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## The study of most important factors influencing physician choice

S. M. Yassini. A MD<sup>a</sup>\*, M.A. Harrazi MD<sup>b</sup>, J. Askari MS<sup>c</sup>

*a-Taft mental hospital, Shahid Sadoughi University of Medical Sciences, Yazd Iran*

*b- Building 2, Bahonar SQ, Shahid Sadoughi University of Medical Sciences, Yazd Iran*

*c- Paradise building, basic sciences ward, Shahid Sadoughi University of Medical Sciences, Yazd Iran*

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### Abstract

**Objectives:** physician-patient relationship has its own effect on medical condition and the nature of this relationship partly depends on the selective criteria that a patient has in his/her mind for choosing a physician.

**Material and methods:** 493 persons of various age groups were selected through the cluster sampling method from 25 regions of Yazd city. In first step of research, subjects were asked to write down five most important factors in physician choice and in second step they were asked to prioritize selective criteria in a 21-items questionnaire. Data were analyzed by descriptive statistics, kruskal-wallis and Mann Whitney test.

**Results:** one third of participants believe that the most important criteria for selecting a physician is the knowledge and experience of the physician and other important factors include spending enough time for examination and being particularly interested in the patients' problems. Although there was no significant difference between males and females attitude, the difference among age groups was significant ( $p < 0.05$ ).

**Conclusion:** Physicians' awareness of the most important factors which place on choosing them specially attention to scientific qualification, communication skills and quality of medical services causes more physicians' successful function and more patients' satisfaction.

*Keywords:* physician choice criteria, doctor-patient relationship

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### 1. Introduction

In a day, tens of thousand of patients with variety of problems refer to different physicians, each of them have their own characteristics to managing clients. This examines how the process and outcome of care may depend as much upon the relationship between patients and doctor, as upon the patient's problem (Porter, Alder & Abraham, 1999).

Therefore it is incumbent on all clinicians to consider the nature of the relationship, the factor in them and their patients that influence the relationship and the manner in which good rapport can be achieved (Sadock, Sadock, Kaplan & Sadocks, 2003). Despite the communication between doctor / clinician and patient has often been referred to as the art of therapy or medicine, but it is, in fact, in set of socially skilful behaviours that can be improved in clinical practice (Burman, 1992). According to bio psychosocial model, appropriate management is more related to

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\* M Yassini MD, Tel : +98 352623 2005, Fax: +98 352623 3555

E-mail address: [yassiniard@yahoo.com](mailto:yassiniard@yahoo.com)

A research group found that general practitioners' affective behaviour including interest and empathy and discussion of psychosocial topics correlated positively with patient satisfaction in a consultation (Bensing, Schreurs & Derijk, 1996). A researcher showed that caring, competent, trustworthy, to be informative and available were the major determinant factors influencing physicians choice (Macstravic, 1987). But in more extensive research, selective criteria in choice of physician were studied. 205 American men and women from different socioeconomic status were enrolled in this study by responding to a structured questionnaire in a face to face interview. Researchers in this study finally noticed 4 groups of criteria based on their importance rating. The criteria directly related to the physicians' understanding of the patients' medical needs and competence in taking care of those problems are of primary importance in the choice of a physician. These criteria include "Seems knowledgeable seems interested in patients' problem and spending enough time with the patient". The next group of criteria appears to be related to increasing the patients' comfort, whether it is reducing anxiety, concerning any physical risk involved or alleviating mental discomfort and making the patient feel more relaxed. These items include, treats patient in a personal manner and hires competent assistants. The next group of criteria that seems to make it easier for patients to use the physician's services are include, prices that are not too high for the services rendered, dose not keep patients waiting when they have an appointment and does not interrupt the time with the patient to deal with other matters. Criteria lowest in the importance of ranking is physicians' personal characteristics like to be active in community affairs (Hill, & Garner, 1991).

The result of another study showed that some of the factors such as being communicative, caring, takes time, competent, listens, friendly thorough and interested have importance in physician choice.( Gochman, Studenborg & Feler, 1985) According to a study there are three different purposes of communication between doctors and patients. These are to create a good interpersonal relationship, to exchange information and to make treatment- related decision.( Ong, Dehaes, & Hoos, 1995).

