



Original article

Contribution of Patient Satisfaction to Quality of Care: What Methodological Approach?

Contribution de la satisfaction des patients dans la qualité des soins : quelle approche méthodologique ?

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Résumé

Introduction : La mesure de la satisfaction des patients est un enjeu majeur pour la détermination de la qualité des soins.

Plusieurs méthodes permettent de mesurer la satisfaction des patients. Elles peuvent être classées en deux groupes :

les méthodes d'analyse indirecte, s'appuyant sur des données déjà disponibles dans l'hôpital ; les méthodes d'étude directe, basées sur des données recueillies spécifiquement à cet effet.

Objectif : Proposer une méthode de mesure de la satisfaction des patients à partir de l'expérience des établissements publics hospitalier du Mali.

Méthodologie : La satisfaction des usagers a été mesurée à partir d'un questionnaire contenant les aspects de la satisfaction des patients. Pour la mesure, un score de 180 points est distribué en fonction des réponses.

Résultats : Le logiciel fait le cumul des réponses données par les usagers en fonction des questions posées. A l'Hôpital Sominé DOLO de Mopti, sur 24 patients hospitalisés seul 6 ont reçu le repas parmi

lesquels 5 patients ont déclaré qu'ils sont satisfaits de la qualité du repas. Le taux de satisfaction est le nombre d'usagers ayant reçu au moins 80% des points mis en jeu, il est de 64% à l'Hôpital Sominé DOLO.

Discussion : Le choix de la méthode de l'entretien directif (questions fermées) résulte d'une somme d'expériences acquises par l'Agence Nationale d'Evaluation des Hôpitaux dans le cadre de l'évaluation de la qualité des soins de 2005 à 2008. Les aspects de satisfaction du patient correspondent globalement à ceux utilisés par le dispositif national de mesure de la satisfaction et de l'expérience des patients, nommé «e-Satis» développé et mis en œuvre par la Haute Autorité de Santé de la France. Certains aspects sont aussi proches de ceux utilisés par Ahmed Ben Abdelaziz et al dans leur étude sur la satisfaction des patients hospitalisés aux services chirurgicaux du CHU Sahloul de Sousse en Tunisie.

Conclusion : L'approche méthodologique proposée se base sur l'expérience des hôpitaux publics du Mali. Elle a été mise en œuvre par l'Agence Nationale d'Evaluation des Hôpitaux pour l'évaluation de la qualité dans les hôpitaux publics. Elle a permis de

mesurer la part de la satisfaction des patients dans la qualité des soins.

Mots-clés : soins, satisfaction, qualité, patient, Mali.

Abstract

Introduction: Measuring patient satisfaction is a major issue in determining the quality of care.

There are several methods for measuring patient satisfaction. They can be classified into two groups: indirect analysis methods, based on data already available in the hospital;

direct study methods, based on data collected specifically for this purpose.

Objective: To propose a method for measuring patient satisfaction based on the experience of public hospitals in Mali.

Methodology: Patient satisfaction was measured using a questionnaire containing aspects of patient satisfaction. For the measure, a score of 180 points is distributed based on the responses.

Results: The software package aggregates the answers given by users according to the questions asked. At the Sominé DOLO Hospital in Mopti, out of 24 hospitalized patients, only 6 received the meal, among which 5 patients said that they were satisfied with the quality of the meal. The satisfaction rate is the number of users who have received at least 80% of the points at stake, it is 64% at the Sominé DOLO Hospital.

Discussion: The choice of the directive interview method (closed-ended questions) is the result of a sum of experiences acquired by the National Agency for the Evaluation of Hospitals in the context of the evaluation of the quality of care from 2005 to 2008. The aspects of patient satisfaction correspond broadly to those used by the national system for measuring patient satisfaction and experience, called "e-Satis" developed and implemented by the Haute Autorité de Santé de la France. Some aspects are also close to those used by Ahmed Ben Abdelaziz et al in their study on the satisfaction of patients hospitalized in the surgical departments of the Sahloul University Hospital in Sousse, Tunisia.

