Patient satisfaction is a component of healthcare quality and is increasingly being used to assess medical care in many countries in the world. Until recently, traditional assessments of medical care were done purely in terms of technical and physiological reports of outcomes (Jenkinson et al 2002). It is an established fact that satisfaction influences whether a person seeks medical advice, complies with treatment and maintains a continuing relationship with practitioners (Larsen D.E. et al 1976). In Uganda, one of the Health Sector Strategic Plan (HSSP) (MoH 2000) indicators is the proportion of surveyed population expressing satisfaction with health services. This is meant to measure the quality of service delivery but until now, no baseline value has been found.

In the last seven years, Uganda Catholic Medical Bureau (UCMB) has been urging its units to demonstrate faithfulness to their Mission by working towards improvement in the following performance parameters: efficiency, equity, quality and access. It has been able to show progress using proxies, some of which could be questionable because only a small component of the parameter could actually be measured, and from that, the whole parameter is ascribed to improve. In an attempt to improve measurement of quality of services, UCMB took the decision to develop a measure for patient satisfaction that will become one of the main components of quality measurement besides the technical components of care and resource inputs availability. A survey was therefore conducted in early 2004 to collect responses from patients that could be used to develop a satisfaction index.

Definition and components of patient satisfaction

Patient Satisfaction is an expression of the gap between the expected and perceived characteristics of a service. Satisfaction is a subjective phenomenon and could be elicited by asking simply how satisfied or not patients may be about the service. However, it has been found that, questionnaires that ask patients to rate their care in terms of how satisfied they tend to elicit very positive ratings that are not sensitive to specific processes that affect overall quality (Filipczak, R, et al 1985). It is recommended that patients be asked to rate their experiences through specific questions (Jenkinson et al 2002). A technique of factor analysis has demonstrated that patient satisfaction is chiefly determined by six dimensions. These including medical care and information, food and physical facilities, intangible environment, nursing care, quantity of food and visiting arrangements (Carr-Hill R A 1992). There are other variants of the groupings of these dimensions, the Picker Institute inpatient survey instrument distinguishes eight (The Picker Institute 2004). A shorter and better-classified grouping that appealed to me more is the United Kingdom’s National Health Service experience dimension (Commission for Health Improvement NHS 2004) that is shown below in Table 1 and can be used to develop an instrument for measurement more effectively.

Materials and Methods

The survey involved administration of a one-page questionnaire to outpatients and discharged inpatients in all UCMB hospitals and lower level units. This was a modified version of PPE-15 questionnaire developed by the Picker Institute (Jenkinson et al 2002). The questionnaire captures at least one aspect of each of the experience dimensions shown in Table 1. The modifications were meant to make the question more sensitive to the Ugandan context, easily administered in a short time and easily understood and be used in both lower level units and hospitals. Questions on payment made, value for money and an open comment were also added. The full questionnaire is the in the appendix 1. It was pretested at a meeting of doctors health coordinators and found to take 5 to 6 minutes to administer and easy to understand.

The lowest sample size calculation (at the 95% confidence level) for the lower level units health centre was based on an estimated daily patient load of 15, 50% expected satisfaction frequency and 10% worst acceptable level. The calculated sample was 4 per unit however, given the need to collect also payment information and mean charges for the services to different groups, these sample sizes were set to 5 for health centre II, 8 for health centre III, 30 for hospital outpatient and 20 for hospital inpatient.

The responses were scored, with a score of 2 being the best and 0 the worst. The data was analyzed with MS Excel. Some questions not sufficiently applicable to lower level units were excluded from total calculated scores for the units. An objective question on waiting time was excluded so as not to unfairly weigh the time factor, as there was already a subjective question on the same. In addition, it is the subjective time that personalizes the interpretation of waiting and its consequences. Hospitals therefore could get a maximum score of 24 and lower units a maximum of 18. The satisfaction score for an individual patient was the total of the scores and the satisfaction score for a health unit was the mean of the patient scores for that unit. The mean was chosen to enable rating of units with different number of patients interviewed.

The objectives for the study were to develop an instrument to measure satisfaction and derive an index/ score for patient satisfaction for each of the UCMB hospitals and lower units and establish a baseline for future comparison. In addition, the exercise was meant to introduce and interest the health institutions in this performance parameter and work towards its improvement. Secondary objectives were to try to identify the differences in satisfaction between outpatients and inpatients and between adult males and females. A relationship between fees and satisfaction is still being analysed.

Results

Satisfaction scores

All the 27 hospitals submitted their data with a total sample of 1,580 patients and 205 lower level units with a total sample of 1,524. The distribution of the scores was very close to normal and thus allowed the use of the ordinary parametric methods of analysis. See the frequency distribution for hospitals shown in Figure 1 below. Table 2 below gives some summary statistics.

Most of the lower level units and hospitals were in higher satisfaction ranges. For our own purposes satisfaction was stratified in to good, fair, poor and very poor corresponding to a score equal to or above 75, 50%, 25% and below 25% respectively. Using this stratification only one hospital had good satisfaction and all the rest had fair satisfaction. For the lower units there was much greater scatter, 114 of them good satisfaction, 79 in fair, 9 in poor and 3 in very poor. Figure 2 below shows the variation of hospital scores.

