

# Patients' priorities with respect to general practice care: an international comparison

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**Background and objectives.** Improving the sensitivity of general practice to patients' needs demands a good understanding of patients' expectations and priorities in care provision. Insight into differences in expectations of patients in different cultures and health care systems may support decision-making on desirable models for care provision in general practice. An international study was conducted to determine priorities of patients in general practice care: which views do patients in different countries have in common and which views differ?

**Methods.** Written surveys in general practices in the UK, Norway, Sweden, Denmark, The Netherlands, Germany, Portugal and Israel were performed. Samples of patients from at least 12 practices per country, stratified according to area and type of practice, were included. Patients rated the importance of 38 different aspects of general practice care, selected on the basis of literature analysis, qualitative studies and consensus discussions. Rankings between countries were compared.

**Results.** A total number of 3540 patients (response rate on average 55%) completed the questionnaire. Patients in different countries had many opinions in common. Aspects that got the highest ranking were: getting enough time during the consultation; quick services in case of emergencies; confidentiality of information on patients; telling patients all they want to know about their illness; making patients feel free to talk about their problems; GPs going to courses regularly; and offering preventive services. However, differences between opinions of patients in different countries were also found for some of the selected aspects. A confounding effect of patients' characteristics may have played a role in these differences.

**Discussion.** The study provides information on what patients expect of and value in general practice care. It shows that patients in different cultures and health care systems may have different views on some aspects of care, but most of all that they have many views in common, particularly as far as doctor–patient communication and accessibility of services are concerned.

**Keywords.** Doctor–patient communication, general practice care, international comparison, patients' expectations, patients' priorities.

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## Introduction

Improving the sensitivity of primary health care to patients' needs and demands is an important challenge in health care today. Therefore patients' expectations of and experiences with health care are increasingly explored by means of interviews, focus group meetings and surveys among patients, the results of which are used to motivate change in care provision, if needed. This is a crucial development, since priorities in health care and

primary care are still usually determined by professionals and health authorities. Studies show, however, that patients, professionals and authorities may have different notions of good quality care.<sup>1,2</sup> By ignoring the patients' views on preferred care we may neglect aspects of care provision which are important from the perspective of consumers of health care. Although the importance of acquiring the views of patients is increasingly confirmed, insight into patients' views on good general practice care is still limited. A systematic review of the literature on patients' opinions and priorities with respect to primary care disclosed that the different studies found explored different aspects of health care and were difficult to compare.<sup>3</sup> Most were performed in the USA. It is not clear whether the results can be transferred to European countries with different health care systems. This also raises the question of the extent to which expectations and views of patients on general practice care are either universal in nature or specific to a particular culture and health care system. Health care systems and the role of general practice within these systems differ widely in the different European countries, because of differences in the reimbursement system, the gate-keeper role of the GP, the continuity of care (e.g. personal list) and the size of practices (small offices, large health centres). Such differences in systems, as well as the differences in culture may influence the expectations of patients and their views on good care.<sup>4-6</sup> An explorative study was undertaken in eight countries to study the views of patients with respect to general practice care: which views do patients in different countries have in common and in which views do they differ?

## Methods

The study was conducted by the European Task Force on Patient Evaluations of General Practice (EUROPEP), with a grant of the European Union (Biomed).

Surveys, using written questionnaires, were performed in eight countries, some in Northern Europe (Norway, Sweden and Denmark), some in the western part of Europe (UK, The Netherlands and Germany) and one in the southern part of Europe (Portugal), as well as one in Israel. The survey was conducted in a consecutive sample of patients visiting the GP from at least 12 practices per country. The practices were stratified according to the area (four practices in rural areas, four in towns and four in larger cities) and the practice size (four low-staffed, four medium-staffed and four high-staffed—except in Germany, where only low- and medium-staffed practices exist). In every practice a minimum of 60 adult patients who visited the practice for a consultation had to be included consecutively, using the following inclusion criteria: aged 18 or over and being able to understand the native language. The survey was conducted anonymously, so reminders could not be

sent (except for Denmark and some practices in Israel, where a semi-anonymous reminding procedure was used). The survey was conducted in the first 6 months of 1995. Patients were able to fill in the questionnaire at home and send it in a stamped addressed envelope to the research centre for further analysis.

