Seniors' perceptions of their medical care

Before admission to a geriatric rehabilitation program

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ABSTRACT

OBJECTIVE To review older patients' perceptions of their medical care before hospital admission and to determine whether there are common perceptions family physicians should address after discharge.

DESIGN Semistructured interviews with qualitative analysis.

SETTING Inpatient geriatric rehabilitation and assessment unit.

PARTICIPANTS Community-living seniors admitted from home or transferred from acute care hospitals.

METHOD Consecutively admitted patients were interviewed within a week of admission. Participants were asked open-ended and Likert-type questions. Responses were analyzed to uncover recurrent themes and descriptive statistics.

MAIN FINDINGS Patients thought physicians' personalities and ability to communicate were important factors in their satisfaction with care received. Loyalty to a physician was an important theme and might have made patients minimize their concerns about care. Most patients were confident in being discharged back into the care of their family physicians.

CONCLUSION Physicians' personalities and communication skills affected whether patients were satisfied with care. Older patients are loyal to their family physicians; they did not identify any issues for family physicians to address with them after discharge.

RÉSUMÉ

OBJECTIF Vérifier comment les patients âgés perçoivent les soins reçus avant leur hospitalisation et déterminer s'il y a des préoccupations courantes dont les médecins de famille (MF) pourraient parla après leur congé.

TYPE D'ÉTUDE Entrevues semi-structurées avec analyse qualitative.

CONTEXTE Unité d'évaluation et de réadaptation gériatrique hospitalière.

PARTICIPANTS Sujets de plus de 65 ans vivant habituellement dans leur milieu naturel et admis directement de leur domicile ou d'un hôpital de soins actifs.

MÉTHODE Les patients admis de façon consécutive ont été interviewés moins d'une semaine après leur admission. Les questions utilisées étaient ouvertes et de type Likert. L'analyse des réponses visait à identifier des thèmes récurrents et à établir des statistique descriptives.

PRINCIPAUX RÉSULTATS Tous les participants croyaient que la personnalité du médecin et son habileté à communiquer jouaient un rôle important dans leur appréciation des soins. Les patients âgés manifestaient beaucoup de loyauté envers leur médecin, ce qui pourrait les amener à minimiser leurs préoccupations concernant les soins. La plupart des patients étaient confiants de retourner aux soins de leur MF après leur congé.

CONCLUSION La satisfaction des patients est influencée par la personnalité du médecin et son habileté à communiquer. Les sujets âgés sont particulièrement loyaux envers leur MF; ils n'ont pas identifié de sujet à discuter avec leur MF après leur congé.

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Canadian demographics are changing; the proportion of elderly patients is growing. The so-called baby boomers, people born between 1947 and 1966, make up 32.4% of the population. By the year 2012, this demographic bulge will reach the age of 65 and, with a predicted increase in longevity and higher expectations for health care, this aging population will put increased demand on health services.[1]

With this anticipated demand, family physicians will face the increased challenge of caring for frail elderly people. Patients must have confidence in their physicians, and family physicians must be aware of their patients' expectations. Pereles and Russell[2] have shown that elderly patients think family physicians should improve their knowledge of geriatric medicine. Both patients and physicians identified the need to be more knowledgeable in certain areas: communication, medications, time management, community resources, and ageism (their order of priority was different).[3] This research was done using healthy elderly patients recruited from family physicians' offices; it looked indirectly at patients' perceptions of issues important for geriatric care. Few studies have looked at hospitalized elderly patients and their beliefs about the care provided by their family physicians before admission.

Continuity is an important issue in care of frail elderly people. Gabel et al[4] have found the main factors contributing to continuous care relationships are patients' familiarity with physicians, physicians' knowledge of patients, patients' satisfaction with care received, and patients' confidence in physicians. Admission to hospital can affect each of these factors and can jeopardize continuity of care, possibly because patients misunderstand the situation. Family physicians' decreased involvement in hospital care also affects their relationships with patients after discharge.[5]

Despite its importance in family medicine, patient loyalty has not been well studied. Several studies have looked at factors related to initiating and ending doctor-patient relationships[6-8] and at the nature of interactions between older patients and family physicians.[9] Anecdotally, family physicians believe that loyalty is an important part of caring for elderly patients. Few studies, however, have asked older patients about their relationships with their family physicians[10-12] or about factors associated with loyalty.

