Understanding the Invisible Workforce: Lessons for General Practice from a Survey of Receptionists

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Abstract

Introduction

The significance of the role of receptionists during the recent shift to remote triage has been widely recognised and they will have a significant role to play in UK general practice as it continues to cope with a huge increase in demand exacerbated by the COVID-19 pandemic. To maximise their contribution it is important the social and occupational characteristics of the modern receptionist are understood, alongside their attitudes towards the role and their perceptions of the support and training they receive.

Methods

We surveyed the demographic characteristics of receptionists and various aspects of their role and responsibilities exploring the training received, specific tasks, job satisfaction, the importance of the role, and their interaction with clinical and non-clinical colleagues. We also captured data on the characteristics of their practice including the size of their patient list and location.

Results

A total of 70 participants completed the survey (16 postal and 54 online responses) of whom the majority were white (97.2%), female (98.6%), and aged 40 and over (56.7%). The majority of the training focussed on customer service (72.9%), telephone (64.3%), and medical administration skills (58.6%). Just over a quarter had received training in basic triage (25.7%). A standard multiple regression model revealed that the strongest predictor of satisfaction was support from practice GPs ($\beta = .65, p < .001$) there were also significant positive correlations between satisfaction and appreciation from GPs, $r(68) = .609, p < .001$.

Conclusion

This study has provided a much needed update on the demographics, duties and job satisfaction of GP receptionists. The need for diversification of the workforce to reflect the range of primary care patients was apparent and needs to be addressed in light of differential access along lines of gender or ethnicity. Training continues to focus on administrative duties not on the clinically-relevant aspects of their role such as triage.

Introduction

For decades the receptionist has been a constant at the forefront of general practice, and their role continues to combine the same key elements of routine administrative duties and facilitating access to clinical care as it did at the inception of the National Health Service (NHS) (1–8). Around them however the care landscape has changed, the patients they deal with tend to live longer and with increasingly

complex health needs (9), and are drawn from more ethnically diverse communities. The service general practice provides has also changed: a predominance of single-handed surgeries has shifted into large multi-disciplinary health care centres situated within an increasingly sophisticated health service (10), integral to the pursuit of a more equitable, integrated and responsive primary care network (11–13), and increasingly reliant on digital technologies and greater patient responsibility (14).

As a result of COVID-19, what had initially begun in general practice as a measured process of tech-enabled service redesign suddenly became mandatory, rapid and wholesale, particularly the dependence on tele-consultations and remote triaging (4, 15). These fundamental changes in delivery were all implemented without the recommended periods of consultation, and evaluation (4, 5, 16–19). These untested processes and systems of care delivery (20) considered temporary at the beginning of the pandemic are now expected to remain largely in place and cope with the unprecedented post-pandemic pressure placed on the service (21, 22).

Despite the prominence and growing responsibilities of receptionists as a result of these new tech-enabled systems, they remain one of the least understood members of the general practice team (23). Much of our understanding is based on research from previous decades (24–26). Little is known of the characteristics of the current workforce (27, 28) or whether training or support is relevant or accessible. Without understanding receptionists' needs, policymakers and practitioners run the risk of losing a valuable patient-facing staff and misunderstanding the impact of recent re-design on the delivery of primary care (23, 28). This article describes the results of a recent survey of General Practitioner's (GP) receptionists in England, providing a timely and apposite update on their socio-demographic characteristics, job satisfaction, relationships with colleagues, and attitudes towards the role, with significant implications for general practice post-pandemic.

Methods

Study Design

A cross-sectional survey of reception staff across England and Wales was issued as online and hard copy to capture the demographic characteristics of receptionists and various aspects of their role and responsibilities including the training received, specific tasks, job satisfaction, their perceptions of the importance of the role, and their interaction with clinical and non-clinical colleagues. This was issued alongside a complementary work design questionnaire the results of which have previously been published (29). We also captured data on the characteristics of the practice where they worked including the patient list size and location (30) Required responses were in the form of nominal (yes/no) answers, Likert scales, and checkboxes.

