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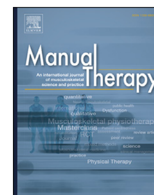

Original article

Identification of factors influencing patient satisfaction with orthopaedic outpatient clinic consultation: A qualitative study

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A B S T R A C T

Background: In recent years, new models of health service delivery in orthopaedic outpatient clinics, including physiotherapists working in orthopaedic triage roles, have become increasingly common. Evaluation of patient satisfaction with orthopaedic clinic services is dependent on an understanding of factors influencing patient satisfaction in this clinical context.
Objectives: The objective of this study was to identify the factors influencing patient satisfaction with orthopaedic outpatient clinic services.
Study Design: A cross-sectional, qualitative design including focus groups and interviews.
Methods: Interviews and focus group sessions were undertaken with 36 participants representing patients, health professionals and clinical support staff in an orthopaedic outpatient clinic. Interviews and focus groups provided a rich narrative which was subjected to a process of thematic analysis.
Results: The analysis identified seven themes influencing patient satisfaction with orthopaedic clinic assessment. These themes were clinic waiting time, clinical contact time, trust, empathy, communication, expectation and relatedness.
Conclusions: Understanding factors influencing patient satisfaction is important to inform organisational and clinical processes that aim to foster high levels of patient satisfaction. Clinician awareness of the interpersonal issues which dominate stakeholders' perspectives of patient satisfaction may improve the patient experience and potentially foster patient behaviours toward a therapeutic advantage. An understanding of these factors in the context of orthopaedic clinics is also important in the development of questionnaires designed to evaluate patient satisfaction with health service delivery.
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1. Introduction

There is considerable and increasing demand for orthopaedic services arising from an ageing population and increasing patient to surgeon ratio (Royal Australian College of Surgeons, 2011). One of the strategies used to ensure timely access to orthopaedic services has been the implementation of orthopaedic triage clinics where physiotherapists evaluate patients referred for orthopaedic surgery review. In this context, physiotherapists take on the traditional role of the orthopaedic surgeon in the preliminary evaluation of patients.

There is evidence that orthopaedic triage by physiotherapists is effective from a health services management perspective. Previous studies have shown that both physiotherapy-orthopaedic triage clinics and surgeon-led clinics produce similar clinical outcomes in relation to both patient evaluation and management (Edmondston et al., 2011). There is also evidence that this approach is an effective strategy to manage orthopaedic waitlists (Napier et al., 2013). Despite these encouraging results regarding the effectiveness of physiotherapy orthopaedic triage, there has been limited evaluation of patients' satisfaction with this experience, or acceptance of this model of care.

Patient satisfaction has been proposed as being independent to clinical outcome when evaluating the quality of clinical services (Hudak and Wright, 2000; Butler and Johnson, 2008). Patient satisfaction is increasingly being evaluated by health service

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administrators to assess both clinician and institutional performance. The evaluation of patient experience forms a significant contribution to Standard 2 of the National Safety and Quality Health Service (NSQHS) standards relating to consumer engagement in Australian hospitals (ACSQH Standards, 2012).

The evaluation of patient satisfaction with orthopaedic triage clinics has been limited to global assessments of satisfaction (Oldmeadow et al., 2007) or using modified generic surveys with limited validity in relation to orthopaedic assessment or orthopaedic triage (Kennedy et al., 2010). Alternatively, researchers have employed proxies such as quality of care, with the assumption that these measures are directly and proportionally related to satisfaction (Samsson and Larsson, 2014). Consequently, the relevance of these assessment tools and the degree to which they measure patient satisfaction with orthopaedic clinic services is uncertain. As an important first step towards the development of a context-specific understanding of this construct, the purpose of this study was to examine key stakeholders' perspectives of patient satisfaction in the context of orthopaedic outpatient clinics. The domains of patient satisfaction identified can then be used in the development of a purpose-specific patient satisfaction questionnaire.

2. Method

2.1. Design

The study used a cross-sectional, qualitative design including focus groups and 1–1 interviews.

Methodology within the focus groups was guided by Patton 2015.

