PRACTICE OBSERVED

Practice Research

Job sharing in general practice

E FIONA NICOL

Abstract

A questionnaire survey of 500 consecutive patients consulting their general practitioners was undertaken to compare job sharing part time partners and full time partners in respect of patients' perception of and satisfaction with the availability of the doctor they wished to consult.

Comparison of linear analogue scales of patients' satisfaction with the availability of their chosen doctor showed no significant difference between job sharing partners and full time partners. Nevertheless, significantly fewer patients were able to see the full time partner of their choice within two days than were able to see the job sharing partner of their choice within the same period.

In this study patients were as satisfied with the availability of job sharing partners as they were with that of full time partners; the findings highlight important considerations for practices wishing to appoint partners with a limited commitment.

Introduction

Job sharing in general practice is a scheme whereby two doctors with limited commitments work together to fulfil all the duties and responsibilities of a conventional full time partner. The possibilities for improving the quality and availability of part time training and employment in hospital medicine have been described.[1,2] These schemes may be as advantageous to general practice as they are to the doctors concerned. Job sharing part time partners are usually women, tied to the area because of their spouses and wanting to work part time because of domestic commitments. By virtue of their appointment as principals—albeit with a limited commitment—they can make a longer term contribution to all aspects of practice. Patients and colleagues benefit from the inclusion of two different personalities and interests, an increase in the number of sessions available for consultations and home visits, flexibility of on call cover, and an extra basic practice allowance.

Given that more than 40% of medical graduates are women, of whom over one third intend to train in general practice, job sharing is likely to become increasingly popular if a large increase in medical unemployment is to be avoided.[3,4] Before job sharing becomes more widely adopted it would be important to know if patients' perception of and satisfaction with the availability of the doctor they wished to consult are influenced by their asking to consult a job sharing partner as compared with a full time partner. This study was undertaken to compare job sharing partners and full time partners with respect to patients' satisfaction with their doctors' availability.

Patients and methods

The study was carried out in a modern health centre in central Edinburgh. At the time of study the practice population was 6700, of whom most patients were within socioeconomic groups I, II, and III. The partnership comprised three full time partners (two men, one woman) and two women job sharing partners. The full time partners contributed nine, eight, and seven sessions respectively excluding teaching. The two job sharing partners had been in post for two years and contributed five sessions a week each, working one session a day non-contemporaneously so that one or other job sharing partner was always available. The job sharing partners met twice weekly to exchange information concerning patients or the practice and, in addition, each day the practice receptionists relayed inquiries from patients to whichever job sharing partner was available.

The job sharing partners were allocated one full time share of the out of hours work, Saturday morning surgeries, and one day on call a week for emergencies. All the partners had their own patient lists, though patients had access to any doctor. Additional medical personnel included a full time general practice trainee and a woman doctor working one session a week on

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the retainer scheme. Patients were seen by appointment at 10 minute intervals and could elect to consult any doctor in the practice. If all appointments were filled a daily emergency surgery was provided; one in four appointments were on a "same day" only basis.

Patients completed a questionnaire including details of their names, age, and sex; consultation frequency; the doctor they wished to consult and the doctor they subsequently consulted; and the preferred sex of the doctor. Their overall satisfaction with the availability of the doctor they wished to consult was recorded on a linear analogue scale of 0-10 in response to: "Please mark a point on the scale to indicate your overall satisfaction or dissatisfaction with the availability of the doctor you wish to consult." By using the above data the identity of the doctor with whom patients were registered could be determined.

Each patient was informed about the nature and confidentiality of the study—that is, to determine whether or not they were satisfied with the current arrangements for seeing the doctor they wished to consult. The questionnaire and an explanatory letter were distributed by the practice receptionists during a 10 day period to 500 consecutive patients attending the practice either for a prearranged appointment or for an emergency consultation. Patients were asked to complete the questionnaire while waiting to see the doctor and place it in a collection box at the reception desk before leaving the surgery.

Statistical analyses—The data were transferred to punch cards and analysed by the Edinburgh University's department of medical computing and statistics on the mainframe computer ICL 2988. The Employment Medical Advisory Service's operating system was used together with the standard statistical package for the social sciences X.

Results

During the study period 530 consultations were undertaken and 500 questionnaires distributed, the difference being accounted for by recurrent attenders. A total of 459 (92%) questionnaires were completed satisfactorily, 39 anonymously, from which data were used in some but not all of the analyses. Altogether 298 (67%) of the patients were female and 149 (33%) male, of whom 160 (38%) were registered with a job sharing partner and 260 (62%) with a full time partner.

Comparison of the linear analogue scores of patients' satisfaction with the availability of the doctor they wished to consult showed no significant difference between job sharing partners and full time partners (Wilcoxon's rank sum test). The figure shows the patient satisfaction scores for (*a*) all 459 patients in the study; (*b*) the 274 of the 324 patients (85%) asking to see and being seen by the full time partner of their choice; and (*c*) the 125 of the 135 (93%) patients asking to see and being seen by the job sharing partner of their choice. In both groups over 80% reported a satisfaction score of 7 or more (101 of 125 patients requesting a consultation with a job sharing partner and 233 of 274 requesting a consultation with a full time partner).