Difference in satisfaction between out and inpatients

Table 3 shows the means and the upper and lower confidence intervals (CI) at 95% confidence level for the means of satisfaction scores of inpatients (P) and outpatients (OP) in hospitals and lower units. Hospital inpatients have a higher satisfaction than outpatients and vice versa for in lower units. In both cases hospitals and lower units the difference in the means is significant given the non-overlapping confidence intervals. We can therefore summarize that hospital inpatients are better satisfied than outpatients while lower level units outpatients are better satisfied than inpatients. This is probably not surprising.

Difference in satisfaction between females and males

Although differences were noted in the means of satisfaction scores for males and females these differences were not statistically significant and inconsistent, while the females had a higher mean satisfaction in hospital they had a lower mean satisfaction in the lower units. Details of these are shown in table 4 above.

Open comments

The ‘open comments’ question was used to capture other concerns of patients regarding the services they receive. The majority of the concerns were on, improving customer care, increasing staff, improving on buildings, lighting and cleanliness. High charges were the most common concern and especially for the lower level units. Tables 5 and 6 show these and the rest of the comments given.

Discussion

Much as satisfaction is a very subjective concept, it is possible to measure it and develop an index that is contextualized for the local circumstances. There is quite a high level of satisfaction for the users of the UCMB hospitals and lower units; however, mixed feelings exist with some degree of doubt because ideally the sample population should have been the people in the village. People coming are probably already satisfied or could not go elsewhere anyway. Resources and time could not allow us to embark on a population survey, but this could be a possibility in the future.

Patient satisfaction has not been taken seriously in Uganda, although it is recognized in the HSSP, no baseline has been established and no national instrument is in development. An attempt is there in the Yellow Star programme that is gathering momentum. Understanding, documenting and raising awareness with users on satisfaction and its dimensions would redress this imbalance and bring providers to work for clients.

The 'open comments' question was used to capture other concerns of patients regarding the services they receive. The majority of the concerns were on, improving customer care, increasing staff, improving on buildings, lighting and cleanliness. High charges were the most common concern and especially for the lower level units. Tables 5 and 6 show these and the rest of the comments given.

Discussion

Much as satisfaction is a very subjective concept, it is possible to measure it and develop an index that is contextualized for the local circumstances. There is quite a high level of satisfaction for the users of the UCMB hospitals and lower units; however, mixed feelings exist with some degree of doubt because ideally the sample population should have been the people in the village. People coming are probably already satisfied or could not go elsewhere anyway. Resources and time could not allow us to embark on a population survey, but this could be a possibility in the future.

The 'open comments' question was used to capture other concerns of patients regarding the services they receive. The majority of the concerns were on, improving customer care, increasing staff, improving on buildings, lighting and cleanliness. High charges were the most common concern and especially for the lower level units. Tables 5 and 6 show these and the rest of the comments given.

Discussion

Much as satisfaction is a very subjective concept, it is possible to measure it and develop an index that is contextualized for the local circumstances. There is quite a high level of satisfaction for the users of the UCMB hospitals and lower units; however, mixed feelings exist with some degree of doubt because ideally the sample population should have been the people in the village. People coming are probably already satisfied or could not go elsewhere anyway. Resources and time could not allow us to embark on a population survey, but this could be a possibility in the future.

The 'open comments' question was used to capture other concerns of patients regarding the services they receive. The majority of the concerns were on, improving customer care, increasing staff, improving on buildings, lighting and cleanliness. High charges were the most common concern and especially for the lower level units. Tables 5 and 6 show these and the rest of the comments given.

Discussion

Much as satisfaction is a very subjective concept, it is possible to measure it and develop an index that is contextualized for the local circumstances. There is quite a high level of satisfaction for the users of the UCMB hospitals and lower units; however, mixed feelings exist with some degree of doubt because ideally the sample population should have been the people in the village. People coming are probably already satisfied or could not go elsewhere anyway. Resources and time could not allow us to embark on a population survey, but this could be a possibility in the future.

The 'open comments' question was used to capture other concerns of patients regarding the services they receive. The majority of the concerns were on, improving customer care, increasing staff, improving on buildings, lighting and cleanliness. High charges were the most common concern and especially for the lower level units. Tables 5 and 6 show these and the rest of the comments given.

Discussion

Much as satisfaction is a very subjective concept, it is possible to measure it and develop an index that is contextualized for the local circumstances. There is quite a high level of satisfaction for the users of the UCMB hospitals and lower units; however, mixed feelings exist with some degree of doubt because ideally the sample population should have been the people in the village. People coming are probably already satisfied or could not go elsewhere anyway. Resources and time could not allow us to embark on a population survey, but this could be a possibility in the future.

The 'open comments' question was used to capture other concerns of patients regarding the services they receive. The majority of the concerns were on, improving customer care, increasing staff, improving on buildings, lighting and cleanliness. High charges were the most common concern and especially for the lower level units. Tables 5 and 6 show these and the rest of the comments given.


The Picker Institute 2004 The Picker Surveys - our method for understanding the patient experience: http://www.pickerinstitute.org/about.htm

Copyright 2004 - Department of Health Sciences of Uganda Martyrs University