

The Reception Perception: An Evaluation of Medical  
Receptionists' Viewpoints in the Healthcare Community

A Thesis submitted to Southern Utah University  
In partial fulfillment of the requirements for the degree of

Master of Arts in Professional Communication

May 2014

Rebecca VanSleeuwen

Thesis Committee:

Matthew H. Barton, Ph.D., Chair

Arthur Challis, Ed.D.

Kevin A. Stein, Ph.D.

The Reception Perception: An Evaluation of Medical  
Receptionists' Viewpoints in the Healthcare Community

Rebecca VanSleeuwen

Matthew H. Barton, Ph.D., Thesis Supervisor

**Abstract**

Although past research has deliberated to some extent, the specific role of the receptionist in healthcare has long been overlooked. This research sought to gain greater understanding about medical receptionists strictly from a phenomenological standpoint. Research questions aimed to explore how receptionists view their role as gatekeepers in the medical community. Additional research questions sought to define patient and doctor treatment of receptionists as well as how patients and doctors are believed to view the role of the receptionist. Study participants were all actively-working medical receptionists, employed full time by a multi-specialty clinic in a culturally diverse suburban area. One-on-one, semi-structured interviews were conducted with 25 different participants regarding various aspects of their jobs. Results were then analyzed using grounded theory. Respondents were generally analyzed based on demographic information to aid in understanding the major themes. Thereafter, two primary themes were outlined: the receptionists' view as well as the patients' and doctors' views. Several sub-divisions of each major theme were included as well. Succeeding data collection and analyses processes, in depth discussion was executed in four specific areas: receptionists' perspective, patients' perspective, doctors' perspective, as well as the greater value added by this study. Generally speaking, the study revealed that responding receptionists seek deeper interpersonal connections with patients and doctors as a means to expand the influence of their jobs and also to create lasting impact for

those with whom they work. Several suggestions for future research are included based on the findings herein.

*Key words:* medical receptionists, healthcare, health communication, gatekeepers, clinical support staff

### Acknowledgements

The completion of this thesis, and subsequently this Master's degree, would have not been possible without the guidance, support, and input of many individuals who have been with me throughout this process. Just as it takes a village to raise a child, it also takes a whole life-committee to complete a thesis. For my villages and committees, a part of my successes will always belong to you.

Much thanks to my chair and advisor Dr. Barton for his patience as well as his never-ending confidence and conviction in my abilities. His subtle urging on—coupled with the perfect balance of endurance, urgency, laughter, sarcasm, and trust—made this one of the most rewarding experiences of my life. Much gratitude to my other committee members and for the many wonderful professors who have worked with me over the past few years to get me this far. You've served as the greatest facilitators of my education that I ever could have hoped for. I continue to learn from you.

Special thanks to John O'Donnell and Granger Medical Clinic for their cooperation and support in this experience, and for the inspiration process that has been ten years in the making. To my incredible support system of family, friends, and roommates, thanks for letting me ramble on, cry, whine, and share my ever-growing excitement about conceptualizing, interviewing, transcribing, compiling, writing, organizing, editing, re-writing, re-writing, re-writing, and so on. Thanks for being there through the whole myriad of emotions and for always comprising my own, personal, overwhelming cheering section.

And the greatest thanks to my God for His knowledge, faith, power, and love which make all things possible.

## Table of Contents

<b>Abstract.....</b>	<b>iii</b>
<b>Acknowledgements .....</b>	<b>v</b>
<b>Chapter 1: Introduction .....</b>	<b>3</b>
<b>Chapter 2: Review of Literature .....</b>	<b>6</b>
<b>Chapter 3: Method.....</b>	<b>16</b>
<b>Data Collection .....</b>	<b>16</b>
<b>Participants .....</b>	<b>18</b>
<b>Sampling.....</b>	<b>18</b>
<b>Framework and Data Analysis.....</b>	<b>19</b>
<b>Chapter 4: Results.....</b>	<b>21</b>
<b>Self-Description and Self-Discovery .....</b>	<b>21</b>
<b>The Receptionists' View.....</b>	<b>30</b>
<b>Reception jobs in the overall healthcare experience. ....</b>	<b>30</b>
<b>Views on the gatekeeper role. ....</b>	<b>39</b>
<b>Observations of greater responsibilities. ....</b>	<b>41</b>
<b>The patient-receptionist relationship.....</b>	<b>57</b>
<b>Patients' and Doctors' Views .....</b>	<b>61</b>
<b>How patients view receptionists. ....</b>	<b>62</b>
<b>How doctors view receptionists. ....</b>	<b>74</b>
<b>Chapter 5: Discussion .....</b>	<b>83</b>
<b>Receptionists' Perspective .....</b>	<b>85</b>
<b>Feelings towards doctors.....</b>	<b>91</b>

<b>Feelings towards patients.....</b>	<b>95</b>
<b>Patients' Perspective .....</b>	<b>99</b>
<b>Doctors' Perspective.....</b>	<b>101</b>
<b>Greater Value Added by this Study.....</b>	<b>103</b>
<b>Benefits for receptionists.....</b>	<b>104</b>
<b>Benefits for patients.....</b>	<b>106</b>
<b>Benefits for doctors.....</b>	<b>107</b>
<b>Chapter 6: Conclusion.....</b>	<b>109</b>
<b>Limitations .....</b>	<b>109</b>
<b>Future Research .....</b>	<b>113</b>
<b>Conclusion.....</b>	<b>117</b>
<b>Chapter 7: References .....</b>	<b>119</b>

## Chapter 1: Introduction

Society's omnipresent need for healthcare and personal medical attention has led to a network of medical providers and caregivers that must always be prepared to meet the needs of a community and a clinical patient base. Within organized medical practices and facilities, doctors are not the only ones who determine whether or not a patient's needs are met. Notwithstanding personnel dealing with coding, billing, data entry, record keeping duties, and other administrative staff, a full clinical network of nursing and assisting personnel, ancillary personnel and others all aid in assisting patients on a daily basis. The list of those aiding in the processes associated with health communication would not be complete without including the medical receptionist.

Medical receptionists and patient coordinators are often the frontline individuals who provide direct clinical services for patients (Pyke & Butterill, 2001). The front desk person is busy aiding in general practical duties of a medical office and is essential to the overall flow of a medical clinic. The person or persons operating as medical receptionist(s) have great responsibilities and influence on the medical practice as a whole. Hill, Long, Smith, and Whitefield (1995) defined a medical reception work system as the interactive systems and elements of an office, which are primarily made up of people and office devices. The work system of either a single receptionist or multiple receptionists ideally helps aid in the efficient flow of information and patients for the clinic, organization, or healthcare facility.

According to the United States Bureau of Labor Statistics (2012), there were over one million receptionists working in the United States in 2010. Additionally, reception work had a significantly higher expected job growth potential than average for most job positions. The growth potential for working receptionists may correlate with the variety of tasks that receptionists may complete in a given workday. "Receptionists perform various administrative

tasks, including answering telephones and giving information to the public and customers” (Bureau of Labor Statistics, 2012).

In addition to regular administrative duties, a medical receptionist specifically may fill any and all of those responsibilities under supervision of office managers, nurses, or physicians (National Center for Education Statistics, 2010). General responsibilities of receptionists can be broad and may include customer service, visitor reception, patient intake and discharge services, instruction in medical office and health care facility procedures, medical terminology, interpersonal skills, record-keeping, customer service, telephone skills, data entry, and application or enforcement of pertinent policies and regulations (National Center for Education Statistics, 2010).

The specific role of a medical receptionist reaches beyond the realm of typical administrative or secretarial duties based on the specific nature of working in the medical field. Receptionists are in close proximity to patients and health professionals but often have little or no medical background and training (Offredy, 2002). It often becomes a responsibility of each receptionist to learn elements of healthcare and health communication in order to most effectively do the job(s) assigned to them.

Basic communication skills are requisite for the day to day responsibilities of a receptionist. In order to most effectively reach the full extension of job duties, a receptionist must also be a master problem solver, multi-tasker, situation evaluator, and so on (DeJong, Visser, & Wieringa-de Waard, 2011). The balance between positive customer service and maintaining a sense of order within a clinic may be difficult to find. Furthermore, a medical receptionist may often be faced with having to decide between honoring a patient’s wishes or maintaining the doctor’s preferred standards (Offredy, 2002). The role of a receptionist, then,



must expand to include a full spectrum of problem-solving and critical thinking skills. All communication and vocational tasks are completed in connection with medical providers and patients thus creating a web-like network of tasks and individuals a medical receptionist must adequately manage.

Health communication has touched at least briefly on receptionists' roles in health communication. The following review of literature aids in better understanding the current bank of knowledge regarding the vital role of the receptionist within clinical settings. Subsequent chapters will then explain the data collection method, results, and discussion regarding medical receptionists as the gatekeepers of the medical community followed by limitations and directions for future research.

## Chapter 2: Review of Literature

Within the setting of a medical clinic or facility, receptionists have a plethora of tasks, roles, responsibilities, and obligations. Though duties may vary greatly based on practice size or individual job descriptions, generally, most of a receptionist's time is spent at a reception desk dealing with a variety of tasks such as requests for appointments, face-to-face interactions with patients, requests for prescriptions, check-in procedures, and a myriad of possible phone calls (Hill et al., 1995). It is important to note, the primary responsibility of a receptionist is to work with patients. However, the need for interpersonal communication also spans to other working professionals. A medical receptionist frequently interacts often with doctors, patients, nurses, pharmacists, and with clinical informational items such as prescriptions, medical records, test results, and more (Hill, Long, Smith, & Whitefield, 1995).

One primary role of the medical receptionist is that of coordinating communication between multiple parties. Hesselgreaves, Lough, and Power (2009) explained, "receptionists have responsibilities for the continuation of care by communicating with patients, doctors and external care providers" (p. 22). The pull in multiple directions may encourage a variety of loyalties for receptionists who are trying to please multiple parties simultaneously. Interpersonal communication skills become the key to doing the job effectively. Common reports of poor communication between patients and receptionists or between receptionists and doctors increases the need for more interpersonal communication abilities to be developed among medical receptionists (Hesselgreaves, Lough, & Power, 2009).

In many instances, a communication-dependent job with such influential weight for a company would require great amounts of training to ensure the proper skills communication will be utilized. Offredy (2002) argues that if receptionists are to do their jobs effectively, their role in

the system needs to be made clear. However, White, Riley, and Smith (2008) interestingly commented that “receptionists are the least likely of all primary care workers to receive education or skills training” (p. 174). Standard training for a receptionist may include a review of computer or phone systems, medical provider preferences, and company policies (Sawyer, 2006). Additionally, the greater span of job skills necessary in reception work will often likely include scheduling duties, answering phones, and front desk work. Rarely are aspects of medical knowledge and terminology or clinical skills included as part of a receptionists’ teaching.

Potential lack of training or information sharing is an interesting element that complicates the receptionist job, especially given the amount of contact receptionists typically have with individual patients. The specific roles of a receptionist can vary across a broad spectrum; lack of training can have a significant impact on how the job is completed. Despite an abundance or lack of training, however, receptionists must still learn how to sufficiently and competently handle their workloads (Sawyer, 2006; Offredy, 2002; Pyke & Butterill, 2001).

Some practices such as urgent care facilities, emergencies, and other select organizations may function primarily on walk-in basis for patients to be treated as the situations deem most emergent. A great majority of medical practices, however, function based on pre-scheduled appointments (De Jong, Visser, & Wieringa-de Waard, 2011). The ability to provide quick and accurate responses when scheduling patient appointments requires a strong understanding of doctor needs, availabilities, and preferences (Hill et al., 1995). The ability to schedule in a way that is most beneficial to the clinic can alter the scheduling procedure. For example, in a study of Dutch receptionists, 95% asked the reason for a patient’s consultation with the doctor at least some of the time (De Jong, Visser, & Wieringa-de Waard, 2011). The communication skills associated with scheduling duties may often be acquired despite the potential difficulties or

complications that can be associated with the task. Many of the scheduling procedures take place over the phone which can be either beneficial or detrimental to a practice.

Receptionists often hold primary responsibility for answering clinic phones for scheduling appointments, patient questions, etc. Because receptionists are often the first contact with patients when answering calls, they must know how to promptly respond to and deal with a variety of potential phone situations (Pyke & Butterill, 2001). Effective and efficient receptionists will know how to quickly handle the majority of clinic phone calls with little assistance. Part of the process of answering phone calls is the crucial ability to determine which calls are urgent or non-urgent and address patient or provider needs in consideration of how critically they arise (Pyke & Butterill, 2001). The volume and complexity of incoming calls requires a high degree of efficiency in order to satisfy the demands that may be presented (Burke, Content, Jones, Phillip, & McLen, 2007).

Not only do they have multiple roles and responsibilities, receptionists also have to learn how to accomplish several tasks while balancing and controlling an effective work system (Hill et al., 1995). For example, once incoming phone calls and messages have been handled and appointments have been scheduled, as the frontline responders in medical settings, receptionists also have a variety of greeting and check-in duties. Receptionists often become incredibly efficient in the processes of registering patients, collecting pertinent information, and preparing the patient to meet with nurses or doctors. Hughes (1989) explained, “The interaction at the reception desk is typically a brief and highly routinized affair” (p. 388). Accomplishing the development of routines allows for receptionists to have a strong general knowledge of all clinical procedures while also keeping a degree of continued surveillance on patients coming and going and those in waiting areas (Hughes, 1989). Over time, many receptionists find a personal

degree of “occupational expertise” that allows them to best serve the clinical or organizational needs of a practice (Offredy, 2002, p. 485).

The routinized processes of the front desk may be efficient and effective, but there may also be drawbacks to the procedure(s). Hill et al. (1995) explained that patients generally have an expectation that interactions with a receptionist will be confidential. Many receptionists have been found breaking privacy laws and reasonable bounds of confidentiality. Occasionally this has been due to a lack of understanding with regards to privacy practices or due to proximal constraints of reception and waiting room areas (Offredy, 2002). For example, one study reported that 76% of practice environments are designed in such a way that allows receptionist conversations or telephone calls to be audible to patients in waiting rooms (Petchey, Farnsworth, & Heron, 2001). Thus, the very design of a clinical space may prevent proper confidentiality, which can be upsetting to all parties involved. Despite the prevalence of potential threats to confidentiality, most practices and receptionists have significant awareness of confidentiality as an issue and make strong efforts to maintain patient privacy (Petchey, Farnsworth, & Heron, 2001). The shortcomings of reception processes may or may not be overcome based on the actual practices and habits of a receptionist.

Of course, not every interaction between patient and receptionist is positive. For example, Hughes (1989) explained that many receptionists stick to a sort of script or “standardized set of questions” and that many will resist attempts by patients or escorts “to structure the interaction in any other way” (p. 388). The rigidity with which many receptionists fill their roles may be strengthening in that it allows for routine and structure, or it may become a weakness in that many individualized circumstances or situations are forced unnaturally into routine configurations.

In a study comparing patients' medical experiences in Hong Kong and the United States, receptionists were specifically reported as friendly only in those exchanges that took place in the United States (Anderson, 2001). The study suggests that cultural differences may impact how receptionists conduct daily tasks as well as how they are perceived by patients. Thus, not only do receptionists need to be aware of daily responsibilities, but also of cultural perceptions of their attitudes and behaviors.

In the processes associated with running a front desk, an additional duty may be required of receptionists wherein they are forced to make judgment calls on who can and cannot receive treatment (Hughes, 1989). Such judgment calls may be based on experience, training, clinical procedures, social judgments, acquired levels of understanding patients, or any combination thereof (Hughes, 1989). It may be noteworthy to recognize that receptionists often have very little medical training, yet they typically have responsibilities to prioritize which patients get seen and when. This disconnect between training and actual responsibilities is, nevertheless, an essential component of front desk work.

Learning how to run a front desk properly includes learning a variety of specific skills associated with interpersonal communication. Receptionists are faced consistently with staff and client contact that each present a complex array of potential issues and situations to be handled (Pyke & Butterill, 2001). Offedy (2002) explained, "receptionists are gatekeepers into health-care systems and exercise most power in situations in which demand exceeds supply" (p. 485). A receptionist's responsibility as a "gatekeeper" regarding patient access to a medical provider requires significant communication skills (Hesselgreaves, Lough, & Power, 2009; Pyke & Butterill, 2001). The goal of a gatekeeper then, is not only to keep out certain individuals, but

also to help secure an orderly and appropriate flow of patients for other medical staff to assist (Hughes, 1989).

In many cases, the gatekeeping responsibilities may lead to a certain power-struggle between patients and receptionists. For example, patients may exhibit habitual hostility or drug-seeking behaviors, they may be noncompliant and break or no-show appointments (Lippman & Davenport, 2011). Combative patient attitudes can create a stressful environment for receptionists trying to maintain order and balance in a medical office while also helping meet patient needs. Many receptionists are either assigned or take it upon themselves to evaluate the character of patients before addressing patient needs and concerns in efforts to help practices run most effectively (Offredy, 2002).

Through the course of daily responsibilities, medical receptionists and front desk workers are often put in difficult situations and left to their own devices to resolve complicated issues (Offredy, 2002). Thus they must learn proper diffusion of difficult patients' emotions, how to handle diversity issues, and elements of risk assessment (Sawyer, 2006). Perception is an important skill for receptionists as they must be able to observe and acquire information about what is happening around them. (Hill et al., 1995).

In addition to risk management and patient interaction skills, decision making comes into play. Decision making skills become essential as receptionists are often viewed as marginal members of the organizational culture but who are often faced with consequential decisions for patients or other staff members and doctors (Hughes, 1989). One researcher observed that receptionists occasionally feel their decisions are problematic and defeasible but those same decisions are presented to patients as straightforward and inflexible as a means to illustrate authority (Hughes, 1989). Receptionists must know how to deal with angry people and

individuals in crisis, how to de-escalate situations, how to be assertive, and how to fill other roles with regards to service providers (Pyke & Butteril, 2001). Thus it is shown, facework responsibilities associated with medical reception work is a behavior associated with uncertainty but presented with confidence.

Reportedly, a major stressor for receptionists has been unreasonable demands either from patients or from other staff (Albardiaz, 2012). This again comes as part of the gate-keeping role receptionists play. The current level of understanding reveals a variety of stressors for receptionists in addition to those previously discussed. These additional stressors may include but are not limited to the following: demanding patients, appointment availability, managing patient anxieties, triage of emergency care, being involved in emergency care, using the Internet, Internet usage by patients, and prescription requests by patients (Albardiaz, 2012). Despite a lack of extensive training in most cases, many receptionists are given some latitude for discretion in order to determine the most effective scheduling and clerical procedures for the practice (Offredy, 2002).

Notwithstanding the level or lack of authority often associated with the job, receptionists' duties are often expanded beyond typical administrative duties. Additional responsibilities may be stretched to include tasks normally assigned to nurses such as taking vital signs or administering injections (Patterson, Del Mar, & Najman, 2000). The adoption of different roles for receptionists is often done in efforts to save organizational money as receptionists are typically paid less than nurses (Patterson, Del Mar, & Najman, 2000; "Roles can expand," 2010). Though the extra responsibilities assigned to frontline workers may save time and money for an institution, these added responsibilities should always be done in a means that will provide and



maintain safe patient care (“GP receptionists adopt nurse roles,” 2010; Kendall-Raynor, 2010; “Roles can expand,” 2010).

The varying—and often unplanned for—responsibilities lend support to what could perhaps be seen as a receptionist’s primary duty: that of reducing the inappropriate use of doctors’ time (Connechen & Walter, 2006). Doctors are often pressed for time and have little expendable time to be spent in social conversations (Anderson, 2001). Offredy (2002) explained, “a ‘good’ receptionist is one who manages workload, deflects criticisms and protects health-care professionals” (p. 485).

A good receptionist, as defined by Offredy (2002), is often hard to find and often difficult to recognize. Despite receptionists’ abilities or competency in the job, they may still feel unappreciated by other clinical staff. Acceptance and support from professional staff can have extreme effects on the quality of work life for a receptionist (Hughes, 1989). As important as respect and acceptance are, research has shown that some doctors fail to appreciate “the pressure and complexity of the receptionists’ role” (Hesselgreaves, Lough, & Power, 2009, p. 26). Reasonably, then, it had been reported that many receptionists report the need for a good supervisor, “someone who is understanding, objective, and able to give clear feedback and guidance” (Pyke & Butterill, 2001, p. 404).

Supervisors or job superiors can help listen to and train receptionists, especially with regards to healthcare communication. Not only do receptionists have to be aware of how to run various business aspects of a clinic, but they must also have a general understanding of medical knowledge, concepts, and terminology (Pyke & Butterill, 2001). In a general sense, they must know enough to communicate well, but not to diagnose. The line between the two may occasionally be blurred. Support from doctors, nurses, supervisors, or others can help affect

receptionists' view of their standing in a clinical setting. The things receptionists hear and are subject to as part of the clinical staff may present awkward or difficult feelings for the receptionists. For example, as frontline communicators with patients, receptionist may be caught up in situations wherein patients complain about other staff members (Pyke & Butteril, 2001). The central location of a reception area frequently subjects receptionists to hear both sides of the medical conversation. Thereafter they often must determine the proper balance between what doctors and patients may potentially observe simultaneously in any given interaction. Personal or professional loyalties become an interesting element of reception work as far as communication is concerned.