### *Instrument*

A questionnaire was developed to identify patients' priorities with respect to general practice care.<sup>2</sup> Priorities were defined as aspects of general practice care that patients consider as more or less important. A structured list of relevant aspects was derived from the following sources: a systematic literature analysis (period 1980–1994);<sup>3</sup> results of some qualitative studies (focus group interviews, in-depth interviews) of patients' views on primary care;<sup>7-8</sup> and consensus discussions between researchers from the eight participating countries during two international workshops in 1994.

A list of 40 items or aspects of care was developed, covering important areas of general practice care. They were divided into five different sections: medical-technical care, doctor–patient relationship, information and support to patients, availability and accessibility, and organization of the services. Each section contained eight different aspects of care. Since no method of asking patients about their priorities seemed perfectly valid, three different methods were used. It was expected that the findings of these three methods would complement one another. Responders were asked: (a) to rate the importance of each separate aspect of general practice care on a five-point scale ranging from 'not important at all' to 'most important'; (b) to rank per section the importance of the eight aspects of care in that section by identifying which aspect is to be seen as most important and which as second, third and fourth most important; (c) to select, at the end of the questionnaire, the three most important aspects overall, out of the five previously identified as the most important ones within the five different sections.

Finally, patients were asked about the following characteristics: age, sex, family situation, number of recent visits to the GP, hospital visits in the last half year and self-reported illness.

The questionnaire was pre-tested in a pilot-study with some patients in each country; patients were asked about their understanding of each item in the questionnaire. Next, a 'source-version' was developed in English. Each country translated the questionnaire into their own language using this source version and applying a structured translation procedure (independent translation by a professional translator and the GP-researchers; consensus on the final formulation of items; and testing the items among some patients).

### *Analysis*

For a description of patients' priorities we chose the percentage of patients that answered 'very' or 'most

TABLE 1 *Distribution of responders over region and type of practice (percentages n = 3540)*

	<i>n</i>	Region (%)			Type of practice (%)		
		Rural	Small town	Large city	Low-staffed	Medium-staffed	High-staffed
Denmark	774	28	40	32	21	40	39
Germany	429	31	39	30	70	30	–
Israel	428	54	14	32	32	23	45
The Netherlands	455	33	31	36	52	27	21
Norway	431	37	26	36	31	44	25
Portugal	290	42	52	6	31	46	23
Sweden	418	40	34	26	21	52	27
UK	337	41	20	39	32	48	21

important' for a particular aspect of care (method (a) described above). Two aspects (19 and 37) were excluded because translation problems proved to complicate comparison across countries. Using these percentages, an importance rank order for each country was calculated, ranging from 1 (highest priority) to 38 (lowest priority), as well as an importance rank order within each section. The results were compared with the results of the other two methods for asking patients' priorities [methods (b) and (c)] (rank sign test,  $P < 0.05$ ); no significant differences were found for any of the countries. The aggregated data were used to calculate a rank order over all patients in the eight countries ( $n = 3540$ ). Multivariate analysis of variance (MANOVA) was used to study differences between the answers of patients from the eight countries. Analysis of variances was also used to determine a confounding effect in the answers because of differences between patients with different characteristics. For comparisons of the significance levels a Bonferroni correction multiple comparison was applied, resulting in a  $P$ -value of 0.001 (0.05/38) to determine the significance of differences.

## Results

### *Response*

In total, 6464 questionnaires were delivered, and 3540 were returned and evaluable (crude response rate 55%, country-specific range 42–86%). Stratification was largely successful. All countries except Portugal achieved a good spread of patients over the rural areas, small towns and larger cities, (Table 1). The distribution of responders over the types of practices more or less reflect the actual situation in the different countries. As almost all German GPs work in single-handed, small-office-based practices, the percentage of patients from

medium- or high-staffed practices is low. In the UK and Sweden most GPs work in group practices or health centres; the percentages of low-staffed practices in the sample were relatively low.

The characteristics of the patients in the different countries were partly similar, partly different (Table 2). Responders in Sweden were older on average than responders in the other countries. Patients in Germany visited their doctor more often, patients in Sweden less often than patients in the other countries. On average, patients in Portugal and Germany had many visits to the hospital, patients in Norway and Sweden few visits. Also, self-reported illness differed for specific chronic diseases. Remarkable are the high percentages of patients with cardiovascular disease in Germany and Sweden, with chronic locomotor system problems in Germany, The Netherlands and Norway, and with migraine and depression in Portugal.

