

How do family doctors choose their own family doctor?

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Received 19 January 2011; revised 20 February 2011; accepted 23 February 2011

ABSTRACT

Background and objectives: The medical care that doctors receive is different than that of individuals who are not in the medical profession. The objective was to assess how family doctors in the Negev region chose their own doctors. **Methods:** 103 family doctors in the southern region of Israel completed a self-administered, anonymous questionnaire that included socio-demographic data and how doctors choose their own doctors. **Results:** The study population included 103 family doctors with a mean age of 44.7 ± 9.8 , of them 65 women (63.1%). Most of the participants (69.9%) were born in the former Soviet Union and completed their medical studies there (71.8%). Thirty two (31.4%) were specialists in family medicine and 42 (41.2%) were residents in family medicine. For most of the participants the gender and age of their treating physician were not important (74.8% and 63.1%, respectively). The treating physician's level of expertise was very important to 87.4%. Only half consulted a colleague before choosing a physician. Their personal connection to the treating physician was very important to 46 (44.7%). Female doctors were more likely to choose a female physician compared to males ($P=0.025$). Residents were more likely to consult a colleague than specialists before choosing a treating physician ($P=0.023$). Female doctors are more likely than male to care for themselves both for chronic and acute conditions. **Conclusions:** Choosing a treating physician is a subjective process with each doctor having individual requirements and expectations. The factors that most influenced the choice of treating physician were professional skills and specialization.

Keywords: Family Doctors; Receiving Medical Care

1. INTRODUCTION

Doctors get different medical care than the general population that does not work in the field [1]. Because of their knowledge and the availability of services, doctors often have informal treatment for their health problems [2-4]. Doctors in the United States and in Israel often turn to colleagues who are not their family physician for medical care [3-5].

In a study conducted in the Soroka Medical Center most of the doctors (82%) asked at least one colleague for informal medical care over the course of one year. In addition, the majority of doctors who participated in that study (91%) were prepared to give care or counsel to help their colleagues, since they were not comfortable to refuse a request of this type, which was considered reasonable [6].

Previous reports have been published on factors that affect the choice of physician by the general population. A study from Canada found that patients prefer physicians of the same gender, although the results did vary slightly in relation to the patients' ethnic backgrounds [7]. Another study showed that most of the patients preferred physicians with excellent medical skills, although others preferred physicians who had excellent interpersonal skills [8].

Doctors prefer to refer patients to primary care specialists primarily on the basis of their prior experience with the consultant and with the latter's professional experience. Other important factors are that the consultant be a specialist and have insurance coverage for the patient [9].

To our knowledge previous data have not been published on the considerations and preferences of doctors in choosing their own family physician. The object of the present study was to identify the factors that influence family doctors in the Negev region of Israel when they choose a family physician for themselves.

2. METHODS

Family physicians in the Negev region completed a

two-part self-administered, anonymous questionnaire. The first part included sociodemographic information and the second part related to factors that affected the choice of a family physician for their own health problems. The questionnaires were distributed to a convenience sample of 103 doctors participating in a continuing medical education program. All the questionnaires were completed satisfactorily.

The data were analyzed with the SPSS software, version 17. T-tests were conducted for continuous variables and chi-square tests were conducted for discrete variables. All tests were two-tailed with the significance level set at $P < 0.05$.

3. RESULTS

3.1. Socio-Demographic Characteristics of the Study Population

The study population included 103 family doctors with a mean age of 44.7 ± 9.8 , 65 of them are women (63.1%). Thirty two (31.4%) were experts in family medicine and 42 (41.2%) were residents in family medicine, 69.9% were born in the former Soviet Union (71.8%). The socio-demographic characteristics of the study participants are shown in [Table 1].

3.2. Preferences for Choosing a Family Physician [Table 2 and Figure 1]

The majority of participating doctors did not consider gender (74.8%) or age (63.1%) important factors in choosing a family physician for themselves. A vast majority (87.4%) considered the professional level of the physician to be very important. Only half of the participants consulted a colleague at the time of the decision and only 46 (44.7%) considered a personal connection with the physician to be an important consideration. Sixty six doctors (61.8%) cited a positive attitude and empathy as an important consideration.

3.3. Association between Gender and Choice of Treating Physician [Table 3]

Female doctors were more likely to prefer a female family physician for themselves than males ($P = 0.025$). Female also lent greater importance to the physician's professional level than males.

3.4. Association of Specialist or Resident Status and Choice of Treating Physician [Table 4]

Non-specialist doctors (residents and GPs) were more likely to consult colleagues on the choice of a treating

physician than specialists ($P = 0.02$). There were no statistically significant differences in any of the other characteristics, although non-specialists considered the age and gender of the treating physician more important than specialist.

Family doctors involved in medical education were less likely to consult a colleague about the choice of treating physician than those not involved in it ($P = 0.025$). The type of medical problem (emergency, acute, or chronic) did not affect the choice of a treating physician.

