

Society's expectation of the role of the doctor in New Zealand: results of a national survey

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Abstract

Aims To describe the perceptions of the New Zealand public as to the role of the doctor in 2010.

Methods Telephone survey of 502 individuals throughout New Zealand during May 2010. The questions were based on a United Kingdom survey with added questions in respect of culture, equity and resource allocation. The data were weighted by gender and age according to the 2006 population census.

Results Most respondents (82%) wanted to see a doctor first if they had a new concern about their health; 7% a nurse and 5% a pharmacist. Most respondents agreed (88%) that when visiting a doctor, getting an accurate diagnosis was their top priority. In respect of a doctor's personal qualities, integrity was expected (94%), as was compassion (89%). Most respondents (78%) agreed that they expected a doctor to be the leader of the healthcare team. Most agreed (70%) that there is limited money available and doctors must consider how best to use it for all patients and that doctors (82%) need to be involved in decisions about health spending.

Conclusion This comprehensive New Zealand survey provides important information about public perceptions of the role of the doctor and is a basis for workforce planning and future comparisons.

The role of the doctor continues to evolve as society changes. From being an authoritarian figure practising in an autocratic and often isolated way, the doctor's role has changed to one where partnership with patients is the cornerstone of the relationship. Advances in science and technology, including increased use of the internet, and the increasingly multidisciplinary approach to healthcare have also contributed to the changing relationship.

Several countries have attempted to define the role of doctors and articulate what differentiates them from other health practitioners, including some which have developed consensus statements.^{1,2}

Led by the New Zealand Medical Association (NZMA), the profession in New Zealand has also developed a consensus statement following a 2-day meeting in Wellington attended by over 70 leaders of various medical organisations along with colleagues from government departments, nursing, health management and other experts.

In addition, perspectives from patients as to the evolving role of the doctor and their expectations and requirements are very important. These perspectives are likely to vary in relation to a wide range of sociodemographic factors including age, gender, educational status and ethnicity. Further, an increasing number of patients are

computer-literate and have access to and are familiar with the internet. Their requirements from healthcare providers continue to change.

We therefore commissioned a survey to obtain contemporary information about patient perspectives of the role of the doctor in New Zealand in 2010.

Methods

Computer assisted telephone interviewing (random digit dialling) was undertaken by Research New Zealand Ltd between 18 and 25 May 2010. Responses were received from a nationally representative sample of 502 adult New Zealanders over 15 years of age. The response rate was 21.2%.

Eighteen questions were chosen based on questions used in a United Kingdom survey³ commissioned to aid their role of the doctor consensus statement development, with minor changes made to aid understanding in a New Zealand context. Four additional questions (Figures 3c, 3d and 5c, 5d) tailored to the New Zealand situation were included focusing on ethnicity, equity, culture and resource allocation.

The data were weighted by gender and age to ensure that the results are truly representative of the New Zealand population. The weighting parameters were sourced from Statistics New Zealand and based on the 2006 Census of Population and Dwellings. Responders were grouped into three age groups; 15–34, 35–54 and ≥ 55 years.

Results based on the weighted total sample are subject to a maximum margin of error of $\pm 4.8\%$ at the 95% Confidence level (CI). This means, for example, that if 50% of respondents would prefer to see a doctor first if they had a new concern about their health, we could be 95% sure of getting the same result, plus or minus 4.8%, had everyone in the population been interviewed. Higher margins of error apply in the case of sub-sampling. Comparisons are made with similar questions to the United Kingdom sample. No statistical meaning is assigned to these comparisons.

Results

The demographic profile of the 502 survey respondents is shown in Table 1. Most were New Zealand European (78%), 10% were Māori, 5% Asian, 3% Pacific and 8% from other groups. There was a broad range of age groups and a slight bias toward female respondents (52%).

The questions were grouped according to who the respondents wanted to see first, general expectations of doctors, expectations with respect to personal qualities, expectations with respect to knowledge and experience, expectations with respect to doctors' role in the healthcare system, and involvement in decision making related to spending. The results are shown in Figures 1–5.

Expectation of who should be seen first

Most respondents (82%) wanted to see a doctor first if they had a new concern about health (Figure 1a); 7% a nurse and 5% a pharmacist. Interestingly, the rate of those wanting to see a nurse first was lower in respondents ≥ 55 years of age compared with respondents aged 15–34 years (3% vs 12%), but similar (4% vs 3%) for those wanting to see a pharmacist.