Conclusion: The proposed methodological approach is based on the experience of public hospitals in Mali. It was implemented by the National Agency for Hospital Evaluation for quality assessment in public hospitals. It made it possible to measure the share of patient satisfaction in the quality of

Keywords: care. care, satisfaction, quality, patient, Mali.

Introduction

Measuring patient satisfaction is a major issue in determining the quality of care.

There are several methods for measuring patient satisfaction [1, 2, 3, 4, 5]. They can be classified into two groups:

- indirect analysis methods, based on data already available in the hospital;
- direct study methods, based on data collected specifically for this purpose [6, 7].

Indirect analysis methods make it possible to measure satisfaction based on the analysis of data spontaneously expressed by patients, such as compliments or complaints and claims, considered as indicators of quality of care [8, 9, 10]. The collection is simple and inexpensive. The limitations of these approaches relate to the partial nature of the information available and the non-representativeness of the data.

Direct patient satisfaction study methods aim to directly collect the patient's point of view through a satisfaction study. Two main types of studies are usually used:

Qualitative studies based on individual, group or observational interviews [11, 12, 13, 14, 15, 16]. Their interest is to have in-depth access to rich and detailed information. They allow for an interpretive analysis of patients' perceptions, judgments and expectations. Their main limitation is the lack of representativeness, both of the population and of the elements and themes addressed.

Quantitative studies produce information in the form of measurable quantities, aimed at establishing a score.

Two types of tools are used: the exit questionnaire and the satisfaction surveys by questionnaire.

The value of satisfaction surveys is twofold. The responses are representative and this tool contributes to the design and monitoring of quality indicators and therefore to the management of the hospital organization. The limitations mainly concern the type of information collected, which can only relate to previously identified elements, as well as the costs, which can be higher or lower depending on the level of representativeness targeted and the method of administration chosen for the questionnaire.

Satisfaction can be defined as the degree of conformity between expectation and achievement [17].

The concept of satisfaction is complex and includes cultural, socio-demographic, cognitive and emotional aspects. One of the challenges is to subdivide "satisfaction" into terms that are easy to understand and measure and that can yield results that allow caregivers to come to practical conclusions to improve the quality of care [18]. A logical consequence of this is the involvement of patients in the development of an explanatory concept of satisfaction. You have to ask them what they consider important in order to feel satisfied.

Improving the quality of care is a major objective of hospital reform in Mali. Several phenomena contribute to the interest in quality of care:

- Advances in medicine have made it more effective, but also more complex and dangerous, and stories of mishaps, mistakes and other adverse results are multiplying;
- Rising costs of care inevitably attract the attention of payers and families;
- Medicine has lost its prestige, and a critical public attitude towards medicine is now seen as legitimate. Today's patients question their doctors' decisions, change them if they are not happy, demand availability and results, form associations to defend their interests, in short, behave like clients [19].

There are several definitions of quality of care. For some authors, "quality" is an overall assessment, equivalent

to "excellence", "compliance with expectations", "zero defects" or "customer satisfaction". Others believe that quality of care is multidimensional, and that it involves notions such as: equity, accessibility, safety, effectiveness, efficiency, "being patient-centered". Donabedian, a pioneer in this field, speaks of quality in relation to care that "maximizes patient well-being after considering the benefit/risk balance at each stage of the care process" [20]. The WHO [21] defines quality as the ability to "guarantee each patient a range of therapeutic procedures... ensuring the best outcome in terms of health, in accordance with the current state of science, at the best cost for the same result, at the least iatrogenic risk, for the highest satisfaction in terms of procedures, results, contacts Human... ». The most widely used definition comes from the U.S. Institute of Medicine (IOM), which states that quality is "the ability of health services for individuals and populations to increase the likelihood of achieving desired health outcomes, in accordance with current professional knowledge" [22].

