

MENAGEMENT IN HEALTH CARE PRACTICE A Handbook for Teachers, Researchers and Health Professionals	
Title	SATISFACTION OF NEEDS AND PATIENTS' EXPECTATIONS OF HOSPITAL CARE: THE CASE OF BULGARIA
Module: 2.7	ECTS (suggested): 0.2
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Keywords	Satisfaction, needs, patients' experiences, inpatient hospital care.
Learning objectives	<p>completing this module students and public health professionals should:</p> <ul style="list-style-type: none"> • be aware of methods for patients' satisfaction and expectations of hospital care assessment; • recognise the particular dimensions of quality of care; • increase knowledge of different aspects of patient satisfaction and experiences of hospital care; • differentiate the aspects of patient satisfaction with hospital health services; • identified problems related to patients' experiences with hospital care supply; • improve the knowledge and understanding of patient needs and expectations of inpatient hospital care as well as the necessity of applying for such investigations.
Abstract	<p>There is an increasing interest in eliciting feedback from patients to highlight aspects of care that need improvement and to monitor performance and quality of care. Hospitals increasingly need to adopt a patient-centred attitude. Traditionally, assessments have ignored the reports of patients in preference to technical and physiological reports of outcome. Healthcare systems have sought to achieve a balance in services that offer not only clinically effective and evidence based care, but which are also judged by patients as acceptable and beneficial. Questionnaires that ask patients to rate their care in terms of how satisfied they are tend to elicit very positive ratings, which are not sensitive to problems with the specific processes that affect the quality of care delivery. A more valid approach is to ask patients to report in detail on their</p>

	<p>satisfaction and experiences by asking them specific questions about whether or not certain processes and events occurred during the course of a specific episode of care. This type of questionnaire can provide results that can be easily interpreted and acted upon.</p> <p>Building on extensive qualitative research to determine which aspects of care are important to patients, we used standardized instrument to measure the quality of care in relation to particular domains. The purpose of this study was to measure patients' experiences of hospital care in Bulgaria and to identify existing problems with health services supply and inpatient stay.</p>
Teaching methods	Lectures, seminars, exercises, individual work and small group discussions.
Specific recommendations for teachers	<ul style="list-style-type: none"> • work under teacher supervision /individual students' work proportion: 30%/70%; • facilities: a computer room; • equipment: multimedia, LCD projection equipment, computers (1 computer on 3 students), internet connection, access to bibliographic data-bases; • training materials: readings are mainly available in the Internet; • target audience: bachelor degree students.
Assessment of Students	The final mark should be derived from assessment of the theoretical knowledge (oral exam), multiple choice questionnaire (MCQ), contribution to the group discussions, quality of individual work and seminar paper.

SATISFACTION OF NEEDS AND PATIENTS' EXPECTATIONS OF HOSPITAL CARE: THE CASE OF BULGARIA

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THERORETICAL BACKGROUND

Patients' Satisfaction and Experiences of Hospital Care

Background

Evaluation of healthcare provision is essential in the ongoing assessment and consequent quality improvement of medical services. Traditionally, assessments have ignored the reports of patients in preference to technical and physiological reports of outcome. More recently, however, healthcare systems have sought to achieve a balance in services that offer not only clinically effective and evidence based care, but which are also judged by patients as acceptable and beneficial (1).

Health care which improves health only in some limited technical sense, but does not improve the quality or length of life, is not likely to be viewed as beneficial by patients (2).

Governments and regulatory authorities in some countries now require hospitals to organize patient surveys at regular intervals.

Interest has therefore grown not only in the assessment of treatment interventions by patients, but in the systematic evaluation of the delivery of that care (3). Most significantly, attempts have been made to determine the features of patient care that are likely to influence patient satisfaction. Patient satisfaction is not a clearly defined concept, although most typically it appears to represent attitudes to care or aspects of care (4).

While numerous questionnaires have been developed which ask people to rate aspects of care, such an approach has limitations. Attitudes to services do not tell us very much about the nature of those services. Surveys of patient satisfaction tend to elicit very positive ratings which are not sensitive to specific problems in the quality of care delivery. It has been argued that questionnaires should attempt to measure patients' experiences of their care, and then determine how such experiences are related to satisfaction (5).

Questionnaires that ask patients to rate their care in terms of how satisfied they are tend to elicit very positive ratings, which are not sensitive to problems with the specific processes that affect the quality of care delivery (6).

A more valid approach is to ask patients to report in detail on their experiences by asking them specific questions about whether or not certain processes and events occurred during the course of a specific episode of care. This type of questionnaire can provide results that can be easily interpreted and acted upon (5).

The results of a round of studies show that more meaningful information is gained when patients are asked to report on specific aspects of their experience of care. It has been suggested that age and health status are major influences on patient satisfaction (3). Authors from the Picker Institute of Oxford have published series of papers which show that age is an important factor in reported satisfaction, but self-reported health status was not. However, the most important determinants, as indicated by the regression models, appear to be physical comfort, emotional support, and respect for patient preferences (7).