4. DISCUSSION

Israeli doctors, just like the rest of the Israeli population, can choose their treating physician freely. Family physicians practice holistic therapy based on the biopsychosocial model. Family doctors are more familiar with the healthcare system than the general population and choose their treating physician with this advantage. In addition, they usually have a personal connection with the one they choose as their personal physician. The general population does not usually have access to the information that doctors do [10].

In this study we assessed the factors that affect doctors' choice of a treating physician in the southern Negev region of Israel. The results of the study can add to our understanding of how doctors approach treatment of their own health problems.

The vast majority of participants considered the physician's professional level to be of prime importance. This finding is similar to those of other studies [8,11]. Doctors prefer to refer their own patients to primary care consultants based on the latter's professional experience and the doctor's previous experience with the specific consultant. Other factors that affect the decision are specialization status and insurance coverage for the patient [9]. Family doctors often prefer to turn directly to specialist consultants, particularly in the areas of general surgery and gynecology, to get a second opinion [6].

Prior to reaching a decision on a treating physician general practitioners and residents in family medicine are more likely than experts in family medicine to consult a colleague. In contrast, doctors who are involved in medical education are less likely to consult a colleague than those who are not involved in medical education.

The majority of participants did not attribute importance to the gender or age of the physician they chose to treat them. In a study conducted in Canada doctors were more likely to choose a physician of their own gender to treat them [7]. In our study women were more likely to choose a female physician than men.

Several previous studies, including one conducted in Israel, found that a positive attitude, empathy, and good

Table 1. Socio-demographic characteristics of the study population (N = 103).

Variable	Result
Age in years	
Mean \pm SD	44.7 \pm 9.7
Range	31-67
Gender	
Male	38 (36.9%)
Female	65 (63.1%)
Family status	
Single	10 (9.7%)
Married	77 (74.8%)
Widowed	5 (4.9)
Divorced	11 (10.7%)
Country of birth	
Israel	14 (13.8%)
Former USSR	72 (69.9%)
Other Eastern Europe	7 (6.8%)
Western Europe	1 (1.0%)
North America	4 (3.9)
North Africa	1 (1.0)
Other	4 (3.9)
Work status	
Specialist	32 (31.4%)
Resident	42 (41.2%)
General practitioner	27 (26.5%)
Other	1 (1.0%)
Medical studies completed in	
Israel	12 (11.7)
Former Soviet Union	74 (71.8)
Other Eastern Europe	7 (6.8)
Western Europe	2 (1.9)
North America	2 (1.9)
Other	6 (5.8)
Seniority	
Mean \pm SD	15.7 \pm 9.6
Range	1-38
Degree of involvement in medical education	
High	11 (11.0)
Moderate	31 (31.0)
Low	17 (17.0)
None	41 (41)

Table 2. Preferences guiding choice of family physician.

Variable	N (%)
Did you consult with a colleague on the choice?	
Yes	51 (50.0%)
No	51 (50.0%)
How important is the clinic's location to you?	
It should be close to my residence	57 (56.4)
It is somewhat important	30 (29.7)
Not at all	14 (13.9)
Did you switch your family physician over the last 3 years?	
Yes	16 (15.5)
No	77 (74.8)
I don't remember	10 (9.7)
Who do you turn to in an emergency?	
The emergency room	8 (7.8)
The family physician	26 (25.5)
I treat myself	59 (57.8)
Other	9 (8.8)
Who do you turn to for treatment of a chronic disease?	
The emergency room	2 (1.9)
The family physician	31 (30.1)
I treat myself	27 (26.2)
Other	4 (3.9)
No chronic disease	39 (37.9)
What do you do to have a formal meeting with your family physician?	
Make an appointment	54 (52.9)
Show up without an appointment	14 (13.7)
Prefer to talk with the physician by phone	23 (22.5)
Other	11 (10.8)
When was the last time you saw your family physician?	
During the last month	11 (10.7)
1-6 months ago	33 (32.0)
Over a year ago	34 (33.0)
I do not go to a family physician	25 (24.3)
Are your family members treated by your family physician?	
Yes, the entire family	38 (36.9)
Some of them	38 (36.9)
I do not have a family	4 (3.9)
Other	23 (22.3)
How is your relationship with your family physician?	
Excellent	29 (28.2)
Good	40 (38.8)
Formal	24 (23.3)
No Relationship	10 (9.7)

