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## Survey of satisfaction of patients attending pediatric orthopedic clinics at King Fahd Hospital of the University, Al-khobar

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Patients who come to hospitals to get care deserve proper and adequate attention. The relationship between the provider (hospital) and the patient is the foundation for success. Patient satisfaction is always viewed as an outcome of delivery of health care and works as an indicator of the quality of mandatory care. Patients have certain expectations, some are reasonable and others beyond comprehension. Patient satisfaction is an important way to assess quality of care delivered. Surveys are now standardized to detect deficiencies and to make adequate corrections to prevent them. As early as 1995, the 6th Saudi development plan gave priority to the improvement in the delivery of health care and health of its citizens which gave an impetus for several studies to be conducted for satisfaction of inpatients,<sup>1</sup> emergency rooms<sup>2</sup> and primary health care centers.<sup>3</sup> A review of literature yielded only a few reports on patient satisfaction, of the outpatients clinics within and outside the Kingdom of Saudi Arabia. This prospective study was conducted to assess whether our patients are satisfied with the care being given in our orthopedic clinics and to identify areas where existing dysfunctions are present so that decisions for correction could be made.

There are 2 weekly pediatric orthopedic clinics (POC) established in 1997, which probably are the only pediatric orthopedic clinics in the Eastern Province of Saudi Arabia. All pediatric orthopedic patients seen in the emergency room, are directly referred to in POC.

An explanation was given to the patient's parents regarding the objectives of the questionnaire. It was emphasized that the answers to the questionnaire will not affect in any way their ward management and that the exercise was only to improve the quality of care given in the clinic facility. Patients were randomly picked for the

survey and the satisfaction criteria were assessed on the scale of 1-4 (poor, fair, good and excellent). Overall satisfaction was assessed, however, on a 2-point basis either satisfied or not satisfied. The questionnaire included the age of patient, gender, level of education of parents. It also included in registration, the department, nurses, physicians in the explanation of disease and period of appointment. The data was entered in a database and analyzed using statistical package for social sciences (SPSS) and the level of significance was taken at  $p < .05$ .

Parents of 200 pediatric orthopedic patients were randomly interviewed. One hundred and twenty-two were boys and 88 girls. The average age of the patients was 68.4 months (8 days - 156 months SD  $\pm$  45.02). Saudi nationals constituted 72% of the patients and the rest were non-Saudis (28%). The 8 parameters were studied on a 4 point scale. All parents of the children appeared to be totally satisfied but when the satisfaction was assessed on 4-point satisfaction it was 87.5% and on 2-point (satisfied and not satisfied), it further dropped to 68.5%. With regard to physicians' explanations of the disease process 58% were satisfied on 2-point scale. In comparison between those who were educated, the higher the education the more satisfied the parents were ( $p < .001$ ). Out of 200 patient, 124 (62%) were with multiple visits and 76 (38%) first visit, 146 (73%) were admitted and operated. On 2 parameters the interviewed were totally dissatisfied. Their reasons were the delay in getting the appointment and the time spent at the hospital before the patient was seen in the clinic.

The present survey was for satisfaction of pediatric orthopedic clinics on a 4-point scale which was reported to produce a better response and predicts patients behavioral intentions. Patient satisfaction in Gulf countries assessed earlier was reported in the range of 60-80%.<sup>2,4</sup> In comparison to the reported studies, the overall satisfaction in this survey was 89% which is higher. This could have been due to the nature of the patients, and majority of the patients have been inpatients in the specialty. We believe that there might have been response bias leading to over estimation of the level of satisfaction as the parents were interviewed rather than patients, but who else can answer the satisfaction more correctly than primary caregivers?

Patients were unsatisfied on various reasons particularly delay in seeing the patient from the time they arrive to the hospital and in the follow up appointments. Surprisingly, majority of the parents indicated that they were satisfied with the treatment given to their children but they lacked information on the disease of their children. Frank-Soltysiak et al<sup>5</sup> reported similar findings indicating that patients had insufficient information of the disease and the

delay of the check up. It is imperative that patients/parents should be explained of the disease, and the pros and cons of the treatment. In this survey females were satisfied than the male parent and this was in contrast to the reports from the Gulf countries. We believe that this was due to the fact that it was the parents who were interviewed on behalf of their children and one could not argue that mothers are also caregivers and they spend more time with their children than their fathers.

The findings of this survey have implications which needs to be addressed. Firstly, a regular assessment of patient's satisfaction which indicates the quality of care in any set up is essential. The surveys and dissemination of patients assessment and quality of care is an important facet to improve the care, needs and requirements.

In conclusion, even though the satisfaction presents an optimistic picture, there are areas which need to be improved. Measures which we recommend are 1. Physicians should spend more time with the parents/patients in explaining the disease process, expected complications and outcome 2. New appointments for patients/parents should be dealt by the nursing staff rather than outpatient clerks who can convince the patients or parents and explain the delay 3. Posters/electronic time scale should also indicate expected delays and

4. Specific appointed time should be allotted to each patient and printed on the appointment slips.

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