

# Research proposal for patient satisfaction survey



**ASSIGN  
BUSTER**

## **Introduction**

### **Background of the study**

I am working for Intermediate Care Services. My team has been collecting patient's view of the services they received from our team, through the use of ' patient satisfaction survey form' since 2005. My intention is to find out if we are providing satisfactory service to our client by analyzing the data collected with the forms. Measuring patient satisfaction is important because satisfaction of clients with health care services that they received has been linked to their compliance and their wiliness to seek medical advice by Ware et al (1983). Satisfaction is a complex concept and it's determined by various factors which includes life style, past experience, future expectations, individual and societal values (Carr-Hill 1992).

As an intermediate care service provider, my team works within the Department of Health National Service Framework (Department of Health, 2001). Intermediate care services were established with the mandate to maximize people's physical functioning, build their confidence and to re-equip them with necessary skills to live safely and independently at home, as well as provision of ongoing support. The department of health recommended the use of multidisciplinary single assessment process in national service framework for the older people. Using the single assessment process for patients help the team to work together because it makes communication easy and it prevents duplication of each others assessment and plan. Therefore the process of rehabilitation begins with comprehensive multidisciplinary assessment using single assessment process (DH, 2001). The process of rehabilitation includes identifying problems and needs, <https://assignbuster.com/research-proposal-for-patient-satisfaction-survey/>

relating problems to limiting factors, outline target problems, selecting appropriate measures, follow by planning, implementing and coordination of intervention, and finally reviewing effects of intervention (Davis 2006). Our team comprises of Physiotherapists, Occupational therapist, Social worker, and Therapy Technicians in same office.

Intermediate care services were mandated to provide person-centre and holistic care to the older people and their carers, respecting them as Individuals and that they should be enabled to make choice about their own care (DH 2001). The department of health introduced these guidelines so that quality and improved services can be provided to service users. If the guidelines are followed, satisfactory services are likely to be provided to the clients. How can we know that we are following these guidelines? Although as a team, our operational guideline revolves round delivering the services in line with department of health's guideline, however an objective assessment of the service will give us the clear picture of how good the services that we are providing is. Not only that, it will also help us to identify the areas that we need to improve on. Service user's level of satisfaction with the service that we are rendering may be used as a yard stick in measuring our performance. This can be in the form of patient satisfaction survey. ' A patient satisfaction survey can be a rich source of information for continuous quality improvement' (Lin and Kelly 1995). Further more a number of researchers have linked patient satisfaction to patients' clinical outcomes. O'Holleran et al (2005), George and Hirsh (2005), and Hurwitz and Morgenstern (2005) reported that clinical outcome is a predictor of patient satisfaction. It will therefore be useful to investigate if we are providing

satisfactory services to our client and if the findings indicate otherwise in some aspects, recommendations will be made to improve our services in those areas. I will therefore investigate our performance from the service user's perspective by analyzing the data that we have been collating with the ' patient satisfaction survey forms'.

## **1. 2 Research questions**

There are some questions that needed to be answered to be able to determine if our service is satisfactory to our clients or not. Therefore the purpose of this study is to find out the answers to these questions:

- i. Are we providing satisfactory service to our client?
- ii. Are we providing quality services to the client?
- iii. Are we meeting the needs of the patients?
- iv. Are we providing client centered services?
- v. Are we respecting the service users?
- vi. Are we providing information about how the service users can make complains?
- vii. Are we giving information about other service available to our service users?
- viii. What are the users feeling about the service?
- ix. Do we need to amend the way we are providing the service?

## **Aims/ objectives of the study**

To answer the questions above, the questionnaire needs to be able to collect information from our client on how they feel about the services they get from our facility. Therefore, the objectives of the study are to:

- determine whether we are providing satisfactory services to our clients
- determine whether we are providing quality services to our service users
- find out if we are meeting the needs of our clients
- establish whether we are providing client-centered services to our clients
- investigate whether we are treating our clients with respect
- ascertain whether we are providing information about how the service users can complain about our services.
- clarify whether we giving information about other service available to our service users
- explore what our service users feel about our services
- determine whether we need to amend the way we are providing the service

### **1. 4 Significance of the study**

. This study will give our team the opportunity to demonstrate whether we are providing quality service or not. It will also be highlighted whether we are providing client desire outcome or not because outcome determines satisfaction as demonstrated by O'Holleran et al (2005).

