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**HEALTH CARE UTILISATION  
AND GENERAL PRACTITIONER SATISFACTION  
IN YOUNG WOMEN**

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## ABSTRACT

That existing health care services do not fully cater to women's needs is well documented. In the present study the distinct health needs of young women, as a group, pertaining to general practice care was addressed. The study aimed to examine the impact of general practitioner care on the respondent in terms of her own assessment of the satisfaction derived from this interaction, using quantitative and qualitative data. Other objectives of the study were to identify determining factors associated with young women's heavy use of general practitioner services (using Anderson's Behavioural Model of Health Service Utilisation) and to explore the relationship of selected access factors to health care utilisation and general practitioner satisfaction. A non-random convenience sample of ninety six young women from Wellington city, aged from 18 - 26 years, participated in the questionnaire survey.

Regarding patient satisfaction, the qualitative data showed that the highest priority was accorded to the excellence of the interpersonal rapport established during the consultation, a factor which has been found to be a significant predictor of patient satisfaction in previous studies. The quantitative data showed that the respondents were least satisfied with the quality of information provided by their general practitioner concerning their complaint. Regarding health service utilisation, the chief reason for general practitioner use was the presence of physical symptoms. Accessibility, measured by mode of transport to the general practitioner, emerged as the only significant access factor, whereby young women without private transport were found to utilise general practice services more.

Overall, the results underscore the importance of interpersonal skills in general practice care and the primacy of need factors (rather than predisposing and enabling factors as described in Anderson's model) in determining general practitioner use.



2.3	Need.....	34
2.3.1	Perceived need.....	34
2.3.2	Evaluated need.....	35
2.4	Assessment of Anderson's Behavioural Model.....	35
<b>CHAPTER THREE - Objectives.....</b>		<b>38</b>
<b>CHAPTER FOUR - Method.....</b>		<b>41</b>
4.1	Subjects and Sampling Procedures.....	41
4.2	Measures.....	42
4.2.1	Dependent measures.....	42
4.2.2	Independent measures.....	42
	A. Patient satisfaction.....	43
	Index of patient satisfaction: Quantitative.....	43
	Exploratory: Qualitative.....	44
	B. General practitioner utilisation.....	45
	C. Factors relating to patient satisfaction and general practitioner utilisation.....	47
	Access factors.....	47
	Sociodemographic factors.....	48
<b>CHAPTER FIVE - Results.....</b>		<b>49</b>
5.1	Qualitative.....	49
5.1.1	General practitioner-patient relationships.....	49
5.1.2	Gender of general practitioner.....	53
5.1.3	General aspects of health care.....	55
5.2	Quantitative.....	56
5.2.1	Sample characteristics.....	56
5.2.2	Demographic characteristics.....	56
5.2.3	Dependent measures.....	58
5.2.4	Dependent measures by sociodemographic and access factors.....	59
5.2.5	General practitioner utilisation.....	62

<b>CHAPTER SIX</b>	<b>- Discussion.....</b>	<b>67</b>
6.1	Patient Satisfaction.....	68
6.1.1	Quantitative.....	68
6.1.2	Qualitative.....	69
	General practitioner-patient relationships.....	69
	Gender of general practitioner.....	72
	General aspects of health care.....	73
6.1.3	Implications.....	75
	Student selection.....	75
	Medical education.....	76
	Distribution of women in the workforce.....	79
	Health care initiatives.....	79
	Patient's responsibilities.....	80
6.2	General Practitioner Utilisation.....	82
6.2.1	Determinants of general practitioner utilisation.....	82
6.2.2	Other findings.....	86
6.2.3	Variance explained.....	87
6.3	Access Factors.....	88
6.4	Limitations of the Present Study and Methodological Issues.....	88
6.5	Directions For Future Research.....	90
REFERENCES.....		94
APPENDICES.....		117

## LIST OF APPENDICES

### APPENDIX ONE

Information Sheet..... 117

### APPENDIX TWO

Questionnaire..... 118

### APPENDIX THREE

Content Analysis of Qualitative Data..... 119

## LIST OF TABLES AND FIGURES

<b>Table 1</b>	Respondents Views On What Characterises A Good Or Bad General Practitioner.....	52
<b>Table 2</b>	Respondents Reasons For Choosing A Female General Practitioner.....	54
<b>Table 3</b>	Respondents Reasons For Choosing A Female General Practitioner For Women’s Health Problems.....	55
<b>Table 4</b>	Means, Percentages, And Standard Deviations For The Demographic Variables.....	57
<b>Table 5</b>	Means And Standard Deviations For The Dependent Measures, Patient Satisfaction And General Practitioner Utilisation.....	58
<b>Table 6</b>	Means And Standard Deviations For The Satisfaction Statements Pertaining To General Practitioner Performance.....	59
<b>Table 7</b>	Correlations Between Affordability And Accommodation Factors And Patient Satisfaction.....	60
<b>Table 8</b>	T-tests Comparing Mean Satisfaction Levels By Accommodation And Accessibility Of General Practice Service.....	61

