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Satisfaction level of patients discharged from a service of Medical Clinic of Paraguay

Nivel de satisfacción de los pacientes egresados de un servicio de Clínica Médica del Paraguay

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Abstract

Introduction: the level of satisfaction in health services is a complex concept that is related to many factors, such as the patient's previous experiences, his lifestyle, expectations regarding treatment and the values of the subject and of society per se. **Objectives**: to determine the level of satisfaction that patients present upon discharge from the Medical Clinic service of the National Hospital (Itauguá, Paraguay) in 2020. **Methods**: we perform an observational, descriptive, correlational study. Sample: patients discharged from the Medical Clinic service of the National Hospital in 2020. We included those who could communicate in writing. Those who did not give their informed consent were excluded. Satisfaction was determined with the SERVQUAL questionnaire. Demographic and clinical variables were also measured, as well as functionality with the Barthel scale. The study was approved by the Ethics Committee of the National University of Itapúa (Paraguay). **Results**: 312 patients entered the study, with a mean age of 47 ± 18 years, being 54% male. The average length of stay was 21 ± 22 days. We found 58% of satisfaction. The Barthel scale showed 49% of some type of dependency. No statistically significant risk factors associated with dissatisfaction were found. **Conclusion**: the level of satisfaction was high. It is recommended to continue applying quality assessment tools in health care in a systematic and continuous way.

Keyword: patient satisfaction, surveys and questionnaires, medical clinic.

Resumen

Introducción: el nivel de satisfacción en servicios de salud es un concepto complejo que está en relación con muchos factores, como las experiencias previas del paciente, el estilo de vida del mismo, las expectativas respecto al tratamiento y los valores del sujeto y de la sociedad en sí. **Objetivos**: determinar el nivel de satisfacción que presentan al alta los pacientes del servicio de Clínica Médica del Hospital Nacional (Itauguá, Paraguay) en 2020. **Métodos**: estudio observacional, descriptivo, correlacional. Muestra: pacientes egresados del servicio de Clínica Médica del Hospital Nacional en 2020. Se incluyeron a aquellos que podían comunicarse por escrito. Se excluyeron a los que no daban su consentimiento informado. La satisfacción se determinó con el cuestionario SERVQUAL. Se midieron también variables demográficas y clínicas, así como la funcionalidad con la escala de Barthel. El estudio fue aprobado del Comité de Ética de la Universidad Nacional de Itapúa (Paraguay). **Resultados**: ingresaron al estudio 312 pacientes, con edad media 47 ± 18 años, siendo 54% del sexo masculino. El tiempo promedio de internación fue 21 ± 22 días. Se halló 58% de satisfacción. La escala de Barthel arrojó 49% de algún tipo de dependencia. No se encontraron factores de riesgo estadísticamente significativos asociados a la insatisfacción. **Conclusión**: el nivel de satisfacción fue elevado. Se recomienda continuar aplicando herramientas de evaluación de calidad en la atención de la salud de forma sistemática y continuada.

Palabras clave: satisfacción del paciente, encuestas y cuestionarios, clínica médica .

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Introduction

The level of satisfaction with health services is a complex concept that is related to many factors, such as the patient's previous experiences, lifestyle, expectations regarding treatment and the values of the subject and society as a whole (1).

The percentage of dissatisfaction varies greatly from country to country: 58.3% in Pakistan (2), 53.2% in outpatient clinics and 47.1% in emergency departments in Spain (3,4), between 53.2% and 75% in Peru (5), 5% in Brazil (6). Patient satisfaction is influenced by several factors: psychological, socio-economic, educational level, information previously received, the health of the subject, the subject's values and personal needs, the context in which the service is provided and the treatment given (7-9). Young patients and those with a higher level of education tend to present a higher level of dissatisfaction with the care received (4,10,11). Those with higher incomes and higher levels of education are more demanding and tend to be less satisfied with health care (12). However, each population group has its own expectations, so that the satisfaction levels of health service users in one country, even in the same hospital, cannot be extrapolated to other similar countries.

The methods for evaluating the quality of hospital care are diverse (7). In general, qualitative methods are costly and difficult to validate (13). For this reason, quantitative methods are used more frequently, although they may differ in quality, consistency and reliability, in addition to the difficulty of comparing the results with each other (14). The SERVQUAL questionnaire has been one of the most widely used methods for more than twenty years, internationally recognized and applicable to various areas (6,14). It evaluates 5 dimensions: reliability, security, empathy, tangibility, and responsiveness. These dimensions are evaluated in 22 questions with multiple response options using a 6-point Likert scale, with 1 being for a poor perception or very low expectation for such a service and a maximum of 6 for a good perception or very high expectation for it (13-17).

