Patient Satisfaction in Qatar Orthopedic and Sports Medicine Hospital (ASPITAR)

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Abstract

The purpose of this research is to study the In-patient satisfaction for the services provided in Qatar Orthopedic and sports medicine hospital (ASPITAR). This paper aims at determining the elements of the In-patient satisfaction, by collecting information through survey, using written questionnaire, and then statistically determining correlation between factors and elements of dissatisfaction. The main factors were determined in the questionnaire are focusing on the following: quality, access, and interpersonal issues.
The findings of the study suggest that respondents are satisfied with the services provided and they are getting during their visits to the hospital, however the management can implement Balance scorecard methodology for continuous improvements in the future to measure the satisfaction periodically.

Introduction

To satisfy the customer is the best business strategy of all businesses at all times. In many countries, health care services are not considered as a business, but a "welfare" service offered by the public sector. Even though not a business, this sector needs extreme concentration on improvement in customer needs. On the contrary, in many countries, the health care services are provided by the private sector. Therefore, the service has become highly competitive in many countries of the world, including Qatar.Determining the factors associated with patient satisfaction is a significant issue for health care providers. It is also important to understand what is valued by patients to know where and how service changes can be made. The importance of customers' satisfaction is further delineated by established marketing theories. According to social marketing theory, service organizations that deliver products which maintain and improve consumer and societal wellbeing, successfully target their consumers and better fulfill their consumers' needs, will have greater customer satisfaction and organizational success (Andaleeb, 1998; Kotler and klarcke, 1987; Ross et al., 1993) Linder-Pelz (1982) defines patient satisfaction as patient "… evaluations of distinct dimensions of …" health care. Brennan (1995) defines satisfaction as, "the appraisal, by an individual, of the extent to which the care provided has met that individual's expectation and preferences".
The following question is addressed in detail and is the catalyst for this study:

What patient specific factors moderate the relationship between patients' evaluations of health system characteristics and satisfaction?

ASPITAR (Qatar Orthopedic and Sports Medicine Hospital) will be taken as a case study to measure the In-patient satisfaction regarding the services provided. The survey and our research will focus on three main issues: Quality issues, Access issues, and Interpersonal issues.The research has found that most of patients are satisfied by the provided services and quality of these services, however from the quality standards point of view the research results recommend that the hospital should implement one of the continuous quality improvement methods like Balance Scorecard to reach the highest standards of quality for now and the future.The paper consists of five sections. Next section will be for the literature review, followed by the methodology of the study, then the data analysis and results discussed, and the final section is to present the conclusion and recommendations of the study..

Literature Review

Haran (Haran et al., 1993) suggest that the main factors, which affect the customer satisfaction in health care are doctors, drug, diagnosis, duration, distance, affordability, and prompt service. These factors are critical to the health care quality system.

The higher the efficiency of the quality system, the more will be the satisfaction of customers. A survey carried out by Picker Institute Europe (Coulter et al., 2004) on patients eligible for the London Patient Choice Scheme asked patients to quantify the relative value of factors influencing their willingness to go elsewhere. Quality of care deemed to be even more important than fast access, while cleanliness was rated the second highest factor. Many patients were concerned about the risk of infection and information about hygiene standards in alternative hospitals would be likely to influence their decisions about where to be treated. In addition, the healthcare infrastructure and environment can have a direct impact on patient care. There is a general feeling that clinical outcomes are seen as given and that the public will therefore base their choices on their subjective assessment of the environment especially as waiting times are starting to decrease.Patient satisfaction theory has long distinguished patient satisfaction as an attitude (Linder-Pelz, 1982). Due to its evaluative or affective nature, an attitude is distinct from other concepts, such as perceptions.

Additionally, as attitudes are distinct individual states that are affected by upbringing, environment, and beliefs, individuals are expected to differ on their evaluations. Linder-Pelz, (1982) first suggested that patient satisfaction, as an attitude, should be measured by the totaling of objective assessments of the multidimensional attributes associated with the care experience. Numerous studies of patient satisfaction with health care support its depiction as an attitude which can be measured on a multidimensional attributes of care scale (Chisick, 1997; Hall and Press, 1996; John, 1992; Lewis, 1994; Mckinley et al., 1997; Mittal and Baldasare, 1996; Norcross et al., 1996; Roter et al., 1997). A premise of social psychological theory strongly suggests that patients' differences influence their attitudes. The underlying premise is that people differ in their orientations towards care because of the broader social, cultural, and otherwise distinctive orientations to which they associate themselves. According to social identity theory, attitudes are moderated by demographic, situational, environmental, and psychosocial factors (Haslam et al., 1993; Jacson et al., 1996).