Setting and sample

Sample size was calculated using a 95% confidence interval and a margin of error of 0.5. Based on existing population data (31) a sample size of 383 was necessary to accurately reflect the population of

GP receptionists. All general practice receptionists in England were eligible to participate with no exclusion criteria and the survey was designed to be distributed online hosted by Online Surveys UK (OS) (<https://www.onlinesurveys.ac.uk/>) and was supplemented by hard copies sent to a random sample of general practices via the post. The link to the online survey was disseminated via a number of relevant organisations which included Health Education England, every Clinical Commissioning Group (CCG), and a variety of newsletters and bulletins. Unfortunately there is no overall contact list for receptionists in England with many receptionists only accessible via a generic practice email address. The survey was available for completion for 12 months from September 2016 until September 2017. Postal surveys were sent to 100 randomly selected practices from a list of all operating practices in the England (32). In both online and postal surveys the participants were provided with an information sheet and signed informed consent before completing the survey.

Analysis

Data were exported from the OS system directly into SPSS (version no 24) or otherwise entered manually from the hard copies that were returned. The analysis included basic descriptive statistics and a multiple regression performed to understand the impact on job satisfaction of administrative duties, the key clinical role of overseeing repeat prescribing and the support received from practice GPs, as both administrative duties and repeat prescribing are key receptionist roles, and the importance of the support they receive from GPs is identified in the literature, (24, 33-36). In order to explore the effects of the length of time in service on satisfaction, and the level of importance they attached to their role and how appreciated they felt by GPs a between subjects' analysis of variance was performed on those who had been in the role for 0-5 years and those employed for greater than 6 years to explore the difference between short and long-term employment.

Results

A total of 70 participants completed the survey (16 postal and 54 online responses) representing a broad geographical spread. Of those that responded the vast majority were white (97.2%), female (98.6%), and aged 40 and over (56.7%). They were typically heterosexual, (95.6%) and over half gave their religion or belief as Christian (51.5%). Two (2.9%) respondents reported having a disability. The majority of receptionists surveyed were educated to General Certificate of Secondary Education (GCSE) level (38.6%). Just over half (50.7%) had been in post for less than 5 years. These results are summarised in Table 1.

Table 1
Participant Demographics

Gender Identity n=70 (%)					
Female			Male		
n=69 (98.6)			n=1 (1.4)		
Age Range % (n=67)					
18-28	30-39	40-49		50-59	60+
n=14 (20.9)	n=15 (22.4)	n=11 (16.4)		n=20 (29.9)	n=7 (10.4)
Marital Status n=69 (%)					
Single		Living with partner		Married/civil partnership	
37.7 (n=26)		13 (n=9)		49.3 (n=34)	
Disability n=68 (%)					
Yes			No		
n=2 (2.9)			n=66 (97.1)		
Sexual Orientation (n=68) (%)					
Heterosexual	Gay/Lesbian			Bisexual	Other
n=65 (95.6)	n=1 (1.5)			n=2 (2.9)	0
Religious Belief (%) (n=68)					
No Religion		Christian		Muslim	Other
n=31 (45.6)		n=35 (51.5)		n=1 (1.5)	n=1 (1.5)
Ethnic Background n=70 (%)					
White		Pakistani		Other	
n=68 (97.1)		n=1 (1.4)		n=1 (1.4; Italian)	
Highest Level of Education n=70 (%)					
No Qualifications	GCSE/CSE	Further Education	A-Levels	Batchelor's Degree	Post-Graduate Qualification
n=3 (4.3)	n=27 (38.6)	n=19 (27.1)	n=11 (15.7)	n=8 (11.4)	n=2 (2.9)
Occupational Characteristics (n=69)					
Time in post (%)					

Gender Identity n=70 (%)					
0-5 Years	6-10 Years	11-15 Years		16-20 Years	21 Years +
n=35 (50.7)	n=16 (23.2)	n=10 (14.5)		n=4 (5.8)	n=4 (5.8)
Respondents Practice Size (%) (n=69)					
Small		Medium		Large	
n=4 (5.8)		n=38 (55.1)		n=27 (39.1)	
Response by region (n =66)					
Midlands	South East	South West	East	North West	North East
n=32 (48.5)	n=11 (16.6)	n=6 (9.1)	n=5 (7.6)	n=9 (13.6)	n=3 (4.5)

Receptionists' Duties

Participants were given a list of duties generally undertaken by the receptionist derived from existing research and asked to indicate which they considered to be their main duties, by ticking all that applied. Administrative tasks, arranging appointments, and dealing with difficult patients were amongst the most commonly reported, and the majority of our cohort also played a role in repeat prescribing and the reporting of test results (see Table 2). Additional tasks included, liaising with hospitals, pharmacies, and other external agencies, blood pressure checks, and chaperoning. Respondents were also asked to describe the roles they undertook that involved the need for medical knowledge or information. Just over half of the sample (57.4%) reported they would define some of their duties in this way (see Table 2).

