

# A Client Satisfaction Survey at a Large Rural Medical Facility

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## ABSTRACT

This study examines the relationship between service provided and patient satisfaction among clients receiving rehabilitation therapy at a rural medical facility. A survey was drafted by the research team and revised by Medical Center Staff. The ten-question patient satisfaction survey was administered to inpatients and outpatients receiving therapy at the Center. Occupational therapy, physical therapy, and kinesiotherapy were the focus of the survey. Participant population consisted of day treatment, post traumatic stress disorder, and physical dysfunction. Overall findings indicate satisfaction of services with no differences based on patient status or type of therapy received. A conclusion drawn from the research conducted shows a need for improvement in the areas of therapist consistency and explanation of treatment and goals. Therefore the implementation of a quality assurance program is suggested.

## INTRODUCTION

Health care and rehabilitation services are important to clients who are in need of services due to medical conditions. The quality of life for clients in need of these services can be improved if they feel they are receiving adequate care and have the ability to express their opinions of these services. Determining patients' satisfaction of the service provided can be used to implement a quality assurance program.

Quality assurance is a maintenance of quality by constant measuring and comparison to set standards. Quality maintenance problems may be identified and corrected through this procedure (Jacobs, 1997). Quality assurance in the health care field pledges to the public, by those within the field, that they will work toward achieving the best degree of excellence in the services they offer to every patient. A quality assurance program within the health care field defines what will be measured and implies a reliable method for evaluating the care provided (Miller, 1997).

In the health care field, quality assurance operates within the parameters of outcome, cost-benefit, and access to health services. Outcome is the measurable change of the patient's health situation resulting from the care received. Access to care refers to the availability or ease of obtaining the care needed (Miller, 1997). The development of outcome criteria is the first step in achieving a successful quality assurance program. Quality improvement increases the quality and raises the standards by improving processes and solving problems continually (Populations Report, 1998). Learning from patients themselves brings exciting opportunities to clinicians, researchers, and policymakers.

Patient satisfaction is an attitude about service, service providers, or patients health

status (Hall, 1988-1). Satisfaction is a complicated multidimensional concept whose measurement and application are not simple. Measures of patient satisfaction with therapy services should include items regarding progress and degree of independent living (Rubin, 1990). Patients tend to focus on personal aspects of care, for example how comfortable they feel, which may or may not contribute to improvement (Cleary, 1988). Research also found that emotions unrelated to treatment may color responses to surveys (Keith, 1998).

There is evidence indicating patients who are satisfied are more apt to have continued loyalty toward treatment providers and may be more likely to cooperate with treatment regimens (Pascoe, 1983). Dissatisfied patients tend to seek other providers (Keith, 1998). Patient satisfaction is most frequently measured by a questionnaire in which the respondent checks the extent of satisfaction or renders judgement about the adequacy of service or outcomes. Actions to be taken because of satisfaction, such as intention to return for additional services, are often included (Steiber, 1990). Level of satisfaction is usually regarded as an outcome measure, that is, as a result of services, patients are more or less satisfied. With this model, low levels may be a barrier to future utilization (Keith, 1998). However, it is possible for satisfaction to be an input variable in which initial satisfaction with health care can result in greater or lesser use of services (Hall, 1998-2).

According to Thomas L. Delbanco, professor of medicine at Beth Israel Deaconess Medical Center, health professionals are now learning that those they serve can make important suggestions as individuals and provide data about their view of health care services offered. However, to obtain accurate information from satisfaction surveys is questionable. Surveys may produce widely varying data depending on how questions are framed and when and how they are asked. There is also uncertainty when comparing data from different populations of respondents. A person's response may also be influenced by their expectations and outcomes.

## **METHOD**

Before research began, a literature review and proposal was completed and the Institutional Review Boards approved this project at the University of Wisconsin-LaCrosse, and the medical facility. A ten-question survey was then compiled, submitted for review, and after small changes accepted as a final draft (a copy of the survey is in appendix A).

Researchers met with the onsite supervisor at the facility. At this time the population of participants was determined. The research team randomly selected participants. The sample size totaled 33 with occupational and physical therapy each serving 17 and kinesiotherapy serving 15. Many participants were involved in more than one therapy, explaining the discrepancy in numbers. Post-traumatic stress disorder participants were individually questioned after a group therapy session. Day treatment and physical dysfunction participants were questioned prior to or immediately after therapy sessions in a private area.

To ensure patient compliance and eliminate any confusion, the researchers orally administered the survey clarifying any questions. A high level of competency was assured among participants due to the careful selection process of populations surveyed. Informed consent was granted by the participants prior to administration of the survey. Thirty-three surveys were collected from participants.

Results from the survey were entered into the SPSS 9.0 data analysis spreadsheet tool. Interpretation of results were completed using frequencies, percentages and cross tables.