Sawyer (2006) found that most receptionists have a desire not to be talked down to. Rather, given their place in the network, medical receptionists desire to be included in discussions and trusted for feedback instead of just "to be talked at" in a somewhat derogatory or derisive manner (Sawyer, 2006, p. 498). Researchers have a need to expand the viewpoint of health communication beyond the physician-patient relationship; research efforts should broaden expositions to include other professional staff who have consistent contact with patients (Anderson, 2001).

The medical reception work system supports effective interaction between medical practitioners and their patients in medical general practices (Hill et al., 1995). The power and influence receptionists can have within a clinical practice has long been ignored (Offredy, 2002). In many cases, receptionists remain marginal members of clinical and organizational cultures (Hughes, 1989).

The policies and procedures associated with reception duties have been studied to a certain extent. However, there remains a significant gap regarding the feelings of receptionists

themselves. How receptionists perceive their roles and responsibilities can be a significant influencing factor on their professional efficacy. Current research has yet to sufficiently address this substantial perspective-based element of healthcare communication. Additionally, there is a severe deficit in social scientific research regarding the receptionist's own viewpoint on how the job is properly conducted. In the process of reviewing health communication literature, it has become evident that receptionists are under-represented in the research. In order to expand present understandings of medical receptionists and their roles as gatekeepers in health communication and the general healthcare experience, the following research questions have been proposed.

- RQ 1: How do receptionists view their role as gatekeepers within the medical community?
- RQ 2: What noteworthy themes are consistent or present within the reports of receptionists concerning their treatment in the medical community by patients, doctors, and other staff members?
- RQ 3: How do medical receptionists believe patients and doctors view their role as gatekeepers?

### Chapter 3: Method

In a true phenomenological study, participants are viewed as co-researchers based on their level of personal experience and knowledge on the subject at hand (Hays & Singh, 2012). The general research methods sought to grasp an understanding of the actual lived experiences (Patton, 2002). The study was approached phenomenologically as the medical receptionists were viewed as the experts on the subject of study. The researcher's interpretation of the data does create a sort of interplay with the participants. However, the study content was based purely in the words and experiences of the subjects. Research questions were to be answered by directly studying those who experience the phenomenon of medical reception work. Thus, in order to gain greater understanding of medical reception work, medical receptionists were looked to as the source of data.

As a means to gather rhetorical data sufficient to lend phenomenological insight to proposed research question, a number of methodological elements were considered. Quantitative methods were set aside to more strongly compliment the phenomenological nature of this study. Consistent with Hesselgreaves, Lough, and Power's (2009) research methods, this study's qualitative approach offered a procedural advantage to expand the understanding of individual perceptions: qualitative methods allowed for more sufficient penetration into understanding the depth of this experience. The qualitative method for this study included specific elements of data collection, participant demographics, sampling, as well as the grounded theory framework for data analysis.

#### Data Collection

In accordance with the methods used by Hesselgreaves, Lough, and Power (2009), to study medical receptionists, semi-structured, one-to-one interviews were utilized. Pre-planned

interview questions were approved by the participants' employer prior to the interviews, with the understanding that certain elements of discussion had the potential to be explored further based on responses supplied.

The storytelling aspect, which becomes present in interviews, have long been considered an important part of health research (Anderson, 2001). The semi-structured interview process allowed study respondents a certain degree of personal freedom in identifying elements they viewed as most worthy of discussion. One-to-one interviews lasted approximately 20-30 minutes each and were recorded for later transcription. The length of each interview varied depending on actual responses and discussion between the interviewer and the participant. The length of the interview was determined sufficient once research questions had been answered and both parties felt all pertinent topics had been sufficiently explored. Prior to beginning the interview, each participant voluntarily signed a confidentiality disclosure statement with full information regarding freedom to withdraw from the study at any point in time if desired as well as additional study information pertinent to the situation.

Interviews were conducted during working hours in break rooms, exam rooms, or other common areas within the clinic of employment. The clinical setting was utilized both for the convenience of study participants as well as a means to allow continuity of thought as receptionists transitioned easily from work, to interview, and back to work again. The logistical arrangements of the interview settings allowed privacy to be maintained and also permitted freedom of expression for all study subjects. It was also hoped that maintaining a setting consistent with medical reception work and undeviating from a normal workplace situation would help maintain congruency and consistency in the line of thinking and thus produce fidelity in responses for all receptionists involved in the study.

## **Participants**

The study utilized 25 interview subjects. The most important element of sample size for a grounded theory approach is ensuring that saturation of themes is reached (Hays & Singh, 2012). As interviews progressed, it became evident that themes were evolving and revealing themselves. Initially a sample size of 20-30 interviews was proposed, and after 25 interviews were completed, the primary researcher felt the responses from study participants were generally uniform, thus illustrating sufficient saturation of themes.

At the time of the interviews, each receptionist was currently employed and working full-time within the medical field. All participants were employed by a multi-specialty clinic. The organization utilized serves as a significant healthcare provider in the area. The establishment offered no hospital, in-patient surgery, or other overnight services. However, many types of physicians, doctors, and medical providers work at the clinics, which is understood to mean a variety of patients and patient interactions for the working receptionists. The assortment of doctors and services in the clinic added sufficient variation to the medical reception work to rationalize the use of this singular institution for this introductory study.

## **Sampling**

Convenience sampling of receptionists currently employed by the large multi-specialty clinic allowed for sufficient variety of responses within this study because the qualitative research sought to understand more depth than breadth regarding receptionist feelings. The study location was a suburban area in West Valley City, Utah. The clinic also has a satellite location in Riverton, Utah from which several participants were gathered.

In accordance with Ahluwalia and Offredy's (2005) recommended methodology for conducting studies within clinical settings, the areas are both socioeconomically diverse.

Furthermore, the organization serves a variety of local geographic areas. The combination of locations and type of clinic presented a greater degree of variety and diversity concerning potential receptionist-patient interactions and receptionist experiences.

### **Framework and Data Analysis**

This study applied a grounded theory approach. Previously established frameworks, other well-developed categories, and other analytical structures were set aside (Strauss & Corbin, 1998). Rather, as interview content was gathered, responses and results inspired a new theoretical framework that was grounded in the data (Corbin & Strauss, 2008). Grounded theory allows researchers an objective look at content to discern themes that may ordinarily be overlooked when using established frameworks (Strauss & Corbin, 1998). The grounded theory approach of this research sought to develop new theory regarding receptionist experiences in the medical field.

Following the recorded interviews, transcribed copies of the dialogue were analyzed individually to note specific noteworthy elements in each conversation. As each interview was independently scrutinized, themes became distinguishable across multiple interviews, and dominating themes began to emerge. Through a process of combining common responses, the grounded theory data analysis revealed multiple major and minor themes. At final conclusion of the comprehensive analytical process, sufficiently robust themes were confirmed based on the researcher's interpretation of each emergent theme's relevance to each of this study's research questions.

As Hays and Singh (2012) express, "phenomenology is to discover and describe the meaning or essence of participants' lived experiences, or knowledge as it appears to consciousness" (p. 50). Thus, the overall method and approach of this study lead to introductory

theories of receptionists' lived experiences. The following chapter will reveal the thematic framework along with supporting examples for each theme and its sub-divisions. In the discussion and results of this study, respondent names have been changed to protect all study participants and to maintain anonymity.



## Chapter 4: Results

The grounded theory analysis of the data revealed several dominant themes as well as sub-divisions of each of those themes. This chapter seeks to comprehensively define and detail each theme and to give supporting examples from study respondents. It may be important to recognize that the informal nature of the responses in conjunction with casual conversational approach to the interviews has rendered many respondents' quotations to sound more colloquial. Generally, the spontaneous nature of open conversation leads to more breezy and straightforward responses that may occasionally reflect an unconstrained thought process. This free flow of conversation often leads to awkward sentence constructions, grammatical errors, etc., that often occur in speaking but are frowned upon in writing. However, to be true to the qualitative goal of letting the data speak, all quotes are included without correction.

The results begin with an analysis of the study subjects' self-descriptions, followed by the significant themes relating to receptionists' views. The concluding theme outlines metaperceptions regarding how receptionists' perceive and interpret the doctors' and patients' views. Each theme will be expounded hereafter.

### Self-Description and Self-Discovery

In understanding perception of medical receptionists, it becomes important to first understand the receptionists in general and to gain a sense of the participants in the study. Answers to background and demographic questions help "locate the respondent in relation to other people" (Patton, 2002, p. 351). These descriptive factors aid in understanding not only the receptionist role in general, but also those filling the role. The demographics and descriptive examples in this section form a general introduction to the study's other themes. The broader analysis of information found in this chapter helps build a foundational understanding as to the

receptionists' lenses through which they view their job experience. This self-description section will cover a general description of the receptionists in the study, how they describe their jobs responsibilities, length of employment, as well as some thematic observations regarding how and why receptionists got their jobs.

The study was comprised of 25 respondents. Based on the sample available, all respondents were female. (A short discussion of male receptionists will be included in the limitations and future research sections in the concluding chapter.) Because all receptionists interviewed were employed by the same company, reported job responsibilities were fairly consistent across the board: answering phones, scheduling appointments, checking patients in, checking patients out, data entry, gathering insurance and identification information, having patients sign appropriate paperwork, gathering demographic information (name, date of birth, address, phone number, etc.), taking copayments, triaging patients, distributing faxes, preparing charts, mail sorting and postage, etc. Valerie's response included many of those aforementioned and ended appropriately with the phrase, "a little bit of everything" similarly to Vickie's list concluding with "...just about anything that's put in front of me."

Some receptionists' job positions were much more simplified as to the range of responsibility. The following interview excerpt illustrates one such receptionists' streamlined responsibilities.

Interviewer: Tell me about what you do on a daily basis at work.

Dawn: Just answer the phone.

Interviewer: Is it all phones?

Dawn: *All* phones. Just answer the phone, schedule appointments, cancel appointments, transfer to MAs or nurses for meds...that's pretty much it.

This study's truncated synopsis of responsibility may be attributed to the respondent's actual reception duties but may have also been a more simplified response as she had the least amount of experience as a receptionist from all study participants at just three weeks' experience.

Notably, however, was another receptionist (Beth) who ended her list of duties with "...and I think that's it." Which gives a note of finality and also a de-valuing effect to the job despite her three years' experience.

Occasionally a receptionist listed specific elements of her job which varied from the standard responses of the aggregate: just one receptionist reported that she sends claims, a receptionist mentioned filling syringes for the doctor's assistants, the dental receptionist claimed she helps people understand which treatments were most exigent, a few receptionists were responsible for English/Spanish translation, and one mentioned that the receptionists in her clinical area were responsible for some cleaning if they had time. Clearly, while there are some consistencies across all medical reception duties, there will always be the possibility of some additional responsibilities and nuances specific to any one job position.

The study's 25 respondents reported to be working in at least nine distinct departments of the medical clinic (i.e., internal medicine, pediatrics, dermatology, etc.). A few mentioned working for "specialty" departments which were understood to mean anywhere from four to six departments at a time. Additionally, two subjects described themselves as "float" receptionists meaning they worked in multiple departments depending upon the needs of the clinic at any given point in time. All things considered, at least 14-16 individual types of jobs/departments were represented in the interview subjects, all within this particular multi-specialty organization. The variety of departments represented in the study is noteworthy because it illustrates a diverse background of secretarial settings. The variation in departments and type of medical providers

the receptionists hail from creates a breadth of understanding. As significant themes are illustrated through the remainder of this chapter, and as consistent themes are expounded, it is helpful to recognize that the thematic consistency is based on many distinct medical reception experiences.

Study participants had varying lengths of experience working as medical receptionists. The shortest amount of experience was three weeks spent as a medical receptionist. The respondent with the greatest longevity in the work place had been working as a receptionist continuously for 23 years. Nine receptionists reported working a year or less; eight receptionists reported 10 years' experience or more in the field. The average work experience as medical receptionists among the respondents of this study was approximately 6.6 years.

Respondents gave a variety of justifications as to why they had spent certain amounts of time in the job. Explanations varied greatly, and the individual accounts were not simply depending on how long the receptionist had been employed, but on many other factors as well. Clearly, those with the greatest solidity in the job had multiple reasons. Vickie, who has been a receptionist for 16 years explained that she stayed with it because of “the company, and the people around, and I love the job.” Karen, the respondent with the greatest permanence in her job—23 years—responded more emotionally.

I stuck with it mainly because my husband had cancer, so he was unable to get a job that had insurance. This provided me with a job that had insurance that covered him as well without it being a pre-existing [condition]. ...he was sick for like 16 years and [more training or education] wasn't an option for me.

Amy's story was somewhat similar as she expressed that she had been staying in the job for her family.

My biggest goal in life was to be a mom. You know? And now I'm here, and I'm here all the time and I spend more time here than I do with my kids and that's not my goal. So I told my husband, "No, this is not working out. I want to be home with my kids more, so we need to figure something else out." But, we also need insurance, and it's life to have a real job.

Captivatingly, Amy and Karen were not the only receptionists reporting a need to stay in the job for health insurance benefits. Iris reported, "What motivates me? That you have to do it. I mean...we all have to do it. Right now it's health insurance right now. That's what's motivating me. We have to have health insurance."

The need to provide for family, whether it be health insurance or other financial motivation was a common thread throughout the women interviewed. Carmen, a receptionist of less than a year shared, "My family. It's my motivation. I come to work because of my family. Not for myself, well I guess for myself too because I need a little break from being a mom, but my family is my motivation."

Differences in length of employment did include some additional variation for those of shorter employment. One study participant, Polly, had only been working as a medical receptionist for two months and was already planning for something else. "Yeah, so I just wanted to grab something for now, and then work my way to something higher or something."

For Beth, a woman who had been a receptionist for several different companies over the course of three years, it was explained that she stayed with the same job type because "I enjoy the medical field and dealing with the patients." And Rachel, a receptionist of only two months reported that it was in deed a job she could picture herself doing for 12 years or more, which was the amount of time she'd had in her previous line of work.

In addition to stories of background and motivation to keep the job, work experience illustrated a great variance in the respondents of this study. Many discussed backgrounds working in various other positions, but still in healthcare fields: 911 operator, wait staff serving food to seniors, work in a hospital file room, work in a pharmacy, breast care coordinator at a women's hospital, front office supervisor at a family clinic, working in a lab, health unit coordinator at a hospital, reception work at an animal hospital, and so on. Many expressed an interest to continue working in the medical field after serving previously in those other healthcare-related positions.

On the contrary, however, many respondents had come to work as medical receptionists from greatly varying backgrounds, many of them having nothing to do with healthcare: work in apparel or retail, work in finance for a credit card company, orientation coordinator at a school, auditor at a mortgage company, a banker, a manager in the grocery business, a former bartender, a cosmetologist who did hair, and several others.

The receptionists studied often lacked either education or healthcare experience, and in many cases, the receptionist lacked both. Obviously, these receptionists were able to overcome less directed résumés for the receptionist position and all acquire the position regardless of vocational background.

For many, the desire to work in healthcare may have been a contributing factor to obtaining the job Daniela and Rachel both shared that they wanted something new and had always been interested in the medical field. "I can't really say," Daniela shared, "what drew me into it besides, you know, the medical field. Nothing really caught my eye until I started working here." Rachel spoke of her observations before becoming a receptionist, "When I took my kids in for check-ups and stuff like that, I would think, 'I could do that job.' I just thought I could handle

it. I just thought it would be a nice job to have.” Similarly, Regina shared her thoughts on medical reception work, “I’ve always thought it would be fun to work as a receptionist in a clinical place and take care of sick people.”

For some, the goal wasn’t always healthcare reception. For example, when questioned as to why she wanted to be a medical receptionist, Brittney laughed and simply responded, “Um, it was a receptionist job...and that’s what I want to do.” Polly echoed the sentiment, “Honestly, it was just something that I saw online. So I grabbed it because it seemed interesting.” Vickie’s story was somewhat similar regarding her feelings about becoming a receptionist. She almost shamefully shared, “Um, I didn’t really want to be [a receptionist.] That wasn’t my intention. I actually went to be a medical assistant but I just kind of fell into this job.”

Congruent with a lack of desire to *become* a receptionist, may be a lack of desire to *stay* a receptionist. Sometimes reception work, as in any job, becomes a backup to other plans. Valerie told her story of becoming a medical receptionist.

It didn’t start out that way. I came to school to Salt Lake to study something else and then I didn’t have any more money, and then a job that popped up was in medical reception and I took it and I just kind of stayed since. I never went back to school.

Amy told a similar story.

I’ve always wanted to be a receptionist and have a real, a ‘real’ job, and have medical benefits. And I was kind of pushing 40, didn’t want to be a bartender for the rest of my life. I knew I would take a huge, a HUGE pay cut...but you can’t bartend forever.

Motivation and means both play a significant role in helping people get jobs. Some receptionists had a bit of a different means of entering the healthcare field. For example, Lena said, “My friend worked in the medical field so I thought, ‘what the heck.’” Others had similar

stories of friends or colleagues recommending they attempt the job position. Karen told of getting her start as a receptionist 23 years before. “Well, for one thing, back then I needed a job. And another thing, I was friends with one of the gals that used to work here; our boys played baseball together.”

It was revealed that education experience varied quite significantly among medical receptionists. For example, Elena reported, “I think it’s a very good job, um, because I don’t have no college degree or anything backing me up, so I’m like, it’s a really good job. And I love it.” Polly, on the other hand, reported having a bachelor’s degree in health administration. Not all respondents were asked or volunteered their educational backgrounds. However, it is noteworthy to recognize that there may be a great discrepancy in education-level that leads to a career as a medical receptionist.

Many receptionists in the study had pre-established beliefs about the job before beginning actual work as a receptionist. Dawn confessed, “I would say, personally, I didn’t know quite the responsibility of the receptionist until I came here.” It is in actually working as a medical receptionist that the women of this study were led an authentic understanding of the actual job. Alli shared, “I know before I started this job, and when I’d go into doctors’ offices, I’d see them and think, ‘Ah, that would be such a fun job to sit there and take calls and check patients in.’”

Lena’s view of receptionists was non-existent before getting the job, however after working as a receptionist for three and a half years she confidently reported, “I have a lot more respect for them.” After working the job some receptionists modify their pre-existing views. Dawn shared, “Being a receptionist for the doctor gave me a whole new outlook on getting ahold of my own doctors and my own appointments and medicines.” Rachel regarded her growth in



understanding medical receptionists, “I didn’t realize how busy they get and how much work they get. So now I have a different aspect of it.”

Regardless of how a receptionist ends up in his or her job, the reception position may be seen as a means to reach a different end. Sarah spoke of her plans, “I’ve always wanted to be in the medical field. I want to pursue and maybe try to get into nursing so I decided to see if I could try to get into the medical field as being a receptionist.” Louisa also shared that she is “trying to see if I like the field and get into it. See if it’s something I want to do, with the medical field.” Of course, reception work doesn’t always mean the receptionist will move on, “I think it’s too much,” Louisa later shared about healthcare. “I don’t think I can do all the MA stuff. And it’s not what I expected I guess.” And while the job may or may not lead to other positions, like Rachel said, “It’s a start.”

Whether the respondents were happy in their jobs or desired other positions, a plethora of feelings line the base of the human experience. For example, Iris honestly shared, “If I could stay home, I’d stay home. But if I had to do this, then I’m okay with that.” Along that line of thinking, Barbara shared a few thoughts on her job, “Don’t like phones. Don’t really like checking in either. So, receptionist was probably not really where I want to be!...but I make the best of it.”

As details about the respondents unfolded, the humanistic elements of the job begin to be opened. Understanding a bit about the individuals fulfilling the reception role can create a base understanding that there is a great depth of personalities and experiences feeding the medical reception experience. Now that a general description of the receptionists has been explained regarding how they describe their jobs responsibilities, length of employment, as well as some

thematic observations regarding how and why receptionists got their jobs, the research themes can be further identified and explained.

### **The Receptionists' View**

The formerly discussed elements of medical receptionists' job positions and how they arrived at that place leads to a discussion of themes regarding how receptionists view their role in the overall medical experience. This study is concretely based in the phenomenological tradition of communication theory meaning it studies those directly experiencing a phenomenon. In this case, the research studies receptionist opinions about reception work. In order to clarify how the role of the medical receptionist is viewed by those experiencing the phenomenon, this chapter begin discussing how receptionists themselves view their role as the gatekeepers within the medical community (RQ 1).

As participants in the study discussed various elements of the profession, many consistent refrains were found in the narratives. Four major themes were identified with regards to the receptionists' view of themselves. In no particular order, the major themes are as follows: Reception jobs in the overall healthcare experience, views on the gate keeper role, greater reception responsibilities, and the patient-receptionist relationship. Each of these themes was noteworthy for its individual impact on the overall views medical receptionists held about themselves and their jobs. Each theme will be discussed hereafter with supporting examples from the study data. Additional sub-themes for each major theme will be outlined as well.

