

What do people think about their general practitioners? Survey results comparing public opinion over 40 years from a community in Sydney, Australia

Dr Sisira Edirippulige*

Senior Lecturer, Centre for Online Health, The University of Queensland, Brisbane, Australia

Abstract

Objective: The aim of the present study was to examine the changes in the Australian public's perceptions about general practitioners over a 46-year period.

Methods: A cross sectional survey was conducted to examine the perceptions of people regarding their general practitioners. The study replicated a study conducted in 1966 in Sydney, Australia which provided the baseline. The survey was sent by post to residents living in 42 suburbs in Sydney, Australia. Eight hundred electors were randomly selected from the Australian Electoral Rolls as recipients of survey. Analyses were carried out to compare the results of survey with the survey results of baseline study conducted in 1966.

Results: Public perception regarding the doctor's communication skills with patients have improved compared to 1966. However, the perception of doctors' treatment skills and personal qualities and practice was lower than in 1966. Fewer doctors are perceived as having the wide range of desirable human qualities such as bedside manner, an understanding of human nature, truthfulness and honesty compared with opinions in 1966. Many negative comments were based on personal experience regarding difficulty of obtaining medical care on weekends and at night.

Conclusions: Public perceptions of doctors have changed over the period 1966 to 2012. These changes may be due to a wide range of socio-economic changes and various shifts taken place in medical profession over 4 decades. The improvement in medical education putting more emphasis on communication may have resulted in doctors better communicating with their patients. Changes such as funding, corporate control of group practices, increasing levels of specialist referrals, high expectation and access to medical information and even the emergence of best practice guidelines may have contributed to a decline in public perceptions of general medical practitioners.

Introduction

Patient satisfaction has long been considered an important component of care outcomes and it is frequently integrated into evaluation of overall clinical quality [1-3]. Patients' views and perceptions regarding their doctors is a key element in the evaluation of care. Primary care has not been an exception. Various aspects regarding general practitioners have been the focus of such evaluation. Studies have examined, for example, the aspects such as doctors' clinical competency, treatment ability, their communication skills, and personal demeanour. Patients' perceptions of doctors have often been used as an important outcome measure in health care delivery [4,5]. Main rationale for examining patients' perceptions of doctors have been the understanding of patients' expectations and concerns. It is widely believed that such understand may offer opportunity for patient-clinician relationship that leads to better health outcomes [4,6]. In modern health care where patient-centred care is an important concept, the understanding of patients' views regarding their clinicians should be given a major attention [7-10].

Historically, the medical profession has had a high level of status and social authority [11-14]. Medical profession has consistently been ranked as the highest status of all professions from 1925 when occupational prestige ranking first appeared [15,16]. Such ranking reflects academic requirements for entry to the medical profession as well as the technical and moral responsibility attributed to the role of medical practitioner [16]. However, towards to end of the 20th Century, there has been a significant decline in the image, reputation and

influence of medical profession. For example, assessing such changes over the 20th Century in the United States, Krause concluded that 'no profession in our sample has flown quite so high in guild power and control as American medicine, and few fallen as fast' [12]. Blendon and colleagues also suggested that the loss of professional legitimacy in American medicine was far more pronounced than that experienced by other social institutions [17]. A study analysing data for 20-year period (1976-1998) in the US concluded that the attitudes towards physicians in 1998 were significantly more negative when compared to 1976. The findings suggested that people think 'physicians aren't as thorough as they should be', and 'physicians do not always treat patients with respect' [18].

According to some analysts changes in public perception are due to structural changes in the way medicine is practiced. As McKinlay has pointed out a key aspect of this transformation in the US has been the shift from predominantly fee-for-service system controlled by dominant professionals to a less personalised corporate system controlled increasingly by commercial industry interests.19 A number

Correspondence to: Dr Sisira Edirippulige, Senior Lecturer, Centre for Online Health, The University of Queensland, Brisbane, Australia, Tel: +617 3176 7403; Fax: +61 7 3176 6945; E-mail: s.edirippulige@uq.edu.au

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of other studies have also outlined the impact of corporatization of doctoring on public attitude [19-22]. The solo medical practitioner has all but disappeared and is now replaced by groups of practitioners who share facilities, patients and who are frequently employees of a corporate entity.