## Material & Methods

493 persons were enrolled in this cross- sectional analytic study through clustered sampling of 25 regions of Yazd province, 276 women and 217 men completed the questionnaire through individual interview. For more precise evaluation, data collection was done in two steps. In the first step we asked any person to list five most important factors for choosing a physician and in the second step we used Hill and Garner check list plus two phrases which were effective factors in our country for choosing a physician. This 21- item questionnaire was divided in to 3 sections for more convenience in data analysis. First 7- items section pertained to physician individual characteristics, second 7-items section pertained to physician- patient interaction and the third part was related to the quality of medical services. Each phrase rated through 5- scores rating scale.

Mean average score of each phrase means more effectiveness of these factors for choosing a physician.

In the first evaluation step, cut- off point was any criteria which were selected by at least 1/3 of sample size and in the second evaluative step cut-off point was the score of above 3.5 for each phrase. Reliability of the three parts of questionnaire was 92%, 89% and 86% consequently.

Confounded variables effect was minimized through the sampling method.

## Results

Table 1.rating of selective criteria suggested by study population

Rank	Factor	No	Percent
1	Knowledgeable and expert	489	99.2
2	Well manner in communication	319	64.7
3	Accurate diagnosis and appropriate prescription	210	42.6
4	Well Known and famous	164	74.3
5	Appropriate visiting charge	122	24.7

6	Attention and listening to client	111	22.5
7	Spend enough time for client	53	10.8
8	Adherence to ethical and religion issues	51	10.3
9	Appropriates and available office	40	8.1
10	Keep patient not waiting long time	31	6.3
11	Same sex physician	27	5.5
12	Using appropriate equipment's	5	1

According to table 1, the first 4 items including, knowledgeable and expert, well manner in communication, accurate diagnosis and appropriate prescription and well known and being famous were the most important factors for choosing a physician based on considered cut-off point in first step of evaluation.

Table2. Selection criteria in choice of physician ranked by mean importance rating

Rank	Type of factor	Factor	Average	Sideling
1	Individual	Seems knowledgeable in the field	3.73	0.60
2	Communicative	Spends enough time with me	3.72	0.60
3	communicative	Seems interested in my particular problem	3.70	0.62
4	Caring	Hires competent assistants	3.66	0.66
5	Communicative	Does not interrupt the time with me to deal with other problem	3.64	0.66
6	Communicative	Is skilled at putting me at ease with small talk	3.63	0.60
7	Caring	Treats me in personal manner	3.51	0.88
8	Caring	Offers practical solutions to my problem	3.49	0.72
9	Caring	Prices are not to high for the services rendered	3.45	0.77
10	Caring	Does not keep me waiting when I have an appointment	3.38	0.97
11	Communicative	Explains what they are doing and why	3.37	0.88
12	Caring	Ask me appropriate questions about my problem	3.36	0.81
13	Communicative	Is willing to allow me time to pay	3.33	1.2
14	Caring	Pleasant waiting area	3.13	0.96
15	Communicative	Is not pushy or abrasive in manner	2.94	1
16	Individual	Is recommended by other people	2.69	1.23
17	Individual	Nice looking appearance	2.59	1.19
18	Individual	Graduated from a well-known university	2.38	1.29
19	Individual	Is active in community affairs	2.12	1.28
20	Individual	It is easy to get an appointment	2.08	1.25
21	Individual	Has a large numbers of other clients	2.01	1.34

Table 2 shows the distribution of the mean score of each phrase of 21-items questionnaire. The first 7-items were the most important factors for choosing a physician based on considered cut-off point in second step of evaluation (mean score of more than 3.5).