Some remarks flow from this definition. The term "health services" encompasses all services offered in the various health disciplines. The definition applies to all types of caregivers (physicians, nurses, paramedics, etc.). Similarly, the definition states that good quality care increases the "likelihood" of desired outcomes, which respects the principle of non-obligation of results for the physician because quality care cannot always produce the desired outcome, it recognizes that there is always an undefined aspect to health. However, the emphasis is on the obligation of means for the health professional. The latter must provide relevant care (technical competence) taking into account the patients' expectations. Finally, the "professional knowledge of the moment" requires that health professionals keep up with good training and that they must use their knowledge appropriately. The flexibility and adaptability of this definition led the National Agency for the Evaluation of Hospitals to choose Hervé Lafarge's definition of quality of care to operationalize its assessment of the quality of care in Mali's public hospitals. According to Lafarge,

"Care is said to be of quality when the factors of production of care (materials, skills, products used); the care processes and outcomes achieved are in line with professional standards and satisfy care consumers."

The analysis of this definition indicates two dimensions of quality of care:

- a normative dimension based on compliance with professional standards;
- satisfaction of care consumers.

This study proposes a methodological approach to measure patient satisfaction as a determinant of quality of care. This approach has been used by the National Agency for Hospital Evaluation to determine the contribution of user satisfaction to the quality of care.

Objective:

Propose a method for measuring patient satisfaction based on the experiences of public hospitals in Mali

Methodology

User satisfaction was measured using a questionnaire containing the following:

- reception;
- respect for patients;
- the speed of care;
- respect for the order of arrival;
- staff availability;
- respect for patient privacy;
- the rates applied (consultations, hospitalizations, surgical procedures, laboratory tests, radiology examinations, medicines);
- security of property (theft);
- the quality of the meal during hospitalization;
- the cleanliness of the rooms (consultations, hospitalizations, toilets);
- diagnosis;
- processing;
- negligence on the part of staff;
- lack of orientation inside the hospital;
- the long wait at the entrance desk;
- Emergency care without prior payment.

For the measure, a score of 180 points is distributed according to the responses of the hospital user following two modalities:

Option 1: Hospitalized patients:

Question 1: What do you think of the reception of staff at the hospital?

Answers	Required Points
Welcoming	12
Unwelcoming	-1

Question 2: Are you satisfied?

Elements	Yes	No
Respect for patients	3	-1
Speed of care	3	-1
Respect for the order of arrival	3	-1
Availability of staff	3	-1

Question 3: What do you think of the rates charged at the hospital?

Activities	Points required based on answers		
	Affordable	Not affordable	No reviews
Consultations	2	-1	0
Hospitalization	2	-1	0
Surgery	2	-1	0
Laboratory examination	2	-1	0
Radiology Examination	2	-1	0
Medicaments	2	-1	0

Question 4: Did you pay any other fees without having received them?

Answers	No	Yes
Required Points	12	-1

Question 5: Do you think your privacy has been respected?

Answers	Required Points
Yes	12
No	-1

Question 6: What do you think of the cleanliness of the hospital?

Elements of assessment	Points required based on answers			
	Clean	Passable	Dirty	Don't know
Hospital Courtyard	3	1,5	-1	0
Consultation Rooms	3	1,5	-1	0
Inpatient Wards	3	1,5	-1	0
Toilet	3	1,5	-1	0

Question 7: Have you ever been robbed in the hospital?

Answers	Required Points
Yes	-1
No	12

Question 8: Had you ever been hospitalized in the hospital?

If yes

Answers	Yes	No
Meal received	4	-1
Satisfaction with the quality of the meal	4	-1
Information on your rights and duties	4	-1

Question 9: Have you been informed about your state of health?

Answers	Required Points
Yes	12
No	-1

Question 10: Has the provider listened carefully to your concerns and questions?