**Reception jobs in the overall healthcare experience.** Conversations with medical receptionists regarding their jobs often lead to a certain degree of introspection for all parties involved. As many of the receptionists discussed job responsibilities and what they do for a living, it became clear that receptionists view their jobs as essential to the overall healthcare

experience for patients. Interview questions about job responsibilities and daily tasks inevitably led to a great expression of self-importance. Beth's explanation became an overarching theme of the study, "We're *the* receptionist. We're not *just*, we're *the*. Our roles are critical [emphasis added]." Karen felt similarly about receptionists, "We take a lot, we learn a lot, we give a lot," she said. Moreover, Janet's comments sum up the overall theme of receptionists' impact on the overall healthcare experience:

There's so much that needs to be done when a person comes in. That first step if you will, they're either going to feel good about being there or not, depending on the person that's the receptionist. I think the receptionist is the most important job next to the doctor, because we have to make sure that detailed information, questions that need to be answered by the patient, insurance information, there's so much involved. It's like we're the front line that helps them feel like, "Ok, this part's done, you guys make us feel good, you know what you're doing, you're making me feel good about it, and I always want to come back. You guys are great." We're always friendly with them...there's just that feeling of knowing that they're being taken care of at the front line so they can get in and see the doctor.

Medical receptionists frequently expressed a more comprehensive view of patients' medical experience beginning from initial contact with the medical experience and lasting until far after the interactions have subsided. The all-embracing theme grounded in the data was that receptionists view themselves as a fundamental element of healthcare. Subdivisions of those themes are as follows: image creation and maintenance for the medical establishment, stories of providing care for patients beyond logistical job responsibilities, and job efficiency and efficacy. Each secondary element of the major theme will be discussed and illustrated hereafter.

***Image creation and maintenance.*** The medical receptionist is often referred to as “the face” of the clinic. Within the liability of clinical facework lies a pledge to create and maintain a professional image for the doctors and facilities employing a receptionist. Karen reported that a clinic administrator told her, “The receptionist should always be number one.” Alli explained what it means to set the image for new patients specifically:

When somebody calls [the clinic] and they haven't been seen here before...we're the brand. We're going to set either a good experience for them or a bad experience for them. So I believe it's up to us. We could make or break that first interaction with that patient if they're new to our clinic.

Even if image maintenance is viewed as a minimal part of the experience, it was still recognized as a charge of frontline workers. For example, Brittney shared, “We're just mostly the face, and then, everybody else is the main job.” Her expression regarding the job changed, however, as she later expressed, “We're the ones that have to fix their issues, and we're the main ones who know where everything is.” The evolution of her thoughts showed that upon further introspection, many receptionists come to realize the more essential role they play in healthcare.

Marge's comment was, “When they come into our facility, I think it's our job to keep it calm, relaxed, up-beat, positive.” Additionally, most expressed a deeper appreciation for what it means to represent a clinic or doctor:

We're the first ones they see, so we're the first ones to make that impression, whether we're going to make a good impression for [the clinic] or we're going to be mean and not make a good impression. We are like the runts that they see first. So it's up to us on what kind of impression we want to give them (Valerie).

Daniela's thoughts were similar: "You pretty much are the face, of not just the provider, but your whole clinic. So the receptionist is pretty much top notch. You gotta win the patients over... You have to be top notch as much as the doctor does."

Regina listed several reasons as to why the reception job is important to healthcare:

It's always important because you gotta make sure they're on time, making appointments, making sure you look good, making sure you're groomed right, making sure the patients have their appointment for what they needed, kind of giving them an appointment where they really need to be seen immediately or, you know, it's not [for] something very important.

The impact of reception work was viewed as so essential in image presentation that Helen expressed, "Sometimes people might not like the doctor but if they like the way you are treating them, they will always come back." Rarely did receptionists discuss the consequence of poor behavior in this responsibility to set the image for the medical establishment. Alli, however, did give a clear evaluation, "there's tons of clinics around here, and if they're not treated like they think they should be, or if they're treated poorly, then that's just going to give us a poor reputation and not going to bring in patients."

Once initial interactions have taken place between receptionists and patients, and the image has been sufficiently created, the issue of caring for patients becomes an overarching theme in the narratives of medical receptionists.

***Providing patient care.*** The ability to help patients and individuals becomes an integral part of what a receptionist does. Helen explained this as a motivating factor not only to get her job, but also to keep it: "I was really good at banking but you always felt not good because

you're never really helping people much." The desire to help people on a more personal basis was consistent with others. For example, Kassie spoke of her former employment:

I honestly feel like when I was a 911 operator, I had a really hard time I guess just only being on the phone and not being able to actually physically help somebody. So when people are coming in, for the most part they're not emergencies but for the few that do come in, I love being able to make them feel better, or getting them back [to see the doctor] right away, and getting them the care that they need. I guess just helping people. I really like helping people and knowing that I'm not the one that's actually doing it but I'm a part in what they have to do before they can [receive care].

The desire to help grows when receptionists become increasingly aware of the patients' individual situations and needs. Barbara explained, "Sometimes you can tell that they really need the help and I find it a challenge to go ahead and help them and do whatever I can for them." In the same vein, Lena's introspective expression revealed that patient care is a major motivating factor to do her job well:

I think of myself as a patient. I would obviously want somebody to take good care of me. When I have a bad attitude, which happens sometimes, that's what I think of. Okay, if it were me...I would want somebody to do a good job at the front desk.

This desire to present the kind of care the receptionist would want if she were a patient was a consistent refrain:

Treat [the patients] like we wanna get treated 'cause you know, we go to clinics and we are patients as well. So, I would say my interactions is just treating them with respect and treat them how we want to get treated (Elena).

The emotional aspect of the healthcare experience is undeniable. Receptionists often recognize the opportunity they have to care for patients beyond the logistical responsibilities of the job. Marge spoke of fostering the emotional connection with patients:

It's what you do. You know, sometimes, really, the best thing for a patient is just let them know that you're listening for a minute, and though it may not be important to you and I, it is to them. And it always makes them feel better when they hang up. Something happy at the end of the day, or at least somebody paid attention to what they said. The golden rule, right? Treat others the way you want to be treated.

Many receptionists recognize that their jobs are different than non-medical receptionists based on the type of people they're dealing with on a regular basis. Generally speaking, when visiting a medical provider or a clinic of any kind, the situation is already less than ideal. Helen shared, "what I always try to think [is if] they're not happy, it's either because they got a bill or they're sick." Carmen recognized that the patients do need help, because of the state each patient is likely in when they arrive at the doctor: "I look at every patient individually, but also as a group, because they're all coming in for the same thing. And some of them come in really miserable. They're just so sick and they want to be better." Though working in a different department, Kassie echoed the sentiment regarding sick patients:

When they're coming in, they already don't feel good, or they're coming in for a specific reason that day, and they just don't feel good. They don't really want to deal with paperwork and getting checked in and everything so they're already on edge.

Elena's thoughts were similar, but she went a bit deeper:

Well, if I'm up there and I'm giving them attitude, or talking rude to them, or just being rude, the patient is already going to go in with a bad attitude, you know, see the medical

assistant, see the doctor with a bad attitude. So I think we should greet them happy. You know? Just ask them for their information and just treat them with respect so that way they'll be happy when they go to the doctors. And most of the times, you know they're worried or they have problems, because, their kid is sick or something like that. Or they're sick, so, try to make them feel as comfortable as they can.

The ability to recognize an emotional aspect to a technical job may come with time or may be a natural part of the job. Dawn, a medical receptionist of only three weeks (less than any other participant) realized a greater purpose in her work:

We may be answering the phone and scheduling appointments, but in my mind, that's helping somebody. And sometimes people just need to know, they just need to hear that somebody actually cares, even if they don't know that person. Sometimes people will just tell me that they've just really had a crappy day, and blah, blah, blah, and they just need to do this and that. And by the end of the conversation, their appointment's done and they're happy because somebody just listened for a second.

Reception work as a type of customer service may lead to a more personal connection for a variety of reasons. Regardless of patients' individual circumstances, many receptionists reported that the reception job adds to the overall medical experience in other ways. Janet and Amy each explained that they try to analyze patients' attitudes and health right from the moment they walk through the door. After gaining a sufficient sense of how patients are feeling, the receptionist's greeting, voice, and conversations are all adjusted accordingly. "You want them to feel good when they walk in the door," Janet explained, thus illustrating the receptionist's ability to play this particular empathetic role in the healthcare experience. Regina also shared her more broad approach with regards to customer service responsibilities:



I get along with everybody. I enjoy chit-chatting with [patients] and making sure their kids are okay and what's wrong with them when they come out. Sometimes I'll ask them and tell them I hope they feel better and to have a good day.

Marge's experience was similar:

I've always been really good with people, so as far as terminology and stuff like that, I think that's pretty easy for me to know how to say the appropriate things to a patient and hopefully to make them feel of some comfort.

The association between patients and receptionists is improved by the desire to create a stronger interpersonal connection. However, the initial relationship between patients and receptionists is initially based on the need for a job to be done, which leads to an analysis of receptionists recognizing the need for professionalism, efficiency, and efficacy.

**Job efficiency and efficacy.** The medical experience for those involved doesn't just include feelings, but also some degree of logistics. If the technical elements of insurance, payments, and other data-related tasks are not handled correctly, the receptionist has not completed the job and the medical experience cannot necessarily be labeled a success. "Patients need to be checked in; somebody's got to do it" shared Beth. Several respondents referred to their desire to do their jobs correctly and efficiently. Janet described herself as a "go-getter" and said that she always wants to get her job done, even if it means staying past her scheduled shift hours. Her response illustrates a desire to fulfill the job accurately.

A receptionist must still do the job correctly, even if the patient doesn't understand procedures. Paula posited the thought-process of patients:

I don't think they really know everything that we really do, because a lot of times they're just like, "What's taking so long?" And they don't know that we have to get paperwork

done; we have to make sure their information is correct. So I wish they would just know that it's not as easy as it seems.

Brittney spoke of some patients' responses to reception responsibilities:

It's kind of like they feel like we're testing their waters, especially when we have to have them pull out, you know, their insurance card and their picture ID. They get really irritated, especially when they're like, "Well I just did that two months ago." And they don't understand the whole process.

Because the process may be so difficult for patients to understand, there may occasionally be disruptions in the process. Karen, however, understands where the patients are coming from when they seem confused:

I just kind of go back to the old days, because most of the older people that come in, you used to write their name in a book. And then you'd let the medical assistant know. It was paper stuff, it wasn't computer stuff. So if most of them understood the new technology about appointments and doctors' offices and that, I think they'd appreciate it. But I think they just kind of wonder, "What's taking so long? And why do you have to do this? And why that? How come I can't just come in? How come I can't just stop and see my doctor?"

Of course, not all patients have difficulty understanding why a receptionist does what she does during the check-in and registration processes. "I think they understand," Vickie said. "I think they're respectful of it. I don't think they always like it. But I think they understand that there are rules for reasons. I think they understand."

The frequent description of job responsibilities as a sort of Herculean task was met by an underlying assumption that a job poorly done will have consequences. Marge carried the thought

out with her explanation of risk. “It’s not always fun...if there’s something that’s missed on your end that creates a billing problem, that can trickle down to a lot of different things.” How well or poorly the secretarial and procedural elements of the job are carried out inevitably play a role in the greater healthcare experience for all involved whether it be receptionists, patients, medical providers, or others.

Combining the multitude of reasons *why* receptionists see themselves as essential to the overall healthcare experience, Carmen summed up the role energetically, “Us receptionists rock!” The lighthearted sentiment may not comprehensively sum up the way all receptionists view the role, but it does highlight on the overarching theme of reception work in the overall healthcare experience. Positive viewpoints of the self-declared imperative work receptionists do illustrates a few of the many ways they feel they are indispensable.

**Views on the gatekeeper role.** “Gatekeeper” may or may not be a term medical receptionists have considered before when envisioning their jobs. Discussions with study participants circling this term brought a variety of reactions, ranging from positive to negative and everything in between. How a medical receptionist views the gatekeeper role may or may not be influential on how he or she completes the job. For many, this research was a very introspective process wherein many deeper feelings and observations were uncovered. Connotative meanings revealed a great degree of pensiveness as receptionists reflected on the descriptive term “gatekeeper” (RQ 1).

Generally speaking, receptionists do recognize themselves as a means to regulate traffic and flow, for the clinic or medical establishment. “If it wasn’t for us, how would [the patients] get seen? Other than, they could just walk in and it would be very chaotic” (Bridget). Others

expressed similar sentiments regarding the flow of patients. “You can’t just let anybody go. You’re the one in control of what happens and who goes where” Vickie shared.

Rachel explained her responsibility, “I was told I was called like the security, basically...you’re kind of like the body guard before patients come in.” And Helen called it “the watch dog.” Feelings about the metaphorical role as a security guard appeared in the descriptions of at least one other receptionist, Elena. She disliked the term gatekeeper and expounded her feelings in the following manner:

I don’t think it’s a fair term. It sounds weird. It sounds kinda like a bouncer at the door. You know? Like, “Are you 21? Do you have your VIP card to come in?” Or something like that, it sounds like. No. I would say we’re just receptionists.

When discussing the descriptive term gatekeeper, Vickie’s tone was strong. “I don’t take it as a kind term. I take it as disrespectful.” Bridget expressed a view that she doesn’t really see herself as a gatekeeper, “I just consider myself a receptionist doing my job.”

Barbara was a respondent that does feel like a gatekeeper, but also sees gatekeeping responsibilities as only a portion of the experience. “You let ‘em by. I think it is a gateway, but it’s still not the decision that makes them better or not.” For those that do see themselves as gatekeepers, there may be mixed reactions on the responsibility. Polly shared, “it stinks sometimes. Because you feel bad, like they need to be seen, but then they don’t have their insurance or they can’t pay the deposit, so then you feel bad.”

Regardless of feelings on the gatekeeper description, after all gatekeeping responsibilities are handled at the reception desk, receptionists recognize the overreaching role of medical providers as a more dominating power force. Gatekeeping employees are sentinels for doctors, other providers, and employers. The employee-employer hierarchy must be understood for the

receptionist to properly understand the role as a lookout or doorkeeper. Vickie explained, “I think that’s hard, but that final call on whether or not [the patients] go where they go has to come from the provider.”

A receptionist must align the job duties with the patients’ responses to create a good overall experience. Alli explained it in this manner:

You tend to have patients that get upset over various things. But at the end of the day, they understand what our job is and our role is and what we can and can’t do and even though they may be upset about a certain situation, they understand that it is what it is and that’s our policy and we have to abide by that.

Bridget’s feelings were along the same lines when she said, “We just go by the policy and the rules. Whatever we tell the [the patients], we don’t just make up.” Polly echoed the sentiment, “Sometimes we get blamed for stuff and we’re like, ‘It’s not our fault, you know.’ I just feel like I wish that [the patients] would know that.” Barbara felt similarly, “[The patients will] say that it’s our fault if [the doctors are] running behind because of the way *we* schedule, but it’s really the doctors telling us.” Iris’s response in these situations is to tell the patient(s) something along the lines of, “I can see your point, but this is what I have to do.” The receptionist, as the sentinel of a clinic, is often in place to enforce policies set by other clinical or managerial entities. Amy expressed, “maybe I’m the guard standing by, but I have to get permission from the captain, from the general.” These other governing bodies play a role in weightier reception responsibilities. Observations of responsibilities associated with general reception work became an integral part in understanding the receptionists’ view.

**Observations of greater responsibilities.** As respondents participated in this research, a general theme emerged regarding receptionists’ observations of greater job pressures.

Respondents see working as a medical receptionist as a very multi-dimensional experience; the line of work involves many basic responsibilities. Often set aside from the need to provide patient care is simply the need to get a job done. When asked what gets her through the day, Lena laughed and responded, “Knowing I get to go home at the end of the day?” Though it was shared somewhat facetiously, there was an undeniable element of truth to her words. Dawn’s feelings about the necessity to have a job were similar. “We all get a paycheck at the end of the day...And without a job, we can’t survive. I guess goal’s in life that we all want to retire and have things, so we have to work for them.” Karen shared her thoughts on working:

Well, money is a secure thing. The job is secure. ...My motivation is to keep myself motivated by coming to work, and working with the people that I work with all the time, going home, spending time with the family.

Rachel’s thoughts helped clarify that many receptionists are balancing the fundamental need to work with the drive to do quality work. She spoke of motivation as a receptionist:

Knowing that I have to take care of my family [is my motivation]. And I have to be at work for them. They’re my motivation. I want to do a good job because I take pride in what I do...so I’m like a dedicated worker. I just hate making people feel upset or feeling like I’m letting them down. I’m trying my hardest.

The day-to-day life of a receptionist is what builds up the overall experience. In the course of a day at work, medical receptionists have many basic responsibilities to fulfill in addition to working with many different types of people: patients, doctors, clinical staff, pharmaceutical sales representatives, and many others. The data led to a noteworthy theme concerning receptionists’ observations of greater responsibilities. Sub-developments of this theme are as follows: basic job responsibilities, feelings towards doctors, and feelings towards

patients. Each sub-theme illustrates how medical receptionists recognize the predominant responsibilities of their vocation.

**Basic responsibilities.** How effectively a receptionist does his or her job can fit the broader theme of receptionists seeing themselves as critical to healthcare. However, vocational responsibility exists whether or not the role is magnified. Dawn spoke of her job duties, “The doctors’ office, I’d say there’s definitely a higher volume of calls than per se at other companies I’ve worked at.” The busy work creates a variety of experiences for medical receptionists.

Daniela expounded on the statement:

It’s hard at first, but then, you know, it’s just pretty much [my] job. I’ve just pretty much got used to it. I’m just like, I just gotta do it. There’s really no upside or down side.

You’ve just got to do your job.

The labor-intensive job was a definite element of pride for many receptionists, “You just gotta work through it,” Rachel shared.

Still not speaking of efficiency or capabilities, Paula’s feelings expressed the need to fulfill central responsibilities. “We’re the ones that take in all their billing information, scanning in all their information to make sure that everything in the back is right for when they go back...Without that, you really wouldn’t have anywhere to bill.” Carmen echoed the sentiment, “Without us, how would the patients get scheduled? How would they get checked out? How would they get checked in? Who would be taking the calls?” Dawn was yet another echo of the need to simply do the job, “The doctor’s not going to answer the phone; he doesn’t have time. The nurse or the MA isn’t going to answer the phone; they don’t have time...” Louisa explained that even in just doing the job, “It’s just good quality control, we’ll say.”

When given job responsibilities, receptionists recognize that there are potential consequences if the obligations are not properly completed. Potential outcomes are not always foreseeable, however respondents recognized that if a receptionist falls short in her responsibilities, greater risks exist. “If you fail up front with anything, it just trickles down the line to your medical assistants, to your doctor, to billing. It’s huge,” shared Marge. Thus, as the research supported, a receptionist’s ability to be proficient in a variety of duties is essential to how the time within a day is spent. Results revealed several elements of job completion (and consequences of non-fulfillment). Each will be discussed and include—but are not limited to—a general knowledge and understanding of healthcare, providing patient-care, customer service, and professionalism.

There exists an underlying emphasis on the receptionist responsibility to provide healthcare, to know healthcare-related information. There is a burden, as a receptionist, to have a general knowledge of healthcare and the processes associated with it. Amy firmly believes in the medical role of receptionists: “Without us, the patients would be dead. They wouldn’t be able to get in with their doctor.”

Additionally, doing the job well includes a basic knowledge of how to do the job properly. Daniela explained, “If you don’t know your job, it’s kind of hard to trust that receptionist.” Sarah shared, “Just coming to work basically, motivates me, and doing it right...make sure everything’s right so then you don’t have to go back and do it a second time.” A receptionist must do the job to the best of his or her ability regardless of training and knowledge. Valerie shared her thoughts:

I just like to be efficient, so that way I don’t get anything back. I don’t have a doctor come back, or I don’t have a medical assistant come back, or the billing office come



back, or anybody come back and say, “You didn’t do it right.” I like to do everything and try to be as efficient as I can.

Clearly then, training becomes a defining element in how effectively a receptionist can do her job. As previously stated, medical receptionists typically receive very little training, but many learn to adjust. As some receptionists reported, some learning curve is associated with any job. Elena spoke of her learning curve:

Before when I used to work here and I would make mistakes, they used to yell at me. But now I just go over there and ask them before I make a mistake. So I don’t get yelled at any more.

Despite learning as much as she could about the job, Brittney commented that she wished for more training in some circumstances:

Like for noting, you know, when the patient calls in and they say, “Oh, I have this and this...” and you have no idea what it is, you know, so you just kind of note [it] the best you can because you don’t know the terminology for it. Some of those [training] basics would have been nice, but it’s not so bad.