A majority (75%) thought it was not necessary to see a medical specialist first when they had a new concern about their health (Figure 1b) and this rate was higher (83%) in respondents aged > 55 years. Conversely the percentage of respondents who would prefer to see a specialist first increased from 8% in older respondents to 19% in younger respondents.

Table 1. Demography of survey respondents

Variables	N=502
Gender	
Male, %	48
Female, %	52
Age (years)	
15 to 24, %	18
25 to 34, %	17
35 to 44, %	17
45 to 54, %	19
55 to 64, %	10
65+, %	19
Ethnicity	
NZ European, %	78
Māori, %	10
Pacific Islander, %	3
Asian, %	5
Middle East/Latin, %	1
Other, %	7
Income	
Under \$40,000, %	38
\$40,000–\$69,999, %	22
\$70,000 plus, %	27
Don't know/refused, %	13
Region*	
Waikato, %	7
Auckland, %	29
Bay of Plenty, %	7
Wellington-Wairarapa, %	10
Canterbury, %	27

*7% or more.

General expectations

Most respondents strongly agreed (70%), with 88% agreeing overall, that getting an accurate diagnosis was their top priority (Figure 2a) with very few strongly disagreeing or disagreeing. Most respondents (73%) also strongly agreed that knowing when to seek help or advice from others was expected with few disagreements (3%) (Figure 2b).

Figures 1a–1b. Expectations with respect to seeing a doctor first with a new health concern

Figure 1a. When you have a new concern about your health, is the first person you want to see...

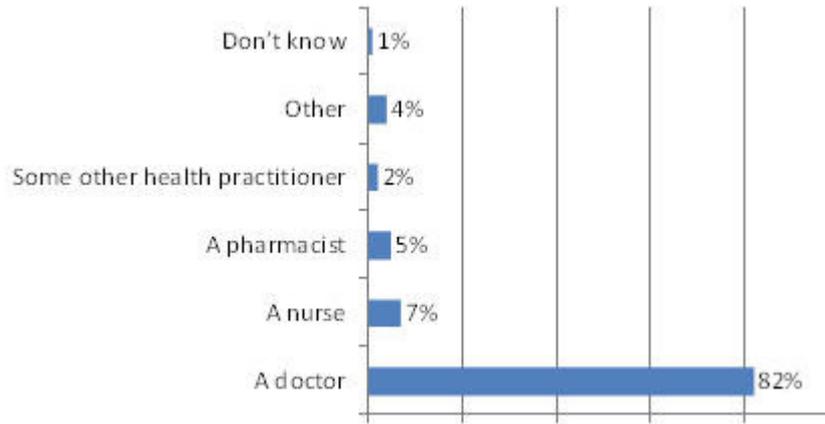
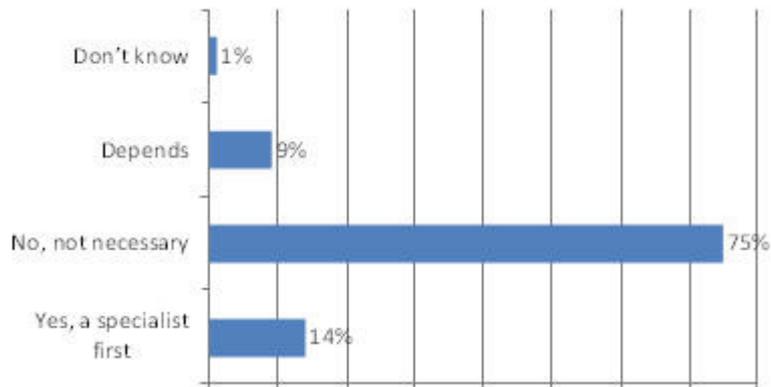


Figure 1b. When seeing a doctor, would you prefer to be seen by a specialist first, rather than a doctor who has more general expertise?