The aim of patients' satisfaction reports is to allow insurees/patients/ on one hand and physicians and medical personnel, on the other hand, to make an informed choice of hospitals based on quality indicators.

Hence over the past decade there has been increasing realization of the need to take into account patient reports of their hospital experiences in the development of action plans for improvement of services, safety and care provided. It is suggested that efforts to improve health care will be wasted unless they reflect what patients want from the service (8).

A variety of methods have therefore been employed to assess the patients' preferences for care, evaluations of what occurred, or factual reports of care. Examples are questionnaires to assess patients' needs and surveys among patients to provide feedback to care providers or the public (9,10).

Development of newer tools and techniques to assess patient opinion is an emerging trend around the globe highlighting the need for providers of hospital care to assess and improve the quality of care they offer, and to continue expanding their use of questionnaires and surveys (11).

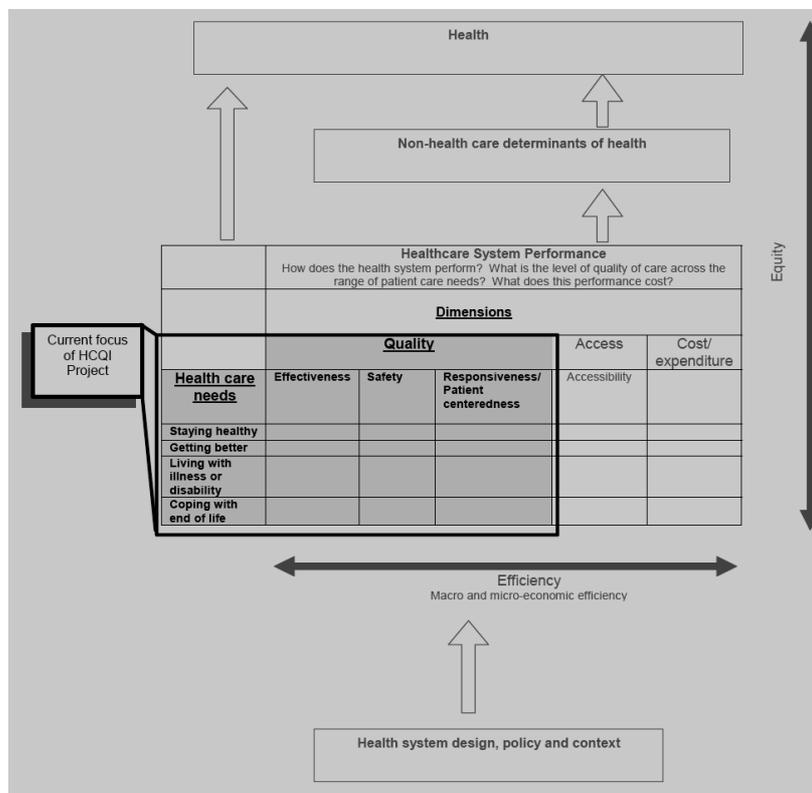


Figure 1. Proposed conceptual framework for HCQI Project. Source: Kelley E, Hurst J. OECD Health Working Papers. DELSA/HEA/WD/HWP(2006)3) (12).

Patients' Needs

A number of countries have asked for the specification of the conceptual framework which should guide the development of an international set of health care quality indicators at the OECD.

The framework below presents a visual summary of the dimensions of health care performance including: quality, access, cost, efficiency and equity. It also presents a visual picture of factors related to, but distinct from, health system performance, such as: health system design, policy and context; non-health care determinants of health and overall

levels of health. It highlights the particular dimensions of quality of care that will be the focus on the HCQI Project namely: *effectiveness, safety and responsiveness (patient centeredness)* (12).

CASE STUDY

The Case of Bulgaria

Bulgarian hospitals must adopt appropriate market-based approaches in order to survive and serve to the public health needs.

National Health Insurance Fund is a typical example for imperfect provider market in Bulgaria. Monopoly is at the opposite extreme of the competitive spectrum from perfect competition. In a monopolistic market, like obligatory health insurance in Bulgaria, there is a single provider who, because of a lack of competition from several other providers, can influence price. Such a situation is allocatively inefficient.

Bulgarian hospitals in the environment of health insurance system tend to be more efficient due to financial constraints, than a few years ago in the environment of governmental budgetary financing. Still there is a recognition that the delivery of health care is ineffective and inefficient and that these unpleasant outcomes are a product of the perverse incentives inherent of the ex health care system.

Patients' Experiences of Hospital Care in Bulgaria

A study is required to survey patients' opinions of general aspects of inpatient care provided to them during admission. Such a study becomes even more important in light of the limited budget allocation to the health sector and the inability of many patients to afford expensive treatment modalities. Hence there is further need to prioritize spending and this study hopes to fill this void by production of data that can help managers and doctors to identify and address unsatisfactory factors in the care they provide (13).

Building on extensive qualitative research to determine which aspects of care are important to patients, we used standardized instrument to measure the quality of care in relation to problems identified as a result of inpatient stay in hospital in Bulgaria.

