Fiona Magee, Elyce McGovern and Joan Macken find that patients are happy with the increasing number of female GPs

The traditional image of the family doctor that may spring to mind is that of a well-respected gentleman, usually in a rural practice, practising single-handedly and attending his patients with his trusty black bag at any time of day or night. However, in today’s Ireland, with an ever-increasing proportion of female GPs, increasing numbers of group practices, and a move towards co-ops and the use of locum cover, the reality usually deviates considerably from this somewhat dated ideal. In many ways these changes may thankfully improve quality of life for primary care physicians, but they will also impact on patients – both in relation to the treatment they receive, and to how they perceive their family doctor.

We elected to examine patients’ opinions with regard to these changes. As general practice is a healthcare service, it is important that patients, as the service receivers, are satisfied, and any significant dissatisfaction should lead us to consider changes in our practice. By looking at patient preference for either male or female physicians for a variety of medical issues, we hoped to identify if perhaps there were more specific roles that might be more suited to GPs of either gender within a practice. We also assessed how patients felt in relation to being seen by different doctors within a practice, and by doctors they do not know out-of-hours.

Patient reactions

Six general practices in six different urban areas within Dublin city and Waterford city were involved in our study. The practices ranged from single-handed to large group practices. In an attempt to give a representative cross section of patient population, patients were from a broad range of ages and socio-economic backgrounds. Patients were randomly selected to complete anonymous questionnaires. A total of 60 questionnaires were distributed and 58 usable ones returned.

Data was gathered to establish age and sex of respondents; 66% were female and 44% male. The largest group (58%) of female respondents was in the under-35 age group, and the majority (65%) of male respondents were in the 35-65 age group. However, both male and female groups included participants from all age brackets.

Three questions were posed to survey participants:
• The first sought to ascertain whether patients had a preference for attending a male or female doctor regarding a number of different health issues (see Figure 1)
• The second investigated the importance to patients of seeing the same GP at all appointments, or whether they would be open to seeing a variety of doctors (see Figure 2)
• In the third, patients were questioned on their opinion regarding doctors with whom they are not familiar attending house calls out-of-hours (see Figure 2).

No preference

The first question revealed that 66% of respondents had no preference for any particular physician gender with regard to general medical issues.

Of the female respondents, 65% preferred to see a female GP regarding women’s health issues, which were specified as including gynaecological and obstetric issues, breast disease, contraception and sexual health. A significant 32% were equally satisfied to attend a GP of either sex. Just less than 3% would rather choose a male GP for these concerns.

With regard to men’s health issues, 50% of males surveyed did not have a physician gender preference to discuss matters such as urological and sexual health. Forty-four per cent prefer to attend a male GP regarding these issues. The remainder (6%) favoured a female GP. The majority (88%) of those surveyed had no preference regarding the gender of the GP dealing with their children’s health.

Concerning mental and emotional issues including anxiety, bereavement and depression, 68% of respondents had no preference as to whether they attended a male or female doctor; 28% would prefer a female GP for their mental health concerns; and the remaining 4% of respondents
Changing practice

The Primary Healthcare Strategy 2001 has moved much of the emphasis on patient care from the hospital to the primary care setting. While on the one hand this puts increasing demands on GPs, the proposal to set up new primary care centres may actually improve both the working environment and quality of life for GPs, as well as providing an improved service to our patients.

A recent study examining stress levels in GPs in the Western Health Board region demonstrated that GPs suffered mild to moderate stress. Fifteen of the 38 stressors in general practice life resulted in moderate to considerable stress levels. These highly stressful scenarios included nighttime house calls, and coping with phone calls during the night and early morning. Naturally, these high stress levels may result in GPs modifying their working practice to cope.

Changes that have already occurred in the last number of years in Irish primary care include moves towards group practices, particularly in urban areas; the establishment of co-ops for out-of-hours cover in certain regions; an increasing proportion of female GPs who are more likely to work part-time; and the use of locums to cover annual leave. However, there is still a large number of GPs around the country who can be quite isolated, particularly single-handed practitioners in more remote rural areas, who have very little access to any assistance for out-of-hours or holiday cover. These GPs are potentially at risk of having a poorer quality of life as a result.

As the number of part-time doctors continues to increase in general practice, patients will see a variety of GPs at appointments. The increasing number of part-time doctors may also necessitate the development of larger group practices. This would be in line with The Primary Healthcare Strategy 2001.

The majority of patients surveyed are content having different physicians attending to them out-of-hours; those dissatisfied had concerns about communication difficulties and unfamiliarity with the patient’s history.

Over the past number of years there has been a marked increase in the overall number of female doctors, but this increase has been most notable in general practice. Three out of four general practice trainees in Ireland are female. A recently-published paper which examined the increasing feminisation of general practice explored future career ambitions of female GPs. It showed that 90% of vocationally-trained Irish GPs who qualified between 1995 and 2001 intend to work part-time in the future. Fifty per cent of female GPs interviewed were not in a position to work out-of-hours.

Increasing feminisation

Our study showed that the majority of respondents had no preference for doctor gender in regard to many health issues. Overall, patients are happy with the increasing number of female GPs and it indicates that there is a role for some female GPs to have a special interest in women’s health, as many do, and that this would be welcomed by many patients in our study. Likewise, there may be a role for male GPs to specialise in the area of men’s health in a group practice. However, the numbers of patients who were equally happy to see a male or female doctor for both men’s and women’s health issues remains significant, so this is evidence that these health areas should certainly not be restricted to physicians of either gender.

This study has future implications as it demonstrates that on average patients are happy seeing a variety of clinicians, thus they are likely to demonstrate a positive viewpoint with regard to co-ops, group practices as per the Primary Healthcare Strategy and increasing use of locum services. The increasing feminisation of general practice also appears to be largely supported by patients surveyed.

This study had a small number of participants and in order to obtain a more accurate representation of the opinions of the population, a larger sample size would need be used. The same number of randomly-selected respondents from different locations could be matched for age and sex. As medical card contracts and primary care in Ireland evolve, more research on patient opinion needs to be conducted to ensure best practice for both physicians and their patients.