Figures 2a–2d. General expectations of doctors

Figure 2a. If I went to see a doctor, my top priority would be that the doctor accurately diagnoses what is wrong with me

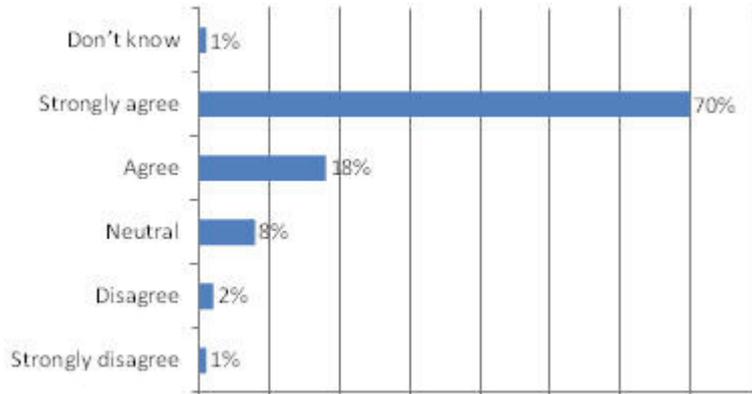


Figure 2b. I expect a doctor to know when to ask for help or advice from others

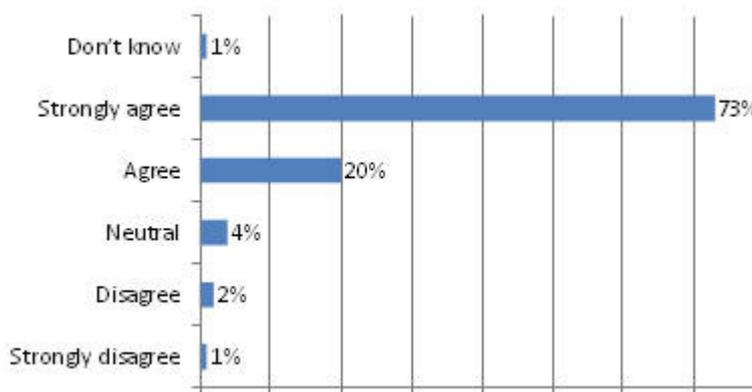


Figure 2c. I expect any doctor I go and see to be a helpful source of health education and advice

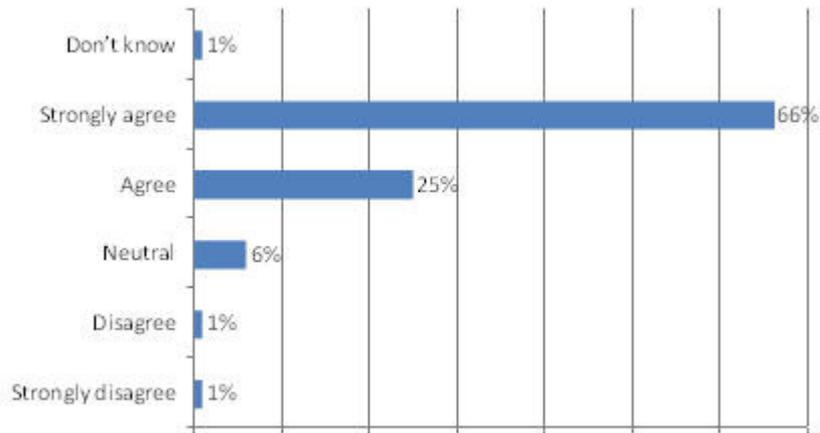
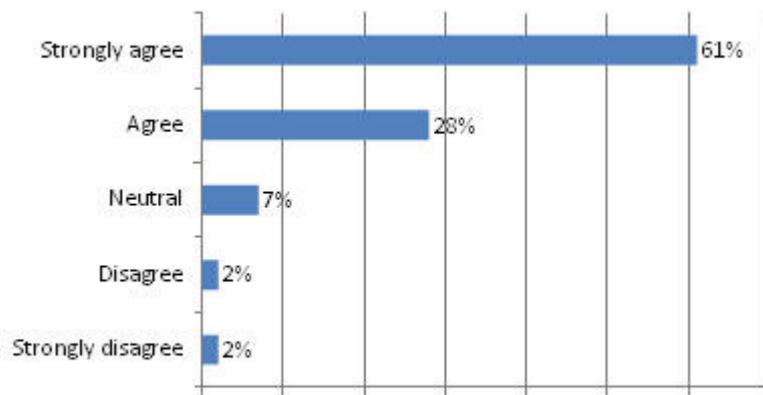


Figure 2d. I expect my doctor to know my health issues well and coordinate my care over time



Expectations of knowledge and experience

Doctors as a source of education and advice were rated highly (overall agreement 91%) (Figure 2c) and few disagreed. Most (89%) expected doctors to know health issues well and to coordinate care over time.

