Elderly patients' satisfaction with hospital care

ABSTRACT  

Objectives: The aim of this study was to assess patient satisfaction with the geriatric services of a district general hospital and to examine whether there was a difference in satisfaction between patients in hospital and those who had been recently discharged.

Methods: A structured and validated patient satisfaction questionnaire was administered before discharge to hospitalised patients with a mental test score of 8 or more. It was also administered to a group of patients in the community who had been discharged from hospital not more than 72 hours earlier. The questionnaire was designed to assess seven separate areas, and contained 51 statements with which patients were asked to agree or disagree. Statistical analysis was by the Mann-Whitney U test and p<0.05 was taken as significant. A total of 134 elderly patients (>72 years) were surveyed over a four-month period.

Results: Satisfaction with the hospital geriatric service was high in both groups of patients. However, patient satisfaction differed between the two groups in three areas: interpersonal aspects; access, availability and convenience of the health services; and financial aspects.

Over the next 35 years there will be a 30% increase in the number of people over 65 years and a 66% increase in those over 85 years. In anticipation, the Royal College of Physicians has issued guidelines on how to ensure equity and quality of care for elderly people. Health care providers have increasingly regarded measuring patient satisfaction from the consumer's perspective as a legitimate means of measuring quality of care. Consequently, an increasing number of reports of patient satisfaction have used structured and validated patient satisfaction surveys. Previous surveys have noted that courteous physician behaviour is associated with patient satisfaction, and that patients seem more able to understand and assess interpersonal aspects of care than technical aspects. This may be particularly true of older patients who were brought up to respect, and not to challenge, doctors' medical expertise. Conversely, low satisfaction ratings have been associated with communication difficulties. Cartwright showed that 61% of post-discharge patients reported some difficulty in getting information about their condition and treatment.

Few studies on patient satisfaction have included older populations. In addition, the results have been biased because many were carried out in patients in hospital who are unlikely to criticise services in which they still have a vested interest. We speculated that administration of a questionnaire by a 'friendly' health visitor, in the comfort of the patients' own homes, would be more likely to yield honest expression of views.

The aim of this study was to measure elderly patients' satisfaction with hospital care, and to examine whether there was a difference between their responses while they were still in hospital and soon after their discharge.

Methods

All patients had been admitted through a department of medicine for the elderly with a rapid turnover and a mean duration of stay of six days. The department's wards were integrated with general medicine, but patients over 72 years were admitted under the care of a consultant physician in medicine for the elderly. It was standard practice in the department for all patients to be visited by a health visitor within three days of discharge.

The two interviewers randomly selected patients for interview, but patients with a mental test score of 7 or less were excluded. The inpatient interviews, conducted on two of the seven acute wards, were undertaken by a doctor (RL) 24 hours before discharge; the post-discharge interviews were carried out by a health visitor (LN) on a separate group of patients within 72 hours of discharge from hospital.

Patient satisfaction was measured using a structured patient satisfaction questionnaire that had previously been extensively validated in the US. This tool was chosen because of its multidimensional nature and its mixture of positively and negatively worded statements. The questionnaire contained 51 items constructed as statements of opinion, which the patients rated, according to a Likert-type scale, as 'strongly agree', 'agree', 'uncertain', 'disagree' or 'strongly disagree'. Their replies were scored from 5 to 1; because of the mix of positively and negatively phrased statements, scoring was reversed for the latter (ie 1 for strongly agree, 5 for strongly disagree) so that high scores always indicated greater satisfaction.

The statements were grouped into the seven categories listed in Table 1. We were particularly interested in the last category, financial issues and concerns, as it was felt that recent changes to the funding of health services were creating anxieties regarding future cost of health care. One further statement was also included that did not fit into any of the above categories and was analysed in isolation: 'There is a crisis in the health care in the UK today'.

To compare the patients in hospital with the post-
discharge patients, the Mann-Whitney U test was used on the unaggregated data, using an overall measure of satisfaction, the median scores in the seven categories were calculated and then expressed as a percentage of the total possible score. However, because the range of values is small (1–5), rather than expressing the scores for the 51 individual statements as medians, they are given as percentages of patients who agreed (ie strongly agreed or agreed) or disagreed (ie disagreed or strongly disagreed) with the statement.

