

**‘If my arms and legs aren’t dropping off I’ll wait to see my usual GP!’ An analysis of older patients’ attitudes to registrars informed by agency theory**

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# Background

- Continuity of care and trust are important in older patient-doctor relationships which impacts older patient willingness to consult registrars for chronic disease management (Bonney et al 2011; Bonney et al 2012)



# Background

- Current literature provides limited theory-based guidance to inform appropriate systems of care in training practices
- Agency theory may be of value and has a long history in economics and social sciences literature (Eisenhardt 1989)
- In agency relationships it is held that risks arise when principals and agents have incomplete information concerning each other or have divergent goals (Donaldson 2001; Shapiro 2005)



# Background

- Interpersonal continuity of care in health care agency relationships has been conceptualised as a means by which patients (principals) can optimise shared knowledge and develop shared goals with their health professionals (agents)(Donaldson 2001)



# Study aims

- Undertake factor analysis of data from a study of older patients' attitudes to GP registrars (Bonney et al 2012)
- Explore underlying constructs using an agency theory framework
- Assess the utility of agency theory to inform patient-centred chronic disease care in training practices



# Materials and method

- Previously piloted 22 item instrument
- Randomised, stratified sample of 38 practices
- 50 sequential patients aged 60 years and over invited to participate in each practice
- Principle component analysis used to extract factors with Eigen values  $> 1.0$
- Assessed each factor's ability to predict patient comfort with registrar chronic disease care using a GEE ordinal logistic model, controlling for clustered sampling



# Results

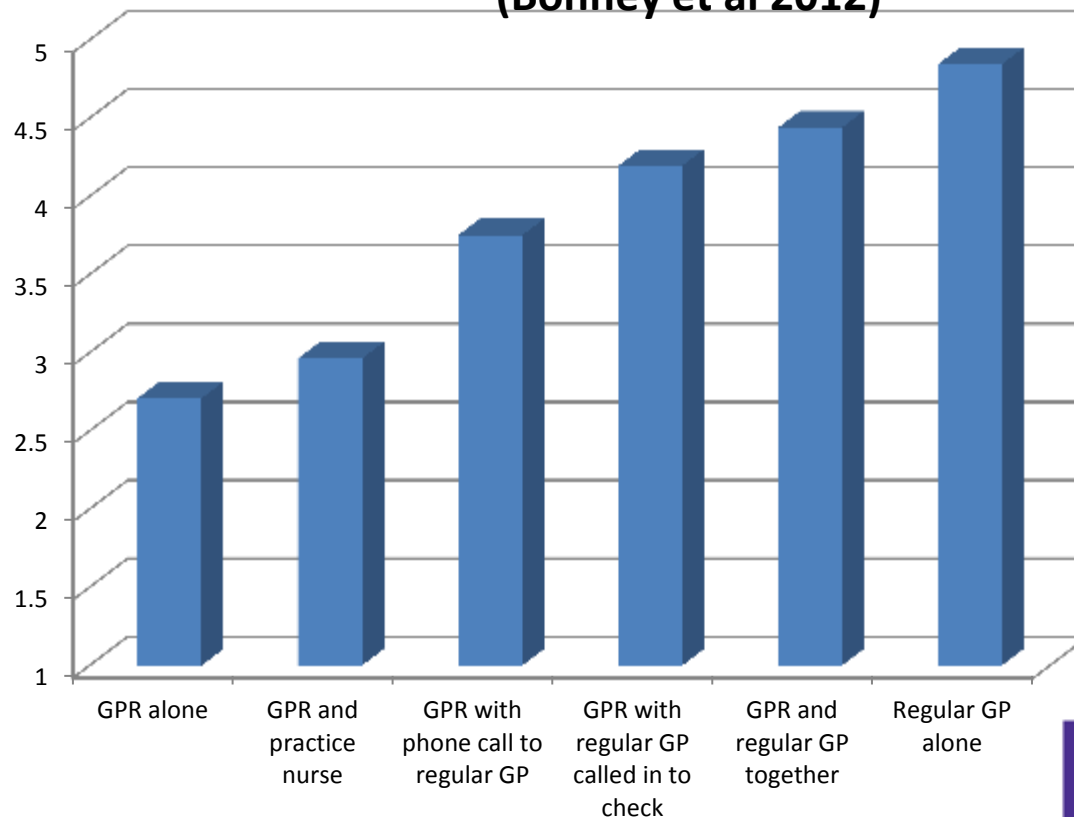
- Response rate (n=911) 47.9%
- Age 60 – 93 years; mean 72.4 years
- Female 58.3%
- Rural 52.2%
- Chronic or complex problem 69.5%
- Had seen a registrar 71.9%