Expectations of personal qualities

Integrity was expected (agree 94%), as was compassion (89%) (Figure 3a and 3b) with females valuing compassion more highly than males (females 95%, males 84%). Respondents thought it was important that doctors cared about them and not just their health with 71% agreeing with this statement and 21% being neutral. Sixty-four percent of respondents expected doctors to understand and respond to their cultural needs with 11% disagreeing (Figure 3d), and there was a high neutral response of 23%.

Figures 3a–3d. Expectations with respect to doctors' personal qualities

Figure 3a. It is essential that a doctor is a person of integrity

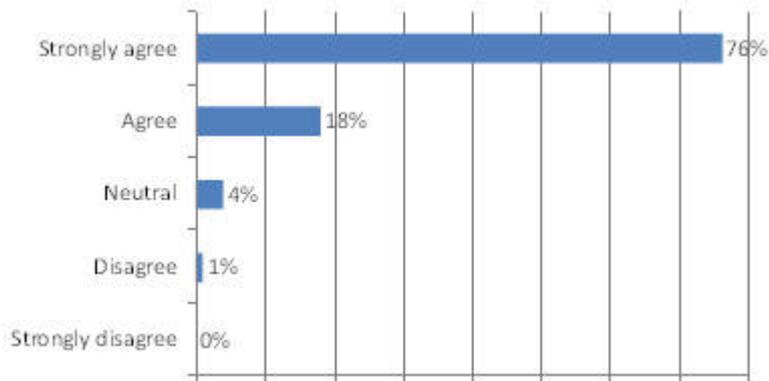


Figure 3b. I expect any doctor I see to treat me with compassion

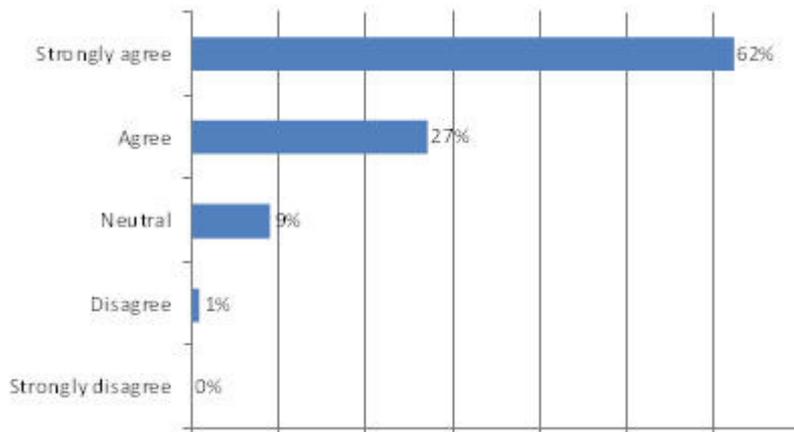


Figure 3c. It is important that any doctor I see cares about me and not just my health

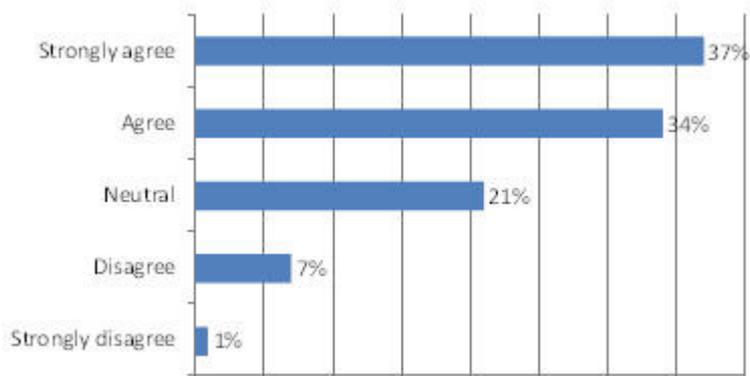
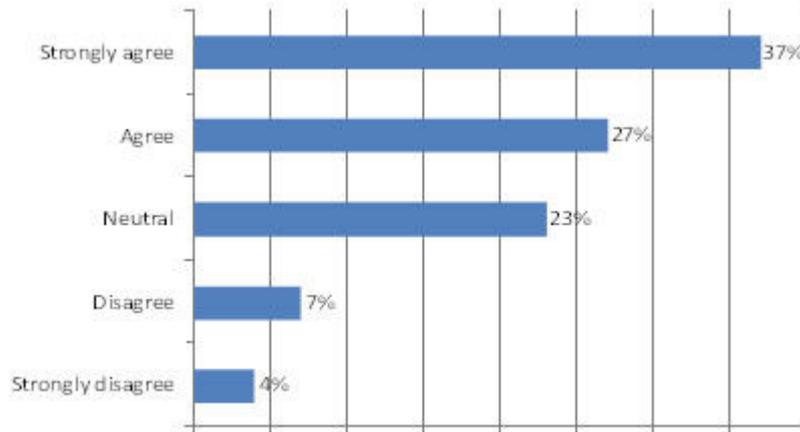