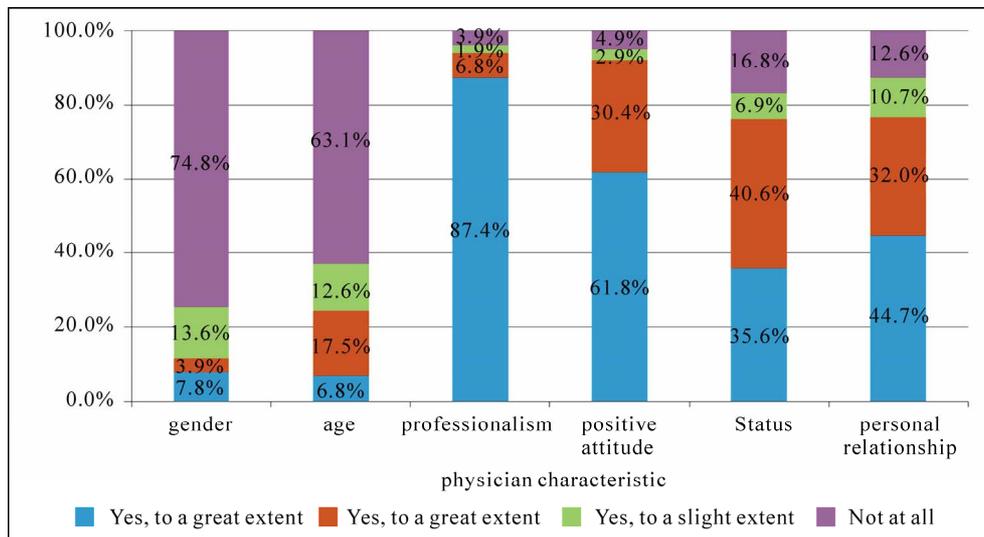


Figure 1. Preferences for choosing a family physician.

Table 3. Comparison of attitudes by gender.

Variable	Males N (%)	Females N (%)	P
Is your choice related to the physician's gender?			
To a large extent or somewhat	1 (2.6)	11 (16.9)	0.025
To a slight extent or not at all	37 (97.4)	54 (83.1)	
Is your choice related to the physician's age?			
To a large extent or somewhat	9 (23.7)	16 (24.6)	0.56
To a slight extent or not at all	29 (76.3)	49 (75.4)	
Is the physician's professionalism important to you?			
To a large extent or somewhat	33 (86.8)	64 (98.5)	0.025
To a slight extent or not at all	5 (13.2)	1 (1.5)	
Are the physician's positive attitude and empathy important to you?			
To a large extent or somewhat	34 (89.5)	60 (93.8)	0.34
To a slight extent or not at all	4 (10.5)	4 (6.3)	
Did you consult with a colleague on the choice?			
Yes	20 (54.1)	31 (47.7)	0.34
No	17 (45.9)	34 (52.3)	
How important is the clinic's location to you?			
It should be close to my residence	18 (47.4)	39 (61.9)	
It is somewhat important	12 (31.6)	18 (28.6)	0.20
Not at all	8 (21.1)	6 (9.5)	
Is the physician's status important to you?			
To a large extent or somewhat	30 (78.9)	47 (74.6)	0.40
To a slight extent or not at all	8 (21.1)	16 (25.4)	
Is your personal relationship with the family physician important to the choice?			
To a large extent or somewhat	30 (78.9)	47 (74.6)	0.44
To a slight extent or not at all	8 (21.1)	16 (25.4)	

Table 4. Comparison of attitudes by board certification.

Variable	Certified N (%)	Not certified N (%)	P
Is your choice related to the physician's gender?			
To a large extent or somewhat	7 (21.9)	4 (5.7)	0.021
To a slight extent or not at all	25 (78.1)	66 (94.1)	
Is your choice related to the physician's age?			
To a large extent or somewhat	12 (37.5)	12 (17.1)	
To a slight extent or not at all	20 (62.5)	58 (82.9)	0.025
Is the physician's professionalism important to you?			
To a large extent or somewhat	31 (96.9)	65 (92.9)	0.38
To a slight extent or not at all	1 (3.1)	5 (7.1)	
Are the physician's positive attitude and empathy important to you?			
To a large extent or somewhat	31 (96.9)	62 (89.9)	0.21
To a slight extent or not at all	1 (3.1)	7 (10.1)	
Did you consult with a colleague on the choice?			
Yes	11 (34.5)	40 (58.0)	0.02
No	21 (65.6)	29 (42.0)	
How important is the clinic's location to you?			
It should be close to my residence	17 (54.8)	39 (56.5)	
It is somewhat important	9 (29.0)	21 (30.4)	0.92
Not at all	5 (16.1)	9 (13.0)	
Is the physician's status important to you?			
To a large extent or somewhat	25 (78.1)	51 (75.0)	0.47
To a slight extent or not at all	7 (21.9)	17 (25.0)	
Is your personal relationship with the family physician important to the choice?			
To a large extent or somewhat	25 (78.1)	53 (75.7)	0.50
To a slight extent or not at all	7 (21.9)	17 (24.3)	

personal relationship skills were important factors in the choice of a treating physician [8,11,12]. However, less than half of the participants in our study cited a personal association with the treating physician as very important. The general population requires that their physician be professional and tolerant. Availability was not rated as a very important factor [12].

The choice of a family physician is totally subjective. Everyone has his or her own demands and expectations. The present study shows that the most important factors affecting the choice of physician in the Negev region of Israel are professionalism, gender, and board certification.

There are several limitations to the present study. It was conducted in the Negev region, so the results may not be generalizable to other regions of Israel. Most of the participants were recruited from doctors attending a continuing medical education course. Their attitudes may be different from those of doctors who do not attend these courses. Finally because of the relatively small study population some of the comparisons may not have reached statistical significance due to small numbers.

In conclusion, the results of the present study contribute to our understanding of how family doctors choose physicians for their own health problems. Further studies should be conducted with larger study populations.

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