



What patients want from their doctors

An analysis of patients' online reviews and ratings of their regular general practitioners

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ABSTRACT

Understanding what dimensions of health care quality patients respond to is essential in order to recognize how patient demand contributes to health care quality maintenance. In this paper I analyze patients' online reviews and ratings of their regular general practitioners (regular GPs) from Legelisten.no. A qualitative analysis of the content of 346 reviews is conducted to examine what quality dimensions that contribute to patient satisfaction. Furthermore, patients' ratings are linked with data on regular GP characteristics to assess how they reflect regular GP quality. My findings indicate that regular GPs' interpersonal abilities are the most important contributors to patient satisfaction. Patient satisfaction does however also seem to depend considerably on the clinical aspects of provided health care. I further found that regular GPs specialized in general practice received significantly higher ratings than those without such a specialization. Those who had not been given any warnings during the past three years of practice were also rated higher than those warned. These correlations suggest that patients may be able to recognize high-quality regular GPs. Finally, I found a negative relationship between the share of patients leaving the regular GPs' list and ratings. This indicates that the ratings represent a non-random, relevant measure of patient satisfaction.

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¹ (Some of) the data applied in this publication are based on data from The Regular GP Data Base. The Norwegian Labour and Welfare Administration (NAV) has delivered data to the Base. Data sets have been made available by NSD. Neither NAV nor NSD are responsible for the analyses/interpretation of the data presented here.

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1. INTRODUCTION

1.1 THEORETICAL BACKGROUND

Health care providers differ in various dimensions of quality, such as their clinical competence, interpersonal abilities, and their patients' health outcomes after treatment (Jung, et al., 2011). Great effort has been exerted to create payment systems that induce health care providers to deliver high levels of quality while still keeping costs down. Still, such an inducement is challenging to design as it brings about multitask agency (Chalkley & Malcomson, 1998); a payment system in the form of reimbursement for the costs incurred in patient treatment may induce providers to deliver high quality, but gives weak incentives to exert effort to reduce costs. On the contrary, a payment system compensating providers with a fixed price per treatment independent of costs provides strong incentives for cost reduction. Such an arrangement does unfortunately also weaken the inducement for delivering quality. This challenge of multitask agency in health care payment may be solved by the economic mechanism of patient demand (Ma, 1994). If patients can recognize differences in quality dimensions across health care providers and choose among them freely when seeking treatment, their choices will mirror the quality of available health care. This, in turn, will induce providers to compete on quality. As this market mechanism works to maintain quality by allocating demand to high quality providers, payment systems can be designed to motivate cost reduction efforts.

It is however often challenging for patients to assess the quality of providers of health care. Arrow (1963) emphasized that the physician possesses much greater information about the consequences and possibilities of treatment than the patient due to the complexity of medical knowledge. This asymmetry in information between patients and health care providers makes the connection between quality and demand fragile. Consequently, it is important to understand whether patients are able to recognize the quality of provided health care.

Patients' judgements of health care quality, and in turn providers' incentives for quality improvement, may be strengthened by narrowing this information gap. To accomplish this, policymakers around the world publicly report information about the quality of health care providers. The Norwegian government, through The Directorate of Health, has released comparative information about hospital performance on various indicators of quality (The Norwegian Directorate of Health, n.d.). The reported information focuses on outcome as well as process measures. Despite the potential of such reports to increase demand for high quality health care providers, international studies have presented mixed evidence on whether they actually influence patient choices (Bundorf, et al., 2009). Possible reasons include prior knowledge of the information, difficulty in understanding the information, and lack of interest in the nature of it (Marshall, et al., 2000). The latter rationale may stem from a difference between health care quality as defined by the authorities and as defined by patients. Because patient demand drives health care competition, such a difference in quality definitions may direct the nature of competition between health care providers away from what intended by regulators. Understanding what quality dimensions patients consider relevant when making health care choices is thus also essential in order to recognize how patient demand contributes to quality competition and maintenance.

1.2 A NEW DEVELOPMENT IN PHYSICIAN QUALITY REPORTING

Public reporting initiatives concerning individual physicians have evolved slowly compared to those for hospitals. Released information about regular general practitioners (regular GPs) in Norway has been limited to name, address, gender, number of patients on list, as well as number of available spots on list². Recently however, the development of online consumer ratings of individual health care providers has begun to provide patients with new information. A study conducted in 2010 identified 33 different physician rating websites in the USA (Lagu, et al., 2010). In Norway, the first physician rating website, Legelisten.no, was introduced in May 2012 (Legelisten.no, n.d.a). The objective of the website is to make it

² List characteristics of regular GPs will be explained in section 2.2 Regular GP characteristics.

easier for consumers to choose a competent regular GP by providing information about their quality from the perspective of patient experience.

Critics of physician rating websites such as Legelisten.no have expressed concerns regarding selection bias of reviewers and the possibility that the most dissatisfied patients also would be the most likely to post reviews (Watcher, 2012). Recent research does however show that the majority of physician reviews are positive (Lagu, et al., 2010; Kadry, et al., 2011). A second reservation is that anonymous reviews may be subject to manipulation. This concern is intensified by the relatively small number of reviews per physician and may thus get less relevant as reviews become numerous (Watcher, 2012).

Regardless of these concerns, use of physician rating websites has increased rapidly. The Pew Internet and American Life Project 2008's tracking survey found that among those Americans who use the internet to look for health care information, the majority (60 percent) access user-generated information, including reading other patients' health experiences, consulting ratings or reviews of health care providers, and posting reviews or ratings of health care providers (Fox & Jones, 2009). In Norway, approximately 70,000 unique users visit Legelisten.no every month (Legelisten.no, n.d.b). As a rising number of patients go online to assess their physicians, these rating websites grow into considerable sources of information about patient experience with health care.

1.3 RESEARCH QUESTIONS

To achieve a greater understanding of what dimensions of health care quality patients find relevant and are skilled at identifying, this study analyzes patients' online reviews and ratings of regular GPs from Legelisten.no. The study aims to answer several research questions, while examining both the qualitative and the quantitative information provided by the website:

1. What are the characteristics of the sample and the dataset from Legelisten.no?

Because reviewers on Legelisten.no are self-selected they may be systematically different from health care consumers in general. It is for example probable that reviewers are younger and more educated. To get an indication as to what extent the sample of reviewers on Legelisten.no is representative of the Norwegian population, this study will begin by comparing the population of reviewers with the population of Norway in terms of age and gender on both national and county levels. Differing incentives to write reviews may also lead to selection biases. It has for example been discussed that the most disgruntled patients also could be the most likely to post reviews (Watcher, 2012). To assess the variation of ratings I will determine the distribution of ratings for all questions on Legelisten.no, and calculate distribution means, medians and standard deviations. The sample representativeness and rating variation will have implications for the generalizability of findings in the upcoming analyses.

Furthermore, Legelisten.no enables patients to rate their regular GPs on ten specific quality measures as well as one independent overall satisfaction measure. An examination of correlations between the specific quality measures and the overall satisfaction measure is conducted to assess rating coherence, and to get an indication as to what extent these specific quality dimensions are important drivers of patient satisfaction. This analysis of correlations will provide initial insight to research question 2.

2. What dimensions of health care quality contribute to reviewer satisfaction?

Understanding what quality dimensions patients consider relevant is necessary in order to recognize how patient demand contributes to health care quality competition and maintenance. This topic will be addressed through a qualitative analysis of a sample of the narrative comments from the reviews on Legelisten.no. The unstructured nature of these comments enables reviewers to freely address the quality dimensions that contribute to their satisfaction or dissatisfaction with the regular GP. These drivers of satisfaction may in turn be considered by them as the most relevant dimensions when making health care choices.

3. Do online ratings reflect patient demand?

As mentioned above, online ratings may be subject to various selection biases. Although assessments of sample representativeness and rating variation help indicate whether such biases are prevalent, further indication may be found by examining whether online ratings reflect other measures of patient satisfaction. Patient demand may be interpreted as an indicator of patient satisfaction, as patients who are satisfied with their regular GP typically will choose to stay on his or her list, while those who are dissatisfied typically will change to another. Through the use of descriptive statistics and regressions I will thus examine whether a relationship between online ratings and patient demand as indicated by regular GPs' leaving rates exists. I will also examine the relationships between online ratings and other regular GP characteristics, namely gender, age, location, and list characteristics. Including these background variables in the regression analysis allows me to control for them.

4. Do online ratings reflect clinical quality indicators of regular GPs?

Knowing whether patients are able to identify physicians of high clinical quality is necessary in order to recognize how patient demand contributes to competition on and maintenance of this specific quality dimension. To assess the relationship between patient satisfaction and clinical quality I will use descriptive statistics and regressions to examine whether the online ratings on Legelisten.no are associated with two specific quality indicators of regular GPs, namely specialization and warning history. As in the analysis of patient demand, I will also include the other regular GP characteristics, age, gender, location and list characteristics, for control purposes.

It should be noted that while the analyses conducted to answer research questions 3 and 4 enables me to assess whether there is a relationship between the online ratings and the various regular GP characteristics, it does not allow me to determine causality.

The rest of the paper is structured as follows. In section 2 I give a description of the data used throughout the study. Section 3, 4 and 5 are organized according to each particular

research question. Characteristics of the sample and the dataset from Legelisten.no are examined in section 3. Section 4 continues with the qualitative content analysis of what dimensions of health care quality patients choose to address in their narrative comments. In section 5 I investigate whether patients' ratings are associated with the various regular GP characteristics through a quantitative analysis. In section 6 I summarize the results and discuss implications, limitations and areas of interest for further research.

2. DATA

This section describes the data used throughout the study. The first part presents the online review and rating data from Legelisten.no. The second part describes the data on regular GP characteristics from several different registries.

2.1 ONLINE REVIEWS AND RATINGS

Legelisten.no enables patients to rate and review the regular GPs they have been in contact with. Those who wish to do so are asked to write a description of their own experience with the regular GP of minimum 50 letters and symbols, and give a numerical rating on their overall satisfaction. The numerical rating is on a scale from 1 to 5 stars, with 1 being the lowest and 5 the highest. The website reports a rounded average of the individual patients' ratings as the regular GP overall satisfaction score.

Furthermore, reviewers may numerically rate their regular GP on ten optional questions categorized in three domains: availability (phone wait time, appointment accessibility, in office wait time), trust and communication (advice and recommendations, contribution to understanding, listening ability, time spent with regular GP), and service (opening hours, staff, office facilities) (for specific questions, see Appendix 1). The website calculates and reports ratings for each domain, by averaging the responses to each individual question within that domain. Before submitting, reviewers may also fill in their age, gender and number of regular GP visits per year.

All reviews and ratings on Legelisten.no are submitted anonymously and voluntarily, and there are no incentives for submission. Reviews are moderated according to a fixed set of guidelines; those deemed offensive, acts of sabotage or manipulation, or which contain accusations of misdiagnosis or mistreatment, are not publicized. Further, users may mark

reviews they find inappropriate through a designated function. Once a review is publicized, it is free for anyone to read.

This study examines all publicized ratings on Legelisten.no from its introduction on May 26, 2012 up to December 31, 2013 for regular GPs who were still practicing at the end of the analyzed period (December 31, 2013). It should be noted that while reviewers are required to give a numerical rating on their overall satisfaction, the specific rating questions are optional to respond to. This also applies for the reviewer demographics, age and gender. Accordingly, the number of responses may differ between the various questions.

Table 1. Description of variables (online review and rating data)

Variable	Description
The review	
Overall satisfaction rating	Reviewer satisfaction with the RGP
Phone wait time	How much time the reviewer spends queuing on the phone
Appointment accessibility	How long the reviewer has to wait to get an appointment
In office wait time	How much time the reviewer spends waiting in the office
Advice	Reviewer trust in RGP's advice and recommendations
Contribution to understanding	Reviewer experience with the RGP's contribution to his/hers understanding of the disease
Listening ability	Reviewer experience with the extent to which the RGP listens and answers questions
Time spent with RGP	Reviewer experience with whether the RGP spends a sufficient amount of time with him/her
Opening hours	Reviewer satisfaction with opening hours
Staff	Reviewer satisfaction with other office staff
Office facilities	Reviewer satisfaction with office facilities, such as location, cleanliness and environment
The reviewer	
Reviewer age	Under 20, 21-30, 31-40, 41-50, 51-60, over 60
Reviewer gender	Male/Female

2.2 REGULAR GP CHARACTERISTICS

The regular general practitioner scheme in Norway entails that each regular GP is registered with a list of inhabitants for whom he or she is responsible for providing primary care services (The Norwegian Ministry of Health and Care Services, n.d.). The regular GPs are entitled to determine the maximum number of inhabitants they would like to have on their

list, and also hold the right to reduce or raise this reported maximum number. Inhabitants are entitled to be registered with the regular GP of their choice – provided that he or she has an available spot. Furthermore, inhabitants hold the right to change regular GPs up to twice a year (The Norwegian Health Economics Administration, 2013). The actual number of patients on each regular GP's list as well as the number of patients leaving each regular GP's list is registered in The Regular GP Data Base for monthly periods. I received data on the actual number of available spots on each regular GP's list from Legelisten.no.

Regular general practitioners may specialize in general practice. The specialization is not a requirement, but is intended to improve regular GPs' competence in a number of areas, including knowledge about diagnostics and treatment of patients, knowledge about risk assessment, ability to assess the utility of preventive measures, communication, pedagogical skills, practical skills, and ethical considerations (Fastlegen.no, n.d.). To become a specialist in general practice a regular GP must document at least four years of service in general practice, one year of service in hospital, and participation in various educational activities such as courses and teaching groups. Regular GPs may also specialize in more focused areas of medicine, such as community medicine or specific groups of diseases. I received data on regular GPs' specialization(s) from Legelisten.no.

The Norwegian Board of Health Supervision may give health care practitioners who violate their legal obligations as professionals a warning. Warnings may be given for various violations, including drug problems, medical errors, poor journal entries and illness (The Norwegian Board of Health Supervision, 2013). I received data on regular GPs' warning history from The Norwegian Board of Health Supervision.

Finally, I received data from Legelisten.no on each regular GP's gender, age and location.

I matched the data on regular GP characteristics described in this section with the rating data from Legelisten.no to conduct the quantitative analysis presented in section 5. Regular GP characteristic variables and their constructions will thus also be described in section 5.

3. CHARACTERISTICS OF THE SAMPLE AND THE DATASET

This section familiarizes the reader with the characteristics of the sample and the dataset from Legelisten.no and thus covers research question 1. It begins by examining the sample representativeness and continues with an investigation of the variation of the online ratings. Additionally, correlations between the various rating questions are examined.

3.1 SAMPLE REPRESENTATIVENESS

The extent to which the sample of reviewers on Legelisten.no is representative of the Norwegian population on the characteristics of age and gender has been assessed through a comparison of the submitted reviewer demographics and the demographics for the Norwegian population provided by Statistics Norway. Because providing age and gender is optional for reviewers on Legelisten.no, this analysis only includes those reviewers who have responded to both questions. Out of the 22,808 reviews sampled from Legelisten.no, 14,488 reviewers (64 percent) had answered both demographic questions and were thus included.

Table 2. Age and gender distribution of the Norwegian population and the sample of reviewers

	n	Under 20		20 - 30		31 - 40		41 - 50		51 - 60		Over 60		Total
		Female	Male	Female	Male	Female	Male	Female	Male	Female	Male			
Population	5051275	12 %	13 %	7 %	7 %	7 %	7 %	7 %	7 %	6 %	6 %	11 %	9 %	100 %
Sample	14488	1 %	1 %	19 %	8 %	17 %	10 %	12 %	9 %	7 %	6 %	4 %	6 %	100 %

Table 2 above illustrates the age and gender distribution of the Norwegian population per January 1, 2013 grouped into six age categories (Statistics Norway, 2013). Females and males are almost equally distributed. The age groups under 20 and over 60 are larger than

the four others. Table 2 also illustrates the age and gender distribution of the reviewers on Legelisten.no, grouped into the same six age categories. Compared to the distribution of the Norwegian population from Statistics Norway, females are overrepresented. The overrepresentation of the sample is largest in the age groups 20 – 30, 31 – 40, and 41 – 50. The least represented age groups in the distribution of reviewers on Legelisten.no are under 20 and over 60. As these groups are the largest in the distribution of the Norwegian population from Statistics Norway, they are noticeably underrepresented. Finally, results show that even though there are more females than males over 60 in Norway, more males than females have written reviews on Legelisten.no in this age group.

To identify potential geographic differences in sample representativeness I also compared the submitted reviewer demographics with demographics for the Norwegian population for each Norwegian county. As Legelisten.no does not collect information about reviewers' place of residence, this county-level analysis assumes that reviewers are residents of the county in which their regular GP is located.

Table 3. Age and gender distribution of the Norwegian population and the sample of reviewers on county levels

	n	Under 20		20 - 30		31 - 40		41 - 50		51 - 60		Over 60		Total
		Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	
Akershus														
Population	566399	13 %	14 %	6 %	6 %	7 %	7 %	8 %	8 %	6 %	6 %	10 %	9 %	100 %
Sample	1708	1 %	1 %	16 %	7 %	16 %	9 %	13 %	9 %	8 %	7 %	5 %	7 %	100 %
Aust Agder														
Population	112772	13 %	13 %	6 %	7 %	6 %	7 %	7 %	7 %	7 %	7 %	11 %	10 %	100 %
Sample	422	1 %	1 %	15 %	5 %	18 %	11 %	15 %	11 %	6 %	8 %	3 %	7 %	100 %
Buskerud														
Population	269003	12 %	12 %	6 %	7 %	7 %	7 %	7 %	8 %	6 %	6 %	12 %	10 %	100 %
Sample	912	1 %	0 %	14 %	6 %	21 %	11 %	13 %	9 %	8 %	5 %	4 %	8 %	100 %
Finnmark														
Population	74534	12 %	13 %	7 %	8 %	6 %	6 %	7 %	8 %	6 %	7 %	11 %	10 %	100 %
Sample	288	2 %	1 %	19 %	6 %	14 %	11 %	18 %	9 %	8 %	10 %	1 %	2 %	100 %
Hedmark														
Population	193719	11 %	12 %	6 %	6 %	6 %	6 %	7 %	7 %	7 %	7 %	14 %	12 %	100 %
Sample	362	2 %	0 %	11 %	9 %	19 %	10 %	12 %	10 %	9 %	10 %	4 %	5 %	100 %
Hordaland														
Population	498135	13 %	13 %	8 %	8 %	7 %	7 %	7 %	7 %	6 %	6 %	10 %	9 %	100 %
Sample	1185	1 %	0 %	23 %	10 %	16 %	10 %	11 %	8 %	6 %	6 %	4 %	5 %	100 %
Møre og Romsdal														
Population	259404	12 %	13 %	6 %	7 %	6 %	6 %	6 %	7 %	6 %	7 %	12 %	10 %	100 %
Sample	387	1 %	0 %	15 %	12 %	12 %	10 %	15 %	9 %	6 %	7 %	4 %	9 %	100 %
Nordland														
Population	239611	12 %	13 %	6 %	7 %	6 %	6 %	7 %	7 %	7 %	7 %	12 %	11 %	100 %
Sample	653	2 %	0 %	22 %	7 %	14 %	7 %	14 %	11 %	6 %	9 %	2 %	7 %	100 %
Nord-Trøndelag														
Population	134443	13 %	13 %	6 %	7 %	6 %	6 %	7 %	7 %	6 %	7 %	12 %	11 %	100 %
Sample	188	2 %	2 %	16 %	4 %	16 %	8 %	15 %	17 %	4 %	4 %	3 %	9 %	100 %
Oppland														
Population	187254	11 %	12 %	6 %	7 %	6 %	6 %	7 %	7 %	7 %	7 %	13 %	11 %	100 %
Sample	457	3 %	0 %	19 %	6 %	16 %	9 %	14 %	10 %	9 %	5 %	3 %	5 %	100 %
Oslo														
Population	623966	11 %	11 %	10 %	10 %	9 %	10 %	6 %	7 %	5 %	5 %	9 %	7 %	100 %
Sample	2836	1 %	0 %	19 %	8 %	20 %	13 %	11 %	9 %	6 %	5 %	4 %	5 %	100 %
Rogaland														
Population	452159	13 %	14 %	8 %	8 %	7 %	8 %	7 %	7 %	6 %	6 %	9 %	8 %	100 %
Sample	1022	1 %	1 %	20 %	9 %	18 %	11 %	12 %	9 %	6 %	5 %	3 %	7 %	100 %
Sogn og Fjordane														
Population	108700	13 %	13 %	6 %	7 %	5 %	6 %	6 %	7 %	6 %	7 %	12 %	11 %	100 %
Sample	135	2 %	1 %	13 %	6 %	16 %	10 %	12 %	11 %	8 %	9 %	3 %	8 %	100 %
Sør-Trøndelag														
Population	302755	12 %	13 %	8 %	9 %	6 %	7 %	7 %	7 %	6 %	6 %	10 %	9 %	100 %
Sample	907	1 %	1 %	30 %	12 %	14 %	8 %	10 %	6 %	7 %	5 %	3 %	4 %	100 %
Telemark														
Population	170902	12 %	12 %	6 %	7 %	7 %	6 %	7 %	7 %	7 %	7 %	13 %	11 %	100 %
Sample	316	1 %	0 %	20 %	6 %	14 %	9 %	14 %	9 %	10 %	6 %	3 %	7 %	100 %
Troms														
Population	160418	12 %	13 %	7 %	8 %	6 %	7 %	7 %	7 %	6 %	6 %	11 %	10 %	100 %
Sample	948	1 %	1 %	19 %	7 %	16 %	11 %	15 %	10 %	7 %	7 %	2 %	5 %	100 %
Vest-Agder														
Population	176353	13 %	14 %	7 %	8 %	7 %	7 %	7 %	7 %	6 %	6 %	11 %	9 %	100 %
Sample	425	0 %	1 %	22 %	8 %	20 %	9 %	10 %	8 %	7 %	7 %	4 %	5 %	100 %
Vestfold														
Population	238748	12 %	13 %	6 %	7 %	6 %	6 %	7 %	7 %	7 %	7 %	12 %	10 %	100 %
Sample	574	1 %	1 %	18 %	7 %	17 %	11 %	11 %	9 %	8 %	7 %	5 %	6 %	100 %
Østfold														
Population	282000	12 %	13 %	6 %	7 %	6 %	6 %	7 %	8 %	6 %	7 %	12 %	10 %	100 %
Sample	763	1 %	1 %	17 %	7 %	18 %	10 %	13 %	8 %	8 %	8 %	3 %	6 %	100 %

Table 3 above illustrates the age and gender distribution of the Norwegian population per January 1, 2013 on county levels (Statistics Norway, 2013). Nearly all counties show age and gender distributions similar to the national level; females and males are almost equally distributed, and age groups under 20 and over 60 are larger than the four others. Table 3 further illustrates the age and gender distribution of the sample of reviewers on Legelisten.no on county levels. Compared to the county level distributions of the Norwegian population from Statistics Norway, I find similar patterns as discovered when comparing on the national level; females are overrepresented in the age groups 20 – 30, 31 – 40 and 41 – 50. The only exception is Nord-Trøndelag, in which males are slightly overrepresented in the age group 41 – 50. Also similar to the comparison at the national level, the age group under 20 is underrepresented in all counties, and the age group over 60 is underrepresented in nearly all counties. The only exceptions from the latter are Møre og Romsdal and Rogaland, in which the percentage of males over 60 in the sample come close to the percentage in the population. Also similar to the comparison at the national level, more males than females over 60 have written reviews on Legelisten.no, even though the population in this age group consists of more females than males. This latter point is applicable to all counties.