Figure 3d. I expect any doctor I see to understand and respond to my cultural needs



There was agreement that doctors should have an understanding of science (80%) with 4% disagreeing and 14% having a neutral view (Figure 4a). There was overwhelming support (97%) for doctors to keep up with developments in medicine (Figure 4b). Experience and wisdom (both 92%) were also highly valued (Figure 4c and 4d).

Figures 4a–4d. Expectations with respect to doctors’ knowledge & experience

Figure 4a. It is important that doctors have an understanding of science

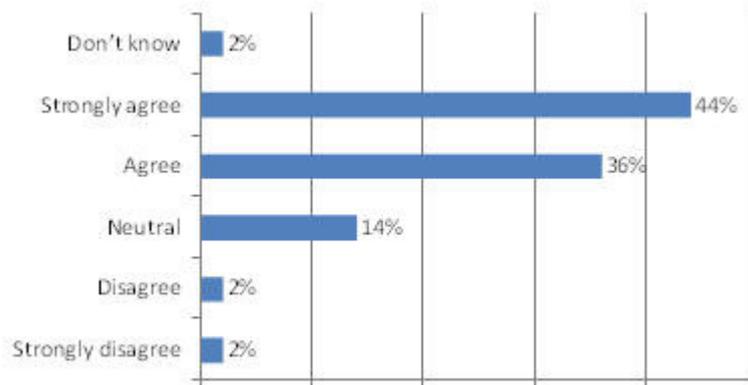


Figure 4b. It is essential that doctors keep up to date with developments in medicine

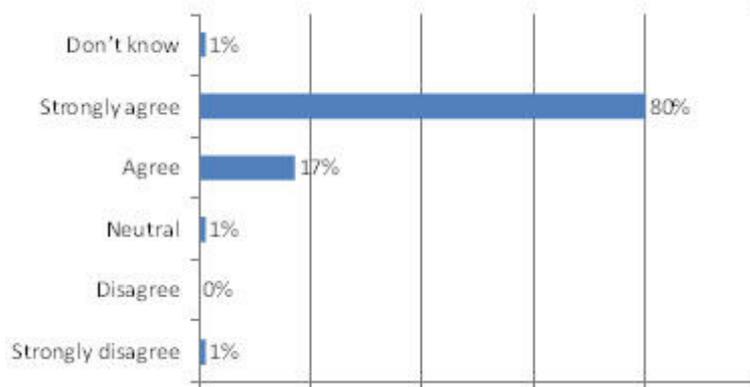


Figure 4c. Doctors need sufficient experience to recognise how even common conditions can show up differently in different people