Table 2
Main Duties undertaken by receptionist and self-reported clinically oriented duties

GP Receptionist's Tasks						
Number of respondents n (%)*						
Administrative duties	Arranging appointments	Talking to patients (in any capacity)	Dealing with difficult patients	Repeat prescribing	Reporting test results	Other roles
67 (95.7)	67 (95.7)	66 (94.3)	63 (90.0)	43 (61.4)	42 (60.0)	31 (44.3)
Self- Reported Clinically Orientated Duties						
Number of respondents n=39 (%)*						
Triaging patients when booking appointments	Adding new medication (subject to GP approval), amending prescriptions	Reporting test results, changes in medication or diagnosis	Answering general medical queries, discussing medication with patients	Dealing with discharge paperwork	Chaperoning patients	Testing blood and urine
14 (36)	9 (23)	6 (15)	5 (13)	2 (5)	2 (5)	1 (2)
<i>*respondents were asked to tick all that apply so these may not add up to 100%</i>						

Training

All but one respondent said they had received some training for their role, (98.6%) of these 56.5% (n=39) reported training both in-practice and by external agencies, 30.4% (n=21) reported only in-practice training and 13% (n=9) only external training (Table 3). The majority of the training focussed on customer service 72.9% (n= 51), telephone 64.3% (n=45), and medical administration skills 58.6% (n=41). Less than half had received training in medical terminology 42.9% (n=30) or basic triage 25.7% (n=18,). The most common barriers to training were lack of time 37.1%, (n=26) and funding 20%, (n=14) with other factors including a lack of support from practice managers 7.1% (n=5) or GP partners 5.7% (n=4). Just over a third, 38.3% (n=26) were either unsatisfied or very unsatisfied with the training they had received.

Table 3
GP Receptionists' Training

Have you received training n = 70 (%)				
Yes		No		
69 (98.6)		1 (0.4)		
If yes, was training internal/external n=69 (%)*				
Internal		External		
60 (85.7)		42 (60)		
Training Content N (%)*				
Customer Service	Telephone Skills	Medical Administration Skills	Handling Difficult Patients	Dealing with Complaints
51 (72.9)	45 (64.3)	41 (58.6)	41 (58.6)	38 (54.3)
Communication Skills	Medical Terminology	Assertiveness	Basic Triage	Other
38 (54.3)	30 (42.9)	24 (34.3)	18 (25.7)	12 (17.1)
Barriers to accessing training n=68 (%)*				
Lack of time	Lack of funding	Lack of relevant training	Lack of support from practice managers	Lack of relevant training
26 (37.1)	14 (20)	10 (14.3)	5 (7.1)	10 (14.3)
Satisfaction with training n (%)*				
Highly Satisfied	Satisfied	Neither satisfied nor Unsatisfied	Unsatisfied	Highly Unsatisfied
14 (20)	14 (20)	14 (20)	22 (31.4)	4 (5.7)
*participants were asked to tick all that apply so percentages may not add up to 100				

Importance, Satisfaction and Appreciation

Receptionists were asked to rate how important they perceived their role on a Likert scale between 1 (highly important) and 5 (highly unimportant). The vast majority, 95.7% (n=66) classed the role as very important or important, and just 2.8% (n=2) felt their role was unimportant or very un-important. Despite this nearly half of the sample were unsatisfied or highly unsatisfied (n=31, 45.6%) with their role. Respondents were also asked to provide a rating of satisfaction with elements of their job, selected based on the most important aspects of the role suggested by existing literature (Table 4). Overall respondents

generally were highly satisfied or satisfied with administrative duties, triaging, support from practice managers and GPs, repeat prescribing and dealing with difficult patients. A total of 42.9% (n=30) felt appreciated or highly appreciated and 32.8% (n=23) felt unappreciated or highly unappreciated by their practice.

