



ADMINISTRACIÓN – GESTIÓN - CALIDAD

Survey on Satisfaction with Healthcare of Patients with Chronic Disease

Encuesta de satisfacción con el cuidado de la salud en las personas con enfermedad crónica

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RESUMEN

Objetivo Desarrollar y validar la Encuesta de satisfacción con el cuidado de la salud para personas con enfermedad crónica no transmisible (ECNT), para ser utilizada en el contexto Latinoamericano.

Método Estudio metodológico desarrollado entre 2012 y 2014. Para ello se cumplieron tres fases: 1) Revisión de la literatura relacionada con la satisfacción con el cuidado en situaciones de ECNT. 2) Estructuración de la propuesta preliminar de la “Encuesta de satisfacción con el cuidado de personas con enfermedad crónica”, conocida como GCPC-UN-ESU. 3) validez fácil y de contenido con expertos 4) Prueba de campo en la aplicación a 111 personas con ECNT

Resultados La encuesta GCPC-UN-ESU contiene 19 ítems y 4 dimensiones: satisfacción con los cuidados, con la educación en salud, con la calidad en el servicio prestado y el nivel de fidelización con el servicio. La encuesta en conjunto valora de manera integral la percepción de satisfacción con el cuidado de la salud por parte de las personas con ECNT, puede ser autodiligenciada.

Conclusiones. La encuesta CPC-UN ESU fue validada y mostró contar con las variables necesarias para determinar el nivel de satisfacción de las personas con ECNT en el contexto de América Latina. Esta herramienta constituye una respuesta a las demandas de acreditación de los servicios en esta región

ABSTRACT

Objective: This work sought to develop and validate the survey on satisfaction with healthcare for patients with chronic non-communicable diseases (NCD), to be used in the Latin American context.

Method: This was a methodological study conducted between 2012 and 2014, requiring fulfillment of four phases: 1) Literature review related to satisfaction with healthcare in situations of NCD. 2) Structuring of the preliminary proposal of the "survey on satisfaction with healthcare of patients with chronic disease", known as GCPC-UN-ESU, and 3) face and content validity with experts 4) Field test of the application to 111 individuals with NCD.

Results: The GCPC-UN-ESU (The "Survey on Satisfaction with Care of Patients with Chronic Disease and their Family Caretakers" is a proposal developed by the group on care for chronic patients from Universidad Nacional de Colombia, 2012-2014) survey contains 19 items and 4 dimensions: satisfaction with care, with health education, and with quality in the service delivered and the level of loyalty with the service. The survey as a whole comprehensively evaluates the perception of satisfaction with healthcare by individuals with NCD; said survey might be self-filled out.

Conclusions: The CPC-UN ESU survey was validated and proved to have the necessary variables to determine the level of satisfaction of individuals with NCD in the Latin American context. This tool constitutes a response to the demands for accreditation of services in this region.

INTRODUCTION

The context of academic and research work of the Latin American Network of Care for Chronic Patients evidenced the importance of knowing the level of patient satisfaction with chronic non-communicable diseases (NCD), as well as that of the family caretakers; it is a way of creating value at the institutional level giving voice to the protagonists of healthcare and, thus, contributing to the quality of these services. However, to study the perceptions of individuals receiving healthcare services through the descriptive exploration of the level of satisfaction, we must also consider the conditions and opportunities for improvement in the health services offered, those peculiarities specific to the context.

Current tendencies of health systems in the world invite to considering patients and their caretakers as fundamental part in accomplishing the best practices within the hospital management environment ⁽¹⁾. More so, the importance of knowing the patient's evaluation perspective has been indicated as a mechanism to know ⁽²⁾ and improve the quality of the health services ⁽³⁾.

With epidemiological changes in the region, increase in chronic disease is accelerated. It may be stated that for 2030 developing countries will have 80% of the deaths due to this cause ⁽⁴⁾. This situation poses a challenge to the system in terms of supporting users in their self-management capacity ⁽⁵⁾ and the Latin American institutions that besides guaranteeing a positive hospital experience must control aspects of security, satisfaction, and loyalty with the health programs offered ⁽⁶⁾. The main challenges of health systems in the region must assume comprehensively caring for individuals with NCD to accompany the experience and diminish the widely reported burden of NCD ⁽⁷⁾, as well as burden of care associated to said NCD ⁽⁷⁾.

This work sought to develop and validate the Survey on Satisfaction with Healthcare for individuals with chronic disease and their caregivers, known as GCPC-UN-ESU, to be used in the Latin American context. This survey aims to serve as a tool for health services providers to find opportunities for improvement and contribute to the expected accomplishment of the quality of healthcare ⁽⁸⁾.

