

Original Research Reports



Factors Associated With Met Expectations in Patients With Hand and Upper Extremity Disorders: A Pilot Study

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Purpose: *The degree to which patients' expectations are met during an office visit consistently correlates with patients' satisfaction, whereas the relationship between previsit expectations and satisfaction varies. Objective:* *The aim of this pilot study was to preliminarily assess the relationship of psychosocial factors, pain intensity, and magnitude of disability to previsit expectations, met expectations, and satisfaction with medical care in patients with hand and upper extremity conditions in a surgical outpatient clinic. Methods:* *A cohort of 85 outpatients with upper extremity illnesses indicated their previsit expectations (Patients Intention Questionnaire), degree to which these expectations were met (Expectations Met Questionnaire), level of depressive symptoms (Patient Health Questionnaire-2), confidence about the ability to achieve one's goals in spite of pain (Pain Self-Efficacy Questionnaire), pain intensity (Numerical Rating Scale for pain), disability*

(Disabilities of the Arm Shoulder and Hand, short version; QuickDASH), and satisfaction with the medical visit (Medical Interview Satisfaction Scale). Results: *Higher previsit expectations were associated with more depressive symptoms, lower pain self-efficacy, higher pain intensity, and fewer years of education. Patients in the low and moderate met expectations categories had significantly more symptoms of depression, fewer years of education, and more pain compared to those in the high-met expectations category. Fewer years of education and higher pain intensity predicted higher previsit expectations and explained 19% of variance. Conclusion:* *Psychosocial factors affect both previsit expectations and met expectations during an outpatient visit to a hand surgeon. Met expectations, but not previsit expectations, affect satisfaction. Level of Evidence:* *Prognostic, level II.*

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Key words: satisfaction, disability, pain, expectations.

INTRODUCTION

Patient satisfaction is associated with positive treatment outcomes and increased compliance to treatment. Prior work has shown that the degree to which a patient's expectations are met correlates with satisfaction with the medical visit.^{1–4} The degree to which expectations are met is predominantly determined by the information and explanation provided to the patient.^{3,4} The relationship between previsit expectations and satisfaction varies: some studies show no

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Factors Associated with Met Expectations

relationships,⁵ whereas others find either a positive or negative correlation.⁶

Patient satisfaction is also influenced by psychosocial factors.⁷⁻⁹ Depression and pain self-efficacy are the most important predictors of satisfaction.^{7,8,10,11} The relationships among psychosocial factors and patient previsit and met expectations are unclear. Understanding these relationships could inform efforts to optimize patient satisfaction and, in turn, treatment outcomes.

The aim of this pilot study was to preliminarily assess the relationship of psychosocial factors (pain self-efficacy and depression), pain intensity, and magnitude of disability to (1) previsit expectations and (2) the degree to which these expectations are met. We also set out to assess psychosocial and expectation variables' association with patient satisfaction.

Our primary null hypothesis was that psychosocial factors (depression and pain self-efficacy), pain intensity, and magnitude of disability were not selected as the best combination of predictors of previsit expectation. Our second null hypothesis was that psychosocial factors (depression and pain self-efficacy), pain intensity, and magnitude of disability were not selected as part of the best combination of predictors of met expectations. Our third null hypothesis was that psychosocial factors (depressive symptoms and pain self-efficacy), pain intensity, disability, previsit expectations, and met expectations were the best combination of predictors of satisfaction.

PATIENTS AND METHODS

This was a pilot observational cross-sectional study. Consecutive adult, English-speaking patients presenting to the practice of 1 of 3 orthopedic hand surgeons for an initial evaluation were invited to enroll under a protocol approved by our Human Research Committee. The study was described in detail, and the treating physician/study staff obtained informed consent.

A total of 93 English-speaking, nonpregnant adult patients who visited our outpatient clinic as new patients were eligible for inclusion in this study. Of these, 1 patient had to be excluded because of inability to complete the first part of the survey before the medical encounter, 1 patient declined participation after enrollment, and 6 patients failed to complete the satisfaction questionnaire, predominantly because of lack of time. Analyses were performed on a final sample of 85 patients. The mean age for the final

sample was 46 years (standard deviation = 16, range: 18–78 years) and 41 (48%) patients were men. In all, 40 (47%) patients had acute injuries, 32 nontraumatic injuries, and 13 (15%) nonspecific arm pain (Table 1).

Before the medical encounter with the hand specialist, patients completed the Patient Intentions Questionnaire (PIQ), the Patient Health Questionnaire-2 (PHQ-2), the Pain Self-Efficacy Questionnaire, the Numerical Rating Scale for pain, and the Disabilities of the Arm Shoulder and Hand, short version (QuickDASH).¹²⁻¹⁷ After the medical encounter, patients completed the Expectations Met

TABLE 1. Patients' Demographics

	Mean	SD	n = 85
			Range
Age, y	46	15.8	18–78
Education	16	2.7	11–23
	n	%	
Sex			
Women	41	48	
Men	44	52	
Diagnosis			
Traumatic injuries	40	47	
Nontraumatic injuries	32	38	
Nonspecific arm pain	13	15	
Work status (n = 81)			
Working full time	52	64	
Working part time	7	8.6	
Retired	9	11	
Unemployed, able to work	8	9.9	
Unemployed, unable to work	3	3.7	
Workers compensation	1	1.2	
Currently on sick leave	1	1.2	
Marital status			
Single	36	42	
Living with partner	1	1.2	
Married	32	38	
Separated/divorced	13	15	
Widowed	3	3.5	
Physician			
Surgeon 1	15	18	
Surgeon 2	70	82	
Health outcomes			
QuickDASH	37	24	0–89
Pain	4.1	2.7	0–10
PHQ-2	0.81	1.4	0–6
PSEQ	43	14	0–60

DASH = disabilities of the arm shoulder and hand; PHQ-2 = Patient Health Questionnaire-2; PSEQ = Pain Self-Efficacy Questionnaire; SD = standard deviation.

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