(Bonney et al 2012)



# Comfort with registrar chronic/complex care

Mean response: 5-point ascending Likert scale ( $p < .001$ )  
(Bonney et al 2012)





# Results

## Principle component analysis

Factor	% of Variance	Cumulative %
1	17.3	17.3
2	12.1	29.5
3	12.1	41.6
4	9.5	51.0

Factor 1 items - 'registrars as poorly trusted agents' ( $\alpha=.83$ )	Loading
I would not find seeing a new doctor reassuring	.772
I worry that a new doctor might not take my concerns seriously	.760
I would not feel comfortable talking with one of the new doctors about a sensitive problem	.706
I am uncertain how well a new doctor would be able to help me with my problems	.696
In seeing a new doctor it would take time to build trust	.602
A new doctor would not have the full picture of my medical history and background	.545
I don't like having to go through my medical history all over again with a new doctor	.524
I am only willing to see a new doctor if I knew the doctor worked closely with my regular doctor	.437

Factor 2 items – ‘registrars trusted in the system’ ( $\alpha=.70$ )	Loading
Supporting the new doctors who come to my medical practice might encourage more doctors to stay in the area	.739
I think my regular doctor is happy for me to see the new doctors for any of my medical problems	.667
Knowing that my medical record is readily available helps me feel confident in seeing different doctors in the practice	.663
I expect that all of the doctors at the surgery I attend have good medical knowledge and skills	.612
Most of the time it is more important for me to see any doctor who is available rather than waiting to see the doctor of my choice	.578
I am happy to see a new doctor for a minor medical complaint, or simple request like a repeat prescription	.540



Factor 3 items – ‘GP as preferred agent’ ( $\alpha=.75$ )	Loading
It is important to me to have a regular doctor who knows me and knows my medical history well	.756
I prefer to see my regular doctor for the management of all my medical conditions	.722
If I saw a new doctor for a medical problem, I would like to know that my ongoing contact with my regular doctor was not broken	.715
The relationship I have with my usual doctor is something I would value continuing into the future	.681

Factor 4 items – ‘registrars as unknown agents’ ( $\alpha=.70$ )	Loading
It would be good to have information regarding what period of time a new doctor will be working at my surgery	.819
It would be good to have information available regarding the experience and qualifications of the new doctors	.780
It takes time to develop a good relationship with a new doctor	.458
If my usual doctor transferred my care to one the new doctors, I'd feel a bit abandoned	.432

# Regression results

## Comfort with registrar chronic/complex care

Factor sub-scale score	Exp (B)	95% CI	Sig.
Trusted in system	3.40	2.67-4.33	<.01
Poorly trusted agent	.77	.63-.94	.01
GP preferred agent	.71	.56-.91	<.01
Unknown agent	.55	.42-.71	<.01

## Agency theory framework - older patients' attitudes can be conceptualised as:

concerns re inadequately shared knowledge & goals with registrars  
(poorly-trusted & unknown agents)

ameliorated by practice structure  
(trusted system)

and contact with usual GP  
(trusted agent)

# Discussion

- A model of care employing 'shared continuity' between GP and registrar can be understood as enhancing information symmetry and goal alignment for patients





# Discussion

- Agency theory appears to have utility as a framework for designing systems of care for older patients in training practices
- Further research is required, including prospective clinical trials of differing systems of care



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# References

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