

Patient Satisfaction Survey As A Quality Control Measure For Nutrition Counselling Services

Lim Yen Peng, Senior Dietitian

Department of Nutrition and Dietetics, Tan Tock Seng Hospital, Singapore

INTRODUCTION

- ❖ Patient satisfaction has been an integral part of quality health care for a number of decades¹. In recent years there has been interest in patient satisfaction as an independent outcome of health care.
- ❖ Satisfaction outcomes has been categorised as one of the dietary-related outcomes². Dietitians can use patient satisfaction data as a tangible, measurable outcome to evaluate services. As such, it can be used to demonstrate that dietetic services are beneficial from a patient's perspective³.
- ❖ Research suggests that service providers may not always be in tune with their clients' expectations and perceptions⁴. Therefore it is important to get the perspective of the consumer on dietetic services. This is essential to ensure an accurate evaluation of whether the dietetic services meet the patients' expectations. If patient expectations are not met, the measurable outcome of perceived satisfaction and quality of service will be lower.

AIM

- A) To evaluate patients' perceived satisfaction with nutrition counselling services; and
- B) To demonstrate that patient satisfaction survey acts as an outcome and quality control measure.

METHODOLOGY

- ❖ The patient satisfaction survey (PSS) questionnaire was developed to evaluate the nutrition counselling services provided by the Department of Nutrition and Dietetics in Tan Tock Seng Hospital.
- ❖ The areas surveyed in the first section included: i) usefulness of the consultation; ii) relevance of information provided; iii) amount of information provided; iv) clarity of explanation; v) helpfulness of the dietitian; and vi) overall quality of consultation. These were rated using a 4 point scale: very satisfied-4; satisfied-3; neither satisfied nor dissatisfied-2; and dissatisfied-1.
- ❖ The second section of the questionnaire surveyed the likeliness of the patients in utilising the services again and in recommending the dietitian to others. It also included open-ended questions to understand the patients' expectations from the dietitian and suggestions for improvements in the services.
- ❖ Patients/carers who had received nutrition counselling were randomly selected from both the inpatient and outpatient settings. The Diet Technician interviewed all patients using the appropriate languages.
- ❖ Based on the feedback from the baseline PSS, target areas were identified for improvements to be implemented. A second and third PSS were conducted at 6-month and 1 year, respectively.
- ❖ Independent sample t-tests were performed to evaluate if significant differences ($p < 0.05$) in ratings between the baseline and second PSS, and between the second and third PSS were observed.

RESULTS

- ❖ The study recruited 100 patients for the baseline PSS and 119 patients for the second and third PSS.
- ❖ More than 90% of the patients rated satisfied or very satisfied with the nutrition counselling service in all the PSS.
- ❖ Significant improvements ($p < 0.05$) in the ratings for usefulness of consultation, relevance of information, amount of information, clarity of explanation and overall quality of consultation were shown in the second PSS after the improvements were implemented (Figure 1).
- ❖ There were no significant differences ($p > 0.05$) in the ratings between the second and third PSS, demonstrating that the improved ratings were maintained.
- ❖ 54% of all the respondents in the 3 surveys reported that they would definitely utilise the services from the dietitian again. 57% reported that they would definitely recommend the dietitian to their friends or relatives.

RESULTS

Figure 1. Comparison of Results from Patient Satisfaction Surveys

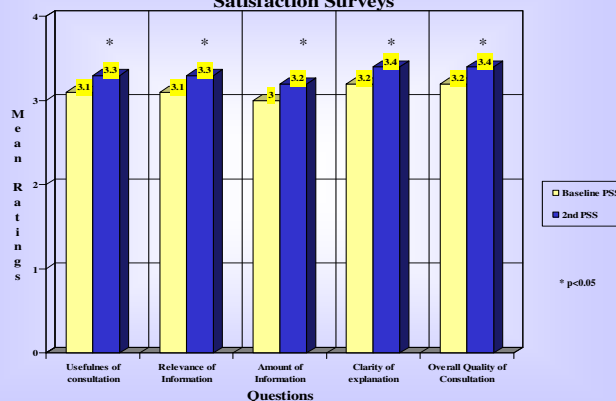
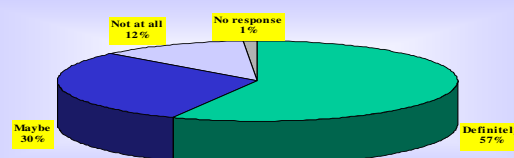


Figure 2 : Likeliness to Recommend Dietitian to others



- ❖ Some selected comments about the expectations of a dietitian include: being understanding, knowledgeable, friendly, patient, able to provide relevant and practical dietary advice and able to motivate patients.
- ❖ Some examples of suggestions for improvements include: providing more detailed information in handouts, using food models, spending more time counselling patient/caregivers, regular follow-ups and posting information on the internet.

DISCUSSION

- ❖ PSS is a valuable outcome measure to evaluate patients' perceived satisfaction with nutrition counselling service. This study showed that PSS could be used to identify target areas of nutrition counselling services that need improvement. Significant increased ratings were observed in the subsequent PSS after improvements were implemented.
- ❖ When implemented routinely, PSS can serve as a quality control measure for the department, as well as for individual dietitians to ensure service standards are maintained.
- ❖ Some limitations in this PSS should be highlighted. The PSS questionnaire used was not validated. However, there is a lack of a 'gold standard' tool for measuring patient satisfaction with clinical nutrition services³.
- ❖ It is difficult to measure patient satisfaction with nutrition counselling services. There may be no immediate tangible benefits of receiving them. Therefore patients may not be able to identify or quantify the outcome or benefit of having received such services³.
- ❖ In addition, satisfaction may be influenced by many factors including knowledge, past experiences with dietetic services and perceived need for nutrition care³. All these were not included in the survey.

CONCLUSION

- ❖ Patients were satisfied with the nutrition counselling services provided by the dietitians.
- ❖ The survey ratings increased significantly after the identified target areas were improved on. These increased ratings were maintained over 6 months.
- ❖ The PSS was shown to be a useful outcome and quality control measure for dietetic services and should be conducted routinely.

REFERENCES

1. Ains M, Bond M, Arthur A. (1995). Satisfying solutions? A review of some unresolved issues in the measurement of patient satisfaction. *Journal of Advanced Nursing*, 22, 316-322.
2. Schultz M R, Moore C. (1999). Practical approaches to outcomes evaluation. *Topics in Clinical Nutrition*, 14, 1-12.
3. Ferguson M, Cooper S, Bate J, Banks M. (2001). Development of a patient satisfaction survey with respect clinical nutrition services. *Australian Journal of Nutrition and Dietetics*, 58, 3, 157-163.
4. Trindade E, Dale L. (1995). Moderators and determinants of satisfaction with diet counselling of patients consuming a therapeutic diet. *Journal of the American Dietetic Association*, 95, 34-39.

ACKNOWLEDGMENTS:

I would like to thank Ms Wong Hin Min, Diet Technician, who had helped to conduct the survey and collect the responses.