A Canadian study showed that patients and physicians had relatively similar views of patient loyalty. Younger patients periodically review their relationships with physicians by evaluating their technical and, to some extent, interpersonal skills.[13] As older patients might view their relationships with family physicians differently and have different needs from those of younger people, the concept of loyalty is an important area for study.

The need to study this frailer patient population was shown by the concerns about medical care raised by elderly patients participating in a geriatric assessment and rehabilitation program. These concerns were noted during a 2-month residency rotation in geriatric medicine. Patients sometimes stated that admission to the Geriatric Inpatient Unit (GIU) or to an acute care hospital had been "caused" by a deficiency in primary care, such as inadequate monitoring of anticoagulation or overprescription of medications. Residents' and attending physician's knowledge of the factors contributing to admissions led to a concern that patients' perceptions of family physicians' care could put doctor-patient relationships at risk.

The goal of this exploratory study was to document older patients' perceptions of the medical care they received from their family physicians before admission to hospital. If patients consistently identify concerns, family physicians can address these concerns after discharge. The current trend toward earlier hospital discharge and increased home management of frail elderly people gives patient-physician relationships heightened importance.

We sought answers to two questions.

- Do older patients have common perceptions about their medical care before hospital admission that could adversely affect their relationships with their family physicians after discharge?
- Are patients confident about returning to the care of their family physicians after discharge?

METHODS

Study population

The target population was community-living elderly people requiring hospitalization to a geriatric inpatient unit. The study population consisted of patients aged 65 or older admitted to the GIU at St Mary's of the Lake Hospital in Kingston, Ont. The GIU is a 16-bed geriatric rehabilitation unit. A few patients are

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transferred from hospitals in smaller centres; 42% of admissions come from Kingston General Hospital after serious medical illness; and 47% come directly from home. In most cases, an acute care service or a family physician was the initial referral source; 95% of patients are first-time admissions to the unit. Most patients are discharged home to the community. [14]

We interviewed 25 patients sequentially admitted to the GIU. To be included, patients had to be living in the community and able to speak English, and to have a family physician at the time of admission. Patients with severe cognitive impairment are generally not admitted to the GIU because of the effect of dementia on their rehabilitation potential. Patients with mild dementia were not specifically excluded from this study.

Patients were excluded if they were living in nursing or retirement homes at time of admission to acute care or to St Mary's of the Lake Hospital because their level of medical supervision and care is very different from that of patients living in the community. Patients who we thought were not capable of understanding and appreciating the information provided by the researchers at time of first interview were excluded from the study (**Table 1**).

Table 1. Reasons for exclusion

REASONS	NUMBER (%)*
Incapable secondary to delirium	3 (38)
Refused, unwilling to say "negative things about their physicians"	2 (25)
Severe vision and hearing problems	1 (13)
Discharged before interview held	1 (13)
Patient could not be interviewed within the prescribed time frame due to interviewer illness	1 (13)

**Percentages exceed 100 due to rounding.*

Design

The study used the key-informant interview technique, and we followed practical guidelines for designing and conducting semistructured interviews.[15] Interviews were conducted within 1 working week of patients' admission to the GIU. Interviews were designed to document patients' frame of reference as it related to care received from their family physicians. Interviews combined closed-ended questions (fixed choices) and open-ended questions that defined areas to be explored further. Interviews were standardized, but experienced interviewers were allowed flexibility to probe for further information.

Core interview questions covered demographics and background, opinions and beliefs, feelings, experience, and knowledge. Questions focused on family medicine care as it related to admission to the GIU. Patients were asked to comment on aspects of care: geriatric medical knowledge, use of medications, referral to specialists, supervision of blood tests and medications, and satisfaction with overall care.[3]

The authors pilot-tested the interview process on four subjects and then met to ensure that the questionnaire and administration were standardized. Content of the questionnaire did not change as a result of pilot testing, but the layout was changed slightly and patient information was presented in large type.

Because there was no established instrument for measuring frail elderly inpatients' perspectives, we had to develop one. The construct of the interview questionnaire and the previous interviewing experience of the two interviewers provided the instrument with reasonable face and construct validity. The exploratory nature of this study and its design did not warrant formal validity and reliability testing of the questionnaire. Also, the sample size was thought to be adequate for the semistructured qualitative and exploratory design.

Analysis

Qualitative techniques involving content analysis for themes was done by one of the authors (C.F.) and by a resident in the Care of the Elderly Program who was not otherwise involved in the project. The two reviewers independently read subjects' responses to open-ended questions and identified frequently cited themes or specific comments. They then met and compared lists to clarify major findings. Descriptive demographic statistics (frequency calculations for categorical variables, mean and standard deviation for continuous variables) were calculated using SPSS software.

