



Original Article

Elderly Patients' Satisfaction with Provided Services in Yazd Shahid Sadoughi Hospital

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ABSTRACT

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Introduction: Most of the older adults have to be hospitalized and patients' satisfaction from the provided services is one of the key performance indicators in healthcare centers. Feeling satisfied with the treatment process and provided services can motivate the elderly patients to continue their treatment, which ultimately leads to a reduction in the disease load and disability in older adults. The aim of this study was to examine the satisfaction status of elderly patients admitted in different wards in Yazd Shahid Sadoughi Hospital of provided services in winter 2015.

Methods: This was a cross-sectional study in which, the elderly patients who were hospitalized in different wards of Yazd Shahid Sadoughi Hospital were investigated. Totally, 100 patients entered in the study through convenience sampling during the winter 2015. A modified Persian version of patient satisfaction questionnaire III was applied for data collection. To analyze the data, In addition to descriptive statistics, in inferential section student-t and Pearson and Spearman correlation coefficients were applied.

Results: The mean score of total satisfaction from hospital services of Yazd Shahid Sadoughi Hospital was 65.4 (range 0-100). There was a significant positive relation between the different domains of satisfactions. It was only the financial aspects which was not in relation with other domains. The highest score of the patient satisfaction belonged to the technical quality (73.7) and nursing services (69.6) and the lowest score was in the communication domain (48.7). The score of satisfaction in financial aspects was lower in men than women ($p < 0.05$).

Conclusion: Most of the elderly patients had little satisfaction with the communication. Medical students and staff should consider good communication while delivering services to the elderly, and provide adequate information to help them decide which treatment pathway is suitable.

Keywords: Satisfaction, Elderly Patient, Medical Services

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Introduction

Different factors affect the elderly's health. The ageing due to physiological changes is stricken by various diseases. Almost 90% of older adults have at least one chronic disease. Diseases not only cause disability in the elderly's actions, but also, lead to their repeated hospitalization (1). The patients' assessment

of qualification and professional skill of the personnel offering medical and care services have an important effect on their satisfaction which is more important than other contributed factors. Patients' satisfaction is a multi-dimensional phenomenon which is affected by many factors. Achieving patients' satisfaction is a

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main factor to assure achieving the desirable results in health and medical care (2).

Hospital should fulfill patient's care expectations and the offered services should be perceived by patient and in accordance to his expectations. By this, the patient will feel satisfied by the whole system (3).

Since, the older adults have dedicated an important section in society and among hospitalized patients, it is imperative to care about promotion of care levels other than achieving their satisfaction from the offered care services. In taking care of the elderly we must always take into account that these cares are on the basis of five important principles. Consideration of these principles has an important role in having convenient communication with the old patients. It's following from this communication that we can do the caring and medical processes, because without a stable and dynamic connection, the patient will have little confidence in us and pays less attention to our trainings. These concepts are: preserving self and patient's dignity and personality in encounters, achieving patient's satisfaction in communications, encouraging patient to do self-care and giving him/her the essential freedom in doing the cares, giving the necessary instructions to the elderly about the cares and involving all their family members to do the cares by offering the process in the form of regular team work program for their families (4).

Targeting at proposing strategies to increase the elderly's independence while doing nursing cares, Davies et al., have conducted a study with 30 nurses. They present some directions based on the study's results including: exchanging ideas and consulting with the elderly about the issue of care, encouraging, absence of physical dependency, knowing the patient's personality as a valuable human, being aware of signs and gestures of the elderly patients, and improving the care related to each individual(5).

Chang et al. in a study investigated the satisfaction level of offered nursing services to the elderly from them and their families' view points, and the nurses offering those services. The results of this study showed that the most important care dimension from the viewpoints of all these groups was performing the physician's orders including, physio-psychosocial care, bedding time, and caring program after discharge (6).

Nyden et al. aiming to analyze the elderly basic needs in emergency care environments, committed a qualitative research through which they came to understand that in care programs, higher level needs in Maslow's hierarchy of needs (such as need to know and understand) are totally forgotten whereas low level needs are mostly attended (7). Regarding the elderly's special needs in the field of care and treatment, the importance of these cares in their health and improvement, and few studies conducted in this field in our country, this study aimed to investigate the elderly patients' satisfaction from the offered services in different domains in Yazd Shahid Sadoughi Hospital.