Further, interpretations of these factors are moderated by individual beliefs, perceptions, and frames of reference that affected by cultural orientations. Patients' attitudes towards the care that they receive are potentially complex and multifaceted. As a result, discernible social and psychological differences between patients and providers, as well as physiological differences, can be expected to influence variations in patients' attitudes. Glassman and Glassman (1981) found that women used personal experience and peer recommendations to select a physician, and patient satisfaction was determined primarily by physician-controlled factors such as providing sufficient relevant information about what to expect during pregnancy and offering continuity of care. Manthei et al. (1982) manipulated patients' choice of health center and then measured patient satisfaction. Surprisingly, the subjects did not differ in their satisfaction ratings across three choice conditions.

In later studies, Manthei (1983) found that, when allowed the opportunity, patients demonstrated a strong desire to choose their caregiver. In a 1988 study, Manthei found that allowing patients to choose their own health care provider enhanced the patient commitment to the therapy which raised expectation for the outcome and improved ratings for services received (Manthei, 1988).Curbow (1986) investigated the impact of restricted choice on patient perceptions of a medical plan. Positive perceptions occurred when patients had a choice., had more choices than expected, or had a restricted choice. Having no choice created the strongest negative perceptions. Weyrauch (1996) found that patients who saw their own physician were significantly more satisfied than patients who saw another physician.Schmittdiel et al. (1997) surveyed 10,205 HMO patients and found that patients who chose their personal physician were as much as 20 % more likely to rate their satisfaction as "Excellent" or "Very good" than were patients who were assigned a physician. In the literature on quality and quality-related issues, the theme of patient satisfaction has been taken up by numerous authors even though their attention has mainly been focused on questions of quality management and control and less emphasis has been placed on customer satisfaction itself.

Thus, an analysis of the patient satisfaction concept requires a re-examination of the studies concerning quality issues.Parasuraman et al.(1985) developed SERVQUAL as an instrument for measuring service quality. There have been other attempts too to develop models and mechanisms to measure quality and patients satisfaction.Nagel and Cilliers (1990) developed an integrated model for the management of what is called "total service satisfaction". In this model all service attributes can be managed on an integrated basis, irrespective of whether the service is offered to in-patient or out-patient customers. This approach seeks to optimize the performance of the service delivery system as a whole.To provide a context for the review of existing hospital patient satisfaction public reports and to add to the understanding of the advantages and disadvantages of different methodological approaches, a systematic search and review of the literature was conducted.

This review will focus on patient satisfaction, specifically in hospitals; the relation between patient characteristics and satisfaction scores; case-mix adjustment of satisfaction rankings; and reporting of minority status and patient satisfaction.

Patient Satisfaction Measures

One factor that can account for variation in patient perceptions of hospital care is differences in the measures of satisfaction. The patient satisfaction surveys developed by the Picker Institute focused on "experience of care" and take a problem-oriented approach by asking questions about what did or did not happen during the hospitalization with regard to various aspects of care (Cleary, et al., 1991). Other satisfaction surveys take a "satisfaction with care" approach, asking the individual to rate their satisfaction with various aspects of care while they were hospitalized (Finkelstein, et al., 1998; Kane, et al., 1997; Marshall, et al., 1996). These two approaches to assess patients' views of their hospital experiences may reflect the two complementary but sometimes-conflicting goals for developing such information: quality improvement by hospitals and public reporting for use by consumers. To help hospitals direct their quality improvement efforts, specific questions identifying problem areas have been used (Cleary, et al., 1991; Hargraves, et al., 2001). Whether results of these questions are more easily understood by the public in a report on hospital quality than questions asking patients to evaluate their satisfaction or rate the care received (e.g., excellent, good, fair, poor) is a methodological issue that has not been resolved.