**RESULTS**

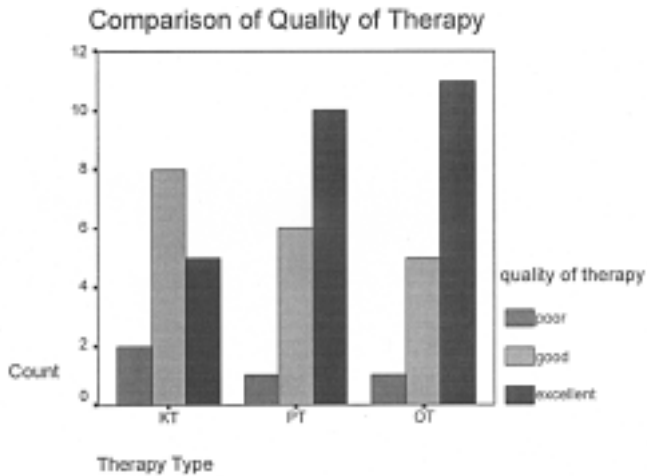
Through data analysis areas of strengths and weaknesses were determined. Areas of strengths and weaknesses were not uniform among the therapies questioned. Valid percentages were used to accommodate for participants receiving more than one therapy. The following tables depict the results of the survey.

<i><b>Occupational Therapy</b></i>	YES	NO
Is treatment important to you?	100%	
Were therapists friendly and considerate?	94.1%	5.9%
Were treatment goals explained?	76.5%	23.5%
Was the clinic clean and comfortable?	100%	
Did the therapists seem knowledgeable?	100%	
Was it easy to make an appointment?	85.7%	14.3%
Did you see the same therapist at each visit?	82.4%	17.6%
Is it important to you to have the same therapist?	70.6%	29.4%
Are you making progress toward your goals?	82.4%	17.6%

<i><b>Physical Therapy</b></i>	YES	NO
Is treatment important to you?	100%	
Were therapists friendly and considerate?	100%	
Were treatment goals explained?	94.1%	5.9%
Was the clinic clean and comfortable?	100%	
Did the therapists seem knowledgeable?	100%	
Was it easy to make an appointment?	92.3%	7.7%
Did you see the same therapist at each visit?	64.7%	35.3%
Is it important to you to have the same therapist?	47.1%	52.9%
Are you making progress toward your goals?	88.2%	11.8%

<i><b>Kinesiotherapy Therapy</b></i>	YES	NO
Is treatment important to you?	100%	
Were therapists friendly and considerate?	100%	
Were treatment goals explained?	60.0%	40.0%
Was the clinic clean and comfortable?	86.7%	13.3%
Did the therapists seem knowledgeable?	100%	
Was it easy to make an appointment?	100%	
Did you see the same therapist at each visit?	86.7%	13.3%
Is it important to you to have the same therapist?	66.7%	33.3%
Are you making progress toward your goals?	73.3%	26.7%

The final survey question rated the quality of therapy received. The following graph depicts the results



## DISCUSSION

Overall areas of weakness at the facility include therapist consistency, treatment explanation, and making progress toward goals. When implementing a quality assurance program it is important to look at areas of weakness. It is also important to determine why they are weaknesses and find ways to strengthen such areas.

Possible reasons for therapist inconsistency include number of therapists in each department, case load in each department, and employment status of therapists such as full or part time. A way to increase consistency is to schedule clients at the same time and day for each visit. Reasons treatment may not be explained include lack of time, forgetting, and therapists underestimating the mental capacity of their patients. A check box can be added to the initial evaluation and after goals are explained the box can be marked. If explanations of goals are overlooked during the initial meeting, the therapist will notice. There is possible correlation between not explaining goals and patients feeling they are not making progress toward their goals. It is possible that the therapist and patient do not have the same goals and the therapy interventions may be geared toward meeting the goals the therapist has set. By explaining and discussing the goals with the patient, confusion will be eliminated.

However, areas of strength should not be overlooked as to ensure the continued high quality of service. Areas of strength at the facility include knowledgeable and considerate therapists, and a comfortable clinic setting. To maintain a high level of knowledge among therapists continued education is mandated and in-services are provided instruction of new equipment and assessments.

Quality assurance is maintained through input from consumers. Using patient satisfaction surveys is a way to seek client's opinions to ensure high quality service. It is found through research that patient satisfaction is a significant factor for the maintenance or improvement of health status and well being. The purpose of this study was to provide valuable patient satisfaction information to the facility so that they may continue to utilize consumer opinions to enhance their services.

## LIMITATIONS

Due to competency factors of the participants, the randomization of the population questioned was limited and the number of surveys collected was smaller than desired. The survey was not piloted and consisted only of yes/no questions. By expanding answer choices, it would be possible to increase clarification of participant responses. All therapy services offered at the medical facility were not included because of the desire to keep the confusion level low among the participants.

If the study were to be repeated, data collection would be completed on more than one day and the days chosen would be those that have high attendance scheduled. Changes in the time of administration would increase the sample size and provide more information to analyze resulting in more specific data. Also, to ensure stable mental status of participants, the Mini Mental Status Exam would be administered prior to the survey.

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