Family Physicians' Perceptions of the Family Conference

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Ninety-one of 127 graduates (72 percent) of one family practice residency returned a questionnaire in which they estimated the likelihood that their patients would want a physician-family conference for each of 21 clinical situations. For each situation the physicians also rated their own preferences regarding patients' interest in family conferences. Serious medical illnesses received the highest ratings for both sets of ratings. For all 21 situations, physicians' estimates of patients' responses were significantly lower than physicians' preferred response ratings. The physicians' estimates and preferences regarding patients' interest in family conferences were compared with actual patients' ratings obtained in a previous study. The patient ratings were significantly greater than the physicians' estimates of patient ratings for 14 of 21 situations; the physicians' preferences ratings were significantly higher than the actual patient ratings for 11 situations and lower for three situations. The mean number of actual family conferences conducted in the previous month was 2.6, and 66 percent of respondents had conducted at least one such conference during this time. These data indicate that physicians may be more interested in family conferences than their patients are, but that they may underestimate the degree to which patients do, in fact, want them. The implications of these data for teaching, practice, and research are discussed.

One of the central questions confronting the field of primary care medicine today is the degree to which the family should be the focus of health care. The present study is concerned with one important aspect of family-centered health care: the family conference. The family conference, in the context of primary care, should not be equated with family therapy. Rather, the family conference is a meeting between a physician and family members that may, but most likely will not, lead to further such meetings. Situations for which family conferences are indicated have been described by Schmidt,[1] Doherty and Baird,[2] and Christie-Seely.[3] These clinicians basically agree that family conferences are indicated in the following situations: illness prevention and health maintenance, facilitation of normal development, adjustment to acute and chronic medical problems, and the management of behavioral problems.

Despite the potential importance of the family conference in primary care medicine, surprisingly little research has been conducted on this topic. In a recently published study, Kushner et al[4] investigated patients' perceptions of the likelihood that they would want a family conference for a variety of clinical situations typically encountered in primary care. In that study 276 family practice center patients filled out a questionnaire in which they were asked to rate, on a five-point scale, how likely they would be to want a family conference should they or a member of their family experience each of 21 clinical situations. Most of the situations on the questionnaire used in that study were selected to represent those conditions for which Christie-Seely, Doherty and Baird, and Schmidt advocated family conferences.

The results of Kushner et al indicated strong interest in family conferences on the part of family practice patients, particularly for serious medical illnesses and behavioral problems. That study did not address, however, whether family physicians share patients' attitudes about family conferences. The present study, an extension of the previous one, was undertaken to compare physicians' attitudes toward family conferences with the patient attitudes reported in the earlier study.

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METHODS

A revised version of the questionnaire used in the previous study was mailed to all of the 127 physicians who successfully completed the Family Practice Residency of the University of Wisconsin–Madison in the years following its inception in 1971. This sample of physicians was chosen primarily because all of them were trained at the practice sites at which the patient data were collected, and it was thought that they most likely would still adhere to the styles of medical practice prevalent in those practice sites. In the questionnaire, the physicians were asked to make two ratings for each of the 21 clinical situations investigated in the previous study. In the first rating, they were asked to estimate the likelihood that their patients would want a family conference for each situation. In the second rating, they were asked how they would prefer their patients to respond. The same five-point scale used in the previous study was used for both of the present ratings. They ranged from *definitely would not want* a family conference (1), to *definitely would want* a family conference (5). The two ratings thus tapped physicians' estimates of their patients' interest in such conferences and their preferences regarding patient interest. Demographic data were obtained, as well as the number of family conferences performed by the physicians in the previous month. The physicians were also asked to describe the clinical situations for which the conferences were organized.

RESULTS

Questionnaires were received from 91 physicians, representing 72 percent of the total sample. The demographic characteristics of the physicians are shown in Table 1. The sample represents relatively young, residency-trained family physicians who are predominantly male. The majority of the physicians in the sample were in single-speciality or multi-speciality group settings. No differences were found in age, sex, or community-size characteristics of nonresponders compared with those completing the questionnaire.

