

PATIENT SATISFACTION WITH INPATIENT HEALTH CARE IN THE HOSPITALS OF THE SELF-GOVERNING REGION OF TREŇČÍN

Ján BIELIK^{1*} – Elena ŠTEFÍKOVÁ²

¹ Faculty of Healthcare, Alexander Dubček University of Trenčín, Študentská 2, 911 50 Trenčín, Slovak Republic

² Department of Health and Social Help, The Self-Governing Region of Trenčín, K dolnej stanici 7282/20A, 911 50 Trenčín, Slovak Republic

*Corresponding author E-mail address: jan.bielik@tnuni.sk

Abstract

Background: The assessment of patient satisfaction with institutional health care is becoming an important element in assessing the quality of this care.

Goal: The purpose of this pilot study was to determine the level of satisfaction of patients with hospitalization in the hospitals of the Self-Governing Region of Trenčín (SGRT), followed by putting into practice the final form of the satisfaction questionnaire.

Methods: Determining the satisfaction of patients with hospitalization was carried out by the questionnaire of satisfaction of own construction. The questionnaire contained 40 questions and consisted of a total of 6 parts: a demographic, socio-economic, anamnestic, pre-hospital, hospital (26 questions) and a quality of life part. The results were evaluated by descriptive statistics methods in Excel 2013.

Results: The care of medical doctors (a), nurses (b), and disease awareness (c) was rated on the scale of 1 to 5 (1 - best, 5 - worst) as follows: a, 1.4-1.6; b, 1.3-1.7; c, 1.7-1.96. So called hotel services were also rated on a scale of 1 to 5 (1 - best, 5 - worst): d, media availability: internet: 1.7-4.3; e, cleanliness (floors, toilets, bathrooms and so on): from 1.65-2.35; f, food quality, quantity, dining culture: 2.0-2.3. On a scale of 0 to 10 (0 - worst, 10 - best) were rated: g, overall satisfaction with the stay: 8.15-8.9. The overall quality of the provided institutional care was evaluated as a measure of improvement of one's health condition at the beginning of hospitalization and before discharge from the ward: NsP Považská Bystrica improved by 2.9, NsP Prievidza by 2.8, and NsP Myjava by 3.76 (rated from 0 to 10).

Conclusions: The survey of patient satisfaction with hospitalization in SGRT hospitals yielded valuable results in the pilot phase. Slightly critically were evaluated the so-called hotel services such as cleanliness in the department and food. The care of doctors, nursing care and awareness of the disease was evaluated highly. A high level of satisfaction was also achieved in the summary evaluation of the stay and the quality of the health care itself.

Key words: Patient satisfaction. Hospitalization. Self-Governing Region of Trenčín.

1 Introduction

Health care assessment is a long-term object of interest of healthcare professionals, researchers, economists, sociologists and politicians. Although the subject is clearly defined, various methods of investigation are used in practice and studies have varied theoretical assumptions. However, this diversity in research does not mean that the study in question does not provide valuable results applicable to practice [1].

Institutional health care is an important area of health care, both from a qualitative point of view, as the reason for such is usually a more serious illness, as well as from a quantitative point of view, as evidenced by data on the number of hospitalizations. In 2018, inpatient health care facilities in the SR recorded 1,189,662 terminated hospitalizations (each in a ward by discharge, death or transfer to another ward). The mean age of the hospitalized patient was 49 years and the mean treatment time was 6.4 days [2].

Similarly, in assessing the volume and cost ratio, institutional health care shows significant values (years - costs): 2017 - 1,276 mil. €, 2018 - 1,312 mil. €, 2019 - 1,466 mil. € and the proposal for 2020 - 1 508 mil. € (which represents about 30.3% of all health care costs covered by public health insurance) [3].

Given the facts, there is sufficient reason for the quality of the provided institutional care to be evaluated not only by experts, but also by the patients themselves.

2 Evaluation of patient satisfaction in institutional health care facilities of the SGRT

At its session on 26 November 2018, the Assembly of the SGRT by resolution no. 151/2018 in point III. C recommended the President of the SGRT to set up a task force on health as an advisory body to the President of

the SGRT. On 1 February 2019, Ing. Jaroslav Baška, the President of SGRT, created the Task Force for Health Care (TFHC) as his permanent advisory body for the purpose of preparing materials, assessing and submitting opinions on materials related to health care issues within the SGRT. Among the main objectives of the TFGHC was the improvement of the provided institutional care.

3 File and methods

One of the indirect tools for assessing the quality of healthcare is patient assessment. The patient reported outcomes (PRO-s) method is an internationally recognized method. This method was also used in the satisfaction survey of patients hospitalized in SGRT hospitals. Patient Satisfaction Questionnaire created in the TFHC and endorsed by the TFGHC 17.6.2020 in the final working pilot version of the survey, which was carried out after thorough preparation in all hospitals of SGRT in June and July 2020. Patients were surveyed by an educated nurse-interviewer, the reason for the 100% "return" of the questionnaires. The representativeness of the survey was ensured by a consecutive way of addressing patients.