Patient Characteristics

Most studies of the relationship of patient characteristics to hospital satisfaction scores have found that several key variables were significantly related to reports of satisfaction, most consistently patient age and self-reported health status. Virtually every study reviewed found these two characteristics to be strongly related to hospital satisfaction, and this finding held for VA hospital patients (Rosenheck, et al., 1997; Young, et al., 2000), for obstetrical patients (Finkelstein, et al., 1998), for different satisfaction measures (Marshall, et al., 1996), and in different countries (Thi, et al., 2002). In general, older patients tended to report greater satisfaction, and sicker patients tended to be less satisfied (Finkelstein, et al., 1998; Hargraves, et al., 2001; Rogut, et al., 1996; Rosenheck, et al., 1997; Thi et al., 2002; Young, et al., 2000).Other patient characteristics that have been significantly related to hospital patient satisfaction include: race/ethnicity (Finkelstein, et al., 1998; Rogut 1996; Young, et al., 2000), gender (Hargraves, et al., 2001; Rosenheck, et al., 1997), education level (Hargraves, et al., 2001), insurance status (Finkelstein, et al., 1998; Rogut, et al., 1996), income (Rogut, et al., 1996; Young, et al., 2000), having a regular physician (Rogut, et al., 1996), and past hospital experience (John, 1992).

A few studies found that hospital characteristics were related to patient reports of satisfaction. For example, differences by hospital service have been noted, with obstetrical patients most satisfied and surgical patients more satisfied than medical patients (Cleary, et al., 1991; Rogut, et al., 1996; Young, et al., 2000). Other hospital characteristics include: teaching status (Finkelstein, et al., 1998; Young, et al., 2000), rural location (Young, et al., 2000), and nurse staffing levels (Rogut, et al., 1996).Findings from these analyses indicate that patient characteristics typically explain little of the variation among hospital patient satisfaction scores, for example, less than 10% and as little as 2% (Cleary, et al., 1991; Finkelstein, et al., 1998; Hargraves, et al., 2001; Kane, et al., 1997; Rosenheck, et al., 1997; Young, et al., 2000). Two studies reported that up to 15% of the variance was explained by patient haracteristics (Rogut, et al., 1996; Young, et al., 2000).

Despite the generally small contribution of these factors to the explanation of hospital differences in patient satisfaction and the mostly minor differences in hospital rankings after adjustment. Many authors recommend adjusting for patient characteristics to avoid the possibility of bias and the concern that hospitals may have about the appearance of bias (Finkelstein, et al., 1998; Hargraves, et al., 2001; Rosenheck, et al., 1997; Young, et al., 2000).An alternative suggestion, based on an analysis of CAHPS data, is to stratify reports of ratings of care for key variables, e.g., report ratings separately for those with excellent or very good self rated health status and those with poor, fair, or good health status (Elliott, et al., 2001). This approach, although more costly, would address the problem of case-mix adjusting that might eliminate real differences in care among providers.

Health Care in Qatar

The main belief of the Qatar National Health Authority (QNHA) is that Qatar has an opportunity to create a health care system that will provide the most effective and advanced health care to its people and to become a model for the world to follow. The heart of Qatar's strategic vision for the future is helping people achieve their full potential, thereby benefiting the individuals, their families, the community and the nation. A healthy people served by an outstanding well-managed and qualified health care system are essential to success and to achieving His Highness sheikh Hamad Bin Khalifa vision for Qatar's future.

Currently, the QNHA is embarking on an ambitious program to enhance the wellness of the people of Qatar so that a vibrant, healthy, and productive society can be established for today and for the future. The essence of that program is 'Caring for the Future'.

Aspitar

To achieve His Highness sheikh Hamad Bin Khalifa vision for Qatar's future regarding the health care, QNHA and HMC (Hamad Medical Corporation) decided to launch a new specialized hospital dealing with athletes. Qatar Orthopedic and Sports Medicine Hospital (ASPITAR) is now considered as one of the leading specialized hospitals dealing with the athletes injuries, with Mission statement "*Insuring that athletes achieve their maximum potential*", the main aim of ASPITAR is to provide the very best care and attention combined with state-of-the-art facilities to athletes from Qatar and internationally.

This research will try to give an overview about the patient satisfaction for the different services provided in ASPITAR. How patients are satisfied about the service provided. What kind of factors can affect the customers' satisfaction? The objective is to reach the best results of satisfactions that meet the international quality standards.

Methodology

Practices have three general goals when we need to interact with patients: to provide quality health care, to make that care accessible, and to treat patients with courtesy and respect. The survey questions, then, should cover each of the three areas:

1. Quality issues: Is the patient satisfied with his or her medical care?
2. Access issues: Is it easy to make an appointment or get a referral?
3. Interpersonal issues: Are the physicians and staff caring and compassionate?