The mean physician responses indicate considerable range across the 21 situations for both the estimates of patient interest (1.4 for influenza to 4.4 for dying family member) and in preferences for such interest (1.6 for influenza to 4.8 for dying family member). In 10 of 21 situations, the means for the physicians' preferences were greater than 4.0, indicating high interest in family conferences. Only two of the mean estimates of patient interest were greater than 4.0. Using paired *t* tests, the physicians' preferences were significantly greater than their estimates of patient interest for all 21 situations. Thus, the physicians would prefer patients to be more interested in family conferences than they think patients are.

TABLE 1. CHARACTERISTICS OF PHYSICIAN SAMPLE (N = 91)

Characteristics	Results
Mean age (years)	36.3
Percent male	76.4
Mean years in practice	6.0
Mean hours direct patient care per week	49.5

The physician estimates of patient interest were compared with the ratings of interest in family conferences made by actual patients in the earlier study reported by Kushner et al.[4] These patients received care at the same model clinics in which the present sample of physicians trained. The actual patient ratings exceeded physicians' estimates in all but one situation (family member died). Using Z-tests for unmatched groups, 14 of these 21 comparisons were statistically significant.

The physicians' preferences for patient interest exceeded the actual patient ratings in 18 of 21 situations, and 11 of these comparisons were statistically significant. For the three situations in which mean patient interest exceeded physicians' preferences of interest, two were statistically significant: diagnosis of serious illness, and influenza.

Table 2 presents the rank orderings of the situations of the patient ratings from the previous study and those of the two present physician ratings. There is relative agreement across types of ratings for the highest and lowest ranked situations; all ratings indicate that serious medical illnesses were ranked highest and minor medical problems lowest. A Wilcoxon matched-pairs signed-ranks test was performed to test for differences in ranking between the physician estimates and the physician preference rankings. The test was significant ($Z = 3.16$, $P < .01$), indicating that the physicians' preferences regarding relative priorities for situations requiring family conferences differed from their estimates of their patients' priorities for such conferences. Closer inspection of the two sets of physician rankings revealed large differences for several situations. The rankings of estimates of patients' interest were considerably higher than physicians' preferred levels of interest with respect to "expecting baby" and "family member died," indicating that physicians perceive these situations as relatively less important indications for family conferences than they thought their patients would. For alcohol abuse or smoking, the opposite was true: physicians perceive these situations as relatively more appropriate for conferences than they feel their patients would. A Kruskal-Wallace one-way analysis of variance by ranks indicated that the actual patients' interest differed signif-

TABLE 2. RANK ORDER OF SITUATIONS COMPARING PHYSICIAN ESTIMATES OF PATIENT RESPONSES, PHYSICIAN PREFERENCES OF PATIENT RESPONSES, AND ACTUAL PATIENT RATINGS AS OBTAINED IN AN EARLIER STUDY BY KUSHNER ET AL[4]

Situations	Patients' Response	Physician Estimates of Patient Interest	Physician Preferences of Patient Interest
Dying family member	1	1	1
Hospitalized for serious illness	2	2	2
Chronic illness or poor control	3	9	6.5
Suspected child abuse	4	8	4
Alcohol abuse or smoking	5	14	6.5
Nursing home placement	6	3	3
Child behavioral problems	7	4	5
Not taking medications	8	17	10
New diagnosis of serious illness	9	12	13
Depression	10	10	8
Expecting baby	11	6.5	14
Frequent physician visits and no improvement	12	11	12
Stress-related symptoms	13	16	16
Anxiety	14	13	15
Family member died	15	5	11
Marital or relationship problem	16	6.5	9
Health habits	17	18	18
Frequent visits by multiple family members	18	15	17
Retiring	19	19	19
Broken ankle	20	20	20
Influenza	21	21	21

icantly from the physicians' estimates of patient interest in family conferences ($H = 7.38$, $P < .01$) but not from the physicians' preferred level of interest. Physicians' rankings suggest an underestimation of patient interest in conferences for alcohol abuse or smoking and for not taking medication, but overestimation of interest in conferences following death of a family member and for health habit situations.