It has been shown that a patient's level of satisfaction with the service provided is related to the quality of care, the greater compliance with

treatment, the lower number of complaints against the hospital, the improvement in the morale of the health personnel and their well-being at work (18-20). Thus, the quality of a health service can be defined as the level of discrepancy between the user's expectations and his perception of the performance of the health professionals and the center in question (13). Nowadays, no health care center can fail to evaluate the quality of care on an ongoing basis (15).

The Barthel scale, also known as the Maryland disability index, was created in 1965 with the aim of assessing the degree of functional autonomy of patients with neuromuscular pathologies (21). However, its use has been extended to more general objectives, such as the evaluation of patients' basic daily activities and their degree of development, as well as a prognostic factor (22). The definition of functionality is the ability of a patient to meet his or her own needs autonomously and satisfactorily (23). The aspects of self-care, hygiene, feeding and mobility are basic activities of daily living; their deterioration is related to disability and dependence, especially in the elderly, but also in patients of other age groups with specific clinical contexts. The Barthel scale is one of the most widely validated instruments for the evaluation of these aspects (24-26). Hospitalization and related factors have a relationship with increased dependency. There is a relationship between chronicity and disability in older adults hospitalized in health centers, and after discharge there is a greater possibility of functional and mental deterioration that have an impact on morbidity, mortality, hospitalization and the need to use social services for them (27). In this research, it was decided to apply the Barthel scale to the discharged patients because the subjects discharged with decreased functionality could show worse quality of care.

The objectives of this research were to determine the percentage of satisfaction of patients discharged from the Medical Clinic service of the National Hospital, Paraguay, in 2020, using the SERVQUAL questionnaire. In addition, demographic characteristics and functionality at discharge were described and possible risk factors associated with dissatisfaction were investigated: sex, economic independence, educational level, lack of family accompaniment, previous bad experiences, need for surgery during hospitalization and level of dependence of the patient at discharge.

Methods

Design and study population: An observational, descriptive, correlational design was applied. The study population consisted of patients discharged from the Medical Clinic Service of the National Hospital, Paraguay, in 2020.

Subjects with the ability to communicate orally and in writing, hospitalized at least 48 hours in the Medical Clinic Service were included.

Convenience sampling was used. Demographic variables were measured (sex, age, origin, educational level, income), family accompaniment, previous bad experiences in the hospital, history of surgery during the current hospitalization, satisfaction with the care received and functionality at discharge.

Measuring instruments: Satisfaction was measured with the SERVQUAL questionnaire. This contains five dimensions divided into 22 questions. Percentiles were calculated for each variable of the SERVQUAL survey applying these parameters: p0-p20: very low satisfaction, p21-p40: low satisfaction, p41-p60: medium satisfaction, p61-p80: high satisfaction and p81-p100: very high satisfaction (28-30). Subsequently, the 60th percentile was taken as the cut-off point in order to divide patients into satisfied and dissatisfied (30-33).

Functionality at discharge was measured with the Barthel scale. This has 10 items related to the patient's daily activities: feeding, hygiene, dressing, personal grooming, catharsis, diuresis, toilet use and ambulation. Each activity has different scores, which can be 0, 5, 10 or 15 points for each item (22). The total score can range from zero (complete dependence) to 100 points (independence). The lower the score, the higher the dependence. To facilitate its interpretation, the following cut-off points were applied: 100: independence, 91-99: low dependence, 61-90: moderate dependence, 21-60: severe dependence, 0-20: total dependence (23).
Recruitment: Permission was requested from the hospital authorities. To collect the surveys, the authors contacted the patients on the day of discharge. They then read them the information and informed consent form. If the patient agreed to participate, they were given the questionnaire in an envelope, without identification, with a pen. Patients with difficulties communicating in Spanish were assisted in completing the questionnaire in their native language. The completed surveys were deposited in a mailbox provided for this purpose or collected directly from the author to be stored in a file.

Hypothesis to be contrasted: There is no statistically significant relationship between risk factors and patient dissatisfaction.

Sample size calculation: The Epi Info 7™ software was used. A proportion of at least 50% satisfaction was expected. According to the approximate number of daily discharges in the Medical Clinic Service, a universe of 1200 potential subjects was estimated for the proposed period. Using a precision of 5%, 95% CI, the minimum sample size calculated was 291 patients.

