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Translating Patients' Concerns to Prioritise Health Care Interventions

by

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Abstract

Quality improvement in health care has been considered an important tool to ensure efficacy of health care interventions. The first step in continuous quality improvement is to define the starting point and the priorities that enable health care teams to choose the most effective options.

The scientific instrument used in our study was a questionnaire which detailed different areas of the patients stay/pass-through, i.e. their progress through the various procedures during hospitalisation which included: relational aspects, information about their illness, biological examinations, room comfort, (mode of) medical follow-up, patient/doctor relationship and organisation of discharge.

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The questionnaire required a response to thirty-eight questions and was reported using an ordinal scale for both the importance and perception of the care. Therefore, priorities have been established by selecting items considered both important and not well-provided.

Our results illustrated a number of measures to improve quality of care in the hospital. There appears to be a need to improve communication between patients and doctors, especially as far as information and psychological support are concerned. The ward environment was reported as being too noisy, and the families expressed a wish to be involved in the medical follow-up and co-ordination in the ward.

The results detail a number of priorities which have to be implemented straightaway and should be the subject of continuous quality improvement (CQI) programme to optimise the patients' stay/pass-through the hospital environment and beyond.

Keywords

Quality of care, patient satisfaction, hospital, Tunisia.

Patient satisfaction is considered an important health care outcome measure. Its evaluation, combined with technical effectiveness, reflects the performance of the health care structure (1). In addition to organisational aspects, patient satisfaction is associated with better compliance to treatment and continuity of health care delivery thus contributing to the success of the care giving process.

The first step in continuous quality improvement programmes requires the evaluation of patient satisfaction, providing a descriptive starting point, i.e. a list of problems that should be overcome. However, due to a lack of resources particularly in developing countries, the health care professionals need to prioritise the issues which would provide the greatest quality improvement, and choose the most effective interventions.

The aim of this study is to measure patient satisfaction at hospital level, and to establish priorities as they have been raised by the patients. The results will enable us to suggest a quality improvement programme based on a patient-centred approach.

Methods

Our study has been carried out during a six-month period (July 99 to December 99) at the University Hospital of Monastir (Tunisia). The population studied comprised the hospitalised patients in a number of different wards. Hospital stays of less than 48 hours have been excluded along with hospital stays of patients less than 18 years old and stays in the psychiatric unit. The study included a 1/3 systematically randomised sample of 632 patients. Information was collected using a two-part questionnaire previously developed by a multidisciplinary committee. The latter was composed of three general practitioners, two internists, two epidemiologists, one health care manager and one psychologist. On the basis of the patient satisfaction literature review and the Tunisian health care system features the committee developed the questionnaire in the Tunisian dialect.

The first part of the questionnaire included socio-demographic and clinical characteristics of the patients, which were recognised as pertinent to the perceived quality of care e.g. the seriousness of the illness, the mode of hospitalisation, the patient's physical dependency and the duration of the stay in the ward.

The second part of the questionnaire (annexe 1) required a response to thirty-eight questions and was reported using a four-option Likert scale, for both the importance and perception of the care. The perception of care was explored by the perceived satisfaction, i.e. corresponding to the patient's self evaluation regarding different areas of the hospital care. We measured the patients' expectations about the different aspects of the care regarding the overall service, physical, psychological and social factors. We asked for example: "During your hospital stay, have you been informed about the objectives of biologic tests? And how important is that to you? The response options to this item were "perfect", "not too bad", "bad", "inexistent" for the perceived care and "not important", "quite important", "important" and "very important". Therefore, priorities have been established by selecting items considered both incompletely or not well-provided and important or very important.

The patient was interviewed on the day of discharge by trained external interviewers using a structured interview approach. The corresponding physician in charge filled in all clinical information. For statistical analysis we used the chi-squared and Mann-Whitney tests with a resulting confidence level of 95%.

Results

1. Characteristics of the study population

All requested patients (N = 632) agreed to participate in the study and were interviewed over the period July – December 1999. The mean age of the participants was 50 years ±18 years and a sex ratio of 1. 15 (Table 1). The principal mode of hospitalisation was through emergency admission in 50% of cases, 47% were hospitalised through scheduled admission and 3% transferred from other units. The median duration of stay was 9 days. 53.1% of the patients had medical conditions that had started more than six months prior to the admission; 33.2% of those patients were observed to have an associated morbidity, 51. 7% of the cases were admitted to a surgical ward.

