

The medical secretary: her views and attitudes*

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SUMMARY. Secretaries and doctors share one primary objective—patient care. Common aims are usually achieved most effectively by working together. This demands a willingness to respect the views and feelings of one another. This paper argues that it is important to determine the opinions and attitudes of the medical secretary if the whole practice or team is to function efficiently.

Introduction

IT is often claimed that the medical secretary is an indispensable member of the health care team, but eulogies themselves do not ensure a smoothly functioning unit. What is likely to contribute to such smoothness is a systematic awareness of how each member of the team perceives his or her role, its responsibilities, problems and limitations.

This brief report casts some light on how a sample of medical secretaries/receptionists see their work.

Method

Questionnaire

A questionnaire was distributed by post to a group of medical secretaries to sample their views on various aspects of their employment and training. It listed 18 statements and asked the respondents to indicate one of the following: "Agree", "Undecided" or "Disagree". Negative and positive statements were distributed at random to avoid any bias in response. Respondents were allowed to remain anonymous.

A pilot study produced a reliability coefficient of +0.89 on test-retest with three days' interval.

The respondents

At the time of this study, the city of Aberdeen was served by 52 general practices which employed 160

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ancillary staff, 125 of whom considered themselves to be a medical secretary/receptionist. Eighty-five (68 per cent) of this cohort, all female, returned a correctly completed questionnaire. For convenience, the respondents will be described by the generic label 'medical secretary'.

Since the replies were anonymous, it was not possible to determine the number of practices represented, nor the extent to which the respondents differed from the non-respondents in attitude, training or type of practice.

Results

The responses are grouped below under three headings, which were chosen during the analysis by the author. These headings should not be regarded as factorially precise or mutually exclusive.

Table 1 indicates how the secretaries viewed their relationship with the doctor(s) with whom they worked. There was substantial agreement among the respondents that they should not be censured in front of others, that they were given sufficient chance to exercise their own discretion in their work and that they could talk openly with their doctors. Just under a quarter of the respondents, however, believed that their doctors did not appreciate the demands placed upon them; another 24 per cent were undecided on this issue. Forty per cent of respondents were either unsure or believed that not enough effort was made by the medical staff to foster their secretaries' interest in their job. A similar number expressed doubts about the extent to which their job had sufficient status in the eyes of the doctors. The lowest level of agreement was reported about the adequacy of the feedback given to them by their doctors about the quality of their work.

Marked agreement was shown for each statement about training (Table 2), confirming that these secretaries believed that they were given sufficient opportunity to use their various skills and abilities, and that they thought these were adequate to meet the demands of their job, including that of dealing with people.

From the data displayed in Table 3, it can be seen that, whereas about three quarters of the respondents

Table 1. Response to statements about doctor-secretary relationships.

Statement	Agree (percent- age)	Undecided (percent- age)	Disagree (percent- age)
The doctor(s) with whom you work does/do not give you enough opportunity to use your own discretion	3	1	96
The doctor(s) with whom you work foster(s) your interest in your job	60	29	11
You can speak frankly and freely with the doctor(s) with whom you work	87	5	8
Your job does not have sufficient status in the eyes of the doctor(s) with whom you work	13	26	61
The doctor(s) with whom you work does/do not appreciate the demands of your job	21	24	55
You obtain sufficient feedback about the quality of your work from the doctor(s) with whom you work	48	21	31
It is inappropriate for secretarial staff to be censured in front of other staff	98	1	1

felt themselves to be part of a clinical team, only about one third believed their job was accorded sufficient status by patients, with whom they thought they had enough contact. Among those who replied, there was almost unanimous agreement that they found their job satisfying and interesting, but they certainly did not think they were underemployed. According to about a quarter of the respondents, the job created undue stress; another 15 per cent were undecided about this. Most secretaries did not see themselves as having two employers, but of the 27 per cent who did, most regarded it as a confusing situation which could be improved.

Discussion

The professional and technical role of the medical secretary is being defined with greater clarity (Buchan and Richardson, 1972; Evers, 1977). Apart from occasional snippets from the 'gripevine', there is much less systematic knowledge about the opinions and attitudes of secretaries towards their work and the staff with whom they work. Secretaries deserve our full respect and consideration, not just in relation to their technical competence, but also in relation to their personal views and feelings. The present study presents information on these issues.

While a response rate of two thirds is not disappoint-



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Table 2. Response to statements about training.