Findings thus show that the sample of reviewers on Legelisten.no is not representative of the Norwegian population due to overrepresentation of females and underrepresentation of the age groups under 20 and over 60. The underrepresentation of those under 20 is not surprising, as this age group includes children who are likely to be too young to have become conscious consumers of regular GP services yet. The underrepresentation of those over 60 is also unsurprising due to the likelihood that a great share of the population in this age group has limited experience with the internet. Accordingly, they may be less inclined to use it for rating purposes. The overrepresentation of females is however more challenging to clarify. A possible explanation is that females visit their regular GP more often and thus have more experience to share in reviews. Another plausible explanation is that females due to some gender specific characteristic experience greater incentives to actively engage in review sites and write reviews.

3.2 RATING VARIATION

The variation of ratings may be examined through their distributions. Table 4 below displays the distributions of ratings for both the required overall satisfaction rating question and the ten optional rating questions. It also presents the share of reviewers who have not responded to the ten optional rating questions. Furthermore, the rating distributions are supplemented with their means, medians and standard deviations.

Table 4. Distributions, means, medians and standard deviations of ratings

Rating	1	2	3	4	5	Not rated	Mean	Median	Std
Overall satisfaction	12.88%	7.69%	5.19%	9.08%	65.17%	-	4.06	5	1.47
Availability									
Phone wait time	16.31%	16.90%	17.75%	17.61%	8.33%	23.11%	2.80	3	1.30
Appointment accessibility	11.52%	13.71%	20.70%	12.40%	19.60%	22.07%	3.19	3	1.38
In office wait time	6.29%	13.53%	22.26%	22.95%	13.47%	21.51%	3.30	3	1.17
Trust and communication									
Advice	6.13%	5.64%	5.91%	11.59%	52.82%	17.91%	4.21	5	1.27
Contribution to understanding	8.68%	6.09%	5.13%	11.42%	50.00%	18.68%	4.08	5	1.39
Listening ability	8.55%	5.60%	4.78%	7.76%	55.57%	17.73%	4.17	5	1.38
Time spent with RGP	8.19%	5.41%	6.09%	11.82%	50.23%	18.27%	4.11	5	1.36
Service									
Opening hours	2.19%	3.18%	12.79%	27.18%	31.04%	23.62%	4.07	4	1.00
Staff	4.27%	4.41%	10.30%	21.90%	35.88%	23.25%	4.05	4	1.15
Office facilities	2.45%	3.03%	10.12%	22.10%	39.05%	23.25%	4.20	5	1.02

Table 4 shows that approximately 20 percent of reviewers have not responded to the optional rating questions. Furthermore, overall satisfaction with regular GPs seems to be relatively

high; the mean overall satisfaction rating is 4.06 out of 5, with 65.17 percent of regular GPs receiving a 5 out of 5, while only 12.88 percent of regular GPs received a 1 out of 5. This is in line with international findings (Lagu, et al., 2010; Kadry, et al., 2011) and shows that ratings are more commonly used to express satisfaction than dissatisfaction. Godager & Iversen (2010) have measured patients' satisfaction with Norwegian regular GPs on five quality dimensions on a scale with five response categories. They found that the majority of patients gave the highest or the second highest score on all measured dimensions in the year of 2008. Patient satisfaction with Norwegian regular GPs thus appears to be high. Accordingly, the variation of the ratings from Legelisten.no also seems to be satisfactory for further analysis. Because of limited research on patients' overall satisfaction with Norwegian regular GPs, it is however challenging to accurately establish whether selection bias, due to differing incentives to write reviews, is present.

The ratings on the specific quality dimensions are more varied; questions related to what Legelisten.no defines as trust and communication, namely advice, contribution to understanding, listening ability and time spent with RGP, in general received high ratings with means varying from 4.08 to 4.21 out of 5. Within this category 50 - 55.57 percent (depending on rating question) of regular GPs received a 5 out of 5, while only 6.13 - 8.68 percent received a 1 out of 5. Questions related to service, namely opening hours, staff and office facilities, also received high ratings with means varying from 4.05 - 4.20. The distributions of these rating questions are however more evenly distributed compared to the overall satisfaction rating. Reviewers seem to be less satisfied on the questions related to availability, namely phone wait time, appointment accessibility and in office wait time, as these questions received mean ratings between 2.80 and 3.30. Compared to the overall satisfaction rating question, ratings on these questions are more evenly distributed. In the next sub section, correlations between the overall satisfaction rating question and the specific rating questions are calculated to further assess the distributional differences found here.

3.3 CORRELATIONS BETWEEN RATING QUESTIONS

An examination of the correlations between the overall satisfaction rating question and the specific rating questions on Legelisten.no is valuable for assessing rating coherence, and gives an indication as to what extent these specific quality dimensions are important drivers of patient satisfaction. Because the ten rating questions on specific quality dimensions are optional for reviewers on Legelisten.no, this analysis only includes those reviews with given ratings on all questions. Out of the 22,808 sampled reviews, 15,573 (68 percent) included responses to all rating questions and were thus included. Table 5 displays a comparison of the included and the excluded sample on the basis of given ratings and demographics.

Table 5. Comparison of the sample included in and excluded from the analysis of correlations

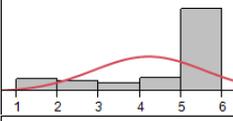
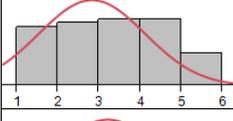
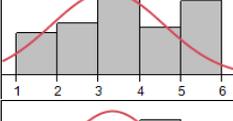
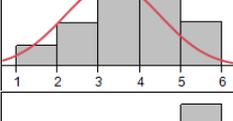
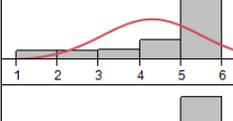
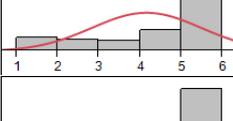
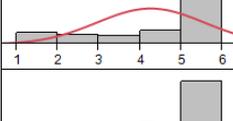
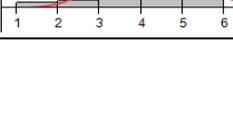
Sample	Overall satisfaction			Reviewer age and gender												
	Mean	Median	Std	Under 20		20 - 30		31 - 40		41 - 50		51 - 60		Over 60		Total
				Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	
Included n=15573	4.2	5	1.35	1 %	1 %	19 %	8 %	17 %	10 %	12 %	9 %	7 %	6 %	3 %	6 %	100 %
Excluded n=7235	3.75	5	1.67	1 %	1 %	20 %	8 %	16 %	10 %	12 %	8 %	7 %	6 %	5 %	7 %	100 %

Note: The distribution of reviewer age and gender is calculated for those who have responded to both demographic questions.

Table 5 shows that those who had responded to all rating questions and thus were included in the analysis had given higher overall satisfaction ratings (mean 4.2) than those who had not responded to all rating questions and thus were excluded (mean 3.75). This systematic difference between the two samples may limit the generalizability of this analysis. There is however no considerable differences in the age and gender distribution between the two samples.

Normality assessments were conducted for all rating questions to select the most appropriate correlation coefficient. Table 6 displays the goodness-of-fit tests of the distributions of the various rating questions. It reports skewness, kurtosis, test statistics and histograms.

Table 6. KSL Goodness-of-Fit Test Results

Rating question	Kurtosis	Skewness	D	Histogram
Overall satisfaction	0.5822	-1.4568	0.4032***	
Phone wait time	-1.1321	0.0712	0.1627***	
Appointment accessibility	-1.1738	-0.1155	0.1574***	
In office wait time	-0.7535	-0.2761	0.1892***	
Advice	1.3181	-1.5920	0.3818***	
Contribution to understanding	0.4506	-1.3701	0.3648***	
Listening ability	0.9059	-1.5452	0.4081***	
Time spent with RGP	0.6009	-1.4063	0.3645***	
Opening hours	0.8841	-1.0762	0.2333***	
Staff	0.7004	-1.2104	0.2643***	
Office facilities	1.4387	-1.3595	0.2952***	

***p<0.01 **p<0.05 *p<0.10

Table 6 shows that all distributions are significantly non-normal at a one percent significance level. Furthermore, histograms for all rating questions show departure from normality, with

either negative skewness or negative kurtosis. The nonparametric Spearman's rank coefficient was thus used to calculate correlations.

Spearman's rank correlation coefficients between all the specific rating questions and the overall satisfaction rating are displayed in table 7 below. I interpret correlations between 0 and 0.25 as trivial, 0.25 and 0.50 as weak, 0.50 and 0.75 as moderate and 0.75 and 1 as strong.

Table 7. Correlations with overall satisfaction rating

Rating category	Rating question	Spearman ρ
	Phone wait time	0.3815***
Availability	Appointment accessibility	0.4043***
	In office wait time	0.4335***
	Advice	0.8246***
Trust and communication	Contribution to understanding	0.8207***
	Listening ability	0.8492***
	Time spent with RGP	0.7856***
	Opening hours	0.4615***
Service	Staff	0.4233***
	Office facilities	0.4578***

*** $p < 0.01$ ** $p < 0.05$ * $p < 0.10$

Table 7 shows that all the specific rating questions correlate positively with the overall satisfaction rating question. All correlations are significant at a 1 percent level. This

indicates that all quality dimensions covered in the specific rating questions contribute to reviewers' overall satisfaction and rating coherence thus appears to be satisfactory. The coefficients do however also show that the correlations are of differing strength. Correlations between phone wait time, appointment accessibility, in office wait time, opening hours, staff, office facilities and overall satisfaction vary between 0.3815 and 0.4615 and are thus all categorized as weak. Phone wait time has the weakest correlation with overall satisfaction with a correlation coefficient of 0.3815. On the other hand, correlations between advice, contribution to understanding, listening ability, time spent with RGP and overall satisfaction vary between 0.7856 and 0.8492 and are thus all categorized as strong. Listening ability correlates the strongest with overall satisfaction, with a correlation coefficient of 0.8492. The differences in correlation strength between the overall satisfaction rating and the specific rating questions indicate that these specific quality dimensions contribute to reviewer satisfaction to varying extents, with the strongest (weakest) correlations conveying the strongest (weakest) contributors. It thus appears that the specific quality dimensions relating to trust and communication are the strongest drivers of reviewer satisfaction.

4. QUALITATIVE CONTENT ANALYSIS

The analysis of correlations conducted in the previous section indicates that dimensions of health care quality relating to communication and trust are stronger drivers of reviewer satisfaction than others. To further assess what quality dimensions that contribute to patient satisfaction this section qualitatively analyzes reviewers' narrative comments to examine what dimensions of health care quality they choose to address. The section thus covers research question 2. The first part of the section presents the strategy used to select a limited sample of reviews for analysis, while the second part describes the process of the qualitative content analysis. The third part of the section presents the findings. Comparisons between findings are conducted in the final part of the section.

4.1 SAMPLING STRATEGY

The qualitative analysis of reviewers' narrative comments was conducted for a reduced sample of reviews. This selected sample included regular GPs practicing in four areas of Oslo, namely Sagene, Vestre Aker, Stovner and Nordstrand. Areas in Oslo were selected due to their high concentration of regular GPs and widespread availability of online ratings. Furthermore, this specific collection of areas included variation in reviewer social demographics as illustrated by differences in average gross income in table 8 (City of Oslo Agency for Improvement and Development, 2014), and did not differ considerably in terms of given overall satisfaction ratings compared to the rest of Norway (table 9).

Table 8. Average gross income (NOK) 2011 for Oslo and the sampled areas across age categories

	30-59 years	17-24 years	25-29 years	30-39 years	40-49 years	50-66 years	67 + years
Oslo	510 000	119 000	305 000	451 000	546 000	543 000	378 000
Sagene	444 000	139 000	333 000	457 000	444 000	389 000	293 000
Vestre Aker	828 000	88 000	272 000	611 000	899 000	894 000	541 000
Stovner	388 000	105 000	253 000	340 000	413 000	396 000	302 000
Nordstrand	605 000	105 000	292 000	504 000	674 000	605 000	377 000

Table 9. Percentage distribution of overall satisfaction ratings for Norway and the sampled areas

	1	2	3	4	5
Norway	13 %	8 %	5 %	9 %	65 %
Sagene	12 %	9 %	6 %	10 %	64 %
Vestre Aker	16 %	9 %	4 %	9 %	62 %
Stovner	17 %	7 %	4 %	9 %	63 %
Nordstrand	9 %	9 %	6 %	8 %	68 %

Reviewers on Legelisten.no are likely to read previously posted reviews about their regular GP. As a consequence, a review is prone to be influenced by those posted earlier about the same regular GP. Regular GPs with multiple ratings may thus differ systematically from those with a single rating. To reduce biases that may occur when including a high number of reviews from any particular regular GP, I chose to sample only up to three reviews for each as illustrated by López, et al. (2012). By using their method I considerably increased the likelihood that each review represented a unique patient, while still being able to examine a multiple number of reviews for each regular GP.

4.2 CONTENT ANALYSIS

As a first step of the content analysis, I developed a coding template reflecting patient experience using Reimann & Strech (2010) to generate an initial list of coding categories. Reimann & Strech (2010) conducts a systematic review of research instruments for measuring patient experience. Their analysis of these instruments results in a broad set of dimensions for patient experience, namely doctor-patient relationship and support, communication skills, trust, professional care, information and advice, medical and technical facilities, accessibility/availability, office characteristics, office organization and waiting time, and office staff. Additionally, I added codes and modified the template within the course of the analysis as suggested by Miles and Huberman (1994, cited by Zhang & Wildemuth 2009). New concepts and themes that emerged during coding were added. Reviewers did for example comment on various dimensions of professional care, such as referrals to specialists, follow-ups, and thoroughness. Accordingly, these codes were added to the template. The analysis resulted in a comprehensive template of 51 codes and a coding manual³. The coding manual contains detailed guidelines and examples for assigning codes to ensure consistency as recommended by Weber (1990, cited by Zhang & Wildemuth 2009).

Most of the content was relatively objective and unproblematic to code. The comments concerning some of the more technical dimensions, such as perceived successfulness of provided help, effort and clinical skills, were however slightly more subjective and required more consideration and thorough use of the coding manual to ensure consistency. After analysis of approximately 65 reviews all codes had emerged. Finally, codes were categorized into broader themes based on their properties as suggested by Zhang & Wildemuth (2009). The most frequently mentioned codes within the broader thematic categories were chosen for presentation (for an extensive list of codes and underlying quotations see Appendix 2). The entire analysis was supported by Atlas.ti software.

³ The coding manual is available on request to the author.

4.3 FINDINGS

My sampling strategy resulted in 346 reviews for 120 regular GPs. Out of these reviews, 1169 quotations were coded. I used the methodology applied by López, et al. (2012) to differentiate between general and specific reviews. Reviews coded as general described the medical encounter or regular GP in a general manner, while reviews categorized as specific provided more detailed insight to the medical encounter or the regular GP. An example of a general review could be “My regular GP is great, I will never change to another”, while a specific review could be “My regular GP is knowledgeable and always takes the time to listen to what I have to say”. General reviews thus lacked a specific description to identify why a reviewer perceived the regular GP negatively or positively. In contrast, specific reviews provided detailed enough descriptions to identify why the reviewer perceived the regular GP positively or negatively. 11 reviews (3 percent) were coded as general. As general reviews do not provide any insight as to what quality dimensions that contribute to patient satisfaction, these reviews were grouped into a common code and excluded from further analysis. Additionally, 3 reviews (1 percent) were coded as uncertain. Uncertain reviews represent reviews in which contents were unclear, and thus required subjective interpretation to be coded. These reviews were also excluded from further analysis.

Quotations in the specific and certain reviews were further coded into dimensions of patient experience as explained in section 4.2. 45 different coded dimensions were identified in total. Additionally, 74 of the specific reviews (21 percent) also included nonspecific superlatives describing the regular GP, such as “good” and “competent”. As interpretation of these nonspecific superlatives would be highly subjective due to their general nature, they were grouped into a common code and excluded from further analysis. As reviewers may have had specific quality dimensions in mind when using the nondescriptive superlatives, this possible limitation should be kept in mind. All quotations were also coded as either positive or negative.

Finally, thematic analysis was applied to combine the most frequently mentioned codes (28 out of 45) into the three appearing broader categories; clinical aspects, interpersonal aspects, and organizational aspects. The clinical aspects category included technical dimensions

related to the regular GPs' perceived clinical skills and knowledge, referrals, thoroughness and professionalism. The interpersonal aspects category included dimensions concerning the regular GPs' perceived personal characteristics and communicative skills. The organizational aspects category consisted of more managerial dimensions including appointment accessibility, wait times, office facilities and office staff.

As the higher thematic categories emerged from the identified codes themselves, most of the codes were relatively straightforward to classify. However, some codes, "Time spent with RGP", "Helpfulness", "Taking patients seriously", and "Effort", were more complex in terms of classification and thus require justification; "Time spent with RGP" describes patients' experience of the amount of time spent with the regular GP during the appointment. This perceived amount of time is likely to be influenced by how the regular GPs organize and schedule their workload. I do however find that the code represents more of an interpersonal aspect, as reviewers seemed concerned with whether the regular GP was willing to let appointments last for a sufficient amount of time. Furthermore, the way the regular GP communicates, for example calmly or stressed, also seemed to affect patients' perceptions of appointment durations. Accordingly, I chose to classify the code as interpersonal.

"Helpfulness" portrays the extent to which patients experience the regular GP as helpful. "Helpfulness" is likely to be connected with clinical skills, as patients may perceive a regular GP who diagnoses correctly and provides treatment that makes them feel better as helpful. I do however believe that perceived helpfulness depends more strongly on how a regular GP communicates; those who are able to communicate a genuine wish to help and thus give the impression of being accommodating will typically be perceived as helpful. "Helpful" was thus also classified as interpersonal.

"Taking patients seriously" depict the extent to which patients experience that they are taken seriously by the regular GP. This code is likely to be connected with interpersonal aspects such as acting respectful and listening to the patients' concerns. When reading the full

reviews I however got a stronger impression that patients feel that they have been taken seriously when the regular GP follows up on their concerns through clinical examination, tests and referrals. “Taking patients seriously” was thus categorized as clinical.

“Effort” describes whether the regular GPs exert high effort for their patients’ health. “Effort” is likely to be influenced by interpersonal characteristics, as regular GPs may signal a high level of effort by communicating a genuine interest in the patient. Reading the reviews I however found that reviewers seemed to perceive the regular GP as exerting great effort when he or she was thorough in diagnostics and treatment. “Effort” was thus categorized as clinical.

Table 10. Thematic categories and most frequently mentioned underlying codes

Clinical aspects	Interpersonal aspects	Organizational aspects
Clinical skills	Calmness	Appointment accessibility
Efficiency	Communicative ability	In office wait time
Effort	Empathy	Other organizational issues
Experience	Explanation	Phone wait time
Follow-ups	Eye contact	Sms/online booking
Green medicine	Friendliness	Staff
Knowledge	Helpfulness	
Perceived successfulness	Listening ability	
Professional	Time spent with RGP	
Referrals to specialist	Trust	
Taking patients seriously		
Thoroughness		

4.3.1 All thematic categories

The most frequently mentioned thematic category was interpersonal aspects. Summated, the codes within this category were mentioned 519 times, which equals to 44 percent of all quotations. Clinical aspects were also mentioned a relatively high number of times, with an frequency of 386 and a quotation percentage of 33. Reviewers mentioned organizational aspects less frequently, as the codes within this thematic category only were mentioned 120 times, which corresponds to 10 percent of all quotations.

