Development of Feedback from a Patient Satisfaction Questionnaire; North of Scotland Managed Clinical Network for Eating Disorders Region.

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Background

The Managed Clinical Network for Eating Disorders North of Scotland (MCN) identified a gap in the provision of a measure for patient satisfaction, suitable to the North of Scotland context. The Quality Assurance group of the MCN identified this as a priority and tasked PC with researching the literature and developing a questionnaire which would then be fed back for further design to the MCN and rolled out for an initial pilot throughout the eating disorder services in the North of Scotland Region.

The literature review demonstrated a restricted evidence base for patient satisfaction measures within the Eating Disorder context. None of the measures used in the existing studies would have been suitable for use within the North of Scotland Region, partly due to their focus on young people’s services. Research did, however, identify some key studies, which were used by PC to develop a questionnaire, with the assistance of MCN members.

Method

Identified in this literature, as a useful tool in measurement of patient satisfaction was the SERVQUAL research instrument, which has been used in a variety of health care settings. This considers the following five attributes of service quality:

1. Reliability
   Ability to perform the service dependably and accurately.

2. Responsiveness
   Willingness to help customers and provide prompt service.

3. Empathy
   Caring individualised attention is provided to customers/patients.

4. Assurance
   Knowledge and courtesy of employees and their ability to inspire trust and confidence in the customer/patient.

5. Tangibles
   Physical facilities, equipment and appearance of personnel.

(Doran et al, 2004)

This approach defends the idea that it is patient expectation that informs patient satisfaction, though this is not a universally held belief. Carmen (1990) following the development of the SERVQUAL measure, Philip et al (1997) developed a modified measure using a framework of 3 main classes of attributes: pivotal, core, and peripheral. This approach was used in developing the MCN questionnaire, although it does retain elements of the 5 factor model as it provides a useful framework. Some of the questions which have been incorporated were drawn from Doran et al (2004). Escobar-Koch et al (2010) provided a helpful international perspective.

As reported above the questionnaire was designed from existing literature and scales which have been amalgamated to produce a questionnaire that was felt to be thorough and applicable in the context of North of Scotland Services.

The questionnaire was initially shown to a number of service users and the MCN members to provide initial feedback on the structure. It was then rolled out for initial pilot. This has taken 2 years, from November 2013 to current, due to initial teething problems with distribution and use of local administration services.

Currently the questionnaire has 43 questions, and 5 boxes for qualitative suggestions for the services.

Most questions are on a 5 point Likert scale: Much less than expected, Less than expected, As Much as Expected, More than expected, Much more than expected.

The process is now functioning well and correction and revisions have been made. Each local service distributes the questionnaires to service users who have been recently or are in the process of being discharged. Stamped addressed envelopes are provided to the MCN members, who collate the data. Data is collected anonymously, but patients can include their names if they wish to provide individualised feedback to the service. Identifiable data is removed from the collated data.

Results

61 patients to date from across all 4 services, Tayside Eating Disorder Service, Highland Eating Disorder Service, Grampian Out-Patient Eating Disorder Service and the Eden Unit In-Patient Service have returned patient satisfaction questionnaires. Some examples of the question feedback given:

Key

Did you feel the length of time you had to wait for assessment was appropriate? (Example of a Responsiveness question)

The professionals working with me are caring and open with me? (Example of an empathy question)

In the service I am being treated by the team members obviously work together and communicate? (Example of a reliability question)

Examples of Qualitative Feedback and Suggestions:

1. “I don’t think I could have gotten to this point without the help, but certainly didn’t look forward to appointments. With certain staff felt very awkward”

2. “My dietetic & psychology input were lifesaving & stuck by me even when things weren’t going anywhere. They helped with fears about moving on & gave me contacts and arranged referrals for Grampian to help reduce stress & anxiety & relief”

3. “I think if the help was offered locally I would have continued my treatment. My illness has improved but I still battle with my weight very often.”

Discussion

Patient Satisfaction in Eating Disorder Services is an under researched area. This may reflect internationally the great diversity in the way that services are delivered, so that no single best measure has been identified. Using basic principles of measuring service quality and patient expectation has allowed the MCN to develop a questionnaire that suits the local context.

It was generally found during the pilot phase that a reasonable proportion of service users were satisfied or highly satisfied in most question areas. In most questions this was over 50%.

Having said that, there was a significant and important minority of feedback in certain areas indicating the need for improvement. The data is available both for the MCN region as a whole and also service specific. This allows each service to work on areas that are of particular concern for themselves. Analysis will now continue to identify the core areas of concern and positive feedback for each area.

Future direction

Now the questionnaire has been fully piloted and tested, the next step is to roll out as part of an audit cycle where specific service changes can be aimed for, as well as monitored.

References