Methods

Procedures

This was a cross-sectional study that the satisfaction level of 100 elderly patients with any diagnosis, hospitalized in different wards of Yazd Shahid Sadoughi hospital was assessed. The eligibility criterions for patients to enter the study were to be aged ≥ 60 and at least 3 days hospitalization. Elders that were not able of communicate well were not included in the study. The eligible patients entered the study by convenience sampling. The required sample size was estimated 94, and considering drop-out finally 100 participants entered. Eligible elderly patients hospitalized in winter 2015 were entered the study. The ratio of elderly patients to the whole patients was 16 percent ;76 were female while 34 were male. More than two thirds of the participants (72 %) were illiterate. More than half (61%) were married and 39% were living alone.

Measures

A modified Persian version of patients' satisfaction questionnaires III (8) was used for measuring patients' satisfaction level. The reliability and validity of this version has been previously examined and approved by Sahebzadeh and Rahimyan (9). Because of cultural matters, some of the items were added or deleted. The deleted items are related to patient's satisfaction of visiting physician's office or satisfaction from whole healthcare system, while the added items include satisfaction in easiness of doing religious necessities such as praying and reading religious texts. The questionnaire's items are adjusted around 6 main axis including 1: general satisfaction (4 items), 2: technical quality (7items), 3: communication (5 items), 4: interpersonal aspects (6 items), 5: financial aspects (2 items) and 6: nursing services (6 items). The patients' satisfaction scores ranged from 0 to 100 in total and also each domain. In categorizing the total satisfaction score, the scores <33 is considered as weak, scores from 33 to 66 is considered as moderate, and scores > 66 is considered as high.

Statistical analysis

For analyzing the data, descriptive statistics was used and in inferential section, to determine the relationship between the satisfaction score and demographic variables such as gender, age, and education level, student-t test- and Pearson and Spearman correlation coefficients were applied.

Results

The mean score for total satisfaction of elderly patients was 65.4 ± 9.8 from the offered services of Yazd Shahid Sadoughi Hospital. One quarter of the studied elderly patients had high satisfaction from the total offered services, a bit less than three quarter moderate, and only 3% rated hospital services as

weak. Patients totally satisfied the most with technical quality of services (73.7) while least with communication (48.7). While 14% of patients evaluated the communication domain as weak, two third opted it as moderately appropriate service, at the second rate after general satisfaction, mirror of technical quality, despite its high mean score. (Table 1)

Satisfaction score for men and women was not significantly different in all domains ($p < 0.05$) except financial aspects that satisfaction score for men (57.6 ± 8.7) was less than women (65.1 ± 13.4) ($p > 0.05$).

Throughout the patients' satisfaction domains, only the financial aspects had significant relation with marital status so that the married people were more satisfied ($P = 0.018$).

Pearson correlation coefficient showed that there is a direct relation between satisfaction score in the communication domain and patient's age ($r = 0.198$). But, there was no significant relation between the age and satisfaction of other domains. According to the Spearman correlation coefficient, there was a reverse relationship between education and patients' satisfaction score in communication domain ($p = 0.019$, $r = 0.380$), but there was a direct correlation between the education and satisfaction in financial aspects of care ($p = 0.032$, $r = 0.198$).

Discussion

The current study was conducted to investigate the elderly patients' satisfaction of offered curative cares, hospitalized in various wards of Yazd Shahid Sadoughi hospital in winter 2015. The mean score of total satisfaction was 65.4 and only 25% of patients declared a high satisfaction rate for the offered services, 72% had moderate satisfaction, and 3% assessed this hospital weak in offering services. A study entitled as "Satisfaction with outpatient geriatric

evaluation and management (GEM)" was conducted in Washington, USA in which the satisfaction rate of patients receiving special cares from GEM program was 9% more than those of receiving usual cares (10). In that research, patients' general satisfaction, technical quality, interpersonal aspects, communication, the financial aspect, time spent with doctor, and access/availability/convenience was evaluated. All the ambulatory recipients, assessed the received care as very good (81%) or good (18%). The results of the above research showed that 81% of GEM recipients had high satisfaction from the offered services while, in the current study, it was calculated as 25%. Obviously, the significant difference between the total satisfaction of patients receiving GEM services and the total satisfaction score for Yazd Shahid Sadoughi hospital services was due to absence of factors included in the above research. Absence of attending to special needs of the elderly in offering individual services, not-utilization of skilled personnel in taking care of elderly, lack of specialist in geriatric medicine, and lack of cooperation with patients' family are among the most important issues.