The erosion of public trust in health professionals and health care in the UK has been linked to media scrutiny about scandals over medical competence, inefficiencies of National Health Services' (NHS) finances, increased pressure on NHS budgets due to increase from aged population and rising costs [23,24].

Several studies have examined the patient satisfaction regarding their GPs in Australia. The growth in negative media regarding the medical profession has also been blamed for the growing cynicism towards expert knowledge that is taking place in Australia [25]. Studies published in the early 1990s have reported that medical negligence and involvements in sexual harassment by doctors have tarnished the image of Australian doctors, and may have impacted on public perception of them [26,27]. Lupton and colleagues also observed that Australians in professional occupations and tertiary education are becoming more consumerist; and these changes have implications for their opinion of their doctors [25].

However, a number of studies have also shown positive public perception regarding their general practitioners in Australia. These studies have shown that the changing opinions have not affected the belief that doctors are experts in health care that provide a valuable service to the public [25,28,29]. Similarly, a study based on the information collected via the Patient Participation Program (PPP) over 10 years (1994-2003) showed patient has high level of satisfaction regarding their general practitioners [30].

Undoubtedly, there have been significant socio-economical changes in Australia over the past 4 decades. Changes in medical profession and medical practice are also apparent. However, no Australian study has attempted to examine the public perceptions of their general practitioners over this period. Understanding of such changes would have practical implications for medical practice, education, policy implementations and patient-centred care. The aim of this study was to investigate changes in the public perception of the Australian doctors between 1966 and 2012. Five key areas in public opinion were evaluated; the cost of receiving care, communication skills, treatment skills, patterns of practice and doctors' personal qualities.

Methods

Brief description of the 1966 study

A survey consisted of 56 questions to evaluate the public opinion of general practitioners was conducted in 1966 involving total of randomly selected 479 residents in 42 suburbs which were within a 15-mile radius from the centre for Sydney, New South Wales in Australia [31]. The study does not report the number of the sample and the response rate. Survey was conducted by interviewing one adult from a household.

Survey instrument

In 2012 study, we used the same survey instrument that was used by Congalton in 1966 in the baseline study [31]. The survey included 56 statements which are descriptions of a general practitioner. Three investigators reviewed the survey questions to assess the relevance in the present study. Decision was made to use the questionnaire without changes. Questions in the survey focused on 5 distinct themes:

public's opinion on doctors' concerns about financial matters, doctors' communication skills, medical knowledge and treatment skills, their personal qualities and style of practice. Survey participants were asked to respond to the questions by indicating whether the statements were 'true of all doctors, most doctors, many doctors, or just a few doctors or no doctors'. Responses were presented in the Likert scale of 1 to 5 (1-All, 2-Most; 3-Many; 4-Just a Few; 5-None). 3 items were used to collect demographic information of the respondents (gender, age and education level). There were 4 questions to examine respondents' perceptions about doctors' interest in money while 8 questions were asked about communication skills. Ten questions were related to general practitioners' treatment skills and 22 items were asked to assess respondents' perceptions about doctors' personal qualities. Remaining 10 questions were related to participants' perceptions about doctors' patterns of practice.

Recruitment

In order to capture the same geographical area covered by the 1966 study, we randomly selected sample of 800 electors from the Australian Electoral Rolls whose Electoral Roll address was in Sydney, New South Wales, Australia. Because the participants were recruited in this study using Australian Electoral Rolls, non-citizens and Australians living in overseas were considered as exclusion criteria. Survey questionnaire was sent to electors by post with a stamped envelope for returning the completed survey. Respondents completed the survey anonymously.