Although no subjects expressed the strong concerns that initiated this project, we thought by the 23rd subject that no new concepts or themes were being identified. For logistic reasons and because we thought saturation was reached, the study ended after 25 interviews. Ethics approval was granted by the Ethics Review Committees of Queen's University and St Mary's of the Lake Hospital.

FINDINGS

Two interviewers met with 25 patients over 8 months: 52% of subjects were admitted directly to the GIU

from the community, 44% were transferred from Kingston General Hospital, and one patient was transferred from a hospital in a smaller centre. Demographic information on subjects is shown in **Table 2**.

Table 2. Demographic characteristics of subjects: *Mean age was 80.5 (standard deviation [SD] 7.1) years; mean score on the Mini-Mental State Examination* was 23/30 (SD 3.4).*

CHARACTERISTIC	NUMBER (%)
Sex	
• Female	19 (76)
• Male	6 (24)
Location before admission	
• Kingston	17 (68)
• Smaller town	2 (8)
• Rural area	6 (24)

**Test done when cognition concerns had been identified (n = 18).*

All patients had regular family physicians with traditional clinics. Patients had seen their family physicians for a mean of 2 years. Of patients admitted directly to the GIU, 56% reported that their last visit to a physician was more than 4 weeks before admission. Among patients admitted from acute care, most had usually seen a family physician within 1 month of admission, and only four (16%) had not seen a family physician within 4 weeks.

Relationship with physicians

Responses to open-ended questions were independently reviewed by a clinician on the GIU (C.F.) and a resident in the Care of the Elderly Program. Patients' responses were analyzed for recurrent themes. Content analysis indicated that patients' relationships with family physicians were the most important theme arising from their perceptions of care before admission. Patients stressed the importance of family physicians' personalities and communication skills, which included characteristics such as a doctor being a "good listener."

Even when patients identified concerns about care, the feeling of loyalty to a physician remained constant. The one patient who thought that a physician's care led to the need for admission commented, "I hate to put them down," and "they seem earnest enough." Several subjects were initially unwilling to participate because they thought researchers were wanting them to say "bad things" about their doctors; two potential subjects declined for this reason. Despite the loyalty theme, several patients commented on the limited opportunity for changing family physicians if they felt a need to switch doctors for personality or medical care reasons.

Good communication from hospital staff

The second major theme identified was the importance of good communication between hospital staff and family physicians before discharge. Patients thought that family physicians needed adequate information from hospital staff to improve continuity of care.

Availability

Availability of family physicians was a clearly identified theme. Several patients commented that a physician's coming to see them at home before hospitalization was a very positive activity; others mentioned the lack of home visits affecting need for admission. Patients related the difficulty of getting home visits to the overall availability of their family doctors. A related theme was that older patients perceive family physicians as being busy and having little time to spend with them during appointments. Patients reported difficulty in getting appointments and commonly reported having difficulty covering their concerns during visits. Once again, patients attempted to minimize this problem and were generally not comfortable criticizing physicians on this issue.

Only one patient directly related admission to hospital to concerns about care provided by a family physician. This patient was admitted initially with cardiac arrhythmias and reported that hospitalization was because "the family physician did nothing about my heart."

Most patients reported satisfaction with their family physicians' care before GIU admission. Despite the need for admission to the GIU, when asked the specific question, "Are you confident to be discharged to the care of your family physician?" 23 subjects (92%) responded positively. The two patients who were not confident in returning to their family physicians identified lack of physical accessibility to the physicians' offices and problems with communication and continuity of care.

DISCUSSION

It is reassuring that most patients were satisfied with their family physicians' care before hospital admission. No common concerns arose that would affect doctor-patient relationships negatively. Most patients

were confident in returning to their family physicians' care. Previous studies have found that older patients are more satisfied with medical visits than younger adults are, even when the quality of doctor-patient interactions is thought to be worse with older patients.[9,12,13]

Patients thought that doctor-patient relationships were crucial to the care provided by their family physicians. Physicians' personalities and communication skills were important factors for subjects. These personal traits have also been shown to influence younger patients' decisions to change family physicians.[7]

Even patients who were not satisfied with their care displayed loyalty to their family physicians. A patient who related acute care admission to a medication mix-up minimized the family physician's role: "Everyone is allowed a mistake in their life." Other patients who had concerns about care sometimes rated their physicians highly on Likert scales. This loyalty could paradoxically affect physician-patient relationships if frustrations and resentment about care are not addressed with patients after discharge. The perception that they do not have the option to change physicians in the current health care system might also make patients minimize complaints or concerns.