Table 11. Frequency of mentioning (thematic categories)

Thematic category	Frequency	% positive	% of reviews	% of quotations
Interpersonal aspects	519	73 %	150 %	44 %
Clinical aspects	386	82 %	112 %	33 %
Organizational aspects	120	34 %	35 %	10 %
Non specific superlatives	74	99 %	21 %	6 %
Least frequently mentioned codes	56	77 %	16 %	5 %
General reviews	11	100 %	3 %	1 %
Uncertain reviews	3	-	1 %	0 %
Total	1169	-	-	-

4.3.2 Clinical aspects

Being mentioned in 21 percent of reviews, the most frequently mentioned code in the clinical aspects category were descriptions of the regular GP as knowledgeable, both as positive (88 percent) and negative. Examples include “My disease is very rare, still he knows nearly everything about it”, and “She did not know enough about pediatrics”. The second most frequently mentioned code in this category, mentioned in 18 percent of reviews, was descriptions of the regular GP as taking patients and their symptoms seriously. Coded quotations were both as positive (85 percent) and negative. Positive quotations included “She never disregards your concerns”, while negative included “I did not experience that she took me seriously. She ridiculed me and my problems and refused to refer me to a specialist which later turned out to be completely necessary”.

Reviewers also frequently mentioned their experience with follow-ups concerning diagnosis, test results and rejected referrals (16 percent of reviews, 69 percent positive) as well as whether the regular GP was perceived as willing or reluctant to send specialist referrals (15 percent of reviews, 90 percent positive). Example quotations for follow ups are “She always calls me back if I ask her to, and follows up on specialist referrals as well as other matters agreed upon” and “You have to follow up yourself”. Example quotations for referrals include “She does not hesitate to refer you to specialists for further examination if necessary” and “Did not send me to a specialist despite of me being sick for years”.

Being mentioned in respectively 14 percent and 5 percent of reviews, other commonly mentioned codes were descriptions of the regular GPs' clinical skills (78 percent positive) and patients' perceived successfulness of provided help (44 percent positive). Representative clinical skills quotations are "His diagnosis are always correct", and "Instead of examining me to find out what was wrong, he followed vague and incorrect assumptions", while representative quotes for perceived successfulness of provided help are "It took approximately two months from my father discovered a lump on his neck and visited his doctor until the lump (which turned out to be cancer) was removed. Doctor X's efficient actions were determining for everything going well", and "I was in great pain and was told by the doctor that I had to work out more. He did not examine me. I had to visit a private doctor to be examined and diagnosed". Positive clinical quotations also described the regular GP as thorough, efficient, experienced, professional, as exerting a high level of effort and as focused on green medicine.

Table 12. Clinical aspects

Code	Example quotations (positive/negative)	1	2	3	4
Knowledge	"He seems very knowledgeable"/ "She does not know enough about important things"	72	88 %	21 %	19 %
Taking patients seriously	"He takes my symptoms seriously"/ "He does not take his patients seriously"	61	85 %	18 %	16 %
Follow-ups	"She calls me back if I ask her to and always follows up"/ "He may forget routine controls"	54	69 %	16 %	14 %
Referrals to specialist	"She sends a specialist referral right away if needed"/ "She is reluctant to send specialist referrals"	52	90 %	15 %	13 %
Clinical skills	"I have never experienced him getting the wrong diagnosis"/ "I had to tell her which tests to run and referrals to write"	50	78 %	14 %	13 %
Thoroughness	"He examines you thoroughly"	24	100 %	7 %	6 %
Perceived successfulness	"His advice helped my son get well again"/ "I have lasting sequela due to this doctor"	18	44 %	5 %	5 %
Efficiency	"He is efficient"	14	100 %	4 %	4 %
Experience	"She is very experienced"/ "This doctor needs more experience"	14	86 %	4 %	4 %
Professional	"She is professional"	12	100 %	3 %	3 %
Effort	"He does not give up until he knows what is wrong"/ "Does nothing beyond what is absolutely necessary"	11	64 %	3 %	3 %
Green medicine	"Provides "green" advice before prescribing medicines"	4	75 %	1 %	1 %
Total		386	-	-	-

Note: 1 = frequency of mentioning, 2 = percentage positive, 3 = percentage of reviews, 4 = percentage of clinical quotations.

4.3.3 Interpersonal aspects

Being mentioned in 35 percent of reviews, the most frequently mentioned code in the interpersonal aspects category were descriptions of the regular GP as listening, both as positive (81 percent) and negative. Examples include "He listens to how you experience your problems and symptoms" and "He did not seem to care much about what I had to say. He did not take the time to listen to me tell about my symptoms". The second most frequently mentioned code in the interpersonal aspects category, mentioned in 32 percent of reviews, was descriptions of the regular GP as empathetic. Mentioned quotations were both positive (88 percent) and negative. Positive quotations included "When I sit down with him I really

get the sense that he feels sorry for me being sick”, while negative included “He lacks a sense of care”.

25 percent of reviewers also mentioned their experience of the regular GP as friendly or unfriendly (82 percent positive). Example quotations are “He is kind and friendly” and “He was so rude that I went out of his office in tears”. Descriptions of satisfaction with the time spent with the regular GP during the medical encounter were also frequent (mentioned in 21 percent of reviews), both as positive (68 percent) and negative. Positive quotations included “He does not just rush through his patients, but takes the time for each one”, while negative quotations included “He never spends more than five minutes with me”. Furthermore, 13 percent of reviewers mentioned their experience of the regular GP as trustworthy or not trustworthy (89 percent positive). Positive example quotations include “I feel confident in her decisions”, while negative include “I do not trust him”.

Various communication skills, more or less specified, such as general communication abilities, eye contact and whether the regular GP took the time to explain what he or she did and options for treatment were also dimensions that came up in this category. The majority of reviewers were satisfied on nearly all these dimensions. The exception is eye contact, for which the majority expressed that the regular GPs tended to look more at their PCs and notes than at the patient. Further, positive interpersonal quotations described the regular GP as helpful. Whether the regular GP acted calmly or stressed was also a dimension that came up in this category, with the majority of reviewers being dissatisfied.

Table 13. *Interpersonal aspects*

Code	Example quotations (positive/negative)	1	2	3	4
Listening ability	"She listens with both ears"/ "He does not listen to his patients"	120	81 %	35 %	23 %
Empathy	"He seems genuinely interested in his patients"/ "He has little interest in his patients"	110	88 %	32 %	21 %
Friendliness	"She is very friendly"/ "She is rude"	88	82 %	25 %	17 %
Time spent with RGP	"He does not rush through his patients"/ "She never spends more than 5 minutes with me"	72	68 %	21 %	14 %
Trust	"He is worthy your trust"/ "I feel like I can not trust him"	46	89 %	13 %	9 %
Communicative ability	"He is very easy to talk to"/ "Our communication was poor"	26	73 %	8 %	5 %
Explanation	"He explains what he does and options for treatment"/ "She does not bother to explain what she does"	22	86 %	6 %	4 %
Helpfulness	"She is helpful"	15	100 %	4 %	3 %
Eye contact	"She looks at me when we talk"/ "She looks more at her computer than at her patient"	11	27 %	3 %	2 %
Calmness	"He is calm"/ He seems quite stressed	9	33 %	3 %	2 %
Total		519	-	-	-

Note: 1 = frequency of mentioning, 2 = percentage positive, 3 = percentage of reviews, 4 = percentage of interpersonal quotations.

4.3.4 Organizational aspects

Being mentioned in 16 percent of reviews, the most frequently mentioned code in the organizational aspects category was descriptions of appointment accessibility. Mentioned quotations were both positive (high accessibility, 57 percent) and negative (low accessibility). Positive quotations included "Usually I get an appointment right away", while negative quotations included "It is incredibly difficult to get an appointment on short notice. You usually have to wait for two or three weeks. By then you are either dead or well again".

Further, 10 percent of reviewers mentioned their satisfaction with the in office wait time, also both as positive (short wait time, 18 percent) and negative (long wait time). Positive examples include "Finally a doctor that does not let me sit for hours in the waiting room",

while negative examples include “Unfortunately he is always delayed. Bring something to read”.

Various organizational dimensions, such as phone waiting time, competence and friendliness of staff, possibility for sms/online booking and descriptions of the office environment were also dimensions that came up in this category. The majority of reviewers were dissatisfied on nearly all these dimensions. The exception is staff, for which half of the reviewers expressed positive experiences.

Table 14. Organizational aspects

Code	Example quotations (positive/negative)	1	2	3	4
Appointment accessibility	"I rarely wait more than two days to get an appointment" "It is impossible to get an appointment"	54	57 %	16 %	45 %
In office wait time	"Always on time, I never wait for my appointments"/ "I waited more than 40 minutes for my appointment"	33	18 %	10 %	28 %
Other organizational issues	"The office looks nice and bright"/ "Sends you bills even though you have the "free card"	9	33 %	3 %	8 %
Staff	"His secretary is really warm and friendly"/ "The secretaries make you feel like a burden"	10	50 %	3 %	8 %
Phone wait time	"They always pick up the phone"/ "There is always a queue on the phone"	7	14 %	2 %	6 %
Sms/online booking	"Book appointments electronically. It works great"/ "It would be nice if they had electronic booking"	7	29 %	2 %	6 %
Total		120	-	-	-

Note: 1 = frequency of mentioning, 2 = percentage positive, 3 = percentage of reviews, 4 = percentage of organizational quotations.

4.4 COMPARISON OF FINDINGS

While the general and uncertain reviews as well as the non specific superlatives provide little information about what quality dimensions that influence patient satisfaction, the specific quotations may contribute our understanding of the topic. Being the most frequently mentioned category of quality dimensions, interpersonal aspects seem to be the most

important drivers of reviewer satisfaction. Reviewer satisfaction also seems to depend considerably on clinical aspects. Although appearing in 10 percent of quotations and thus affecting reviewer satisfaction, organizational aspects are mentioned considerably less frequently than interpersonal and clinical. Organizational aspects thus seem to be less important drivers of reviewer satisfaction than the two other categories.

When looking at the specific underlying dimensions several of them are mentioned considerably more frequently than others, and thus seem to be more important contributors to reviewer satisfaction. Being the most frequently mentioned codes, the interpersonal aspects listening ability, empathy and friendliness appear to be the three strongest drivers of reviewer satisfaction. By further examining the frequencies of mentioning I find that the perceived level of knowledge of the regular GP, the amount of time spent with the regular GP during the medical encounter and being taken seriously by the regular GP are among the greatest contributors to reviewer satisfaction.

Interpersonal aspects may be the most frequently reviewed topic and thus appear as the most important drivers of reviewer satisfaction for several reasons. One possible explanation is that reviewers actually value these regular GP characteristics the most, and accordingly give them greatest consideration when making health care choices. Such an explanation indicates that patient demand to a great extent may be driven by regular GPs' interpersonal abilities. This may in turn induce regular GPs to improve these skills when competing for patients. Furthermore, it suggests that patients may lack interest in publicly reported information about health care quality because it rarely covers providers' interpersonal characteristics. Another plausible explanation is however that reviewers feel inadequate at evaluating the clinical abilities of their regular GP and therefore choose not to address such aspects as often as the interpersonal. If so, reviewers may find clinical abilities of regular GPs more relevant than what is revealed by the analysis of narrative comments. Such an explanation would also imply that patient demand is driven by clinical skills to a greater extent than first indicated. It further suggests that patients are interested in learning about the clinical quality of health care providers through publicly reported information.

In addition to providing information about what dimensions of health care quality reviewers find relevant, the qualitative content analysis also gives insight to reviewer satisfaction. With the majority of quotations being positive, it appears that reviewer satisfaction with regular GPs in general is high. Results do however also show considerable differences in satisfaction between the different thematic categories; reviewers appear to be more satisfied with the interpersonal and clinical aspects than with the organizational aspects of the general practice. When examining the specific underlying dimensions I also find that some dimensions are more frequently mentioned in negative and positive quotations than others. The dimensions in office wait time, phone wait time, sms/online booking possibility, eye contact and calmness were the most frequently mentioned in negative quotations. On the other hand, the dimensions thoroughness, professionalism and helpfulness were always mentioned in positive quotations. It thus appears that reviewer satisfaction differs between the various dimensions of health care quality.

5. QUANTITATIVE ANALYSIS

The analysis of narrative comments in the previous section suggests that reviewer satisfaction is dependent on clinical dimensions of health care quality, although to a somewhat lesser extent than interpersonal aspects. To assess whether reviewers also are able to identify regular GPs of high clinical quality this section investigates the relationships between online ratings and two regular GP quality indicators, namely specialization and warning history. The section also examines whether the online ratings reflect patient satisfaction as indicated by patient demand. It thus covers research questions 3 and 4. Furthermore, relationships between the online ratings and other regular GP characteristics such as age, gender, location and list characteristics are examined for control purposes.

The section begins with a description of the analyzed variables and their constructions, and continues with a discussion of the expected correlations between the online ratings and the various regular GP characteristics. Then, an initial understanding of the associations between the online ratings and the regular GP characteristics is provided through descriptive statistics. Finally, the OLS regression method is applied to further investigate the relationships between the variables.

5.1 CONSTRUCTION OF VARIABLES

Although Legelisten.no's regular GP ratings consist of one overall satisfaction rating as well as ten optional rating questions covering various dimensions of health care quality, the analysis in this section is focused to examine relationships between the overall satisfaction rating and regular GP characteristics. Each regular GP's averaged overall satisfaction rating is represented by the variable AVGSATISFACTION.

Furthermore, I constructed the variable LEAVERATE to represent patient demand by calculating the average share of listed patients leaving each regular GP's list in the period June 1, 2012 to January 1, 2014. Monthly shares were calculated and averaged over the

number of observed months for each regular GP. For those regular GPs who began practicing during the period of analysis, LEAVERATE was naturally limited to include their practicing months. I chose not to use information on the number of patients entering each regular GP's list, as it is an insufficient indicator of patient demand (Biørn & Godager, 2010). Because regular GPs may limit access by reporting the maximum number of patients they would like to take care of, highly demanded regular GPs who experience great patient satisfaction may be registered with low entry numbers. It should however also be noted that LEAVERATE still includes patients who leave their regular GP's list due to migration. Furthermore, regular GPs may choose to reduce their list, and thereby require that patients change to another. Accordingly, LEAVERATE does not perfectly represent the proportion of listed patients who leave their regular GP due to real greater preferences for another.

The variable LISTSIZE was constructed by calculating the average number of patients registered at each regular GP's list over the period June 1, 2012 to January 1, 2014. Monthly registrations of the actual number of patients on each regular GP's list were averaged over the number of observed months for each regular GP. As with LEAVERATE, LISTSIZE was also limited to include the practicing months for those regular GPs who began practicing during the period of analysis. By calculating LISTSIZE as an average, I recognize that the variable may change within the period of analysis

Due to limited data on the actual number of available spots on each regular GP's list I was not able to calculate a period average for free capacity and thereby recognize that it may change within the period of analysis. The variable FREECAPACITY thus represents the actual number of available spots on each regular GP's list at the end of the analyzed period, namely December 31, 2013.

I grouped the regular GP specialities into three categories, namely speciality in general practice, speciality in another area of medicine and no speciality. I constructed two dummy variables to represent the three subgroups. Whether the regular GP is a specialist in general practice is indicated by the dummy variable SPECGEN, while whether the regular GP is

specialized in another area of medicine is indicated by the dummy variable SPECOTH. Because the specialization in general practice requires recertification every fifth year, it may occur that some regular GPs have been both with and without this specialist degree during the period of analysis. I do however consider this issue minor as the period of analysis is relatively short (19 months) and as most specialized regular GPs choose to renew their certification (Biørn & Godager, 2010).

Using regular GPs' warning history retrieved from The Norwegian Board of Health Supervision's registers I determined whether each regular GP had received any warnings in the past 3, 5 and 10 years of practice and constructed the variables WARNING3, WARNING5 and WARNING10⁴. Warnings were matched with the online ratings by the regular GPs' unique HPR-numbers. A small fraction of warnings were however missing HPR-numbers (0 percent of WARNING3, 5 percent of WARNING5 and 17 percent of WARNING10), and were thus linked manually based on regular GP name and practice location.

Furthermore, I constructed the dummy variable GPMALE to indicate whether the regular GP is male or female. The continuous variable GPAGE represents regular GPs' age in March 2014. Lastly, regular GPs' location is indicated by 18 dummy variables (CONTYDUMMY) representing the various Norwegian counties with Oslo as the comparison group.

⁴ Regular GPs who receive a warning from The Norwegian Board of Health Supervision are entitled to appeal against it. If deemed wrongful by The Norwegian Appeal Board for Health Personnel appealed warnings will be withdrawn. To construct the warning variables as accurately as possible, I have excluded these withdrawn warnings. It should however be noted that due to incomplete data, it was unclear whether some of the appealed warnings had been withdrawn or not. These "uncertain" warnings have been included in the analysis. Although slightly decreasing accuracy, I consider this problem as minor due to the low number of "uncertain" warnings (2).

Table 15. Description of variables constructed for quantitative analysis

Variable	Description
AVGSATISFACTION	Each RGP's averaged overall satisfaction rating
LEAVERATE	Average share of actual number of listed patients leaving the RGP's list, 01.06.2012 - 01.01.2014
LISTSIZE	Average actual number of patients on the GP's list, 01.06.2012 - 01.01.2014
FREECAPACITY	Actual number of available spots on the RGP's list, 31.12.13
SPECGEN	Dummy = 1 if RGP is a specialist in general practice
SPECOTH	Dummy = 1 if RGP is a specialist in another area of medicine
WARNING3	Dummy = 1 if the RGP has received at least one warning during the past 3 years
WARNING5	Dummy = 1 if the RGP has received at least one warning during the past 5 years
WARNING10	Dummy = 1 if the RGP has received at least one warning during the past 10 years
GPMALE	Dummy = 1 if RGP is male
GPAGE	Age of RGP, March 2014
COUNTYDUMMY	Dummy = 1 if RGP is practices in a certain county with Oslo as the comparison group

Note: Although not apparent in the table, COUNTYDUMMY represents 18 dummy variables. Each dummy represents one Norwegian county with Oslo as the comparison group.

5.2 EXPECTED CORRELATIONS

5.2.1 Leaving rate

Examining for a correlation between the leaving rate and online ratings is interesting because it indicates whether the online ratings are a relevant measure of patient satisfaction. If so, it is also a relevant source of information for assessing what quality dimensions patients find meaningful and are able to identify (research questions 2 and 4). The leaving rate is influenced by patient satisfaction since patients who are satisfied with their regular GP typically will choose to stay on his or her list, while patients who are dissatisfied typically will change to another. Accordingly, regular GPs with a high leaving rate are likely to have less satisfied patients than those with a low leaving rate. If online ratings represent a relevant measure of patient satisfaction in spite of possible selection biases, one may expect patient satisfaction as measured by online ratings to be negatively correlated with the leaving rate.

5.2.2 Free capacity

Regular GPs who experience shortage of patients possibly have more idle time than those with filled patient lists. Accordingly, these regular GPs may be able to keep wait time for appointments shorter and provide longer patient consultations. As patients are likely to appreciate both these aspects, one may expect free capacity to be positively correlated with patient satisfaction as measured by online ratings. Free capacity may however also be an indicator of less appreciated regular GP characteristics (Lurås, 2007). As patients choose among regular GPs freely, the market allocates demand to those with high patient satisfaction. Regular GPs with free capacity are thus likely to experience poorer patient satisfaction on some characteristics. Accordingly, one may also expect free capacity to correlate negatively with patient satisfaction as measured by online ratings. The total effect is thus uncertain.

5.2.3 List size

As for free capacity, regular GPs who experience shorter lists possibly may have more idle time than those with filled patient lists. Accordingly, these regular GPs may also be able to keep wait time for appointments shorter and provide longer patient consultations. As patients are likely to appreciate both these aspects, one may expect list size to be negatively correlated with patient satisfaction as measured by online ratings. It should however be noted that regular GPs may put a ceiling on their lists, and that those with low list ceilings may spend less time working in their general practice. If so, those with low list sizes will not necessarily have more time on their hands to provide longer consultations and shorter waiting times. The effect on patient satisfaction from this aspect is thus more uncertain.

Also as for free capacity, shorter lists may moreover be an indicator of less appreciated regular GP characteristics. As the market allocates demand to regular GPs with high patient satisfaction, those with shorter lists could possibly experience poorer patient satisfaction on other characteristics. One may thus also expect list size to correlate positively with patient satisfaction as measured by online ratings. This association is however also influenced by list

ceilings. As regular GPs may have shorter lists due to low ceilings, list size will rarely be fully influenced by patient demand. The effect on patient satisfaction from this aspect is thus also more uncertain.

5.2.4 Specialization

Examining for correlations between specialization(s) and online ratings is interesting because it may give an indication as to whether patients are skilled at identifying regular GPs of high clinical quality. The specialist degree in general practice is arranged to assure high levels of quality and specializing regular GPs attend an extensive educational program. A specialization in general practice may thus be interpreted as an indicator of clinical quality of regular GPs. While specializations in other areas of medicine are not specifically focused towards improving the quality of general practice, they may still increase regular GP competence in the specific areas taught, as well as on broader abilities such as diagnostics and decision making skills. Specializations in other areas of medicine may thus also be interpreted as an indicator of clinical quality, although possibly somewhat weaker than the specialization in general practice for regular GPs. If patients are skilled at identifying regular GPs of high clinical quality, one may thus expect patient satisfaction as measured by online ratings to be positively correlated with specialization in general practice and specializations in other areas of medicine.

Regular GPs' specialization(s) is reported on Legelisten.no and is thus observable to reviewers. Accordingly, there exists a possibility that reviewers are conscious of their regular GP's specialist degree(s) and thus influenced to rate them more positively. As a consequence, reviewer awareness of their regular GP's specialist degree(s) could also potentially contribute to a positive correlation between specializations and reviewer satisfaction.