Data processing: the variables were transcribed in an electronic spreadsheet and were subjected to descriptive statistics with Epi Info 7™. Qualitative variables were expressed in frequencies and percentages. Quantitative variables were summarized in measures of central tendency and dispersion. To determine the risks of dissatisfaction, the chi-square test was applied. Any $p<0.05$ was considered significant.

Ethical issues: The Principles of the Declaration of Helsinki for human studies were respected. There was no discrimination against patients based on any condition. Vulnerable subjects were not taken advantage of in any way. The privacy of personal data was respected and none of the surveys were disclosed. The protocol was approved by the Ethics Committee of the Faculty of Medicine of the National University of Itapúa.The authors did not receive any type of external funding and have no commercial conflicts of interest.

Results

After the selection process, a sample of 312 patients was constituted. A 58% satisfaction rate was found (graphic 1).

The mean age of the patients who entered the study was 47 ± 18 years (range: 16 - 87 years). Evaluating the demographic variables, most of the patients were male, single, mostly without economic independence and with no or elementary schooling (Table 1). They were predominantly from the Central Department, especially from cities near the National Hospital. There was one patient from Argentina.

Graphic 1. Flowchart of patient inclusion in the Medical Clinic service

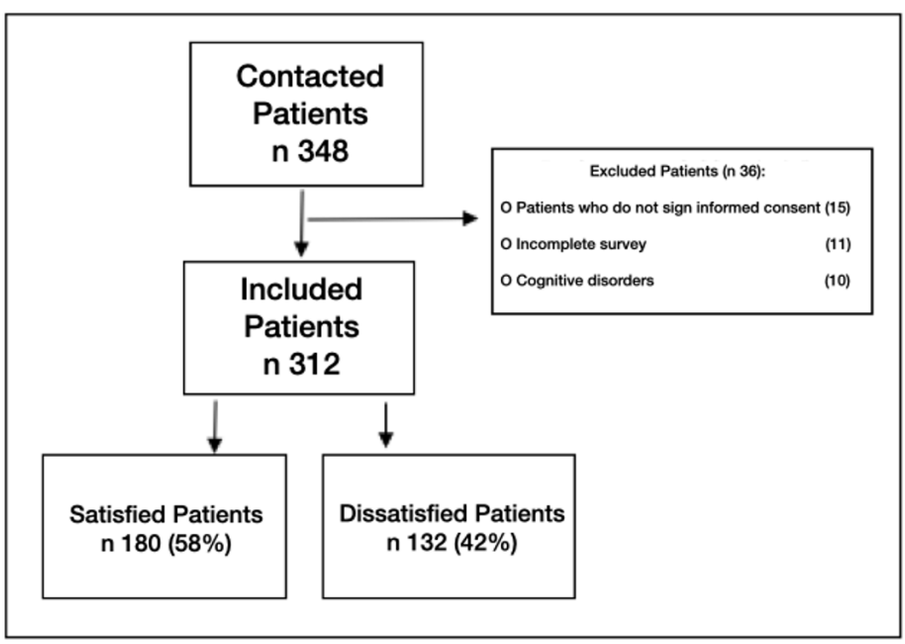

Table 1. Demographic variables of patients discharged from the Medical Clinic service (n 312)

Demographic variables	Frequency (%)
Male	168 (54%)
Female	144 (46%)
Marital status single or widowed	187 (60%)
Marital status married or cohabiting	125 (40%)
Financially independent	92 (29%)
No financial independence	220 (71%)
No or elementary schooling	215 (69%)
High school or university education	97 (31%)

The average length of hospitalization was 21 ± 22 days (range 2 - 180 days). Among other characteristics that could be considered as a risk related to satisfaction at discharge, it was observed that most of them were accompanied by their family during hospitalization, had not had bad experiences in previous hospitalizations and had not undergone any surgery during their current hospitalization (Table 2).

Table 2. Characteristics of patients discharged from the Medical Clinic service (n 312)

Characteristics	Frequency (%)
With family accompaniment	300 (96%)
No family accompaniment	12 (4%)
No previous bad experiences	304 (97%)
With previous bad experiences	8 (3%)
No surgery in the hospital	245 (79%)
Any surgery in the hospital	67 (21%)

Taking into account the Barthel scale, the majority of patients surveyed left with total independence, followed by patients who were left with a moderate level of dependence (Table 3).