The purpose of this study was to measure patients' experiences of hospital care in Bulgaria and to identify existing problems with health services supply and inpatient stay. The study design could be used to make comparisons between different hospitals within the country or abroad and for monitoring trends over time.

A questionnaire of items is used developed for use in in-patient surveys undertaken by the Picker Institute of Europe for the purposes of assessing the quality of care. PPE - 15 became an important tool in the processes of monitoring and improving quality of health care services. Each item in the questionnaire is coded for statistical analysis as a dichotomous 'problem score', indicating the presence or absence of a problem. A problem is defined as an aspect of health care that could, in the eyes of the patient, be improved upon.

A total of 1316 patients (response rate: 71.01 %) filled the questionnaire as a part of a pilot study. Patients' experiences in Bulgaria were at a lower level comparable to European surveys for most aspects of hospital care.

Table 1. Problems identified from inpatient stay in Bulgarian hospitals (values shown are percentages)

Item	Problem	Frequency (%)	Response rate (%)
1.	Doctors' answers to questions not clear	13.5	78.6
2.	Nurses' answers to questions not clear	56.7	85.3
3.	Staff gave conflicting information	6.2	73.6
4.	Doctors didn't discuss anxieties or fears	32.7	89.4
5.	Doctors sometimes talked as if the patient wasn't there	24.5	61.7
6.	Patients were not sufficiently involved in decisions about their treatment and care	35.3	71.6
7.	Not always treated with respect and dignity	17.4	68.9
8.	Nurses didn't discuss anxieties or fears	42.9	61.0
9.	Not easy to find someone to talk to about concerns	46.6	58.7
10.	Staff didn't do enough to control pain	27.2	74.6
11.	Families didn't get enough opportunities to talk to doctors	31.0	62.4
12.	Families didn't get enough information needed to help recovery	14.9	56.3
13.	Purpose of medicines that patients have to take at home not explained	7.4	69.5
14.	Patients weren't told about medication side effects	61.3	70.7
15.	Patients weren't told about danger signals to look for at home	32.1	82.9

Results

The results of this study have shown that a significant majority of patients reported they were not told of the side effects of medications given to them (61.3 %).

The percentage of patients who never received clear answers to their questions from nurses was pretty high (56.7 %), comparing to the studies undertaken in other European countries where this percentage was significantly lower. The explanation of that result can be attributed in part to a lack of knowledge of the nurses or the fact that patients may be asking questions from them that should normally be addressed to doctors.

The study shows that compared to developed countries, a higher number of patients had to wait too long after pressing the call bell before a nurse attended to them.

6.2 % of the patients received conflicting information from the staff while in other studies this percentage is 5.3 %.

The percentage of patients who wanted greater involvement in their care was much higher (35.3 %) than the percentage in the western countries.

31.0 % of the patients felt that their families were not given enough opportunity to talk to the doctors.

The results from our study show that 46.6 % of the patients did not find easily anyone in the staff to talk to about their worries and fears while 32.7 % didn't discuss anxieties or fears with doctors.

More than one third felt that the amount of information provided was not enough. This is despite the fact that all patients are required to sign an informed consent form before all the procedure.

Too high is the percentage of people that reported persistent pain and they thought that the staff didn't do enough to control their pain (27.2 %).

Conclusions

PPE - 15 provides basic information and other optional questions can be added; scores are easy to interpret and can be action upon. It consists of a minimum dataset of issues that are important to patients.

The patients' experiences presented here indicate that many patients with inpatient hospital stay in Bulgaria did not receive optimal care.

Applications of this survey instrument could be used to monitor these basic aspects of hospital care over time, which are expected to lead to a quality improvement of hospital care in Bulgaria.

Patients should be provided with more information during their stay at hospitals. Doctors as well as nurses need to improve their communication with patients. The health care team should provide more emotional support to patients so that they get at least someone in the staff with whom they can talk about their concerns.

The staff should make sure that they explain all the risks and benefits to patients and patiently listen and answer their questions before getting the informed consent form signed for every procedure.

Finally, there has to be much more efforts for pain control in order to provide better health services for patients and to receive feedback about their views on the care provided.

In conclusion, the PPE – 15 represents a step forward in the measurement of patient experience enabling the comparison of hospital performance and the establishment of national and international benchmarks.

Many sections of patient care require considerable improvement in order to provide better quality of health care services in Bulgaria compared to other European countries.

Subjective health status measures are used to assess the impact of medicine on the well-being of patients.

Feedback on patients' experiences of health care is sought in order to determine priorities for quality improvement.

Measurement of patients' experiences is also seen as an important component of performance assessment.

EXERCISE

Task 1

Explain the purpose of the studies that are focused on patients' experiences and satisfaction?

Task 2

Which are the particular dimensions of quality of care that will be the focus on the proposed conceptual framework for HCQI Project?

Task 3

Please discuss the specific characteristics of patients' experiences of hospital care in Bulgaria and summarize the main problems identified.

Task 4

In bibliographic database (e.g. MEDLINE, PUBMED, etc.) find at least two scientific papers on patient experiences of hospital care.

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RECOMMENDED READINGS

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