Results

Interviews were conducted on 134 patients aged over 72 years during a four-month period in 1994, 69 while in hospital and 65 immediately following discharge. The mean age of the whole group was 79.4 years (SD±5.5), and there was no difference between pre- and post-discharge groups. There were more women in the pre-discharge group (62%) than in the post-discharge group (58%). Patient satisfaction, expressed as a median value for each of the seven categories of statements, is shown in Table 2. In general terms, all patients were satisfied with their medical care.

Table 2. Overall satisfaction ratings.

Table 1. Categories of statements included in the questionnaire.*

| Category                          | No. of statements |
|-----------------------------------|-------------------|
| Aspects of the service:           |                   |
| General                           | 6                 |
| Technical quality                 | 10                |
| Interpersonal                     | 7                 |
| Communication with staff          | 5                 |
| Time spent with doctor            | 2                 |
| Access, availability and convenience | 12                |
| Financial issues and concerns     | 8                 |

* One further statement was analysed separately.

Comparison of the responses between pre- and post-discharge groups

There were significant differences in the responses given by the pre- and post-discharge patients in three categories. The post-discharge group was more satisfied with interpersonal aspects (median: 28 vs 26; p=0.006) and access, availability and convenience (median: 46 vs 45, p=0.02), whereas the pre-discharge group was more satisfied with financial issues and concerns (median: 32 vs 24; p=0.01).

Categories with a high satisfaction rating

The post-discharge group was especially satisfied with interpersonal aspects. The highest scoring statement in both groups was 'My doctors treat me in a very friendly and courteous manner' (pre-discharge group: 99% agreed; post-discharge: 94%). However, there was a relatively low satisfaction rating, particularly in the hospital group (30% agreed), with the statement 'When I am receiving medical care, they should pay more attention to my privacy'.

High satisfaction was again demonstrated by the post-discharge group in the access, availability and convenience category. This group was significantly more satisfied with the outpatient facilities than the pre-discharge group, for example, with the statement 'The times when I can attend the outpatient department are convenient for me' (81% agreed vs 49% in the pre-discharge group, p=0.00002). They were also more satisfied, though not significantly, with emergency care: 'It is easy for me to get medical care in an emergency' (97% agreed vs 90%).

The time spent with doctor category appeared to be a very high scoring category in median terms, but it contained only two statements:

- 'Doctors usually spend plenty of time with me' (74% agreed in the hospital group vs 69% post-discharge)
- 'Those who provide my medical care sometimes hurry too much when they treat me' (68% disagreed in the hospital group vs 69% post-discharge).

| Category                      | Pre-discharge | Overall patient satisfaction | Post-discharge | All patients |
|-------------------------------|---------------|-------------------------------|---------------|-------------|
|                               | Median        | Range | % of total score | Median | Range | % of total score | Median | Range | % of total score |
| Aspects of service:           |               |       |                  |        |       |                  |        |       |                  |
| General                       | 22            | 13–28 | 73               | 23     | 9–30  | 77               | 23     | 9–30  | 76               |
| Technical                     | 36            | 25–44 | 72               | 36     | 21–47 | 72               | 36     | 21–47 | 72               |
| Interpersonal                 | 26            | 16–33 | 74               | 28     | 16–35 | 80               | 28     | 16–35 | 80               |
| Communication with staff      | 18            | 11–23 | 72               | 18     | 8–24  | 72               | 18     | 8–24  | 72               |
| Financial worries             | 32            | 27–38 | 80               | 24     | 24–40 | 60               | 32     | 24–40 | 80               |
| Time spent with doctor        | 8             | 4–9   | 80               | 8      | 3–10  | 80               | 8      | 3–10  | 80               |
| Access, availability, convenience | 45            | 36–55 | 75               | 46     | 33–59 | 77               | 45     | 33–59 | 75               |
Categories with a low satisfaction rating

The lowest scoring category was communication with staff, which was given an overall satisfaction rating of 72% by both groups. The statement that raised the most dissatisfaction was 'Sometimes doctors use medical terms without explaining what they mean' (55% agreed pre-discharge vs 43% in the post-discharge group). Another communication difficulty arose with the issue of health promotion which came under the technical aspects category. A particularly low scoring statement in this category was 'Doctors rarely give me advice about ways to avoid illness and stay healthy' (48% agreed pre-discharge vs 40% post-discharge).