TABLE 1

General Characteristics of the Study Population (n = 632)

Age (mean ± SD)	50 years ± 18 years
Sex ratio M / F	53.6%
Mode of admission	
Emergency	50%
Transfer	3%
Scheduled	47%
Previously admitted in the same ward	40%
Previously admitted in the same hospital	20%
Median duration of stay	9 days
Illness evolved over more than six months?	53.1%
Totally physically dependent?	15.1%
Associated morbidity	33.2%
Admitted in a surgical ward	51.7%

2. Evaluation of the care process

The patients reported that communication between themselves and the medical staff was a major priority throughout their medical care (Table 2). Other areas reported as important, but not well-provided for, included the quietness of the wards, involvement of the family in medical follow-up, coordination among the staff members in the ward and psychological problems.

There were less negative reactions on the level of perceived care reported by patients under 60 years old, who were more dissatisfied with the quality of information and their families' involvement in the overall

TABLE 2
Aspects of Care considered Important and perceived not Well Provided

Items	Important	Not well provided	Important & not well-provided
Calm environment in the ward	50.7%	39.4%	36.9%
Information about medical investigations	51.1%	50.2%	32.2%
Information about the admission objectives	56.3%	31.3%	28.8%
Information about future alerting symptoms	55.8%	38.3%	27.2%
Information about future authorised activities	54.7%	34.2%	27.2%
Family involvement	64.9%	39.6%	26.4%
Family information	59.3%	43.5%	22.8%
Information about the treatment objectives	59.5%	33.0%	22.6%
Co-ordination with the GP	37.3%	59.2%	22.4%
Psychological support	58.8%	30.1%	20.0%

medical care and follow up ($p < 0.01$). Patients over 60 years old were less satisfied with the explanation provided regarding medical investigations and surgical operations ($p < 0.01$).

Males were less satisfied with the quietness of the wards and the psychological support offered than the females ($p = 0.03$). It was observed that satisfaction with the co-ordination between the hospital and the GP differed according to the prognosis, i.e. patients suffering from serious illnesses were overall less satisfied compared to those who had a favourable prognosis.

It was apparent that there was a difference in the perceived standard of care depending on whether the patients were categorised as medical or surgical. Patients admitted for medical problems were less satisfied with the information and conditions provided during their hospital stay than patients admitted for surgical problems who were less satisfied with the co-ordination (of the hospital physician with the GP, psychological support and the calm environment of the ward ($p < 0.01$).

The issues classified according to the patients priorities, i.e. those considered both very important and not well provided are illustrated in Table 2. The results demonstrate that of the ten issues reported, medical information is a major priority for 50% of the patients, followed by the quietness of the wards, co-ordination of the hospital physician with the GP and finally the psychological support provided during the hospital stay.

Discussion

There has been an increased interest in studies evaluating the quality of care at different levels within health care structures (2). As a result of this interest health care establishments are pursuing a patient-centred approach of continuous quality improvement (3). The patient satisfaction is considered an important outcome indicator in quality improvement. These measures provide health care professionals with an evaluation carried out by health professionals with the involvement of patients and, secondly, help define a starting point, which is crucial in the quality improvement process.

Western or non-national experts usually develop questionnaires used when assessing patient satisfaction; therefore their implementation at local level could be limited by differences in socio-cultural environment and in health care organisation systems. The present questionnaire's validity was adapted to a Tunisian context (results will be subsequently presented), which will enable similar hospitals to use it and will provide the benchmarking i.e. constructive comparison among similar health care facilities using appropriate quality indicators.

In this study the questionnaire was completed by the interviewer in a semi-structured interview. This method reduces the number of non-responders compared to home-mailed questionnaires or phone calls (4). Self-administered questionnaires often give more reliable answers, but this was not considered the appropriate context for Tunisia. The administration of the questionnaire at the point of discharge is criticised by some authors who argue that the answers are not reliable, recommending that the questionnaire should be administered after hospital discharge (2-4 weeks) (4). For practical reasons, we were unable to carry out this study using such approach and we can not determine to what extent this could have influenced our results.

Similar to many other studies (11, 12), we found high satisfaction scores. This finding was explained by social desirability, fear of retaliation and patients' aversion to criticise hospital (5, 6). However, halo effect and acquiescence bias are important to consider in interpreting results from such studies (7, 8).

Actions to undertake in our quality improvement programme should be based on patients' preferences and expectations as revealed by this study. Those priorities are related to the quality of medical information and relational aspects, as well as conditions of hospital stay. In this framework, we recommend better professional education and training,

which should emphasise the importance of communication and bedside manners. It is also recommended to implement a group of "reconciling doctors", volunteer to solve possible problems between patients and their medical care givers (9, 10, 11). Regarding criticisms towards hospitalisations' conditions, it should be noted that improving comfort largely depends on the hospital budget. This is *de facto* a complex issue, directly linked to financial mechanisms of the health care system in Tunisia.

Résumé

L'amélioration de la qualité des soins constitue un moyen important pour assurer l'efficacité des interventions de santé publique. La première étape dans l'amélioration continue de la qualité est de définir le point de départ et les priorités permettant aux équipes de soins de sélectionner les options les plus efficientes.