Data analysis

Mean responses for each item relating to perceptions of participants about their general practitioners were calculated. Responses for each question were counted separately; calculations were carried out using the total responses for each question. Response options from 1 to 2 were aggregated into 1 (All or most); 3 into 2 (Many); 4 to 5 were aggregated into 3 (Few or none) to replicate the scoring used in 1966. To compare responses from the 1966 and 2012 surveys, a series of multinomial logistic regressions were conducted. Data was tested for multicollinearity and goodness of fit and conformed to model assumptions for regression. Data was presented in tables with simple descriptive and odds ratios and confidence intervals. Analysis was undertaken using the statistical package SPSS.

This study was approved by the human ethics committee of the School of Public Health, the University of Queensland, Australia (Approval No: SE081111).

Results

366 surveys were completed and returned (response rate 47%). The desirable response rate for survey based research is 60% which is generally achieved only with multimodal recruitment and follow up of participants (Heberlein, 1978). However response rates as low as 30% are regularly reported in research. Our response rate of 47% is acceptable as it did not utilise a multimodal approach. However, the opinions of the non-response group may not be reflected by responders [32].

Demographic characteristics of participants

Of the 366 participants who responded to the survey 52% were female. The participants were represented through three age groups. The number of respondents who were either married or lived with a partner was 225. (Table 1)

Table 1. Comparison of demographic information 1966 and 2012

		1966 Study	2012 Study
Total number of participants		479	366
Response rate		Not reported	46%
Gender	Male	44%	48%
	Female	56%	52%
Age	20-39 yrs	37%	42%
	40-59 yrs	39%	35%
	60 yrs +	24%	23%
Education level	Tertiary	Not reported	211 (31%)
	No tertiary	Not reported	155 (42%)

The comparison of respondents' perceptions regarding doctors' interest in financial matters is presented in Table 2.

Compared to 1966, fewer participants perceive that doctors regard their profession as a money-making proposition and that they are driven by money. However, respondents of 2012 survey think that many doctors charge higher fees than they should, and as a result earn more money than is justifiable (Table 2).

Comparison of respondents' perceptions regarding doctors' communication skills is presented in Table 3. Respondents of our survey reported more positive perceptions towards doctors' communication skills compared to 1966. Respondents in the 2012 survey perceived that fewer doctors use difficult words and expressions; were easier to talk to and they shared information about the patient's condition; provided explanations and open to patients' questions than in the 1966 survey (Table 3).

Perceptions of participants regarding their doctors' medical knowledge and treatment skills are presented in Table 4. Compared to 1966, respondents of 2012 survey think that fewer doctors give medicines which were not needed or give too many pills and injections. Responses to all the other questions show a decrease in confidence in doctors' diagnostic and treatment skills. Respondents in 2012 survey think that fewer doctors make accurate diagnoses, have adequate training, and updated knowledge. Respondents also think fewer doctors are gentle with children and thorough in their investigations (Table 4).

Comparisons of respondents' perceptions regarding doctors' personal qualities is presented in Table 5. Compared to 1966, participants in 2012 survey perceived fewer doctors are impersonal, not caring, impatient, cold and detached and offhand in their manner. However, comparisons of responses from 1966 and 2012 surveys show that fewer doctors now perceived to be sympathetic, happy and cheerful, hardworking, intelligent, tolerant, and as inspiring confidence, honest and having a high code of behaviour (Table 5).

Results relating to patterns of practice and out of hour care are presented in Table 6. Comparison of responses from 1966 and 2012 surveys shows respondents of 2012 believe fewer doctors provide after-hour medical services. Similarly, respondents of recent survey think more doctors refer their patients to specialist services and spend less time with their patients than in 1966. There is also a perception that more doctors now have too many patients (Table 6).

Discussion

The current study investigated the perceptions and attitudes of general public in Australia about their primary care doctors while attempting to shed some light on the changes in public opinion occurred over the past 4 decades. The key findings of this study show that the community perception on general practitioners has changed

over the past 4 decades. Findings of this study show higher ratings of doctor's communication skills with patients than in 1966. However, the perception of doctors' treatment skills and personal qualities and practice was lower than in 1966. Study results also suggest that fewer doctors are perceived as having the wide range of desirable human qualities such as bedside manner, an understanding of human nature, truthfulness and honesty compared with opinions in 1966 (Table 7).

