

A study to ascertain the patients' satisfaction of the quality of hospital care in Greece compared with the patients' satisfaction in Poland

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Abstract

Purpose: The aim of this study is to evaluate the satisfaction of elderly patients, of the hospital care's quality, based on the literature evidence on results of a qualitative research and on a previous developed conceptual frame.

Material and methods: We developed the Elderly Patient Satisfaction Scale (EPSS) by using a combination of qualitative and quantitative research. In this study participated 320 elderly patients from Greece (182 male, 138 female) and 240 patients (136 male, 104 female) from Poland (mean age 74.16 ±6.14 years). Most of elderly patients were married. Inclusion criteria were: elderly patients over 65 years old, being able to be interviewed, hospitalized for at least three days and not to be suffering from severe mental disease.

Results: There was no correlation among age and global patients' satisfaction. Men in both of groups were expressed greater satisfaction with perceived quality of doctor care than women. Age positively correlated with question who estimate the satisfaction with the time that doctor spends for medical history taking. Patient's education correlated with question (satisfaction with availability of nurses night). Patient's depression found that affects the quality of hospital care and the satisfaction. Elderly patients were most satisfied with the technical care ability of nurse. The time period of hospital stay is correlated negatively with patient's global satisfaction.

Conclusions: No significant difference between the patients from Greece and Poland in majority of dimensions: the satisfaction of elderly patients, of the hospital care's quality was noted.

Key words: quality of care, patient satisfaction, reliability, validity, satisfaction scale.

Introduction

A lot of studies has been done in that field stating the importance of developing alternative scales of patients' satisfaction measurement. SERVQUAL appears to be the most widely used scale in health care service, since it has been tested in practice and has a theoretical support [1]. The literature on elderly patients' satisfaction with quality of care is sparse. This could indicate a low priority to the investigation of elderly patients' view of their care. Although patient satisfaction has been assessed across various patient groups and care setting only few studies have been done in elderly patients. In the meta-analysis of 221 studies reported that only 7% were on elderly patients [2]. Ware et al. [3]; Donabedian [4] suggest that patient satisfaction is considered to be an important indicator of quality of care for all patients people. A lot of studies have supported age, to be associated with greater satisfaction [5-8] reported health status to be a casual determinant of satisfaction. Also Fox et al. [6] supported a positive relationship between satisfaction and utilization, on the other hand, Roghman [9] did not find the same results between the two factors. One problem with assessing preferences is that patients' decisions about what is important in health care often reflect their individual experience rather than a general view. Interaction between patients in focus groups can help over come this [10].

Material and methods

We analyzed field notes by identifying grouping themes and coding, classifying, and developing categories. The first level categorization intended to reduce data to more manageable proportions. We identified 5 categories: food, nursing care,

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Table 1. Patient's career path and satisfaction with quality of care

Level of satisfaction	Patient's career	
	Successful	Failed
High	Type I "Double satisfaction"	Type II "Episode satisfaction"
Low	Type III "Threshold satisfaction"	
Non	Type IV "Limbic satisfaction"	

doctor care, room, and treatment/diagnosis. The second level categorization included patients' judgments regarding each category (positive, negative, neutral and indifferent). The third level categorization contained direct comments for each category. We asked patients to answer two main questions: "what does satisfaction means for you" and "what are the factors that cause you feelings of satisfaction or dissatisfaction". Groups were "naturally occurring" as we selected patients from the same room of the same clinic. Accordingly to the *Tab. 1*, if we try to typify "attributable satisfaction" by means of different aspects, we must at first distinguish between different levels of expressed satisfaction (high, low, non) and the patient's life (successful, failed). Since all possible combinations often do not exist in reality, we can summarize single fields a procedure called "typological operation" of reduction [11]. For example, in case that level of satisfaction is low, patient perceives a "threshold satisfaction" whether his life path is successful or failed. This is usually attributed to the tension of elderly patients not to criticize their care as their "core" life (treatment) depends on their "positive behavior" during hospitalization (positive or neutral comments).

Results

Details of patients presents *Tab. 1*. There were no significant statistical different between the patients from Greece and Poland in majority of dimensions. We found that the elderly patients between 65-75 years old estimated quality of life who offered from doctors and from nurses 91.7% of patients from Greece and 92.2% of Poland were satisfied with hospital care, 95.2% were satisfied with doctor care, and 94.6% with nursing care. There was no correlation among age and global patients' satisfaction. In Greece 79.3% was satisfied with hospital food, in Poland the rate was 81.3%. Men in both of groups were expressed greater satisfaction with perceived quality of doctor care than women (p=0.008). Age correlated with question who estimate the satisfaction with the time that doctor spends for medical history taking, (p=0.000). Patient's education correlated (p=0.000) with question (satisfaction with availability of nurses night). The time period of hospital stay is correlated negatively with patient's global satisfaction (p=0.004). Patient's depression found that affects the quality of hospital care and the satisfaction. We found significant satisfaction differences between patients of the two groups related with pain management. Almost 79.4% of the elderly patients in Greece reported