Findings from this study will also form a basis for further research in the study setting and similar studies in health care facilities with similar mandate.

### **1. 6 Delimitations of the study**

The study will be delimited to Luton Primary Care Trust.

- Operational definition of terms
- Client satisfaction: A measure of the extent to which client's expectations of therapeutic intervention are met.
- Service users: All clients/ patients registered with Luton Primary Care Trust and who received therapeutic intervention from the team during January 2006 and December 2007.
- Community Assessment and Rehabilitation team: This comprises of Physiotherapists, Occupational therapist, Social worker, and Therapy Technicians working in the same office in Luton Primary Care Trust.

## **2. 0 Literature Review**

Measuring patient satisfaction is important because it pushes towards accountability among health care providers (Guadagnion 2003). O'Holleran et al (2005) shed more light on the importance of patient satisfaction survey following their cohort study of patients that underwent rotator cuff surgery, they concluded that there is a relationship between patient satisfaction and outcome of the intervention.

**How do we measure satisfaction? What are the indicators for patient satisfaction?**

Satisfaction from consumer perspective is determined by comparison of consumer experience of service received by them and their expectation (Tam 2005). The main indicators for quality service from patient perspective includes: interpersonal skills, accessibility and convenience of service, respect, technical ability of doctor (care provider in our case) , the physical environment (Baker 2001, Di Paula et al 2002). Satisfaction is determined by the way patients are treated by practitioners and it determined by technical and interpersonal elements (Donebedia 1988). The technical aspects were identified as to consist of Practitioners knowledge and strategies employed to arrive at appropriate intervention, whereas the interpersonal aspect consist of; communication skill, friendliness, kindness, attention, receptiveness, empathy, among other things (Donebedia 1988).

Looking at the questionnaire (see appendix 1), it seems to be measuring almost all the identified indicators. (Full appraiser of the questionnaire will be carried out as part of the research)

**2. 1 Theoretical Perspective**

Research Paradigm:

Paradigm is defined by Titchhen (1993) as ‘ a description of a scientific model within which a community of scientists generate knowledge’

This research will be carried out from positivism and phenomenology point of view. This means that the research will be mixture of quantative and qualitative methods.

According to Guba (1990), positivism is a belief system that is rooted in realist ontology. This means that Positivism approach is based on the fact that concept must be made observable. Measurability of concept is central to quantitative research (Devers 1999). However, ' Phenomenological approach provides a deep understanding of the phenomenon as experience by several individual' Geswell (1998). Qualitative research was classified as phenomenological of it's theory building, holistic, case-based, subjective and process-oriented nature while On the other hand Quantitative research was classified as Positivism approach because it is deductive, hypothesis driven, particularistic, variable based, objective and outcome oriented (Devers 1999). Reichardt and Cook (1978) proposed that focus should be placed on debate to accept both Qualitative and Quantitative methods instead of Qualitative versus Quantitative debate, because each of them has their strengths and weaknesses, using both approaches will compliment each other by drawing from the strengths and minimise the weakness of both approaches. I will be using mixture of qualitative and quantitative method in this research. I will tap from the strengths of both them and use the two methods to compliment each other.

## **Methodology**

### **3. 1 Study design**

Personal interviews, telephone interview, and mailed questionnaires are the most common ways of carrying out survey research. Each of the ways has its merits and demerits.

Personal interview is a method of collecting data from individual by using face-to-face method, the dept and the quality of information they are

<https://assignbuster.com/research-proposal-for-patient-satisfaction-survey/>



capable of yielding makes them the most useful method however they are very costly (Polit and Hungler 1989). In my opinion it will be time consuming, considering the fact that this research has time limit because of the school calendar, it will not be a method of choice for this research.

Another way of gathering information is by telephone interview, if the interview is short, specific and too personal, it may be a good way for collecting a lot of information quickly and it's less costly compare with personal interview however it can be less effective way of gathering information when sensitive information is required (Polit and Hungler 1989).