METHOD

This study was conducted by starting from the research with individuals with NCD in Latin America and within the framework of the Program to Diminish the Burden of Chronic Disease in Colombia⁽⁹⁾ (Program funded among COLCIENCIAS and Universidad Nacional de Colombia; Universidad de Ciencias Aplicadas, UDCA; Universidad Mariana de Pasto; and Universidad de Santander, UDES.). Its methodology was aimed at the construction and validation of the survey on satisfaction with healthcare of individuals with NCD, known as GCPC-UN-ESU. It was sought for this tool to permit identifying the level of satisfaction with healthcare in individuals with NCD for which four sequential phases were fulfilled:

1) Literature review related to satisfaction with healthcare in situations of NCD. Based on the search conducted through the *DESCUBRIDOR* tool by the Library System of Universidad Nacional de Colombia, which includes 16 databases and an observation window between 2004 and 2014, the search was performed with the descriptor "patient satisfaction" crossed through the Boolean operator AND with the key words "chronic disease" and "nursing care"; from this, 255 articles were identified and by reading the titles and abstracts, 28 were selected for complete review. This inquiry was complemented with the snowball method through active search of documents referenced in themes of specific interest and which were related to satisfaction of patients with NCD, especially in the Latin American context.

2) Structuring of a preliminary survey on satisfaction with healthcare services in situations of NCD. From the state-of-the-art, the findings were grouped based upon which the preliminary proposal of the GCPC-UN-CSU survey was structured, which under systemic observation permitted integrating them, looking for the best way to adjust the levels of perception of satisfaction of individuals with NCD.

3) Face and content validity. Through permanent advice from two statistics professionals, with Masters degrees, and a psychologist with expertise in psychometrics the study proceeded to develop the tests of apparent validity that sought to guarantee that the items presented measure what is proposed⁽¹⁰⁾. Initially, the survey proposal was validated with experts by conforming for this purpose a group of six graduate professionals with knowledge and practice in administration of care for chronic patients who have worked as part of the Network for Care of Chronic Patients in Latin America and who have over five years of experience in the area. These experts evaluated the items in their clarity, coherence, sufficiency, relevance, and essence, according to that proposed by Tristán⁽¹¹⁾. The Fleiss Kappa agreement index was used⁽¹⁰⁾, which was considered acceptable when the Kappa indexes were above 0.61, representing good and very good agreement among experts. In this phase, a format was designed for said purpose.

Content index: based on the modified Lawshe model, as a useful test tool for content validity, the modified content validity rate (CVR) was calculated for each item, and the content validity index (CVI) was obtained for the whole instrument.

4) The field test, through the polling technique described by Arribas⁽¹²⁾ to evaluate the validity of form, conceptual equivalence, and acceptability of the survey, was administered in physical and virtual manner, with and without support from an interviewer to 111 individuals with NCD involved with the Group of Care of Chronic

Patients of Universidad Nacional de Colombia and who voluntarily accepted to fill it out.

RESULTS

1. Literature review

From the literature review, it was possible to determine the instrument's principal dimensions: 1) level of satisfaction with care, 2) level of satisfaction with health education, 3) level of satisfaction with the conditions of the service, and 4) level of patient loyalty. The variables comprising each dimension were defined as part of the conceptual synthesis that supports the proposal of the survey on satisfaction of patients with NCD.

Dimensions of quality in healthcare were considered as a conceptual element from which the principal components of the survey stem. It is known that health quality is a complex condition, resulting from the conjugation of the technical and human conditions with which health services are provided. Given this, upon seeking to study the individual's satisfaction as a result of quality service; this satisfaction in relation to health quality must mention aspects that can be included in the technical and interpersonal dimensions. The technical dimension refers to the application of science and technology to yield the maximum health benefits, without increasing risks. It is determined by the balance between risk and benefit. The interpersonal dimension includes socially accepted values and norms in the interaction among individuals and, in specific situations, based on ethical precepts that govern the activities of the professionals who intervene, as well as the expectations and requisites of patients ⁽¹³⁾.

In the construction of the synthesis of the main evidence provided by the literature review, the conceptual domains were extracted, which then became the principal sections of items that make up the proposed survey on satisfaction and which include the levels of satisfaction with care, with health education, and with the conditions of the service, and level of loyalty of the patient with NCD.

