

Interruptions during general practice consultations—the patients' view

Andrew Dearden, Matthew Smithers* and Ajay Thapar*

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Background. Although most aspects of the consultation have been extensively reported there is very little information on the effects of interruptions on the consultation.

Objective. We wished to discover the patients' view of interruptions.

Methods. In this pilot study the sources and frequency of interruptions to the consultations of a single general practitioner were measured. The effects of interruptions on 102 patients whose consultations were interrupted were then ascertained using a simple questionnaire.

Results. The overall interruption rate was found to be 10.2%. The telephone was the commonest source of interruption, accounting for 50% of interruptions. Although most patients did not perceive the interruption as having an important effect on the consultation, 20% of patients did feel that the interruption had a bad effect on the consultation and 40% of patients felt it would have been better not to have been interrupted. A majority of patients (52%) did not feel that the reason for the interruption was important. Although most patients did not feel affected by the interruption, a significant minority (18%) of patients had a strongly negative emotional response to the interruption.

Conclusions. In view of these findings the need for further work has been highlighted.

Keywords. Consultations, general practitioners, interruptions, patients.

Introduction

In a survey of several standard textbooks on the subject of the consultation in primary care there is no mention of the effect of interruptions on the consultation.¹⁻⁴ Interruptions to consultations are however common.⁵⁻⁷ The reason why interruptions have not been included in these texts is therefore unclear. Two possible reasons for this omission are either that interruptions to the consultation are considered easily avoidable or that interruptions are not viewed as having a detrimental effect on the consultation.

Although there is no work on whether or not interruptions are avoidable, studies of telephone consultations, which represent one important source of interruptions in primary care, have highlighted the fact that there is no universally acceptable strategy for dealing with telephone calls from patients during surgery hours. One third of doctors in one study accepted calls while consulting⁸ and in another study of a single

practice, up to 25 calls a day were passed on to the doctor.⁹ Moreover, calls from fellow health professionals are generally accepted during this time and result in interrupted consultations.

There has been remarkably little research on the effects of interruptions on the consultation. There is no information on the effect of interruptions on the patients whose consultations are interrupted. It would be important to ascertain whether interruptions are perceived as a problem by the patient and to then decide what, if any, strategies should be used to deal with interruptions to the consultation. With the growth of consumerism in the health services these views are also of importance in themselves.

The aim of this pilot study was to measure the frequency and sources of interrupted consultations and to examine the patient's view of the effect of the interruption on the consultation.

Method

This pilot study was based in an inner city practice in Cardiff of 6600 patients. During the first phase of the

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116 Newport Road, Cardiff, CF1 1YT and *Department of General Practice, University of Wales College of Medicine, Cardiff, UK.

study a record of the number of consultations undertaken in routine surgery sessions and the frequency and source of interruptions was recorded by one general practitioner. This part of the study was done without informing the ancillary staff that such a study was being carried out.

During the second phase of the study every patient who had their consultation disturbed was asked to fill out a simple questionnaire designed to assess their perception of the interruption and its effects. The next uninterrupted patient was asked to fill in an identical questionnaire which did not include the questions on interruptions.

Results

During the first phase of the study there were 619 consultations over the course of 34 surgery sessions, an average of 18.2 consultations per session. During the morning, open access (no appointment needed) surgeries, 384 patients consulted in 18 sessions, an average of 21.3 consultations per session. During the evening, appointment only, surgeries, 235 patients were seen in 16 surgeries, an average of 14.7 consultations per session.

There were 63 interrupted consultations in total, which gives an overall interruption rate of 10.2%. There was no difference in the interruption rate according to whether the surgery was held in the morning or afternoon, with 39 interrupted consultations in morning surgeries (10.2%) and 24 interrupted consultations during afternoon surgeries (10.2%).

The sources of these 63 interruptions fell into three general groups (see Table 1). During the second phase of the study questionnaires were collected from 102 out of 105 patients whose consultations were interrupted (the "interrupted" group) and from 105 "control" patients. Three patients declined to fill in the questionnaire and three were not asked on account of their medical condition.

"Control" versus "interrupted" patients (Table 2)

Both groups were similar in terms of age and sex and there was also no significant difference in terms of

whether they attended for a "new problem" or for an "old problem". There were no differences between the "control" and "interrupted" group in terms of whether or not the patients felt the "doctor understood the problem" and whether the patient felt "happy with the doctor's advice and treatment".

TABLE 2 Frequency breakdown of sample

Group		No interruptions	Interruptions
Age	16-30	38	37
	30-50	35	37
	50 plus	32	28
Sex	Male	40	24
	Female	65	78
GP understood	Yes	97	97
	No/not sure	8	5
Happy with consultation	Yes	97	93
	No/not sure	8	8

Effects of the interruption on the consultation

The patients' views of the interruptions are summarized in Tables 3 and 4. Although most patients who were interrupted felt that their consultation was relatively unaffected by the interruption, 20% of patients rated the interruption as having a "bad effect" on the consultation and 40% of patients felt that it would have been better not to have been interrupted. In addition, 52% of patients felt that the reason for the interruption was not that important. However, most patients did not feel that there was any problem in continuing the consultation after the interruption.