Mailed questionnaires will be my choice, I choice this because of it advantages over personal interviews and telephone interview. It differs from others because it's self administered, the respondent read the question on the form and give an answer in writing format, the question is distributed through post, compare to other form of surveys, the cost is low especially when there is large geographical area to be covered (Polit and Hungler 1989). I choose Mailed questionnaire over other methods because of its advantages over other method. Total anonymity is possible using questionnaire; this may reduce bias in the responses of the participants.

### **Study setting**

The study will take place in the Community Assessment Rehabilitation Team's office.

### **Sample and Sampling Technique**

All clients receiving or that had received therapeutic input from the community assessment and rehabilitation team from January 2006 to

December 2007 and who were willing to participate (by returning a filled questionnaire that was given to them when they received care/ services from the team) will be surveyed.

### **Instrument development**

The instrument for this study will be “ client satisfaction survey questionnaire”. This had been developed by the management of the study setting and had being in use in the setting since 2005. The client satisfaction survey consisted of eleven issues. Ten of the eleven issues sought information on clients’ perception of some issues bothering on services delivered by the community assessment and rehabilitation team, while the eleventh issues asked the study participants to generally comment freely about their views regarding the services and the team.

### **Data gathering procedure**

‘ Clients satisfaction survey questionnaire’ which represented the instrument for this study will be given to everyone that received therapeutic input from the team. The form is always included with the service users discharge summaries. To encourage replying, a self-addressed reply-paid envelope is always enclosed. Each returned questionnaire shall be entered into a database and the data from the database will be retrieved with the permission of the unit manager and the trust local ethic committee.

### **3. 6 Data Analysis and Results**

The quantitative data will be analyzed using combination of descriptive and statistical inference techniques. While the results will be presented in the form of graphs and chart as appropriate. I will calculate P-values for each of the satisfaction indicators using appropriate non-parametric test (Chi

<https://assignbuster.com/research-proposal-for-patient-satisfaction-survey/>

Square). Although I specifically took statistic module this semester to be able to solve this problem, I will also seek advice from statistic expert to complement my knowledge. In this research, P value greater than 0.05 will not be accepted as the confidence interval shall be set at 95%.

The qualitative aspect of the data will be analyzed by read and re-reading the response and then categorizing them into themes. This may involve assigning abbreviated codes to the points as they emerge from the data. Then the connection between the categories will be traced. The number of respondents that touch on each theme will be noted.

All effort to eliminate bias will be made by making sure every stage of the analysis is objective as much as possible in interpretation. This is likely to be a laborious exercise; I will therefore seek advice from my supervisor regarding the analysis and interpretation of the data. If possible, computer software may be used in analysis of the qualitative data; however this will be discussed with my supervisor.

### **Reliability of the instrument**

The reliability of the instrument shall be determined through a test-retest method. This questionnaire will be administered to 10 clients within the study setting but not within the study participants. After a span of 2 weeks, the same instrument will be re-administered on the same set of 10 people and the results will be analyzed. Correlation of the responses will be determined using Pearson's correlation coefficient.

### **3. 8 Ethical issues**

As stated earlier in this proposal, the team has been collecting patient perception of the services we are providing using questionnaire since 2005. Prior to the commencement of using the questionnaire on the entire client that received therapeutic intervention from our team, ethical permission will be sought from the trust research ethical committee as well as from the line manager.

To make sure that participant autonomy was respected, all questionnaires were accompanied by letter informing them that we do not need to know their name and that all the information provided by them will be treated anonymously; they were also informed in the letter that taking part in the survey is on voluntary basis and will not affect the services provided to them in anyway. Although there is a space for their contact information at the back of the questionnaire, this is incase the client would like someone to contact them regarding their concern. The decision to participate in the survey is left to patient by not giving them any follow up phone call regarding the questionnaire, which may lead to coercion.

Also their anonymity is maintained by not recording their contact information on the database, the information they provided were recorded anonymously. This is why we may be unable to follow up patients that did not respond, because it is impossible to know who responded or who did not responded. Unless they decided to reveal their identity if there is an issue they wanted to be resolved regarding the questionnaire. Even if they choose to reveal their identity, their personal details are not stored on the survey database to maintain their confidentiality and anonymity.