### *Patients' priorities*

Most aspects of care, as reflected in the 38 different items, were seen as important by most of the responders from the different countries. However, the results also showed differences in ranking of the items as well as some interesting differences in views of patients from different health care systems and cultures.

Aspects that were valued most in the total sample of patients were (Tables 3 and 4): getting enough time during consultations, quick service in the case of emergencies, confidentiality of information on patients, telling patients all they want to know about their illness, making patients feel free to talk about their problems, GPs' attending courses regularly and offering preventive services. A relatively low ranking was given to aspects such as waiting time before the consultation, GPs helping patients to deal with emotional problems related to their health problems, GPs accepting it when patients

TABLE 2 Patient characteristics (percentages, if not indicated otherwise, n = 3540)

	Denmark	Germany	Israel	The Netherlands	Norway	Portugal	UK	Sweden
Sex: female	73	61	58	68	68	63	69	62
Age in years (mean)	42	49	46	46	50	41	48	60
Family situation:								
Unmarried	14	12	17	14	10	20	13	11
Married	57	73	76	70	64	74	64	61
Living together	18	4	2	7	10	1	6	12
Divorced	5	4	3	4	8	4	8	5
Widowed	5	8	4	5	7	2	9	12
Mean number of visits to GP in last half year	3.3	5.8	3.9	3.5	3.2	3.3	3.5	1.9
Mean number of hospital visits in last half year	1.4	2.2	1.6	1.6	1.0	2.6	0.8	1.1
Self-reported illness:								
Diabetes	3	7	5	3	4	6	3	8
Asthma/COPD	7	13	6	10	9	8	12	12
Heart disease	4	20	7	8	13	9	7	18
High blood pressure	11	21	14	13	17	17	12	25
Chronic locomotor System problem	2	29	3	23	25	10	8	13
Migraine/chronic headache	6	13	7	11	9	26	10	11
Depression	4	7	2	9	10	17	10	5
Cancer	2	2	3	2	3	0	2	2
Other chronic illness	18	18	5	16	14	9	8	9

TABLE 3 Top ten of priorities of patients in Europe with respect to general practice care (n = 3540)

- (1) During the consultations a GP should have enough time to listen, talk and explain to me.
- (2) A GP should be able to provide quick service in case of emergencies.
- (3) A GP should guarantee the confidentiality of information about all his/her patients.
- (4) A GP should tell me all I want to know about my illness.
- (5) A GP should make me feel free to tell him or her about my problems.
- (6) It should be possible to make an appointment with a GP at short notice.
- (7) A GP should go to courses regularly to learn about recent medical developments.
- (8) A GP should not only cure diseases, but also offer services to *prevent* disease.
- (9) A GP should critically evaluate the usefulness of medicine and advice.
- (10) A GP should explain the purpose of tests and treatment in detail.

seek 'alternative treatment', concern about cost of medical treatment by the GP and written information on surgery hours and phone numbers of the practice (Table 4).

Although, overall, the differences in opinion between patients from different countries were limited (eta-values, Table 4), some interesting differences between specific countries can be seen. For example: 'the GP

should make me feel free to tell him or her my problems', important in almost all countries, got a relatively low ranking in Israel (16); 'it should be possible to see the same GP at each visit' was seen as more important in Norway (ranked 6) and Sweden (ranked 9) and less important in the UK (ranked 28); 'a GP should be willing to make home visits' got a high ranking in

TABLE 4 Description of patients' priority percentages 'very/most important' and rank numbers (n = 3540)