2.2. Participants

Participants were recruited from staff and patients at Fremantle Hospital (FHHS) using criterion-based purposive sampling to source individuals who share a common experience and could provide unique perspectives of the concept (i.e., patient satisfaction) and experience (i.e., orthopaedic clinic services) (Freeman et al., 2014). Guided by the concept of data saturation, participants were recruited on a rolling basis until no new and relevant information was reported (O'Reilly and Parker, 2013). Thus, there was no predetermined figure regarding the number of different types of participant groups nor relative proportions of these individuals. The key here was to ensure that there was adequate depth and breadth of information with regard to the research question (O'Reilly and Parker, 2013). Focus groups offer access to shared understandings and perspectives, as well as group interactions that can promote unique insights that may not be gathered in 1–1 interviews. In contrast, 1–1 interviews offer an in-depth insight into personalized stories and perspectives of patient satisfaction within the context of clinical orthopaedic assessment that people may not feel comfortable sharing in group settings (Powell and Single, 1996). The decision to conduct a 1–1 interview or focus group was guided by pragmatics of the research context, as not all participants were available to make a group time (i.e., patients, registrars, consultants). Clinicians (orthopaedic surgeons, orthopaedic registrars, clinic nurses, physiotherapists), support staff (receptionists), patients, volunteers and a consumer advisory group (CAC) were represented in the study. The CAC group represents consumer advocacy with the hospital. The input from the CAC represented the sum total of attendance to a CAC meeting within the hospital. The CAC represents a unique view of the patient as a consumer of health services, reviewing complaints and pursing compliance with policy and standards set around patients.

The patient group was drawn from consecutive individuals presenting with non-acute conditions attending the FHHS orthopaedic outpatient clinic for follow-up assessment on 2 clinic days. Table 3 provides a profile of the patient cohort included within the focus group.

All patients completed initial assessment and provided informed consent to participation. All participants were approached in person by the lead researcher and were aged over 18 years. Patients whose communication skills did not allow comprehension of the consent form or the ability to complete a written survey were excluded. In total, 18 individual interviews were undertaken with 10 patients, 4 consultants, 4 registrars and 1 reception staff. Additionally, 4 focus groups were undertaken, one each for physiotherapists, nurses, volunteers and CAC. Table 2 profiles characteristics of the focus group participants whilst Table 3 outlines diagnostic profiles of the patient group.

2.3. Data collection

Participant interviews and focus group discussions were conducted over an eight week period. Focus group sessions ranged from 20 to 45 min, whereas 1–1 interviews ranged from 15 to 25 min. Both interviews and focus groups were conducted by the lead researcher and guided, but not constrained, by semi-structured interview questions (Table 1). All interviews and focus group discussions were audio recorded.

All interviews and group sessions were carried out by the lead investigator. The use of the lead investigator is proposed as a key strength of the methodology in allowing the use of contextually relevant terminology, and minimised the need to define key terms or jargon thereby sustaining positive flow in the discussion. As a clinician, the lead investigator could utilise background knowledge of the context and research question developing rapport with participants. The lead investigator is known professionally to the clinical and professional contributors within the focus groups.

Any potential bias arising from the role of the lead investigator in leading the discussion is minimised by several strategies. First, the lead researcher used the same semi structured format of questions for each session. Second, the lead investigator and the supervising investigator engaged in critical review meetings of the interviews at regular intervals during data collection, particularly earlier on in this piece, discussing assumptions and biases and how they may have influenced questioning and probing of participants both in terms of direction and content (Liamputtong, 2005).

2.4. Ethics

This study was approved by the WA Department of Health Human Research Ethics Committee (Approval No: 14/22) and the

Table 1
Semi-structured interview guide.

The question structure was as follows:
We are interested in understanding patient satisfaction within the context of orthopaedic triage settings. Can you offer any thoughts generally on patient satisfaction?
What factors do you believe contribute to patient satisfaction with clinical assessment?
What aspects of the relationship between the clinician and the patient are important?
Can you recall an experience as a patient at first assessment with a new clinician? What aspects of that experience would you like to improve or change?
What advice would you give to administrators of the health system to improve patient satisfaction in orthopaedic clinics?

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