Fortunately, receptionists adjust and learn to make do with the knowledge they have. Many have learned that there are training opportunities in many different aspects of the job. Marge shared:

I get a lot of training, actually, from patients. Because you know, when they call in with different symptoms that they have, and if it’s nothing that I know about, it helps a learning tool that generates a question either to the medical assistant or to the doctors themselves.

Kassie’s thoughts regarding learning and training opportunities were somewhat similar:

I like working with the doctors just because they know so much information, and it's so cool to learn new things. I mean, I'm not a medical assistant but I know a lot of medical things now that I'm here and that I can do. ...I feel like it's been a good chance to learn how to deal with patients and interact with the doctors and others.

Not only is there much to learn about the vocational responsibilities, but many receptionists reported on some greater degree of knowledge they had learned in the medical reception line of work. Helen shared with excitement that being a receptionist, "makes you conscientious about your own health. Which, I like learning how my body works and so I love the learning process of it." In the same vein, Marge and Vickie, both veterans of over 10 years each expressed that they learn something new every day. Furthermore, Karen listed learning as a major motivation to get her through each day:

Trying to learn new things from [the sweet people]. In general life, as I get older, as I watch them and talk to them...And just to kind of watch everyone that I can learn something from. Every day is a new learning thing.

Despite the amount of training, medical knowledge, and personal intellectual growth associated with the job, there are still some frustrations. Amy was somewhat exasperated as she expressed, "Everything has to be in correctly or we get yelled at. Well, not yelled at, but talked to."

Polly also seemed overwhelmed by the amount of knowledge she felt she is expected to have at work. "Just because we're at the front doesn't mean that it's our fault or that we're supposed to know everything," Polly expressed. Louisa explained that receptionists don't know everything and unfortunately receptionists cannot fulfill every patient request. "We don't have

access to a lot of their stuff. But they think just because we work with the medical office that they're being seen [in] that we do."

Kassie recognizes patient-responses to reception work, "I think they get very irritated with how much we actually need from them and how much paper is involved." She later went on, "it's not just me photocopying your insurance card and ID but there's a lot more information I get."

The need to gather correct information as a basic job responsibility can sometimes become overwhelming for receptionists. Job burdens may occasionally pile up which can further affect reception work and basic responsibilities. Elena explained what it's like:

A lot of the calls are being dropped or not answered because, you know, you're either checking a patient in or talking on the phone and then you have to either have the patients on the phone wait, or the line start forming.

Balancing a sometimes-overwhelming list of responsibilities is often where some degree of customer service skill is necessary. Kassie expressed how she finds the balance, "I like [patients] for the most part. I like being able to talk, you know? I don't just get their information; I try to talk to them and see, you know, how their day is..." For some, the customer service aspect is how they landed the job in the first place. Amy narrated:

[The manager] needed someone with a bubbly personality and someone who could actually get on people's level. Not go through the actual step-by-step checking someone in, but someone who could actually talk to people. So that was me.

Occasionally a receptionist listed more duties or a greater appreciation for her job than simply the job responsibilities. Marge sees patient care as essential to her job fulfillment, "The biggest thing I always try to remember is, the end of the day, did I help somebody?" Kassie

similarly expressed her feelings about healthcare, “Just [doing] small things that I know isn’t actually one-on-one care with the patient, but I just feel like it’s doing a lot of good for them and helping them.” Not all receptionists embrace the feeling, however. “Sometimes people’s attitudes just suck, so you’re like, ‘Eh, whatever. Sorry’” (Lena).

Some sequence of feelings on customer service skill and responsibility was consistent through many respondents’ responses as they reflected on basic responsibilities as part of the general list of duties. The feelings toward basic job responsibilities and vocational requirements often fed directly into feelings on the doctors and medical providers the receptionist was working with/for which leads into an additional subdivision of the theme.

***Feelings towards doctors.*** The professional hierarchy of healthcare organizations will typically connect a receptionist with specific doctor(s) or medical provider(s). As medical receptionists share thoughts and feelings on their broader job obligations, some feelings towards doctors became a common part of the dialogue including dimensions of the doctors’ personalities as well as their role in the medical team and how the providers view receptionists. These writings focus on receptionists’ feelings towards doctors as a reflection on how receptionists view their jobs (RQ 2). Receptionist opinions on how they believe doctors view the receptionist role will be discussed in a later chapter in order to sufficiently address that specific element of the phenomenology of reception work (RQ 3).

Doctor personalities were described in a variety of ways. “All different sorts of personalities” was how Vickie described medical providers. Iris’s view was, “Each of them has their different personalities, just like we do.” Karen explained “There’s some that are a little more outgoing than others, you know? But they’re still all good.” Whether the description was

based on intelligence, personalities, compassion, or work ethic, most receptionists had some sort of comment regarding the medical providers with whom they work.

The all-encompassing terms regarding receptionist feelings towards doctors were nearly always positive. Marge shared, “I’ve never come across a physician that wants to be mean to you or not be helpful, or treat you lower than they are.” Kassie felt like her experiences had given her a more comprehensive view of doctors:

I’ve been in each department here, pretty much...and I feel like urgent care is the more laid back of the doctors. I feel like they’re easier to get along with. They’re very humorous and outgoing. We’re always joking, so it’s a very, I think, laid-back relationship, so it’s easy to communicate with one another. I do feel like there’s a few doctors [in urgent care] that feel like, since they do have the authority, they look at you like a peon and that you aren’t at their level, so they’re kind of disrespectful, I feel like. But I feel like that’s only a few doctors here, I feel like. Most of them are very friendly and easy to get along with, easy to work with.

The doctor-receptionist relationship is somewhat of a dependent connection. Amy explained doctors in the following manner: “Doctors are very smart. Very smart. I think they’re too smart. They probably wouldn’t even know how to do the general desk job...Sometimes people who are too smart don’t grasp the smaller jobs.” Often, the doctors’ dependence on receptionists becomes evident in how receptionists feel they are treated by doctors. Sarah shared, “I think [the doctors] are so awesome. They are friendly, kind, very patient when I make mistakes, ‘cause we all can make mistakes in this human world, so they’re very patient with us. I love working with them.”

In addition to personality characteristics, the operating styles, preferences, and opinions of medical providers all play a significant role on reception jobs. Alli put into words, “They’re all different as far as, you know, they have their own ways of doing things. But overall, they’re great to work with.” Louisa expressed similar concerns over inconsistency among doctor preferences and explained it in this manner:

It’s kind of hard sometimes, just because each doctor has a different way of seeing things. So one of them is going to tell you, “Ah, yes. I can do this.” But then another one is going to tell you no. So it’s just getting to know each one individually and getting to see what they like and what they’ll see [patients] for. It’s a challenge sometimes.

Marge felt similarly:

Each one of them have a completely different personality so it sometimes is always a challenge to know their personality and what they require. As far as nice and always willing to show you what’s needed to do your job correctly, I feel fabulous with that. They’re all really kind and I think they want to see you succeed too, so I think they’re all very willing to help you.

A doctor’s willingness to help and work with a receptionist helps illustrate the need for pulling together and teaming up in healthcare. The convergence of the various job responsibilities throughout healthcare organizations is what creates the overall process. Thus, part of the greater responsibility of medical receptionists rests on the ability to work with others. Paula expressed, “It’s like we’re all a team. If someone’s busy, they know that. So you just take over wherever you can.” There must develop then, a sense of cooperation between the doctors and receptionists. “They’ve all been very nice and very friendly and helpful” Rachel shared. “If I have questions, they’ll answer it for me.” Marge similarly acknowledged the sentiments, “We’ve

got an incredible team. And I think teamwork is huge. We all get along really well. I think we all know we can count on each other.” Kassie could also see the interplay between jobs, “I can’t do my part [without the doctor], and the doctor can’t do their part without me.” Janet, a receptionist of 15 years, shared these similar thoughts:

Each department is different, but as a whole they’re a really good team of doctors here.

They make you feel like you’re a family here. They’re really nice; they’re truly genuine. I couldn’t possibly come up with anything whatsoever. In all the years, with all the clinics that I’ve worked at, I’ve had really good experiences with the doctors that I’ve worked with.

At least some responsibility of working with others includes creating a broader view of the establishment and medical providers. Karen told of a secondary responsibility in her job:

You have the patients that are kind of non-compliant with what they should be doing and they get a little irritated at the doctors and that. And they kind of blame the doctors, you know, so you kind of feel like you’ve got to defend the doctor, you know, without getting into their business.

Appreciation can go both ways. Receptionists may feel the need to defend the doctor, but doctors may need to stand on the side of the receptionist from time to time as well. Kassie narrated the potential for doctors to back up receptionists:

A lot of departments I feel like the doctors will make exceptions, you know, say, “Well, it has been my patient for years, go ahead and do it.” And in urgent care they’ll back me up a lot more. They’re like, “Nope, that’s the rules.”...and they agree with me and they usually go back me up with it.

Carmen was one receptionist that discussed a certain sense of appreciation from doctors. “They constantly say that they like what we’re doing. They like our work and stuff like that, so that’s always nice to hear.” She went on to express that not all receptionists feel appreciated by their doctors. In explaining doctors’ treatment of receptionists, she said, “Some of the girls, the way that they talk about the doctors, I overhear things that I’m like, ‘Oh, that’s kind of sad.’”

Amy’s experience was along these lines where she felt a lack of appreciation:

I know for a fact that there’s some doctors in here that definitely consider us nothing but bugs to be squashed. They don’t care. And I can see their point. I do. I can see both sides. They went to school for years and years and years...

A potential debate may ensue, however, if these receptionists were ever to bring this discussion up with others. Janet’s thoughts address both issues of teamwork and doctors’ education:

They’re the doctors that go to school for many many years, but they don’t make you feel like you’re *just* the receptionist. Where some people can, they make you feel like you’re just as important to be a part of their team, which is important.

How receptionists feel about doctors may vary substantially and may be impacted by any of those factors previously discussed, or by others not revealed by this study. Despite the observations of work style and intelligence, there were strong comments regarding how doctors care for patients. For example, Karen described the compassion level of the doctors in her department:

All of them are, I think, exceptional doctors. They have their own little ways of how they treat their patients and that. But all the patients have a great relationship with their doctor. And I like to see that when they come in to see them for one thing, and when they leave, how their response is when they leave. And I think that the doctors here are really caring.



A brand new receptionist of only three weeks already had similar observations. Dawn described doctors:

They all seem very nice. I would say that they seem very involved in their patients' care.

When I have to ask questions to the nurses or if the doctor's standing there, he wants to know what's going on and what patient. Not kind of a number, he's actually concerned, or she's concerned.

How receptionists feel about doctors can change and evolve, just as with any other interpersonal relationship. The relationship may have some sort of logical progression as time passes and as experiences unfold. Marge and Rachel shared almost identical thoughts of coming to figure out what it means to work with doctors. Rachel's thoughts were accordingly, "At first it was kind of nerve racking and scary, but now it's okay." Barbara is one receptionist that shared these thoughts of coming to understand doctors a bit better:

When I was younger I was really intimidated by them. But now that I'm older, I have a lot of respect for them, but I'm not intimidated by them. And the doctors here are great. I love all of them.

***Feelings towards patients.*** Observations of general job responsibilities for medical receptionists cannot be discussed without examining how receptionists feel towards patients. Much of a receptionists' day circles around and on patient care in one way or another. Most every receptionist in the study had something positive to say about patients. Janet shared, "You know, you get really a lot of wonderful people." Louisa shared, "Most of them are really compliant." Bridget shared, "Most of the people are pretty easy to deal with." And Lena echoed, "For the most part people are super nice."

Marge was yet another receptionist who felt generally positive toward patients, “You know, for the most part, I love patients. I love to know at the end of the day that I helped someone make their day feel better.” Moreover, Rachel shared, “A lot of them are very very nice and friendly. I’ve had a couple grumpy ones, but it’s probably just because they’re having a bad day.”

Some receptionists felt that patients are somewhat commonplace: “Oh, they’re fine” one said, whereas others felt more excitement in considering the same set of patients. Vickie commented on patient personalities:

Personalities? You get everything! Everything. Those that just want to sit and talk. They’re here for an appointment, but mostly they just want outside interaction with others. And then there’s just, the kids who remember you and they just light up when they see you.

Dawn’s analysis of patient personalities was similar:

It depends. Some are calling in for physicals, or annuals, or baby well-checks. Those people are pretty happy, positive. If people are calling in and they’re sick or hurting, of course they’re not going to be very happy or positive because they’re in pain or they don’t feel well. So it’s a majority of different attitudes, different people.

While many receptionists expressed positive feelings towards patients, there was almost always an underlying frustration that was expressed. Louisa verbalized, “Sometimes they’re really hard to work with. They believe they deserve everything.” Barbara echoed the sentiment:

Patients are needy. They are so needy and demanding. It’s like, they want it now and they want it personal. They don’t stop to think that there’s patients before them and all that. They’re just really needy. That’s what I’ve found.

Fortunately, that same respondent later commented, “I enjoy the patients, even though they’re needy, I enjoy them.” Helen expressed an additional frustration with patients:

They hate dealing with insurances. They love to wash their hands and just say, “Oh, she’s going to find it out for me.” Or “Oh, you didn’t tell me that and now I don’t want to pay.” They love not having that liability, not having anything to do. I guess it would be nice if they were proactive on their insurance. It would save them a lot of headaches, but people won’t do that.

Bridget’s thoughts on patients illustrated some similar feelings:

For the most part they’re all pretty nice. You can get along with them. But a lot of times when it comes time [to get their] insurance [card] and ID they get mad at you and they want to throw things at you. It gets frustrating but you can’t really do anything about it ‘cause you’re at work and you have to be in a professional setting. It can be hard sometimes dealing with them.

Though having insurance cards or other things thrown at receptionists—or more likely onto the desks in front of them—may be an extreme, at least one other respondent shared another experience along these lines. Louisa asserted, “There have been times I’ve been thrown things at, just for asking them for their information.” Still reflecting on this experience, she went on, “and he said he was going to punch me for not having [his] insurance card, which is their responsibility.”

The logistical elements of patient care such as insurance and appointment scheduling may cause stress for receptionists, but might also alter perceptions of patient attitudes. Generally speaking, Carmen sympathetically shared, “I think a lot of the patients have a hard time.” Iris expressed her feelings:

You know, I enjoy it. I enjoy working with the people. But you know, the people are getting meaner and I think it's just the world. People are getting meaner and they're not so kind as I thought at one time they were. I mean, you're always going to run into people that are stinkers, but it seems like more. So it's almost sometimes like, "somebody come in and be nice!" You know? But I love working with the people I work with (coworkers)...It helps me through my day.

Many receptionists seek for some explanation of why patients respond the way they do. Iris shared one explanation as to why patients are so negative. "I think the economy is the change. I think people aren't happy. I think people don't have the money, but they [still] have to come." Janet posited another justification for upset patients, "I think I've had only one incident when one [patient] was truly truly upset about the wait time, which anybody can expect that in a doctors' office." Rachel also discussed wait time as a potential factor on patient attitudes, "[Sometimes] they're tired and they have kids that are grumpy for them. And it makes for a long wait if they're tired and they have to wait long to be seen. And sometimes they have to wait long."

Not all circumstantial factors can be determined as to why patient attitudes are what they are. Regardless of demographic, generally everybody needs healthcare at some point, regardless. Elderly patients, however, seemed to be a somewhat specific patient association discussed by several receptionists. Carmen said, "The older patients are always coming in a little cranky. And you have to learn to deal with those kind of patients." Brittney's thoughts reflected similarly:

With [my department] they're a lot older, so they don't really have as much patience for anything...At first it was kind of like, "Oh my gosh, these guys are always angry; they're always ornery. They just want what I can't give them," etcetera.

Karen's thoughts on aging patients was a bit different. She simply stated, "I just, I love the elderly people."

Another specific patient demographic mentioned was children. Alli shared, "I like pediatrics....I think dealing with pediatrics you're dealing with the kids, so, I think that you have a little bit more patience, I guess."

Feelings towards patients can vary quite a bit, especially because so much of a medical receptionist's day is spent in patient interactions. Basing her comments on negative patient experiences, Iris explained, "They're not going to have control over me, these people!" However, the comments regarding how receptionists feel about patients led to a significant theme regarding the overall patient-receptionist relationship.

**The patient-receptionist relationship.** Several receptionists spoke about the potential existence of relationships with patients beyond just the systematic elements of the job. Generally, receptionists felt that their understanding of relationships with patients was indicative of a deeper interpersonal connection based on the give and take of the interactions. Furthermore, the perceived potential for growth in the patient-relationship was noteworthy as receptionists indicated the potential to establish a deeper connection. For example, Daniela shared thoughts on establishing a deeper, growing relationship:

Checking them in, most of the patients are great because you actually become friends with them. Well, not just friends, but you get to know who they are, just by talking to them and checking them in. And I love the interaction of them talking to you. Because then it gets to the point that it's not just, "Hey, how are you, you're just my receptionist." It's, "Hey, how are you, I know who you are." And it expands to a relationship and it's

great because they have that relationship with you and it just keeps growing and growing and growing.

Alli relishes the deeper relationships for the most part:

I really enjoy it. I think you build good rapport with the customers, the patients, and there are some that want just you to check them in and you kind of have that rapport with them and it's kind of funny. It's like, 'Oh, we're here.' There's three others [waiting], but they wanna wait for you to check them in. But that's kind of nice because you know that you've made an impact or whatever when they came in.

Janet's communication was similar:

Some [patients] come in and only want to see you. They get attached to you. It's nice, it really is. It gives you a good warm feeling, but for the most part it's hard for me because some of them I do get attached to and then things happen in their lives. It's hard because you feel for them. But that's one of the reasons I like my job: is just the interaction with all the people that I've worked with.

So many receptionists shared feelings of these deeper relationships. Marge's story was yet another echo:

A lot of patients that see their doctors on a regular basis are so awesome to come in and they start to recognize each one of you, and they feel that comfort level, and they know they can kid with you, crack a little joke. You know we have patients that are like, you know, "you're so awesome, here's a Coke." It's kind of fun. They just feel a level of relaxation at that point too. They know they have a friendly face that will help them.

Of those patients who have developed deeper relationships with a specific receptionist, Vickie explained, “It’s a good feeling. I think it makes you feel like you’re doing things and you’re helping them and they’re appreciative of that.”

Evolving to a good patient-receptionist relationship takes time, such as in Louisa’s case. “Probably first impression is I’m too serious. But once they’re up and I’m talking and dealing with them, they probably see me as, ‘Oh yeah, we can work with her.’”

Helen expressed that part of the patient-receptionist relationship includes the need to extend a listening ear. “Sometimes they just need to vent and you just need to let them.” Iris felt the same way, and said, “Sometimes they just need a sounding board: someone to talk to, someone to listen to.” Janet echoed the sentiments:

They may start to blow a little steam if they’re a little upset about something. But once they seem to vent and get it out, they seem to calm down and get over it and are able to work through whatever the situation is.

Kassie expressed, “There are days that are harder than others and patients are ruder and harder to deal with than others.” Iris deliberated on the subject, “I think if people could see themselves in a mirror of how they were talking to us, I think they would be surprised.” Marge pointed out, “I don’t think people really like to be angry. Who would want to walk around in life like that?”

When speaking of unkind patients or negative patient-reception experiences, Carmen shared, “I think it’s just the title I have. I’m the receptionist. I don’t think it’s toward me personally. I’ve never taken it that way.” Additionally, the concept of “not taking it personally” became a dominant element of the patient-receptionist relationship. Nearly every study respondent shared something along the lines of giving patients the benefit of the doubt and not

taking ill treatment as a personal attack. Comments frequently illustrated the sentiment that negative treatment from patients was never directly aimed at the receptionist as an individual and is more frequently based on something else. Several comments illustrating this thought are shared below:

- Kassie: “There are patients that get really upset and I feel like I don’t see it personally. I just feel like, you know, they don’t feel good, and they’re coming here, and they’re frustrated that they just want to get in and get out.”
- Polly: “There’s been a couple of patients that get rude or whatever, but you just stay calm and just pretend like they’re not upset or anything. You don’t get frustrated. And you don’t take it personally is just what I have learned about it.”
- Lena: “You just don’t take it personal. It just is what it is.”
- Iris: “Maybe people just need someone to vent to. And I’m okay with that ‘cause I know when it’s personal, like when they’re really attacking. Or I know when people just need to vent and let it out, I don’t take it personal.”
- Marge: “You know, you have some people that you just have to kind of take a deep breath and stand back and just let them vent. And usually if you let them get that frustration out, though, you’re not the one they’re mad at.”
- Brittney: “They take out their anger on us, of course, because we’re right there...I don’t think it’s ever aimed at us, though. I don’t ever really take it aimed at me because if I did, I don’t think I’d ever be happy. You can’t take it personally.”
- Lena: “Some people are just naturally angry, and so you can’t take it personal. Like I think some people are just mad all the time or maybe they just had a bad day, so you have to let it be.”



Alli's advice in this line of circumstances was as follows: "I think just having those little things that happen can get chaotic. But if you can laugh about it—you know, obviously being professional—but just laugh about it and move on, there's always tomorrow."