Answers	Required Points
Yes	12
No	-1

Question 11: Did he answer you satisfactorily?

Answers	Required Points
Yes	12
No	-1

Question 12: Have you received all the explanations about your treatment?

Answers	Required Points
Yes	12
No	-1

Question 13: Have you received any hygienic and dietary advice about your condition? health?

Answers	Required Points
Yes	12
No	-1

Question 14: Are you satisfied with the treatment you received?

Answers	Required Points
Yes	12
No	-1

Question 15: Do you think in the hospital?

Element	Yes	No
Negligent staff	-1	3
Easy orientation	3	-1
Long wait	-1	3
Emergency care without prior payment	3	-1

Option 2: patients who have not been hospitalized:

Question 1: What do you think of the reception of staff at the hospital?

Answers	Required Points
Welcoming	12,857
Unwelcoming	-1
No reviews	0

Question 2: Are you satisfied?

Elements	Yes	No
Respect for patients	3,21	-1
Speed of care	3,21	-1
Respect for the order of arrival	3,21	-1
Availability of staff	3,21	-1

Question 3: What do you think of the rates charged at the hospital?

Activities	Points required based on answers		
	Affordable	Not affordable	No reviews
Consultations	2,14	-	0
Hospitalization	2,14	-	0
Surgery	2,14	-	0
Laboratory examination	2,14	-	0
Radiology Examination	2,14	-	0
Medicaments	2,14	-	0

Question 4: Did you pay any other fees without having received them?

Answers	No	Yes
Required Points	12,857	-1

Question 5: Do you think your privacy has been respected?

Answers	No	Yes
Required Points	12,857	-1

Question 6: What do you think of the cleanliness of the hospital?

Elements of assessment	Points required based on answers			
	Clean	Passable	Dirty	Don't know
Hospital Courtyard	3,21	1,6	-1	0
Consultation Rooms	3,21	1,6	-1	0
Inpatient Wards	3,21	1,6	-1	0
Toilet	3,21	1,6	-1	0

Question 7: Have you ever been robbed in the hospital?

Answers	Yes	No
Required Points	-1	12,857

Question 8: Have you been informed about your state of health?

Answers	No	Yes
Required Points	12,857	-1

Question 9: Has the Claimant been attentive to your concerns and questions carefully?

Answers	No	Yes
Required Points	12,857	-1

Question 10: Did he answer you satisfactorily?

Answers	No	Yes
Required Points	12,857	-1

Question 11: Have you received all the explanations about your treatment?

Answers	No	Yes
Required Points	12,857	-1

Question 12: Have you received any hygienic and dietary advice regarding your condition? health?

Answers	No	Yes
Required Points	12,857	-1

Question 13: Are you satisfied with the treatment you received?

Answers	No	Yes
Required Points	12,857	-1

Question 14: Do you think in the hospital?

Element	Yes	No
Negligent staff	-1	3,21
Easy orientation	3,21	-1
Long wait	-1	3,21
Emergency care without prior payment	3,21	-1

A user is said to be satisfied if he or she has 80% of the points, i.e. 144 points out of 180.

The processing is carried out using a software package designed for this purpose:



Results

The following result is from the evaluation of the quality of care at the Sominé DOLO Hospital in Mopti in 2021 based on a sample of 100 users:

Designation	Frequency
Welcoming	82
Unwelcoming	18
Satisfied patient respect	80
Satisfied Speed Supported	43
Satisfies respect for arrival order	77
Satisfied availability	72
Have an acquaintance in the hospital	37
Have received help from their acquaintance	19
Affordable Consultation Rate	95

