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Public Health

journal homepage: www.elsevier.com/puhe

Original Research

Feedback intervention to doctors improves patient satisfaction among outpatients in Inner Mongolia Autonomous Region, China

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ARTICLE INFO

Article history:

Received 11 February 2017

Received in revised form

28 July 2017

Accepted 29 July 2017

Available online 8 September 2017

Keywords:

Patient satisfaction

Feedback intervention

Outpatient

China

Doctor–patient relationship

Communication

ABSTRACT

Objectives: The doctor–patient relationship (DPR) in China is known to be tense. We tested whether an intervention program providing individualized feedback to doctors by patients could improve patients' satisfaction in an outpatient setting.

Study design: A non-randomized controlled prepost intervention study in a tertiary hospital. Six surgery clinics were chosen as the intervention group and eight internal medicine clinics as the control group.

Methods: Before the program started, patients attending each group of clinics were asked to fill in the Short-Form Patient Satisfaction Questionnaire (PSQ-18). In the experimental period, patients attending the intervention clinics were requested to rate their perception of the doctor's quality of care in various domains on an 8-question feedback card immediately after exiting from the examination room and to drop the completed card into the feedback box for the particular doctor. The cards were then collected by the doctor confidentially at the end of each day. There was no feedback in the control clinics. After the experimental period ended, the doctors in both groups of clinics were reassessed by a new series of patients using PSQ-18. The PSQ-18 scores were compared within the same group of clinics over time, and the changes in satisfaction score compared between intervention and control clinics.

Results: There were 189 and 190 responders in the intervention group and 190 and 200 in the control group, before and after the intervention period, respectively. Scores in all domains increased significantly ($P < 0.001$) in the intervention group but not in the control group. Significant improvement in the patient satisfaction scores in the intervention clinics compared with the control clinics was confirmed by mixed-effects linear regression controlling for the effects of gender, age, marital status, education, and household income in the domains of general satisfaction, technical quality, communication, and accessibility and convenience.

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<http://dx.doi.org/10.1016/j.puhe.2017.07.034>

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Conclusions: Timely feedback to doctors of patients' perception of quality of care received can improve outpatient satisfaction in a Chinese hospital.

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Introduction

Patient satisfaction is a measure of how satisfied a patient is with the service provided by the healthcare personnel from whom care was sought. It is an important measure for evaluating the quality of healthcare services.^{1,2} Better satisfaction has been reported to result in improved medical compliance,³ fewer medical disputes,^{3,4} and greater readiness to make a subsequent visit to the same healthcare provider.^{3–5} Furthermore, patients' satisfaction is favored by a good doctor–patient relationship (DPR). Kroenke⁶ mentioned that patient satisfaction, treatment compliance, and outcome correlate with the quality of DPR, and patient satisfaction is also a measure of the quality of the DPR.⁷

A harmonious DPR that promotes social harmony and supports the development of medicine has important significance. However, in recent years, DPR is in crisis in China.^{8,9} Insults and violent attacks by disgruntled patients against healthcare personnel are a daily occurrence.^{10,11} The growing tension in DPR and the high incidence of medical disputes have a great influence on Chinese society and inevitably influence the doctors and patients, especially in ethnic minority areas.

There is an urgent need to find ways to improve the DPR in China. A number of previous studies have evaluated the effectiveness of patient feedback to improve the DPR¹² and patient satisfaction.^{13–15} For example, some researchers recommended that regular feedback should be implemented in all fields of healthcare,^{16,17} and this can stimulate the recipients to make appropriate modifications to their behavior and bring additional benefits to other members of the healthcare team.¹⁸ Bickman et al.¹⁹ reported that young patients attending clinics that received regular feedback showed a more rapid improvement in terms of symptom severity and functioning than those attending control clinics. However, to be effective, feedback must be accurate and relevant in the clinical context.^{20,21} Some researchers have devised methods to carry out the feedback intervention. Bickman et al.²² suggested that patients could complete measurements immediately after a consultation, and the measures could be completed either electronically using computers or tablet devices or by paper-and-pencil. Such feedback of patients' perception of the quality of service is an essential element of hospital service improvement.^{23,24}

Although, globally, several studies have assessed interventions to improve patient satisfaction and DPR, there are, to our knowledge, no studies of patient satisfaction intervention in China published in an international journal. Little is known about whether the global interventions are applicable to the Chinese situation. It has been revealed that factors like poor communication skills of the doctors,^{25–27} use of medical

terms by the clinicians,²⁸ doctors not listening to the complaints of patients,^{29,30} and a mismatch between the doctors' objectives and patients' expectations of the doctor³¹ have together created a wide gap in the DPR and have adversely influenced patient satisfaction. All these factors are components of communication interaction between doctors and patients. This study, therefore, was conducted to test the effect of feedback intervention focusing on communication to improve outpatient satisfaction in the Inner Mongolia Autonomous Region of China.

Methods

Study design and setting

Owing to local feasibility reasons, randomized allocation of intervention unfortunately could not be carried out. The design was a non-randomized controlled trial comparing patient satisfaction improvement in the feedback intervention group with that in the control group. The study was undertaken at a general hospital in Hohhot, Inner Mongolia Autonomous Region. Six surgery clinics (Surgery, Orthopedics, Thoracic, Neurosurgery, Urinary, and Pain clinics), sharing the same patient waiting hall on the first floor, were chosen as the intervention group and eight internal medicine clinics (Cardiology, Respiratory, Digestive, Endocrinology, Nephrology, Neurology, Hematology, and Gerontology clinics), sharing the same patient waiting hall on the second floor, were chosen as a control group. Patient satisfaction was measured before and after the feedback period in the intervention group and the same period in the control group.

Study protocol

The study protocol was approved on December 11, 2015, by the Office of Human Research Ethics Committee, Faculty of Medicine, Prince of Songkla University (REC Number: 58-266-18-5), and the investigations were carried out following the rules of the Declaration of Helsinki. Permission and support were obtained from the intervention hospital, Hohhot First Hospital. Before the intervention, the doctors in the intervention clinics understood the objective and the rules of the study and signed the certificate of consent. Objectives and benefits of the study were also explained verbally and in written form attached to the questionnaire for the survey patients. A written consent was obtained from those who agreed to participate.

Satisfaction survey population

Questionnaire-based surveys were conducted on outpatients at the waiting areas of the two (the first and the second) floors,

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