The financial aspects category

Both groups were generally well satisfied with the financial aspects category, the hospital group significantly more so than the post-discharge group. There was, however, more uncertainty (ie scoring 3 on the Likert scale) than dissatisfaction in the latter group. A statement that received a particularly high satisfaction response in the hospital group was 'I have to pay for more of my medical care than I can afford', with which 100% disagreed, but in the post-discharge group only 48% disagreed and 49% were uncertain. Another statement with which 99% disagreed in the hospital group and only 51% disagreed in the post-discharge group, with 49% of the latter uncertain, was 'Sometimes I would go without the medical care that I need because it is too expensive'.

Mixed high and low satisfaction categories

The general satisfaction category had a mixture of high and low scoring statements, but the overall satisfaction was reasonably good. The five highest and lowest scoring statements across all patients are shown in Tables 3 and 4.

There was a common perception among all patients that the health service is in crisis, as reflected in the response to the statement 'There is a crisis in the health care in the United Kingdom today' (agreed: 68.7%, disagreed: 11.9%, uncertain: 19.4%).

Discussion

The use of a complex and detailed patient satisfaction questionnaire gives us what we believe is a valid overview of the opinions of a hospitalised and post-discharge group of elderly patients about their medical care. It should be borne in mind, however, that the 1 to 5 scoring system on the Likert scale allows scores only between 20% and 100%, so the results may give an artificially high score. There are also difficulties in administering such a complex tool to an elderly group of patients. Direct administration of the questionnaire by health professionals helped older patients answer the questions, but this was time-consuming - even more so because the health professionals neither prompted nor aided the patients in their responses.

The differences in satisfaction ratings between pre- and post-discharge patients highlighted by this survey are probably not entirely due to questioning by a health visitor since they were significant in only three of the seven categories. The lower satisfaction ratings in the pre-discharge group for access, availability and convenience, for instance, may simply reflect a diminished ability by patients to focus on outpatient issues while in hospital. Similarly, the higher satisfaction ratings in the pre-discharge group for financial issues may reflect their sense of relative financial security in the present climate of 'free' hospital medical care (this is addressed in greater detail later). The higher satisfaction rating in the post-discharge group for interpersonal aspects, however, may reflect a more candid response by the patients when not being questioned by a doctor, since six of the seven statements in this category specifically concern the behaviour of doctors alone. This implies that it is wise for doctors not to administer patient satisfaction questionnaires.

The wording and presentation of questions or statements may also influence the results of patient satisfaction surveys. The design of this questionnaire allowed valid responses without the problem of acquiescence. The use of a 5-point Likert scale increased the sensitivity of the questionnaire. Bruster et al criticise patient satisfaction surveys because they tend not to question directly what
happened to the patient in hospital. Here, however, direct questioning of the patients' experiences while in hospital were included together with more indirect questions related to patients' experiences and opinions about their overall health care.

As with previous studies, satisfaction with the interpersonal aspects category was high in both the pre and post-discharge groups (more so in the latter). It could be argued that the particularly high satisfaction ratings in this category might be due to the influence of the interviewer or the wording of the questions. However, a recent Scottish survey comparing patient satisfaction questionnaire formats (both interviews and postal questionnaires) showed no difference in the responses to questions concerning respect for privacy, treatment with dignity, and sensitivity to feelings. One area of relative dissatisfaction in our survey was lack of privacy. This was particularly important to the hospitalised group for obvious reasons, especially the open-plan design of the medical wards.

Again in keeping with previous research, the communications category was the area of greatest dissatisfaction, with patients particularly dissatisfied with the explanations given about their problems. This, however, was not because patients felt their doctors did not listen but because they used technical terms too often. Problems were also identified with inadequate health promotion information in the technical aspects category. This is an area that requires a change in undergraduate training. Indeed, patient satisfaction questionnaires are used in the US as a means of assessing the competence of trainee physicians, and feedback from such questionnaires has been shown to improve the art and technical quality of care, and total patient satisfaction. The highest satisfaction ratings in the entire questionnaire were in the financial worries category by the hospital group, indicating that financial concerns with health care are not of undue concern to elderly patients in the hospital environment. The expression by the post-discharge group of less satisfaction with financial issues may reflect their general financial vulnerability – suggesting, as suspected, that future financial hardship in terms of health care is a very real concern for older adults. This, in addition to the very low satisfaction rating associated with the statement 'There is a crisis in the health care system in the United Kingdom today,' emphasises that this population is concerned about their future health care.