In the present study, the satisfaction mean score in general satisfaction was 62.3 and 2% declared low satisfaction, 77% moderate, and 21% showed high satisfaction. General satisfaction includes domains of curative and care services which has an overall view on the process and assesses the security and comfort that patients experience through the treatment process. The ease in admission and respect for the elderly condition on arrival at the hospital, feeling comfortable in all stages of treatment process, satisfaction from hoteling and suitable location aspects of the procedure, and physical acceptability of treatment spaces such as proper lighting, ornaments, walls, and floors paints, and suitable environment temperature are among the items.

Table 1. Distribution of different domains' satisfaction score

Satisfaction domains	Weak (33 ≥)	Moderate (33-66)	High (> 66)	Total	Mean	SD
Total satisfaction	3	72	25	100	65.4	9.8
General satisfaction	2	77	21	100	62.3	12.1
Nursing services	4	64	32	100	69.6	13.2
Financial aspects	3	68	29	100	66.2	13.9
Technical quality	9	50	41	100	73.7	15.4
Inter personal aspects	11	36	25	100	62.8	11.5
Communication	14	75	11	100	48.7	10.3

Table 2. Comparison of elderly patients' satisfaction score in different domain according to gender

Satisfaction domains	Men		Women	
	Mean	SD	Mean	SD
Total satisfaction	66.9	9.7	64.2	8.9
General satisfaction	63.3	8.3	63.6	10.2
Nursing services	69.6	13.8	67.3	11.2
Communication	45.3	11.2	47.2	8.6
Technical quality	73.2	18.5	72.3	15.5
Interpersonal aspects	63.5	13.5	61.6	14.2
Financial aspects	57.6	8.7	65.1	13.4

Elderly patients rated this domain as moderate. Improving the medical and non-medical and application of updated, healthy, and fit equipment and their accessibility of facilities such as ATM, buffet, taxi station, toll-free within-city telephone booths, wheelchair in the reception, information boards with obvious symptoms and clear concepts, amenities, and ease of acceptance can increase patients' satisfaction in this domain.

The mean satisfaction score for technical quality was 73.7; 41% of patients had high satisfaction and 50 % moderate satisfaction which were more impressive than other indices. In a study conducted by Hashemi in 2003 entitled as "study of the elderly viewpoints on some of the offered health services when referring to clinics and outpatient offices" he concluded that older people's attitudes towards the personnel's performance offering services was suitable which is consistent with the present study (11). Similar results are also reported by Sahebzadeh and Rahimyan (9). Although not unexpected, given the elderly level of knowledge on the types and quality of cares, their expectations from services are less than their real needs. The patients' satisfaction level about technical quality indicates that to what extent they are certain about personnel's competence, this rate has received the highest score in Yazd Shahid Sadooghi hospital. It seems that, the hospital educational plans in training medical students and staff have been effective in this field. Experienced physicians, nurses and also Para-clinic sectors and modern diagnostic and therapeutic equipment in this hospital have made it possible to provide high level services to patients.

In the current study, the mean score of satisfaction with financial aspects was 58.7, 14% low satisfaction, 75% moderate, and 11% represented high satisfaction. Regarding the financial status of the elderly and the fact that most of them are pensioners, the treatment charges can put them in hardship. Although the elderly who are not under any kind of insurance coverage should pay their treatment costs out-of-pocket or by their families, Since the hospital provides a kind of general insurance, as part of a national insurance plan, the subjects paid only for 10% of the charge, thus, it put the elderly under less pressure, that may explain why most of them had moderate satisfaction in financial aspects.