No doubt that there have been enormous socio-economic and political changes over the past 4-5 decades both within Australia and internationally. The changes occurred in medical profession have also been significant. It is logical to consider that such changes may have had a significant impact on the way public view their doctors [15]. Drastic structural changes implemented to address increasing demand and rising cost of health care have led to privatisation of medical services, changing role of the general practitioners and specialists and growth of emergency department in hospitals [33,34]. There has also been an increase in the general availability of doctors and the number of medical services they provide [34].

Unlike 40 years ago, today doctors working in large general practice centres are mainly employees of large corporations and they are paid by the number of patients they see. This has created a situation where doctors often must work on shorter consultations to accommodate more patients [34]. These pressures may not allow doctors to relate to their patients the same way as doctors did four decades ago. Studies have shown that doctors spend less time today with patients compared to the past. For example, comparing data from 1996 and 2010, the absolute number of longer consultations for children in Australia has decreased [35]. The declining negative evaluation of the personal qualities of doctors may also be a function of changes in attributional power. In the past the role of a doctor was attributed with expertise, sound character and altruistic values. Today's Australian culture relies less on attributional status and power and patients expect a more collaborative power neutral relationship with their doctors. As a result, characteristics such as time spent with a patient, and social skills may be more important for patients in their evaluation of their doctors' capacities and qualities than ever before. It is likely that the reduced time doctors now spend with patients underpins the negative evaluation of personal qualities. A rushed doctor who is required to provide many short consultations over a day will not be perceived as positively as a doctor who has time to talk with their patients and focus on developing relationship with them.

A study that found no changes in public satisfaction over a decade concluded that 'the fact that patient satisfaction did not change in a decade that saw major changes to structure of general practice in Australia such as introduction of accreditation, division of general practice, change in the demography, vocational registration and continuing medical education is itself surprising' [30].

Table 2. Doctors' Interest in Money; comparing 1966 and 2012. 1 = All or most; 2 = Many; 3 = Few or none.

		1966		2012		OR (95% CI)
		N	%	N	%	
They regard their profession as a money-making proposition	1.	105	23	53	15	0.60(0.42,0.88)
	2.	86	19	71	20	0.99(0.69,1.42)
	3.	268	58	223	64	1 (Ref)
They think too much of money	1.	105	25	54	16	0.63(0.43,0.91)
	2.	57	13	59	18	1.27(0.84,1.90)
	3.	263	62	215	66	1 (Ref)
They charge fees which are higher than they should be	1.	120	28	88	26	1.13(0.81,1.58)
	2.	48	11	85	26	2.72(1.82,4.07)
	3.	263	61	171	49	1 (Ref)
They earn too much money	1.	101	24	74	22	1.03(0.72,1.46)
	2.	53	13	66	20	1.75(1.16,2.62)
	3.	268	63	191	58	1 (Ref)

Table 3. Doctor's Communication skills; comparing 1966 and 2012. 1 = All or most; 2 = Many; 3 = Few or none.

		1966		2012		OR (95% CI)
		N	%	N	%	
They are very frank in explaining what is wrong with you	1.	201	43	196	55	3.04(2.14,4.32)
	2.	77	17	103	29	4.17(2.75,6.31)
	3.	187	40	60	27	1.00 (ref)
They are easy to talk to	1.	283	60	168	46	0.78(0.55,1.12)
	2.	96	20	123	34	1.68(1.12,2.53)
	3.	96	20	73	20	1.00 (ref)
They use difficult words and expressions	1.	148	31	37	10	0.25(0.17,0.37)
	2.	72	15	76	21	1.06(0.73,1.53)
	3.	254	54	253	69	1.00 (ref)
They do not discuss your illness with you	1.	187	41	43	12	0.16(0.11,0.23)
	2.	86	19	54	15	0.43(0.29,0.63)
	3.	182	40	266	73	1.00 (ref)
They don't tell you enough about your condition	1.	177	39	55	15	0.26(0.18,0.37)
	2.	86	19	81	22	0.78(0.55,1.12)
	3.	187	42	225	63	1.00 (ref)
They rush things, and don't listen sufficiently to you	1.	77	16	44	12	0.72(0.48,1.08)
	2.	91	19	70	19	0.96(0.68,1.37)
	3.	307	65	245	69	1.00 (ref)
They don't explain enough	1.	177	38	63	19	0.33(0.23,0.47)
	2.	81	17	75	20	0.86(0.59,1.24)
	3.	206	45	222	62	1.00 (ref)
They discourage people from asking questions	1.	105	23	26	7	0.24(0.15,0.39)
	2.	77	17	54	15	0.69(0.47,1.02)
	3.	273	60	276	78	1.00 (ref)

