Time flies

Patients' perceptions of consultation length and actual duration

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Patients learn that doctors' time is limited. They draw this conclusion from various factors, including packed waiting rooms, busy physicians and staff, and the frenzied pace of office functioning.[1,2] Several surveys indicate that length of consultation is the main source of dissatisfaction for patients in primary care.[3] Yet, if interview time is lengthened we observe only a small increase in patient satisfaction.

This inconsistency suggests that dissatisfaction is owing to more than just time. Although time is important and cannot be reduced indefinitely without negatively affecting outcomes, the data reported here indicate that perception of time is just as important. The ways physicians do things—hurried attitude, rapid-fire questions, cursory examinations, frequent interruptions—seem to be decisive factors in patients' subjective experiences of the time they spend with their doctors.

Evaluation of the length of consultations seems to be particularly sensitive to emotional factors. A favourable experience of a visit can influence the evaluation of its duration. In fact, in Cape's study[3] satisfaction with the interview was not associated with the timed duration ($r = 0.12$, $P = .13$), but it was associated with the subjective estimate of duration that patients made ($r = 0.27$, $P < .001$). The most satisfied patients tended to overestimate the length of the consultation, while those who were less satisfied underestimated it.

In Pollock and Grime's report[4] of a qualitative study conducted in Great Britain with depressed patients under the care of general practitioners, patients indicated that they considered physicians to be very busy professionals whose time was limited and precious. They had implicit expectations regarding the reasonable duration of consultations. Very often, patients themselves took the initiative to limit the time they took from doctors by, for example, deciding not to embark on subjects they knew required more time than they thought doctors had. For them, the way time was used during the visit was as important as the actual duration of the consultation. According to this group of patients, physicians—though all subject to similar time constraints—varied in their capacity to express their availability, interest, and empathy and in their ability to give the impression that they took patients' problems seriously.

When we consider all the tasks that must be carried out during consultations, it is hardly surprising that doctors feel pressured and try to "contain" their patients. While patients might acknowledge that physicians do not have a lot of time at their disposal, they expect their own individual cases to receive the attention they deserve. Such common remarks as, "He doesn't listen to me," "She didn't take the time to examine me," "How can he know what I've got?" and, "She's always busy," indicate dissatisfaction with the quality of the time spent with physicians.

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Improving perceived quality of consultations

A series of simple strategies can help improve the perceived quality of your consultations. Some strategies are related to the setting.[2] Setting conveys a very clear message, and you should not hesitate to make the most of whatever effect it has. Other strategies are categorized as nonverbal or verbal. One basic principle of communication must always be borne in mind: when there are inconsistencies between the verbal and the nonverbal, people will trust the latter simply because it is harder to lie using nonverbal cues.

Patients have the impression that they have all your attention when you take the following steps.

Setting

- Put patients in a quiet environment away from prying eyes and ears, ensuring confidentiality.
- Put patients in a clean and organized environment, such as a tidy office.
- Keep interruptions (eg, outside calls, intercom) to a minimum.
- Read the information in patients' files before appointments.

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Nonverbal physician behaviour

- Sit rather than stand, whenever possible.
- Keep your body turned to and your upper body inclined slightly toward patients.
- Adopt an open expression on your face and avoid frowning, which indicates annoyance.
- Maintain eye contact when either you or your patients are speaking.
- Do one thing at a time, if possible.

Verbal physician behaviour

- Call patients by name.
- At the beginning of interviews, ask patients to state the reasons for seeing you and do not interrupt during replies.[5]
- Demonstrate your interest in patients as people and in their problems.
- Encourage patients to keep talking by using such facilitators as, "Mm hmm" and, "Go on."
- Try to clarify what patients tell you by verifying, then offering a summary.
- When appropriate, express support, sympathy, or empathy, depending on circumstances.

Conclusion

The empirical data currently available suggest that, at least in industrialized countries, physicians are likely to act based on preconceptions of patient behaviour. Afraid of finding themselves in difficult situations, doctors have rarely given themselves the opportunity to explore more permissive strategies with their patients. A favourable experience of the visit and of the care received does not depend on duration of the consultation. It is thus wise and within the grasp of all physicians to support and develop positive feelings in patients, even in the current context of time constraints.

References

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