<b>Table 9</b>	Correlations, T-tests, And Anova Showing The Effects Of The Predisposing, Enabling, And Need Characteristics On General Practitioner Utilisation.....	63-64
<b>Table 10</b>	Standard Multiple Regression Of Predisposing, Enabling, And And Need Characteristics On General Practitioner Visits Showing Standardised Regression Coefficients, R, R <sup>2</sup> , Adjusted R <sup>2</sup> , And R <sup>2</sup> Change.....	66
<b>Figure 1</b>	The Initial Behavioural Model (1960's).....	27

## INTRODUCTION

### Overview

In the last few decades both internationally and in New Zealand (NZ), there has been a growing interest in the area of women's health, as illustrated more recently by the 4th World Conference on Women in Beijing (1995), and in NZ, Department of Health inquiries such as the Women's Health Committee Report (Women's Health Committee, 1988).

The major catalyst of this surge in interest in women's health issues, is the women's movement and the development in the 1960's and 1970's of it's offshoot, the women's health movement. The needs and rights of women in society are fundamental issues. Specifically, the women's health movement aims to alter and improve the health system making it more responsive to their needs (Broadsheet, 1980).

Women, as a group, have specific needs aside from those of the community as a whole (Women's Health Committee, 1988). In the health care arena women's needs have clearly not been met. This is evident through NZ research conducted by the Department of Health, and by numerous independent studies. Findings suggest that women are dissatisfied with the way health services are provided, both in terms of the type of service and in terms of their relationships with the medical profession. This theme of women's dissatisfaction appears to run through the overseas literature as well as through the NZ data. Since patients who are dissatisfied with their health care are more likely not to comply with medical advice and treatment (Korsch, Gozzi, & Francis, 1968) and return to their GPer (Ben-Sira, 1976), attention to the causes of their dissatisfaction is of paramount importance.

Women's needs must be known before they can be met. Reliance solely on available statistics, expert opinion, and the views of lobby groups, distorts understanding of

women's health needs, providing an incomplete and possibly bias picture (Redman, Hennrikus, Bowman, & Sanson-Fisher, 1988) - "...results may be biased as they are based on the idiosyncratic views of people who see community needs from their own perspective" (Perkins, Sanson-Fisher, Girgis, Blunden, & Lunnay, 1995, p. 268). Redman et al. (1988) emphasise the unique perspective of consumers of health care. These authors surveyed a random sample of women from the community and found that women's personal priorities differed from the priorities identified by lobby groups. Thus, evidence suggests that women provide a different and valuable perspective on their own health requirements.

The rest of the introduction is organised as follows. Firstly, a rationale for studying young women is proposed. Secondly, patient satisfaction research is reviewed. Implications of patient satisfaction are highlighted and research to date is critically evaluated. Thirdly, Anderson's Behavioural Model of Health Service Utilisation, applied to the study sample, is reviewed and critically assessed. Finally, the research objectives of this thesis are specified.

### **Why Study Young Women ?**

"An[other] emerging and important area concerns the study of 'special' populations who may have unique expectations and cognitive 'sets', as well as different ways of evaluating health providers" (Zastowny, Roghmann, & Cafferata, 1989, p. 705).

The Women's Health Committee Report (Women's Health Committee, 1988) made a number of recommendations. One such recommendation encouraged research into the health needs of specific groups of women. Inder (1996) states, "Young women are often overlooked as a specific group, with distinct characteristics, issues and needs" (p. 20). Supporting this observation, young women are often studied within wider gender or age boundaries. As a result, important findings may be diluted and therefore rarely concentrate on the specific health issues of this group.

In recognition that young women are a distinct group with unique perspective's of health care and the information currently available does not adequately reflect their perspectives, the present study addresses their health needs. Specifically, the study concerns their perceptions and evaluations, as expressed through their satisfaction or dissatisfaction with health care as it is currently provided. The primary value of such information, for the purposes of the present study, would be to identify deficiencies (if any) in health services as perceived by young women that might be manipulated in order to improve the provision of health care and the level of patient satisfaction. To the authors knowledge this is the first investigation in NZ targeted at the health experiences of young women as a specific group.

The present analysis is service specific, in respect of the care young women receive from their general practitioners (GPer). Analysis limited to general practice (GP) care is reasonable since research indicates that GPer are the most widely consulted health professionals in NZ (Household Health Survey, 1992 - 93: cited in Statistics New Zealand, 1993) and young women (aged from 15 - 24 years) visit their GPer more frequently than all other age groups up to the age of 60 years (Ministry of Health and Statistics New Zealand, 1993: cited in Howell, 1996). Thus, in the aggregate young women are disproportionately heavy users of GPer services, a finding similarly reported in overseas data (McPherson, 1993). Following on from the above finding, a secondary focus of the present study concerns the identification of factors which may underlie this comparatively heavy use. Factors have been identified in previous research, however determinants of GP consultations by this specific group, have not been directly addressed.

Hershey, Luft, and Gianaris (1975) advise against analysing utilisation data with a restricted set of independent variables. In light of this the present study includes a full complement of relevant measures (quantitative in nature) derived from Anderson's Behavioural Model of Health Service Utilisation (1968) (see chapter two).