Audit

Satisfaction levels in orthopaedic out-patients

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Introduction: It is important that patients are satisfied with an out-patient consultation. This ensures compliance with treatment and attendance for follow-up. The aim of this study was to identify factors regarding out-patient consultation associated with patient satisfaction.

Methods: A two-part questionnaire identifying expectations of, and subsequent satisfaction with, a new out-patient consultation was completed by 106 out-patients.

Results: There was no correlation between not seeing the clinician anticipated and reduced satisfaction ($P = 0.17$). Using more information sources was associated with less satisfaction ($P = 0.02$). Patients were less satisfied if their expectations of either treatment or outcome were changed.

Conclusions: Meeting patients' expectations is an essential part of effective communication. The use of specialist physiotherapists and general practitioners with a special interest is an effective way of seeing more new patients.

Key words: Outpatient – Satisfaction

The factors determining patient satisfaction are complex.¹ In 2002, over 13 million new out-patient consultations took place in England.² There are many government publications including guidelines regarding out-patient clinics.^{3–5} The majority of these focus on waiting times.

We are concerned that little attention has been given to factors other than waiting times. The aim of this study was to assess patient satisfaction with a new consultation with regard to other aspects of the out-patient setting.

Patients and Methods

We included 106 new patients in two general orthopaedic out-patient clinics in the study. All patients completed a two-part questionnaire. One section was completed prior to the consultation and the second section completed after. The

Box 1 Questions from part 1 of the questionnaire

1. Who do you expect to be assessed by?
2. What do you think your diagnosis is?
3. Who or where have you sought in formation from?
(options supplied)
4. What treatment do you think you require?
(options supplied)
5. What do you expect the long-term outcome to be?
(options supplied)

first section identified the patient's demographics and the information requested is shown in Box 1. The second section repeated the same questions and patients were asked to rate satisfaction on a visual linear scale.

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Table 1 Satisfaction related to person seen

	<i>n</i>	Satisfaction (median)	Satisfaction of others (median)	<i>P</i> value
Consultant	72	93.1	84.3	0.17
Registrar	14	81.4	92.6	0.22
Physiotherapist	10	70.1	91.7	0.26
GP specialist	10	91.2	91.2	0.50
Person expected	79	93.1	90.2	0.32

The results were analysed using the Minitab (version 13) statistics package (Minitab Inc., PA, USA).

Results

The questionnaire was completed by all 106 patients (49 men and 57 women). The mean satisfaction score was 85 out of 100 (range, 5–100). Satisfaction scores based on the grade of person seen are summarised in Table 1. Of the 106 patients, 90 (85%) expected to see a consultant; 72 out of 106 (68%) reported having seen a consultant. There was no correlation between not seeing the consultant and reduced satisfaction ($P = 0.17$). There was no difference in satisfaction depending on age, sex or occupation.

The use of information sources is summarised in Table 2. Use of fewer sources of information was associated with increased satisfaction ($P = 0.04$).

Patients who came away from the consultation expecting continued reduced movement were less satisfied ($P = 0.008$). Patients expecting continued pain were not ($P = 0.16$). Treatments expected and received are summarised in Table 3. Patients whose treatment expectations were changed were less satisfied ($P = 0.02$).

Discussion

In our study population, satisfaction was generally high. This is reflected in the low rate of non-attendance in our unit (7% versus 13% as national average). We know that dissatisfied patients are less likely to attend follow-up appointments.⁶ It is important both for patient care and for efficient out-patient clinics that the number of patients that do not attend is kept to a minimum.

Effective communication is a vital part of the out-patient consultation, especially when the explanation and treatment offered differs from the patient's expectations. We have shown that this is important when patients have sought information prior to the consultation. Our results would suggest that eliciting a patient's expectations as a routine part of the consultation could help to improve communication and satisfaction.

It is interesting that, other than health professionals, the sources of information most used are friends, relatives

Table 2 Frequency of information sources used

Information source	Frequency	Association with reduced satisfaction
General practitioner	99	0.77
Physiotherapist	35	0.45
Osteopath	10	0.29
Chiropractor	21	0.02
Podiatrist	0	–
Other orthopaedic surgeon	7	0.69
Acupuncturist	4	0.55
Radio	1	–
Television	3	0.65
Newspaper	0	–
Magazines	1	–
Books	6	0.61
Internet	10	0.87
Friends or relatives	21	0.02

Table 3 Patient treatment expectations

	Expected (<i>n</i>)	Received (<i>n</i>)	Satisfaction
Operation	51	39	91.3
Injection	11	19	88.2
Physiotherapy	11	8	85.3
More investigation	21	11	74.3
Prescription	3	2	81.4
None	3	17	65.7
Other	6	10	83.3

and the Internet. Both of these are powerful media. There have been a large number of studies looking at the information available on the Internet.^{7–9} Between 23% and 93% of the information available is inaccurate or irrelevant. It is important for misconceptions to be sought and corrected as part of the consultation.

A specialist physiotherapist or a general practitioner with a special interest in orthopaedics (GPSI) may also see new patients in our centre. In our study, 15% of patients were seen by these professionals with no significant difference in satisfaction ($P = 0.2$) to those seen by the consultant. Length of time waiting for an out-patient appointment is currently a topic of debate; the use of other specialists in the clinic allows more new patients to be seen without patient dissatisfaction.

Conclusions

Effective communication is the key to patient satisfaction; eliciting the patient's expectations is likely to improve this. Expectations gained from sources outside the hospital are particularly difficult to change. The use of other health care professionals such as specialist physiotherapists and GPSIs is acceptable to orthopaedic patients.

Acknowledgement

The authors thank Dr DR Robinson for his help with the statistical analysis.

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