The level of satisfaction with care implies processes of effective communication between patients and service providers to identify suggestions, faults, and opportunities for improvement in relation to the care received. The requisites for healthcare are considered aimed at effectively responding to patients' expectations, establishing and maintaining care processes that permit achieving satisfaction with healthcare to improve quality and security⁽¹⁴⁾. That is, healthcare implies timely, personalized, humanized, continuous, and efficient care according to standards of the practice to achieve patient satisfaction and that of the service provider ^(15, 16).

The level of satisfaction with health education evaluates the existence of processes for patients and their caretakers to request information and participate in education activities. The study by Salamanca and Galvis ⁽¹³⁾ found that 88% of the people report peace of mind by receiving education about their health condition. Among the needs of greatest relevance scored by the patients is that of receiving education about procedures, the patient's evolution, and knowing the staff assigned to their care. It is expected that educating the patient permits satisfying needs for guidance, training, and knowledge according to the learning needs and preferences to make decisions on the care and their health situation ⁽¹⁷⁾.

The level of satisfaction with the conditions of the service refers to the existence of comfortable spaces, equipped according to the care requirements and available for use ⁽¹⁸⁾. It consists in the institutional work evaluation to satisfy the patient's needs for care with the services available, as well as coordinating the services provided to the patient ⁽¹⁹⁾. This is expected to guarantee an efficient flow of services to patients and to establish standardized policies and procedures ⁽²⁰⁾. The conditions of the services must fulfill specific norms with respect to the infrastructure and equipment, proactively permit implementing strategies that reduce risks, and support a safe environment ⁽²¹⁾. Lastly, the level of patient loyalty recognizes that the health service must be a permanent process that permits establishing sequences and tendencies. Health organizations seek to offer quality services that guarantee patient loyalty, which is that the person has certain preference and recommends the institution to others. This level of trust and institutional reference comprises what is known as patient loyalty ⁽²²⁻²⁴⁾.

2. Structuring a preliminary survey on satisfaction with healthcare services under situations of NCD

The preliminary proposal of the GCPC-UN-ESU Survey retook these categories defined and included six items in the variable of level of satisfaction with care, five in the variable of level of satisfaction with health education, five in the variable of level of satisfaction with the quality of the service delivered, and three in the variable of loyalty with the institution. By incorporating the adjustments suggested by the experts, it was possible to define how to score the satisfaction perceived to weigh a high, medium, or low level of user satisfaction.

3. Face and content validity

Fleiss Kappa Index: results show good agreement among judges, which concludes that the experts agreed in stating that the instrument is sufficient, coherent, and relevant to measure satisfaction with healthcare services in situations of NCD. The Fleiss Kappa Index results in sufficiency were: $k = 0.82$; in coherence: $k = 0.83$, and in relevance $k = 0.89$.

Content index: the global content validity index (CVI) for the whole instrument was 0.96. For each of the items, the CVR was between 0.83 and 1; said findings evidence the high importance and essentiality the experts recognize of the scale and each of the items comprising it (Table 1).

Table 1. Content validity index survey on satisfaction with healthcare services in situations of NCD.

	Item	Experts	Agreements on the essential	No agreements	CVR'
LEVEL OF SATISFACTION WITH CARE					
1	Kindness of the staff	6	6	0	1.00
2	Trust transmitted by the staff	6	6	0	1.00
3	Preparation of the staff	6	6	0	1.00
4	Interest of the staff	6	6	0	1.00
5	Time dedicated by the staff	6	6	0	1.00
6	Usefulness of the care provided	6	5	1	0.83
LEVEL OF SATISFACTION WITH THE CONDITIONS OF THE SERVICE					
7	Institutional availability	6	5	1	0.83
8	Provisions for the activities	6	5	1	0.83
9	Procedures to facilitate Access	6	5	1	0.83
10	Opportunity in services	6	6	0	1.00
11	Effectiveness in administrative conditions	6	5	1	0.83
LEVEL OF SATISFACTION WITH HEALTH EDUCATION					
12	Benefits of the educational activity	6	6	0	1.00
13	Clarity of the contents	6	6	0	1.00
14	Appropriate educational aids	6	6	0	1.00
15	Way of conducting the activity	6	6	0	1.00
16	Interest raised by the topic	6	6	0	1.00
LEVEL OF LOYALTY					
17	Fulfillment of expectations	6	6	0	1.00
18	Would you recommend the service?	6	6	0	1.00
19	Preference for the service	6	6	0	1.00
CVR					0.96

Source: Research data, 2014.

