

## Patient Satisfaction with a Model Family Practice Center

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The purpose of this study was not to evaluate patient care by family physicians, but to attempt to ascertain patient satisfaction in a model practice setting, to uncover problem areas, and to serve as a guide for improvement of patient care.

### Methods

Questionnaires were mailed to the first 100 family units enrolled as regular patients at the Family Medical Center at the University of Kentucky beginning March 1973. Since the study was conducted in April 1975, this gave the participants more than a year's enrollment prior to the survey. The group was representative of low, average, and high income levels from over 200,000 persons representing urban, suburban, and rural sectors.

In an effort to eliminate confusing wording and technical terminology, the questions were reviewed by several non-medical individuals. The questionnaire included the following general categories: (1) interpersonal relationships of patients with Family Medical Center personnel, (2) patient education by the Center's personnel, (3) satisfaction with care by a family physician, (4) continuity of care by physicians, and (5) availability of care

at the Center. Each family was assured of anonymity.

Out of the 100 questionnaires mailed, 44 were returned, representing 143 family members. The evaluation involved 482 patient contacts with physicians, nurses, and administrative personnel including phone calls, and office and hospital visits.

### Results

The majority of families (43) expressed satisfaction with their interpersonal relationships with Family Medical Center personnel, finding the office and nursing staff friendly and polite. Three negative responses were received relating to individual staff members and the "staff" in general. There were also only three negative answers pertaining to the way in which nurses handled problems over the telephone.

An important role of the family physician is patient education regarding ways to attain and maintain good health. Most of the families (39) stated that adequate education about treatment had been received. However, 25 said that they had learned something about maintaining good health. The remainder stated that they had learned nothing, or gave no response.

When asked if they would seek care by a family physician on moving to another city, 39 families replied that they would. Patient care at the Medical Center was rated as "good" or "outstanding" by 36 families, and by two families as "fair" or "very poor."

Fifteen of 17 patients referred to another physician by a Family Medical Center physician said that the continued interest of the referring doctor was "good" or "outstanding."

One hundred forty-one attempts by patients to reach their physician during the year through the night telephone operator were reported, 100 being claimed by one person. Inability to reach a doctor was reported three times, and the failure of the answering service to answer was claimed once.

It was presumed that appointment scheduling might be a problem area due to the residents' constantly rotating service schedules; however, 41 families were satisfied and only three were not.

When asked if there was a need for additional services, including consultation, 28 families responded "no," and 11, "yes." Most of the services requested were available upon referral to other local medical facilities.

Patients were generally satisfied with the availability of physicians.

In many cases, families seemed satisfied with one area of their care but not with another, but 82 percent rated the care they received at the center as either "good" or "outstanding."

### Comment

Whether or not these families are able to judge the quality of their care is questionable, due to lack of medical perspective. Samuel Proger, in his definition of primary care, emphasizes the patient perspective, "Primary care consists of everything that the patient needs and expects as a person and member of a family and community when he decides to call a doctor."<sup>1</sup>

Perhaps the results of this and similar surveys can be useful in the development of training programs for primary care physicians, but their major effect will be in modifying patient care in the medical practices surveyed.

### Reference

1. Proger S: A career in ambulatory medicine. *N Engl J Med* 292:1318-1324, 1975

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