5.2.5 Warning history

Examining for correlations between received warnings and online ratings may give further indication as to whether patients are able to recognize high-quality regular GPs. As regular GPs may receive warnings for professional violations such as drug problems and medical errors, not having received a warning may be interpreted as an indicator of regular GP clinical quality. If patients are skilled at recognizing high-quality regular GPs, one may thus expect patient satisfaction as measured by online ratings to be negatively correlated with received warnings. It should however be noted that regular GPs also may be given warnings for less serious violations, such as poor journal entries and illness (The Norwegian Board of Health Supervision, 2013). Accordingly, a warning may not always reflect the clinical quality of a regular GP's practice. When interpreting the warning variables as indicators of clinical quality, this limitation should be kept in mind.

Regular GPs' warning history is publicly available, but not accessible online. Patients who would like to know whether their regular GP has been given a warning thus have to send a request to The Norwegian Board of Health Supervision. As reviewers are able to observe whether their regular GP has received any warnings one cannot discard the possibility that reviewers may be influenced to rate a warned regular GP less positively because they are conscious of his or hers received warning. I do however consider this issue as minor due to the fact that requesting a regular GP's warning history requires some persistence and thus is less likely to be widespread.

5.3 DESCRIPTIVE STATISTICS

Out of the 4376 regular GPs registered on Legelisten.no as still practicing at the end of the analyzed period (December 31, 2013), 634 (14 percent) had not been reviewed. Furthermore, 116 regular GPs (3 percent) were registered with multiple practices. These observations were excluded from further analysis, resulting in a sample of 3626 regular GPs (83 percent). Further explanation of the reasons for exclusion and descriptions of outliers can be found in Appendix 3.

Descriptive statistics provide an initial understanding of the associations between the online ratings and the various regular GP characteristics. Table 16 below displays the mean regular GP leaving rate, free capacity, list size and age for four different categories of regular GP average overall satisfaction ratings, namely ≤ 2 , $]2 - 3]$, $]3 - 4]$, and $]4 - 5]$. It further displays the frequencies of regular GP specializations, received warnings and gender, also distributed over the same four categories of regular GP average overall satisfaction ratings. The number of observations within each category of ratings and each category of regular GP characteristics is also shown.

Table 16. Descriptive statistics

		≤ 2 n = 111]2 - 3] n = 368]3-4] n = 969]4-5] n = 2178
List characteristics (means)					
Leaving rate	n = 3626	0.01084	0.01069	0.00840	0.00665
Free capacity	n = 3626	89.36	68.82	59.25	37.00
List size	n = 3626	1080.61	1266.95	1252.28	1188.87
Specialization (frequencies)					
General practice	n = 2240	3 %	9 %	28 %	61 %
Other area of medicine	n = 307	2 %	13 %	28 %	57 %
No specialization	n = 1307	4 %	11 %	25 %	60 %
Warning history (frequencies)					
Past three years	n = 51	6 %	22 %	29 %	43 %
Past five years	n = 75	4 %	19 %	31 %	47 %
Past ten years	n = 115	3 %	17 %	30 %	50 %
No received warning	n = 3511	3 %	10 %	27 %	60 %
Age (means)					
Age	n = 3626	49.71	51.19	50.62	48.68
Gender (frequencies)					
Female	n = 1348	4 %	12 %	25 %	59 %
Male	n = 2278	3 %	9 %	28 %	61 %

Table 16 shows that the mean leaving rate decreases with higher rating categories, indicating a negative relationship between regular GPs' leaving rate and received ratings. This suggests that ratings represent a non-random, relevant measure of patient satisfaction. The mean free capacity also decreases with higher rating categories, signifying a negative relationship between free capacity and ratings. This is consistent with previous findings suggesting that free capacity may indicate less appreciated characteristics of regular GPs (Lurås, 2007). The mean list size fluctuates between the different rating categories and the relationship between list size and reviewer satisfaction thus remains unclear.

With 61 percent of the average overall satisfaction ratings categorized as the highest (]4 – 5]), regular GPs with a specialization in general practice have received slightly higher ratings than the non-specialized (60 percent). Regular GPs with a specialist degree in general practice also received a greater share of ratings in the second highest category (]3 – 4]) than those without a specialization. This indicates a positive effect of speciality in general

practice on ratings, and that reviewers thus may be skilled at recognizing regular GPs of high clinical quality. For regular GPs specialized in other areas of medicine the findings are unclear. While these regular GPs have received a lower share of the highest ratings (57 percent), than those without any specialization (60 percent), they have also received a lower share of the lowest category of ratings (2 percent) than the non-specialized (4 percent). The descriptive statistics thus do not indicate any particular effect of speciality in another area of medicine on the ratings.

Regular GPs with no history of receiving warnings have received a greater share of the highest ratings (60 percent) than those who have received at least one warning during the past three (43 percent), five (47 percent) or ten years (50 percent). This finding suggests a negative effect of received warnings on reviewer satisfaction, although decreasing with the time since the warnings were issued. It thus also provides indication that reviewers may be able to identify regular GPs of high clinical quality.

The mean age of regular GPs fluctuates between the different rating categories. Yet, the lowest mean age (48.68) is found in the highest average overall satisfaction rating category ([4 – 5]), suggesting a possible relationship between high reviewer satisfaction and younger GPs. Lastly, the descriptive statistics suggest a weak positive relationship between male regular GPs and average overall satisfaction ratings, as respectively 28 and 61 percent of males compared to 25 and 59 percent of females have received ratings within the two highest categories.

5.4 REGRESSIONS

The descriptive statistics indicate that several of the anticipated relationships between regular GP characteristics and reviewer satisfaction exist, while some remain unclear. To further examine the relationships between the variables I used the Ordinary Least Squares (OLS) regression method with AVGSATISFACTION as the dependent variable and the various regular GP characteristics as exploratory variables. OLS is the most common method

for estimating the regression coefficients in an assumed linear regression model. The method attempts to find the line of best fit, that is, the line that minimizes the sum of squared vertical distances between the observed values in the dataset and the values predicted by the line (Møen, 2011). The use of OLS regressions allowed me to evaluate each regular GP characteristic in terms of what it adds to prediction of reviewer satisfaction that is different from the predictability afforded by all the other observed characteristics (Tabachnick & Fidell, 2007, p. 118). I thus got a fuller explanation of reviewer satisfaction by using OLS regressions.

5.4.1 Leaving rate

To assess the relationship between regular GPs' leaving rates and reviewer satisfaction I first performed a regression analysis with AVGSATISFACTION as the dependent variable and LEAVERATE as an exploratory variable. I also included the exploratory background variables LISTSIZE, FREECAPACITY, GPAGE, GPMALE and COUNTYDUMMY for control purposes. The regression equation with the six variables representing specific characteristics of regular GPs is as follows:

$$\text{AVGSATISFACTION} = \alpha + \beta_1\text{LEAVERATE} + \beta_2\text{LISTSIZE} + \beta_3\text{FREECAPACITY} + \beta_4\text{GPAGE} + \beta_5\text{GPMALE} + \beta_6\text{COUNTYDUMMY} + \varepsilon$$

Table 17. OLS regression of the value of average overall satisfaction ratings on LEAVERATE and background variables

	Coefficient (Std)
LEAVERATE	-42.59*** (2.6395)
FREECAPACITY	-0.0002*** (0.0001)
LISTSIZE	-0.0004*** (0.0000)
GPAGE	-0.0116*** (0.0014)
GPMALE	0.0914*** (0.0153)
Constant	4.5671*** (0.3571)
COUNTYDUMMY	yes
Observations	3626
R-squared	0.1027

***p<0.01 **p<0.05 *p<0.10

Table 17 shows that LEAVERATE is significant at a 1 percent significance level. The regression coefficient is negative, indicating a negative linear relationship between LEAVERATE and AVGSATISFACTION. All other regressed variables held constant an increase in LEAVERATE comes with a decrease in AVGSATISFACTION. Thus, the higher the share of patients leaving the regular GPs' list, the lower is their received ratings. This is consistent with what expected and indicates that the online ratings represent a non-random, relevant measure of patient satisfaction. This is interesting as it also implies that the ratings are suitable for assessing what dimensions of health care quality patients respond to. Furthermore, the background variables FREECAPACITY, LIST SIZE, GPAGE and GPMALE are all significant at a 1 percent significance level. The negative coefficient of FREECAPACITY indicates that the higher the number of available spots on the regular GPs' list, the lower is their received ratings. This is consistent with the descriptive statistics and thus further illustrates that free capacity may indicate less appreciated characteristics of regular GPs (Lurås, 2007). The negative coefficient of LISTSIZE implies that the higher the number of actual patients listed with the regular GPs, the lower is their ratings. Reviewer

satisfaction is thus greater for regular GPs with shorter lists. The negative coefficient of GPAGE implies that the younger the regular GP, the greater is the reviewer satisfaction. The positive coefficient of GPMale signifies that male regular GPs received higher ratings than female regular GPs.

5.4.2 Quality indicators

To assess the relationship between quality indicators of regular GPs and reviewer satisfaction I performed a regression analysis with AVGSATISFACTION as the dependent variable and SPECGEN, SPECOTH, WARNING3, WARNING5 and WARNING10 as exploratory variables. I also included the exploratory background variables LISTSIZE, FREECAPACITY, GPAGE, GPMale and COUNTYDUMMY for control purposes. The regression equation with the ten variables representing specific characteristics of regular GPs is as follows:

$$\text{AVGSATISFACTION} = \alpha + \beta_1\text{SPECGEN} + \beta_2\text{SPECOTH} + \beta_3\text{WARNING3} + \beta_4\text{WARNING5} + \beta_5\text{WARNING10} + \beta_6\text{LISTSIZE} + \beta_7\text{FREECAPACITY} + \beta_8\text{GPAGE} + \beta_9\text{GPMale} + \beta_{10}\text{COUNTYDUMMY} + \varepsilon$$

Table 18. OLS regressions of the value of average overall satisfaction ratings on regular GP quality indicators and background variables

	1	2	3
SPECGEN	0.0665*** (0.0170)		0.0643*** (0.0171)
SPECOTH	-0.0210 (0.0271)		-0.0209 (0.0272)
WARNING3		-0.1815* (0.1088)	-0.1766* (0.1086)
WARNING5		0.0277 (0.1134)	0.0361 (0.1132)
WARNING10		0.0158 (0.0702)	0.0241 (0.0702)
FREECAPACITY	-0.0007*** (0.0001)	-0.0008*** (0.0001)	-0.0007*** (0.0001)
LISTSIZE	-0.0003*** (0.0000)	-0.0003*** (0.0000)	-0.0003*** (0.0000)
GPAGE	-0.0106*** (0.0016)	-0.0080*** (0.0015)	-0.0104*** (0.0016)
GPMALE	0.0816*** (0.0159)	0.0821*** (0.0158)	0.0822*** (0.0159)
Constant	5.4767*** (0.3688)	5.2504*** (0.3702)	5.3669*** (0.3736)
COUNTYDUMMY	yes	yes	yes
Observations	3626	3626	3626
R-squared	0.0422	0.0393	0.04326

Note: Columns 1 – 3 display regressions with different combinations of exploratory variables. Standard errors are shown in parentheses. *** $p < 0.01$ ** $p < 0.05$ * $p < 0.10$

Columns 1 and 3 in table 18 show that SPECGEN is significant at a 1 percent significance level. The regression coefficient is positive, implying a positive linear relationship between SPECGEN and AVGSATISFACTION. All other regressed variables held constant, a specialization in general practice comes with an increase in AVGSATISFACTION. Regular GPs specialized in general practice thus received higher ratings than those without this specialist degree. This indicates that reviewers may be able to identify regular GPs of high clinical quality. The relationship between SPECOTH and AVGSATISFACTION is not significant. Regular GPs specialized in other areas of medicine thus did not receive higher ratings than those without such a specialist degree. This finding may be explained by the fact

that specializations in other areas of medicine are not specifically focused towards improving the quality of general practice and thus do not increase it considerably.

WARNING3 is significant at a 10 percent significance level. The regression coefficient is negative, indicating a negative linear relationship between WARNING3 and AVGSATISFACTION. All other regressed variables held constant, having received a warning during the past three years comes with a decrease in AVGSATISFACTION. Regular GPs with such a warning history thus received lower ratings than those who had not received any warnings. Although only significant at a 10 percent level, this finding further suggests that reviewers may be skilled at recognizing high-quality regular GPs. The relationships between WARNING5, WARNING10 and AVGSATISFACTION are not significant. Regular GPs who have received at least one warning during the past five or ten years of practice thus did not receive lower ratings than those who had not been given any warnings. A possible explanation for this finding is that earlier warnings are less representative of regular GPs' current quality than more recent warnings.

Furthermore, and consistent with the regression analysis of leaving rate, the background variables FREECAPACITY, LIST SIZE, GPAGE and GPMALE are all significant at a 1 percent significance level.

5.4.3 Causality

It should be noted that regression analysis reveals relationships among variables, but does not state that the revealed relationships are causal. A revealed strong relationship between variables could be caused by numerous sources, including the influence of other, currently unobserved variables (Tabachnick & Fidell, 2007, p. 122). The variable LEAVERATE represents the average share of listed patients leaving each regular GP's list in the period June 1, 2012 to January 1, 2014. The time period applied in the calculation of LEAVERATE is thus similar to the time period in which the analyzed ratings are posted. As a consequence, the experimental design does not allow me to determine whether patients leave their regular GP due to low ratings or vice versa. I can however conclude that there is a relationship

between the two variables and that the ratings accordingly appear to be a non-random, relevant measure of patient satisfaction.

As for the revealed relationships between quality indicators of regular GPs and reviewer satisfaction, these may indicate that reviewers are able to recognize regular GPs of high clinical quality. I can however not exclude the possibility that the revealed relationships are caused by other, currently unobserved variables. The qualitative analysis in section 4 found that reviewer satisfaction is strongly driven by the regular GPs' interpersonal abilities. Accordingly, the possibility exists that reviewers favour regular GPs with no received warnings and specialists in general practice because these for some reason also have greater interpersonal skills. Another potential explanation for the significant relationship between SPECGEN and AVGSATISFACTION is that reviewers are conscious of their regular GP's specialist degree and thus influenced to rate them more positively. Although somewhat less likely because regular GPs' warning history is less observable, reviewers may also be influenced to rate a warned regular GP less positively because they know that he or she has received a warning. The possibility also exists that specialists in general practice and regular GPs with no received warnings are responsible for a list of patients that for some reason is more inclined to rate their regular GP favourably.

6. SUMMARY AND DISCUSSION

This section summarizes the results from the three previous sections. I suggest an explanation and discuss its implications for our understanding of what ways patient demand contributes to health care quality competition and maintenance. I then discuss possible weaknesses of the methodologies applied. Finally, areas of interest for further research are suggested.

The sample of reviewers on Legelisten.no is not representative of the Norwegian population due to overrepresentation of females and underrepresentation of the age groups under 20 and over 60. This applies to 16 out of 19 Norwegian counties. A possible explanation for the female overrepresentation is that females visit their regular GPs more often and thus have more experience to share in reviews. Another plausible explanation is that females due to some gender specific characteristic experience greater incentives to actively engage in review sites and write reviews. Underrepresentation of the age group under 20 may occur because these are too young to have become conscious consumers of regular GP services yet. Underrepresentation of the age group over 60 may be related to limited experience with, and use of, the internet for rating purposes. The lack of sample representativeness limits the generalizability of results from patients reviewing their regular GPs to the entire population of patients. It should however be mentioned that the age and gender distribution of the sample could have been different if all reviewers had provided information on their age and gender.

With more than half of the regular GPs receiving five out of five stars, it appears that overall satisfaction with them is high. This is in line with international findings (Lagu, et al., 2010; Kadry, et al., 2011) and shows that ratings are more commonly used to express satisfaction than dissatisfaction. Godager & Iversen (2010) have also shown that patient satisfaction with Norwegian regular GPs is high. Accordingly, the variation of the ratings from Legelisten.no seems to be satisfactory for further analysis. Because of limited research on patients' overall satisfaction with Norwegian regular GPs, it is however challenging to accurately establish whether selection bias, due to differing incentives to write reviews, is present. Prevalence of

such biases would limit the degree to which the results of this study apply to the patient population as a whole.

The distributions of the specific rating questions differ when compared to the distribution of the overall satisfaction rating. While the questions regarding communication and trust show rating distributions relatively similar to the overall satisfaction rating, the questions related to service show more even distributions. Ratings on the availability questions are both lower and more evenly distributed than the overall satisfaction rating. These distributional differences are reflected by the correlations between the specific rating questions and the overall satisfaction rating. While all correlations are positive and significant, correlations between the questions related to communication and trust and the overall satisfaction rating are categorized as strong and all other correlations as weak. Phone wait time has the weakest correlation with overall satisfaction, while listening ability has the strongest. These findings indicate that the entire set of quality dimensions covered by the specific rating questions contribute to reviewer satisfaction and that rating coherence thus appears to be satisfactory. They do however also suggest that the dimensions regarding communication and trust are stronger drivers of satisfaction, than those related to service and availability.

Findings from the analyses of rating distributions and correlations are supported by the findings in the qualitative content analysis of the narrative comments. Being the most frequently mentioned category of health care quality dimensions, interpersonal aspects appear as the strongest drivers of reviewers' satisfaction with their regular GPs. Reviewer satisfaction seems to depend somewhat less, but still considerably, on clinical aspects, which are also mentioned frequently. Although appearing in 10 percent of quotations and thus affecting reviewer satisfaction, organizational aspects are brought up relatively infrequently compared to the interpersonal and clinical. Even though it is challenging to conclude, several reasons may explain why interpersonal aspects are the most frequently reviewed topics and thus appear as the most important drivers of reviewer satisfaction. One possible explanation is that reviewers value these regular GP characteristics the most and accordingly give them the greatest consideration when making health care choices. Such an explanation thus indicates that patient demand to a great extent may be driven by regular GPs' interpersonal

abilities. This may in turn induce regular GPs to improve these skills when competing for patients. Furthermore, it suggests that patients may lack interest in publicly reported information about health care quality because it rarely covers providers' interpersonal qualities. Another plausible explanation is however that reviewers feel inadequate at evaluating the clinical abilities of their regular GP and therefore do not address such aspects as often as the interpersonal. If this is the case, reviewers may find clinical abilities of regular GPs more relevant than what is found in the analysis of narrative comments. Such an explanation would also imply that patient demand may be driven by clinical skills to a greater extent than first indicated. It further suggests that patients are interested in learning about the clinical quality of health care providers through publicly reported information.

By matching the online ratings with data on regular GP characteristics I found that the higher the share of patients leaving the regular GPs' list, the lower is their received ratings. The experimental design does not allow me to determine causality, that is, whether patients leave their regular GP due to low ratings or vice versa. Yet, I can conclude that a relationship between the two variables exists and that the ratings accordingly appear to be a non-random, relevant measure of patient satisfaction. This is interesting as it also implies that the ratings are suitable for assessing what dimensions of health care quality patients find relevant and are skilled at recognizing.

Interesting associations between the background variables and reviewer satisfaction were also found. The regressions show a significant negative relationship between regular GPs' free capacity and received online ratings. Reviewers were thus more satisfied with regular GPs with lower numbers of available spots on list. A possible explanation is that free capacity indicates less appreciated characteristics of regular GPs as discussed by Lurås (2007). Furthermore, I found a negative association between regular GPs' list size and received online ratings. Reviewer satisfaction was thus greater for regular GPs with shorter lists. Finally, I found that reviewers are more satisfied with male and younger regular GPs.

Regular GPs specialized in general practice received significantly higher ratings than those without such a specialization. Although only significant at a ten percent level, I also found that those who had not been given any warnings during the past three years of practice were rated higher than those warned. There are several possible explanations for these correlations. The qualitative analysis of the narrative comments found that reviewer satisfaction depends considerably on regular GPs' interpersonal abilities. Accordingly, the possibility exists that reviewers favour specialists in general practice and regular GPs with no received warnings because these for some reason also have greater interpersonal skills. Another potential explanation for the significant relationship between specialization in general practice and reviewer satisfaction is that reviewers are conscious of their regular GP's specialist degree and thus influenced to rate them more positively. Although somewhat less probable because regular GPs' warning history is less observable, reviewers may also be influenced to rate a warned regular GP less positively because they know that he or she has received a warning. The possibility also exists that specialists in general practice and regular GPs with no received warnings are responsible for a list of patients that for some reason is more inclined to rate their regular GP favourably.

Although these explanations are all possible, it could also be that reviewers are able to recognize regular GPs of high clinical quality. Such an explanation would indicate that patient demand also is driven by regular GPs' clinical abilities. Consequently, regular GPs may be induced to improve these skills in the competition for patients. This supports payment systems designed to motivate cost reduction efforts. The explanation further suggests that patients have interest in learning about the clinical quality of individual health care providers. Providing such quality information through report cards may thus influence consumer choice and bring about increased competition between regular GPs. This may in turn induce higher clinical quality of primary health care.

Finally it should be mentioned that I did not find any significant relationship between specialization in other areas of medicine and reviewer satisfaction. This may be explained by the fact that such specializations are not specifically focused towards improving the quality of general practice and thus do not increase it considerably. The relationships between

reviewer satisfaction and regular GPs five and ten year warning history were also insignificant. A possible explanation for this is that earlier warnings are less representative of regular GPs' current quality than more recent warnings.

Although this study has found some interesting results, there are several weaknesses to the methodologies applied. First, the qualitative content analysis of the narrative comments is limited to include reviews written about regular GPs practicing in certain areas of Oslo due to the capitals high concentration of reviews. Although the selected sample did not differ considerably in terms of overall satisfaction ratings compared to the rest of Norway, it is possible that the content of the narrative comments differ systematically in more rural areas. Furthermore, I chose to only sample up to three reviews for every regular GP. Accordingly it may occur that I have not perfectly collected the full breadth of patient experience with each. This sampling strategy did however increase the likelihood that each sampled review represented the unaffected opinion of a unique patient (López, et al., 2012). Third, all reviews were analyzed by one coder. As the coding process is of subjective nature, human coders may interpret the same content differently. Furthermore, fatigue may compromise consistency. Using multiple coders could thus have increased the reliability of the qualitative content analysis.