Some may be tempted to think that access issues are less important than quality (after all, what does waiting time have to do with competent medical care?). But understand that patients think otherwise. Data from the American National Committee for Quality Assurance (NCQA) has shown that patients place access issues at the top of their list of what makes them satisfied. It's important to make the right diagnosis and to prescribe the right treatment, but if patients don't put that until number seven on their top-10 list of what makes them satisfied, you can't say one through six are irrelevant. Access issues matter to the customer, and if you ignore that, you're going to lose.

Research Objectives

To measure satisfaction within the athletes' patients by measuring quality of the services provided, the way of treating patients, and how they feel secure about their personal data.

Research Hypothesis

To achieve the above research objectives, three hypotheses are developed:

- H1: ASPITAR is having a high standard quality.
- H2: It is easy to make an appointment or get a referral at ASPITAR.
- H3: The physicians and staff at ASPITAR are caring and compassionate

To test the above hypotheses, a questionnaire with questions was developed and distributed to measure the patients satisfaction.

Questionnaire Design and Administration

Based on the previous studies and to test the hypotheses of the study, a questionnaire was developed. The questionnaire consisted of 26 questions and following the Likert methodology for developing the questions. The questionnaire consists of the following parts: Ease of getting care (4 Questions), Waiting time (4 Questions), Staff behavior (8 Questions), Facility (4 Questions), Data confidentiality
(1 Questions), and Personal information (5 Questions).

One hundred thirty five surveys had been distributed while the responses were 107 (79 % respondents).

The sample of the population were selected randomly regardless the gender, nationality, race or any other selection criteria

Statistical methods and data analysis

Initially, descriptive and Correlation analysis were performed on the variables under the research. These tests provided general information about the data, determined the strength and direction of association between variables, and determined if association problems existed between independent variables, and finally in testing the hypothesis that access, communication and quality predict satisfaction collectively.

Data Analysis and Results

Descriptive Analysis

Table 1 summarizes the descriptive analysis of the demographic profile of respondents.

It shows the percentage distribution of the nationality, salary range, age range, confidentiality, and privacy responses of the participants.

Table 1 Descriptive Analysis

1- Nationality	**Percent**
Qatari	38.3
GCC	18.7
Other Arab	16.8
European	5.6
Asian	3.7
N. American	5.6
African	8.4
Other	2.8
TOTAL	100
2- Salary Range	
Less than 5000	4.7
Between 5000 and 10,000	33.6
Between10,000 and 25,000	48.6
Greater than 25,000	13.1
TOTAL	100
3- Age Range	
Less than 20	22.4
Between 20 and 30	46.7
Between 30 and 40	24.3
Over 40	6.5
TOTAL	100
4-Confidentiality Response	
Fair	7.5
OK	19.6
Good	49.5
Great	23.4
TOTAL	100
5- Privacy Response	
Fair	13.1
OK	26.2
Good	41.1
Great	19.6
TOTAL	100

In general we can consider that most of the respondent are satisfied with the hospital services and quality, this is obvious from measuring the Mean of the various questions , for example the Convenience location (Mean = 3.79) , Opening hours (Mean = 3.68) , Waiting time at hospital (Mean = 3.93) , Privacy at hospital (Mean = 3.67). This reflect the highest evaluations on the Five-Point Likert scale with 5 = Great and 1 = Poor