Table 3. Mean importance comparison of selective criteria in choice of physician based on sex

Selection criteria	Individual factor		Communication factor		Caring factor	
	Mean	SD	Mean	SD	Mean	SD
Sex						
Male (217)	2.70	0.53	3.32	0.46	3.26	0.46
Female (276)	2.62	0.56	3.36	0.41	3.29	0.40
Statistical Significant Result	NS		NS		NS	

Table 3 shows that there is no statistically significant difference between the opinions of men and women about criteria of choosing a physician.

Table 4. Mean importance comparison of selective criteria in choice of physician based on age group

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Selection criteria	Individual factor		Communication factor		Caring factor	
	Mean	SD	Mean	SD	Mean	SD
Age group						

18-34 years(198)	2.59	0.55	3.29	0.43	3.20	0.43
35-49 years(168)	2.71	0.57	3.36	0.42	3.32	0.43
50-64 years(67)	2.64	0.52	3.48	0.34	3.43	0.33
> 65 years(60)	2.78	0.52	3.47	0.57	3.34	0.42
Statistical Significant Result	NS		P value=0.005		P value=0.0001	

Table 4 shows opinions of different age groups for the type of interaction between the physician and patient and goodness of services. Individuals with age of more than 50 consider the interaction of physician and patient factor while individual with age of more than 35 consider the quality of service.

## Discussion

According to this study results, there are some criteria which are more important in initial selection of a physician and return visits. In the first step of evaluation in this research, among twelve suggested factors, four factors had score of more than cut-off point. Level of information and experience of physician was the first and most important factor of choosing a physician and precise diagnosis and appropriate prescription ranked third. Since the main goal of therapeutic alliance is managing the patients' problem it is not surprising, these two factors to be more important in view point of patients and this result is comparable to other researches (Crane & Lynch, 1988, Macstravic, 1987, and Hill & Garner, 1991).

Being communicative and caring with the patient was ranked second. Other research results are also comparable to this finding. (Gochman, Et al, 1985, Ong, et al. 1995 Dimatteo, Reiter, & Gambone, 1994)

Being famous and well-known ranked forth in our study. While in other researches this factor did not rate as particularly important, but it can be determinant in the initial selection. In fact this factor may be used as surrogate indicators of competency factors; however being well- known and recommended by others will not guarantee a return visit.

In second step of the research and according to 21-item questionnaire (Table 2) among the first seven items which had score of more than cut-off point. Knowledgeable and being expert ranked first and most important factor for, initial selection of physician, which is comparable to research of Hill and Garner and spending enough time with the patient ranked second. These findings show that people are more interested in selecting a Physician who seems more knowledgeable and spend enough time with the patient. The time pressure is a great problem in primary care. Consultations lasts 5-10 minutes on average and it is difficult to manage an unhurried open and empathic interview in this time and have a negative effect on the patients' satisfaction of medical care.( Stevens, Rodin, & Psychiatry 2001, and Buller, & Buller,1987).

Friendly and interest expressing ranked third. Literature Findings shows the patients who were satisfied with the doctors, Friendliness and interest expressing were more likely to comply with medical advice than dissatisfied patients (Pitts, 1999). A research group found that GPs' affective behavior including interest and empathy and discussion of psychological topics correlated positively with patient satisfaction in a consultation (Gochman, et al. 1985 Bensing, et al. 1996 and Perkins, & Repper, 1999).

Suggestion of competent colleague, ranked forth. Cooperation with competent colleague, make the patient more comfort and assured. (Hill, & Garner, 1991)

Not do anything except visiting the patient, Ranked 5<sup>th</sup>. Responding to a phone call, talking with others or completing other chart make the patient sense of inattention by the physician. Although there is some evidence that patients with specific physical problems prefer doctors to be relatively directive and diseases focused (Savage & Armstrong, 1990), but other research has shown that patients are more likely to be satisfied and to feel more able to cope with illness when doctors are more patient centred and deal with psychosocial issues. (Howie, Hopton & Heaney, 1987).

Stabilizing rapport between doctor and patient is the first step of an interview and the development of rapport as encompassing some strategies particularly at first putting the patient at ease (Sadock, Sadock, Kaplan & Sadocks, 2003). This issue ranked 6<sup>th</sup> in our study. Privacy in interview ranked seventh. (General Medical Council -UK-1995).