The OLS regression of the value of the average overall satisfaction ratings on regular GP quality indicators and background variables explains 4.33 percent of the variation in the dataset. Another weakness thus relates to the fact that other important variables that could have explained considerable shares of the variation in the data are not controlled for. Furthermore, I have only assessed the relationships between ratings and indirect quality indicators of regular GPs, namely their specialization(s) and warning history. It would thus have been interesting to examine whether the value of ratings also reflect more direct measures of regular GP quality, such as process or outcome measures.

These weaknesses illustrate that further research is necessary in order to determine what dimensions of health care quality patients find relevant and are skilled at identifying.

Additional methodologies should be applied to attempt to determine whether the discovered relationships are causal. Furthermore, more direct clinical quality measures of regular GPs could be included. It would also be interesting to see how findings evolve over time as more patients go online to rate their regular GPs. Finally, it would be of interest to examine whether reviewers change regular GPs as this would indicate the extent of concurrence between reviewer satisfaction and demand.

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APPENDIX

Appendix 1. Questionnaire on Legelisten.no

1. Total impression (required)

- a) Your description of the doctor (written description)
- b) Overall satisfaction. How satisfied are you with this doctor? (scale from 1 to 5)

2. Availability (optional) (scale from 1 to 5)

- a) For how long do you usually have to wait on the phone when booking appointments?
- b) For how long do you usually have to wait to get an appointment?
- c) When in the doctor's office, for how long do you usually have to wait for your appointment?

3. Trust and communication (optional) (scale from 1 to 5)

- a) Do you trust that the doctor gives you the best medical advice and recommendations for treatment?
- b) Do you feel that the doctor helps you understand your disease?
- c) Do you feel that the doctor listens to you and answers your questions?
- d) Do you feel that the doctor spends a sufficient amount of time with you?

4. Service (optional) (scale from 1 to 5)

- a) How satisfied are you with the doctor's/doctor's office's opening hours?
- b) How satisfied are you with the other personnel in the doctor's office (politeness, friendliness, efficiency)?
- c) How satisfied are you with the doctor's office (cleanliness, pleasantness, waiting room, location and other factors)?

5. Background information (optional)

- a) Gender
- b) Age
- c) Visiting frequency

Appendix 2. Codes and underlying quotations

CLINICAL ASPECTS

CODE: CLINICAL SKILLS - NEGATIVE

- 1:554 det viste seg i ettertid at det hun skrev i henvisninger til andre instanser var av ujevn kvalitet (363:363)
- 1:1042 I tillegg er hun lite kompetent, dvs hun må alltid hente inn andre (289:289)
- 1:983 gir meg piller "i første omgang" for å se om det hjelper, i stedet for å se helhetlig på meg og sykdomsbildet (651:651)
- 1:1078 Tar ikke initiativ til videre undersøkelser uten at en ber om det (96:97)
- 1:523 i stedet for å finne ut hva som feilte meg fulgte han egne, vage og uriktige antakelser (341:341)
- 1:154 Må alltid fortelle hva hun skal gjøre (101:101)
- 1:661 Jeg måtte finne undersøkelser jeg selv trengte og nesten si hva hun skulle skrive i henvisninger (431:431)
- 1:1085 Han kom aldri/sjelden med råd (203:203)
- 1:1054 utfordrer ikke og søker ikke etter diagnoser (211:211)
- 1:1051 Skriver ut resepter for smertestillende i stedet for å forsøke å finne ut hva som er galt (67:67)
- 1:1388 er ikke så opptatt av undersøkelser. Liker best å henvise (299:299)

CODE: CLINICAL SKILLS - POSITIVE

- 1:860 finner løsningen på probleme (559:559)
- 1:635 gir gode, fungerende råd (413:413)
- 1:1043 tar vare på helsen vår på en dyktig måte (357:357)
- 1:29 tar gode vurderinger (17:17)
- 1:711 Bruker den tiden hun trenger for å kunne behandle deg på beste måte (463:463)
- 1:65 Jeg har aldri opplevd at diagnostisering og medisinerer, event videre henvisning til spesialist, har vært bom (39:39)
- 1:19 Stiller korrekte diagnoser (13:13)
- 1:143 kommer med gode råd (91:91)
- 1:592 en dyktig kliniker (387:387)
- 1:229 Behandlingene er, sålangt man som legmann kan vurdere det, veldig bra (149:149)
- 1:1092 Flink til å sette seg inn i den sykdommen man måtte ha enten fysiske eller psykiske lidelser (429:429)
- 1:235 Legen i seg selv har for meg vært svært dyktig i redegjørelser (155:155)
- 1:846 Sjekker ut og kommer med gode anbefalinger (553:553)
- 1:249 viser høy kunnskap i sin diagnostikk (167:167)
- 1:875 utrolig dyktig til å finne de rette løsninger for meg og min sykdom (565:565)
- 1:296 kommer med råd (207:207)
- 1:536 gir gode råd (349:349)
- 1:300 Kommer med gode forslag til løsninger (209:209)
- 1:569 gir han god behandling og analyser (371:371)
- 1:311 prøver å finne konkrete løsninger (215:215)
- 1:611 får god behandling (397:397)
- 1:375 jeg er sikker på at han tar nødvendige og riktige undersøkelser av meg (255:255)
- 1:1067 Om jeg er syk, tar han alle nødvendige prøver (427:427)
- 1:1014 Gir gode råd (671:671)

1:677 Rådene jeg får helper meg (439:439)
1:990 kom med gode råd (657:657)
1:781 gir gode alternativer til forskjellige problemer (510:510)
1:487 tatt de riktige avgjørelser på riktig tidspunkt – også når det gjelder mer alvorlige tilfeller (321:321)
1:849 God diagnostiker (555:555)
1:490 setter seg godt inn i problematikk og finner rett behandling (323:323)
1:866 finner gode løsnionger (561:561)
1:501 riktige og viktige råd (331:331)
1:959 Veldig dyktig til å vurdere sykdomstilfelle og behandle(639:639)
1:1041 gir gode svar (333:333)
1:516 har alltid fått gode råd (337:337)
1:421 All behandlingen jeg har fått av ham har vært god (281:281)
1:400 X kommer med gode råd (271:271)
1:161 Flink til å analysere prøveresultater og forhistorie og gi god veiledning og behandling (103:103)
1:682 får god medisinsk hjelp (443:443)

CODE: EFFICIENCY - POSITIVE

1:117 det hele gikk raskt (75:75)
1:984 effektiv (653:653)
1:958 rask og effektiv (637:637)
1:168 effektiv (111:111)
1:641 effektiv (417:417)
1:366 Effektiv (253:253)
1:749 presis og går ikke rundt grøten (484:484)
1:401 er meget effektiv (271:271)
1:974 effektiv (647:647)
1:448 effektiv (297:297)
1:1015 tidseffektiv (671:671)
1:546 Er effektiv (359:359)
1:741 effektiv (481:481)
1:575 raske og grundige vurderinger (375:375)

CODE: EFFORT - NEGATIVE

1:558 Arbeidssky (365:365)
1:868 gjør ikke noe utover det aller nødvendigste (563:563)
1:14 gir seg før han finner en diagnose (11:11)
1:899 Ikke interessert i å finne ut hva som feiler en pasient hvis ikke prøver hun har lyst til å ta gir resultater (583:583)

CODE: EFFORT - POSITIVE

1:519 gjør det han kan for pasienten (339:339)
1:773 strekker seg langt for å hjelpe deg (502:502)
1:710 Gir seg ikke før hun har funnet ut hva du feiler og hvordan du best kan behandle (463:463)
1:285 Hun gjør alt for å finne ut hva som er galt med personen (197:197)
1:53 Og så gir han seg ikke før han har funnet ut hva som er galt og hvordan det kan bli bedre (37:37)
1:380 yter ekstra for å bidra til at de blir friske (259:259)

1:814 står på for deg (532:532)

CODE: EXPERIENCE - NEGATIVE

1:972 uerfaren (645:645)

1:318 Denne legen trenger mer erfaring (221:221)

CODE: EXPERIENCE - POSITIVE

1:568 lange praksis og erfaring (371:371)

1:1058 Han er erfaren (15:15)

1:585 Han har lang erfaring (383:383)

1:351 lang erfaring (241:241)

1:418 lang erfaring (279:279)

1:69 er veldig erfaren (43:43)

1:423 En lege med mye erfaring (283:283)

1:79 Erfaren (51:51)

1:581 Han er en erfaren lege (381:381)

1:258 Har lang erfaring (175:175)

1:348 erfaren (239:239)

1:357 erfaren (243:243)

CODE: FOLLOW UPS - NEGATIVE

1:869 Ikke spesielt god oppfølging og har måttet purre på testresultater selv, i stedet for å få beskjed når de har kommet (563:563)

1:556 Det viste seg at hun hadde fått henvisninger i retur, med informasjon om at jeg måtte henvises til andre instanser, uten at hun informerte om eller sørget for dette (363:363)

1:956 Det er lite oppfølging (635:635)

1:308 Er derimot ikke flink til å følge deg opp over tid/år med kroniske sykdommer. Søknader/avslag ved henvisninger blir ikke fulgt opp videre (213:213)

1:92 Kan glemme rutinemessige kontroller, men gjør disse når minnet på (57:57)

1:437 Hun har fått kopier av journalnotater fra spesialisthelsetjesten, men hun har aldri fulgt opp verken med kommentarer, spørsmål, eller tilbakemeldinger (291:291)

1:981 sier at han skal ringe, glemmer det alltid (649:649)

1:662 Han leste ikke epikriser sendt fra undersøkelser eller andre timer jeg hadde utenfor kontoret (431:431)

1:100 men man må følge opp selv (63:63)

1:898 Ingen oppfølging (583:583)

1:142 Har 3 ganger opplevd at legeerklæring ikke har blitt sendt til NAV før jeg har purret flere ganger (91:91)

1:971 dårligere oppfølging (645:645)

1:155 Får ikke noe oppfølging (101:101)

1:301 Har glemt å kontakte meg ved et par tilfeller (209:209)

1:97 dårlig på oppfølging (61:61)

1:1017 svært dårlig oppfølging av pasient (673:673)

1:1387 Avtaler er IKKE for å holdes. vanskelig med tilbakemeldinger på telefon (299:299)

CODE: FOLLOW-UPS - POSITIVE

1:500 oppfølging når det trengs (331:331)

1:706 kommer med tilbakemeldinger etter prøver (461:461)

1:596 Følger deg opp 100% (389:389)

1:909 bra oppfølging (595:595)

- 1:862 følger opp på ting også på utsiden av kontoret, som møter med NAV el (559:559)
- 1:962 Følger opp pasienten personlig og gir tilbakemelding skriftlig og/eller muntlig på prøver og undersøkelser (641:641)
- 1:582 går langt i å følge opp pasienten (381:381)
- 1:1000 Har til og med blitt oppringt sent på kvelden hvor han lurer på hvordan det går med deg (663:663)
- 1:654 utrolig flink til og følge opp (427:427)
- 1:160 Flink til å følge opp (103:103)
- 1:801 Følger opp også i ettertid. Dette med tanke på prøver som har blitt tatt osv. Da får jeg ofte en telefon i etterkant og får opplyst svar på sidde. (524:524)
- 1:213 meget bra oppfølging (139:139)
- 1:486 Har fulgt opp godt (320:321)
- 1:217 Følger opp (143:143)
- 1:552 Følger raskt opp på telefon eller brev, med prøvesvar ol (359:359)
- 1:226 Følger opp sine pasienter (147:147)
- 1:593 Ringer tilbake hvis jeg ber om det, og følger alltid opp henvisninger og andre ting som avtalt (387:387)
- 1:234 dyktig i oppfølging (155:155)
- 1:608 God på å følge opp (395:395)
- 1:262 gode rutiner på oppfølging (179:179)
- 1:659 Utrolig god til å følge opp sin pasient (429:429)
- 1:363 hun følger opp (247:247)
- 1:746 følger opp (482:482)
- 1:806 følger alltid opp (528:528)
- 1:803 følger opp (526:526)
- 1:378 god oppfølging (257:257)
- 1:462 fulgt opp om det skulle være noe (303:303)
- 1:891 følger deg opp om prøveresultater eller andre forhold som tilsier det (579:579)
- 1:1070 Særdeles god oppfølging ved sykdom (13:13)
- 1:916 Han følger opp (601:601)
- 1:89 følger opp (55:55)
- 1:968 følger deg opp når du trenger det(643:643)
- 1:129 er nøye i oppfølging (83:83)
- 1:1037 følger opp (685:685)
- 1:1057 Han er også rask til å ringe tilbake hvis det skulle være noe du ønsker å snakke med ham om (83:83)
- 1:371 Han ringer dersom det skulle være noe (253:253)
- 1:1102 Får god oppfølging (443:443)

CODE: GREEN MEDICINE – NEGATIVE

1: Virker veldig pro skolemedisin, og får en følelse av at det er det beste til enhver tid (også svangerskap). Kjenner jeg er skeptisk til medisin/piller i svangerskap (har hatt både pollenallergi og kvalme), men han har bare skrevet ut store mengder til meg, og sier det er helt ufarlig. Sikkert ufarlig, men dog (283:283)

CODE: GREEN MEDICINE - POSITIVE

- 1:1086 Gjerne "grønne" råd først, om han mener det er mulig, før eventuell opptrapping (207:207)
- 1:460 Han har et åpent sinn og ser verdien av en sunn og god livsstil (17:17)
- 1:451 prakker ikke på deg unødvendige medisiner – når du kan endre livsstil, trene/kosthold

osv (301:301)

CODE: KNOWLEDGE - NEGATIVE

- 1:987 Dessverre er det litt for ofte hun ikke vet. Delvis henviser hun for raskt videre, og delvis sier hun ”det vet jeg ikke” og lar det fare (655:655)
- 1:700 gir ikke inntrykk av solide kunnskaper (457:457)
- 1:1007 hadde manglende kunnskap om barnesykdommer (667:667)
- 1:153 Hun har får lite kunnskap om en del ting jeg synes det er viktig å vite om (101:101)
- 1:888 Virker ikke faglig dyktig (577:577)
- 1:266 Virket ikke som vedkommende har nok legekunnskap (181:181)
- 1:279 Min vurdering er at hans kompetanse ikke er god nok (191:191)
- 1:51 En lege bør vite forskjell på syntetiske hormoner og bioidentiske og det gjorde ikke den legen (35:35)
- 1:438 Fikk en henvisning og spurte om hun hadde en spesialist å anbefale. Fikk beskjed om å gå på Gulesider. De sier ingenting om en leges kompetanse! (291:291)

CODE: KNOWLEDGE - POSITIVE

- 1:8 Dette er en fastlege med bred kompetanse (9:9)
- 1:772 faglig dyktig (502:502)
- 1:650 Virker faglig sterk (423:423)
- 1:994 kunnskapsrik (659:659)
- 1:876 Har tydelig greie på det han h (567:567)
- 1:72 Jeg har en relativ sjelden sykdom, men han kan det meste om den også (45:45)
- 1:614 usedvanlig faglig dyktig (401:401)
- 1:123 Hun fremstår kompetent (77:77)
- 1:707 Svært kunnskapsrik (462:463)
- 1:193 Han er faglig dyktig, virker svært oppdatert (123:123)
- 1:833 faglig dyktig (545:545)
- 1:196 vi får en veldig sterk medisinsk oppfølging (125:125)
- 1:904 faglig dyktig (591:591)
- 1:203 virket faglig interessert og dyktig (127:127)
- 1:603 virker faglig meget flink (393:393)
- 1:205 kompetent (129:129)
- 1:640 Faglig sterk (417:417)
- 1:209 Solid faglig (133:133)
- 1:685 flink fagelig (447:447)
- 1:223 hun virker faglig oppdatert (145:145)
- 1:731 Fremstår som faglig dyktig (475:475)
- 1:225 En faglig dyktig lege (147:147)
- 1:798 Faglig veldig dyktig (524:524)
- 1:241 Faglig virker han svært kompetent (161:161)
- 1:842 Faglig dyktig (551:551)
- 1:259 vet hva han snakker om (175:175)
- 1:894 Han viser stor kunnskap og vis (579:579)
- 1:263 har et høyt kunnskapsnivå (179:179)
- 1:951 gode kvalifikasjoner (631:631)
- 1:587 meget god kompetanse (383:383)
- 1:274 Han er faglig sterk (189:189)
- 1:606 faglig dyktig (395:395)
- 1:312 stor interesse for faget (217:217)

- 1:639 Faglig sterk (415:415)
 1:316 kompetent innen noen områder (219:219)
 1:649 Virkeer faglig flink (421:421)
 1:329 Faglig dyktig (229:229)
 1:653 faglig flink (425:425)
 1:342 kunnskapsrik (235:235)
 1:694 fremstår som meget god faglig (451:451)
 1:353 Hun er meget dyktig medisinsk (241:241)
 1:717 oppdatert lege (467:467)
 1:370 Faglig svært dyktig (253:253)
 1:737 Også faglig dyktig (479:479)
 1:417 Meget faglig dyktig (279:279)
 1:794 kan sitt fag (522:522)
 1:422 Opplever han som medisinsk og faglig dyktig (283:283)
 1:827 faglig dyktig (541:541)
 1:444 har inntrykk av at han sitter med mye legekunnskap (295:295)
 1:840 Virker faglig meget dyktig (549:549)
 1:466 Dyktig medisiner (307:307)
 1:857 opplever han som veldig faglig oppdatert (559:559)
 1:477 Han har veldig god kunnskap utover det å være allmennlege (313:313)
 1:880 Hun er sikkert flink med den medisinske kunnskapen hun besitter (569:569)
 1:492 faglig dyktig (325:325)
 1:902 både medisinsk (585:585)
 1:514 kan faget sitt (335:335)
 1:939 faglig kompetent (621:621)
 1:529 virker faglig dyktig (347:347)
 1:961 Hun oppleves som meget faglig dyktig (640:641)
 1:572 Dyktig både faglig (373:373)
 1:578 Kan sitt fag (377:377)
 1:62 God faglig (38:39)

CODE: PERCEIVED SUCCESSFULNESS - NEGATIVE

- 1:557 Kroniske somatiske plager ble .. (363:363)
 1:1087 Ble henvist til hudlege, uten .. (231:231)
 1:36 Ser ikke en gang på kroppen hvor skaden skjedde, bare sa som rett ut av allmennlegeboka (lå på skrivebordet): et brudd gror på 6 uker. Har enda problemer og dette er flere år siden (21:21)
 1:78 Hadde store smerter og fikk beskjeden at jeg måtte trene mer. Fikk ingen undersøkelse. Måtte gå til privat lege hvor jeg ble undersøkt og fikk stilt diagnose (49:49)
 1:429 Opplevde 2 ganger at han bommet totalt med diagnosen (285:285)
 1:699 Denne legen er nok best på oppfølging av fysisk sykdom. Når du kommer med sorg eller psykiske belastninger så virker hun ukomfortabel og lite interessert. Jeg brøt sammen på kontoret hennes, hun sa at jeg måtte finne noen å snakke med og gav meg en sykemelding. Neste gang jeg kom spurte hun ikke et eneste spørsmål om hvordan det gikk- var kun opptatt av de fysiske plagene jeg hadde (455:455)
 1:674 er beskjeden til å sende deg videre når hun selv mener at det ikke vil føre frem. Har opplevd at dette har slått feil ut for meg og min sønn (437:437)
 1:280 Brukte 6 måneder på å sende inn skjema til ADD utredning. Purret i 3 måneder, og snakket med legen og sekretær. Hadde med min 15 år gamle datter som var ekstremt trøtt og slet med lærevansker osv. Han ignorerte alt jeg som mor sa. Tok ingen prøver men skulle

sende skjema ang ADD, noe han ikke gjorde. Tok med datteren min til X etter det møtet. Fikk tatt prøver og det viser seg at hun har glutenallergi og lavt stoffskifte m.m Hadde jeg ikke gått til en annen ville hun fremdeles vært udiagnostisert (193:193)

1:283 Tar ikke nødvendige prøver så må oppsøke privat lege på Volvat (195:195)

1:165 Advarer mot å bruke henne hvis du skal holde deg frisk. Har egne dårlige erfaringer og varige men (107:107)

CODE: PERCEIVED SUCCESSFULNESS - POSITIVE

1:3 Var innom med sønnen min, og fikk gode råd og tips av X som hjalp til å gjøre sneipen frisk igjen (5:5)

1:703 Han skal ha pluss for at han faktisk undersøkte meg og sendte meg til videre behandling den ene gangen (459:459)

1:574 Det tok omtrent to måneder fra min far oppdaget en kul på halsen og dro til X, og til han hadde fjærnet kulen som viste seg å være kreft. det hadde ikke gått så fort uten X sine raske handlinger (375:375)

1:176 Hun har virkelig hjulpet meg med et godt liv selv med diabetes (115:115)

1:836 Endelig en som fant ut hva som faktisk plaget meg (547:547)

1:365 Endelig lege som som fant ut hva som feiler meg. Det skulle bare til en enkel blodprøve for å finne ut at det jeg har trodd i ca. 10 år har noe med magen å gjøre er egentlig noe helt annet (251:251)

1:424 En dag jeg var innom med et av barna (jeg hadde han ikke som fastlege da), viste jeg han samtidig en kul av væske jeg hadde på hånda. Hadde hatt den der i 2-3 mnd, den var plagsom og vond, men min egen fastlege kunne ikke gjøre noe med det. Han forklarte meg med engang hva det var, og kunne fjerne den der og da ved å trekke ut væsken med en sprøyte. Kulen og vondtene ble borte!! 283:283)