Table 4

Ratings of overall satisfaction, importance, sense of appreciation with the role and with different aspects of the receptionist's role (% respondents)

	Highly Satisfied	Satisfied	Neither Satisfied nor Unsatisfied	Unsatisfied	Highly Unsatisfied
Overall Satisfaction with role (%)	9 (12.9)	11 (15.7)	17 (24.3)	23 (32.9)	8 (11.4)
Administrative Duties	29 (41.4)	14 (20.0)	7 (10.0)	9 (12.9)	11 (15.7)
Triaging for urgent appointments	14 (20.9)	17 (25.4)	17 (25.4)	10 (14.9)	9 (13.4)
Support from practice GPs	19 (27.5)	13 (18.8)	17 (24.6)	10 (14.5)	10 (14.5)
Support from Practice Managers	16 (22.9)	18 (25.7)	12 (17.1)	12 (17.1)	12 (17.1)
Repeat Prescribing	19 (32.8)	13 (22.4)	12 (20.7)	8 (13.8)	6 (10.3)
Difficult Patients	13 (18.6)	15 (21.4)	23 (32.9)	13 (18.6)	6 (8.6)
	Very Important	Important	Neither Important nor Unimportant	Unimportant	Very Unimportant
Importance of the role	59(84.3)	7 (10)	1 (1.4)	1 (1.4)	1 (1.4)
	Highly Appreciated	Appreciated	Neither Appreciated nor Unappreciated	Unappreciated	Highly Unappreciated
Appreciation	8 (11.4)	22 (31.4)	17 (24.3)	15 (21.4)	8 (11.4)

Exploring Satisfaction

The standard multiple regression model (Table 5) revealed that the strongest predictor of satisfaction was support from practice GPs ($\beta = .65, p < .001$). In addition there were significant positive correlations between satisfaction and appreciation, $r(68) = .609, p < .001$, as well as between appreciation and support from practice GPs $r(69) = .694, p < .01$ and practice managers $r(70) = .665, p < .01$. These correlations

imply that overall satisfaction and satisfaction with support from practice GPs and managers are significant factors in receptionists' feelings of appreciation (see Table 6). Results revealed that there was little difference in satisfaction ($M = 3.13$, $SE = .22$) $F(1, 64) = .00$, $p = .98$ or appreciation ($M = 2.97$, $SE = .21$) ($M = 2.75$, $SE = .21$), $F(1, 64) = .552$, $p = .46$ over time. Results did however show those in post for 6 years or less perceived their role as less important ($M = 1.44$, $SE = .93$) compared to those in their role for more than 6 years ($M = 1.03$, $SE = .18$), $F(1, 64) = 6.04$, $p < .05$. This may indicate that longer the receptionist occupies the role; the more important they come to view it.

Table 5
Multiple Regression Model

Coefficients a							
	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
(Constant)	1.609	0.297		5.415	0		
Administrative duties	0.109	0.117	0.135	0.927	0.358	0.492	2.033
Support from the practice GPs	0.566	0.115	0.645	4.923	0	0.603	1.658
Overseeing repeat prescribing	-0.101	0.12	-0.112	-0.843	0.403	0.587	1.703

a Dependent Variable: Satisfaction

Table 6
Correlational Analysis

Correlations		Satisfaction	Support from the practice GPs	Support from the practice managers	Appreciation
Satisfaction	Pearson Correlation		.671**	.563**	.609**
	Sig. (2-tailed)		0	0	0
	N		67	68	68
Support from the practice GPs	Pearson Correlation	.671**		.800**	.694**
	Sig. (2-tailed)	0		0	0
	N	67		69	69
Support from the practice managers	Pearson Correlation	.563**	.800**		.665**
	Sig. (2-tailed)	0	0		0
	N	68	69		70
Appreciation	Pearson Correlation	.609**	.694**	.665**	
	Sig. (2-tailed)	0	0	0	
	N	68	69	70	
** Correlation is significant at the 0.01 level (2-tailed).					

Discussion

General findings

Our survey found that modern day receptionists have retained the range of clinical and administrative responsibilities first adopted when general practice began. They appear to be typically middle-aged and overwhelmingly white, heterosexual and female. Job satisfaction tended to be low and adversely impacted by a perceived lack of support from senior colleagues, with many reporting a lack of recognition of the value of their work and receiving undue blame for errors that occurred in the process of caring for a patient. The training received tended to focus on administration, and communication or customer service

skills, more so than the clinically relevant roles they performed meaning they were unlikely to understand medical terminology or the significance of abnormal results.

Strengths and limitations

The findings of this study have provided valuable and current insight into a group traditionally uninvolved in primary care research and service design. Our participants worked at practices of various sizes within diverse socio-economic environments broadly representative of the diversity of practices across England (37). The number of participants was below that anticipated with individual receptionist emails difficult to obtain in the absence of a single national list and so much of the recruitment was conducted indirectly via senior GPs or practice managers. The small sample size also may have impacted on the number of responses from receptionists from ethnic minorities exacerbated by the fact that Black, Asian and minority ethnic groups are less likely to participate in research (38).