The emotional response of the patient on the consultation

Most patients (65%) when asked about their feelings at the time of interruption seemed relatively unaffected (see Table 5). Nevertheless, 18% of patients did express negative feelings about the interruption.

The data were also analysed to examine the effects of age, sex and the number of interruptions on whether

TABLE 3 Patients' views of interruption—importance and effects. Frequencies (n = 102)

Patients' view of the interruption	Strongly Agree	Disagree	Strongly disagree	Missing
The interruption was important	7	38	43	9
The interruption had a bad effect on the consultation	1	22	57	19
It would have been better not to have been interrupted	7	33	48	12

TABLE 1 Sources of interruption

Group	Description	Frequency	Percentage
1	Phone (patients, other doctors, pharmacists, staff, family members)	31	49.2
2	Forms/prescriptions	24	38.1
3	Other	8	12.7
Total		63	100

TABLE 4 *Patients' views of interruption—continuity and satisfaction (Frequencies (n = 102))*

Patient's view of the interruption	Yes	No	Not sure	Missing
Patient felt able to continue following interruption	86	11	4	1
Patient felt GP able to continue following interruption	85	8	8	1
Patient felt the GP understood the consultation	97	1	4	0
Patient felt happy with the consultation	93	1	7	1

TABLE 5 *Patients' emotional response to interruption*

Feeling regarding interruption	Frequency
Calm	5
Not bothered	45
Sorry for doctor	17
Used to it	9
Resigned	6
Annoyed	11
Fed up	4
Upset	3
Angry	1
Total	101

the patient viewed the reason for the interruption as being important and on the patient's perception of the effect of the interruption. Although no statistically significant associations were found, there were some interesting trends. Firstly, older individuals in our study more often viewed interruptions as having a bad effect on the consultation. Whilst only 16% of 16–30 year olds (six individuals out of 36 in this age group) felt the interruption had a bad effect on the consultation, 33% of individuals over 50 (nine individuals out of 27 in this age group) agreed with that statement. The second interesting trend was that more patients felt that it was easy for the doctor to continue the consultation after an interruption if the consultation was for a child than if it was for themselves. Finally if there was more than one interruption, patients felt that it was more difficult for themselves than for the doctor to continue with the consultation.

Discussion

To our knowledge, this pilot study is the first British study to examine interruptions to the consultation in Primary Care. The results showed that approximately 10% of all consultations were interrupted. The findings of the second part of this study suggest that whilst most

patients do not perceive the interruption as having any adverse effect on them or their care, a significant minority of patients felt that the interruption either had a "bad effect" on the consultation (20%) or that it was better not to have been interrupted at all (40%). In addition, more than half of the patients who were interrupted felt that the reason for the interruption was not important and almost a fifth (18%) had a strong negative emotional response to the interruption.

In the only other published primary care study on the frequency and sources of interrupted consultations,⁶ which was based in Israel, 94% of consultations were interrupted. This figure is considerably higher than the interruption rate in this pilot study. However, given that the rate of interrupted consultations is likely to vary for different doctors and practices, it would be important to replicate and extend our findings using other British practices. The reason for the interruptions in our study were also different. Whereas telephone interruptions accounted for almost 50% of the interruptions in our study, only 14% of the interruptions in the Israeli study were telephone related. Similarly, signing prescriptions was a more common reason for interruption in our study (38.1% vs 24.3%). Interestingly in the Israeli study almost a quarter of their interruptions were relatively informal (mail, coffee, informal conversation, borrowing a book etc.), whereas these were very rare in our study. This may be simply a cultural phenomenon or may reflect the 24-hour accessibility of British general practitioners.

Although avoiding interruptions in consultations makes intuitive sense clinically, this has to be balanced against the importance that patients place on direct telephone access to the doctor.¹⁰ Another factor which may be important in judging how interruptions should be handled is the effect of interruptions on the patient whose consultation has been interrupted. This has not been previously studied. In our study most patients were "happy" with their treatment whether or not they had been interrupted during their consultation. This is not surprising as most evidence suggests that satisfaction with treatment, although important, is a relatively insensitive general measure of outcome. Perhaps of more clinical significance was the finding that a substantial minority of patients viewed the interruption as having a detrimental effect on the consultation. Similar findings were obtained on the patients' emotional response to the interruption. It is noteworthy that the only person who described himself as angry with the interruptions experienced three interruptions during his consultation. Given the key importance of the consultation in general practice these views need to be carefully considered, particularly as most patients in our study did not view the reasons for the interruptions as being important.

There is some evidence that suggests that interruptions to the consultation may also be a source of stress for general practitioners.¹¹ In a study on perceived

causes of stress for general practitioners, "interruptions" were identified as representing a common cause of stress and this category included interruptions to the consultation. This finding would explain why in our study a significant minority of patients felt sorry for the doctor when the consultation was interrupted. The emotional effect of the interruption on the doctor may be a key factor in explaining how the patient views the interruption. The effects of interrupted consultations on the doctor need to be directly studied. This is especially important at the present time, when general practitioners feel stressed and overwhelmed by patient demand.

In conclusion, the findings of our study show that approximately 10% of consultations are interrupted. The majority of patients seem relatively unaffected by interruptions but a sizeable minority of patients are adversely affected. The need for further work has been highlighted.

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