

Evaluation of patients' attitudes to their care during oral and maxillofacial surgical outpatient consultations: the importance of waiting times and quality of interaction between patient and doctor

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Abstract

Knowing what patients think about their care is fundamental to the provision of an effective, quality service, and it can help to direct change and reduce costs. Much of the work in oral and maxillofacial departments concerns the treatment of outpatients, but as little is known about what they think about their care, we aimed to find out which aspects were associated with satisfaction. Consecutive patients (n = 244) who attended the oral and maxillofacial outpatient department at Southampton University Hospital NHS Foundation Trust over a 7-day period were given a questionnaire to complete before and after their consultation. It included questions with Likert scale responses on environmental, procedural, and interactive aspects of the visit, and a 16-point scale to rank their priorities. A total of 187 patients (77%) completed the questionnaires. No association was found between expected (p=0.93) or actual (p=0.41) waiting times, and 90% of patients were satisfied with their visit. Seeing the doctor, having confidence in the treatment plan, being listened to, and the ability of the doctor to recognise their personal needs, were ranked as important. Environmental and procedural aspects were considered the least important. These findings may be of value in the development of services to improve patient-centred care.

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Introduction

There is increasing pressure in the National Health Service (NHS) in the United Kingdom to design services around the priorities and values of the patients,¹ and patient

autonomy is becoming increasingly important. If clinicians make decisions in the “best interests” of patients without knowing their views, it could compromise the quality and appropriateness of care.^{2,3} Redesigning the clinical pathway around the preferences of patients is essential to techniques such as lean thinking transformation and process mapping, which emphasise the activities most valued by them.⁴ There is an established association between the meeting or exceeding of expectations and subsequent satisfaction,^{5–8} and several documents have highlighted the importance of shared

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decision-making in healthcare.^{9–13} However, despite meticulous collection of data on patients' satisfaction, little is known about where best to allocate human and monetary resources to meet the patients' needs.¹⁴

Satisfaction is influenced by a dynamic interaction between preferences, expectation, and experience,^{10–12} which makes evaluation difficult, and could be the reason why the number of studies on the subject is limited. The word "satisfaction" is a general term that does not always specifically reflect the things patients most appreciate. The National Patient Survey retrospectively assessed patients' experiences across different specialty clinics, but as it did not identify specific priorities. Several authors have however looked into aspects of care associated with satisfaction in e.g. patients treated for cancer.^{11,15}

In an assessment of the preferences and satisfaction of patients in general medical clinics, Joos et al looked at whether requests for information and help with emotional needs had been met.¹⁶ Bishop et al, in a similar study, reported that patients identified procedural aspects such as the continuity of medical practitioner, their appearance, and fixed appointment times, as important.¹⁴ Waghorn and McKee found that surgical patients at an outpatient clinic were concerned about waiting times and interaction with the doctor,¹⁷ and Páez et al reported similar findings in a study of outpatients in a urology department.⁵ Trebble et al introduced a ranking scale that could help to evaluate further the importance of environmental, procedural, and interactional aspects of a patient's treatment.⁴ However, despite the large number of surgical referrals to oral and maxillofacial outpatient departments, to our knowledge, such studies are lacking, and it is therefore an area that needs attention.

Oral and maxillofacial surgery is a varied specialty that treats patients with medical, surgical, and dental conditions, and a substantial part of the workload involves outpatients.¹⁸ We therefore evaluated the experiences of outpatients in the department to identify specific areas for development.

Methods

Design and development of the survey

The survey was a cross-sectional, self-administered questionnaire designed to evaluate the care provided in the oral and maxillofacial surgical outpatient department at Southampton University Hospital NHS Foundation Trust, UK, a large tertiary referral centre at which there are roughly 370 000 outpatient consultations each year.¹⁹ We adapted the method used by Trebble et al in a gastroenterology outpatient setting.^{6,8,20} The questionnaire included domains from a qualitative assessment of patients' experiences in outpatients, and key domains associated with satisfaction

from the National Outpatient Survey and from a survey of patients who had had endoscopy.^{6–8} We also used a review of published studies to identify aspects of the outpatient pathway that related to their experience of quality.^{6,17,20–22}

The questionnaire was designed in 2 parts. After an initial pilot done by 11 patients who took part anonymously, it was adapted accordingly. In Part 1, which patients completed while waiting for their appointment, they were asked about pre-existing experiences and expectations. It included questions about their characteristics with Likert scale responses (definitely agree, probably agree, probably not agree, definitely not agree, and unsure), and a 16-point ranking scale. They were also asked how long they thought they would have to wait, how long they thought the consultation would last, and for their opinion about acceptable durations and how this influenced satisfaction overall.

Part 2, which also included formatted questions with Likert scale responses, was completed after the appointment. It was designed to find out whether the actual experience had met expectations, and how likely this was to influence overall satisfaction with the visit.

Recruitment of subjects and setting

Over a consecutive 7-day period, patients who attended the mixed adult and children's oral and maxillofacial outpatient clinics were invited to participate. The questionnaire was self-explanatory. Two medical students were available to answer general enquiries, but the patients completed the questionnaires independently. Accompanying relatives or friends were allowed to help.

Statistical analysis

Statistical analysis was done with the help of Microsoft Excel and IBM SPSS Statistics for Windows, version 21 (IBM Corp, Armonk, USA). The non-parametric nominal data were reported as median and interquartile ranges. The associations between expected and actual outcomes (before and after consultation) and the links between waiting times and overall satisfaction were analysed using Pearson's chi square test.

Results

Patients' characteristics

Of the 244 patients invited to participate, 200 agreed, and 187 returned the questionnaires after the consultation (77%). Of those who responded, 107 (57%) were female and 80 (43%) male, median age 39 (range 7–98). A total of 11 (6%) had left school before taking GCSEs or A levels, 108 (58%) after taking GCSEs or A levels, 37 (20%) after A levels, and 30 (16%) were university graduates.

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