Considering the sex there was no statistically significant difference for factor of choosing a physician but in different age group, attitude was different. For patient with age of more than 50 years, Doctor Patients relationship was more important while in patient with age more than 35 years, medical services was more important. A number

of common barriers such as different values and health believe and expectations of various age groups have been identified to influence effective communication in clinical setting. (Strain & Horne 2001).

## Conclusion

Physician/patient relationship is indicative of how the process of diagnosis and management proceed. According to this research, clients prefer to refer to a physician who is knowledgeable, expert, spend enough time and let him/her to talk about the problem regarding these physician choice criteria and bio psychosocial model, we can conclude, if a physician adhere to these three components of an illness, clients would be more satisfied.

## References

- Bensing, J., Schreurs, K., Derijk, A. (1996). The role of the general practitioner's affective behavior in medical encounters. *Psychological Health*; 11(6), 825-838.
- Buller, M.K., Buller, D.B. (1987). Physicians' communication style and patient satisfaction. *Journal of Health and Social Behavior*, 28, 375-388.
- Burman, P. (1992). *Effective communication skills for health professionals*. London: Chapman & Hall.
- Crane, F.G., Lynch, J.E. (1988). Consumer selection of physicians and dentists: An examination of choice criteria and cue usage. *Journal of Health care Marketing*, 8, 16-19.
- Dimatteo, M.R., Reiter, R.C., Gambone, J.C. (1994). Enhancing Medication adherence through communication and informed collaborative choice. *Health Communications*. 6(4), 253-265.
- Engle G.L. (1980). The Clinical application of the biopsychosocial model. *American Journal of Psychiatry*. 137, 535-544.
- General Medical Council (UK). (1995). *Duties of a doctor*. London, GMC.
- Gochman, D.S., Studenborg, G.T., Feler, A. (1985). The ideal physician: implications for contemporary hospital marketing. *Journal of Health care marketing*; 6, 17-25.
- Hill, C.J., Garner, S.J. (1991). Factors influencing physician choice. *Hospital and Health Services Administration*, 36(4), 491-503.
- Howie, J.G.R., Hopton, J.J., Heaney, D.J., (1987). Attitudes to medical care, the organization of work and stress among general practitioners. *British Journal of General Practice*. 48, 181-185.
- Macstravic, R.S. (1987). Manageable evidence in medical care marketing. *Journal of Health Care Marketing*. 7: 5-15.
- Ong, L.M.L., Dehaes, J.C.J.M., Hoos, A.M., (1995). Doctor-patient communication: a review of the literature. *Journal of Adolescent Health*. 15, 427-434.
- Perkins, R.H., Repper, J.M. (1999). Compliance or informed choices. *Journal of Mental Health*, 8, 117-129.
- Pitts M. (1999). The medical consultation, In M. Pitts, & K. Phillips (Eds.) *The psychology of health*. PP.87-91. 2nd ed. New York: Routledge.
- Porter, M., Alder, B., Abraham, C. (1999). *Psychology and sociology, Applied to Medicine*. . London: Churchill livingstone, 86-87.
- Sadock, B.J., Sadock, V.A. (2003). Kaplan & Sadocks *synopsis of psychiatry, behavioral sciences/ clinical psychiatry* ,(9rd ed.). Philadelphia: Williams & Wilkins. 1-5.
- Savage, R., Armstrong, D. (1990). Effect of a general practitioner's consulting style on patient's satisfaction: a controlled study. *British Medical Journal*. 301, 968-970.
- Stevens, L., Rodin, I. (2001). *Psychiatry: An illustrated colour text*. (First ed.). Edinburgh: Churchill livingstone. 46-47.
- Strain J.J., Horne D.J. del. (2001). Management of medical and surgical patients: Consultation-Liaison (C-L) Psychiatry and Clinical Health Psychology. In J. Milgrom, & G.D. Burrows (Eds.), *Psychology and psychiatry: integrating medical practice*. (PP.110-117) First ed. Chichester: Wiley.