Mean rank <sup>a</sup>	What would make for a good GP?	Section <sup>b</sup>	Denmark	Germany	Israel	The Netherlands	Norway	Portugal	UK	Sweden	Eta
1	During the consultation a GP should have enough time to listen, talk and explain to me.	AVAILIBIL	91 1	88 2	85 5	91 2	93 1	89 1	90 2	89 1	0.076
2	A GP should be able to provide quick service in case of emergencies.	AVAILIBIL	88 2	89 1	89 1	94 1	88 4	87 2	91 1	80 6	0.107
3	A GP should guarantee the confidentiality of information about all his patients.	RELATION	84 5	82 5	88 3	85 3	91 2	77 8	88 3	85 3	0.097
4	A GP should tell me all I want to know about my illness.	INFORMAT	85 4	84 3	89 2	82 5	76 9	69 14	84 5	85 4	0.137
5	A GP should make me feel free to tell him or her my problems.	RELATION	87 3	82 4	68 16	75 9	89 3	82 6	86 4	81 5	0.173
6	It should be possible to make an appointment with a GP at short notice.	AVAILIBIL	74 11	74 9	69 14	84 4	86 5	77 10	81 6	86 2	0.109
7	A GP should go to courses regularly to learn about recent medical developments.	MED-TECH	80 7	77 7	80 6	79 7	80 8	84 4	77 9	70 19	0.084
8	A GP should not only cure diseases, but also offer services in order to <i>prevent</i> diseases.	MED-TECH	73 12	76 8	79 8	64 15	82 7	86 3	79 8	79 8	0.137
9	A GP should critically evaluate the usefulness of medicines and advice.	MED-TECH	79 9	79 6	74 10	79 8	74 11	75 12	66 13	74 14	0.094
10	A GP should explain the purpose of tests and treatment in detail.	INFORMAT	72 14	73 10	79 7	61 18	68 17	65 17	79 7	79 7	0.139
11	A GP should work according to accepted knowledge about good general practice care.	MED-TECH	84 6	65 15	74 11	72 10	75 10	69 15	59 19	73 15	0.166
12	A GP should guide me in taking my medicines correctly.	INFORMAT	75 10	64 17	85 4	46 26	68 18	83 5	74 11	72 18	0.245
13	It should be possible to see the same GP at each visit.	SERVICE	73 13	69 12	63 18	64 17	84 6	75 11	47 28	79 9	0.213
14	A GP and other care providers (e.g. the specialist) should not give contradictory information to me.	SERVICE	71 15	65 16	55 22	81 6	68 15	59 23	76 10	72 16	0.166
15	A GP should understand what I want from him or her.	RELATION	68 16	67 13	71 12	67 13	61 21	54 27	61 17	76 12	0.122
16	A GP should only refer me to a specialist if there are serious reasons for it.	MED-TECH	64 19	54 26	68 15	68 12	70 13	59 24	63 15	68 21	0.103
17	A GP should critically evaluate the usefulness of medical investigations.	MED-TECH	68 17	60 20	70 13	68 11	66 19	64 19	57 20	67 22	0.082
18	A GP should be ready to discuss the tests, treatment or referral that I want.	RELATION	63 21	62 18	61 20	65 14	68 16	46 29	60 18	77 11	0.149
19	There should be good co-operation between GP and his or her staff.	SERVICE	50 27	59 21	77 9	54 20	51 27	64 18	66 12	65 26	0.179