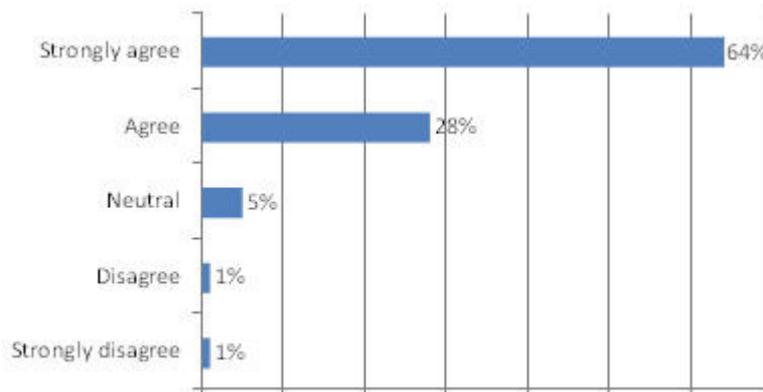
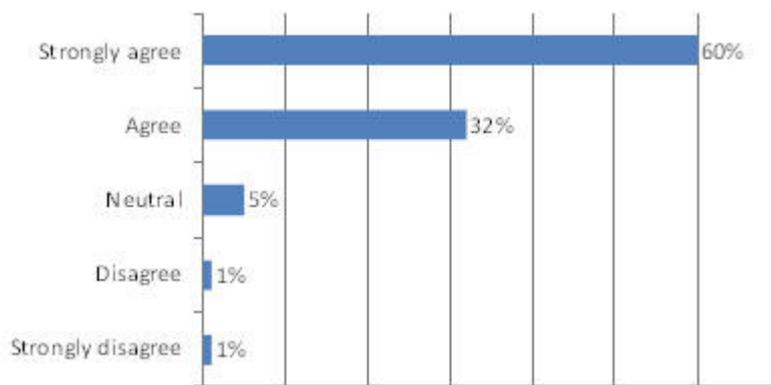


Figure 4d. A doctor's wisdom and accumulated experience is important to me



Expectations of the role of doctors in the health system

Coordination of health care—Most respondents (89%) expected the doctor to coordinate their health care with only 5% disagreeing. Most respondents (78%) also agreed that they expected a doctor to be the leader of the health care team responsible for their healthcare (44% strongly, 34% agree) (Figure 5a). A small number strongly disagreed (2%) and 15% were neutral. This compares with United Kingdom figures for agreement of 70% (strongly 31%, agree 39%) with 1% strongly disagreeing and neutral 22%.³

In respect of whether they would be happy that the healthcare team was led by a nurse rather than a doctor 28% agreed (strongly 7%), and 17% strongly disagreed with 26% neutral. The United Kingdom respondents had a higher rate of agreement (37%) and a lower rate of strongly disagreeing (8%). The number of neutral respondents (26%) was the same in both surveys.

Figures 5a–5d. Expectations with respect to doctors' role in the healthcare system and involvement in decision-making relating to spending

Figure 5a. I would expect a doctor to be the leader of the team that is responsible for my healthcare

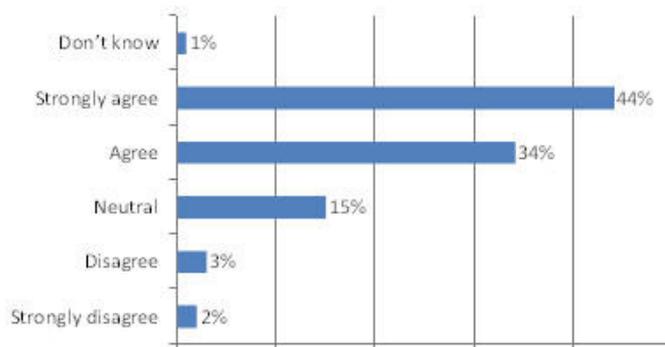


Figure 5b. I would be happy that the team responsible for my health care is led by a nurse rather than a doctor

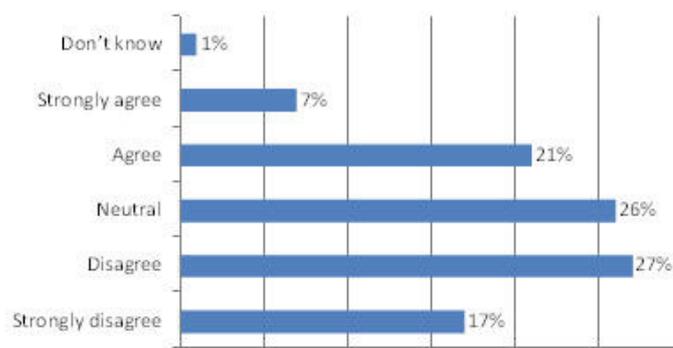


Figure 5c. There is a limit to how much money there is available for health, so doctors must consider how best to use it for all their patients and not just the person in front of them