Designation	Frequency
Consultation rate not affordable	2
Affordable Hospitalization Rate	38
Unaffordable hospitalization rate	7
Affordable Surgical Procedure Rate	17
Surgical procedure rate not affordable	10
Affordable Lab Exam Pricing	44
Unaffordable lab exam rate	19
Affordable Radio Exam Rate	23
Unaffordable Radio Exam Rate	19
Affordable Medication	44
Unaffordable drug	21
Paid other fees without receipt	12
Privacy respected	82
Clean Yard	79
Fairly clean yard	20
Dirty Yard	0
Own consultation room	78
Fairly clean consultation room	21
Dirty Consultation Room	0
Clean inpatient room	33
Fairly clean hospital ward	33
Dirty hospital ward	6
Clean toilet	20
Fairly clean toilet	18
Dirty toilet	30
Victim of theft	6
Hospitalized	24
Meal receipts	6
Satisfied with the quality of the meal	5
Have been informed of their rights and duties at the time of hospitalization	18
Have received an explanation of their state of health	88
Have received hygienic and dietary advice	85
Say the claimant was attentive to their concern	41
Satisfied with their treatment	77
Denounce the negligence of the staff	29
Denounce the lack of guidance	21
Denounce the long wait	74
Denounce the lack of care for emergencies	13
Number of satisfied	64
Satisfaction rate	64,00

The software package aggregates the answers given by users according to the questions asked. For example, in the case of the Sominé DOLO Hospital in Mopti, out of 24 inpatients, only 6 received the meal, of which 5 patients said that they were satisfied with the quality of the meal. The satisfaction rate is the number of users who have received at least 80% of the points at stake, it is 64% at the Sominé DOLO Hospital.

Discussion

The choice of the directive interview method (closed-ended questions) is the result of a sum of experiences acquired by the National Agency for the Evaluation of Hospitals in the context of the evaluation of the quality of care from 2005 to 2008. Indeed, from 2005 to 2008, patient satisfaction was measured through open-ended questions. To find out if a patient is satisfied or not, the question was asked directly at the end of the interview. The analysis of the different answers given by the patients made it possible to make a number of observations:

- the mismatch of the patient's final response with the other answers given. It has often been found that the patient may declare at the end of the interview that he is satisfied while throughout the interview he has not mentioned any point of satisfaction;
- All aspects on which a patient can base his satisfaction have been identified.

Thus, to reduce the subjectivity of satisfaction surveys, the following adjustments were made to the process from 2009 onwards:

- ensure that patient satisfaction is the result of all aspects discussed during the interview;
- use closed-ended questions once all aspects of patient satisfaction have been identified;
- Establish a question scoring system that allows for a quantitative measurement of patient satisfaction.

Regarding the aspects of patient satisfaction, they correspond broadly to those used by the national system for measuring patient satisfaction and experience, called "e-Satis" developed and implemented by the Haute Autorité de Santé de la France [23]. Some aspects are also close to those used by Ahmed Ben Abdelaziz et al in their study on the satisfaction of patients hospitalized in the surgical departments of the Sahloul University Hospital in Sousse, Tunisia [24]. This study differs from the others in the following ways:

- The allocation of points to the methods of answering the questions, the measurement is not based on a point scale chosen by the patient. Points are awarded based on the patients' choice of the proposed response modalities. In our context, this seems simpler for the patient because, for example, it is easier for a patient to choose, in relation to the question "What do you think about the reception of staff in the hospital?", the answer "welcoming", than to choose a point on a scale of 1 to 5.
- The introduction of penalty, each time a response is unfavorable to the hospital, it is awarded (-1). It is a matter of making the system rigorous in order to get the hospital to pay close attention to every aspect of patient satisfaction.

Conclusion

The proposed methodological approach is based on the experience of public hospitals in Mali. It was implemented by the National Agency for Hospital Evaluation for quality assessment in public hospitals. It made it possible to measure the share of patient satisfaction in the quality of care.

The use of the method has been greatly facilitated by the automation of processing through the software package.

The method has been used in the context of patient satisfaction without distinction of department or type of patient. This is related to the evaluation framework used. However, it can always be adapted within a more specific evaluation framework.

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