



HOW SATISFIED ARE PARENTS WITH

Whether justified or not, dissatisfaction with medical services is a potential barrier to seeking treatment; also, such dissatisfaction may lower the chances of successful progress of any consultation that does take place. Indeed, it appears that compliance with medical advice is positively related to patient's satisfaction with the doctor and negatively related to time spent waiting at the surgery (Pitts 1991). Thus it is not surprising that patient satisfaction was treated as a criterion of 'good general practice' by the National Health Strategy (NHS 1992).

What are parents' priorities about basic medical services and how do they feel about the services used? This analysis is based on ALSS families in the nine urban areas and in the Riverland and Roma/Bungil. As explained by Weston elsewhere in this issue, the majority of families attended a doctor in a private practice or private medical centre.

Parents rated the *importance* of several aspects of basic medical services, using a rating scale ranging from 1 'Not at all important' to 5 'Extremely important'. In addition, parents rated their

Satisfaction with basic medical services represents an important aspect of living standards and is relevant to the issue of equity of access and outcomes.

satisfaction with those aspects of their own medical service that were of concern to them. The satisfaction scale ranged from 1 'Extremely dissatisfied' to 9 'Extremely satisfied'.¹ Mean satisfaction ratings above 7 are taken as reflecting high satisfaction.

The accompanying Table sets out the mean importance and mean satisfaction ratings for the issues examined. The issues are ordered according to these means, from highest to lowest.

Patients' priorities

High satisfaction predominated

for most of the issues, but particularly for the two issues that were most important to families – the amount of respect they received, and how good their doctor was with children. Nevertheless, while a service with a low waiting time ranked amongst the highest in average

Importance attached to aspects of basic medical services and satisfaction with aspects of the service used by families: mean ratings^a

<i>Importance issues</i>	<i>Mean</i>	<i>Satisfaction issues</i>	<i>Mean</i>
Receipt of respectful treatment	4.76	Respect received	8.06
Doctor is good with children	4.55	How good doctor is with children	7.96
A doctor that you know	4.45	Cultural/ethnic understanding received	7.88
A service where waiting time is low	4.38	How easily travel to service	7.75
No delays in getting an appointment	4.37	Quality of treatment	7.66
A wide range of skills available	4.00	Time taken to get an appointment	7.37
A doctor who bulk bills/little no cost	3.95	Billing arrangements	7.30
Close to where live (walking distance)	3.60	Range of skills available at the service	7.24
A choice of female doctor	3.35	Number of doctors you can choose from	7.19
Number of doctors to choose from	3.35	Cost of the service	7.06
A doctor who understands your culture/ethnic background	3.21	The time you wait at the service	6.67
		Provision of services for persons whose first language is not English	6.62

^aSeventy-two per cent indicated no concern with non-English service provision, while only 36 per cent expressed no concern with cultural/ethnic understanding. No more than 10 per cent indicated no concern with other issues listed. Those not concerned with an issue did not provide satisfaction ratings.

Source: Australian Living Standards Study (ALSS)1991–92, Australian Institute of Family Studies, Melbourne.

THEIR DOCTOR?

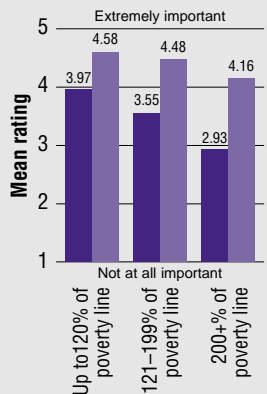
importance, the time required to wait at the service ranked lowest in terms of average satisfaction for most people. (Most people did not provide ratings for the last issue presented in the Table – non-English service provision – because they expressed no concern with this matter.)

Ratings for some issues varied significantly with characteristics of the families.

- Compared with parents with older children, those with pre-schoolers tended to be the least satisfied with the time taken to get appointments and the time they were required to wait at the surgery. Such trends are not surprising given that pre-schoolers are often unable to articulate aspects of their discomfort, leading parents of such children to worry about the nature and severity of any apparent illness. Pre-schoolers can also be more fractious and more difficult to keep amused while waiting at the surgery compared with older children.

- Compared with other parents, those who spoke a language other than English at home attached greater

Mean importance rating for bulk billing/little cost service, by equivalent household income and payment arrangements experienced



Equivalent household income

■ Charged fees ■ Bulk billed

Source: Australian Living Standards Study (ALSS) 1991-92, Australian Institute of Family Studies, Melbourne.

importance to a service that understood their culture or ethnic background. However, although these parents were highly satisfied with the level of cultural understanding they received, they were not as satisfied as other parents.

- Compared with other study areas, cost of the service was viewed less positively in the two urban areas with the lowest bulk billing rates (Box Hill and Berwick), and especially so in the Riverland where almost all families paid fees.

- While those who were bulk billed were more satisfied with the cost of their medical service compared with those who paid fees, having a free or low cost service was less important to those who paid fees (especially those in relatively high income families) than to those who were bulk billed (see accompanying Figure).

All these differences are relative and should not detract from the fact that families appeared to be very happy with most aspects of their medical service examined. There was

certainly little evidence of 'doctor bashing' in this analysis of the services used by families. Indeed, the views parents held about their doctors were amongst the most positive of all views assessed in the ALSS.

Note

¹ Only one set of importance and satisfaction ratings was derived for each family; in couple families, these ratings may have been provided by one parent (not identified) or both parents, working together.

References

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