1:844 Fikk uvurderlig hjelp til å løse et stort helseproblem (551:551)

CODE: PROFESSIONAL - POSITIVE

1:944 proffesjonell (627:627)

1:985 profesjonelle (653:653)

1:966 profesjonell (641:641)

1:354 profesjonell (241:241)

1:124 profesjonell (77:77)

1:472 saklig og proff i jobben sin (309:309)

1:947 profesjonell (629:629)

1:562 profesjonell (367:367)

1:976 profesjonell (647:647)

1:696 profesjonelt (453:453)

1:1098 profesjonell (569:569)

1:932 profesjonell (617:617)

CODE: REFERRALS TO SPECIALIST - NEGATIVE

1:387 Sender ikke til utredning til tross for sykdom gjennom flere år(265:265)

1:237 Må helst be om henvisninger til spesialist selv (157:157)

1:672 men er beskjedent til å sende deg videre når hun selv mener at det ikke vil føre frem (437:437)

1:111 nektet å sende henvisning til spesialist, som viste seg i ettertid å være helt nødvendig (71:71)

1:13 Unnlater å henvise (11:11)

CODE: REFERRALS TO SPECIALIST - POSITIVE

- 1:1036 Han henviser meg dit jeg trenger (685:685)
1:861 sender videre ver behov (559:559)
1:745 Han står på og "maser" for å få meg til spesialister (482:482)
1:566 sender meg til spesialist hvis jeg vil det (369:369)
1:922 henviser raskt til spesialist hvis han merker at helseproblemene går utover hans faglighet(605:605)
1:597 henviser deg videre uten problem om han er usikker på noe eller om du ønsker å få sjekket noe opp (389:389)
1:16 om usikker, sendes videre til utredning (13:13)
1:689 er han i tvil sender han deg videre (449:449)
1:41 Sender videre til spesialist (25:25)
1:1091 henviser videre (419:419)
1:61 Han bruker aldri tid på å gnure over henvisninger til spesialister du har vært hos før og vet at du trenger (37:37)
1:728 vil også sende deg til andre leger for å få en ekstra vurdering før han gjør nye medisineringer (473:473)
1:84 Henviser videre til spesialist uten at man trenger å "mase" seg til det (53:53)
1:845 Ikke redd for å konferere med sine kolleger hvis det er noe hun er usikker på selv (553:553)
1:102 Er ikke redd for å si fra hvis han føler noe vil bli bedre utredet hos spesialist, og så henviser meg videre (65:65)
1:908 tar telefoner til spesialister der det trengs (595:595)
1:1076 Hvis det en henvisning man trenger, så bruker han ikke lang tid på å konkludere (81:81)
1:969 flink til å henviser videre om det trengs (643:643)
1:135 Nøler ikke med å sende videre til spesialist om nødvendig (85:85)
1:551 Henviser til spesialist utredning straks det trengs (359:359)
1:224 opplever at hun henviser og har konsultert andre når det har vært nødvendig (145:145)
1:570 henviser raskt til spesialist (371:371)
1:239 Henviser kjapt videre ved mistanke om behov for spesialist, undersøkelse, osv (159:159)
1:584 henviser videre til spesialist om det er behøvelig (383:383)
1:273 videresender til spesialist veldig fort (187:187)
1:1089 Er ikke redd for å sende deg videre hvis det skulle være nødvendig (405:405)
1:307 flink m å henviser videre (213:213)
1:646 er flink til å sende deg videre hvis hun er usikker (421:421)
1:362 sender videre til andre dersom det er noe hun ikke kan svare på selv (247:247)
1:709 Rådfører seg om nødvendig med spesialister underveis (463:463)
1:389 sender meg alltid videre til spesialist hvis hun kommer til kort (267:267)
1:738 henviser gjerne videre for kontroll (479:479)
1:398 Gode erfaringer med raske henvisninger innover i spesialistsystem (269:269)
1:764 nøler ikke med å sende videre til spesialist (498:498)
1:402 Kjapp til å henviser videre ved behov (273:273)
1:854 Hun har hjulpet meg med å få timer hos psykiater (557:557)
1:445 Nå er jeg hos lege svært sjeldent, men de ganger jeg har behov for dette har hun hjulpet meg med henvisninger (295:295)
1:877 henviser til spesialist på andre felter enn sitt eget når behov (567:567)
1:468 henviser videre ved behov (307:307)
1:914 Jeg har i løpet av kort stund blitt sent til spesialister (599:599)

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- 1:484 sender deg videre om det er behov (319:319)
1:931 henviser spesialist/utredning der det er nødvendig (615:615)
1:511 Kanskje viktigst, henviser han videre til spesialist hvis noe er usikkert (333:333)
1:1031 henviser videre ved behov (681:681)
1:520 .Er ikke en som venter med å sende henvisninger hvis det er noe som han har tro på at vil hjelpe (339:339)
1:527 Flink til å henvise videre til spesialist ved behov (345:345)
1:1088 kjenner spesialistsykehusene så han har "nettverket" når pasienten trenger ekstraservice (377:377)

CODE: TAKNIG PATIENTS SERIOUSLY - NEGATIVE

- 1:110 Opplever at hun ikke tok meg på alvor (71:71)
1:521 Jeg opplevde at han ikke tok med på alvor (341:341)
1:319 Man blir ikke helt tatt på alvor (221:221)
1:164 ikke tar pasienten på alvor (107:107)
1:1010 Han var svært mistroisk til symptomene mine og ga åpenlyst inntrykk av at han ikke trodde på meg (669:669)
1:233 Ikke virker det som hun tar deg særlig seriøst heller (153:153)
1:315 tar ikke symptomer på alvor (219:219)
1:1022 Har aldri opplevd å bli tatt alvorlig av denne legen (677:677)
1:754 valgte å slutte hos han etter kort tid, fordi han ikke tok meg på alvor (488:488)

CODE: TAKING PATIENTS SERIOUSLY - POSITIVE

- 1:298 tar meg alltid på alvor (209:209)
1:377 Tar pasienten på alvor (257:257)
1:352 Hun tar deg på alvor (241:241)
1:623 tar dem på alvor (407:407)
1:440 En lege som tar deg på alvor (293:293)
1:630 tar deg på alvor (411:411)
1:331 tar deg på alvor (229:229)
1:679 tar pasienten på alvor (441:441)
1:368 Tar meg på alvor (253:253)
1:1094 viser respekt (453:453)
1:410 Jeg føler at han alltid tar meg på alvor
1:483 Hun tar deg på alvor (319:319)
1:328 tar meg på alvor (227:227)
1:807 Tar pasientene sine på alvor (528:528)
1:337 tar deg på alvor (233:233)
1:824 tar pasienten på alvor (541:541)
1:358 Ble tatt på alvor (245:245)
1:841 tar deg på alvor (549:549)
1:372 tar meg på alvor, selv når jeg synes symptomene mine er litt diffuse og føler meg litt flau over at det stadig er noe jeg føler feiler meg (255:255)
1:915 blir tatt alvorlig (599:599)
1:388 Hun har alltid tatt meg alvorlig (267:267)
1:937 tar pasienten på alvor (621:621)
1:414 tar deg på alvor (279:279)
1:499 tar det du sier seriøst (329:329)
1:481 tar pasienten på alvor (317:317)
1:549 tar en på alvor (359:359)

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- 1:1084 De siste gangene har jeg følt at jeg har blitt tatt på alvor (190:191)
1:595 tar meg på alvor (389:389)
1:25 lege som tar alle sine pasienter seriøst (17:17)
1:625 tar pasientene på alvor (409:409)
1:40 Legen tar pasienten på alvor (25:25)
1:658 tar sin pasient på alvor (429:429)
1:46 Jeg har i alle år blitt tatt på alvor (27:27)
1:688 tar ting alvorlig (449:449)
1:88 tar ting på alvor (55:55)
1:112 tatt på alvor av denne legen (73:73)
1:758 tar deg på alvor (494:494)
1:137 tatt på alvor (85:85)
1:793 tar deg på alvor (520:520)
1:191 Føler at jeg blir tatt på alvor (123:123)
1:810 tar deg på alvor (530:530)
1:195 føler at vi blir tatt på alvor (125:125)
1:831 Tar pasienten på alvor (545:545)
1:208 i møte med X ble jeg tatt seriøst (129:129)
1:911 blir tatt seriøst som pasient (597:597)
1:1053 Pasienten er ekspert i helsefremmende prosesser og sjef i eget liv. Dette blir i stor grad ivaretatt her (131:131)
1:921 respektfull behandling (605:605)
1:946 Tar pasienten seriøst (627:627)
1:975 hun tar deg på alvor (647:647)
1:255 En lege som tar deg seriøst (173:173)
1:1026 Endelig en lege som tar meg seriøst (679:679)
1:252 tatt på alvor (169:169)
1:1090 Tar alltid alle symptomer på alvor (405:405)
1:1106 avfeier aldri bekymringene dine (305:305)

CODE: THOROUGHNESS - POSITIVE

- 1:721 grundig (469:469)
1:678 Grundig (441:441)
1:817 grundig (534:534)
1:56 Og han er så grundig at jeg, selv om jeg har tendenser til hypokondri, aldri går derfra og tror at han har oversett en sjelden men dødelig sykdom (37:37)
1:708 grundig (463:463)
1:81 grundig (53:53)
1:763 nøye (498:498)
1:149 grundig (99:99)
1:28 han gjør grundige undersøkelser (17:17)
1:158 Grundig (103:103)
1:705 er meget grundig (461:461)
1:369 er veldig grundig (253:253)
1:716 grundig (467:467)
1:461 blir alltid grundig undersøkt (303:303)
1:727 nøye (473:473)
1:465 grundig (305:305)
1:770 nøye (500:500)
1:525 nøyaktig (345:345)

- 1:997 grundig (663:663)
- 1:610 Man blir undersøkt grundig (397:397)
- 1:1033 Han undersøker pasienten godt (683:683)
- 1:629 hun undersøker og utreder nøye (411:411)
- 1:1030 nøye (681:681)

INTERPERSONAL ASPECTS

CODE: CALMNESS - NEGATIVE

- 1:392 stresset (267:267)
- 1:425 han kan virke litt stresset av og til (283:283)
- 1:419 stresset (281:281)
- 1:427 Var alltid stresset (285:285)
- 1:393 Kan virke litt stresset når man er der (253:253)
- 1:1082 Han kan virke litt stressende (183:183)

CODE: CALMNESS - POSITIVE

- 1:604 Stresser ikke (393:393)
- 1:618 Rolig (403:403)
- 1:621 rolig (377:377)

CODE: COMMUNICATIVE ABILITY - NEGATIVE

- 1:522 Vår kommunikasjon var dårlig (341:341)
- 1:1004 Kort oppsummert hadde han totalt mangel på evne til å kommunisere (667:667)
- 1:752 Han kommuniserer dårlig (485:486)
- 1:289 han var veldig dårlig til å kommunisere med pasientene (203:203)
- 1:1009 Han hadde fullstendig mangel på kommunikasjonsevne (669:669)
- 1:303 snakker mye uten innhold (211:211)
- 1:188 Føltes unaturlig å skulle ta opp ”vanskelige” ting med en som han (121:121)

CODE: COMMUNICATIVE ABILITY - POSITIVE

- 1:1044 Dyktig kommunikasjonsmessig (373:373)
- 1:733 Han er lett å snakke med (477:477)
- 1:665 enkelt å kommunisere med (433:433)
- 1:66 Klare og greie spørsmål for å få frem viktige symptomer (39:39)
- 1:493 han er en god samtalepartner (325:325)
- 1:736 koselig å prate med (479:479)
- 1:632 Hun kommuniserer fint (411:411)
- 1:850 God kommunikatør (555:555)
- 1:683 god kommunikatør (445:445)
- 1:919 Hans opptreden gjør at det er lett å snakke. Iflg. Meg hjelper han en med å snakke (601:601)
- 1:47 god kommunikasjon (27:27)
- 1:474 kommuniserer veldig bra med pasientene (311:311)
- 1:783 Hun spør bra (510:510)
- 1:179 Hun er enkel å snakke med (115:115)
- 1:863 han er også veldig god samtalepartner (559:559)
- 1:253 lett å snakke med (169:169)
- 1:963 Kommuniserer meget godt med meg (641:641)
- 1:324 Endelig en lege jeg kan prate om alt med (225:225)

1:811 Det er lett å kommunisere med henne (530:530)

CODE: EMPATHY - NEGATIVE

1:686 dårlig til å "se" pasienten (447:447)

1:317 virker ikke engasjert (219:219)

1:290 jeg følte meg ikke sett (203:203)

1:878 Mangler omsorgsfølelse (569:569)

1:385 er ikke opptatt av pasienten (263:263)

1:439 En lege som overhode ikke har vært interessert i å få oversikt over min sykdomshistorie (291:291)

1:282 Viser liten interesse for sine pasienter (195:195)

1:870 I tillegg føler jeg meg litt oversett (563:563)

1:10 virker ikke engasjert i pasientene sine (11:11)

1:926 Overfladisk og lite interessert i pasienten (613:613)

1:1073 Ser deg ikke som pasient (21:21)

1:187 Han hadde liten interesse for meg som pasient (121:121)

1:1006 uinteressert (667:667)

CODE: EMPATHY - POSITIVE

1:530 genuint interessert i deg som pasient (347:347)

1:447 er sympatisk, forståelsesfull (297:297)

1:605 Empatisk (395:395)

1:697 forståelse for pasienten (453:453)

1:489 bryr seg om sine pasienter (323:323)

1:747 Han er også engasjert (482:482)

1:622 dette er en lege som er genuint opptatt av sine pasienter (406:407)

1:776 lege som virkelig brydde seg (504:504)

1:432 engasjert (287:287)

1:788 caring (516:516)

1:471 bryr seg (309:309)

1:858 bryr seg om pasientene sine (559:559)

1:515 virker oppriktig interessert i pasienten (335:335)

1:903 og på det menneskelige plan (585:585)

1:543 Jeg føler meg alltid sett (355:355)

1:940 Hun har vist interesse (623:623)

1:577 empatisk (377:377)

1:1020 Ser hele menneske (675:675)

1:664 forståelsesfull (433:433)

1:396 alltid opplevd å bli sett (269:269)

1:671 omtenkksom (437:437)

1:1071 Sympatisk, forståelsesfull (9:9)

1:720 interessert (467:467)

1:17 En lege som bryr seg (13:13)

1:769 sympatisk (500:500)

1:20 Jeg opplever at man blir sett av ham (15:15)

1:778 følte at han virkelig brydde seg (508:508)

1:24 omtenkksom (17:17)

1:816 Virker interessert og empatisk (534:534)

1:38 virker oppriktig ininteressert i å finne ut mest mulig som kan hjelpe (23:23)

1:890 En lege som er interessert i sin pasient (579:579)

- 1:55 Jeg setter meg hos ham og får en klar fornemmelse av at han synes det er leit at jeg er syk, men veldig gøy at han får gjøre meg friskere (37:37)
- 1:918 omsorgsfull (601:601)
- 1:63 Empatisk (39:39)
- 1:1003 Han er veldig medmenneskelig (665:665)
- 1:1046 bryr seg om sine pasienter (41:41)
- 1:381 Hun er en medfølende, oppriktg interessert (261:261)
- 1:95 du føler alltid at du blir sett (59:59)
- 1:415 Empatisk (279:279)
- 1:104 forstår meg (65:65)
- 1:441 Opptatt av din helse (293:293)
- 1:1074 Jeg føler meg sett (73:73)
- 1:449 sympatisk lege (301:301)
- 1:1075 Jeg følte meg både sett (75:75)
- 1:480 Tar seg tid til å forstå (315:315)
- 1:121 man føler seg møtt og ivaretat.. (77:77)
- 1:510 forståelsesfull (333:333)
- 1:136 Føler meg "sett" (85:85)
- 1:526 omtenksoom (345:345)
- 1:145 veldig forståelsesfull (93:93)
- 1:535 forstår (349:349)
- 1:157 empatisk (103:103)
- 1:544 bryr seg (357:357)
- 1:162 Empatisk (105:105)
- 1:563 sympatisk (367:367)
- 1:180 virker genuint interessert i hvordan pasientene har det (115:115)
- 1:599 empatisk (391:391)
- 1:192 han forstår meg (123:123)
- 1:616 De menneskelige kvalitetene kommer tydelig til syne ved den omtenksoomheten han viser (401:401)
- 1:198 vi føler at han er oppriktig interessert i å hjelpe oss (125:125)
- 1:628 Hun er omsorgsfull og bryr seg om hele deg (411:411)
- 1:204 Viste genuin interesse for meg som pasient (127:127)
- 1:669 forståelsesfull (435:435)
- 1:207 fremstår som empatisk og forståelsesfull (129:129)
- 1:681 forståelsesfull (443:443)
- 1:216 sympatisk (143:143)
- 1:712 mye omsorg og tid for pasienten (465:465)
- 1:218 empatisk (145:145)
- 1:724 man får følelsen av at han bryr seg om deg som menneske (469:469)
- 1:243 Bryr seg om pasientene (161:161)
- 1:748 viser sine pasienter at han bryr seg om de og vil de godt (484:484)
- 1:248 forstår (167:167)
- 1:771 empatisk (502:502)
- 1:251 Jeg føler meg forstått (169:169)
- 1:777 veldig forståelsesfull (506:506)
- 1:268 menneskelig (183:183)
- 1:782 Hun bryr seg om hvordan pasienten har det: dette merker jeg hver eneste gang jeg har time hos henne (510:510)
- 1:276 vil det beste for sine pasienter (191:191)

- 1:802 omtenkksom lege som virker som han bryr seg (526:526)
 1:306 Virker interessert i deg som pasient (213:213)
 1:838 forståelsesfull lege (549:549)
 1:325 endelig en lege som tar seg tid til å forstå (225:225)
 1:884 En lege med stor empati (575:575)
 1:327 forståelsesfull (227:227)
 1:897 VISER GENUIN INTERESSE (581:581)
 1:338 Empatisk (233:233)
 1:913 ser deg og virkelig bryr seg (599:599)
 1:343 har empati (235:235)
 1:1062 omsorgsfull (615:615)
 1:345 Hun ser deg (237:237)
 1:999 virker oppriktig interessert (663:663)
 1:356 Engasjert (243:243)
 1:1012 ser pasienten (671:671)
 1:360 Når jeg kommer til X med det som måtte være, så er hun alltid forståelsesfull (247:247)
 1:1039 Gir ett ærlig inntrykk av å være der for deg og interessert i deg (689:689)
 1:379 Denne legen er oppriktig interessert i pasientene (259:259)
 1:550 Bryr seg om hele mennesket, både fysisk og psykisk, og gir livsviktig omsorg (359:359)

CODE: EXPLANATION - NEGATIVE

- 1:169 Hun er heller ikke så opptatt .. (111:111)
 1:687 Mer opptatt av at du skal dra .. (447:447)

CODE: EXPLANATION - POSITIVE

- 1:1005 svarte ikke alltid på spørsmål.. (667:667)
 1:893 gir gode svar (579:579)
 1:789 She takes time to explain things (516:516)
 1:767 forklarer på mine spørsmål (498:498)
 1:120 forklarer ting på en pedagogisk måte (77:77)
 1:821 her får du de svar du trenger (538:538)
 1:194 forklarer meg grundig (123:123)
 1:118 tok seg tid til å snakke (75:75)
 1:200 forklare det medisinske på en god måte (125:125)
 1:780 forklarer godt (510:510)
 1:228 forklarer (147:147)
 1:796 forklarende (522:522)
 1:426 opplever jeg allikevel at han tar seg tid til å forklare (283:283)
 1:856 informativ (557:557)
 1:479 tar seg tid til å forklare (315:315)
 1:965 er god til å forklare (641:641)
 1:648 Flink til å forklare på en forståelig måte (421:421)
 1:656 gi svar på dine spørsmål, som jeg ofte stiller mye av (427:427)
 1:341 gir tydelige tilbakemeldinger (235:235)
 1:998 god til å forklare (663:663)

CODE: EYE CONTACT - NEGATIVE

- 1:1069 møtte aldri blikket mitt under hele besøket (669:669)

- 1:927 Ser ikke på pasienten og er mest opptatt av pc skjermen (613:613)
- 1:726 Er mest opptatt av å skrive på PC (471:471)
- 1:454 ser mer på PC enn på pasienten (113:113)
- 1:1068 så mest i gulvet (667:667)
- 1:452 ser mest inn i pc (221:221)
- 1:1095 Mere opptatt av pc enn pasient (457:457)
- 1:1079 Mange ganger ser hun ikke på deg, hun bare skriver og noterer (109:109)

CODE: EYE CONTACT - NEGATIVE

- 1:453 Sitter aldri med ryggen til deg ved pc skjermen(279:279)
- 1:1100 ser på meg når vi snakker (659:659)
- 1:455 Hun snakker ikke inn i pc-skjermen, men sitter og har øyekontakt med pasienten sin (73:73)

CODE: FRIENDLINESS - NEGATIVE

- 1:108 Autoritær og belærende (69:69)
- 1:883 Men hun fortsetter å snakke ne.. (573:573)
- 1:818 arogant mann (536:536)
- 1:109 Har opplevd gjentatte ganger at denne legen fremstår som arrogant, ufin og direkte krenkende (71:71)
- 1:1008 var direkte frekk (667:667)
- 1:170 Hun har en krass måte å snakke på (111:111)
- 1:753 Jeg synes han er arrogant (488:488)
- 1:281 Arogant, nedlatende (193:193)
- 1:879 har en nedlatende måte å prate på innimellom (569:569)
- 1:334 Er lite blid og imøtekommende. Virker kald og kynisk (231:231)
- 1:1066 kan virke noe arrogant på måte.. (635:635)
- 1:382 særdeles lite hyggelig (263:263)
- 1:1011 var så frekk og anklagende at han fikk meg til å gråte (669:669)
- 1:613 Ble møtt av en nedlatende holdning da jeg var der (399:399)
- 1:702 Men måten han snakker til en og svarer ble jeg satt ut av. Føltes som han kjeftet (459:459)
- 1:882 Frekk, respektløs, og taler nedlatende og oppleves som en mobber (571:571)