Table 3. Level of dependency of patients at discharge according to the Barthel scale (n 312)

Level of dependence	Frequency
Independent	161 (51,60%)
Low dependence	10 (3,21%)
Moderate dependence	124 (39,74%)
Severe dependence	17 (5,45%)

Functionality at discharge was grouped into subjects with independence and those with some degree of dependence in order to relate them to satisfaction and dissatisfaction. When relating patients to satisfied and dissatisfied, no statistically significant risk factors were found (Table 4).

Discussion

The level of patient dissatisfaction with regard to health care noted in the present work was lower than that found in the 2018-2019 period in the same hospital service (59%), with comparable percentages in terms of demographic variables and possible risk factors for dissatisfaction (34). This relative improvement in the patients' discharge perception can be attributed to the study of the possible dissatisfaction factors described by the aforementioned previous work by Real R. et al. and the implementation of strategies to solve them, such as building improvements, greater emphasis on communication and reports to patients and family members, and optimization of cleanliness in the inpatient areas. In comparison with other areas of the National Hospital, a level of dissatisfaction of 59% was found in the surgery service in 2018 (35) and 60% in gynecobstetrics in the same year (36). Similar results yielded a study done in the internal medicine service of the Regional Hospital of Cajamarca, Peru, in 2019 with 50.1% dissatisfaction (37). In contrast, a study done in medical unit of Puebla, Mexico, in 2018 obtained a lower percentage of dissatisfaction (35%) in 395 patients who attended a primary care service (38). In the Complejo Asistencial Universitario de Salamanca, Spain, the percentages ranged from 47.1% in the emergency room and only 9.9% dissatisfaction in the internal medicine service (39). It should be noted that medical services cannot be compared between countries because the study population differs in its demographic, social, cultural and other characteristics.

Comparing demographic variables regarding dissatisfaction in this work found no significant differences in terms of the sex of respondents, agreeing with a study done in the emergency department of the Hospital de Figueres, Girona, Spain, in 2015 (40); not so with the study conducted in our own service in 2018-2019, which found a

Table 4. Bivariate analysis of the risk factors for dissatisfaction of patients discharged from the Medical Clinic service (n 312)

Risk Factors	Dissatisfied patients (n 132)	Pacientes satisfechos (n 180)	p*
Male (n 168)	72 (43%)	96 (57%)	0,8
Female (n 144)	60 (42%)	84 (58%)	
Married or accompanied (n 125)	48 (38%)	77 (62%)	0,3
Single or widowed (n 187)	84 (45%)	103 (55%)	
Economic independence (n 92)	34 (37%)	58 (63%)	0,2
Economic dependence (n 220)	98 (45%)	122 (55%)	
Basic or no education (n 216)	93 (43%)	123 (57%)	0,7
Secondary or tertiary education (n 96)	39 (41%)	57 (59%)	
With family accompaniment (n 300)	124 (41%)	176 (59%)	0,08
No family accompaniment (n 12)	8 (67%)	4 (33%)	
No previous bad experiences (n 304)	130 (43%)	174 (57%)	0,3
With previous bad experiences (n 8)	2 (25%)	6 (75%)	
No surgeries (n 245)	107 (44%)	137 (56%)	0,4
With surgeries (n 67)	25 (37%)	42 (63%)	
Independent patients (n 161)	66 (41%)	95 (59%)	0,6
Patients with dependency (n 151)	66 (44%)	85 (56%)	

* chi-square test

predominance of dissatisfaction in the male sex (69%) (34). The report made in Salamanca concludes that this aspect is one of the characteristics that, together with the patient's age, level of education and disease status, has an important influence on the perception of quality (positively or negatively). Research focused on the gender aspect is recommended in order to have more reliable conclusions in this regard, since it is mentioned that women are more demanding of hospital care (40).

In relation to the marital status of the patients, the highest percentage of satisfied users corresponds to those married or cohabiting, which could be an important factor with respect to those who are single, widowed or separated. However, this data was not statistically significant which agrees with the work performed in our same service in 2018-2019, which found that single patients represented the highest percentage in dissatisfaction (67%) (34). In contrast, the study performed in the Surgery service of our center presented a higher percentage of married patients as dissatisfied at discharge (61%) (35). The Spanish study in Girona did not show differences in the percentages of any of the domains with respect to this point (40). It is believed that the accompanied patient is more content in his or her difficulties during hospitalization.