Specific findings

Receptionist demographics

According to our survey and as observed in previous work, the vast majority of our respondents were female (24, 39, 40) seemingly in-line with the traditional supportive role of women in medicine (41) (it was only in 2014 that female GPs outnumbered their male counterparts (42)). The characterisation of the receptionist as a specifically female-gendered role is widespread (43) as was once the case with nursing (44). It may be that the same reduction in stereotyping and gender bias that has seen numbers of male nurses increase (44-46) can be used to increase the number of male receptionists.

The gender of the role is an important consideration in view of the evidence that patients in primary care are more comfortable talking about their health with care providers of the same gender (47). Receptionists are expected to ask specific questions around symptoms when booking appointments equalising gender imbalance in receptionists should be a priority for policymakers; particularly when considering the comparative reluctance of men to seek medical help and its impact on prognosis (10, 48, 49).

There was a lack of British and Minority Ethnic (BAME) study respondents despite the patient lists of English GP practices reflecting England's ethnically diverse society (50). This apparent lack of ethnic representation amongst reception staff may be a barrier to BAME patients accessing care (51, 52) due to a lack of culturally specific (53) or unconscious bias towards ethnic minority groups (54-56).

Satisfaction

Though the study was conducted before the pandemic and the mounting dissatisfaction with primary care that emerged in 2021 we found almost half our respondents were unsatisfied with their role, and this was directly correlated to a perceived lack of support from senior colleagues. Since March 2020 the change in working practices meant many receptionists are now working in dislocated organisations. Previous work had described how reception staff felt 'invisible' to their colleagues (24, 27, 28) and that the complexity of

their work and their contribution was misunderstood and under-appreciated (27, 28). Satisfaction and appreciation underscore retention and staff turnover in healthcare (57) and given the current importance of the receptionist’s role during a period when general practice is weathering unprecedented pressure (21, 22) losing experienced reception staff would be of significant detriment to the service (58, 59).

Training

It has been understood for a number of years that receptionists traditionally undertake many clinically related duties without the appropriate training (35, 60-63) and our results indicate that this remains the case. The sudden shift to teleconsultation-based care and mandatory remote triage by receptionists that occurred as a result of COVID-19 meant receptionists were routinely remote triaging patients, making clinically-critical decisions every few minutes (1, 4, 16, 64). This raises questions about how well- equipped receptionists are to undertake this remote triage and whether the necessary strategies are in place for connecting with patients and caregivers less technologically enabled or less able or confident to communicate via telephone or video call (20, 65-67). As it stands there are widespread concerns that the exclusion of vulnerable groups has been accentuated by these rapid shifts in the modes of access to primary care delivered by staff without formal training (20, 65, 68).

Conclusions

This study has provided a much-needed update on the demographics, duties and job satisfaction of GP receptionists. Although general practice delivery did change as a result of COVID-19, the pandemic has only served to highlight the potential fault lines resulting from relying on receptionists to perform their traditional range of duties without accounting for the evolving and increasingly complex patient body and NHS. There is a clear need for a rapid diversification of the workforce to help address the differential access of care which can be observed along lines of gender or ethnicity. Considering the low levels of job satisfaction, we found, the need to recognise, formalise, and support their role in remote-triage and care navigation appears paramount. Failing to understand the demographics, attitudes and perceptions of receptionists reduces the ability of practitioners and policymakers to optimise current care systems and develop effective strategies for the future development of primary care in arguably the most critical period of its history.

Abbreviations

BAME	British and Minority Ethnic
CCG	Clinical Commissioning Group
GCSE	General Certificate of Secondary Education
GP	General Practitioner’s
NHS	National Health Service

Declarations

Ethics approval and consent to participate

Ethical approval was granted by the University of Birmingham's Science, Technology, Engineering and Mathematics (STEM) ethics committee (ERN_15-1175) all methods were performed in accordance with the guidelines and regulations stipulated

Consent for publication

Not applicable.

Availability of data and material

The datasets generated and/or analysed during the current study are not publicly available due to limitations of ethical approval involving the patient data and anonymity but are available from the corresponding author on reasonable request.

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

IL, SG, NG and MB were responsible for the design of the study. MB collected and analysed the data in collaboration with IL and SG. IL produced the initial draft of the manuscript. This was then edited for content following the recommendations of MB, SG and NG. All authors read and approved the final manuscript.

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