Another important change over the last few decades is the increase of education in general population. Public has become more educated; and they keep updated with new information in a regular basis thanks to new source of information such as the Internet. It is fair to say that this general improvement of education level of people has influenced people to be more critical about their doctors' skills and knowledge as is the case of other professions. Whether the higher rating for doctors' communication skills with patients reflects the greater ease that a more educated population feels in relating with doctors, or whether doctors now have better communication skills is unclear. However, over the last decade in Australia there has been a significant recognition of the need to develop medical student clinical communication skills. So, in this regard findings may reflect changes in training in this area. Public perceptions of doctors' medical knowledge and skills have declined over the past 4 decades. The public thinks that fewer doctors are well trained and up-to-date in medical knowledge. Also, the public believe that fewer doctors are thorough in their investigations. Fewer doctors

are perceived to have high personal qualities such as intelligence, truthfulness, honesty, deep understanding of human nature and good bedside manners. In contemporary Australian society patients have never had higher levels of education or access to information as a result of the internet coupled with the expectation that medicine is a purchased consumable service. As a result patients see the relationship with their doctor as more power equal and feel more informed which leads to scepticism of medical judgements and advice. This phenomenon is compounded with very few patients having a sufficient science background to fully understand a diagnosis and treatment implications, and they often rely on simplistic and inaccurate information found online to evaluate their doctor's advice. In this regard patients armed with incomplete information and understanding find more to disagree with doctors about regarding their treatment. Studies have shown that openness of access to professional knowledge eventually erodes the profession's legitimacy and social standing [36,37]. While greater patient engagement and partnership may aid treatment compliance and

Table 4. Doctor's Treatment skills; comparing 1966 and 2012. 1 = All or most; 2 = Many; 3 = Few or none.

		1966		2012		OR (95% CI)
		N	%	N	%	
They are very quick at finding out what is wrong with you	1.	163	36	98	27	0.98(0.69,1.39)
	2.	115	26	160	44	2.28(1.62,3.21)
	3.	172	38	105	29	1.00 (ref)
They usually make an accurate diagnosis of what is wrong with you	1.	249	55	173	48	0.97(0.68,1.39)
	2.	105	23	119	32	1.59(1.07,2.37)
	3.	101	22	72	20	1.00 (ref)
They are able to tell you very quickly about your illness	1.	201	45	128	36	0.89(0.64,1.26)
	2.	105	23	132	36	1.77(1.24,2.55)
	3.	144	32	102	28	1.00 (ref)
They like to give you medicine even if you don't need it	1.	96	22	46	13	0.59(0.39,0.87)
	2.	57	12	74	21	1.59(1.08,2.34)
	3.	292	66	238	66	1.00 (ref)
They are well trained in medical skills	1.	364	83	230	64	0.55(0.33,0.94)
	2.	57	13	97	27	1.49(0.82,2.72)
	3.	29	4	33	9	1.00 (ref)
They are up-to-date in their medical knowledge	1.	316	70	159	46	0.39(0.26,0.59)
	2.	81	18	124	35	1.19(0.76,1.88)
	3.	53	12	68	19	1.00 (ref)
They are very gentle with children	1.	359	79	182	56	0.30(0.17,0.55)
	2.	72	17	109	34	0.89(0.47,1.71)
	3.	19	4	32	10	1.00 (ref)
They are very thorough in their investigation	1.	283	61	123	34	0.39(0.27,0.56)
	2.	96	21	137	39	1.29(0.87,1.91)
	3.	86	18	95	27	1.00 (ref)
They always refer you to another doctor if you need special treatment	1.	340	74	256	71	0.95(0.59,1.54)
	2.	77	17	71	20	1.17(0.67,2.03)
	3.	43	9	34	9	1.00 (ref)
They give too many pills and injections	1.	115	26	50	15	0.35(0.24,0.50)
	2.	62	14	69	20	1.21(0.82,1.78)
	3.	244	60	225	65	1.00 (ref)