Although the team has been give approval by the trust local ethic committee before commencing the survey, however prior to pulling out the data form the database for the purpose of this research. I will still have to seek approval from my line manager and the trust research ethical committee, because the earlier approval was given to the team and not to me as individual for the purpose of this research. Although I was informed that for this type of research, it would not be necessary to seek approval from the institution ethic committee, however I will also seek advice from my research supervisor regarding the position of the school ethic committee on this type of research.

### **3. 9 Rigor**

‘ A patient satisfaction survey can be a rich source of information for continuous quality improvement but only if it is examined carefully and used within a consistent framework’ (Lin and Kelly 1995). Non-response is a problem in survey (Lin and Kelly 1995), this problem was solved by including a self addressed reply-paid envelope and a covering letter encouraging the client to complete the survey without coharsing them. Other factors that may influence response rate identified through the search of literature were length of the questionnaire, Pre-notification, Post-notification, and monetary incentives. The length of a questionnaire can have negative impact on response rate (Yammorino, skinner, Childers (1991), this was one of the reasons why the team made sure that the questions were not more than ten when the questionnaire was designed.

A lot of literature suggested that respondent pre-notification could have positive effect on response rate. Among the supporter of respondent pre-

<https://assignbuster.com/research-proposal-for-patient-satisfaction-survey/>

notification are Hagggett and Michell (1994), they found that response to postal mail survey increases with pre-notification. In contrast, Herberlin and Baumgarther (1978) reported that pre-notification has little or no effect on response rate to mail survey. However, we feel that informing them in advance may increase the response rate, and therefore we tend to inform our client that we will be sending questionnaire to them with their discharge letter. We always inform them that filling-in the questionnaire will help us to know if we are meeting their needs or not.

Although some researchers like Paul, Walsh and Tzelepls (2005) suggested that monetary incentives can increase response rate, however, I personally feel that monetary incentive may influence the feedback, because the respondent may feel obliged to give positive feedback because of the incentive paid.

Yammarino, Skinner and Childer (1991) were of the opinion that the response rate can be increased with follow-up calls, however there is no way to know who is not responding unless the questionnaire is coded, so that the respondents may be identifiable, this will brake their anonymity, therefore we have choose not to be following up, because it will be inappropriate.

It is be essential to establish the reliability of the instrument. Although the reliability and validity were evaluated before we commence using it for data collection, however, to be sure that the questionnaire is reliable and valid, I will carry out reliability and validity evaluation as part of this research.

Reliability will be assessed using test re-test technique while the validity will be tested using content and face value technique.. Colleagues (2 or 3) from

other teams ( for example District Nurses, Rapid Response Team) as well as service users (2 or 3) will be asked to comment on the adequacy of the questionnaire in evaluating patient satisfaction with the services they received from our team.

### **3. 10 Limitations**

Although frantic effort will be made to reduce bias and errors in the research however there are some limitations that will always be there despite all the effort.

Some of the limitation of this type of research includes non-response by some of the participants, in this research; most of the respondents are elderly people. Some of them may not be able to respond because of their medical condition, fragility, eyesight problem, cognitive deficit, and general weakness among others. Language barrier may be another limitation that may lead to non-response considering the fact that Luton is multi-ethnic town. This is in line with the findings of Ehinfors and Smedby (1993).

Apart from non-response, another limitation is that some participants may misinterpret the questions, and this may influence their response and subsequently the result. However subjecting the questionnaire to reliability and validity test can minimize this.

### **3. 11 Time frame**

The research involves getting permission from the local ethics committee, pulling out the data from the data base, transferring the data into the SPSS software, analysis of the data, drawing conclusion and recommendation. The

task involved will take about three months approximately for the research to be completed including the writing up.

### **3. 12 Dissemination**

The research will be submitted to the School of Health and Social Care, Oxford Brookes University as part of academic requirement for my MSc Rehabilitation.

The research will also be presented to my team manager and team members. If manager and team are happy after appraising the research critically, my manager in agreement with the trust management may place the findings on the trust website so that it can be accessible to the public.

### **References:**

Baker, R. (2001). A Method for Surveying Patient Satisfaction: Manual for Users, Clinical Governance Research and Development Unit, Department of General Practice and Primary Health Care, University of Leicester.