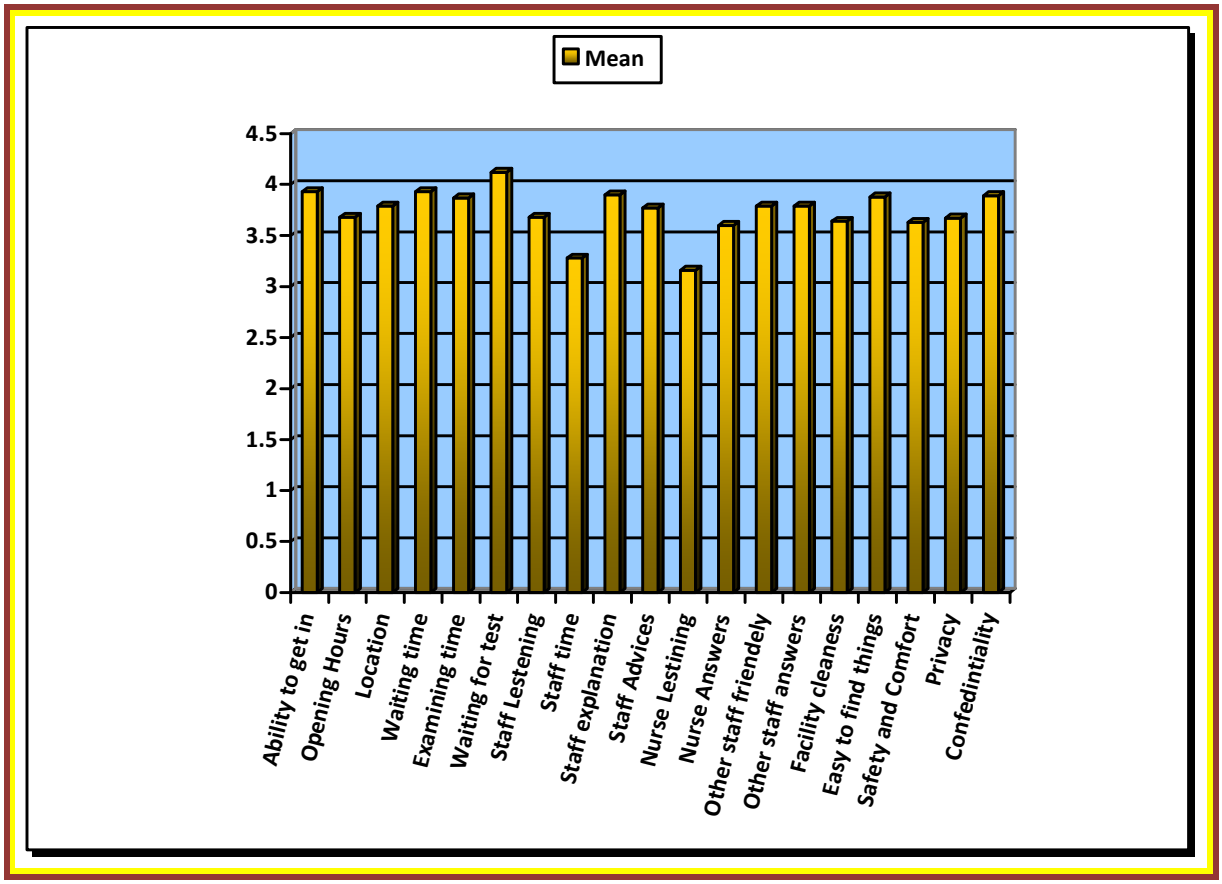

Figure 1: Mean between research factors

Cross tabulation Analysis

The percentage between nationality and other factors was tested. Qatari nationality appearing to be more satisfied than other nationalities: Qatari nationalities are more satisfied than the rest of nationalities. Figure 2 indicates that 9.3 Percent are OK, 15 Percent Good and 8.4 Percent having Great satisfaction about Opening hours.

