by GPs psychological support.

68,57 ± 7.85% of the patients from the subgroup 1, did not look for special psychological intervention. 80,00 ± 7.39% of them estimate the psychological support of the GPs as sufficient. Only 20,54 ± 3.82% of the patients think that GP is not competent for psychological work, respectively 22,86% ± 7.10% in subgroup 1 and 19,48 ± 4.51% in subgroup 2. 25,71 ± 7.39% of the patients from subgroup 1 are referred by GPs to specialized psychological consultation and treatment.

About half of the patients in both groups (54,28 ± 8.42% in subgroup 1 and 45,45 ± 5.67% in subgroup 2) admit that they entirely trust their GPs.

For 79.46 ± 3.82% of the all investigated patients GPs are competent for carrying out psychological interventions. They explain this opinion on the base of following reasons:

- 78,57 ± 3.88% of the patients discuss feelings with GP (subgroup 1 – 82,86 ± 6.37% and subgroup 2 – 76,62 ± 4.82%)

- 35,57 ± 4.52% think that they are listened to (subgroup 1 – 94,29 ± 3.92% and subgroup 2 – 62,34 ± 5.52%)

- 91,07 ± 2.69% have the freedom to ask questions (subgroup 1 – 91,42 ± 4.73% and subgroup 2 – 90,91 ± 3.28%)

- 90,18 ± 2.81% think that their opinion on health problem has been taken into consideration (subgroup 1 – 94,29 ± 3.92% and subgroup 2 – 83,12 ± 4.27%). Only 9,82 ± 2.81% of the investigated patients point out that their health problem was not considered properly.

When arranging the groups of people whom the patients trust when having psychological problems, the family doctors are in the first place, followed by friends, relatives and other medical specialists. The trust declared by surveyed patients in their doctors is a good basis for solving the problems. The same importance should be attributed to the data connected with patients' satisfaction. 46,43 ± 4.71% of the all

patients are with excellent satisfaction; good and very good – $52,69 \pm 4.72\%$ and unsatisfactory – $1,79 \pm 1.25\%$. There is no difference in the opinion of the patients in both groups, in relation to their satisfaction with the family doctor.

The usual duration of the consultation with GP is between 10 /ten/ and 20 /twenty/ minutes according to $62,50 \pm 4.57\%$ of the whole investigated group and for $10,71 \pm 2.92\%$ - very often the consultation lasts more than 20 /twenty/ minutes. In our study consultations longer than 20 minutes have been pointed, as is mentioned, by $10,71\%$ of respondents, among them $17,14 \pm 6.37\%$ belong to subgroup 1 and $7,79 \pm 3.05\%$ - to subgroup 2.

DISCUSSION

While working on the survey by means of which we were going to investigate the patients' opinions about their expectation of the GP regarding the psychological aspects of their health problem, we proceeded from the theoretical formulation of H.Thorsen, K.Writ, H. Hollagel and K.Malterus (8). The questions were directed to what is perceived by the patient as desirable, the focus was directed toward the patient's wishes prior to a consultation and on specific processes and outcomes.

GAD-7 scale was incorporated, as a quick and effective tool to measure anxiety. (7) A national epidemiological research conducted in Bulgaria in 2005 found $13,1\%$ GAD morbidity and that 30% of the of GPs patients had anxiety or depression. In comparison, the data presented by foreign authors, are far lower. Rates of GAD have been found to be between 2.8% and 8.5% , with a median prevalence of 5.8% - as reported in the National Comorbidity Survey, USA (6) A rate of $7,6\%$ was reported K. Kroenke, R. Spitzler, JBW. Williams, P. Monahan and B. Lowe (4) while examining 995 patients in 15 General Practice Offices in USA. Over 20,000 patients, in 558 general practices in Germany, completed a diagnostic-screening questionnaire for GAD - 3.8% met criteria(10) What impresses us in the current survey is the high percentage / 31% / of patients with GAD-7 scores greater than 10 from GAD-7. These data comes to confirm the significant spread of the problem in our country.

In a study made by J. Cape (2) on 88 consultation in general practices, less than half the average consultation was found to comprise psychological treatment broadly defined as any discussion and listening to patients' psychosocial concerns.

The limited time is the main factor that prevents the patients, as they point out, from sharing their emotional problem with GP (3). In our study longer

than 20 minutes consultation have been pointed by $10,71\%$ of respondents, among them $17,14 \pm 6.37\%$ belong to subgroup 1 and $7,79 \pm 3.05\%$ - to subgroup 2. There was some evidence of improved outcomes with longer consultations in the diagnosis of psychological problems (9)

In the same study the authors think that 11% of the patients reply that "doctor business is medical" and do not connect him with psychological interventions.

CONCLUSION

The spread of anxiety disorders in our country is far higher than it is in other countries. Approximately $1/3$ of the patients of the family doctors need psychological help which is proved by GAD-7 scale; GPs have referred $1/4$ - $25,71\%$ of the patients. Need of psychological support declare whole investigated group independently of GAD-7 scale score. Patients understand this support as listening to them, giving them freedom to ask questions and as showing respect to their opinions. Only $10,71\%$ of the patients inform about consultation longer than 20 /twenty/ minutes. For $1/5$ the family doctors is not competent for psychological interventions. However, the confidence in them and general satisfaction with them, declared by the whole group of surveyed patients is considerable. Nevertheless the GP institution is "new" for Bulgaria, the context of the GP predispose for trustfulness in the relationship between patients and GPs.

The study is limited because of the small number of investigated and most of all of the small number of involved general practices. The patients' opinion, as well as their expectations from the consultation should be regularly studied. Such studies could be used as a basis for improving the quality of primary health care.

REFERENCES

1. Buszewicz, M., N. Pitstrang, C. Barker, J. Cape, J. Martin, Patients' experiences of GP consultation for psychological problems: a qualitative study Br J Gen Pract, 56: 496-503, 2006.
2. Cape JD. Psychological treatment of emotional problems by general practitioners Br J Med Psychol, 69: 85-99. 1996.
3. Cape, J., Y. McCulloch Patients' reasons for not presenting emotional problems in general practice consultations Br J Gen Pract, 49: 875-879, 1999.
4. Kroenke K., R. Spitzer, J. Williams, P. Monahan, B. Lowe Anxiety disorders in primary care: prevalence, impairment, comorbidity and detection Ann Inter Med, 5: 317-325, 2007.
5. McWhinney IR Textbook of Family Medicine. 2nd Edition. Oxford University Press. New York. 1997.
6. Roy-Byrne, P., A.Wagner Primary care perspectives on generalized anxiety disorder J Clin Psychiatry. 3: 20-26, 2004.

7. Spitzer, R., K. Kroenke, J., Williams, B. Lowe A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7 Arch Intern Med, 1610: 1092-1097, 2006.
8. Thorsen, H., K. Wirt., H. Hollangel., K. Malterus The purpose of the general practice consultation from the patient's perspective – theoretical aspects Fam Pract, 18: 638-643, 2001.
9. Wilson A. Consultation length in general practice: a review Br J Gen Pr, 41: 119-122, 1991.
10. Wittchen H., R. Kessler, K. K. Beesdo K, P. Krause, M. Höfler, J. Hoyer J Generalized anxiety and depression in primary care: prevalence, recognition, and management J Clin Psychiatry, 8: S24-S34, 2002.