TABLE 4 *continued*

Mean rank <sup>a</sup>	What would make for a good GP?	Section <sup>b</sup>	Denmark	Germany	Israel	The Netherlands	Norway	Portugal	UK	Sweden	Eta
20	A GP should guide me in my relationship with specialist care.	SERVICE	57 <i>24</i>	67 <i>13</i>	39 <i>34</i>	46 <i>24</i>	70 <i>14</i>	56 <i>26</i>	55 <i>22</i>	78 <i>10</i>	0.235
21	A GP should be willing to make home visits.	AVAILIBIL	63 <i>20</i>	69 <i>11</i>	50 <i>27</i>	64 <i>16</i>	58 <i>24</i>	57 <i>25</i>	62 <i>16</i>	58 <i>29</i>	0.109
22	A GP should be willing to check my health regularly.	SERVICE	50 <i>28</i>	55 <i>25</i>	57 <i>21</i>	49 <i>22</i>	61 <i>22</i>	77 <i>9</i>	53 <i>24</i>	63 <i>27</i>	0.155
23	It should be easy to speak to a GP by telephone.	AVAILIBIL	62 <i>22</i>	52 <i>29</i>	50 <i>24</i>	51 <i>21</i>	70 <i>12</i>	35 <i>32</i>	41 <i>31</i>	74 <i>13</i>	0.233
24	A GP should take a personal interest in me as a person and in my life-situation.	RELATION	53 <i>26</i>	58 <i>23</i>	37 <i>35</i>	41 <i>29</i>	52 <i>26</i>	80 <i>7</i>	48 <i>26</i>	71 <i>17</i>	0.244
25	A GP should often visit me when I am seriously ill.	INFORMAT	79 <i>8</i>	49 <i>30</i>	47 <i>30</i>	43 <i>27</i>	42 <i>29</i>	61 <i>22</i>	65 <i>14</i>	55 <i>32</i>	0.277
26	A GP should co-ordinate the different types of care I get.	SERVICE	53 <i>25</i>	56 <i>24</i>	50 <i>26</i>	41 <i>30</i>	63 <i>20</i>	64 <i>20</i>	48 <i>27</i>	66 <i>24</i>	0.161
27	A GP should help me to deal with emotional problems related to my health problems.	INFORMAT	67 <i>18</i>	53 <i>28</i>	44 <i>31</i>	48 <i>23</i>	56 <i>25</i>	67 <i>16</i>	50 <i>25</i>	59 <i>28</i>	0.165
28	A GP should acknowledge that the patient has the final choice regarding tests and treatments.	RELATION	60 <i>23</i>	58 <i>22</i>	42 <i>32</i>	55 <i>19</i>	59 <i>23</i>	32 <i>33</i>	57 <i>21</i>	66 <i>25</i>	0.181
29	The treatment of a GP should help me to perform my normal daily activities.	MED-TECH	42 <i>31</i>	54 <i>27</i>	64 <i>17</i>	46 <i>25</i>	40 <i>31</i>	30 <i>34</i>	46 <i>30</i>	68 <i>20</i>	0.223
30	A GP should be able to relieve my symptoms quickly.	MED-TECH	30 <i>34</i>	62 <i>19</i>	49 <i>28</i>	40 <i>31</i>	36 <i>33</i>	40 <i>31</i>	54 <i>23</i>	67 <i>23</i>	0.255
31	It should be possible to have the same GP for the entire family.	AVAILIBIL	49 <i>29</i>	36 <i>34</i>	48 <i>29</i>	35 <i>33</i>	45 <i>28</i>	63 <i>21</i>	39 <i>33</i>	57 <i>31</i>	0.168
32	The facilities in a general practice should be convenient.	SERVICE	24 <i>36</i>	33 <i>36</i>	62 <i>19</i>	29 <i>34</i>	38 <i>32</i>	71 <i>13</i>	39 <i>32</i>	37 <i>37</i>	0.298
33	A GP should allow a second opinion of a different doctor.	RELATION	22 <i>37</i>	39 <i>33</i>	52 <i>23</i>	42 <i>28</i>	34 <i>34</i>	46 <i>28</i>	47 <i>29</i>	53 <i>33</i>	0.220
34	When I have an appointment with a GP, I should not have to wait long in the waiting room.	AVAILIBIL	40 <i>32</i>	44 <i>31</i>	50 <i>25</i>	37 <i>36</i>	42 <i>30</i>	29 <i>35</i>	35 <i>34</i>	58 <i>30</i>	0.184
35	A GP should help my relatives to support me.	INFORMAT	43 <i>30</i>	33 <i>35</i>	39 <i>33</i>	19 <i>37</i>	30 <i>35</i>	42 <i>30</i>	22 <i>37</i>	45 <i>35</i>	0.190
36	A GP should accept when I seek 'alternative treatment'.	RELATION	34 <i>33</i>	40 <i>32</i>	32 <i>36</i>	36 <i>32</i>	27 <i>36</i>	24 <i>37</i>	29 <i>35</i>	47 <i>34</i>	0.134
37	A GP should be concerned about the cost of medical treatment.	AVAILIBIL	25 <i>35</i>	22 <i>37</i>	27 <i>37</i>	28 <i>35</i>	24 <i>37</i>	26 <i>36</i>	21 <i>38</i>	43 <i>36</i>	0.141
38	A GP should give me written information about surgery hours, telephone number of the practice, etc.	INFORMAT	10 <i>38</i>	16 <i>38</i>	21 <i>38</i>	15 <i>38</i>	9 <i>38</i>	14 <i>38</i>	26 <i>36</i>	29 <i>38</i>	0.182

<sup>a</sup> Mean rank: rank numbers per country were totalled and divided by the numbers of countries (8).

<sup>b</sup> AVAILIBIL = availability and accessibility; INFORMAT = information and support; MED-TECH = medical technical care; RELATION = doctor-patient relationship; SERVICE = organization of services.

In the cells, two numbers per country are presented: the percentage of patients answering 'very/most important' for an aspect; and in italics, the rank number based on the percentages for 38 aspects (1 is highest priority).