Table 5. Doctors Personal Qualities; comparing 1966 and 2012. 1 = All or most; 2 = Many; 3 = Few or none.

		1966		2012		OR (95% CI)
		N	%	N	%	
They are too impersonal when talking to you	1.	81	18	36	10	0.56(0.36,0.86)
	2.	67	15	77	22	1.45(1.00,2.09)
	3.	307	67	244	68	1.00 (ref.)
They are very sympathetic people	1.	244	52	130	36	0.63(0.45,0.87)
	2.	91	19	117	32	1.51(1.04,2.19)
	3.	134	29	114	32	1.00 (ref.)
They are happy and cheerful people	1.	206	45	82	23	0.46(0.32,0.66)
	2.	125	27	158	45	1.47(1.04,2.08)
	3.	129	28	111	32	1.00 (ref.)
They are very hard working people	1.	383	81	227	62	0.78(0.46,1.29)
	2.	53	11	110	30	2.72(1.52,4.88)
	3.	38	8	29	8	1.00 (ref.)
They don't care a darn about you as a person	1.	72	16	33	9	0.52(0.34,0.82)
	2.	57	12	43	12	0.86(0.56,1.32)
	3.	32	7	285	79	1.00 (ref.)
They are very impatient	1.	57	12	28	8	0.62(0.38,0.99)
	2.	57	12	54	15	1.19(0.79,1.78)
	3.	354	76	282	77	1.00 (ref.)
They have a deep understanding of human nature	1.	244	54	90	25	0.29(0.21,0.41)
	2.	96	21	123	34	1.02(0.71,1.46)
	3.	115	25	145	41	1.00 (ref.)
Doctors are overworked	1.	263	57	139	39	0.58(0.42,0.82)
	2.	86	19	113	32	1.45(0.99,2.14)
	3.	115	24	104	29	1.00 (ref.)