The overall sentiment regarding receptionist feelings towards patients and their jobs played significant impact on theme development regarding receptionist views. Once this theme was clearly established, it logically led to a need to explore observed opinions of patients and doctors. The following theme will outline and illustrate how receptionists perceive patient and doctor opinions.

### **Patients' and Doctors' Views**

In considering the interpersonal and professional experiences of medical receptionists, the role of patients and doctors cannot be ignored. Phenomenology is most concerned with the way a phenomenon is perceived by those individuals most closely facing the episodes and experiences under scrutiny. Thus, this chapter explores the phenomenological perspective of receptionists and helps represent how medical receptionists believe they are viewed by others. This chapter primarily presents the themes which will later be discussed with regards to why these perceptions are noteworthy in regards to self-esteem, job performance, etc.

Several dominant themes regarding patient and doctor views were grounded in the research including perceptions/beliefs of positive views, negative views, and neutral feelings or feelings of mutual appreciation. Each of the general themes, along with their supporting subdivisions, will be discussed hereafter; each will be illustrated using examples from the collected data. This chapter seeks to give general insights to how medical receptionists believe patients and doctors view their role as gatekeepers (RQ 3).

**How patients view receptionists.** Medical establishments, clinics, and hospitals would certainly be nonexistent if not for the patient role as the primary recipient in healthcare interactions. Customer service is generally evaluated based on customer satisfaction and the ability to meet the needs of the customer base. As “customers” and thus consumers of services, medical patients should ideally be satisfied with the overall healthcare experience and processes. This patient-based evaluation of customer service must include those feelings associated with the medical receptionist. Most of a receptionist’s day is spent in communication with patients. Additionally, a good portion of a patients’ time in a medical facility is spent with the receptionist. The interactions allow for observations on both sides.

The receptionists’ role as a gatekeeper presents a multitude of potential responses from patients. How patients view receptionists as the gatekeeper cannot be solidly determined based solely on how receptionists perceive those feelings. Perceptions can vary greatly across the board. However, the receptionists’ perceived sentiments give great insight as to how and why their gatekeeping work is important. As with any human interaction, perceptions can be somewhat polarized into positive and negative views; each will be discussed hereafter with a subsequent discussion of patients’ and receptionists’ neutral feelings or feelings of mutual appreciation.

**Positive views.** As respondents of the study were interviewed, a great majority of receptionists assume that patients feel positively towards receptionists as the gatekeepers of the medical community. Positive patient views regarding receptionists were based on a variety of factors including the efforts receptionists put forth, their competence and capabilities, as well as some positive views based on specific circumstances.

Janet's thoughts regarding positive patient views of receptionists give a solid overview of how many receptionists expressed observations:

I think they appreciate us. We are the ones that help with all the little tedious things.

Things that they want to get taken care of, knowing that's what it takes to get in to see the doctor. I think they appreciate us. I do. I don't think they're thinking we're there just to make their lives miserable. A good percentage of them, I'd say a good 90% of them do appreciate us.

Receptionists may generally be viewed positively because of the efforts they put forth. Sarah expressed her perception, "I feel like [it's] a pretty high percentage rate that appreciate what we do for them." Despite's Barbara's overwhelming opinion that patients are needy, she did report positive patient-reactions to receptionists as the gatekeepers:

I think they like it; they're happy with it. I mean, if I can't get them in [to their doctors], I'll either give them to somebody that can or I'll go back and ask. We try to get them in. I do good there.

A receptionists' willingness to take care of patients beyond typical job responsibilities may help patients view her (or him) as more competent in the vocation. Generally speaking, positive patient views may reflect opinions of receptionist competence and capabilities.

One receptionist, Sarah, shared her observation, "Sometimes they think I'm a medical assistant but then I'll go, 'no, I'm just a receptionist,' and they'll say, '*Just* a receptionist? That's a big role!'" Alli has observed similar sentiments from patients, "I've heard a lot of comments, 'Oh my gosh, you guys have it crazy; I wouldn't want to be in your seat.'" The admiration from patients for accomplishing a difficult job is seen as a positive reflection of the work receptionists do. Many patients have a positive view of receptionists because of a mutual understanding of

reception work. Dawn declared, “Patients want to be taken care of and, um, most of them are very understanding.”

When speaking of patient views, Iris shared, “I think it depends on the person. Because people come in here, ‘Oh, thank you so much. Thank you for what you do.’” Dawn shared a specific example of patient gratefulness, “A lady thanked me over and over yesterday because I went and talked to the doctor to make sure her script was in because she’s going out of town. She was just overjoyed about it.”

Following the theme of patient gratefulness, receptionists recognize that occasionally special circumstances create deeper positive feelings for patients with regards to their receptionists. One specific circumstance that came up in discussing patient opinions was that of Spanish-speaking patients. The clinic and receptionists used for this study were in a primarily English-speaking area thus patients who spoke only (or primarily) Spanish were in a different situation than the general aggregate of the patient population. Several receptionists in the study translated for and worked directly with the Spanish-speaking patients. Louisa expressed, “I also get the [patients] that are Spanish speaking since I speak Spanish. They’re more caring sometimes too.” Helen’s feelings on this demographic were thus: “...for Spanish speaking patients, they feel like you understand them more. They feel like you’re taking care of them because you speak Spanish.” Though it wasn’t a dominating circumstance in the study data, the specific demographic of Spanish-speaking patients was always referred to positively thus reflecting a positive-patient view of Spanish-speaking receptionist.

The recognition of this special circumstance helps highlight an underlying principle that patients often have special needs that receptionists can help with. Others recognized special

patient circumstances that result in positive patient perceptions. For instance, Marge shared a story of working with a particular patient:

[He was] trying to go through [his] mom's estate, and claims, and medical papers, and he goes, "Remember when I came in?" And I'm like, "I totally remember you." And then he just needed to chat about everything else and all the paperwork."

The examples of Spanish-speaking patients and others who need special attention or help illustrates the basic human desire to be taken care of and to be confident in the overall healthcare processes. As receptionists meet these needs and help overcome patients' particular difficulties, they come to feel that patients are viewing them more positively.

The positive feelings of patients regarding receptionists is certainly not the only side of things. In order to fully understand the patients' viewpoints as receivers of medical care, negative viewpoints must also be examined.

**Negative views.** As medical reception agents go about job tasks each day, a great variety of patient opinions can be observed. Receptionists understand that not every patient appreciates and values the work done at the front desk. A great multitude of factors can play into any given circumstance for patients that thereby reflects poorly upon receptionists. Many contributors to this study disclosed that they think many patients feel negatively about receptionists and other medical gatekeepers. Generally speaking, receptionists assume negative image is a reflection of either the job itself (time, duties, procedures, etc.) or it is a reflection of the receptionists as individuals (intelligence, career choice, etc.).

The general secretarial duties associated with reception work certainly take time: entering information, checking insurances, answering phones, juggling other tasks, etc. The time it takes to complete the check-in process for patients may reflect poorly on to receptionists. Rachel

wishes patients understood this. “It’s not easy checking in patients, like it’s not as fast as we wish it could be...it takes a lot of time and I feel like I wish it were faster. They’re just like, standing there, staring at you.” She also later went on to share the following, “I think they think it’s our fault that the wait is so long, maybe. Or they think that we can speed it up somehow.” Regina felt similarly, “You know, they kind of look at you like it’s so easy, ‘Get me in, get me out.’ But it’s not [easy].” Polly further observed that if receptionists do hurry that sometimes the patient feel rushed which can be an additional negative reflection.

Some expressed concern that the time it takes to do the job may be reflected as laziness. Elena shared, “I think the patients think that we’re just sitting here or the doctor is just sitting around waiting for someone to call or something like that.” A patient’s understanding of how a receptionist’s time is spent may subsequently be negatively affected by such observations. Marge’s views were similar as she somberly reflected, “I do think that people feel pushed off.”

In conjunction with the time it takes to accomplish administrative tasks, negative patient views may also reflect opinions of receptionist incompetence. Sarah shared her experience:

Well, sometimes they’ll say we don’t know how to do our job. When they get very aggravated I’ve had a couple of people tell me over the phone that they think I can’t do my job right because I don’t give proper messages.

Daniela felt similarly as she expressed, “I wish they knew how sometimes how difficult it is and how sometimes a human error can happen.” Regina echoed the sentiment:

It can get really really bad sometimes. Parents can get really mad if you put them on hold or if you’re asking them more questions or if you’re asking them for their insurance card, they’re like, “Oh, we’ve already handed it to you once, what do you want it again for?” So they get really picky sometimes.

The daily tasks and a receptionist's ability to fulfill those responsibilities certainly vary from job to job. However, the gatekeeper role of the receptionist often means maintaining business standards set in place by others within bureaucratic system of healthcare. Receptionists may think they're viewed as incompetent based on procedural regulations set in place by organizational entities. Kassie shared a common example of this:

Most of the times when I tell [the patients], "I need this information from you before you can get seen." Or something like that, they're always like, "well you need to go ask the doctor," or "Can you call your manager?" So it's kinda like you're not the final say as to who gets in and who doesn't.

Regardless of who is making the rules and setting procedures, receptionists are the ones that must maintain the order. Amy spoke of the vocational learning curve in dealing with patients in difficult circumstances, "I learned professionally how to handle myself, and it was great from that point on." This professional gatekeeping responsibility and learning curve may further feed into the negative realm of patient opinions. Amy occupies beliefs about how patients feel about receptionists as the enforcers of others' rules. "I think they get angry with us. A lot of them get mad because in the end, it is the doctor's call or the MA's call. I have to go through the big dogs. It's not my call."

Scheduling problems or a lack of vacancies may influence how patients view receptionists rather than how patients view the doctors. Paula shared her belief, "It's kind of hard in that [scheduling] situation. They probably think that I just don't want to give them an appointment which is not necessarily the case." Additionally, Polly represented her experiences accordingly:

I think sometimes they get really upset. That's why I've had angry patients is because they're like, "Oh, what? We can't be seen because we don't have insurance? That's ridiculous." And so I think at times they get really upset.

Perhaps not all, but some patients certainly recognize receptionists as the gatekeepers in the medical community. Recognizing a receptionist's place in the hierarchy of medical care may help patients understand the overall job position. However, many patients may still reflect dissatisfaction with the establishment back onto the person maintaining order. Carmen explained the patients' views on gatekeeping responsibilities:

They probably don't like it! They're probably like, "I want to talk to the doctor." Because I think a lot of the people with the insurances and stuff, they think, I'm paying for insurance, I should be able to talk to the doctor when I want to." That's just not the way it is. They have to wait and be patient.

Brittney shared her thoughts on gatekeeping as well:

We're the ones that have to turn them away. We're the ones that have to ask the medical assistant or the doctor, "Are you willing to take this insurance for this one time?" Or you know, everything like that. And they call us for everything whether they need to talk to the medical assistant or whether they need prescriptions. Even though we can't help them with that, they're always calling us.

Regardless of how patient beliefs are formed, how receptionists perceive their self-presentation can have a significant impact. Believing that patients view receptionists negatively can reflect on how the job is performed or approached as well as how receptionists feels about themselves. Negative patient views may then feed into other elements of receptionists' self-views and self-esteem. Amy spoke of patient views, "Sometimes I think of myself as a loser



because I am just a receptionist and that's not what I strive for in life. If *I* view myself that way, how are they viewing me? I don't know."

The phrase "just receptionists" was commonly heard throughout interviews. The word "just" implies a negative connotation meaning those in secretarial roles are merely a lower-level part of the overall healthcare process. Valerie shared, "Well sometimes I think [the patients] dump on us because we're *just* receptionists."

In addition to being seen as "just" receptionists, there may exist patient views that receptionists lack intelligence. Vickie's opinion is that patients think receptionists have "a cushy job" or that "it's an easy job." Iris expressed, "I think it just depends on the person. Some might view us as we don't know anything, we're dumb, 'let's ask someone else.' But I think it just depends on the person, you know?" Brittney reported her thoughts on the topic, "A lot of people think, 'oh, it's just the receptionist; you didn't get a degree to be a receptionist or anything.' But in the end it's probably one of the busiest [roles]."

Following in the same vein as unintelligence comes a realm of thought where patients may consider mistreatment of receptionists to be acceptable. Karen shared, "Sometimes I think that they think that we're the ones that they can scream and yell at. Which, they can, you know? We're there first..." Despite the fact that patients may be permitted to yell at receptionists, the behavior can't necessarily be reciprocated. "You can't always yell at people" Trisha advised when speaking of customer service. Polly made known the following:

We're the go-to person or the first person that they see, so they blame us for things that they see. And it's not really our fault. And so we say that to each other. "It isn't our fault and we're getting in trouble for it!" I just wish they would know that.

Later Valerie expounded on her feelings regarding patient opinions, “Actually, you know what? I think sometimes they think we’re just receptionists, but I don’t know, but they’ve never given me a hard time if you’re nice to them.” Patients seeing receptionists as a nameless, faceless entity who are simply accomplishing menial, routine tasks may be an extreme, but it is nonetheless a belief receptionists believe exists.

For those times when receptionists believe patients feel negatively about the work they do, receptionists may feel the need to defend themselves against certain patient perceptions. For example, Sarah stated, “They demand so many things and stuff like that so it’s really hard to work around that when you’re trying to help them.” Paula went on to explain, “People think you just sit there all day. But you don’t. There’s other stuff you have to do. Other responsibilities that they don’t know.”

A major defense argument given by participants is that, generally speaking, receptionists are very busy. Lena shared, “I wish they knew that they weren’t the only patient. I think they’d be a lot more understanding. A lot less angry sometimes.” Elena was upbeat in her response but also a bit defensive, “we’re not just sitting there you know, playing, or that’s why we’re not getting to answer the phones, you know? We’re actually checking the patients in.”

Amy’s frustrations were in the same vein:

I wish they knew that when I put them on hold, I’m not trying to be mean and I’m not trying to keep them on hold because I’m just a mean-spirited B. I wish they could see through my eyes what’s really going on. That I’m not putting them on hold, doing my nails, chatting it up with Mr. So-and-so. Not flirting. I’m literally with a patient. I’m literally striving so hard to get this done so I can get to them.

Of course, these negative views are not the only patient-views that may exist. Nor do all patients feel positively about receptionists. Feelings of disengagement, neutrality, or simple respective appreciation are all possibilities in any human interaction.

*Neutral feelings or feelings of mutual appreciation.* There exists a complete realm where patients likely feel incredibly neutral about receptionists or perhaps have never given much thought to the sentinel preparing patients for doctor-care and interactions with medical providers. Feelings of disengagement are neither positive nor negative. Thus, indifferent views, feelings of appreciation and respect, and also misunderstandings of the receptionist role all fit into a residual category of how receptionists believe patients view their job and work.

Limiting views to either positive or negative can be risky as the polarization of views eliminates neutral or unattached views. For example, Lena reported, “Um, I think most are fine with it” when asked to share patients’ views on the gatekeeper role. It may not be a reflection on receptionists, however, Paula recognized certain patients’ views, “I think a lot of patients think, ‘Oh, you just answer the phones, or you just check me in.’ ...It’s not as easy as it seems sometimes.” Her thoughts reflect that patients may not be thinking positively or negatively, however the view of the reception job as a simplistic vocation can be somewhat demeaning for receptionists who feel as though they are essential to the overall healthcare experience (see chapter five for more discussion on this principle).

Vickie summed it up in the following manner, “They’ll either love you and only want you, or they’ll just, ‘well, you know, whatever.’” Daniela paralleled the logic, “Some people will like you; some people will hate you. You know? But you try the best you can.”

Positive relationships are often based on reciprocity. Sarah expressed, “If I’m having a good day, the patients come in and are nice, I’ll be nice back.” When asked to describe her

feelings towards patients, Louisa shared, “It’s just mutual. It’s just whatever happens happens. It’s just like, ‘Okay, let’s move on.’ It’s just another patient.” Certainly if receptionist feel this way about patients, then patients likely feel this way about receptionists.

Middle-of-the-road feelings from patients can be influenced by many observations. Receptionists viewing these dispassionate feelings from patients may assign the feelings to certain patient thoughts and beliefs. Beth expressed, “I think a lot of them think we know everything. Like, we have their test results, we have everything.” Regarding patients’ views of the receptionist knowledge base, Helen revealed the following:

I think that they think that we know more than we do. Usually they think that you know everything about every disease, every medication, everything that they need to get done.

And we don’t. I think we’re clueless. I think the patients know more.

Not only do receptionists not know everything, but they also don’t have power or authority to perform all necessary tasks or patient requests. Barbara proclaimed, “I think they think that we have control on the doctors’ time and their scheduling, when it’s really the doctors that tell us how to schedule.”

Not necessarily positive or negative was Louisa’s opinion “I think they think we can do anything they want.” Helen’s opinion of the false appearance of knowledge was thus, “They think that we have more authority than what we do have, which is good that they think that way.”

Overwhelmingly, receptionists feel that patients don’t particularly understand the work receptionists do. Marge narrated her observations:

Sometimes I don’t think they understand the level of authorization that we have. And you can apologize a hundred times over. You know, “I am sorry. I can’t fix that, but here’s [what] I can [do].” Sometimes I don’t think people understand that we have limited

access to things. And I think this holds true for anybody. If you get passed from one to another to another, I think you don't really understand.

It may be a good thing or a bad thing that not all patient-feelings can be polarized into positive or negative. Misunderstandings of the receptionist role aren't necessarily biasing patients to feel negatively toward receptionists. Patients as the bystanders of reception responsibilities may need a greater understanding of what the work entails before they form opinions. Kassie's understanding of patient views was more objective as she shared, "Each patient, I think, is completely different." Paula repeated the view, "I don't know. I think it's just different for every patient, what they think."

Rachel was one receptionist that felt stretched by questions regarding patient views. "I don't know what they think of us. I know that I never thought bad of receptionists or anything. You know, they're just doing their jobs."

There may also be an evolutionary part of patient views, either of receptionists in general or of any receptionist in general. Karen spoke of the learning curve, "I think that overall, once they get to know you, they depend on you to help them more. And occasionally patients may be unhappy but still view receptionists positively. Polly summarized this type of experience:

They're angry and they're frustrated of course, but for the most part they know what we're supposed to do and they understand what we're supposed to do. And we've had patients that have said that to us. "Oh, we feel bad for you because we know it's not your fault."

Vickie shared her thoughts on patient observations:

They understand that you're not just sitting there talking to the person next to you because you don't have time to talk to the person next to you. You're just busy. So I

don't think they're feeling like they're being ignored. Just busy. I think they understand there's more than just answering the phones.

The experience as a medical receptionist clearly takes a multi-dimensional approach if understanding of the role is to be reached. Now that themes regarding receptionist and patient opinions have been illustrated, the assumed views of doctors about medical reception work can begin to be unfolded and explained.

**How doctors view receptionists.** Seeing a doctor or medical provider is typically the ultimate goal for patients seeking healthcare. A receptionist's job is to connect and regulate communication between patients and doctors in the most effective manner. Receptionist employment is frequently dependent upon medical providers and doctors: instructions, policies, regulations, and procedures often come from administration or doctors. This chain of command has a great influence on reception work. Receptionists are often instructed what to do and how to do it by the medical providers. All things considered, it becomes important to understand how receptionists believe doctors view their role. Continuing in the phenomenological approach, a major theme of this study is in regards to how doctors view receptionists, or rather, how receptionists *believe* doctors view them. General divisions of this theme are as follows: positive doctor views, negative views, and neutral feelings or feelings of mutual appreciation.

It is important to recognize that receptionists were asked how doctors in general feel about receptionists in general rather than how their doctors specifically feel about the work they do as individuals. This approach was used to give a more overarching view of doctor-receptionist views rather than pull out individual stories or personal issues (positive or negative). Thus, the following themes illustrate generalized receptionist opinions of how doctors view medical receptionists as the doctors' gatekeepers in the medical community.

*Positive views.* Perpetuation of any professional relationship is typically an indicator of a job well-done. It can be generally assumed that medical receptionists who maintain employment working with or for a particular doctor are completing their job to a satisfactory degree. Many receptionists believe that doctors feel generally positive about receptionists regarding several factors: job duties as gatekeepers, connecting with the patients, as reliable employees, as well as a general feeling of reciprocal respect from doctor to receptionist.

A doctor will likely harbor feelings of approval if a receptionist is doing what the doctor has requested. Regarding doctors' feelings of medical reception duties, Paula articulated, "[The doctors] have their expectations of you, but they're pretty easy." Rachel also analyzed doctors' opinions of reception work, "I think they know that it's hard and that we get the brunt of [patient dissatisfaction]." In these lines of general reception work, study respondents believe doctors appreciate the patient-receptionist relationship. Daniela expressed, "For me and what [the doctors have] told me is, 'Oh, you're doing a great job. You're the head of everything and you're then one that sometimes calms the patient down.'"