Carr-Hill, R. (1992). The measurement of patient satisfaction. *Journal of Public Health Medicine*, 14(3): 236-249.

Davies, S. (2006). Rehabilitation, the use of theories and models in practice. Elsevier limited. First edition. Department of Health (HoD), (2001). National service framework for older people, HSMO, Norwich.

Devers K, J. (1999). How Will We Know " Good" Qualitative Research When We See It? Beginning the Dialogue in Health Services Research. *Health Services Research* 34, 5.



Di Paula, A., Long, R., Wiener, D. (2002). " Are your patients satisfied?",  
Marketing Health Services, 2 (3) p. 28-32.

Donabedian, A. (1988). The quality of care: How can it be assessed? Journal  
of American Medical Association, 260, 12, 1743-1748

Ehinfors, M. and Smedby, B. (1993). Patient Satisfaction Surveys Subsequent  
to Hospital Care: Problems of Sampling, Non-response and Other Losses  
International Society for Quality in Health 5, 19-32.

George, S. Z. and Hirsh, A. T. (2005). Distinguishing patient satisfaction with  
treatment delivery from treatment effect: a preliminary investigation of  
patient satisfaction with symptoms after physical therapy treatment of low  
back pain. American Journal of Physical Medicine & Rehabilitation. 86(7):  
1338-44.

Geswell, J. W. (1998). Qualitative Inquiry and Research Design 2<sup>nd</sup> Edition  
Sage California.

Guadagnino, C. (2003). Role of patient satisfaction <http://physiciansnews.com/cover/1203.html> accessed on 24/12/07

Guba, E. C. (1990). The Alternative Approach to Paradigm. The Paradigm  
Dialog eds, Sage Publications, Newbury Park, California.

Haggett, S., and Mitchell, V. (1994). Effects of industrial pre-notification on  
response rate, speed, quality, bias and cost. Industrial Marketing  
Management, 23, 101-110

Heberlein, T. A., and Baumgartner, R. (1978). Factors affecting response rates to mailed surveys: A quantitative analysis of the published literature. *American Sociological Review*, 43, 447-462

Hurwitz, E. L., and Morgenstern, H. Y. F. (2005). Satisfaction as a predictor of clinical outcomes among chiropractic and medical patients enrolled in the UCLA low back pain study. *Spine*. 1; 30(19): 2121-8

Lin, B., and Kelly, E. (1995), " Methodological issues in patient satisfaction surveys", *International Journal of Health Care Quality Assurance*, 8( 6) p. 32-7

O'Holleran, J. D., Kocher, M. S., Horan, M. P., Briggs, K. K., and Hawkins, R. J. (2005); Determinants of patient satisfaction with outcome after rotator cuff surgery. *Journal of bone and joint surgery (America)* 87(1): 121-6..

Paul, C. L., Walsh, R. A., and Tzelepis, F. (2005). A monetary incentive increases postal survey response rates for pharmacists. *Journal of Epidemiology and Community Health*, 59, 1099-1101.

Polit, F. D., and Hungler B. P., (1989). *Essentials of Nursing Research: Methods, Appraisal, and Utilization*, Second edition.

Reichardt, C. S., and T. D. Cook. (1978). " Beyond Qualitative Versus Quantitative Methods." In *Qualitative and Quantitative Methods in Evaluation Research*, pp. 7-32. Thousand Oaks, CA: Sage.

Shepard, K. F., Jensen, G. M., Schmill, B. J., Hack, L. M., and Gwyer, J. (1993). Alternative approaches to research in physical therapy: positivism and phenomenology. *Physical Therapy* ; 73: 88-101

Tam, J. L. M. (2005), " Examining the dynamics of consumer expectations in a Chinese context", *Journal of Business Research*, 58 p. 777-86.

Ware, J. E., Synder, M, K., Wright, W. R., and Davies, A. R.,(1983) Defining and measuring patient satisfaction with medical care. *Evaluation and Program Planning*. 6: 247

Yammarino, F. J., Skinner, S., & Childers, T. L. (1991). Understanding mail survey response behavior. *Public Opinion Quarterly* , 55 , 613-639.

## **Appendices**

1- Patient Satisfaction Questionnaire