A total of 509 questionnaires from 509 patients were evaluated, of which 201 were men and 308 women. Hospitals were represented by the following files: NsP Myjava - 124 patients, of which 33 were men and 91 women; NsP Považská Bystrica - 138 patients, 69 men and 69 women; NsP Prievidza based in Bojnice - 247 patients, 99 men and 247 women.

The questionnaire had 40 questions and a total of 6 parts: a) demographic part (4 questions), b) socio-economic part (1 question, 2 sub-questions), c) anamnestic part (2 questions), d) pre-hospital part (5 questions), e) hospital part (26 questions), f) quality of life part (2 questions).

The survey was carried out mainly in June and July 2019. In most cases, the planned number of 20 completed questionnaires in each department was achieved. Questionnaires in gynecological and obstetric wards are currently being supplemented so that gynecological and maternity patients can be assessed separately.

The following departments were involved in the survey:

Hospital Považská Bystrica (8 departments): Internal department, Surgical department, ODCH (Long-term patients department), Dermatology department, Neurology department, Orthopedic department, Palliative care department, Psychiatric department.

Hospital Prievidza based in Bojnice (11 departments): Department of Geriatrics, Surgery department, Internal department, Dermatology department, Neurological department, ODCH (Long-term patients department), ORL (Oto-Rhino-Laryngo department), Orthopedic department, Psychiatric department, Traumatology department, Urology department.

Hospital Myjava (6 departments): Internal department, Surgical department, Department of Anesthesiology and Intensive Medicine, ODCH (Department of Long-term Patients), RHB (Physiotherapeutic rehabilitation department), Gynecology and Obstetrics department.

4 Results

In general, the group can be characterized by older age (on average over 60 years) with increased morbidity rate, as evidenced by the need for 6-32 visits to outpatient clinics of various medical specialties over the past 12 months. Hospitalization of patients is unplanned in more than half of the cases. The average length of stay ranged from 9.5 to 11.9 days, which was influenced by the fact that wards with longer stays of patients were also included in the evaluation, such as e.g. long-term sick or psychiatric ward.

The main assessed parameters, which have an impact on the overall satisfaction of hospital patients, have yielded the following results:

The time from coming to the admission ambulance to bed in the ward was very good: lasted 1.1-1.4.

Physician care (rated on a scale: 1 - best, 5 - worst) was rated very positively: 1.4-1.6. Nurse care (rated on a scale: 1 - best, 5 - worst): was also rated very positively: 1.3-1.7.

In media offered (magazines, books, television, etc.), patients were relatively critical of the unavailability of the Internet (rated on the scale: 1 - best, 5 - worst): 1.7-4.3. The cleanliness of the environment (floors, toilets, bathrooms, etc.) was rated slightly critically (rated on the scale: 1 - best, 5 - worst): 1.65-2.35. The quality of the food, its quantity, dining culture was also evaluated slightly critically (rated on the scale: 1 - best, 5 - worst): 2.0-2.3.

Awareness of the disease was assessed very well (rated: 1 - best, 5 - worst): 1.7-1.96.

The overall satisfaction with the stay in the ward was also rated very well (rated on the scale: 0 - worst, 10 - best): 8.15-8.9. The overall quality of the institutional care provided was very well assessed, with patients assessing the rate of improvement in their health in relation to their quality of life at the beginning of hospitalization and before discharge from the ward (rated on the scale: 0 - worst, 10 - best): a, Hospital Považská Bystrica 5.2 vs

8.1, ie. improvement of 2.9. b, Hospital Prievidza: 5.6 vs 8.4, ie. improvement at 2.8. c, Hospital Myjava: 4.25 vs 8.0, ie. improvement at 3.76.

These results are shown in the tables 1, 2 and 3.

Table 1 Parameters (file I.)

| Hospital | Parameter | | | | |
|-------------|-----------|--|-------------------------------|---------------------|--|
| | Age | Number of doctor appointments in the last year | Unplanned hospitalization (%) | Average stay (days) | Arrival to admission - taken to one's room (hours) |
| P. Bystrica | 43 - 74 | 7,4 - 32 | 57.4 | 9.5 | 1.3 |
| Prievidza | 49 - 74 | 6 - 32 | 51.0 | 10.6 | 1.4 |
| Myjava | 59 - 76 | 5,8 - 26 | 61.0 | 11.9 | 1.1 |

Table 2 Parameters (file II.)

| Hospital | Parameter | | | | |
|-------------|----------------------------|--------|---|-----------------------------------|----------------------------|
| | Care (1 - best, 5 - worst) | | Internet connection (1 - best, 5 - worst) | Cleanliness (1 - best, 5 - worst) | Food (1 - best, 5 - worst) |
| | Doctors | Nurses | | | |
| P. Bystrica | 1.4 | 1.4 | 4.3 | 1.65 | 2.3 |
| Prievidza | 1.4 | 1.3 | 3.9 | 1.85 | 2.0 |
| Myjava | 1.6 | 1.7 | 1.7 | 2.35 | 2.1 |