4. Field test through the polling technique.

The following summarizes the results in the field test with 111 individuals with NCD:

- Participants showed a positive level of satisfaction with care, especially in that related to characteristics appertaining to human talent, like kindness and staff preparation.
- Aspects to improve are time dedicated and the need to offer care of usefulness to all the individuals cared for.
- In the level of satisfaction with health education: all the content items obtained a score between good and excellent. Aspects to improve are clarity in the contents, appropriate educational aids, and benefit of the educational activity for all the participants.
- The level of satisfaction with the conditions of the service was from high to very high. Highlighted, as opportunity to improve is the opportunity in the services and effectiveness in the administrative conditions of the service.
- Lastly, the level of loyalty. The scores obtained were between 4 and 5, which is considered very positive and indicate a high level of loyalty (Table 2).

Table 2. Responses of participants in the field test of the study “survey on the level of satisfaction with healthcare in patients with chronic disease”

LEVEL OF SATISFACTION WITH CARE	Slightly Satisfied	Satisfied	Very satisfied
Kindness of the staff	0%	3.6%	94%
Trust transmitted by the staff	0%	9.0%	91%
Preparation of the staff	0%	7.2%	92.8%
Interest from the staff	0%	9.9%	90.1%
Time dedicated by the staff	0.9%	9.0%	90.1%
Usefulness of care provided	0.9%	12.6%	86.5%
LEVEL OF SATISFACTION WITH THE CONDITIONS OF THE SERVICE			
Institutional availability	0.0%	10.8%	89.2%
Provisions for the activities	1%	8%	91%
Procedures to facilitate access	3%	33%	64%
Opportunity in the services	6.3%	36%	57.7%
Effectiveness in administrative conditions	4%	26%	70%

LEVEL OF SATISFACTION WITH HEALTH EDUCATION	Negative	Good	Excellent
Benefits of the educational activity	1.8%	73.9%	23.4%
Clarity of the contents	2.7%	68.5%	27.9%
Appropriate educational aids	2%	61.3%	36.9%
Way of conducting the activity	1%	73%	26%
Interest raised by the topic	0.0%	70%	30%

LEVEL OF LOYALTY	1	2	3	4	5
Fulfillment of expectations	0.0%	0.0%	0.9%	15.3%	83.8%
Would you recommend the service?	0.0%	0.9%	2.7%	9.0%	87.4%
Preference for the service	0.0%	0.9%	2.7%	9.0%	87.4%

Coding by levels of satisfaction:				
High		Medium		Low

Source: study data, 2014

It was noted that the GCPC-UN-ESU survey has validity of form, conceptual equivalence, and acceptability for the users. New adjustments were not necessary as of its application.

DISCUSSION

Measuring the levels of satisfaction with the healthcare service in individuals with NCD is important as a scoring element. While in some cases the patients' results overcome the professionals' perception of satisfaction ⁽²⁵⁾, in others it is the relation between some and others which prevails in this perception ⁽²⁶⁾. However, the perception of satisfaction is definite to recognize the quality of a service ⁽²⁷⁾. As demonstrated, it is the very individual who benefits from the services who can best indicate if these are satisfactory or not ⁽²⁸⁾. However, for some the instruments to measure satisfaction are perhaps better tools of quality of the service than to measure concrete results ⁽²⁹⁾ and for others, satisfaction is part of the result if the patient's perspective is prioritized ⁽³⁰⁾. This research considers that an adequate tool for the context and which is supported by a solid design may be useful in both directions.

In measurements of satisfaction with service of individuals with NCD, different aspects of the process have been included: personalized care, the technique used, wait time to be cared for, and a global appreciation of satisfaction with the care received ⁽³¹⁾. The same is important considerer the hospitals conditions because this influences the patient's satisfaction perceptions ^(32, 33). However, the multiplicity of tools makes it difficult to compare in different contexts ⁽³⁴⁾. The need has been indicated for more rigorous criteria that are scientifically tested and supported on research ⁽³⁵⁾, as those proposed in the present study, which additionally presents a simple and useful tool in a regional context.

CONCLUSIONS

The evaluation of the satisfaction of an individual with NCD was constructed based on the literature review, revision by experts belonging to the Latin American Network of Care for Chronic Patients and within the framework of the investigation: Program to Diminish the Burden of Chronic Disease in Colombia. Characteristics of apparent validity and of content were demonstrated.

With the regional commitment for continuous improvement of health services, this measurement tool offers a concrete response to the need felt stemming from the individual with NCD.

As contribution of innovation and transference of new knowledge, a survey is presented on satisfaction of patients with chronic non-communicable diseases that also includes the dimensions of level of satisfaction with care, satisfaction with education, satisfaction with the conditions of the service delivered, and the dimension of loyalty.

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