The mean satisfaction score of the patients from the interpersonal aspect was 62.8 that 25% had high, 36% moderate, and 11% low satisfaction. The interpersonal aspect is regarded as the procedure in which individuals transfer their information, feelings, and concepts through oral and non-oral messages to others (12). Through this contact procedure, patient feels to be at home and is able to express their problems, and physician also bilaterally is able, by understanding the patients' condition, to tell them about the disease. Davies et al. conducted a study on 30 nurses in order to present some methods to preserve the elderly independence while doing nursing cares and increase their satisfaction. They presented some methods such as explaining about the related process of treatment before its inception, encouraging them for continuing

the treatment, making them feel independent, facing them as a valuable person, knowing about their reactions through the interaction, and finally programming appropriate cultural, education, and physical conditions of the elderly. Considering these actions can increase the elderly satisfaction (5). In Koc et al. study, the lowest level of satisfaction was due to insufficient attention of nurses to patients' demands (13). In the above mentioned studies, respecting patients was emphasized and as we can see hospitalized patients in Yazd Shahid Sadoughi hospital u had moderate satisfaction in this domain.

About the satisfaction score of communication; this was equal to 48.7 and most patients (75%) had moderate satisfaction, 11% high and 14% had low satisfaction. The communication domain includes concepts such as description of condition and quality of information delivered to patients, informing treatment options and procedures fully understandable for patients, appreciating their expectations and wishes, and letting patients freely talk about their problems. Low satisfaction from communication shows elderly high understanding of the importance dedicated to presence of an informative system and effective communication. The elderly patients received GEM, had appreciated care providers for effective communication (10). Sahebzadeh and Rahimyan (9) also reported communication as the least satisfied domain in comparison with other domains. Hashemi research represented that the elderly view on communication was very good (11) which is inconsistent with the current study. While this study focused on hospitalized elderly patients, Hashemi studied the elderly visiting outpatient centers and clinics. It is obvious that hospitalized patients spend more time in relation with treatment staff and need more care. In addition, the hospitalized patients are far away from house and thus affected by the new environment, influencing service quality assessment. The results of study conducted by Shan Schoenfelder et al. showed that having a friendly relationship is the second important factor in making patients satisfied (14).

In examining satisfaction, according to demographic variables, the satisfaction score from the financial aspects was lower in elderly men than women. As far as elderly men are more involved with financial hardship than women, they show less satisfaction but women are often dependent on their husbands or children and thus less involved with financial matters.

Age also was in relation with satisfaction score in communication domain so that by the increase of age, satisfaction increased, which is consistent with that of Chang et al. (15). Because older people are less aware of techniques and cares in hospital, they accept any kind of care and have more satisfaction.

Education has reverse relation with patients' satisfaction score from the communication and indicates direct relation with satisfaction from financial aspects of care. In other words, the higher the education of the old, the lower their satisfaction from the communication will be. In the society, the

elderly have less education, so they are less aware of and consequently more satisfied with the therapist – patient relationships, while more educated people are more satisfied with financial aspect of care which may be the normal consequence of their higher income than less educated subjects.

Conclusion

The mean score of satisfaction for all elderly patients from the offered services in Yazd Shahid Sadoughi hospital was moderate to high, but the elderly patients were less satisfied with communication skills of personnel. It is recommended that staff take into account making appropriate relations and effective listening to the elderly needs, as their priority. Making the patients aware of treatment process has significant effect in their satisfaction. Thus, conducting in-service courses for personnel to learn skills of proper relationships with patients specially the elderly is essential. Also, it is imperative to take action to retain and amplify other satisfaction domains by planning and required intervening.

Study limitations

Among the limitations of this research, the time devoted to questionnaires' completion can be mentioned. It would be better to complete them one or two weeks after patients discharged from hospital so that they can think better about the offered services of hospital and state their ideas. Another limitation of the study is subjective data analysis of the results. The results derived from only one hospital in Yazd and should not be generalized to other inpatient environments. Furthermore, long term follow up with larger sample size may yield different results.

Conflict of interest

The authors have no conflicts of interest.

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