Although patient satisfaction was generally high, it should be borne in mind that levels of satisfaction with hospital care appear to increase with advancing age. This should not be surprising, given the difficult social conditions through which many of the current elderly population lived in their earlier lives. None the less, given the relative paucity of data on satisfaction within the elderly population, it is important to have some appreciation of their opinions of the health care they receive. As discussed by Hsieh and Kagle, it is clear that the less satisfied patients are with their care, the greater their non-compliance with medication after discharge, the more likely they are to delay seeking help again, and the poorer their understanding and retention of medical information. These issues are of paramount importance, particularly in the elderly population who are often poorly compliant, and may indeed have communication difficulties due to poor vision and hearing. It is therefore important to address the main area of relative dissatisfaction identified in this study: the poor communication skills on the part of doctors, especially with reference to the imparting of information.

References

1. Office of Population, Censuses and Surveys. The 1991 Census: persons aged 60 and over. London: HMSO, 1993.
2. Royal College of Physicians of London. Ensuring equity and quality of care for elderly people. London: RCP, 1994.
3. Stiebel SR, Krowinski WJ. Measuring and managing patient satisfaction. Chicago: American Hospital Publishing, 1990.
4. Comstock LM, Hooper EM, Goodwin JM, Goodwin JS. Physician behaviours that correlate with patient satisfaction. J Med Educ 1982;37:105–12.
5. Greene MG, Adelman RD, Friedman E, Charon R. Older patient satisfaction with communication during an initial medical encounter. Soc Sci Med 1994;38:1279–88.
6. Buller MK, Buller DB. Physicians’ communication style and patient satisfaction. J Health Soc Behav 1987;28:375–88.
7. Ben-Sira Z. The function of the professional’s affective behaviour in client satisfaction: a revised approach to social interaction theory. J Health Soc Behav 1976;17:3–11.
8. Haug MK, Lavin B. Public challenge of physician authority. Med Care 1979;17:844–58.
9. McGhee A. The patient’s attitude to nursing care. New York: Churchill Livingstone, 1961.
10. Marsh G. Complaining to effect. Nurs Times 1984;80:36–7.
11. Cartwright A. Human relations and hospital care. London: Routledge and Kegan Paul, 1964.
12. Cartwright A. Patients and their doctors. London: Routledge and Kegan Paul: London, 1967.
13. Hodkinson HM. Evaluation of a mental test score for assessment of mental impairment in the elderly. Age Ageing 1972;1:233.
14. Hays RD, Davies AR, Ware JE. Scoring the Medical Outcomes Study. Patient Satisfaction Questionnaire: PSQ III. MOS memorandum. Santa Monica, CA: Rand Corporation, 1987.
15. Oppenheim AN. Questionnaire design and attitude measurement. London: Heinemann, 1966:133–42.
16. Ross CK, Steward CA, Sinacore JM. A comparative study of seven measures of patient satisfaction. Med Care 1995;33:392–406.
17. Bruster S, Jarman B, Bosanquet N, Weston D, et al. National survey of hospitals. Br Med J 1994;309:1542–6.
18. Cohen G, Forbes J, Garraway M. Can different satisfaction survey methods yield consistent results? Br Med J 1996;313:841–4.
19. Matthews DA, Sledge WH, Lieberman PB. Evaluation of intern performance by medical inpatients. Am J Med 1987;83:938–44.
20. Cope DW, Linn LS, Leake BD, Barrett PA. Modification of residents’ behaviour by preceptor feedback of patient satisfaction. J Gen Intern Med 1996;11:394–8.
21. Fitzpatrick R. Surveys of patient satisfaction. 2. Designing a questionnaire and conducting a survey. Br Med J 1991;302:1129–32.
22. Abrams M. Beyond three score years and ten – a first report on a survey of the elderly. Mitcham, Surrey: Concern Publications, 1973.
23. Hsieh M, Kagle JD. Understanding patient satisfaction and dissatisfaction with health care. Health Soc Work 1991;16:281–9.

Address for correspondence: Dr Jacqueline Bene, Department of Geriatric Medicine, Clinical Sciences Building, Hope Hospital, Salford, Manchester M6 8HD.