Patients' perception of the availability of the doctor they wished to consult differed significantly between patients registered with job sharing partners and those registered with full time partners; 135 (29%) patients usually asked for an appointment with a job sharing partner and 324 (71%) with a full time partner. Overall 399 patients (87%) were able to see the doctor of their choice and 289 (63%) able to do so within two days of asking for an appointment. Nevertheless, whereas 90 (72%) of the 125 patients who asked for and saw a job sharing partner were seen within two days, only 154 (56%) of the 274 patients who asked for and saw a full time partner were seen within two days ($\chi^2=9$, $p<0{\cdot}01$; table I).

TABLE I—*Waiting times for appointment*

	<2 Days		>2 Days		
	No	%	No	%	
Job sharing partner	90	72	35	28	$\chi^2=9$; $p<0{\cdot}01$
Full time partner	154	56	120	44	

Altogether 310 patients (68%) expressed no preference with respect to the sex of the doctor they wished to see; of the remainder, 115 (25%) normally preferred to see a woman and 34 (7%) a man. Though the sex ratios of patients registered with job sharing partners and full time partners were similar, 54 (40%) of the 135 patients asking to see a job sharing partner expressed a preference for a woman doctor compared with 61 (19%) of the 324 patients asking to see a full time partner ($\chi^2=18$, $p<0{\cdot}001$; table II).

The frequency of attendance at the surgery was not significantly related to whether the patient usually consulted a job sharing partner or a full time partner; 94 (70%) of the 135 patients requesting a job sharing partner attended less often than once a month compared with 208 (64%) of the 324 requesting a full time partner ($\chi^2=1{\cdot}2$, NS; table III).

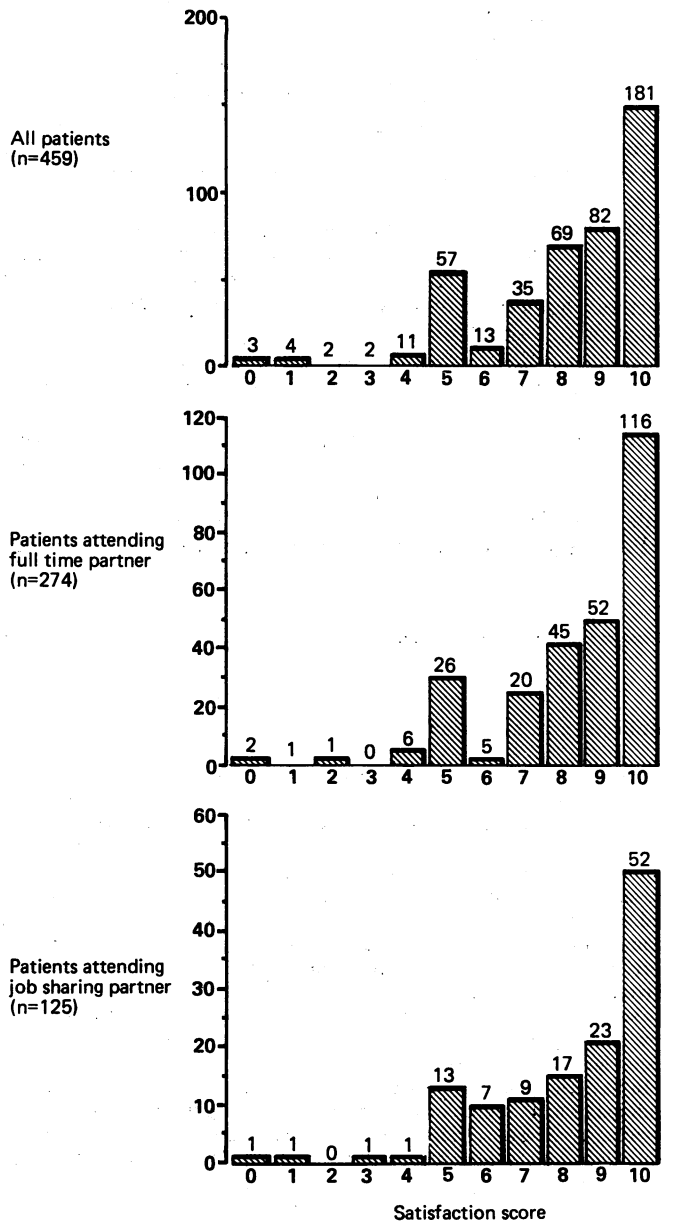
TABLE II—*Patient preference for woman doctor*

	Preference		No preference		
	No	%	No	%	
Job sharing partner	54	40	80	60	$\chi^2=18$; $p<0{\cdot}001$
Full time partner	61	19*	230	71*	

*Patients preferring male doctor excluded.

TABLE III—*Frequency of surgery attendance*

	< Monthly		> Monthly		
	No	%	No	%	
Job sharing partner	94	70	41	30	$\chi^2=1{\cdot}2$; NS
Full time partner	208	64	116	36	



Patients' satisfaction with availability of doctor.