In the economic aspect, the highest percentage of satisfied patients was for those who had their own income, as in the study carried out in Girona, which found a positive association between economic situation and satisfaction (40). However, in the surgery service of our hospital, this group presented a higher percentage of dissatisfaction (62%) (35) as did the study carried out in our own service last year, with 64% of patients with financial independence being dissatisfied (34). Subjects with higher income would tend to have higher expectations and be more demanding.

Regarding educational level, it was found that those with secondary or university studies had greater satisfaction at discharge, contrary to the results obtained in our center in 2018-2019 in which this group was 60% dissatisfied (34), as in the Gynecology-Obstetrics service (36). The study performed in the Surgery service of our hospital found a predominance of patients with basic schooling in the group with dissatisfaction (69%) (35). The Spanish study of Girona found no differences in overall satisfaction in their results in this aspect (40). It is mentioned that patients with a higher level of education also have higher expectations and demand more.

Regarding the accompaniment of a family member during hospitalization, the majority had it, unlike the low number of patients without family members who presented a higher percentage of dissatisfaction, numbers that agree with those found in 2018-2019 in our service (56%) (34). There is a tendency that the patient who does not have the company of a member of the family environment has a negative perception regarding hospitalization.

Taking into account the patients' previous hospitalizations, most of them had not had bad experiences during them and were satisfied with the current one. The opposite was found in our service in 2018-2019 where there was more dissatisfaction in patients with bad past experiences (55%) (34), as well as in the surgery service of our hospital in the same period (88%) (35).

Most of the satisfied patients in our service did not require surgical interventions during hospitalization; contrasting with the results found last year in our service where 69% of the dissatisfied patients were subjects who required surgery (34). On the contrary, the obstetrics and gynecology service presented the highest percentage of dissatisfied patients in the group that did not require surgery (63%) (36). Surgeries represent an additional stress in clinical patients, hence the importance of tabulating this data.

Based on the Barthel scale, there were no significant differences in the percentages of satisfaction in patients with some level of dependence with respect to independent patients. No studies with this specific approach relating the patient's level of dependency to satisfaction at discharge were found to compare these findings. However, a study from the University of Jaén, Spain, concludes that patients older than 80 years, widowed and with a low educational level are more likely to suffer greater cognitive and functional deterioration during hospital stay, thus a higher level of dependency (39). This is a factor of increased morbidity (and a possible factor of dissatisfaction). Therefore, the older adult should be hospitalized only as long as necessary, and if possible, no more than fifteen days.

The measurement of functionality at discharge with the Barthel scale made it possible to detect in this sample that any degree of dependence was not a risk factor for dissatisfaction. The advantage of this measurement is its speed and ease of application, and its application is therefore recommended in all quality of care studies (24,25).

The fact that the SARS-CoV-2 pandemic in 2020 resulted in differentiated treatment of patients has been a challenge for this type of research for several reasons: the limitation of physical contact with patients, the use of barriers (masks, masks) and the difficulty in handling paper surveys. It is not clear what role this situation may have played in the degree of satisfaction of our patients (42).

This study had limitations: its non-randomized design, it is single-center and it did not have a follow-up over time, at patient discharge. Although the null hypothesis was not discarded, it was possible to identify the profile of the dissatisfied

patient: male, single, economically dependent, with no or primary schooling, with functional dependence.

Nevertheless, as a strength, the data obtained may be useful for proposing improvements in the aspects in which the patients indicated lower satisfaction. It is recommended to complement the results with qualitative studies and to carry out a constant follow-up of the level of satisfaction of the discharged patients, not only in the Medical Clinic Service, but also in other important areas, such as the Emergency and Intensive Care Departments.

Conclusion

The measurement of patient satisfaction is a parameter that measures the quality of care, as demonstrated in this study. The determination of functionality with the Barthel scale adds additional information to the clinical characteristics of patients and allows inferences to be made. Therefore, all services should measure them regularly and implement interventions to improve them.

The survey was carried out on 312 patients, 58% of whom were satisfied at discharge and 42% dissatisfied. Their mean age was 47 ± 18 years (range 16 - 87 years). The majority were male, single, without economic independence and with no or elementary schooling. The mean length of hospitalization was 21 ± 22 days (range 2 - 180 days). They were preferably from the Central Department.

The great majority had family accompaniment during hospitalization, had not had bad experiences in previous hospitalizations and had not undergone any surgery during their current hospitalization. The highest percentage left with total independence, followed by those with a moderate level of dependence.

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Authors' contribution

All authors participated in the entire research process.

Conflict of interests

All authors declare no conflict of interest.

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