

# Patient Satisfaction With an Office Visit for the Common Cold

Paula F. Cowan, MD

Chicago, Illinois

The viral upper respiratory tract infection, or common cold, is among the eight most common diagnoses in large family practice center populations.<sup>1-3</sup> Several non-prescription medications have been studied and shown to relieve symptoms of the common cold,<sup>4-8</sup> yet no product has been shown to shorten or improve the outcome of the uncomplicated common cold. Why, then, do patients so frequently visit their physicians complaining of upper respiratory tract infections, and what satisfies them with such encounters?

A commonly expressed belief during medical training was that patients with colds came to the office expecting to receive prescriptions and probably would be dissatisfied should this expectation not be met. The relationship between receipt of a prescription and satisfaction with an office visit for a cold was therefore studied.

## METHODS

During the study period all patients seen at the Nessett Family Practice Center who identified the reason for their visit as being for "a cold" were interviewed. No patient declined to be interviewed. Statistical randomization was not attempted. Each patient or parent of a child patient was told that a resident physician would be talking to him or her before the scheduled visit. The interviewer then asked each patient or parent about the symptoms that prompted the visit. Patients whose symptoms were compatible with a cold were asked additional questions. Patients whose symptoms were not compatible with the common cold were excluded from further study.

The final sample consisted of 73 patients, with 25 men

aged 17 to 83 years, 40 women aged 18 to 72 years, and 8 children aged 1 to 10 years.

Each patient or parent of a child patient was asked seven questions about the reasons and expectations for the visit. Each patient then saw a family practice resident or faculty physician. After the visit was concluded, the interviewer returned to ask about the diagnosis, the advice given, the medicine recommended, and the patient's satisfaction with the visit. Each patient was asked directly, "Are you satisfied with your visit to the doctor today?" "Do you plan to ask anyone else's advice about your current problem?" "Do you expect the treatment the doctor recommended to work?" and "Would you return to the same doctor for a similar problem in the future?"

For the purposes of this study satisfaction was defined to exist if the patient stated that he or she was satisfied with the visit, expected the treatment to work, would return to the same physician for a similar future illness, and did not plan to seek additional advice for the current problem. Satisfaction was defined as probable if a patient stated satisfaction, expected the treatment to work, did not plan to seek additional advice, but would not return for a similar future illness. Satisfaction was defined as uncertain if a patient answered questions with "maybe," "don't know," or similar statements. Dissatisfaction was identified by a "no" answer to the direct question of satisfaction, an expectation that the treatment would not work, and a plan not to return.

## RESULTS

Table 1 illustrates the satisfaction rates according to the type of medication recommended, if any. Of those who were "probably satisfied," several stated that they were happy with this office visit but would try to treat a similar problem at home next time.

There was significant variation in satisfaction according to the stated reason for the visit. Twenty-seven patients, including all of the parents of child patients, gave ruling out a more serious illness as the motive for their visit; 23

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From the Family Practice Residency Program, Lutheran General Hospital, Park Ridge, Illinois. At the time this paper was written Dr. Cowan was a second-year resident in family practice. Requests for reprints should be addressed to Dr. Paula F. Cowan, Department of Family Practice, University of Illinois, 1919 W Taylor Street, Chicago, IL 60612.

TABLE 1. PATIENT SATISFACTION AND RECEIPT OF A PRESCRIPTION

Medication Received	Total	Number Satisfied	Number Probably Satisfied	Number Uncertain of Satisfaction	Number Dissatisfied
Prescription	20	15	1	2	2
Nonprescription	18	14	1	2	1
None	35	27	3	2	3
Total	73	56	5	6	6

of the 27 were satisfied. Nine patients wanted to become well in time for a special occasion; six of the nine were satisfied.

Several patients spontaneously offered reasons for their satisfaction or dissatisfaction. Two dissatisfied patients stated that they wanted penicillin but did not receive any. Two dissatisfied patients received unwanted medicine. Two patients in the uncertain satisfaction group already were using the same medication the physician had recommended, but said they would try it for a little longer. Five satisfied patients said they received treatment different from what they had expected but that the physician's explanation satisfied them.

## CONCLUSIONS

There was little difference in satisfaction between the patients who received prescriptions, those given advice only, and those advised to take nonprescription medicine.

Patients seeking treatment for common colds clearly make up a significant segment of family practice. The family physician cannot afford to disappoint this large group. It was not necessary for most people in this study to receive antibiotics or other prescription medicines to be satisfied. In fact, one third of those dissatisfied received unwanted medication.

Recognizing that a significant proportion of patients (47 of 73 total patients, including all of the parents of children) want only to rule out a more serious disease

should decrease the inclination on the part of some physicians to treat in the form of a prescription. Recognizing that a patient may expect to become well by tomorrow allows the physician to explain why such a course is not probable. For many of the patients, prescriptions were unnecessary to achieve satisfaction with their physician's visit for a cold. Recognizing that a patient may seek treatment but would not want a prescription allows the elimination of many potentially unnecessary prescriptions.

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