Discussion

This study showed no significant difference between job sharing partners and full time partners in patient reported satisfaction with the availability of the doctor they wished to consult; indeed, the data suggest that patients were more likely to be able to see a job sharing partner within two days of their request than a full time partner. The method used to determine availability—that is, by measuring the patient's perception of a doctor's availability—was novel and provided different information from that in studies using the method of doctor reported availability.[5]

Many factors other than the doctor's availability may influence patient satisfaction, including the duration of the consultation,[6] the sex of the doctor,[7,8] and, most important, the quality of the doctor-patient relationship.[9,10] Given that all the doctors in the practice were using an appointment system, it seems unlikely that the duration of each consultation differed appreciably between job sharing partners and full time partners. The sex of the doctor, however, appeared to be more relevant; though 67% of all patients attending the surgery were female, a quarter of all patients usually preferred to see a woman doctor and 7% a man; this agrees with previous findings.[11] Of patients seeing a job sharing partner, 40% preferred to see a woman doctor. The ease with which patients in a practice may obtain an appointment with a woman doctor if requested is likely to contribute substantially to patient satisfaction.

Fewer patients had to wait more than two days to be seen by the job sharing partner of their choice compared with a full time partner of their choice. As the frequency of surgery attendances for patients registered with a job sharing partner was similar to that of patients registered with a full time partner, the reduced waiting time is partially explicable by the greater number of sessions worked by two job sharing partners compared with one full time partner.

Job sharing, however, offers an opportunity to harness the unique skills, aptitudes, and attitudes of women doctors, which might otherwise be lost to general practice.[3] In addition, it may provide a means of retaining the valuable contribution of male doctors who because of age or infirmity or other commitments do not wish to work full time.

As over 40% of medical graduates are women, an increased number of women doctors will be looking for employment. It cannot make economic sense to conceal the rise in medical unemployment by excluding women from general practice because of their domestic commitments. Given that women consult their general practitioners more than men, such a policy would be as unfair to patients as it would be to women doctors.

Patients and colleagues benefit from job sharing, as the scheme attracts two different personalities with differing medical interests into the practice and provides an extra session a week compared with those contributed by a conventional full time partner. Provided that job sharing principals with a limited commitment each work more than 20 hours a week and the practice list size is at least 1000 patients per partner, both are eligible for a basic practice allowance. In addition to attracting an extra basic practice allowance, the increase in the number and flexibility of sessions available for consultations should ensure greater continuity of care than that afforded by conventional part time practitioners. Job sharing partners are therefore better placed than conventional part time partners to make a longer term contribution to the practice.

This study has shown that anxieties about employing part time women partners because of poor continuity of care, reduced availability, and inequitable workloads are unfounded when job sharing part time partners are employed. The necessity to embrace the special contributions to be made by women doctors within general practice makes it important to promote job sharing in the future.

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Multicultural medicine

Tale of the unexpected—An English doctor in Harley Street told his Polish secretary not to dry her hands with the towel in the examination room. She looked suspiciously at the doctor, wondering what on earth had gone on the previous evening after she had left him examining an affluent Arab traveller. The doctor explained that the towel had been used by the patient as "shorts." He said that after taking the history and checking the patient's bare chest, he had asked the chap to slip his trousers down and pop up on the couch for examination of the abdomen. When he looked up after making notes he was horrified to see the bearded man standing stark naked with his genitalia shrivelled up with embarrassment. The doctor was taken aback but gave him the surgery towel. "He looked civilised and was wearing a Western suit; but how terrible, he wasn't wearing underpants." Muttering these words, the doctor left. And the secretary wondered "Why on earth . . . ?"

In Eastern cultures, especially in the tropics, it is customary not to wear underpants and for both men and women to shave pubic hair. This ensures personal hygiene by avoiding the sweat which can act as a sort of superglue. Only Sikhs wear underpants and have uncut hair, which is part of their faith, and they keep it scrupulously clean. Of course, an Eastern doctor will be equally surprised when examining a Western patient. Indeed, though Westernised, a doctor from the East may retain some Eastern habits and concepts.

"A state of nakedness in modern Western society is extremely unusual. Since it is likely that more patients will be undressing more often in general practice, the subject of nakedness in medicine seems worthy of careful analysis and understanding."[1] In Eastern society a person rarely undresses in front of a spouse, let alone a stranger. Many cross cultural innocent misunderstandings may be avoided by preparing oneself for such a transcultural encounter—the occupational hazard of modern health professionals.—BASHIR QURESHI, general practitioner, Hounslow, London.

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ONE HUNDRED YEARS AGO

The French Chamber of Deputies has adopted a measure prohibiting offering for sale, importing, or exporting oleo-margarine or any substance bearing the name of margarine, intended as a substitute for butter. The adulteration of butter with margarine, grease, oil, or any other substance whatever, is also forbidden. (*British Medical Journal* 1887;i:27.)