They are very intelligent people	1.	388	82	230	64	0.50(0.31,0.82)
	2.	53	11	88	25	1.41(0.79,2.49)
	3.	34	7	40	11	1.00 (ref.)
They are very tolerant	1.	283	62	146	42	0.53(0.37,0.75)
	2.	91	19	116	33	1.30(0.87,1.95)
	3.	91	19	89	25	1.00 (ref.)
They inspire confidence	1.	263	58	137	38	0.53(0.38,0.74)
	2.	91	20	114	32	1.28(0.87,1.87)
	3.	110	24	108	30	1.00 (ref.)
They have good bedside manners	1.	316	77	138	41	0.082(0.04,0.15)
	2.	81	20	125	37	0.29(0.15,0.55)
	3.	14	3	74	22	1.00 (ref.)
They are cold and detached in their general attitude	1.	81	17	28	8	0.43(0.27,0.69)
	2.	48	11	57	16	1.48(0.98,2.26)
	3.	335	72	267	76	1.00 (ref.)
They give quite a bit of their time free to people who need it	1.	134	37	49	15	0.28(0.19,0.41)
	2.	96	26	90	28	0.71(0.49,1.02)
	3.	134	37	178	57	1.00 (ref.)
They are very 'off-hand' in their manner	1.	57	12	26	8	0.66(0.41,1.09)
	2.	57	12	73	22	1.86(1.27,2.74)
	3.	345	76	237	70	1.00 (ref.)
Doctors are very truthful and honest people	1.	311	68	186	53	0.59(0.39,0.89)
	2.	91	20	111	31	1.22(0.77,1.93)
	3.	57	12	57	16	1.00 (ref.)
They are very humble	1.	115	26	76	23	1.17(0.83,1.67)
	2.	57	13	108	32	3.36(2.30,4.91)
	3.	268	61	151	45	1.00 (ref.)
They have a high code of behaviour and stick to it	1.	33	73	187	54	0.49(0.31,0.76)
	2.	77	17	112	32	1.25(0.76,2.06)
	3.	43	10	50	14	1.00 (ref.)
They have more prestige than they deserve	1.	91	20	65	19	0.98(0.68,1.41)
	2.	43	10	56	16	1.79(1.16,2.77)
	3.	307	70	223	65	1.00 (ref.)
They have a good sense of humour	1.	201	44	54	15	0.23(0.15,0.33)
	2.	115	25	133	38	0.97(0.69,1.36)
	3.	139	31	166	47	1.00 (ref.)
They have an abrupt manner when speaking to you	1.	48	10	31	9	0.85(0.52,1.37)
	2.	81	17	67	18	1.09(0.76,1.56)
	3.	340	73	259	73	1.00 (ref.)
They are happy and cheerful people	1.	206	45	82	23	0.46(0.32,0.66)
	2.	125	27	158	45	1.47(1.04,2.08)
	3.	129	28	111	32	1.00 (ref.)

Table 6. Doctors' patterns of practice/out of hours care. 1 = All or most; 2 = Many; 3 = Few or none.

		1966		2012		OR (95% CI)
		N	%	N	%	
Doctors will openly admit when they don't know what your trouble is	1.	153	35	76	21	0.58(0.42,0.81)
	2.	43	10	78	22	2.13(1.40,3.24)
	3.	235	55	200	57	1.00 (ref.)
They are reluctant to make calls (visits) to your home	1.	101	23	175	55	5.11(3.66,7.14)
	2.	53	12	43	14	2.39(1.51,3.79)
	3.	292	65	99	31	1.00 (ref.)
They are very difficult to get at night or on a Sunday	1.	163	40	213	67	4.49(3.11,6.48)
	2.	67	16	54	17	2.77(1.73,4.43)
	3.	182	44	53	16	1.00 (ref.)
They have too many patients	1.	187	45	163	48	2.20(1.51,3.23)
	2.	96	23	126	37	3.32(2.19,5.02)
	3.	134	32	53	15	1.00 (ref.)
Too often they refer you to another doctor	1.	48	10	43	12	1.28(0.82,1.99)
	2.	38	9	58	16	2.18(1.41,3.39)
	3.	359	81	251	72	1.00 (ref.)

They spend too little time with you as a patient	1.	125	27	90	25	1.08(0.77,1.50)
	2.	81	18	102	28	1.88(1.33,2.67)
	3.	254	55	170	47	1.00 (ref.)
They are very careful when prescribing medicine	1.	359	82	188	53	0.26(0.17,0.39)
	2.	38	9	91	26	1.18(0.69,2.03)
	3.	38	9	77	21	1.00 (ref.)
They often experiment with you instead of treating you	1.	43	10	19	5	0.47(0.27,0.82)
	2.	57	14	25	7	0.46(0.28,0.76)
	3.	321	76	305	88	1.00 (ref.)
They tell you there is nothing much wrong with you, when you feel there is	1.	62	15	32	9	0.55(0.35,0.87)
	2.	77	18	56	16	0.77(0.53,1.13)
	3.	283	67	266	75	1.00 (ref.)
They keep you far too long in their waiting rooms	1.	235	51	169	47	0.96(0.69,1.33)
	2.	91	20	91	25	1.34(0.91,1.98)
	3.	134	29	100	28	1.00 (ref.)

Table 7. Positive and Negative changes: comparing 1966 and 2012.

