Patients' Attitudes to the Relevance of Nonmedical Problems in Family Medicine Care

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A questionnaire was designed to document middle-aged patients' attitudes toward their family physicians' approach to their problems of daily living. Middle-aged patients were studied because they face numerous adaptational challenges and receive substantial medical care. Almost 90 percent of 116 patients interviewed indicated that they wanted to be asked about nonmedical problems as measured by life events, with this preference being more common among those under 55 years of age. Physicians expressed comfort in inquiring about life events; however, the patients reported that they were asked about such issues rarely or only occasionally. Although over two thirds of patients felt their physicians were sufficiently aware of their life events, those who recalled frequent questions by their physician were most likely to feel their physician was sufficiently aware. Implications of these findings on the physician-patient relationship are discussed.

Effective dealing with life events may result in a healthier individual.[1] In the broad areas of behavioral science and psychosocial issues with emphasis on anticipatory or preventive care, the family physician is an appropriate individual to help patients better prepare for life changes.[2-7]

Given that physician awareness of patients' psychosocial problems and concerns may contribute to improved health states,[8,9] the identification of such issues is important. This identification may be done using inventories that identify psychosomatic or psychoneurotic profiles,[10] indices of family function,[11,12] or scales measuring individual or family life events.[13,14,15] Smith et al[16] write of the practical value of the life-events scales in family practice for tracking down the possible cause of a medical problem and for counseling patients about the appropriate timing for a specific life change. Such instruments may be time-consuming, impersonal, or too psychologically oriented for comfortable use by some family physicians.[17] A more common practice may be for physicians to incorporate some form of psychosocial questioning into their office history taking.

A study was devised to explore psychosocial information gathering in the offices of community family physicians. The first objective was to ascertain from both physicians and patients the extent to which such questions are asked. A second objective was to study physicians' and patients' impressions about the appropriateness of such questioning. The final objective was to assess patients' perceptions of the adequacy of their physicians' knowledge about their life events.

METHODS

A pretested questionnaire evaluating patients' attitudes toward their health care was administered to consenting middle-aged patients in the waiting and examining rooms of participating family physicians in southwestern Ontario. The following questions were asked of the patients: (1) do you believe your physician should ask you questions about personal or nonmedical events that occur in your life, (2) how frequently does your physician ask you about nonmedical or personal events, and (3) do you feel that your physician is

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TABLE 1. RELATIONSHIP BETWEEN PATIENTS' AGE AND PATIENTS' PERCEPTIONS OF APPROPRIATENESS OF PHYSICIANS' ASKING ABOUT LIFE EVENTS

Patient Perceptions	Patient Age* 35-54 years No. (%)	55-64 years No. (%)	Total
Appropriate	67 (97.1)	35 (77.8)	102
Not appropriate	2 (2.9)	10 (22.2)	12
Totals	69 (100.0)	45 (100.0)	114**

$\chi^2_c = 8.84426$, df = 1, P = .0029
*Age intervals were dichotomized for simplicity of presentation; when trichotomized, the relationship is still significant ($\chi^2 = 11.21887$, df = 2, P = .0037)
*n = 114 (rather than n = 116) since 2 patient responses of "don't know" were not included in the calculations

sufficiently aware of the nonmedical or personal events that you might like him or her to know about? The physicians were also asked two specific questions: (1) In general, as pertains to personal, nonorganic, or nonmedical events that patients experience, are you comfortable asking the patients about them, or do you prefer that they initiate such discussion? (2) In relation to the particular patient about whom you are being questioned, how frequently are life events discussed, and who initiates such discussion?

The criteria for patient selection were as follows: the patients had to be middle-aged (35 to 64 years), of either sex, able to read and understand English, in no urgent physical or psychological discomfort (as determined by overt patient distress or something the patient said) that might preclude completing the questionnaire, and in the physician's practice at least one year or seen at least three times if in the practice less than one year (to demonstrate prior physician-patient contacts).

A single day was randomly assigned for questionnaire administration in each family physician's practice, subject to the condition that the physician was able to complete a questionnaire within 72 hours of the patients' visits. To ensure representative samples from each practice, the physicians were encouraged not to consult their patient bookings (to avoid specifically verifying attendance of middle-aged patients). One interviewer (M.Y.) visited each practice and with the receptionist or nurse assessed whether patients met the study criteria.

The physician sample was voluntary. Approximately one eighth of the 163 physicians approached agreed to participate. The study protocol received the approval of an ethics review committee, and confidentiality was maintained by the use of unique identification numbers available only to the investigators for the duration of the study. Data obtained from the questionnaire were computer coded and analyzed using a standard SPSS package.[18]

RESULTS

Twenty physicians took part in the study. Seventy-five percent were male, 80 percent were married, and their mean age was 36.4 years. Thirty-five percent had received training in family medicine residency programs; the remainder participated in traditional internships, with some doing varying amounts of specialization training. Ninety percent were in group practice, and 85 percent practiced in urban settings. The mean years in family practice was 7.1, and one half of the physicians were Certificants of the College of Family Physicians of Canada.