Statement	Agree (percent-age)	Undecided (percent-age)	Disagree (percent-age)
Your present post does not permit you to make full use of your technical skills and personal resources	13	8	80
Your training did not give you enough experience in handling people	10	8	82
Your training was adequate to the technical demands of your current post	82	4	13

ing, given that it was a postal questionnaire distributed close to a holiday period by a stranger, it is tempting to speculate about the views of the non-respondents. On the one hand, it could be argued that the most satisfied secretaries may not have bothered to reply if the questionnaire was construed merely as a means of expressing dissatisfaction and disapproval. On the other hand, perhaps the disenchantment of some secretaries was expressed by means of 'no comment!'

As a backcloth to considering their other views, it is worth noting that nearly all these respondents felt that their present job was satisfying, interesting and provided adequate opportunity to use their discretion and to make full use of their abilities and attributes. Moreover, about three quarters of the group felt that they belonged to a clinical team, as desirable a position for medical secretaries (Evers, 1977) as it is for others involved in the delivery of care and health services. Their sense of belonging is likely to be related to the fact that most thought that their job was held in sufficient regard by the medical staff with whom they worked. Unfortunately, the same does not seem to be the case for the patients' perceptions, since only 35 per cent of respondents were confident that their job had sufficient status in the patients' eyes.

It is disappointing that, despite the open communication apparently enjoyed by these secretaries with the medical staff, less than half of them claimed that they received adequate feedback about the standard of their work. This alleged failure might be because many doctors do not fully understand what a medical secretary actually has to do. It is noticeable that approximately half of these secretaries believed that the doctor(s) did not appreciate the demands of their job; such lack of awareness might result in an inability to detect the particular stresses of a post. In this regard, it should be recalled that over a quarter of the respondents indicated that their job was, on occasions, too stressful. The philosophy of care which underpins the discipline of medicine must be applied to colleagues as well as to patients. Unfortunately, despite (or, perhaps, because

Table 3. Response to statements about job satisfaction and organization.

Statement	Agree (percent-age)	Undecided (percent-age)	Disagree (percent-age)
Your job does not have sufficient status in the eyes of patients	33	32	35
You do not have enough personal contact with patients	18	1	81
You feel part of a clinical team	74	8	18
In general terms, you obtain 'job satisfaction' in your present post	92	4	4
You find that your current job is not sufficiently interesting	8	1	91
You find your job too stressful on occasions	28	15	57
You are underemployed in your job	6	4	90
You feel you have two employers — a doctor and a health board. If "Agree":			
1. This is confusing	83	0	17
2. This could be improved	86	5	9

of) a long and intensive training, little time and effort is spared on preparing the doctor for these interprofessional and interpersonal issues. The training which is available is often seen as the soft underbelly of medical education.

As regards their own training, over 80 per cent of the respondent secretaries felt that it had been appropriate

to their post. The organization of the job was not, however, viewed so favourably. Over a quarter of the group thought that they were faced with the task of having to serve two masters, their own doctor and a local health board. Evers (1977) has already commented on this problem as it affects hospital secretaries. In some respects these individuals also have to look simultaneously in two directions; small wonder that most of them claimed this was confusing and should be changed. Conflicts of loyalties, roles and priorities are the likely products of such a situation.

Admittedly, the secretaries' perceptions and beliefs may be ill-founded or even erroneous on occasions, but this does not invalidate the finding that this is how they do see things. The medical secretary is in an influential position *vis-à-vis* patients and other staff in being able to create a climate of values and attitudes and to set the tone for subsequent consultations and relationships. Awareness of her feelings and views is therefore not of academic interest; it is an important ingredient in the recipe for a successful and efficient team.

References

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Prescriptions, England 1979

The table below shows the number of prescriptions dispensed per month in England in 1979 (in millions).

Month	All prescriptions	Non-exempt	Children under 16	People over retiring age	Other exempt categories including contraceptives
January	27.0	10.4	3.1	8.4	5.1
February	24.9	9.4	3.4	7.6	4.5
March	28.0	10.5	3.6	8.8	5.1
April	24.6	9.2	2.6	8.1	4.7
May	25.8	9.6	2.6	8.6	5.0
June	25.8	9.6	2.9	8.3	5.0
July	25.3	8.9	2.8	8.4	5.2
August	23.5	8.0	1.9	8.6	5.0
September	23.0	7.8	2.2	8.0	5.0
October	26.5	9.0	2.9	9.1	5.5
November	25.9	8.5	3.1	8.8	5.5
December	24.3	7.9	3.1	8.2	5.1
Annual	304.6	108.8	34.2	100.9	60.7

The analysis of exempt categories is based on a sample.

Source: Pharmaceutical Services (1980). Prescriptions and the Drug Bill. *Family Practitioner Services*, 7, 122.