It has also been reported that doctors are appreciative of receptionists as gatekeepers. Carmen shared, "I'm sure they like it. I'm sure that they'd rather us say, 'No, the doctor doesn't want to see you.' Than them saying, 'I don't want to see you.'" Bridget repeated the allegation, "I'm pretty sure they're probably thankful for us and that we're doing our job and not just letting anybody back there to be seen, I guess." Beth expressed the following regarding doctor-reliance on receptionists:

I think they depend on us to be the gatekeeper, to make sure that people who aren't supposed to go back there don't get back there. And to make sure we're monitoring the schedules and everything to be sure they're not overbooked or overwhelmed."

Not only is a receptionist the face of a clinic presenting an overall image and maintaining patient relations, but a medical receptionist also has a variety of administrative and secretarial duties that must be fulfilled. These general duties are essential to the work a doctor does each day. Helen's thoughts began to illustrate the potential diversity in doctor-receptionist relationships:

It depends on what doctor you're looking at. The doctor that I'm working with [now] gets it. I think he understands that [receptionists] are the key. It is the key to your practice.

You have to be nice. If you don't have a good receptionist, then a lot of patients are not going to like you.

An exploration of the doctor-receptionist relationship begins to reveal a level of reliance in which doctors need receptionists for a variety of reasons. Understanding or recognizing this reliance thereafter puts a positive light on receptionists. Amy explained that doctors rely on receptionists in a lot of ways:

We are, after all, the ones that know [the doctors'] schedules inside and out. We're the ones that, you know, know what they want, what they desire, what they like, how they like it. We know them better than they know themselves, practically.

Paula felt similarly, "[The doctors] feel like [the receptionists] do all the scheduling. So like, if I need this, or if my schedule changed, or if I need anything, or I want to see this many patients...that's like their back-up." A certain degree of respect was implied in many receptionists' analyses of doctors. For example, Regina spoke of doctors:

They're really good. They're really good to talk to. Any questions we might have, we go back to them and they let us know what needs to be done or if they can assist us in taking a phone call, they do it.



Keeping in mind what receptionists do as well as how those tasks are fulfilled, ideally there's some degree of overall respect in a professional setting between medical providers and receptionists. Alli shared of doctors, "I think overall, they see our role and the importance of it and I think they respect us and we obviously do them, so I think it's great." The element of reciprocity is a strong component in doctor-receptionist relations. Valerie shared, "Our doctors love us. So hopefully they think highly of us as we do of them."

Vickie's thoughts were congruent, "I think they have a lot of respect for what happens at the front desk, because it's a hard job. Without those people, you don't have much. It's a hard job." Noticeably as doctors and receptionists continue working together on a regular basis, interpersonal connections are formed. Iris spoke of the doctor she works for, "You know, I feel like he must have a lot of confidence in me. You know? I feel good about that."

In a conversation with one receptionist, Lena, opinions were relatively plain and simple, yet reflected positively on doctor views:

Interviewer: How do you think the doctors feel about you as their gatekeeper?

Lena: Good.

Interviewer: Do you think the doctors appreciate what you do?

Lena: Yeah. For sure.

Interviewer: How do you know?

Lena: They actually compliment us all the time. It would be nice to get like, a gift, or whatever (laughing). Just kidding.

The collective receptionists' description of doctor viewpoints seems to denote an observable level of mutual respect and appreciation in the organizational setting of medical

facilities. Dawn inspected her observations, “Working here I would say that they’ve all been very nice and respectful. So, I’m hoping they’re thinking good things.”

As with any professional relationship, however, not every viewpoint can be positive. Within the dimension of doctor views, it becomes important to recognize that there may be some level of opposition in these things and that some doctors may employ negative views of receptionists.

*Negative views.* The emotions associated with healthcare can range all over the board both for patients and for their medical providers. Due to the overall stress of healthcare settings, there may be some degree of observable frustrations in how doctors view receptionists. Many respondents in the study reported some either observed or assumed doctor viewpoints that were less than positive. Though a majority of receptionists believe doctors view them positively, there were some underlying perceptions that would indicate otherwise, such as notations of doctor frustrations, and a feeling of arrogance or conceitedness wherein doctors place themselves above receptionists.

Receptionists understand that doctors may not always be pleased with the work receptionists do or the quality of that work. Despite receptionists’ feelings about how or why these observations may exist, there is still an understanding that doctors may not always view receptionists positively. Polly shared her observations of doctor frustrations:

I know at times they’re probably frustrated because, I know that like, one of our doctors here has come up to us a couple of times like, “you know, you guys are doing this wrong and it should be done this way and you should know this already.” So I think they do get frustrated sometimes with us. But we do what we can.

Sarah shared almost the same situation, but with a very different opinion of how doctors may view it:

Sometimes, yeah, we make mistakes. They'll come up to us and say, "Hey, you scheduled a patient in the schedule at the wrong time." Or, "This patient is a new patient and you didn't schedule enough time for that patient." Just certain little things just like that. They come up to us and they ask, "Would you mind fixing this?" and we say no problem.

Though it may or may not reflect on how doctors feel about receptionists, Louisa warned that sometimes receptionists need to avoid doctors, "You see this look when you're walking back there to ask a question. You know if that look is there, don't even ask!" The sentiments illustrate that the doctor-receptionist relationship is not all positive all the time and that receptionists must be aware of a medical providers' feelings in a given circumstance regardless of whether those feelings are toward the receptionist or based on some external factor.

Previously discussed was the desire to be part of a team; team membership was a significant part of how receptionists view doctors and how they feel about their jobs. Many receptionists felt a strong desire to be part of a medical team that includes both medical providers and their gatekeeping receptionists. Some doctors and some receptionists may not connect in this manner, however. Following the conceptual lines of teamwork were a few discussions relating to a hindrance to the unity of an organization.

Amy considered doctor opinions along these lines, "I don't think they consider us part of a team. I think they consider us under them. Maybe not all of them. Definitely not all of them..." She also later shared, "I can see doctors' point, 'Hey, I went to school; I'm better than you.' Maybe they are." Marge reported similar observations, "I have had areas where you kind of feel

the doctors look at you as nothing. Or, if something happens wrong, it's the front reception that did it wrong. But they don't know."

Along these same lines, Kassie reported, "I don't feel like all doctors necessarily see [the reception work] because they feel like we're more on the bottom. But for the most part I feel like they do appreciate it and they know how hard it is."

Polarization of doctor opinions in to either positive or negative is extremely limiting and doesn't sufficiently explore the potential for doctors to have feelings that lie somewhere in the median between the extremes.

*Neutral feelings or feelings of mutual appreciation.* The doctor-receptionist relationship, as studied from the vantage point of receptionists is indeed a complex relationship. The viewpoints of doctors may indeed be positive or negative. However, isolation of viewpoints into either positive or negative disregards the many doctors who may not even be paying attention to receptionists. It is noteworthy to recognize that many medical providers may have completely neutral, unassigned, or unrecognized feelings to those individuals sitting at the front desk. Within this empire of healthcare, many doctors may have unbiased feelings as well. Furthermore, it should be recognized that doctors' feelings may be unexplored or taken for granted by receptionists.

Many receptionists feel that medical providers are somewhat oblivious to the work receptionists do. This preference to be inattentive and unconcerned with front-desk work is different than feelings of neutrality. The overwhelming sense that doctors would prefer to be unconscious of reception duties and responsibilities became a significant theme regarding how receptionists believe they are viewed by doctors.

Brittney's feelings on how receptionists are viewed was as follows: "I feel like sometimes patients, or doctors, sometimes the medical assistants don't really sit to think about how much we really do. How much we do answer those phone calls." The same thoughts resonated with Carmen as she spoke about the work receptionists perform:

I don't think they're aware at all [of the larger billing processes]. I think they would rather not know what's going on. I really do. I think they would just rather do what they do and then not worry about anything else. As long as they're getting paid, they don't worry about anything else. They're getting paid to do their job and other people are getting paid to do their job. So I think that's how it is.

Moreover, Dawn shared the following:

Once [the patients] get through us, then they're on to the nurses. So I don't think the doctors actually worry about it. I don't think they even think about it. They pretty much come, and us and the nurses have everything ready for them to do their day, and they go patient to patient.

Thus we see, receptionists are aware that doctors would often prefer to remain unaware of the front-desk work and responsibilities. This perception where doctors prefer to be oblivious or unconcerned about receptionists is not an opinion exclusive to medical providers. Rather, when questioned about doctor views, many receptionists found themselves searching for some sort of reportable opinions. After all was said and done, many receptionists just don't know how doctors feel about them. This may be due to the fact that, in most circumstances, receptionists have never asked and doctors have never volunteered the information. Daniela explained it in the following fashion:

I can't really say what they think about me because I've never really gotten to that point that I'm like, "Oh...so what do you think?" I've told them, "How's my job?" And they say, "Hey, you're doing good." But besides that, I'm not really sure what they'd think about my job or how I'm doing.

Barbara lives by the "no news is good news" philosophy when it comes to the doctors she works with on a regular basis. "I don't hear very many complaints. So that's a good thing, isn't it? Not that they ever say anything, but I guess nothing is the best. No complaints." And Vickie analyzed doctors' feelings of receptionists, "I think it falls back onto case by case and who it is and what's going on and what their schedule is. I think they're okay for the most part."

Thus, as the interviews were analyzed and each of these major themes evolved, it becomes evident that reception work is indeed a phenomenon worthy of study. Now that the themes have been introduced and illustrated with pertinent examples, it is possible to begin discussing the significance of these themes. The following chapter will begin to discuss how this material may potentially impact job performance, feelings of satisfaction about the job, and several other points of contemplation.

## Chapter 5: Discussion

The execution of this study led to several dominant themes, each of which was previously defined and illustrated as the general results section. The general topics as well as the subdivisions of those dominant themes create an overarching perspective of receptionists as gatekeepers in the medical community. Each of the themes illustrates some element of how receptionists view their role as well as how they believe others view the role. Through the combination of all themes, the research begins to impart greater knowledge and insight regarding receptionists and their roles in healthcare. Additionally, the research aids in gathering a greater understanding of receptionists' impact in the healthcare experience. This chapter discusses why the particular themes were selected and expounded, why those themes are noteworthy, and the greater value added by this study.

All content in this study was gathered from volunteering medical receptionists; it is the isolation of their viewpoints and contributions specifically that have driven the themes. Receptionists are the individuals actually experiencing the various phenomena behind reception work. They figuratively and literally sit in a place that affords them a somewhat comprehensive view of healthcare both for patients and medical providers. The reception vantage point leads to a great deal of observations and inferences about healthcare.

Certainly not every stage of healthcare is visible to receptionists, nor is it completely possible for receptionists to examine it all. The reception perception is somewhat limited depending on an individual job setting, organizational flow, and several other undiscerned factors. The limitation adds further depth to the thematic material by keeping in mind both what receptionists *do* scrutinize as well as what they *do not* or *cannot* inspect; all things considered the receptionists' view becomes a remarkable perspective. Regardless of the clinic or facility,

receptionists have the opportunity to pay attention to a variety of individuals, circumstances, interactions, processes, organizational procedures, conversations, and so on. Everything a medical receptionist becomes witness to is then calculated in as a part of the sum of the overall experience.

The delineated dimensions of medical receptionists perception illustrates that, in any aspect of life, there are varying lenses through which one's world is viewed. These lenses give insight and understanding. Additionally, one's overall perspective gives meaning to personal encounters by compounding multiple perceived viewpoints into one overall experience. The frequency of contact paired with consistency of receptionists' experiences with other people slowly transforms observations into beliefs, and thereafter knowledge. Thus, receptionists have a great deal of experiential knowledge in the world of healthcare. As they experience similar interactions day after day with patients, doctors, and many others, the receptionists' experiences feed into a greater level of knowledge and understanding.

The varying degrees of experiential knowledge in the participants' responses led to a number of themes in this study. The themes generally focused on the three distinct viewpoints through which the receptionist role is viewed: receptionists have their own perspectives, but also an assumed understanding of patient perspectives and doctor perspectives. Grounded theory was a logical approach to this study as the themes that emerged from the data illustrate the most dominant lenses through which receptionists view their jobs. Additionally, the themes illustrated with strong regard the three dominant vantage points. Each of these three viewpoints was illustrated previously with supporting examples from the research. However, in order to further establish legitimacy to this study, it becomes essential to further discuss why these themes in particular are noteworthy.



These three selected lenses through which receptionists view their jobs are noteworthy angles from which to view the value of this research because these three perspectives—receptionists, patients, and doctors—represent the most dominant vantage points pertaining to medical reception work. There are many others who may witness execution of the vocation, but a receptionist's realm of influence likely rests most strongly on doctors and patients. Hence, focusing the research on patient, doctor, and receptionist views creates a striking trifecta of understanding. Hereafter, each of the three perspectives will be discussed to analyze and examine the overall thematic relevance of this study.

### **Receptionists' Perspective**

In order to understand the meaningfulness of this study's themes, it becomes important to first understand the themes as taken in consideration from the receptionists' own distinct perspective. The study's initial theme included self-descriptions and a sort of self-discovery as outlined by the receptionists themselves. In many studies, these demographic or descriptive elements would probably be explained as part of the method section describing the study participants. On the contrary, the respondents in this study describe themselves, and they do so with extensive detail.

These descriptions, coming from the participants themselves, lend insight to how receptionists view themselves in the vocation. A general opinion might be that "anyone can do this job." However, as the respondents described themselves, that generalized opinion was overruled with an underlying sense of self-esteem and self-importance. As receptionists recognize who they are in the place of work, how they got there, how they operate as a part of the organization, and the importance their individual circumstances may have on the job, it

becomes noteworthy in a variety of ways. Clearly those filling the nameless and faceless receptionist position recognize themselves as more than just a “nobody.”

Specific job responsibilities have been discussed in previous chapter, as well as illustrations of the themes regarding the receptionists’ perspective. The formerly discussed themes give insight as to the constructive value of this research as applied to receptionists. More simply put, receptionists gave data that thereby may influence their work, their role as the gatekeepers, their responsibilities, and their relationships with patients and doctors.

In considering how receptionists view themselves, several impactful themes evolved in the study. A significant theme grounded in the data was based on responses that receptionists view their jobs as essential to the overall healthcare experience. Study respondents reported with almost a completely unanimous refrain that the work they do collectively is indispensable in healthcare. This self-created, personally-observed impact plays a role for receptionists themselves as well as patients and medical providers. In many dimensions of the overall healthcare experience—actual diagnoses and treatment, billing, etc.—the receptionist is a bystander. Notwithstanding the spectator-position in these dimensions, receptionists maintain a belief that the work they do is indispensable. Receptionists feel that image creation and maintenance, providing patient care, and job efficiency/efficacy cohesively create a crucial component of healthcare. The level of patient care receptionists provide is not seen as more important than that of the doctor, but receptionists sincerely believe themselves to be a central element of healthcare.

When receptionists see themselves as indispensable and imperative in healthcare, it deepens their sense of responsibility and attachment to the job. This sense of obligation and importance may have been an influencing factor on maintaining consistent employment:

receptionists in this study had maintained employment in the field for an average of 6.6 years. Contrarily, according to the Bureau of Labor Statistics (2012), the average receptionist tenure with current employers across all industries is 4.6 years. Hence, a sense of enjoyment and personal fulfillment may be a contributing factor to job tenure and longevity as it applies to reception work.

Interestingly, not a single respondent expressed desires to quit or terminate employment. This may be due in part to the perceived risk of sharing such personal information, or it may be a sincere representation that receptionists are generally content in the job choices they've made. If they see themselves as essential in healthcare, then they likely attach a sense of self-importance and self-satisfaction to the job. After 16 years' experience, Vickie expressed her feelings about working as a medical receptionist. "If it wasn't [what I wanted] then I probably wouldn't have stayed for as long as I've stayed. I think it was the right choice... This is just the spot I'm supposed to be" she said. Her thoughts illustrate a sense of contentment that was found as a sort of underlying aspect of all study respondents. A few other receptionists also expressed job satisfaction as a part of the overall personal reflection regarding their jobs. Janet advised, "It's one of those things that you have to truly like being a receptionist because you're interacting with a variety of personalities. Or don't do it. You won't make it." In the self-discovery section, several respondents discussed the need to have a job for health insurance or other financial reasons. Based on the self-importance they begin associate with the job, it may be illustrated that, regardless of why they ended up in the workforce, they've found reasons to stay.

Desires to stay in the job are important to the perspective of receptionists because they likely wouldn't stay if they were dissatisfied in the work they do. Feelings of satisfaction remained an undertone to all nearly reception responses. The general sense of gratification in the

job might create a more generalized view of reception work that, although it may be difficult or challenging, it is still seen as satisfactory work.

Of course the explanation that self-importance impacts job tenacity may be misleading; it is more likely to be a case of correlation than a sense of causation. Generally speaking, it is noteworthy to recognize a possible and logical connection between receptionists' observations of self-importance and employment steadfastness. Feeling valued and important in the work one does for a living inherently gives a sense of satisfaction in the job. As receptionists reflect on the experiences they encounter and are a part of every day, a sense of gratification comes. Daily vindication for a job well done is a strong element of job satisfaction. Based on the thematic material and further inspection into the theme, it has been illustrated that, as medical receptionists are satisfied in their jobs, they are more likely to maintain consistent employment in that field.

Continuing in the vein of this study's impact on receptionists, it is valuable to analyze discussions regarding receptionist feelings about the gatekeeper role. The study illustrated varying feelings regarding gatekeeping responsibilities, both positive and negative. As receptionists regulate traffic, make decisions, and enforce policies set by other entities, feelings may be varied on these responsibilities. How a receptionist feels about this realm of tasks may or may not impact how the job is directly carried out. However, understanding larger viewpoints of the role may give meaning to the level of authority receptionists feel or assume.

Likely, receptionists either do or do not feel like gatekeepers. For those that recognize and validate the position, the study becomes valuable in ascertaining this continued level of protection receptionists are expected to employ for clinicians and patients alike. Recognizing receptionists as gatekeepers thereby signals the need to either validate or deny the sense of

responsibility receptionists employ. For those front-desk and front-line employees who see themselves as gatekeepers, a sense of importance is supported and maintained as they affiliate themselves with watchdog-related terms of guardianship.

On the contrary, many receptionists do not identify with the term “gatekeeper.” Many refuse to accept the term as a personal descriptor. For those employees, it may be interpreted that connotative understandings have trumped denotative meanings. Negative undertones associated with the term “gatekeeper” create a negative self-image for some receptionists. This could be associated with the self-importance previously discussed. Because receptionists generally see themselves as essential to the healthcare experience, based on degrees of patient care or other factors, assigning negative terms to that self-importance creates a sense of cognitive dissonance in the minds of some receptionists. In cases where the gatekeeper description is rejected, it illustrates that receptionists desire to be seen as important, and this term diminishes or tarnishes their personal sense of magnitude.

Finally, regarding those receptionists with unattached, unrecognized, or neutral feelings towards the label of gatekeeper, this lack of emotion still illustrates an important factor about medical receptionists. Many may simply be doing a job without much introspection beyond what the “daily grind” truly entails. For those with uninvolved feelings about the gatekeeper role, their viewpoints may be influential: one may consider the necessity or value in helping inscribe the value of the gatekeeper role into these receptionists. Can they be taught to appreciate what they do? Can this appreciation be a learned behavior? On the other hand, disimpassioned viewpoints may illustrate a variety of potential directions employment can or should go for the unconcerned receptionist. It is important to note, uncaring feelings on this particular term don’t necessarily draw parallels directly with apathetic receptionists. Rather, those unimpressed with the term may

have simply never considered it before as an element of their jobs. Blasé feelings may simply indicate a lack of reflection and rumination of a rhetorical phrase not found in typical receptionist vocabulary. Receptionist speech codes may have not been expanded to include “gatekeeper” in the broader vernacular, which could lead to unattached feelings on the term.

All developments of deeper discussion regarding this study’s results add depth to the understanding of receptionists’ self-reported perceptions regarding their role in healthcare. In continuing to review this study’s themes, receptionists’ observations of their greater responsibility is a striking topic. As previously established, medical receptionists see their work as a multi-dimensional experience. Between basic job responsibilities, feelings towards doctors, and feelings toward patients, a broader theme of responsibility follows or guides a receptionist through each day.

Logistical responsibilities—paperwork, phones, in-clinic traffic, and so forth—consume most of a receptionists’ day. Accordingly, these secretarial duties constitute a major defining factor in how receptionists see themselves. Study data revealed that receptionists recognize differences between simply completing a job and more specifically doing the job well. Basic vocational duties—whether magnified or not—are required as part of the job. Contrarily, the ability to be proficient in the trade more clearly fit descriptions of how receptionists see themselves as essential to healthcare. Thus, doing the job is required; doing it well is what creates impact in the healthcare experience. The separation of these two elements helps illustrate the depth of understanding receptionists have about their work. Some see themselves as doing a job, others see themselves as creating an experience. As receptionists view the job differently, they begin to complete it differently, thus providing varying experiences for patients. This

variation in lenses regarding the same job, as well as potential impact, further clarifies that medical reception work is a multi-dimensional phenomenon as worthy of study.