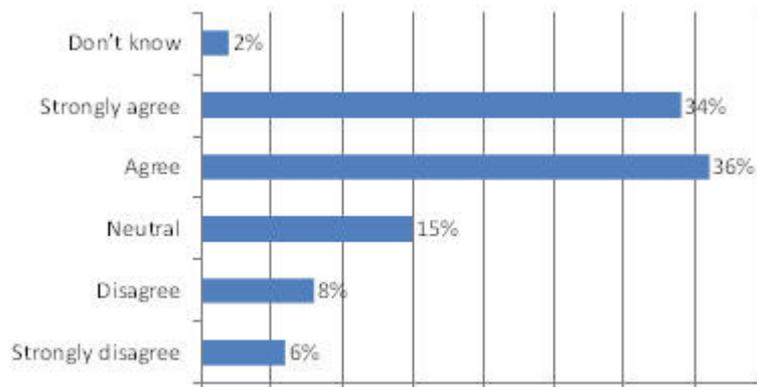
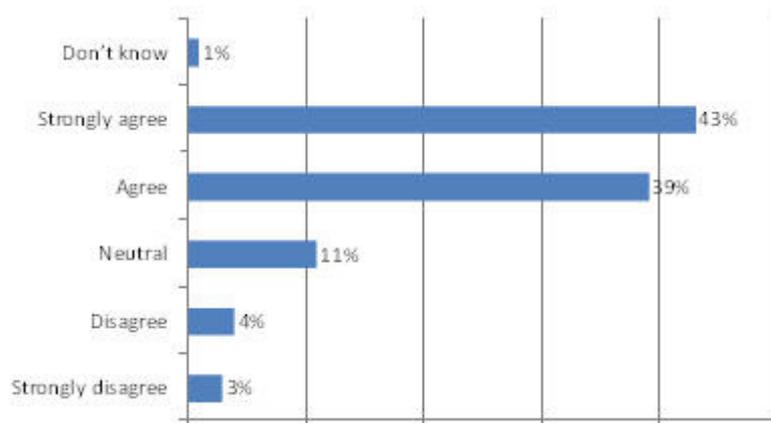


Figure 5d. Doctors need to be involved in decisions about healthcare spending



Involvement in decision making relating to healthcare spending—Most agreed (70%) that there is a limit on the amount of money available for health and doctors must consider how best to use it for all patients. This view was less strongly held in the United Kingdom (51%) where 23% disagreed compared with 15% disagreement in New Zealand. Similar support was found for the statement that doctors need to be involved in decisions about health spending in New Zealand, 82% (No United Kingdom comparison).

Discussion

This is the first national New Zealand survey of the general public's perception of the role of New Zealand doctors. The scientific basis of the survey is rigorous based on 502 respondents who answered the questions fully. The respondents were representative of the New Zealand population in respect of age, gender, ethnicity and income as well as having wide regional representation. Thus the results can be

interpreted as being representative of contemporary perceptions of New Zealanders within the margin of error of $\pm 4.8\%$.

The findings show that the expectations of scientific knowledge and personal attributes of integrity, experience and compassion are highly valued. Most respondents supported a generalist doctor rather than a specialist as their first contact although higher numbers of younger respondents (19% vs 8%) preferred to see a specialist. Interestingly, younger respondents were more likely to report wanting to see a nurse first with new concerns about their health (12% in those aged 15–34 years versus 3% in those aged over 55). Taken together, these age-related differences raise interesting questions about the future of the general practitioner as the first point of contact.

There was strong support for medical leadership in healthcare teams. There was also strong support for doctors to be involved in discussions about health spending.

We found minimal differences in public perception between the United Kingdom respondents to the 2008 survey¹ and New Zealand respondents in respect of the similar questions that were asked.

There are several potential limitations of our survey including the selection of respondents and in particular whether they are representative of patients. An alternative approach may have been to set up a website and to ask for comments from the general public. This would have had the major limitation of not knowing what drove respondents to respond; were they the ones who were angry, or satisfied, or did they come from an interest group. Such a survey would also be limited to those who were internet savvy but could provide a useful contribution in addition to this work in the future.

Conclusion

This survey provides contemporary information as to the perception of doctors by the New Zealand public. The findings should be taken into account when defining the Role of the Doctor in New Zealand for the purposes of workforce planning, and further understanding the evolution of the doctor patient relationship. It is hoped that as the role of the doctor in New Zealand changes, further surveys will be undertaken that can use this survey as a comparison.

Competing interests: None.

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