CODE: FRIENDLINESS - POSITIVE

- 1:1029 hyggelig (681:681)
- 1:785 Hyggelig og imøtekommende (514:514)
- 1:617 imøtekommende (403:403)
- 1:18 har alltid et glimt i øyet, og humor (13:13)
- 1:851 Vennlig (555:555)
- 1:31 snill (17:17)
- 1:12 blid (11:11)
- 1:32 Han er snill og hyggelig (19:19)
- 1:670 En hyggelig, blid (437:437)
- 1:42 Hyggelig (25:25)
- 1:815 Hyggelig (534:534)
- 1:1047 har en varm personlighet (41:41)
- 1:906 var veldig imøtekommende og ikke minst hyggelig (591:591)
- 1:73 har et behagelig vesen (45:45)
- 1:988 Hun er hyggelig, imøtekommende (657:657)

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- 1:74 Hyggelig (47:47)
1:571 Blid og imøtekommende (371:371)
1:85 Hyggelig (53:53)
1:666 imøtekommende og varm (433:433)
1:86 Hyggelig og omgjengelig lege som har en god tone med pasienten (55:55)
1:729 Hyggelig og omgjengelig (475:475)
1:96 hyggelig (61:61)
1:808 svært imøtekommende lege (530:530)
1:115 hyggelig (75:75)
1:834 Vennlig (547:547)
1:119 Svært hyggelig (76:77)
1:886 Han er svært vennlig og positiv (575:575)
1:126 hyggelig (79:79)
1:935 Hyggelig og blid (619:619)
1:131 Personlig har jeg aldri møtt X med annet enn et blidt ansikt (83:83)
1:970 blid og hyggelig (643:643)
1:134 behagelig (85:85)
1:1016 Hyggelig, med et stort smil (673:673)
1:175 hyggelig (115:115)
1:564 imøtekommende (367:367)
1:199 Han har en veldig behagelig omgangsform (125:125)
1:579 varm (377:377)
1:202 Hyggelig, imøtekommende (127:127)
1:626 Svært hyggelig og behagelig vesen (409:409)
1:210 Skikkelig og imøtekommende selv når det er fullt på venteværelset (133:133)
1:668 varm og vennlig (435:435)
1:277 veldig hyggelig, vennlig (191:191)
1:690 alltid blid og hyggelig (449:449)
1:287 hun er veldig imøtekommende (197:197)
1:760 hyggelig (496:496)
1:294 hyggelig (207:207)
1:795 samtidig er imøtekommende (522:522)
1:305 Hyggelig, blid og smilende lege (213:213)
1:813 Blid, hyggelig (531:532)
1:339 Hyggelig (233:233)
1:826 vennlig (541:541)
1:347 er alltid i godt humør (237:237)
1:837 Hyggelig (549:549)
1:350 varm (239:239)
1:867 Er alltid posetiv (561:561)
1:406 hyggelig (275:275)
1:895 HYGDELIG (581:581)
1:409 hyggelig (277:277)
1:933 imøtekommende (617:617)
1:416 god humør (279:279)
1:936 hyggelig (621:621)
1:463 hyggelig (305:305)
1:950 godt humør (631:631)
1:469 varmt og godt menneske (307:307)
1:986 Veldig søt og hyggelig (655:655)

- 1:509 hyggelig, imøtekommende (333:333)
- 1:993 vennlig (659:659)
- 1:513 jovial, bli (335:335)
- 1:1027 utrolig hyggelig (679:679)
- 1:538 En lege som er hyggelig, og vennlig (351:351)
- 1:541 hyggelig (353:353)
- 1:949 glimt i øyet (629:629)

CODE: HELPFULNESS - POSITIVE

- 1:359 fikk mye hjelp (245:245)
- 1:1097 har hjulpet meg enormt mye (557:557)
- 1:660 hjelpsom (429:429)
- 1:127 hjelsom (79:79)
- 1:1045 virkelig prøvd og hjelpe (623:623)
- 1:141 hjelpsom (91:91)
- 1:590 Får god hjelp med det som måtte plage meg (385:385)
- 1:148 Alltid fått den hjelp jeg trenger (95:95)
- 1:787 behjelpelig (514:514)
- 1:152 hun har hjulpet meg mye (99:99)
- 1:1035 hjelper så godt han kan (685:685)
- 1:271 alltid god hjelp (185:185)
- 1:128 hjelpsom (47:47)
- 1:349 Hun har hjulpet meg med små og store sykdomstilfeller gjennom årene (239:239)
- 1:901 hjelpsom (585:585)

CODE: LISTENING ABILITY - NEGATIVE

- 1:755 heller ikke hadde evnen til å lytte (488:488)
- 1:559 lite villig til å høre på pasienten (365:365)
- 1:952 lytter lite til pasienten sin (633:633)
- 1:77 viser lite interesse for det du har å si (49:49)
- 1:663 Han brydde seg lite om hva jeg sa. Han hadde heller ikke tid til å høre på hva slags plager jeg hadde (431:431)
- 1:107 Er mer opptatt av ... enn å lytte (69:69)
- 1:881 Tar seg ikke tid til å høre på pasienten (569:569)
- 1:171 avbryter gjerne for å fortgang i samtalen (111:111)
- 1:982 han har sjelden tid til å høre.. (651:651)
- 1:186 Han pratet mest selv - og ønsket å bagatellisere det jeg sa, uten å egentlig høre på hva jeg sa (121:121)
- 1:580 hører ikke etter når jeg snakker. Spør hva som er problemet, når jeg svarer sitter han og taster med to fingre på pcen og innimellom prøver han å avbryte (379:379)
- 1:264 lite lyttende (181:181)
- 1:701 lot en ikke få snakke ferdig (459:459)
- 1:314 lytter ikke så godt (219:219)
- 1:819 mann som ikke har evnen til å lytte til sine pasienter (536:536)
- 1:384 lytter ikke (263:263)
- 1:889 Har opplevd ham vurdere plager som ”psykiske” i stedet for å høre på pasienten (577:577)
- 1:420 ikke spesielt flink til å lytte (281:281)
- 1:980 legen har aldri tid til og høre på deg (649:649)
- 1:436 åpner ikke for innspill fra meg, så svarer kun på det jeg blir spurt om (291:291)

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- 1:1072 hører ikke på din opplevelse av skaden/sykdommen (21:21)
 - 1:555 Tok seg ikke tid til å lytte (363:363)
 - 1:1023 gått derfra med en følelse av å ikke ha blitt lyttet til (677:677)

CODE: LISTENING ABILITY - POSITIVE

- 1:583 lytter til pasienten (383:383)
- 1:799 Tar seg tid til å høre på hva du har å si (524:524)
- 1:647 Hun lytter (421:421)
- 1:843 lytter til pasienten (551:551)
- 1:534 En lege som faktisk lytter (349:349)
- 1:859 lytter (559:559)
- 1:602 lytter (393:393)
- 1:896 LYTTENDE (581:581)
- 1:684 lytter aktivt (445:445)
- 1:964 lytter aktivt (641:641)
- 1:518 lytter til hva du sier (339:339)
- 1:1021 er en god lytter (675:675)
- 1:560 Han er flink til å lytte (367:367)
- 1:1038 Tar seg tid til å lytte (689:689)
- 1:594 En lyttende lege (389:389)
- 1:791 lytter (520:520)
- 1:638 lytter (415:415)
- 1:405 lytter (273:273)
- 1:655 Han er flink til og lytte (427:427)
- 1:431 selv om det er travelt rekker å lytte (287:287)
- 1:735 Flink til å lytte (479:479)
- 1:464 Hun hører faktisk på deg (305:305)
- 1:485 Hun er opptatt av deg når du er inne hos henne og jeg vil heller vente litt enn å møte en som ikke har tid til... å høre på deg (319:319)
- 1:832 lydhør (545:545)
- 1:4 flink til å lytte (7:7)
- 1:852 lydhør (555:555)
- 1:15 En lege som lytter (13:13)
- 1:874 utrolig dyktig til å lytte til pasient (565:565)
- 1:21 han lytter til hva man har å si (15:15)
- 1:920 Lyttende (605:605)
- 1:26 Han lytter til pasientens ønsker og behov (17:17)
- 1:992 lytter (659:659)
- 1:37 lytter (23:23)
- 1:1032 tar seg tid til å lytte til pasienten (683:683)
- 1:52 lytter (37:37)
- 1:361 lytter til det jeg har å si (247:247)
- 1:64 Tar tid til å lytte (39:39)
- 1:397 lyttet til (269:269)
- 1:70 Har alltid tid til å lytte (43:43)
- 1:413 lytter (279:279)
- 1:83 lytter til det jeg sier (53:53)
- 1:443 En lege som lytter til pasienten (295:295)
- 1:87 Lytter (55:55)
- 1:470 lytter (309:309)

- 1:99 Legen lytter og følger med på hva man sier (63:63)
1:498 føler at han lytter på det du har og si (329:329)
1:101 Hører etter hva jeg sier (65:65)
1:528 Hun tar seg god tid til å lytte til pasientene (347:347)
1:114 hørt (73:73)
1:548 hører (359:359)
1:116 hørt (75:75)
1:565 Han hører etter (369:369)
1:130 han er flink til å lytte til hva pasienten har å si (83:83)
1:591 Flink til å lytte (387:387)
1:133 lyttende (85:85)
1:598 Lytter til hva jeg sier (391:391)
1:140 lytter (91:91)
1:607 tar seg tid til å lytte til pasientene (395:395)
1:150 god lytter (99:99)
1:644 Han lytter (419:419)
1:156 lyttende (103:103)
1:651 Hun er god til å lytte (425:425)
1:163 tar veldig hensyn til det jeg sier og mener (105:105)
1:667 Lyttende (435:435)
1:178 lytter godt til pasientene (115:115)
1:692 lyttende (451:451)
1:197 Vi opplever han som lyttende (125:125)
1:766 Lytter (498:498)
1:206 interessert i å lytte til pasienten (129:129)
1:797 lyttende (522:522)
1:215 han har tid til å lytte til deg (143:143)
1:809 lytter (530:530)
1:219 lyttende (145:145)
1:839 lytter (549:549)
1:244 Tar seg tid til å høre hva du sier (165:165)
1:848 Hun lytter på hva jeg har å si (553:553)
1:247 lytter (167:167)
1:853 lyttende lege (557:557)
1:267 lyttende (183:183)
1:865 Lytter (561:561)
1:292 Han lytter til hvordan du opplever dine problemer/plager (207:207)
1:892 Han lytter til dine spørsmål og oppfatninger (579:579)
1:310 Lytter til hva jeg har å si (215:215)
1:917 Han har tid til å høre på deg (601:601)
1:313 lytter med begge ører (217:217)
1:942 hører når du prater (625:625)
1:323 Endelig en lege som tar seg til å lytte (225:225)
1:989 lytter (657:657)
1:326 lyttende (227:227)
1:1002 Denne legen tar seg god tid til å høre om problemene dine (665:665)
1:332 har tid til å lytte på dine bekymringer og plager (229:229)
1:1028 lyttende (681:681)
1:336 lytter til pasienten (233:233)
1:1034 Han tar seg god tid til å høre på hva jeg har å si (685:685)

1:340 lytter (235:235)
1:344 hører på deg (237:237)
1:373 Han er veldig flink til å lytte (255:255)

CODE: TIME SPENT WITH RGP - NEGATIVE

1:333 Tar seg ikke tid til pasienten (231:231)
1:232 X har veldig liten tid til deg (153:153)
1:740 Ikke en lege som bruker lang tid (481:481)
1:80 Kan kanskje oppfattes som litt vel rask i noen situasjoner (53:53)
1:320 Har dårlig tid (221:221)
1:98 Presset på tid (61:61)
1:496 Ofte dårlig tid til pasienten (327:327)
1:106 Ikke lov til å ta opp mer enn en problemstilling, da må ny time bestilling (69:69)
1:231 det opplevdes som om hun bare ville ha meg fort inn og fort ut (151:151)
1:139 Har mange pasienter og man skal helst ikke snakke om mer enn en ting med henne (89:89)
1:236 preget av mange pasienter på liten tid (155:155)
1:167 når du kommer inn er hun så stressa at du må skynde deg (109:109)
1:321 En gang var jeg inne i 30 sek... Jeg har aldri vært lengre enn 3 min tror jeg (223:223)
1:172 liker ikke at man har mer enn en ting å ta opp, da er det tydelig at tiden egentlig er ute (111:111)
1:435 Har alltid dårlig tid (291:291)
1:174 prøver å bli fortest mulig ferdig med deg (113:113)
1:539 men som alltid har dårlig tid, og virker som vil ha deg raskest ut dessverre (351:351)
1:185 Han hadde liten tid (121:121)
1:744 bruker ikke så lang tid (482:482)
1:222 kan virke litt stresset på tid (145:145)
1:76 Hun bruker aldri mer enn 5 min på meg (49:49)
1:1081 Hastverk (181:181)

CODE: TIME SPENT WITH RGP - POSITIVE

1:652 tar seg god tid (425:425)
1:1013 Bruker tid (671:671)
1:804 Tar seg tid (526:526)
1:2 som tar seg tid og som ikke bare haster gjennom pasientene (3:3)
1:624 Tar seg god tid (409:409)
1:22 Selv om han nok er presset på tid, lar han det ikke gå utover tiden man har til rådighet hos ham (15:15)
1:713 Hun bruker mye tid på å finne ut hva som er galt og hva som trengs av hjelp (465:465)
1:27 tar seg god tid med hver enkelt (17:17)
1:967 Hun tar seg tid til pasientene (643:643)
1:33 tar seg tid (19:19)
1:547 En får ta opp alt som trengs uten å bli avvist på noen måte (359:359)
1:50 tar seg god tid til hver pasient (33:33)
1:634 tar seg god tid til pasienten (413:413)
1:54 Hvis det derimot er uklart hva som feiler deg, eller om det feiler deg noe som helst, har han all tid i verden (37:37)
1:691 alltid tid (449:449)
1:93 X har alltid tid til en prat om "alt mellom himmel og jord" (57:57)
1:786 tar seg god tid (514:514)

- 1:94 Alltid tid (59:59)
1:910 Tar seg tid når det trengs (595:595)
1:125 Gir seg god tid med pasientene (79:79)
1:991 Hun tar seg tid (659:659)
1:144 Hun brukte enormt mye tid på meg (93:93)
1:542 Alltid tid til store og små pr.. (355:355)
1:147 Tar seg bestandig god tid med meg når jeg er hos henne. Ingen tidspress eller lignende (95:95)
1:600 tar seg god tid når situasjonen krever det (391:391)
1:177 Hun tar seg tid til å snakke med pasientene, og har ikke noe problem med om du spør om noe i tillegg til det du er der for, jeg vet ikke hvor mange ganger jeg har sagt ”når jeg først er her...” (115:115)
1:631 hun tar seg god tid (411:411)
1:201 Og ikke minst så bruker han god tid på oss, når det trengs (125:125)
1:637 Tar seg tid til deg som pasient (415:415)
1:227 tar seg tid (147:147)
1:675 Hun tar seg tid (439:439)
1:293 Han tar seg tid og titter aldri på klokken (207:207)
1:704 Tar seg god tid (461:461)
1:299 bruker tid (209:209)
1:722 Tar seg tid til sine pasienter (469:469)
1:346 tar seg god tid (237:237)
1:800 tar seg tid til å sette seg inn i saken (524:524)
1:376 God tid (257:257)
1:900 Tar seg god tid (585:585)
1:412 Tar seg alltid god tid (279:279)
1:912 Denne legen tar seg god tid (599:599)
1:475 tar seg den tid man trenger (311:311)
1:973 tar seg tid (647:647)
1:488 har tid (323:323)
1:1 tar seg tid til pasientene sine (1:1)
1:508 X derimot gir inntrykk av å ha all tid i verden (333:333)
1:1018 Hun tar seg god tid (675:675)
1:517 tar seg tid (339:339)
1:996 tar seg god tid og ikke stresser med pasientene (661:661)

CODE: TRUST - NEGATIVE

- 1:1056 Alt i alt føler jeg at den personlige tryggheten som man gjerne ønsker seg i møte med medisinsk personell uteble (617:617)
1:1099 Gir ikke noen god og betryggende følelse (575:575)
1:954 Han vekker ikke tillit hos pasientene sine (635:635)
1:885 men dessverre ikke trygg i sin egen rolle (575:575)
1:278 føler at jeg ikke kan stole på han (191:191)

CODE: TRUST - POSITIVE

- 1:948 Føler meg trygg (629:629)
1:775 tillitsfullt forhold (504:504)
1:739 Føler meg trygg (479:479)
1:30 trygg (17:17)
1:855 Jeg har full tillit til henne (557:557)

- 1:34 Man blir trygg på ham (19:19)
 1:619 tillitsvekkende (403:403)
 1:82 pålitelig (53:53)
 1:765 Føles veldig trygt å ha han som fastlege (498:498)
 1:1055 jeg synes er betryggende (73:73)
 1:820 jeg er sjeldent hos legen, men de gangene jeg er der føler jeg meg trygg på fastlegen min (538:538)
 1:995 Jeg har tillit til hennes vurderinger (659:659)
 1:907 trygg (595:595)
 1:491 han er en lege man finner full tillit til (323:323)
 1:1059 trygg på egen vurderingsevne (15:15)
 1:576 trygg (377:377)
 1:138 Inngir trygghet (85:85)
 1:553 trygg atmosfære (359:359)
 1:151 Stoler 100% på henne (99:99)
 1:586 En trygg lege (383:383)
 1:159 troverdig og trygghetsskapende (103:103)
 1:693 tillitsfull (451:451)
 1:220 Stoler på henens vurderinger (145:145)
 1:751 er i trygge hender (484:484)
 1:240 Inngir tillit (161:161)
 1:774 en lege du kan ha full tillit til (502:502)
 1:269 En fastlege du kan stole på (185:185)
 1:779 opprettet et varmt tillitsforhold (508:508)
 1:297 veldig betryggende (207:207)
 1:828 trygg (541:541)
 1:330 Føles betryggende (229:229)
 1:864 for meg er han en stødig trygg klippe (559:559)
 1:374 Vekker tillit (255:255)
 1:930 Vi føler oss trygge (615:615)
 1:408 troverdig (277:277)
 1:960 Er til å stole på (639:639)
 1:430 tillitsvekkende (287:287)
 1:1001 Føler meg helt trygg på han (663:663)
 1:473 Får veldig god tillit hos barn og voksne (309:309)
 1:478 føler meg trygg for det videre forløpet (315:315)
 1:1104 Dette er en lege som jeg har all tillit til (141:141)

ORGANIZATIONAL ASPECTS

CODE: APPOINTMENT ACCESSIBILITY - NEGATIVE

- 1:805 det er umulig å få time, har ikke fått time hos X på flere år (526:526)
 1:482 Ofte lang ventetid, men verdt å vente på (317:317)
 1:925 Hun er vanskelig å få timer hos, da hun er ofte bare 3 dager i uken, når hun skal være 5 ganger i uken (611:611)
 1:68 det er utrolig vanskelig å få time på kort varsel (41:41)
 1:784 X har vært min fastlege i over et halvt år. Jeg har besøkt legekantoret fem ganger dette halvåret, men selv aldri truffet fastlegen. (511:512)
 1:91 ER under et visst "press" (har muligens for mange pasienter) noe som går utover hans tilgjengelighet (57:57)

- 1:829 Rett etter at Legesenter X var blitt til Legesenter X kunna man få time på dagen. Nå begynner det å bli litt tettere om plassen (543:543)
- 1:122 Imidlertid er det ofte vanskelig å få en legetime nært i tid til bestilling, og dette kan være litt upraktisk (77:77)
- 1:442 Problemet er tilgjengeligheten. Alt for ofte kommer jeg til turnuslegen eller andre leger fordi han er fullbooket eller ikke tilgjengelig (293:293)
- 1:181 kan ta lang tid før man får time hos legen (117:117)
- 1:718 Det kan ta tid å få time (467:467)
- 1:184 Legen har aldri ledige timer, ei heller noen andre (119:119)
- 1:790 X er en populær lege med full liste, derfor er det som regel venteliste på avtalt time (518:518)
- 1:212 X er nærmest umulig å få tak i, det er slett ikke uvanlig å måtte vente mer enn fire uker på en legetime (137:137)
- 1:812 men hun er dessverre ikke tilgjengelig på legesenteret to av dagene i uka (530:530)
- 1:286 Bare litt synd at hun jobber 50% og det er vanskelig å få time hos henne (197:197)
- 1:924 ekstremt vanskelig og få kontakt med ham, det er et prosjekt i seg selv å få time (609:609)
- 1:383 utilgjengelig (263:263)
- 1:60 kan ta veldig mange dager før man for time for ting som ikke er helt akutt (37:37)
- 1:929 Det kan av og til være litt ventetid hos X, men hvis hjelpen haster opplever vi alltid å få god hjelp (615:615)
- 1:433 Hun er aldri tilgjengelig, det betyr at man blir henvist til andre leger (289:289)
- 1:978 Det gjør opp for at det kan være lang ventetid for å få time (647:647)
- 1:1306 Kunne bare se legen på en fredag. Men hun jobber ikke på fredag og det var alltid vikar (361:361)

