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Original Research

Development and validation of a Chinese outpatient satisfaction questionnaire: evidence from 46 public general hospitals and 5151 outpatients

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ABSTRACT

Objective: To develop and test a reliable and practical self-administrated questionnaire in Chinese to evaluate outpatient satisfaction in China.

Design: In order to ensure content validity, the 19 items of this questionnaire were generated based on literature review, interview and group discussion. Acceptability was tested by the percentage of missing item responses and the time and operability of administration. Construct validity was evaluated using principal component exploratory factor analysis and item-total correlations. The reliability of the questionnaire was assessed using Cronbach's alpha coefficient and inter-subscale correlation.

Setting: This study was conducted in 46 public general hospitals that report directly to the Provincial Health Department in Hunan Province, China.

Subjects: In total, 5151 outpatients were selected at random and asked to complete the questionnaire after they finished their medical procedures in the outpatient area.

Results: The extremely low rate of missing data (0–0.04%) suggested good acceptability of the questionnaire. Factor analysis generated six dimensions, and all item-total coefficients were >0.8. Cronbach's alpha exceeded 0.7 for all dimensions, and the inter-subscale correlation coefficients were all lower than the Cronbach's alpha coefficients of the corresponding scale. According to the results, outpatients were least satisfied with waiting time (86.8%) and most satisfied with the quality of medical care (90.1%).

Conclusion: The Chinese outpatient satisfaction questionnaire has good acceptability, validity and reliability. It was effective and efficient for measuring outpatient satisfaction in a Chinese population.

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Introduction

It is crucial for a humane healthcare system to consider patients' needs and wishes, and patients' perceptions of medical processes can provide unique and valuable information to improve the quality of care. Many studies have suggested that patient satisfaction should be regarded as an important indicator for the quality of care.^{1–4} There are several motives for evaluating patient satisfaction. Firstly, although the quality of medical services can be evaluated from multiple perspectives (e.g. patient, provider, insurer, etc.), patients should still be considered as the ultimate estimator of the quality of care.⁵ Secondly, patient satisfaction represents an assessment of their medical experience based on their values, perceptions and interactions with the healthcare environment. Thirdly, patients' thoughts can affect their future behaviours,⁶ and patients with differing levels of satisfaction may behave differently.⁷ Patients with a high level of satisfaction tend to be more cooperative with medical staff and the recommended treatment plans.^{8–12} In contrast, patients with a low level of satisfaction may have less effective medical services, refuse to seek care, or disobey physicians' suggestions and prescribed course of treatment.¹³ It has been shown previously that patients' health status, frequency and length of hospital stay, compliance with medical suggestions and other medical outcomes could be greatly influenced by their own experience and satisfaction.^{4,9,14} Lastly, healthcare providers can improve the effectiveness of medical services based on feedback regarding patient satisfaction.²

Patient satisfaction is generally subjective and intangible, so researchers often consider it as an abstract and multidimensional phenomenon.^{9,12,15} It can only be measured by indirect measurement tools such as suggestion boxes, formal complaints, qualitative methods, audits and self-report questionnaires.¹⁶ However, many studies on patient satisfaction have been criticized for poor validity and reliability due to shortcomings in their measurement approaches,^{17,18} and some studies have not included a clear definition of patient satisfaction.¹⁹

The need to develop and test a new satisfaction questionnaire, rather than use a measurement tool that has been published previously, is because of the unique nature of China's outpatient care service. Most questionnaires to measure patient satisfaction were developed in Western countries,^{20–25} and they may not be suitable for use in developing countries due to differences in medical conditions and facilities. In developed countries, most patients have an appointment before they attend a hospital, and medical insurance may cover their medical expenses. As such, they generally experience shorter waiting times and lower costs compared with patients in developing countries. Several developing countries, such as India, Thailand and Tanzania,^{26–29} have developed outpatient satisfaction questionnaires (OPSQs). However, there are several differences between China and other developing countries. First, the organization of Chinese general hospital outpatient services is very complicated. Certain services, such as self-services and convenience-for-patients services, may be unique to China, so items related to these aspects need to be included in the

Chinese OPSQ (CH-OPSQ). In addition, the daily outpatient volume is extremely high due to the large Chinese population. Lack of a primary care system in the community results in more patients attending general hospitals. Waiting time, waiting environment and facilities in the waiting room are crucial in patient satisfaction. Furthermore, most medical insurance in China does not cover outpatient expenses, so the costs may have a greater impact on patient satisfaction in China compared with other countries. Therefore, it is essential to provide a new measurement tool to evaluate outpatient satisfaction in China.

As such, the objective of this study was to develop an outpatient satisfaction questionnaire for the Chinese population, and to test its reliability, validity and acceptability through a large multicentre sample.

Method

Questionnaire development

Three members of the research team identified items for inclusion in the Ch-OPSQ from previous studies. A literature search was conducted in MEDLINE and EMBASE between June and July 2012. The following keywords were used in the literature search: 'outpatient', 'satisfaction', 'hospital' and 'questionnaire'. Relevant studies on outpatient satisfaction were screened and useful information was extracted to build an item pool. An expert panel, including two professors, two experts from the government health department and four postgraduate students, was established to develop an item pool for the Ch-OPSQ (65 items were included).

The research team interviewed five patients, five administrators from different hospitals and five officers from the government health department, selected at random from Hunan Province. They were asked to rate the importance of each item, give their opinions and suggestions about the items in the item pool, and comment on the relevance of the issues covered and comprehensibility, including the response options. All the consultation sessions were conducted via face-to-face interview or e-mail. To ensure the content validity of the questionnaire, the interviewees were also asked to provide other potential sources of satisfaction and assign significance to individual items. After the interviews, qualitative analysis was conducted by reviewing the suggestions from the interviews, and refining the words and content of the questions according to the interviewees' feedback. The researchers reached consensus on the items and response options to be listed in the Ch-OPSQ. A draft version of the Ch-OPSQ including 22 items was created, and a pilot survey was undertaken to assess the questionnaire. According to the results of the pilot study, some items were eliminated because of a high non-response rate, and some items were amended if the responses showed multiple answers or poor variability.

The final version of the Ch-OPSQ contains 19 items, covering nearly all aspects of outpatient medical care. The questionnaire asks patients to rate their feelings about each statement on a five-point Likert scale: very satisfied (5), relatively satisfied (4), neither satisfied nor dissatisfied (3), relatively dissatisfied (2) and very dissatisfied (1).

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