Table 3 Parameters (file III.)

| Hospital | Parameter | | | |
|-------------|---|--|---|---|
| | Disease awareness (1 - best, 5 - worst) | Overall stay satisfaction (0 - worst, 10 - best) | Quality of life at admission (0 - worst, 10 - best) | Quality of life at discharge (0 - worst, 10 - best) |
| P. Bystrica | 1.96 | 8.15 | 5.2 | 8.1 |
| Prievidza | 1.7 | 8.9 | 5.6 | 8.4 |
| Myjava | 1.95 | 8.7 | 4.25 | 8.0 |

Patient satisfaction is perceived particularly sensitively in the case of the assessment of satisfaction with the stay in the maternity wards. In our survey, we evaluated this satisfaction collectively in all patients. Physicians' care reached the range of 1.15 -1.45; nurses' care: 1.30-1.40; disease awareness: 1.55 -1.60; overall satisfaction with the stay: 9.10-9.60; quality of life on admission: 8.20-9.10, and quality of life before discharge: 9.20-9.40.

5 Discussion

Patient satisfaction with hospitalization is usually examined as one of the parameters of the hospital's quality assessment. In the evaluation, the Institute of Economic and Social Reforms (IESR) used the deviation from the average on a 5-degree scale: significant plus deviation, slight plus deviation, average (no deviation), slight minus deviation and significant minus deviation. In the evaluation of hospitals for the year 2019 in the category of general hospitals, in the category of patient satisfaction with hospitalization they ranked as follows: NsP Prievidza based in Bojnice - no deviation, NsP Myjava - no deviation, NsP Považská Bystrica - slight minus deviation [4].

Health insurance companies have also been assessing patient satisfaction with hospitalization for several years. Dôvera, Health Insurance Company a.s. (Dôvera, zdravotná poisťovňa, a.s.), uses optical evaluation in categories: best (satisfaction), average (satisfaction) and worst (satisfaction). The evaluation for 2019 evaluated more than 6 500 questionnaires. NsP Považská Bystrica was rated as "best", NsP Prievidza based in Bojnice as "good" and NsP Myjava as "worst" [5].

General Health Insurance Company a.s. (Všeobecná zdravotná poisťovňa, a.s.), uses similar optical ratings in satisfaction surveys in the categories: best (satisfaction), average (satisfaction) and worst (satisfaction). During the evaluation for 2019, more than 17,000 questionnaires were evaluated. NsP Považská Bystrica was rated as "average", NsP Prievidza based in Bojnice as "average" and NsP Myjava as "average" [6].

Evaluation from a similar survey by the UNION, Health Insurance Company a.s. (UNION, zdravotná poisťovňa, a.s.) could not be obtained from publicly available sources [7].

The results are based on a simple evaluation of satisfaction, without the possibility of a more detailed analysis in relation to the defined parameters. Therefore, they cannot be considered as valid enough. Equally, their voluntary and anonymous nature is a limitation, in particular in regards to age, diagnosis and identification of the ward in which the patients were hospitalized. The Ministry of Health is working on the final version of the questionnaire for patient satisfaction with hospitalization, which is intended for all institutional facilities

in Slovakia. This approach would allow a relevant comparison of satisfaction. The SGRT considered it appropriate to use its own questionnaire in the current situation, which considers to be valid enough that its results can be used to analyze the provision of institutional health care and also to design and implement measures that could increase its quality.

Unfortunately, it is necessary to state that in the official inclusion of satisfaction questionnaires as a tool for determining the measurement of the quality of institutional care, the Slovak Republic is lagging behind the European reality. E.g. in Germany, measuring satisfaction has been required since 2005 as an element of quality management reports and since 2002, the Department of Health (DOH) has launched a national survey program in which all NHS trusts in England have a patient satisfaction survey on an annual basis and report the results to their regulators [8, 9].

6 Conclusions

The survey of patient satisfaction with hospitalization in SGRT hospitals yielded valuable results in the pilot phase. Patients get to bed relatively quickly, although more than half of the income is unplanned. Slightly critical were evaluated the so-called hotel services such as cleanliness at the department and food. The care of doctors, nurses and awareness of the disease was highly evaluated. A high level of satisfaction was also achieved by the summary evaluation of the stay (as a control parameter of satisfaction with partial parameters). The quality of care provided was very good, which patients indirectly assessed on the increase of 28% to 37.6% in quality of life before discharge from the ward compared to the condition on admission to the ward.

The contribution of the survey was also assessed by the SGRT Council at its regular session on 25 November 2019, when it discussed and approved the introduction of a uniform patient satisfaction questionnaire in hospitals in the founding authority of the SGRT from 1 January 2020 onward, which was imposed as obligatory to hospital directors in the competence of the SGRT.

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