Whether this loyalty remains a prominent part of geriatric care as the baby boomers age remains to be seen. This aspect of care of older patients is very positive for many family physicians, so the change to a more consumer-oriented approach to health care could alter patient-doctor relationships in the future. In the study by Roberge et al,[13] younger subjects in a focus group thought the concept of patient loyalty involved mutual collaboration and trust in a physician. They described the relationship as a voluntary and tacit contract that is dynamic and not absolute or permanent. The nature of patient loyalty and older people's perceptions of patients' and physicians' roles within the relationship were not investigated in detail in our study.

Patients identified communication skills, personality, and physicians' availability as important factors in quality of care and satisfaction. Subjects in this study did not raise any recurrent concerns or issues that should be addressed consistently with older patients after discharge from hospital. The findings of this study do remind us, however, that it is not just what we do but how we do it that affects outcomes. Patients admitted to acute care might be at slightly higher risk of being upset or concerned about care, and this should be addressed during follow up. Continuity of care and communication from hospital staff to family physicians concerned many patients. Reassuring patients about this aspect of care, where appropriate, could be helpful.

Limitations

There were concerns about the "accuracy" of patients' responses. Even patients with intact cognition were noted to give answers at odds with documented history and to contradict some of their responses to closed-ended questions when answering open-ended ones. This study examined patients' perceptions of their care and their physicians; correlation with actual facts would have been useful but extremely difficult to obtain. Our survey relied heavily on patient recall and interpretation, which could be highly variable in this population. Even in a study population with a mean age of 33, recall of interactions with physicians has been shown to vary.[8]

Patients' responses could also have been affected by some of the factors mentioned above, including loyalty to, and concern about future medical care from, a physician (even though strict confidentiality was ensured) and the lack of other physician options in their communities. Patients in hospital might also think they should not be critical of physicians, even though they were reassured that their responses would not affect their care. Patients might have been comfortable commenting on their family physicians "off the record," but less comfortable when formally asked about their impressions. Interviewing patients after discharge might have decreased some of these factors but would have been difficult to do.

No studies of the psychometrics of older inpatients' responses to open-ended questionnaires were found in the literature, but the limitations discussed here offer some interesting research opportunities. Researchers are developing survey methods for assessing satisfaction with primary care visits, but these methods might face limitations similar to those identified in this study.[16] A focus group could further explore the nature of older patients' loyalty and its effect on doctor-patient relationships.

Conclusion

Subjects in this study did not identify any recurrent concerns or issues that could negatively affect doctor-patient relationships after discharge from hospital. Communication skills and physicians' personalities were very important to older patients' satisfaction with care before hospital admission. Elderly patients

expressed great loyalty to their physicians, which might obscure their concerns about care and could be something to consider after discharge. Patients were very aware of the importance of continuity of care after hospital discharge. Most patients were confident in returning to their family physicians' care after discharge.

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Contributors

Drs Frank *and* **Su** *and* **Ms Knott** *designed the project, conducted the interviews, analyzed the data, and prepared the manuscript for publication.*

Competing interests

None declared

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Editor's key points

- This study was prompted by anecdotal reports that older patients being admitted to a geriatric rehabilitation program might have had some concerns about their family physicians' care beforehand.
- The study showed that these patients had high regard for their doctors and thought their relationships with them were important. They mostly valued a pleasant personality and good communication skills.
- Even when they expressed concern about their care, their loyalty to their doctors remained constant. Younger patients would likely be more critical of less-than-ideal care.

Points de repère du rédacteur

- Cette étude a été effectuée à la suite d'observations isolées suggérant que les patients âgés admis à un programme de réadaptation gériatrique manifestaient certaines préoccupations à propos des soins reçus de leur médecin de famille avant leur hospitalisation.
- L'étude a montré que ces patients avaient beaucoup de considération pour leur médecin et qu'ils croyaient à l'importance d'une bonne relation avec lui. Une personnalité agréable et une bonne capacité de communication étaient les qualités les plus appréciées.
- Leur loyauté envers leur médecin ne se démentait pas, même lorsqu'ils exprimaient des préoccupations à propos des soins. Il est probable que des patients plus jeunes seraient plus portés à critiquer des soins présentant certaines lacunes.

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