CODE: APPOINTMENT ACCESSIBILITY - POSITIVE

- 1:588 Kommer til med akseptabel ventetid for time (385:385)
- 1:768 Kort ventetid for time (498:498)
- 1:643 Har alltid fått time samme dag dersom jeg ringer før 1130, eller dagen etter (419:419)
- 1:825 Tilgjengelig (541:541)
- 1:537 Time på dagen (349:349)
- 1:923 Får time samme dag eller dagen etter hvis det haster (607:607)
- 1:620 En lege på et legekantor der alle leger står klar til å ta imot, om det er fullt hos din egen (403:403)
- 1:759 Alltid tilgjengelig hvis det er noe akutt (494:494)
- 1:680 får man time raskt og enkelt (443:443)
- 1:189 Jeg får alltid time på dagen (123:123)
- 1:450 Lett å få time (301:301)
- 1:242 Bra tilgjengelighet (161:161)
- 1:567 Han stiller alltid opp og har alltid tid til meg (369:369)
- 1:270 Kort ventetid (185:185)
- 1:609 Vi får raskt time når vi trenger det (397:397)
- 1:275 er typen lege du faktisk kan få tak i hvis det er litt hast (189:189)
- 1:633 Kan ta noe tid å få time, men når jeg er akutt syk har jeg fått time på dagen (411:411)
- 1:390 time på dagen når man selv har behov for det (267:267)
- 1:676 vanligvis får jeg time nesten med en gang (439:439)
- 1:399 lege som det er lett å time hos (271:271)
- 1:742 Svært god tilgjengelighet (481:481)
- 1:403 Veldig greit å få time (273:273)

- 1:446 Har sjelden behov for å oppsøke lege, men når det skjer er det bra å ha en lege som er tilgjengelig på kort varsel (297:297)
 1:822 Time på dagen, eller senest neste dag (540:540)
 1:11 tilgjengelig (11:11)
 1:835 Tilgjengelig (547:547)
 1:43 Tilgjengelig (25:25)
 1:945 Enkelt å få time på kort varsel (627:627)
 1:71 har ikke langventetid (43:43)
 1:75 Er tilgjengelig når jeg trenger ham, ikke lang ventetid (47:47)
 1:256 Det går sjelden mer enn 2 dager før jeg får time (175:175)

CODE: IN OFFICE WAIT TIME - NEGATIVE

- 1:714 Baksiden av dette er at jeg stort sett alltid blir sittende å vente minst en time etter at jeg hadde time (465:465)
 1:943 Av og til noe forsinkelser (625:625)
 1:730 Ikke alltid like presis. Ofte lang ventetid til tross for timeavtale (475:475)
 1:103 Kan være litt forsinkelse på venterommet (65:65)
 1:601 Eneste minus er at det kan bli litt ventetid (391:391)
 1:146 Men hun var bestandig forsinket (93:93)
 1:723 noe som svært ofte medfører noe venting for pasientene utover dagen (469:469)
 1:166 Ventetid på 1 time er ikke uvanlig (109:109)
 1:743 Han er ofte forsinket (482:482)
 1:173 Hun er alltid forsinket (113:113)
 1:1019 så derfor kan det være litt forsinkelser (675:675)
 1:284 Hun kommer ikke alltid tidsnok til timen (197:197)
 1:627 Eneste minus er at hun bruker så god tid på hver enkelt at det kan bli lang ventetid utover dagen (409:409)
 1:302 Holder ikke avtalte tider (211:211)
 1:719 timen man får er som regel forsinka med nærmere en time (467:467)
 1:391 derfor er hun alltid forsinket (267:267)
 1:725 Man kommer aldri inn i tide, og må gjerne vente opp til en time på en 5 minutters konsultasjon (471:471)
 1:407 som dessverre er alltid forsinket (275:275)
 1:734 Noe forsinkelser er det alltid (477:477)
 1:411 derfor er han alltid forsinket. Ta med lesestoff! (277:277)
 1:871 Fordi legesenteret er svært travelt tar det ofte også gjerne svært lang tid før du kommer inn til timen (563:563)
 1:428 veldig forsinket (285:285)
 1:979 Alltid for sent ute , du kommer inn sånn 20 min etter avtalt tid (649:649)
 1:497 Ofte lang ventetid for å komme.. (327:327)
 1:57 Det er vanligvis endel ventetid når jeg kommer dit (37:37)
 1:540 Det er alltid mange i kø på venterommet (351:351)
 1:221 Hun har muligens litt mange pasienter, da hun ofte er forsinket (145:145)

CODE: IN OFFICE WAIT TIME - POSITIVE

- 1:322 Endelig en lege som ikke lar meg sitte på halvtimes vis å vente på legekantoret (225:225)
 1:589 Ikke så lang ventetid på kontoret (385:385)
 1:367 nesten aldri forsinket (253:253)
 1:49 Denne legen er ALLTID presis (33:33)

1:257 stort sett er timen maks 10 minutter forsinket (175:175)

1:6 alltid presis. jeg blir alltid hentet på venterommet til tiden jeg har time, har faktisk hendt at han har hentet meg noen minutter før (9:9)

CODE: OTHER ORGANIZATIONAL ISSUE - NEGATIVE

1:673 Dumt å bare kunne bestille på sms, men det er jo systemet (437:437)

1:1025 sender regninger selv om det er registrert frikort (677:677)

1:1060 Men det irriterer meg voldsomt at de (som sikkert mange andre) ikke har kortautomat (325:325)

1:1061 Eneste minus er åpningstidene. Det hadde vært fint med lengre åpningstider (397:397)

1:636 Litt synd at telefonsvareren til forkontoret har et hav med info om åpningstider osv. Forskjellig fra dag til dag (413:413)

1:715 Hun har heller ikke legesekretær og det gjør at hun kan være svært vanskelig å få tak i (465:465)

CODE: OTHER ORGANIZATIONAL ISSUE - POSITIVE

1:190 legekantoret er hyggelig og lyst (123:123)

1:531 Lav, behagelig bakgrunnsmusikk (349:349)

1:1189 Nytt og trivelig legesenter (547:547)

CODE: PHONE WAIT TIME - NEGATIVE

1:872 Som alle andre legekantorer jeg har vært hos så er det svært liten tilgjengelighet på telefon (563:563)

1:1024 Vanskelig å komme gjennom på telefon (677:677)

1:977 lang ventetid i telefonen (647:647)

1:182 Alltid lang kø i telefonen (119:119)

1:58 det er ventetid på telefon (37:37)

1:309 Må sitte i telefonkø (213:213)

CODE: PHONE WAIT TIME - POSITIVE

1:45 Tar alltid telefonen (bortsett fra lunsjen). Gir beskjed om lunsjtiden i telefonsvareren. (25:25)

CODE: SMS/ONLINE BOOKING - NEGATIVE

1:642 men har mye å gå på når det gjelder elektronisk kommunikasjon med pasienter (417:417)

1:494 Det hadde også vært fint om de kunne begynne å ta imot timeforespørsler og annet per epost (325:325)

CODE: SMS/ONLINE BOOKING - POSITIVE

1:873 Timebestilling kan gjøres på SMS (563:563)

1:823 enkel elektronisk kommunikasjon (540:540)

1:59 kan bestille time på sms (37:37)

1:260 Klinikken har også et veldig bra online tilbud der du kan bestille time, spørre enkle spørsmål og bestille resept (175:175)

1:830 Timebestilling på epost fungerer (543:543)

CODE: STAFF - NEGATIVE

1:39 De aller fleste ved kontoret er svært i møtekommende og dyktige. Untaket gjelder en

dame. Hun er lite hyggelig, blander seg inn i spørsmål og avgjørelser hun umulig kan være kompetent til. Jeg vegrer nesten å henvende meg til kontoret av "frykt" for å møte henne (23:23)

1:250 samtlige i resepsjonen får deg til å føle deg som en byrde i deres jobbhverdag (167:167)

1:507 synes han kan få seg triveligere sekretærer; jeg føler meg aldri velkommen av de bak skranken (333:333)

1:183 De i andre enden kan ikke hjelpe deg (119:119)

1:1285 Legen har jeg ingenting å klage på, men legesenteret er en helt annen historie. Jeg skulle avlegge en prøve etter legetimen og leverte prøven på laboratoriet. Da jeg ikke fikk svar på veldig lang tid ringte jeg inn for å høre og da påsto de at jeg ikke hadde levert noen prøve. Lurer fortsatt på hvor den har blitt av. For en måned siden mistet jeg resepten min og ringte inn for å få en ny. Den skulle de sende så fort som mulig. Har enda ikke fått den (593:593)

CODE: STAFF - POSITIVE

1:532 Blide mennesker i mottaket (349:349)

1:44 Meget bra sekretariat (25:25)

1:953 Han har dog en svært varm og hyggelig kontordame (633:633)

1:295 hyggelige legesekretærer og sykepleier (207:207)

1:404 Legesekretærene er også flinke og veldig gode på å ta blodprøver (273:273)

GENERAL REVIEWS

CODE: GENERAL REVIEW - POSITIVE

1:288 Denne legen er helt fantastisk, har hatt henne i 25 år, vil ikke bytte for alt i livet. (199:199)

1:757 Meget flink lege som jeg beholdt som fastlege i mange år på tross av lang reisevei etter at jeg hadde flyttet til sentrum (492:492)

1:524 Jeg er godt fornøyd med legen, både for egen konsultasjon og ikke minst for konsultasjoner av barna (343:343)

1:1077 Enig med det den første anmelder har skrevet om legen. Hun er bare fantastisk!! Anbefales på det varmeste (87:87)

1:48 Har brukt X i snart 10 år. Jeg er veldig fornøyd med ham (31:31)

1:211 Vil ikke bytte fastlege og har hatt samme fastlege. Veldig fornøyd (134:135)

1:364 Er så fornøyd med X at jeg nekter å bytte! (248:249)

1:756 Synes X er godt over snittet av alle fastleger jeg har vært hos (489:490)

1:246 Fastlege X anbefales på det sterkeste. Jeg har kun positive erfaringer (163:163)

1:254 X er en svært dyktig lege. Jeg har brukt han som lege de siste 15 årene. Anbefales! (170:171)

1:261 Anbefales veldig som fastlege. Har vært flere gang hos ham med sykt barn (176:177)

UNCERTAIN REVIEWS

CODE: UNCERTAIN REVIEW

1:1262 Sist samtale jeg hadde med henne var over tlf. Vi var uenige om en sak og det oppsto misforståelser. Jeg var rolig og saklig, men midt i samtalen slang hun på røret i sinne. Slik skal man ikke bli behandlet av fastlegen sin (201:201)

1:1383 ...er ikke så opptatt av undersøkelser. Liker best å henvise....Har en tendens å ta "spørsmål" vedr. legegjerningen som en personlig fornærmelse, blir lett støtt mao. Avtaler er

IKKE for å holdes. vanskelig med tilbakemeldinger på telefon. Ellers er han sikkert en kul kar. (i det sivile) (299:299)

1:1384 Legen har siste året hatt permisjon. I hennes sted lege X. Y er en forholdsvis grei lege å forholde seg til. Tror hun vil møte utfordringer når hun kommer tilbake. Kjedelig at det ikke er mulig å vurdere X. Hun ville ikke fått noen stjerner av meg. (587:587)

1:1385 Har hatt X siden jeg var født, men har aldri vært tilstede når jeg har trengt henne. Derfor har jeg byttet. Derfor vil jeg heller ikke vurdere henne. Men vikaren hennes, Y, hun hadde ikke fått noen stjerner fra meg (589:589)

NON SPECIFIC SUPERLATIVES

CODE: NONSPECIFIC SUPERLATIVE - NEGATIVE

1:1128 udyktig (107:107)

CODE: NONSPECIFIC SUPERLATIVE – POSITIVE

1:1116 veldig flink (1:1)

1:1117 veldig bra (3:3)

1:1119 dyktig lege (17:17)

1:1121 Grei lege (29:29)

1:1122 ganske flink (43:43)

1:1123 fantastisk dyktig lege (45:45)

1:1124 meget dyktig (79:79)

1:1125 Dyktig (85:85)

1:1126 meget flink (95:95)

1:1129 flink (109:109)

1:1130 dyktig (111:111)

1:1131 hun er flink (113:113)

1:1133 Meget flink (139:139)

1:1134 grei (143:143)

1:1135 Legen var helt OK (151:151)

1:1136 svært dyktig (171:171)

1:1137 flink (183:183)

1:1138 dyktig på sitt felt (187:187)

1:1140 dyktig (207:207)

1:1141 Flink (209:209)

1:1142 flink (215:215)

1:1143 Dyktig (227:227)

1:1144 Kjempe flink (237:237)

1:1145 dyktig (241:241)

1:1146 flink (247:247)

1:1147 Meget flink (270:271)

1:1148 Flott (275:275)

1:1149 Dyktig (277:277)

1:1150 dyktig (281:281)

1:1151 Flink (287:287)

1:1152 veldig flink (293:293)

1:1153 flink (301:301)

1:1154 veldig dyktig (305:305)

1:1155 flink (309:309)

1:1156 Dyktig (311:311)

1:1157 Dyktig (317:317)
1:1158 god (339:339)
1:1160 Flink (357:357)
1:1162 meget flink (383:383)
1:1163 dyktig (403:403)
1:1165 kjempe dyktig (429:429)
1:1168 veldig flink (453:453)
1:1169 svært dyktig (465:465)
1:1170 Veldig flink (467:467)
1:1171 Dyktig (469:469)
1:1175 dyktig (481:481)
1:1176 Utrolig flink (482:482)
1:1177 dyktig (484:484)
1:1178 utrolig flink (484:484)
1:1181 dyktig (496:496)
1:1182 meget flink (500:500)
1:1183 Dyktig (514:514)
1:1184 dyktig (520:520)
1:1185 Veldig bra (526:526)
1:1186 dyktig (532:532)
1:1187 Den gode legen (538:538)
1:1188 Flink (541:541)
1:1190 Dyktig (595:595)
1:1191 kjempeflink (601:601)
1:1192 dyktig (615:615)
1:1193 Veldig dyktig (621:621)
1:1194 Dyktig (627:627)
1:1195 Meget dyktig (628:629)
1:1196 Dyktig (631:631)
1:1197 dyktig (637:637)
1:1198 Flink (661:661)
1:1200 flink (477:477)
1:1201 dyktig (477:477)
1:1202 dyktig (494:494)
1:1203 flink (494:494)
1:1264 gjorde en grei jobb (203:203)
1:1290 veldig bra (325:325)
1:1329 fin lege (437:437)

LEAST FREQUENTLY MENTIONED CODES

CODE: ALTERNATIVE MEDICINE - NEGATIVE

1:732 men er lite innstilt på å tenke alternativt ("utenfor boksen") (475:475)

CODE: CHILDREN - NEGATIVE

1:1209 Er dog noe "hard" mot barn som ikke vil ha sprøyte eller er engstelige (29:29)

CODE: CHILDREN – POSITIVE

1:1222 Som foreldre blir du også hørt på vegne av barna (59:59)

1:1240 Barna elsker han (125:125)

- 1:1250 Er dyktig med barn og ungdom (147:147)
- 1:1298 Barna gleder seg til å besøke ham (337:337)
- 1:1303 flink med sønnen vår (353:353)

CODE: CONSCIOUS

- 1:1316 samvittighetsfull (387:387)

CODE: EASILY OFFENDED

- 1:1389 Har en tendens å ta "spørsmål" vedr. legegjerningen som en personlig fornærmelse. Blir lett støtt mao (299:299)

CODE: HOME VISIT

- 1:1245 Kommer gjerne på hjemmebesøk når jeg er syk (133:133)
- 1:1310 Han har i flere tilfelle kommet hjem til meg (369:369)

CODE: MEMORY OF PATIENT - NEGATIVE

- 1:1040 Glemsk (687:687)
- 1:957 han husker ikke samtaler man har hatt fra gang til gang, selv ved alvorlige emner over kortere perioder (635:635)
- 1:394 Husker ingenting fra en time til en annen (265:265)
- 1:887 glemmer helt enkle opplysninger (som f.eks. målt temperatur, medisiner osv) som han spurte om for et minutt siden (575:575)
- 1:395 husker ikke timen fra gang til gang (267:267)

CODE: MODEST

- 1:1390 litt beskjeden (486:486)

CODE: PATIENCE - POSITIVE

- 1:1050 tålmodig (663:663)
- 1:1049 tålmodig (115:115)
- 1:1093 talmodig (453:453)

CODE: PRACTIC

- 1:1218 praktisk (51:51)

CODE: PRESENCE OF MIND - NEGATIVE

- 1:1096 man føler han allerede har begynt å tenke på en ny pasient (486:486)

CODE: PRESENCE OF MIND - POSITIVE

- 1:1064 tilstede (241:241)
- 1:1063 tilstede (149:149)
- 1:1065 tilstede (359:359)

CODE: PRESCRIPTION OF MEDICINE - NEGATIVE

- 1:457 Men hun avviker ikke fra regelen at man må komme til henne når man skal fornye resept, selv om hun verken ser på eller undersøker deg nærmere (113:113)
- 1:458 Jeg har nå i over 1 uke forsøkt å fornye en resept! Første forsøk var selvfølgelig å ringe, fikk da time på laboratoriet(selv om det var snakk om fornyelse av resept).Etter 15-20min forsinkelse kom jeg inn og fikk beskjed om at den som hadde satt meg opp på time på laboratoriet hadde gjort feil.Dro hjem etter at de lovet få legen til å skrive ut e-resept samme

dag. Tre dager senere fremdeles ingen resept. Ringte X legesenter og var nummer 15 i køen, kom til slutt igjennom med beskjed om at legen ikke var tilstede, men ble bedt om å ringe tilbake ett par timer senere. Jeg er nå inne i uke 2 for å få fornyet en resept, noe som normalt tar 2 minutter, men det er visst fryktelig vanskelig for X legesenter og legene der (119:119)

CODE: PRESCRIPTION OF MEDICINE - POSITIVE

1:456 Han bruker aldri tid på å gnure over resepter på allergimedisin i år igjen (37:37)
1:459 Nå er jeg hos lege svært sjeldent, men de gangene jeg har hatt behov for det har han ordnet med resepter (295:295)

CODE: PUTTING PATIENT AT EASE - POSITIVE

1:476 får meg til å slappe av (311:311)
1:1080 gjør at vi slapper av også ved litt vanskelige temaer (125:125)
1:645 jeg føler meg veldig komfortabel med han (419:419)

CODE: RESPECT – POSITIVE

1:1094 viser respekt (453:453)
1:921 respektfull behandling (605:605)
1:750 blir behandlet med respekt (484:484)
1:1115 behandler meg med respekt (277:277)
1:1112 behandler deg med den største respekt (241:241)

CODE: SERVICE - POSITIVE

1:847 God Service (553:553)
1:695 Er meget serviceinnstilt (451:451)
1:502 topp service (331:331)
1:505 Servicen ved legekantoret for øvrig under middels, men god nok (163:163)
1:761 serviceminded (496:496)
1:504 yter veldig god service (189:189)
1:503 God service til pasienter som har hatt lengre kundeforhold (321:321)
1:506 Personlig service er et stikkord (13:13)

CODE: SICK NOTE - NEGATIVE

1:238 Vankelig å bli sykmeldt (157:157)

CODE: TAKING ACTION - NEGATIVE

1:291 Lite beslutningsdyktig (205:205)

CODE: TAKING ACTION - POSITIVE

1:615 handlekraftig (401:401)
1:905 tok tak i problemene mine (591:591)
1:792 handler (520:520)
1:90 tar action der han må (57:57)
1:9 gjennomslagskraft (9:9)
1:467 tar grep (307:307)
1:938 handlekraftig (621:621)

CODE: TO THE POINT

1:1219 "to the point" (51:51)
1:1229 Kort og konsis (81:81)

1:1332 no nonsense (443:443)

Appendix 3. Data validation

Multiple practices

116 regular GPs were registered with multiple practices. Some of these were registered with multiple practices through the entire period of analysis, while others changed from one practice to another. Those changing practices also tended to work at multiple practices during a couple of months while changing. Furthermore, they were naturally registered with their entire patient list as leaving in the final month of working at the old practice. To avoid random selection of practice as well as biasing LEAVERATE by including leaving numbers that are unrelated to patient demand, these regular GPs were excluded from the quantitative analysis.

Outlier screening

I screened systematically for outliers through scatterplots. Every identified outlier was examined to discover why it was extreme and whether it should be altered or excluded from the dataset. Among the independent variables LEAVERATE and FREECAPACITY I identified 24 outliers. 22 regular GPs were registered with high LEAVERATEs that clearly deviated from the rest of the sample. A closer investigation of these revealed that 17 of them quit their practice at the end of the period of analysis and that their entire patient list accordingly was registered as leaving in this final month. Because these leaving numbers are unrelated to patient demand they were excluded from calculations of LEAVERATE. Four cases were registered with a number of leaving patients higher than list size during their first month of practice in the period of analysis. Because a regular GP cannot lose more patients than he or she has, I believe that these outliers are results of incorrect data entries. The leaving number in this first month of practice was thus excluded from the calculations of LEAVERATE for these regular GPs. The remaining case with a high LEAVERATE value clearly deviating from the rest of the sample was also registered with a high number of leaving patients in the first month of practice. The leaving number was however not higher than the list size and it is thus difficult to conclude on whether it results from incorrect data

entry or if it simply is an extreme value in the population. I thus found it reasonable to retain the case.

Two regular GPs were registered with high FREECAPACITY that deviated from the rest of the sample. A closer investigation of these revealed that they were both working a newly established practice with few patients on their lists. If these two regular GPs also wish to establish a long patient list and thus have high list ceilings, it is likely that these cases simply are extreme values in the population. I thus found it reasonable to retain them.