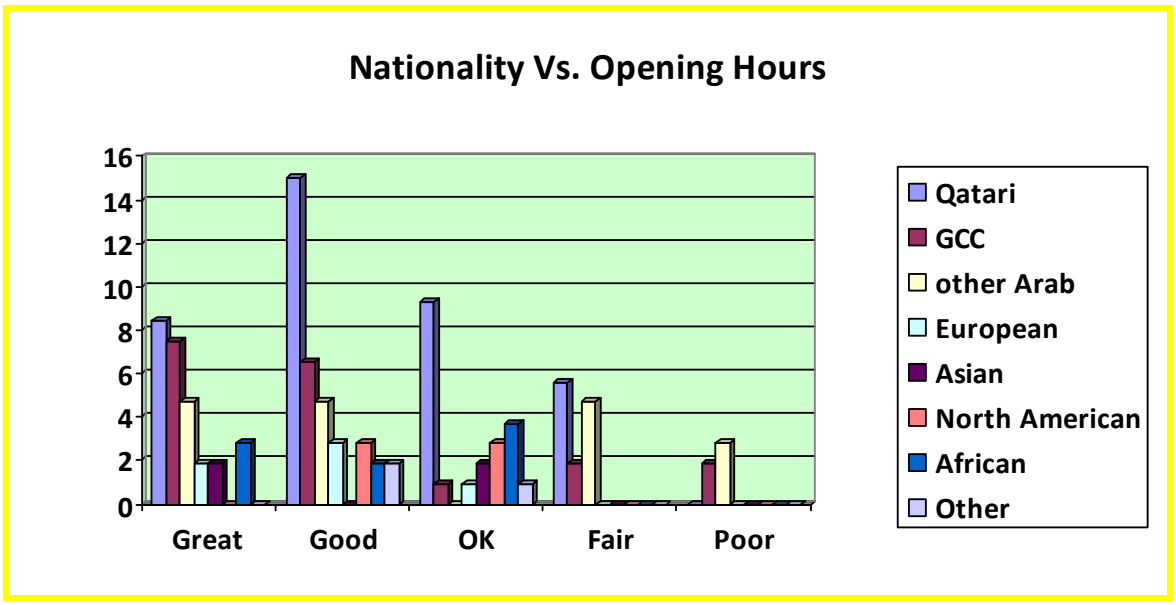

Figure 2: Cross tabulation, Nationality vs. Opening hours

Hospital Location:

Qatari nationalities are more satisfied than the rest of nationalities. Figure 3 indicates that 3.7 Percent are OK, 25.2 Percent Good and 6.5Percent having Great satisfaction about the location.

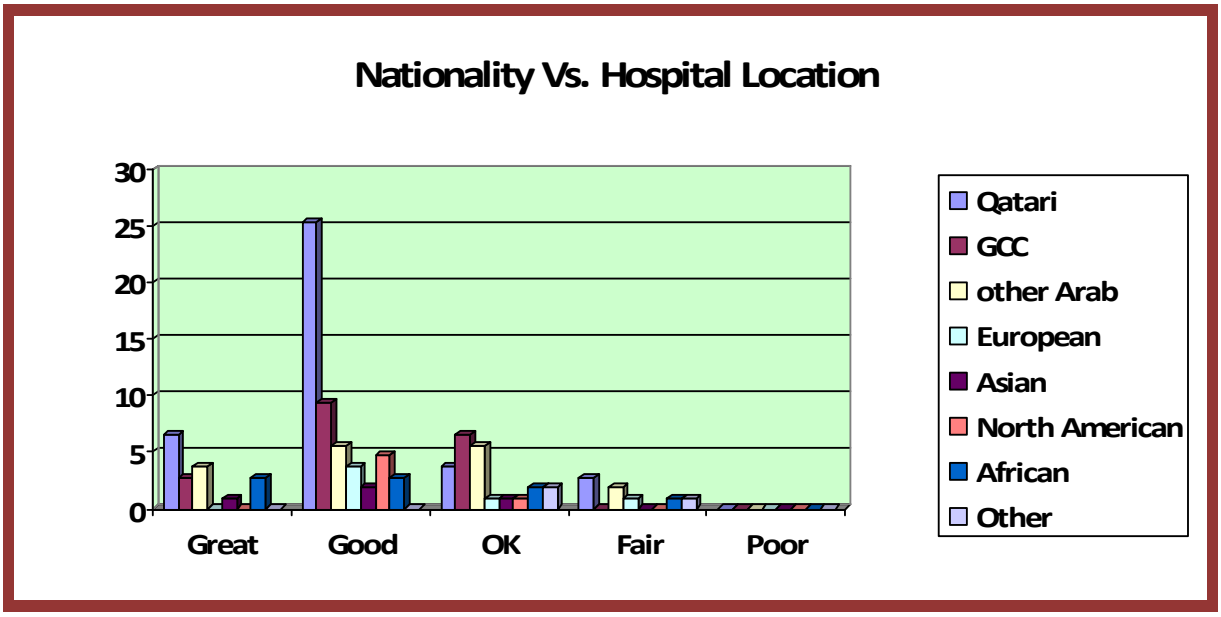

Figure 3: Cross tabulation, Nationality vs. Hospital Location

Ability to Get in

Figure 4 indicates that 10.3 Percent are OK, 20.6 Percent Good and only 5.6 Percent having Great satisfaction for the Qatari while these percentages are less in the other nationalities.