Positive changes	Negative changes
Interest in Money <ul style="list-style-type: none"> - Fewer doctors regard their profession as a money making proposition - Fewer doctors think too much of money - when something is wrong 	Interest in Money <ul style="list-style-type: none"> - Many doctors charge fees which are higher than they should be - Many doctors earn too much money
Communication <ul style="list-style-type: none"> - More doctors are very frank in explaining what is wrong - Fewer doctors use difficult words and expressions - More doctors discuss the illness with their patients - More doctors tell patients about their condition - Fewer doctors discourage people from asking questions - Fewer doctors don't explain enough 	
Treatment skills <ul style="list-style-type: none"> - Fewer like to give you medicine even if you don't need it - Fewer give too many pills and injections 	Treatment skills <ul style="list-style-type: none"> - Fewer doctors are very quick at finding out what is wrong - Fewer doctors usually make an accurate diagnosis - Fewer are able to tell you very quickly about your illness - Fewer are well trained in medical skills - Fewer are up-to-date in their medical knowledge - Fewer are very gentle with children - Fewer are very thorough in their investigations - Fewer doctors give their time free to people who need it
Personal qualities <ul style="list-style-type: none"> - Fewer are too impersonal when talking to you - Fewer don't care a darn about you as a person - Fewer are very impatient - Fewer doctors are cold and detached - Fewer doctors are very off-hand in their manner - More are very humble 	Personal qualities <ul style="list-style-type: none"> - Fewer are very sympathetic people - Fewer are happy and cheerful people - Fewer are very hard working people - Fewer have a deep understanding of human nature - Fewer are overworked - Fewer are very intelligent - Fewer are very tolerant - Fewer inspire confidence - Fewer have good bedside manners - Fewer are very truthful/honest - Fewer have a high code of behaviour - Fewer have a good sense of humour - Fewer doctors are happy and cheerful people
Patterns of practice <ul style="list-style-type: none"> - Fewer doctors experiment with you instead of treating you - Fewer doctors say nothing is wrong when you feel there is 	Patterns of practice <ul style="list-style-type: none"> - Fewer doctors admit they don't know what is wrong - More doctors are reluctant to make calls to your home - More doctors are difficult to get at night or on a Sunday - More doctors have too many patients - More doctors too often refer you to another doctor - More doctors spend too little time with you as a patient - Fewer doctors are careful when prescribing medicine

satisfaction, doctors need to account for these issues in consultations with patients by explaining the treatment rationales and why certain options may or may not be appropriate.

Several similar US studies have shown a significant decline of public perception about doctors' medical knowledge and treatment skills. Comparing data from 3 national surveys over 20 years (1979-1998), a US based study found that attitudes towards physicians' clinical skills in 1998 were significantly more negative when compared to 1976.

18 Another study involving Medicare patients showed there was a significant decline relating to 'thoroughness of examination' [38]. Our finding that there is a decline in the perception for doctor's personal qualities is consistent with previous studies. Pescosolido and colleagues reported that US public think that the doctors' personal qualities have declined over 20 year period (1976-1998). The study revealed that fewer people believed 'doctors showed respect to the patients' and 'doctors did their best to reduce patient worry'.¹⁸ Similarly, another

study concluded that public thinks doctors do not have adequate level of emotional intelligence [38].

Limitations

One limitation of this study is related to the survey sample. The survey was sent only to people living in Sydney, therefore the results may not be representative of the entire Australian population. Thus, the findings may not be generalizable. In addition, the findings might reflect the possible biases in the sample with more frequent users, such as those with long-standing illnesses, being overrepresented.

Conclusions

This study suggests that over the past 4 decades, public trust and confidence in doctors' communication skills has increased while public perceptions of doctors' medical knowledge, treatment skills and personal qualities have declined. These changes may be attributable to a number of significant changes within medical profession, health care systems and society in general. Decline of trust and erosion of confidence in doctors may have implications for the profession as well as patient care. The findings of this study are instructive for both policy makers and the medical profession regarding key areas that warrant attention both in resourcing doctors as well as how to managing a challenging and changing doctor-patient environment.

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