Individual feelings on job responsibilities vary from complaints to expressions of pride for the job tasks assigned. The variability of results in conjunction with the prevalence of the theme illustrates that receptionists are acutely aware of what they have chosen to do for a living. Regarding job responsibilities, if the public consuming the content of this research can admit receptionists' personal attachment to their duties, it can thereafter lead to a greater recognition for the work receptionists actually perform. Greater acknowledgement of the customer service, bookkeeping, and gatekeeping duties associated with front-line workers may thereafter feed to a sense of accomplishment for receptionists. Subsequently, a cyclical effect may be assumed in the respect that acknowledgement and appreciation from others may lead to a greater sense of self-worth regarding the job which then ties into the theme of receptionists seeing themselves as essential to healthcare. Based on the positive responses associated with that branch of the research, there is great potential for organizational growth here.

**Feelings towards doctors.** Research processes revealed a variety of feelings from medical receptionists towards doctors. The range of observations and responses in the research created a significant theme with regards to receptionists' feelings towards doctors. Because a receptionist is generally scheduling, checking-in, and servicing clients on behalf of doctors, there exists an often unspoken set of observations about those clinicians. It becomes important to discuss the importance of receptionist feelings towards doctors regarding all divisions of the theme: feelings towards doctors revolved generally around doctors as individuals, the interpersonal and professional connection with receptionists, and general work approaches of doctors.

It is not surprising that receptionist answers revealed significant thematic material about doctors as individuals. Every human being is subject to some scope of emotion, and medical providers are no exception. As coworkers and people sharing a working space, receptionists inevitably observe some range of emotion from doctors. These emotions may be caused or impacted by any number of personal or professional factors. Additionally, doctor emotions often impact the work they do and how they respond to varying aspects of the job. As receptionists observe this emotional spectrum and seek to coordinate vocational duties for/with the medical providers, there is a full gamut of potential discussion to be had about it all.

Many of the receptionists shared examples and stories about medical providers that just illustrated the humanness of doctors in general. Seeing doctors as individuals, who are subject to the same feelings as receptionists, can create a sense of depth regarding what makes these doctors who they really are, as well as what “makes them tick.” Such observations become important in understanding reception work because, as the subordinates in this professional relationship, receptionists are more responsible to adapt to doctor emotions than the other way around. This creates a vocational challenge that will rarely (if ever) be listed among job responsibilities, despite the significance it can play in job execution. Therefore, it can further be seen that medical reception duties stretch beyond secretarial aspects into a more humanistic realm of communication; competent receptionists have learned to adapt to these unspoken responsibilities. Furthermore, job satisfaction (as previously discussed) can often be based on this ability to find the proper emotional balance in the professional and interpersonal relationships between doctors and receptionists.

As this chapter will further discuss in later sections, medical receptionists have a strong desire to create interpersonal connections that show greater depth in professional relationships.



The desire to connect with doctors on more than just a vocational plane could be based on an indeterminable number of sociopsychological factors on both sides of the relationship.

Establishing a bond between office workers and medical providers builds a rapport upon which more solid, more trusting, and more reliant relationships are made concrete.

Generally speaking, it may be assumed that deeper connections and stronger interpersonal bonds help providers see receptionists in a more positive light. The interpersonal connections create a more supportive rapport wherein doctors become more appreciative of their “friends.” The connections thereafter may often highlight more significance in the receptionist role as doctors begin to see the gatekeeping responsibilities as a more notable part of the receptionists’ abilities and responsibility. Thus, themes regarding feelings toward interpersonal connections with doctors are noteworthy because more emotional elements of the job can be recognized as primary building blocks to job satisfaction. Friendships at work (or just stronger interpersonal connections) may very well lead to being recognized, which in turn can lead to feeling appreciated. Connections and recognition are connected in a positive and upward spiral. Ergo, it may be reported that receptionists who create or recognize interpersonal connections with doctors may also thereafter feel more satisfied in the work they perform.

Of course, job satisfaction cannot be based on singular components. Rather, recognizing doctor emotions and the desire to create connections are only part of receptionists’ self-reported feelings towards doctors. The analysis of reception responses also revealed feelings about the general work approach of doctors. Responses in this theme were varied. However a general understanding of the material illustrates further the significance of the receptionists’ vantage point. The figurative and literal perspective of receptionists allows them to see many different aspects of healthcare both in regards to patients and doctors. This broad perspective is often

forgotten or ignored. Nevertheless, because receptionists observe so much of doctors' work, as well as the attitudes and emotions associated with those work efforts, receptionists have an interesting angle when it comes to analyzing the quality of healthcare experiences.

Observations regarding the general work approach of doctors, in conjunction with receptionists' self-reported ability to impact patient care creates a pivotal position for medical receptionists. Commonly observed is the fact that patients often spend more time in communication with receptionists than they do with doctors. Therefore, receptionists recognize that there needs to be some sort of balance in how patients are treated in all steps of the healthcare process. Receptionists observe the work ethic of doctors and thereafter strive to either match the approach or compensate for weaknesses. Therefore, it is further seen that the personalities and methods of doctors may further add to receptionists' responsibility to create a positive healthcare experience depending on the latitude of the observations.

Medical receptionists as gatekeepers must learn to regulate the ebb and flow of clinic traffic and information. Learning the proper balance comes with time and experience as receptionists not only learn more about the work and the patients, but also as they come to understand the doctors with whom they work. Generally speaking, reception duties must be fulfilled in a manner that is satisfying to medical providers and administrators. The emotions and work approach of doctors can change on a regular basis. Ergo, satisfying doctors can be an ongoing task. Based on the material in this study, it may be reasoned that a receptionist who is proficient in gatekeeping duties has not only learned job efficiency, but has also learned how to balance vocational duties with the plethora of emotions and personalities affecting the workplace environment.

Clearly, receptionist feelings towards doctors determine a significant fluctuation in the work medical receptionists perform. Thematic material regarding doctors as individuals, interpersonal and professional connections with doctors, and the general work approach of doctors are each noteworthy as it all illustrates a significant need for receptionists to be flexible in job execution. In discussing the receptionist perspective, not only are feelings towards doctors remarkable, but also responses regarding feelings towards patients.

**Feelings towards patients.** Many receptionists see patient-related tasks and interactions as a means to understand the patient-experience in healthcare. In decoding medical receptionists' feelings towards patients, it is important to delve into overall feelings and also to begin to interpret the significance and reasoning behind these feelings.

Throughout the responses from medical receptionists, it became apparent that generally, receptionists feel positively towards patients. Although some frustrations were expressed, as receptionists expounded their feelings towards patients, a general positiveness was shared overall. Generally positive feelings are, perhaps, an abnormally optimistic opinion for receptionists, especially given the quantity of patient interactions. Receptionists repeatedly report positive feelings towards patients, even when they feel that patients are frequently unkind or uncaring. As the receptionists choose to report and recognize positive feelings towards patients, the obligation to vocational elements thereafter becomes less of a "have to" and more of a "want to." Fulfilling the professional aspects of the job becomes more enjoyable when the characters in the story are viewed in a more positive light.

The self-observation of deeper, growing relationships illustrates a deeper affinity for personalized connections. As receptionists strive to create and maintain interpersonal relationships with patients, they find their jobs to be more rewarding. The reward comes in

creating the connection, and a certain level of grief comes when that personalized relationship is unattainable. Janet's response illustrated the significance of the theme. She explained, "Sometimes it almost feels like you're climbing this mountain that you just can't get to that top part that you're supposed to be at 'cause you're trying so hard. There's some patients that you just can't make happy." The feeling of creating a personalized connection and making patients happy would be the equivalent, for many receptionists, of reaching the top of a mountain. This is the goal of reception work in healthcare.

An additional, noteworthy division of the patient-receptionist relationship is receptionists' understanding that attacks or negativity from patients cannot be taken personally. Receptionists could, potentially internalize patient negativity or dissatisfaction. For those receptionists who had observed negative attitudes and responses from patients, most of those receptionists sought to find an explanation for patient behaviors. As the study results illustrated, receptionists seek to justify negative patient behaviors for them. Negative treatment or bad attitudes from patients are marked as warranted by any number of excuses that receptionists willingly make for patients such as illness, stress, dissatisfaction with policy and procedure, economic factors, or many other external factors. Even when excuses are not made for patients, receptionists commonly decide not to label poor treatment as personal and instead write it off as situational.

Brushing off negativity and not taking things personally serves as a face-saving device and also as a defense mechanism. Receptionists assume that hostility or disapproval from patients is assigned to the general nameless, faceless body at the front desk rather than to the specific individual on the receiving end of that animosity. It is commonplace to assume patients

are upset with situation or circumstance. Rarely, however, did receptionists in this study believe that angry or upset patients are deliberately upset with the receptionist herself.

Further explanation of receptionists justifying negative patient opinions can be discussed with regards to the overall healthcare experience. Accepting poor treatment from patients further illustrates the desire that receptionists have to create a positive healthcare experience for all parties involved. This process of viewing experiences through the patient-lens adjusts overall perspective for receptionists and illustrates that receptionists have a desire to provide personalized, quality care for patients.

Medical receptionists often learn various coping mechanisms that help them maintain positive feelings toward the patients. Thus, good or bad patient responses are justified based on the commonly held belief that patients are a positive part of the job and that receptionists do indeed have the capacity to create a more positive healthcare experience. When patient behaviors are seen as abnormal, out of the ordinary, or justifiable, it further supports the goal of positive healthcare experiences. Unfolding this justification process supports the hypothesis that receptionists are seeking to create a positive experience and furthermore, that they truly believe they have the ability to do so.

Sufficient discussion of the results must include the nature of relationships in order to be considered comprehensive. The sector of thoughts relating to not internalizing job adversity can again be correlated with receptionists' ability and desire to create interpersonal connections. The patient-receptionist relationship draws remarkable interest to this study's results. When viewed from the receptionists' perspective, how patients and receptionists connect can be very fascinating. Separate from how patients view receptionists is an assumption that there's some degree of personalized connection between patients and receptionists. Receptionist interactions

with patients may be brief or extended: there may be only one interaction, or consistent and repeated communications. A guiding belief may also be suggested that without some sense of a personal relationship, patient treatment is less effective. Less personal interactions lead to a lower likelihood that exceptional care-levels will be reached.

Receptionists, as individuals and as human beings, often desire deeper value in the work they perform. An average working day provides multiple interactions that can each be seen either as obligations to work or as opportunities to serve. Brittney affirmed, “that’s why I signed up to be a receptionist: I like the face to face [interactions]. I mean, [patients are] my day. That’s all I see. All day.” Her declaration illustrates, as did many other receptionists’, that the more human-centered components of the job are what bring joy for receptionists. Far beyond the elements of the job is the complex ability to connect with another human being. This process of providing service and adding value to interactions is complex and has yet to be fully studied. However, the theme of patient-receptionist relationships and feelings towards patients illustrates an overwhelming inclination to be seen as more than just the systematic elements the profession requires.

An overview of thematic material regarding medical receptionists’ feelings towards patients reveals that, regardless of interaction quantity, there exists a great potential for quality. It may be deduced that personal connections can be perpetuated through the combination of multiple factors. These factors include the process of the receptionist placing guilt somewhere other than herself (or himself) and also a general amalgamation of positive feelings towards patients. Ergo, by focusing on the positive aspects of patient relationships, receptionists can save face, defend their beloved patients, and still progress on the perceived path of personalized connections.

### **Patients' Perspective**

As with any element of research, there may exist a sub-culture that is potentially impacted by the study's content. The majority of patients will never be aware of this research, nor will they ever be aware of the impact they have played on receptionists' responses to interview questions. No individual patient can be connected with the study data, the themes herein, or the inspirational quality he or she had on what receptionists shared here. Despite the anonymity of patient contributions to this study, patient perspectives on receptionist views add a noteworthy element of depth to this research. The thematic elements of this study help illustrate varied standpoint issues regarding frame of reference for receptionists as well as some aspects of how patients may feel about receptionists. Each of these points is worthy of discussion based on how they fit into the process of understanding receptionists as the gatekeepers of the medical community.

The patients' perspective cannot be understood from this study alone. However, the receptionists' insights shared here do give insight into what it is that patients may be experiencing in interactions with receptionists. Receptionists have experience and knowledge in their job position, but many times they may forget that patients don't have the same perspective. There is a reversal in the standpoint element of perspective in the respect that receptionists must step outside themselves to understand the full impact of the work they're doing. If a receptionist is to understand what makes him or her good at the job, it must be understood from the patients' perspective as well. As an illustration of the value to this objectivity, Lena's comments sum up the perspective.

It's hard because most [patients] have never worked in the medical field, so they don't see the other side. How do you explain it...? You're like, "Really? Why are you asking

these questions? You should know.” But then you have to realize that, okay, they’re just patients. They’ve never done it before, so they don’t know. Your perspective once you work in a medical office changes 100%. You’re a lot more tolerant, you understand, the doctors run behind, that’s just how it is.

Lena’s thoughts help illustrate that receptionists can become more competent and personable in their jobs as they begin to understand what it is like to be a patient.

The procedural elements of this research—asking receptionists to consider how they are viewed by patients—had potential to become valuable to the receptionists participating in the research as they were coaxed into a position of relativity to step back and consider multiple viewpoints. Changing frame of reference is not a benefit exclusive to study participants. Rather, in the recognition and expounding of these themes, extra value is added to the patients’ perspective in healthcare by recognizing several factors.

As previously discussed in the results section, receptionists believe that patients generally feel positively, negatively, or somewhat neutral about medical receptionists. Recognizably, the categories are somewhat exhaustive. The data becomes noteworthy in recognizing that these are perceived opinions, only from receptionists. All responses are assumptive. Assuming patient opinions do, indeed, fit into these possibly-overlapping categories, the research has confirmed a clarity of understanding between receptionists and patients. The correct assumption of patient perspectives would indicate that receptionists have correctly audited patient opinions.

On the contrary, however, if receptionist perceptions are completely off-base and have no connection to actual patient feelings regarding the relationship, then the research is still valuable. If receptionists have misguided or misunderstood opinions of how patients view them, then their



complete self-image has potential to crumble from the outside in as they come to understand the truth.

Ergo, how receptionists believe patients feel fits into some degree of either being right or being wrong, but the full spectrum of possibilities is noteworthy. As future research delves into patient perspective, lines will be drawn between perceptions and reality. In the meantime, the insights discussed spark the need for receptionists, doctors, staff, administrators, and so forth, to be increasingly aware of how patients feel about medical receptionists. Heightened awareness of patient feelings can lead to changes in patient care and patient attitudes. Certainly, greater focus on patients could positively affect healthcare. However, patients cannot be treated or considered without also looking at the doctors' perspective in this study.

### **Doctors' Perspective**

Medical providers play a significant role in the overall healthcare experience. That element of what they do, however, was not discussed in this study as significantly as how they feel about those with whom they work. Receptionists reported feelings about doctors as well as how they believe doctors feel about receptionists. There was a wide range of feelings regarding medical providers' and their predicted feelings about medical receptionists. Understanding receptionist beliefs about each of these elements is a noteworthy ingredient of this research both in how receptionists feel about doctors as well as how doctors are estimated to feel about receptionists.

Previously discussed was the element of how receptionists feel about doctors. Feelings towards doctors fell into place as a sub-development of receptionists' observations of greater responsibilities. As receptionists complete daily tasks of an administrative and secretarial nature, they make observations about the receptionist role. Observations of the reception tasks as well as

interpersonal relationships in the workplace give way to that individual receptionists' comprehensive viewpoint. The more that is observed in the workplace, the more rounded a receptionists' view is.

Similarly, how doctors feel about receptionists led to interesting thoughts. The feelings predicted by receptionists reached a pretty expansive range of doctor beliefs and opinions. These assumptions from respondents highlight a degree of job acuity. As receptionists believe the efforts they put forth are valued, they will likely continue to put forth those efforts (or more) and find a sense of satisfaction in knowing their work can be labeled "a job well done." On the contrary, believing a doctor is dissatisfied, disengaged, or uncaring will likely lead to some sort of personal dissatisfaction, or perhaps a desire to improve. Either way, knowing the work done is dissatisfying to those they work for will enhance a sense of cognitive dissonance.

As previously discussed, medical receptionists have a strong desire to create a positive interpersonal connection with patients. It may be fair to assume that they also desire to connect with medical providers. The themes in this vein illustrate that receptionists are generally seeking to understand those medical providers they work with and that a sense of complete understanding may be somewhat out of reach. It is essential to again recognize that these observations may be correct or incorrect because they are based only on input from receptionists. Communication between receptionists and doctors could greatly clarify these discussions, especially as many receptionists reported they had never really directly had communication of this type with doctors or medical providers.

As the research developed, the data revealed that receptionists' feelings towards doctors include a sense of loyalty and respect. So, even though complete understanding of one another may not be present, receptionists still respect the work doctors do as well as the efforts they put

forth. Thus, the research illustrates that interpersonal connections in the workplace can be established in any number of ways whether it be interactions (such as with patients) or more of an observation-based connection, as seems to be the case with doctors.

Even more importantly, building a positive rapport with receptionists may benefit the bottom line for the doctor quite directly. Deeper connection likely leads to greater job-satisfaction for receptionists. Job satisfaction can lead to more productive workers and a lower turnover rate, thus lowering operating expenses significantly for medical providers. Janet shared, “You know, I get up in the morning; I look forward to coming to work. If I didn’t, I wouldn’t work here.” Karen felt similarly, “I’ve always loved my job. It’s kind of stressful at times, but that’s with everywhere.” For these respondents, as well as others, the loyalty, respect, and interpersonal relationships associated with work is tied somewhat directly to why they maintain employment with certain facilities or providers.

As multiple angles are considered—receptionists, patients, and doctors—a more comprehensive understanding of medical receptionists begins to evolve which outlines a broad spectrum of perspectives, even though only receptionists provided this content. Now that the themes have been discussed with regards to why they were noteworthy, it becomes important to recognize the greater value added by this study.

### **Greater Value Added by this Study**

The qualitative research of this study regarding receptionists’ views on their role as the gatekeepers of the medical community adds great value to the current bank of knowledge regarding receptionists and other support staff in any kind of healthcare organization.

Comprehensively, this study adds depth to the understanding of how receptionists consider their place in healthcare. The value of this study is based in three distinct, fundamental elements of

healthcare: benefits for receptionists, benefits for patients, and benefits for doctors. The benefits discussed hereafter are broad reaching and general, however it does give universal appeal to the course of study that this particular research may perpetuate.

**Benefits for receptionists.** Given the information grounded in the data of this study, it is clear to see that receptionists can benefit from being studied. Studying receptionists as the gatekeepers of the medical community, how they view that role, and how they believe others view that role is beneficial for several reasons: it stretches a receptionist's understanding of the job, and it gives a voice to the receptionist character.

Many receptionists who participated in this study found themselves emotionally or cognitively stretched as they considered each of the questions. Few receptionists had ever found themselves introspectively examining the different themes and elements of this study to this degree and discussion was generally seen as a valuable experience for respondents. For example, when asked the last time she had considered her job in this manner, Iris excitedly responded, "I don't think I've ever sat and talked about [my job] like this." Regina, additionally reported that even just participating in the study reminded her, "just how good it is to work in the medical field, how much you can learn with people, and how we can speed stuff up."

Recognizing receptionists' viewpoints on their role as the gatekeepers of the medical community offers great insights as to the intrapersonal workings of a receptionists' mind. Those working in gatekeeping positions have extensive viewpoints and opinions. These feelings extend far beyond the work they do and offer further insight as to how they are viewed, respected, and treated. The phenomenology of the job position gives comprehension to the overall reception experience for those involved. If healthcare administrators wish to understand reception experiences, a phenomenological approach can give great insight. Perhaps not every receptionist

can be interviewed to the extent that this study investigated. However, opening some sort of dialogue with receptionists can give administration and medical providers insight as to the inner workings of their receptionists' minds. An example of this was found in Amy's interview as she expressed, "it's kinda good to get it [all] off my chest, actually." As receptionists are more understood and valued, their work ethic and morale may also improve.

In addition to the benefit to receptionists as they thoughtfully reflected on their jobs, the study is also beneficial as it gives a voice to a previously un-recognized demographic. Very little research has been done with regards to medical receptionists. Certainly those within the study felt that their voices were being heard in a way they conceivably hadn't been listened to before. For example, when Iris was asked if patients see her as simply a nameless faceless receptionist or if she is recognized as an individual and a person, she simply responded, "I don't know." As the study progressed, however, she (along with other participants) realized that they really did have opinions and observations regarding their role. Many receptionists found a sort of relief in recognizing and expressing different elements of their jobs and work.

The interrogation of the study interviews gave respondents the chance to think more deeply on the work they do and to have those answers heard and validated. It can be assumed that all responses were authentic as they were consistent across the board. As each participant answered questions and discussed varying elements of her job, many expressed surprise at their own answers and joy in being able to express them. The clarity in the answers and themes illustrated a deeper personal understanding of medical reception work. As receptionists discussed the underlying aspects of their jobs, many found themselves positively stretched as they contemplated their jobs in a more overarching manner. In addition to study benefits for the receptionist, patients may also benefit from the revelations of this research.