L'instrument scientifique utilisé dans notre étude était un questionnaire, détaillant les différentes dimensions du séjour du patient, c.à.d son parcours à travers les différentes procédures au cours de son hospitalisation, en l'occurrence: les aspects relationnels, l'information sur la maladie et les examens complémentaires, les conditions du séjour, le suivi médical, la relation avec le médecin et l'organisation de la sortie.

Le questionnaire requiert la réponse à 38 questions, rapportées selon une échelle ordinale pour la perception de la pratique de soins et pour l'importance qui lui est accordée par le patient. Ensuite les priorités ont été établies en sélectionnant les items considérés à la fois importants et insuffisamment perçues par le patient.

Nos résultats illustrent la nécessité d'améliorer certaines mesures en rapport avec la qualité des soins à l'hôpital. Il y a un besoin d'améliorer la communication médecin malade, particulièrement l'information et le soutien psychologique. Les malades perçoivent un manque de tranquillité dans le service, une nécessité que leurs familles soient plus impliquées dans le suivi médical et un manque de coordination dans le service.

Les résultats montrent la nécessité de mettre en place des mesures prioritaires dans l'amélioration de la qualité. Elles devraient faire l'objet d'un programme d'amélioration continue de la qualité visant à optimiser le séjour du patient à l'hôpital

Mots clés

Qualité des soins, Satisfaction du patient, Hôpital, Tunisie.

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Supplement 1:

Patient Satisfaction Questionnaire

Dear Mr or Madame, you are kindly invited to give us your response to these questions. the response is reported as follows:

(**A**: perfect **B**: not too bad **C**: bad **D**: inexistent **E**: non concerned) for the first part of the question and (**A**: very important **B**: important **C**: quite important **D**: not important) if there is a second part in the question.

1. How were you informed about your current hospitalisation? ……
   and how important is that to you?……
2. Was your hospitalization priorly scheduled? yes no
3. Did you find the administrative procedures very demanding for that?
   yes no
4. Did you meet any administrative difficulties and what were they?
   ………………………………………………………………………………
   ………………………………………………………………………………
5. How were you handled on your arrival to the ward?……
   and how important do you consider that?……
6. Did you face any difficulty to reach the ward?……
   and how do you consider that?……
7. How comfortable was the room you were hospitalized in?……
   and how important do you consider that?……
8. How did you find the meals you were served?……
   and how important do you consider that?……
9. During you stay, how quite was the atmosphere?……
   and how important do you consider that?……
10. How helpful were the nursing staff regarding your daily needs……
11. Did you need any help to carry out your daily needs? yes no
12. Did you have to ask for that help to carry out your daily needs?
    always / sometimes / scarce
13. Was the medical staff understanding to your psychological concerns?……
    and how important do you consider that?……
14. During your stay, did you need any social assistance? yes no
15. Did you inform any nurse or doctor about that?
    Yes / I wished to do but didn't have the opportunity to do it / No

16. If yes, did they take steps to help you? yes no
17. Did your doctors introduce themselves and show you any respect? ……
    and how important do you consider that?……
18. Did the doctors examine your well?……
    and how important do you consider that?……
19. How did they inform you about your health difficulties?……
    and how important do you consider that?……
20. Did the doctors explain to you the reasons for carrying investigations or practicing a surgical operation?……
    and how important do you consider that?……
21. How did they inform you about the investigation results?……
    and how important do you consider that?……
22. How did they explain to you the treatment objectives?……
    and how important do you consider that?……
23. How did they inform you about your health development?……
    and how important do you consider that?……
24. How were your queries handled by doctors?……
25. How was the medical staff availability?
    Always / Sometimes / Scarce
26. How was the co-ordination among the medical staff?
    Perfect / not too bad / bad / inexistent
27. Were you informed about the alarming symptoms you may have in the future?……
    and how important do you consider that?……
28. Were you informed about the measures to take to avoid any negative development?……
    and how important do you consider that?……
29. Were you clearly informed about your abilities after your discharge? ……
    and how important do you consider that?……
30. How were you informed about your future follow-up?……
    and how important do you consider that?……
31. Do you think your doctor in charge will inform you GP?……
    and how important do you consider that?……
32. Were you consulted for your discharge?……
    and how important do you consider that?……
33. How were your relatives informed about your case?……
    and how important do you consider that?……
34. Were your relatives given clear explanation about your case?……
    and how important do you consider that?……

35. How is your current health condition?
    Improved / Deteriorated / unchanged / No idea
36. How is your current psychological state?
    Improved / Deteriorated / unchanged / No idea
37. In case you required a new hospitalization, would you prefer to return to the same ward?
    Yes / No / Certainly
38. In case a relative of your were to be hospitalized would you advise him / her to join the ward you were in?
    Yes / No / Certainly