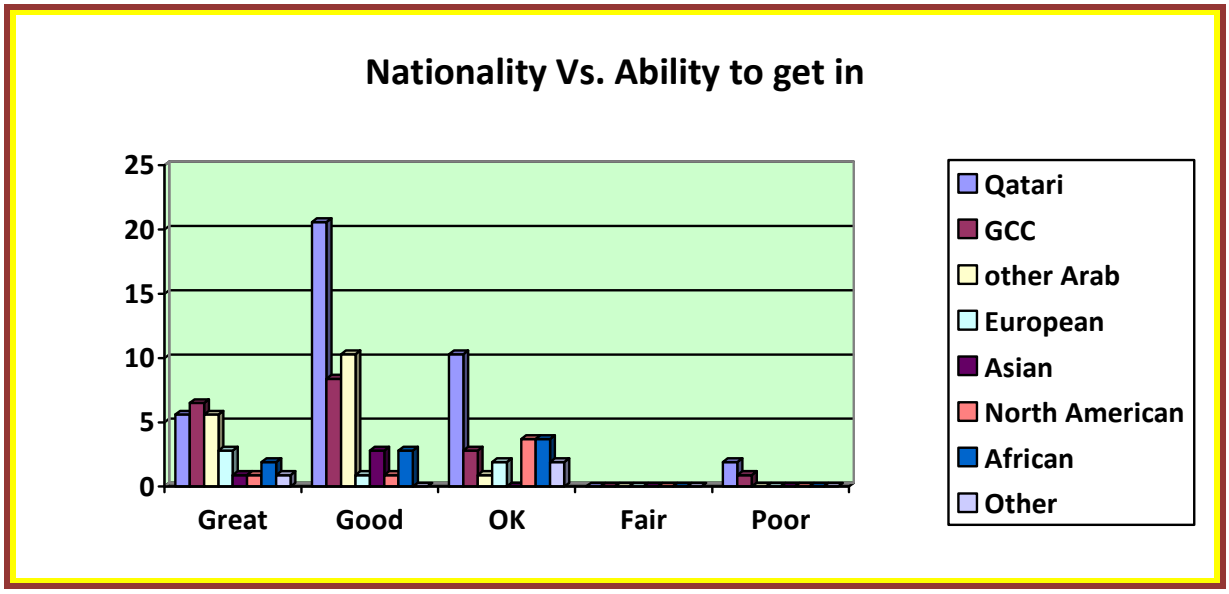

Figure 4: Cross tabulation, Nationality vs. Ability to get in

1. ***Percentage between Gender and other factors:***

   Figure 5 indicates that males are appearing to be more satisfied than females for getting services, for example

   - ***Opening hours: Figure5 indicates that***
     20.6 % (15 % Male, 5.6% Female) considered the services are OK
     35.5 % (29 % Male, 6.5% Female) considered the services are Good
     27.1 % (20.6% Male, 6.5% Female) considered the services are Great

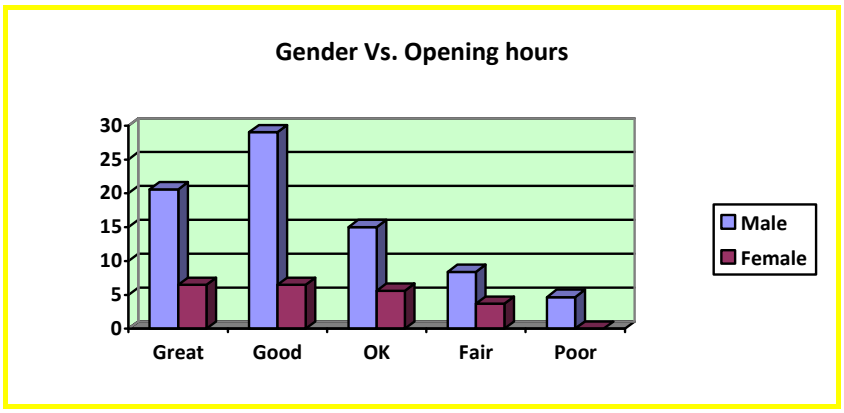

Figure 5: Cross tabulation, Gender vs. Opening hours

Time wait: Figure 6 indicates that

17.8 % (12.1 % Male, 2.8% Female) considered the services are OK
48.6 % (40.2 % Male, 8.4% Female) considered the services are Good
26.2 % (19.6% Male, 6.5% Female) considered the services are Great