Table 2. Patients' characteristics

	N	%
Gender		
Male	182	56.9
Female	138	43.1
Age groups		
65-74	201	62.8
75-84	96	30
85 +	23	7.2
Education		
None	56	17.5
Some elementary	209	65.3
High school	29	9
College/University	11	3.4
Marital Status		
Single	9	2.8
Married	208	65
Divorced	10	3.1
Windowed	93	29.1
Number of children patients have		
0	25	7.8
1-3	232	72.5
> 4	63	19.7
Nationality		
Greek	316	98.8
Other	4	1.3
Past Occupation		
Blue color	112	35
White color	47	14.7
Agriculture	83	25.9
Housewife/ househusband	78	24.4
Place of permanent residence		
Athens	82	25.6
Urban	238	74.4

experience of extremely strong or strong pain, on the other hand in Poland only 29.2% of the patients reported strong pain experiences. Global satisfaction with care (*Tab. 3*) varies across regions with 91.7% of patients reporting that they were very satisfied with hospital care, 21% with food, 40.8% with doctor care and 43.4% with nursing care. By dividing patients' judgments in two major categories, we found that 91.7% of patients were satisfied and 0.3% dissatisfied with hospital care. 79.6% were satisfied with hospital food and 9% dissatisfied. 95.2% were satisfied with doctor care and 0.6% dissatisfied, 94.6%

Table 3. Global satisfactions across all regions

Region	8	7	6	5	4	3	2	1	0
Total Athens									
Hospital stay	36.5	28.7	6.1	16.5	4.3	0.3	0	0	7
Food	17.4	21.7	9.6	29.6	9.6	7.8	0	0.9	3.5
Doctor	44.3	27.8	7.8	16.5	2.6	0	0.9	0	0
Nurse	47	25.2	4.3	18.3	0	2.6	0	0	2.6
Total Urban									
Hospital stay	32	37.1	15.5	9.3	5.7	0	0	0	0.5
Food	23.2	19.1	22.2	16	9.3	7.2	1	1	1
Doctor	38.7	37.1	12.4	6.2	5.2	0	0.5	0	0
Nurse	41.2	32.5	12.9	7.7	3.6	2.1	0	0	0
Total									
Hospital stay	33.7	34	12	12	5.2	0.3	0	0	2.9
Food	21	20.1	17.5	21	9.4	7.4	0.6	1	1.9
Doctor	40.8	33.7	10.7	10	4.2	0	0.6	0	0
Nurse	43.4	29.8	9.7	11.7	2.3	2.3	0	0	1

satisfied with nursing care and 2.3% dissatisfied with nursing care. We grouped the seven hospitals in two major categories: Athens hospitals and urban (data are not shown). There was found no significant correlation between each scale and grouping category except for the way pain was treated with patients from Athens being more satisfied with pain management and nurse's response. Comparisons of the scores of men and women on the perceived quality of care and patient satisfaction scales were revealed that women scored significant higher than men on global satisfaction with food and global satisfaction with doctor care. Elderly patients were most satisfied with the technical care ability of nurse, with no out of pocket doctor care, with feeling secure in hospital, with the real interest of nurse and doctor for patient as a person and with availability of doctors when needed. Patients tended to be less satisfied with the management of caregivers' visiting hours from the personnel and with food variety. Men were more satisfied with care room characteristics (clean room, bathroom and toilet, pillows, mattresses) and with nurses' and doctors' empathy. Gender did not play a significant role in determining older people's assessment of care. Patients' age was correlated with their quality of doctor care ($p=0.003$) and with their intention to recommend the hospital to a friend ($p=0.002$) (data are not shown). After grouping age we found a correlation between age group ($p=0.001$) and intention to recommend the hospital indicated that with increasing age group, patients tended more to recommend the global patient satisfaction, or satisfaction with nursing and doctor care. Patient's occupation before retiring was correlated with global satisfaction with care ($p=0.002$). Days of hospital stay and patients' income correlated negatively with patient's global satisfaction with care.

Discussion

Our findings are in accordance with the associated literature which suggests that the majority of elderly patients are report-

ing high satisfaction with the most aspects of care and with the quality of care they receive [12,13]. Within the health domain, there was found a positive and strong relationship between demographic characteristics and patient satisfaction. The vast majority of our patients expressed overall satisfaction with care and with nursing and doctor care. This is a common finding that emphasizes a dependency, which exists between patients and their caregivers [14]. Elderly are unwilling to express their dissatisfaction with care evaluation a difficult task that needs expertise. Greek patients have low expectations from care and so, they experience the same attitude (as it expressed through their satisfaction) towards what is provided to them. The casual relation of global quality of care to global satisfaction that we found in this research was also supported from other researchers [15,16]. This finding combined with the fact that for most elderly patients their satisfaction with care was greater than their level of quality of care could be attributed to their inability to clarify what quality of care really means for them. As a result they tend to express more favorably their global satisfaction with care due to their doctor or nurse dependency instead of rating more their global quality of care that is usually defined by health care providers. Lee et al. [12] support that the negative relationship between favorable assessment and age was especially striking for patient rating of physician's technical skills. High reliability scores are a common finding in patient's satisfaction literature. Fitzpatrick [17] emphasizes that it is usual in health care research because patients tend to express high values of satisfaction with most items that make difficult to have confidence in correlations between items as a measure of reliability of patient satisfaction scores. For elderly patients "halo effect" explains better this remark. Increasing participation of patients and the public in health is desirable. The length of stay in hospital correlated negative with patient's satisfaction and this finding was supported from other studies. Also we found that this group age are unwilling to express their dissatisfaction with care evaluation. The most of patients report that they would return back to the same hospital if the will be have

any problem with their health and recommend it to a friend. The majority of patients (67.1%) felt an extreme or much pain. From the compare between gender men expressed greater satisfaction with perceived quality of doctor care than women. In this point Lee et al. [12] reported that gender did not play a significant role in determining older people's assessment of care. Also patient's income correlated negatively with global satisfaction with care with global satisfaction with doctor care and with nursing care.

Conclusions

Concluding, in this study elderly patients rated the quality of care very well. Elderly patient satisfaction is an important indication of quality of care also is very important today that the majority of researchers acknowledge the importance of the views of users in developing services and their preferences for the care.

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