One hundred twenty-six patients were approached to participate in the study. Two refused because they were feeling too ill, and eight were not eligible for the study because they were seeing a physician other than their regular family physician. None was ineligible by the other criteria. Thus the results are based on 116 patients.

Eighty-five percent of patients completed the questionnaire prior to seeing their physicians, and the remaining 15 percent afterward. The patients had a mean age of 50.3 years, and the majority were female, married, and Anglo-Saxon. A wide range of socioeconomic groups, as determined by the Blishen Socioeconomic Index,[19] were represented in the study. Eighty-eight percent of patients believed their physicians should ask them about personal or nonmedical events that occur in their lives. This preference was found significantly more often in those patients aged 35 to 54 years compared with those older than 54 years (Table 1). The preference that physicians should ask such questions was not influenced by the patients' sex, marital status, ethnicity, income, or type of community in which they were living.

Eighty-five percent of patients indicated their physicians never or only occasionally asked about life events; however, 72 percent of patients thought their physicians were sufficiently aware of the important nonmedical events in their lives. There was a positive relationship, although not significant, between the patients' perceptions of their physicians' awareness and of how frequently they believed the physicians inquired about life events.

From the physicians' viewpoint, only one physician indicated that he was not comfortable asking patients about personal, nonmedical, or nonorganic issues. When asked about the specific physician-patient encounters in the study, physicians said that patient-

initiated life-events discussions took place slightly more frequently than physician-initiated ones (36.2 vs 33.1 percent), while life events were reported as being rarely discussed in 22 percent of the interactions, and family members were identified as a source of life-events information in 8.7 percent of cases.

The time of the questionnaire administration was not found to influence either the patient or the physician responses for any of the variables studied.

DISCUSSION

Factors to consider in interpreting the results are that the patients were middle-aged and attended physicians who volunteered for this study. The impact of the physicians' training, sex, age, practice location, and years in practice was examined but was nonrevealing. The small sample size rendered statistical comparison unsuitable. The difficulties in recruiting random samples of family physicians have been discussed by Marks et al.[20] The physicians who participated in the present study may well have had unusually high interest in psychosocial issues, though how that would affect the study results is unclear because opposite findings have been reported regarding the relation between physicians' awareness of psychosocial issues and a psychologically minded attitude on the part of the physician.[20,21] Similarly, the implications of the relative youth of the sample are not clear because of contradictory findings regarding age and attitude toward psychosocial issues.[20,22] That the sample was largely urban based may account for the reported low level of questioning on nonmedical issues, given Hull's[23] finding that rural British general practitioners felt they had a better awareness of their patients than their urban counterparts.

The main finding of this study was that patients want to be asked about life events, are often not asked about them, and yet feel that the physician has sufficient knowledge of them. One interpretation of these seemingly paradoxical findings may lie in the fact that the patients were repeat users of their physicians' services, and may have been generally satisfied with the care given. Another explanation may be found in the actual frequency of life-events questions asked by the physicians. While the study showed no significant relationship between patients' perceptions of their physicians' awareness and the frequency of inquiries of life events by the physicians, the data did show a trend associating those physicians who were perceived as being more aware as also having asked the most questions. A third interpretation may lie in the age of the patients. The preference to be asked about life events was greatest in the younger members of the sample. A nonsignificant trend suggests that this latter group viewed their physicians as having asked more questions; yet in comparison with older patients they perceived their physicians' awareness of life events as less sufficient. Perhaps younger middle-aged patients have different expectations of their physicians than do older middle-aged patients.

A final explanation of the results may be found in the communication between physicians and patients. Physicians may in fact not ask direct questions, but gather data through the use of tone setting and open-ended questions, sufficiently unobtrusive so that the patient may not be aware a question is being asked. It has been shown elsewhere that in such interviews the patients have an element of control of how much information the physicians have.[24] Additionally, the expectations of patients may influence the content of the physician-patient interaction. Only about one fourth of patients visit their family physicians with a personal problem.[25-27] Further, the psychosocial problems with which a patient wants his physician to be involved are often less broad than those advocated in the behavioral science training of family physicians,[28] and indeed a smaller percentage of patients than family physicians expect the latter to take into account family circumstances when providing medical care.[27] The finding in the present study that little life-events information was obtained from other family members raises further questions about the importance of the family as a focal point in family practice. Given the varying preference on the part of the patients as to what and how information is obtained, the communication skills necessary for physicians may well be open-ended rather than the direct question-answer approach.

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