**Benefits for patients.** There exists at least two sides to every story. Regarding the patients' stories in healthcare, there are perspectives from the patients themselves and also perspectives of those viewing the patients. These writings discuss this study's benefits to the patient from these two altering vantage points.

The overall medical experience is at least somewhat based in emotion. When patients seek healthcare, they are more often than not in a less-than-ideal state. Illness, sickness, fear of the unknown, anticipation for diagnoses, healthcare costs, personal circumstances, and many other factors may all play a part in the patients' overall experiences. All those factors stand independent from how he or she is treated once initiating contact with a medical establishment. When a patient contacts a medical clinic and begins conversation with a receptionist, all factors once again come into play. Not only are there factors affecting the patient, however. There are also many intrapersonal factors that a receptionist is dealing with: personal life, professional life, relationships with doctors and co-workers, job responsibilities/obligations, and many other factors that are countless, unidentified, and often unidentifiable.

The combination of patient-related factors and receptionist-related factors may complicate interactions and experiences for patients. A patient may or may not be aware of the multi-dimensionality of singular interactions with receptionists. The patient, more likely than not, is simply seeking healthcare. Additionally, the receptionist is likely just fulfilling a job, or, more hopefully, seeking to provide quality patient care.

When considering patient care, the data revealed in this study holds great value. As patients understand the themes illustrated in this study, greater insight can be gathered as to how patients approach receptionists. Patients may wish to understand how receptionists view their job and their image as a means to better understand the overall healthcare process. Healthcare is

emotional and complicated. Receptionists play a role in healthcare. Thus, if patients want a better grasp on understanding healthcare, they would benefit from understanding receptionists.

Granted, few patients will ever comprehensively review this type of research. Keeping this in mind, there are many people who work with patients who can relay this information. Doctors, ancillary staff, billing and insurance personnel, administration, and so forth are all healthcare identities who work with patients. The receptionist, as a foundational building block to the overall process, can make or break the experience for patients. Thus, passing on a clarified understanding of receptionists can help patients experience better healthcare.

**Benefits for doctors.** Doctors and medical providers are obviously an essential part of the medical community. It is impossible to sufficiently discuss healthcare without recognizing clinicians as a part of that experience. This study focused, of course, on receptionists and how they believe they are viewed. In many organizations, receptionists and doctors work so directly together that their work and opinions directly impact each other. Benefits to doctors in this study are based on the assumption that doctors wish to provide positive healthcare experiences for their patients and the understanding that receptionists are fundamental to the patient experience.

Doctors wishing to provide better patient care can address issues and concerns brought up by this study. Concerns regarding how receptionists are viewed and treated by all parties involved raises a concern as to organizational effectiveness. Additionally, understanding the receptionist vantage point gives strength and power to her (or his) position as a turning point in patient perceptions of health-related experiences.

Responses about how receptionists view doctors were enlightening and noteworthy. As the results illustrated, receptionists view doctors as individuals and as human beings. As coworkers (receptionists and providers in this instance) come to understand each other better,

human connections are deepened and workplaces can become more amiable. Receptionists have a self-declared understanding of what makes doctors special. Some degree of reciprocity—doctors understanding receptionists—would again help establish more meaningful relationships.

As this chapter has illustrated, this study illuminates many points of discussion regarding receptionists' self-reported viewpoints of the work they perform and those doctors and patients with whom they interact. In taking steps to close this particular research study, it becomes important to discuss study limitations and future research which will come as part of the concluding chapter.



## Chapter 6: Conclusion

The research done herein regarding medical receptionists' self-reported viewpoints of the medical field has been a very introductory study. This research begins to give insight as to how receptionists view their roles as well as how they believe they are viewed by others. Obviously with any research, there are some limitations in the research as well as implications to kick start future research. Following the discussion of limitations and future research in this chapter, final notes of conclusion regarding the overall study will be shared.

### Limitations

This study offers great insights to medical reception work. However, a number of research limitations existed in the study. Primary limitations in this study include the specific situation of the clinic where research was collected as well as the qualitative nature of the interviews in this study.

Based on the convenience sampling method utilized, all participants in this study were employed by the same multi-specialty clinic. Respondents worked for many different types of doctors and departments. However, based on the congruency of the employer, all respondents had a similar set of responsibilities, a similar work environment, similar expectations, pay-scale, etc. The similarities among reception respondents likely played a role in providing a similar set of responses throughout the themes.

Currently, there is no guarantee that the responses from the 25 receptionists at this clinic are indicative of receptionists in other clinical settings. Granted, based on the nature of qualitative research, findings don't need to be generalizable. All things considered, the study is somewhat limited in scope. In order to expand the latitude of research far beyond the clinic used, similar studies should be conducted at other medical institutions to satisfy questions raised by

this drawback. As further research is conducted, this conditional constraint may be phased out thus validating even further the results found from this research.

There was at least one other additional consideration with regards to the clinic in which receptionist respondents were interviewed as participants. The clinic in focus had recently undergone a significant change in the computer program used for clinic operation and electronic medical records. The two computer organizational and scheduling systems that had been used previously (and simultaneously) had been in place for upwards of ten years each. Contrarily, the new computer system had only been in place for about six weeks when reception interviews took place for this research. The change in operating system made reception work more difficult as all employees were forced to compensate for and meld with the learning curve associated with big changes. All staff members were more aware of the technical and logistical tasks of what receptionists do because everything was taking longer with the new computer system. Reception tasks could no longer be fulfilled mindlessly (if that was the case before) because the new computer system required increased focus to ensure accuracy in executing patient registration, payments, scheduling, and so forth.

The new computer operating system may not have altered receptionists' opinions of their jobs, however it certainly did give a heightened awareness of the work they did. Responses regarding the change in the operational affected many parties in some manner whether it was simply the vantage point and degree of observation or perhaps feelings reflecting a more positive or negative range of opinions. While this heightened awareness is not definitively a limitation to the study, it still deserves to be recognized as a marginal factor that may have contributed to the responses of respondents.

Most receptionists recognized that system changes had changed all viewpoints of the work they did: patients, doctors, and receptionists alike. For example, Rachel reported, “it’s kind of like nerve racking because it takes like ten minutes to get patients checked in with the new system.” Brittney reported, “I know we help [patients], for the most part. Like I said, right now with the new system, that’s a whole other story, but if you would have asked me like two weeks ago...” Paula also shared, “Right now it’s kind of hard because we’re having to ask them for everything all over again...it’s really hard because you’re having to explain everything and they still don’t understand.” The variety of responses in this vein illustrates a heightened realization of how receptionists believe they are viewed in the work they do.

Not all responses to the new system were negative. For example, Marge shared, “It’s just going to take some getting used to. There are a lot of levels of frustration. We’ve tested patients’ nerves on that one.” Regina echoed the thoughts on the new system “Once we get it, we’ll be a little better, but right now, patients are like, ‘Why is it taking so long?’” Polly’s expression about the new system was, “It’s been kind of crazy, but overall it’s good.” Moreover, Sarah’s thoughts illustrated another line of relatively positive thinking:

The patients, yes, they can get very, on the bad side. But I still love to work with the patients. They are funny and they are very kind, especially going through this new program that we are going through. They are very patient and, because I can be slow at times, they are very willing to be patient with me through that process.

Those thoughts, along with some others, illustrate the viewpoint that the system’s impact was somewhat positive regarding reception work. For example, Brittney shared, “It’s taking that much longer now. I think it’s really making [everybody] realize, ‘Oh, they actually do a lot.’ It’s sad that has to open up some people’s eyes.” Vickie spoke of patients’ observations of reception

work, “I know with the new transition to the new system, people see [it all] as they’ve waited and waited and waited.”

Generally speaking given receptionist responses regarding feelings of the new system, it became evident that there was a more concentrated focus on patient and doctor responses to what receptionists do. It was reported that patients may be more bothered, doctors may be more impatient, and receptionists may be more sensitive to criticism. The heightened appreciation of medical reception duties based on the introduction of the new system may have been strengthening to the study in some ways as it helped receptionists more clearly identify personal feelings on the job. Thus, the new operating system may not have been a weakness for the study. However, because this was an abnormal and rare circumstance, it resides in the background of the study as a research element that should be recognized.

Completely aside from feelings of the new system, the qualitative nature of the interviews may have changed some of the receptionists’ responses. For example, asking, “What do you wish people knew about your job?” as opposed to “What do you wish you could tell people about your work?” has potential to alter responses. For example, Lena was asked what she wished people knew about her job and she responded, “How much we had to deal with every day. That things are not our fault.” However, when Alli was asked what she would tell people about reception work, her response was different. “[We] try our best to get you in when you want to be seen, but sometimes, you know, we can’t simply get you in right when you want to be seen. We try our best.” Both responses illustrate the desire for greater understanding between patients and receptionists, but in a notably different manner. This is just one example that can illustrate how qualitative research may bring about varying responses. This isn’t a definitive limitation of the study as quality responses still resulted from all interviews. Additionally, research questions

were phrased in such a way that outlying responses (as opposed to more frequent occurrences) could be recognized as significant based on how they fit within the aggregate of thematic material.

The potential limitation is not in the method, as all themes reached sufficient saturation during the data-gathering process; the limitation is rooted in the fact that the depth of all responses may not have been completely explored. Fortunately, the breadth of this study regarding the phenomenology of medical receptionists compensates for a plausible lack of depth in certain responses. While it is necessary to recognize this element of the research, it should not automatically be seen as a study weakness. The use of further interviews, or perhaps some longer and more in-depth interviews could add significant depth to this research have great potential to expand questions and answers in such a manner that interview responses can more thoroughly explore the themes found herein.

### **Future Research**

The discussion section of this paper has illustrated some trailblazing insights in the world of medical receptionist research. Recognizing this study's insights along with the previous lack of knowledge in this field, many stimulating ideas for future research have been proposed including longitudinal research, and expansion of research subjects.

The results and this discussion were based on single interviews with each receptionist. Some longitudinal aspect of this study could add additional depth of understanding. Interviewing the same receptionists at various points over time over the course of several months or years could add a dimension of continuance to see how receptionists feel over time. This study pinpointed individual opinions based on one specific point in time. Future research may seek to

study evolution of opinions could lend insight about the effect of job tenacity on receptionist attitudes.

Additional interviews with the same receptionist could also help address issues of varying feelings based on which attitudes change and which remain the same. For example, one receptionist of over 20 years consistently referred to patients as needy and demanding. It could be questioned if this is an attitude that develops for all subjects after years of interactions, if this was an established individual belief, or is this was simply her opinion for that single day.

Considerations about time cannot ignore the factor of age. Any longitudinal study would need to recognize the impact of participants' age. Regarding factors affecting medical reception work, age is another research area that needs to be expanded either in an isolated study, or perhaps in conjunction with a longitudinal approach. Janet, a receptionist of more than 15 years voiced, "There's an age-gap, I think, [between] some of us." This and other thoughts she expressed seemed to indicate that she feels that some of the younger receptionists might feel burned out at the end of a day based on lack of experience. Amy's thoughts echoed the importance of age as she shared, "I've been working with customers since I was 16...and I'm 40 now, so I have dealt with a lot of people." Her expression regarding the combination of age and experience illustrate some degree of notability regarding generational gaps in work experience. Study responses indicated several times that younger receptionists learn more quickly while older receptionists connect better with patients on an interpersonal level. Content of this nature didn't fit dominant themes of this study. However, the concept does inspire the potential for a critical study of medical receptionists challenging or identifying age-based beliefs as they correspond with this particular vocation.

These receptionist's thoughts illustrate yet another gap in the organizational research of medical receptionists. Age can be a strong cultural factor in many circumstances, both personal and professional and thus impacts many levels of how one would approach professional settings. Research regarding age would benefit the professional understanding of reception work as it would potentially shed light on how receptionists become successful at their jobs over time as well as the dimension of personal factors that can impact personal vocational success.

Likewise, the research in this study relates only a narrowed scope of receptionist thoughts, feelings, and opinions. This research could easily be expanded to reach a deeper understanding of receptionist perceptions. For example, future interviews may include questions similar to the following:

- How does your home and personal life affect your job and the work you do?
- How does your job affect your home life?
- What kind of medical knowledge have you gained as a receptionist? How has this knowledge changed your interactions with family members or friends?

In addition to the depth that further questions could offer, the research knowledge would be more profoundly developed and magnified by expanding to reach other participants. Medical receptionists were interviewed regarding their feelings about their work, patient viewpoints, and doctor opinions. It must not be ignored, however, that these are not the only individuals receptionists work with on a regular basis. Research questions centered on receptionists, patients, and doctors. However, pharmaceutical sales representatives, billing personnel, medical assistants, nurses, clinic/hospital administration, other receptionists, and so forth all play a role in the daily endeavors of a receptionist. Each of these additional groups or individuals represents a distinct latitude of opinions. Research that explains and analyzes each of these relationships

would be beneficial to the current understanding of medical reception work. Additionally, receptionists may be studied regarding their thoughts on the subject of these other individuals and groups. Conversely, others may also be studied with regards to their thoughts on receptionists. Any combination thereof would have great heuristic value in the understanding of medical reception work.

Continuing in this vein of thinking, all receptionists in the study were female. This was not an intentional sampling technique, but rather it was purely indicative of the sample available. There are clearly far more female medical receptionists than male receptionists. Justifications as to why, or as to how this came about would be a valuable contribution to the current awareness of the subject.

When asked why there aren't more male receptionists, Elena responded, "They probably think it's a girls' job, just like a secretary job." Polly's proposed explanation was, "Maybe the management feels that women are better socially with patients or whatnot." A common response regarding male receptionists was that "It's too stereotyped for women" (Barbara). It goes without saying that gender is seen as a fundamental dimension to human relationships. Research with male participants could serve as a path to understanding potential impact that gender has on reception work and perspectives whereas this study is currently limited to a woman's frame of reference. Gender is a personal and cultural lens through which experiences are viewed. Ignoring this lens thereby ignores a dimension of what makes the experience noteworthy to any given individual. Supplementary research regarding male medical receptionists could lend further insight here from a sociopsychological, phenomenological, or a cybernetic standpoint.



## Conclusion

The vision and fulfillment of this study has offered an abundant awareness of the world of healthcare through the use of presently established literature as well as this study's methodology, results, and discussion. Previously established literature guided this research greatly in helping clarify established beliefs and understandings about personnel in the medical community. Literature has done a fairly comprehensive job of defining and expounding the roles, responsibilities, and complexities of the receptionist. Current scholars have a clearly outlined view of what receptionists can and should be, however, there was a void in the understanding of receptionists; little to no research had been done from the viewpoint of receptionists themselves. Research questions posed the challenge of a paradigm shift wherein those on the inside were asked what they already see and know, rather than striving to base pure understanding on the perspective of those on the outside looking in.

Clearly, these research processes granted the researcher "a fresh perspective, as if viewing it for the first time, through the eyes of participants" (Hays & Singh, 2012, p. 50). The process of interviewing receptionists about their vocation gave a true voice for receptionists to be heard, regardless of their experiences. Interviews produced significant findings regarding the specific experiences of those at the true center of reception-based experiences. It was a successful phenomenological effort.

The phenomenology of medical reception work in conjunction with the grounded theory approach allowed this research enlightening conclusions regarding the self-reported feelings and observations of receptionists. By approaching rhetorical data without an already established framework, significant and noteworthy themes emerged which truly reflect receptionists' feelings in their self-recognized role as the gatekeepers of the medical community.

Once respondents had been sufficiently described based on demographic qualities, study results exposed several dominant themes grounded in the data. Primarily, it became important to recognize the receptionists' view as well as the patients' and doctors' views. Content revealed insight regarding reception jobs in the overall healthcare experience, views on the gatekeeper role, observations of greater receptionist responsibilities, as well as the patient-receptionist relationship. Additionally, the subjects' assumptions as to how patients and doctors view receptionists were expounded.

The discussion and evaluation of the interviews offers great insights into the work medical receptionists do, how they see themselves, and how they believe others see them within the realm of healthcare. By studying medical receptionists, it becomes evident that there is a clear connection between how people believe others see them, and the impact this has on issues like self-esteem and performance. The multiple lenses through which experiences can be viewed greatly impact self-interpretation of those experiences. Receptionists sought to identify, clarify, and interpret how their own lenses—as well as patient and doctor lenses—impact job performance, feelings of satisfaction about the job, and so forth.

Notwithstanding limitations and suggestions for future research, looking at this sliver of experiences and combining it with generalized perceptions revealed several fundamental dimensions of receptionists' interpersonal and intrapersonal communication. Working with medical receptionists to understand their primary role as sentinels and gatekeepers in healthcare offers insight and understanding in a long-overlooked position of great importance, influence, and impact.

**Chapter 7: References**

- Ahluwalia, S., & Offredy, M. (2005). A qualitative study of the impact of the implementation of advanced access in primary healthcare on the working lives of general practice staff. *BMC Family Practice*, 6, 39-48. doi: 10.1186/1471-2296/6/39
- Albardiaz, R. (2012, January). Teaching exchange: Communication skills and team-building for receptionists and ancillary staff. *Education for primary Care*, 23(1), 44-46.
- Anderson, C. M. (Communication in the medical interview team: An analysis of patients' stories in the United States and Hong Kong. *Howard Journal of Communications*, 12(1), 61-72. doi: 10.1080/10646170151143389
- Bureau of Labor Statistics. (2012, April 26). *Receptionists summary*. Retrieved from [www.bls.gov/ooh/office-and-administrative-support/receptionists.htm](http://www.bls.gov/ooh/office-and-administrative-support/receptionists.htm)
- Burke, C., Content, R., Jones, M., Kurian, S., Phillip, V., & McLen, C. (2007, March). Improving telephone service in an outpatient gynecologic oncology center. *Oncology Nursing Forum*, 34(2), 527-528.
- Connechen, J., & Walther, R. (2006, March). Telephone triage in general practice. *Primary Health Care*, 16(2), 36-40.
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research* (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage.
- De Jong, J., Visser, M. R., & Wieringa-de Waard, M. (2011, June). Who determines the patient mix of GP trainees? The role of the receptionist. *Family Practice*, 28(3), 287-293.
- Employee tenure in 2012. (2012, September 20). Bureau of Labor Statistics. Retrieved from [http://www.bls.gov/opub/ted/2012/ted\\_20120920.htm](http://www.bls.gov/opub/ted/2012/ted_20120920.htm)
- GP receptionists adopt nurse roles. (2010, February). *Nursing Standard*, 24(24), 7-7

- Hays, D. G., & Singh, A. A. (2012). *Qualitative inquiry in clinical and educational settings*. New York, New York: The Guilford Press.
- Hesselgreaves, H., Lough, M., & Power, A. (2009, January). The perceptions of reception staff in general practice about the factors influencing specific medication errors. *Education for Primary Care, 20*(1), 21-27.
- Hill, B., Long, J., Smith, W., & Whitefield, A. (1995). A model of medical reception—The planning and control of multiple task work. *Applied Cognitive Psychology, 9*, S81-S114.
- Hughes, D. (1989, December). Paper and people: The work of the casualty reception clerk. *Sociology of Health & Illness, 11*(4), 382-408. doi: 10.1111/1467-9566.ep11373441
- Kendall-Raynor, P. (2010, March). Mixed reception for dual roles. *Nursing Standard, 24*(26), 17-17.
- Lippman, H., Davenport, J. (2011, March). Patient dismissal: The right way to do it. *Journal of Family Practice, 60*(3), 135-140.
- National Center for Education Statistics. (2010). *Medical reception/receptionist*. Retrieved from [nces.ed.gov/ipeds/cipcode/cipdetail.aspx?y=55&cipic=87620](http://nces.ed.gov/ipeds/cipcode/cipdetail.aspx?y=55&cipic=87620)
- Offredy, M. (2002, September). Access to primary care: Decision making by GP receptionists. *British Journal of Community Nursing, 7*(9), 480-485.
- Patterson, E. A., Del Mar, C., & Najman, J. M. (2000, October). Medical receptionists in general practice: Who needs a nurse? *International Journal of Nursing Practice, 6*(5), 229-236. doi: 10.1046/j.1440-172X.2000.00213.x
- Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage

Petchey, R., Farnsworth, W., & Heron, T., (2001, April). The maintenance of confidentiality in primary care: A survey of policies and procedures. *AIDS Care, 13*(2), 251-256. doi:

10.1080/095401200200118251

Pyke, J., & Butterill, D. (2001). A workshop for receptionists in mental health settings.

*Psychiatric Rehabilitation Journal, 24*(4), 401-404.

Roles can expand in practice. (2010, March). *Nursing Standard, 24*(29), 28-29.

Sawyer, B. (2006, September). Valuing the front line: The forgotten army! *Education for*

*Primary Care, 17*(5), 497-499.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.

White, C., Riley, A., & Smith, S. (2008, March). Awareness of depression at the reception desk:

Education for primary care receptionists. *Education for Primary Care, 19*(2), 173-190.