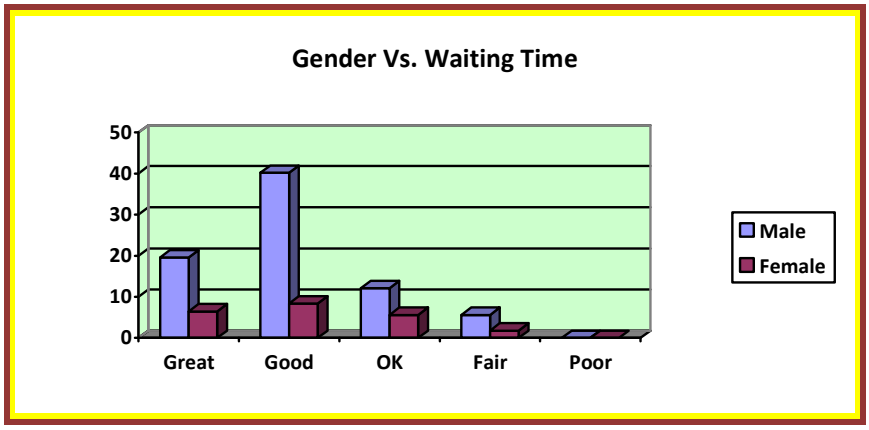

Figure 6: Cross tabulation, Gender vs. Waiting Time

- ***Examining time: Figure 7 indicates that***

18.7 % (15.9 % Male, 5.6% Female) considered the services are OK
38.3 % (27.1 % Male, 11.2% Female) considered the services are Good
31.8 % (25.2% Male, 6.5% Female) considered the services are Great

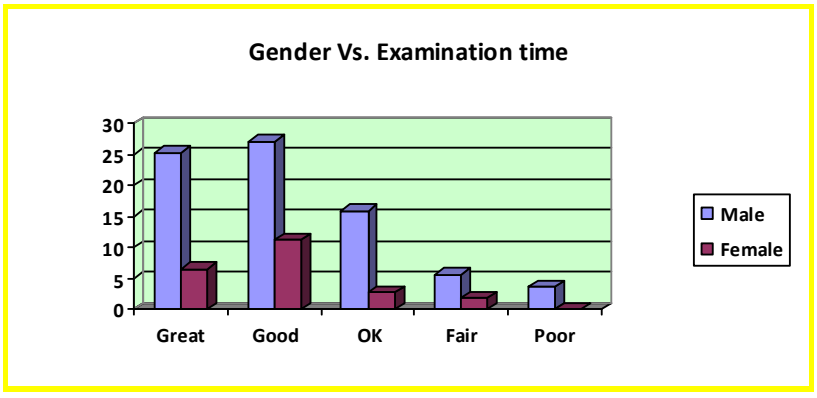

Figure 7: Cross tabulation, Gender vs. Examination time

Correlation Analysis

From the Bivariate correlation test we can notice the following

- There is a significant correlation between (Safety and comfort) and Waiting time for tests (Pearson correlation = 0.318)

- Also there is another correlation between the Nationality and the Preferred language (Pearson correlation = 0.625)
- Another correlation between Age and the Privacy (Pearson correlation = 0.252)
- A correlation between the waiting for test results and the other staff service (Pearson correlation = 0.244)
- A correlation between the nationality and the monthly income (Pearson correlation = 0.202)

Conclusions and Recommendations

Qatar Orthopedic and Sports Medicine Hospital (ASPITAR) is one of the specialized hospitals in Qatar for Athletes treatment in addition to other segment of the society. ASPITAR is just newly opened, its customers (patients) in most cases needs special treatments as well as the fast service and accuracy in prescriptions. In order to be one of the leading specialized hospitals in Qatar as well as the GCC countries , ASPITAR should have a strong experience, staff and continuous quality improvement as well. This research was mainly prepared to measure the services quality provided to the patients who they are not only Qatari Nationals but also from the rest of the world specially the GCC countries. The research was trying to find out whether the following hypotheses are true or not by measuring the patient's satisfaction through distributed questionnaires. As already pointed out the respondents are satisfied with the services they are getting however there are some ratios gives an indication about partial satisfaction which means it need more improvements in the future as the hospital are growing rapidly in its business but it also can go with the current services and quality without affecting the patients satisfaction.

Current patient's satisfaction results should enforce the hospital to keep this satisfaction and try to save it and increase the levels of satisfaction in the future. To achieve this aim we recommend that the hospital should implement one of the continuous quality improvement methods like Balance Scorecard to reach the highest standards of quality for now and the future. The research has found that most of patients are satisfied by the provided services and quality of these services, however from the quality standards point of view the research results recommend that the hospital should implement one of the continuous quality improvement methods like Balance Scorecard to reach the highest standards of quality for now and the future As a limitation, the research focused only on the Out-Patient customers and ignored the In-Patient, so may be in the future it will be more appropriate to measure the In-Patient customers which could have major influence about satisfaction whether regarding the services, working staff or hospital facilities as well.

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