Analyses of physician sex, age, type of practice (solo, single-specialty group, multi-specialty group, emergency or urgent care, other—Table 3) number of partners, years in practice, office hours per week, and average length of outpatient visits, identified no strong correlates of either estimates of or preferences for patient interest in family conferences regarding the 21 situations.

TABLE 3. PRACTICE DESCRIPTION OF PHYSICIANS ENTERED INTO STUDY

	Number	Percent
Solo	9	10.3
Single specialty group	37	42.5
Multi-specialty group	17	19.5
Emergency room or urgent care	10	11.5
Other	14	16.1

Finally, of the 89 physicians who responded to the question regarding the number of family conferences they had actually conducted in the previous month, 30 (34 percent) had conducted none, 24 (27 percent) had conducted one or two, and 35 (39 percent) had conducted three or more. In response to an open-ended question regarding the clinical situations for which these conferences were held, the most frequent were serious illness (34 percent of conferences), death and dying (13 percent), and nursing home placement (8 percent). Seventeen of the 21 situations in the questionnaire were represented by at least one conference; the only situations omitted were frequent visits by multiple family members, retiring, broken ankle, and influenza.

DISCUSSION

The results of the present study clearly show a high endorsement of the concept of the family conference on the part of the physicians surveyed, especially for serious medical and serious behavior problems. These data indicate that the physicians see themselves as more interested in family conferences than they perceived their patients to be for all 21 of the situations on the questionnaire.

In the previous Kushner et al study,[4] the results of the patient survey were interpreted as showing a high degree of interest in family conferences on the part of patients of family physicians. The results of the present study indicate that the family physicians surveyed showed even more interest in family conferences than those patients did. The mean ratings of the degree to which they would prefer their patients to want family conferences were significantly higher than actual patients' ratings for approximately one half of the situations of the questionnaire. The comparisons of the ratings of the physicians' estimates of their patients' interest in family conferences, however, were lower than those of the actual patients surveyed for two thirds of the situations on the questionnaire. Interpretation of these results must be made cautiously because the patients sampled did not come from the physicians' current practices. It is, therefore, not clear whether the differences between patient and physician attitudes would

have been less had the patient sample come from the practices of the physicians participating in the survey. The current data do indicate that family physicians may be more interested in family conferences than are their patients, but that they may underestimate the degree to which patients do, in fact, want them. Such misperceptions could have significant clinical implications: physicians may be hesitant to suggest a conference to a family out of the erroneous assumption that they may not be interested.

The comparisons between the rank orderings of the ratings show the relative priorities of the situations as indications for family conferences. While there was agreement between the actual ratings by patients and both ratings by physicians assigning highest priorities for family conferences to serious medical problems and lowest priorities to minor medical problems, the physicians' preferred rankings were closer to those of the actual patients than were the physicians' estimates of their patients' priorities. While the same caveats regarding comparison of the physician and patient data previously described are applicable here, these findings once again indicate that the physicians may significantly misperceive patient attitudes toward family conferences.

The finding that about two thirds of the respondents had conducted at least one family conference in the last month indicates that these family physicians perceive such conferences as useful. The situations for which the physicians in the sample conducted family conferences were consistent with the highest priorities of both the physicians and patients: serious medical conditions.

Generalizations of these findings to other settings should be made with caution. First, the sample of physicians was restricted to graduates of one family practice residency program who practice predominantly in the upper Midwest. Second, a questionnaire reflects attitudes, not necessarily the actual behavior of physicians. Nevertheless, this study has at least three important implications. First, a high priority should be placed during family practice residency training on identifying clinical situations for which family conferences are appropriate and on conducting such conferences skillfully. Second, patients should be educated regarding situations appropriate to such conferences and the potential benefits of such conferences. Finally, empirical research should concentrate on actual patient receptivity to such conferences and on prospective studies of the utility of the family conferences for selected clinical situations.

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