Germany (11) and a low ranking in Sweden (29); 'a GP should be willing to check my health regularly' got a high ranking in Portugal (9) and a low ranking in Denmark (28) and Sweden (27); 'a GP should visit me when I am seriously ill' was viewed as important in Denmark (8) and less important in Germany, Israel, Norway and Sweden; 'the facilities and the practice should be convenient' was seen as more important in Portugal (13) than in, for instance, The Netherlands, Denmark and Sweden; 'a GP should not only cure diseases but also offer preventive services' got a relatively low ranking in The Netherlands (15) and a very high ranking in Portugal (3).

The analysis to check a confounding effect of patient characteristics (such as age, sex or chronic illness) on the differences between countries showed that for half of the 10 items with the highest ranking, younger patients had opinions significantly different from those of older patients, and female patients had views which differed from those of male patients. For the 10 items with the lowest rankings, such significant differences were found for three items.

## Discussion

Patients valued most of the 38 selected aspects of general practice care as important. This was to be expected, since these aspects had been selected because of their importance for patients found in the literature and in focus interviews. Nevertheless, considerable differences in points of view on the different aspects were found. The results of the questionnaires completed by more than 3500 patients in eight different countries provide a picture of what patients see as the absolute requirements of good general practice care: quick service in cases of urgent situations; in normal circumstances the possibility of making appointments within a short time; during these appointments a GP who really takes time to listen and to talk and who gives the feeling that a patient can talk freely about all his/her problems; a GP who also provides adequate information on the illness and on the diagnostic and treatment procedures necessary; a GP who is well educated and goes to courses regularly and who guarantees confidentiality of the patient information. The priorities indicated by patients in different countries particularly refer to appropriate and accessible clinical care and a little less to service-oriented areas in general practice care. Patients in different countries actually agreed in their views on many of the selected aspects. There was broad consensus on the importance of aspects concerning the doctor-patient relationship, information and support, and availability and accessibility. So, these aspects seem to be largely 'universal', and independent of country, health care system and culture. On the other hand, some differences were also seen between the views of patients from different countries. Examples include

'a GP should be able to relieve my symptoms quickly', 'a GP should not only cure diseases, but also offer services in order to prevent diseases', 'a GP should be willing to check my health regularly' or 'it should be possible to see the same general practitioner at each visit'. Such differences may partly reflect actual differences in the different health care systems: the patients may value highly the care they are used to or the care which they would like to get and which is not provided. On the other hand, these differences may also reflect cultural differences between patients in different countries, such as the extent to which they value an authoritarian or a democratic relationship with their practitioner, the extent to which they are oriented at technology and curing diseases or at prevention, or the extent to which they expect that a quick solution to each health problem is provided.<sup>4,5,9,10</sup> However, an additional confounding effect may have played a role. Older patients had opinions which on many items differed from those of younger patients. Similarly, differences were found between female and male patients, while in some countries, more older and more female patients responded to the questionnaire than in other countries.

Setting up comparative studies in different countries poses various problems for an international research team, such as guaranteeing a good translation of the instruments in the different languages or finding comparable patient samples. The study was carefully prepared by achieving consensus on a set of 40 aspects of general practice care and arrangements on the translation. Ideally, this translation follows rigorous procedures, with forward and backward translation by two independent translations by native speakers.<sup>11</sup> Such a procedure was only partly possible in this project, owing to practical and financial restrictions. The sampling and stratification procedure were also carefully prepared and defined. Practices in the study are, nevertheless, only partly comparable because different countries differ in organization of general practice care: some have mainly single-handed practices, others mainly health centres; some are largely urban, others mainly rural.<sup>12</sup> So, standardization is impossible. We have to be aware also that the answers reflect the opinions of 'users' of general practice, those who actually visited their GP and therefore had recent experience. Asking a sample from the whole practice population might have showed different priorities. However, since in most countries about 70–80% of patients see their GP in a year, most of the potential patients are also users of the practice and will have had recent experience with general practice care. Another problem in performing reliable comparisons between the different countries is the relatively low response rate in three of the countries (UK, Germany and Portugal). Some selection bias may have occurred in favour of specific patient groups, for instance the younger patients or the frequent visitors to the practice. One may question, however, whether higher response rates would have changed

the overall picture and priorities expressed by patients in Europe. So, despite possible problems, this study provides new and interesting information on what patients actually expect of and value in general practice care. This is the first international comparison of views of patients on good quality general practice care. It shows that patients in different cultures may have different views on some aspects of care, but most of all that they have many views in common, particularly as far as the doctor-patient communication and accessibility of care are concerned. The results may give direction to policies in general practice care.

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