

# Patients´ percieved satisfaction with hospital services

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## – Essay –

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### Abstract

**Background.** There are a number studies related to patients' satisfaction with health care. Since the Baltic States regained independence in 1990, a reform of the health care system took place in which a serious consideration is paid to health care quality. Patients' views are becoming increasingly important in the current health system. They provide information on effectiveness of healthcare and how it may be improved.

**The main objective** of this study was to investigate inpatients experiences with the care and treatment given in Klaipeda hospitals in order to improve the quality of care and patients' satisfaction.

**Material and methods.** A cross-sectional survey with questionnaires was made. The subjects of the investigation were patients (from 18 years old), hospitalized in internal and surgery departments in different Klaipeda city hospitals. The survey questions were divided into sections that broadly followed the patient's experience in the hospital. The analyses included descriptive statistics, interrelationship analysis between the different characteristics, and multiple logistic regression to estimate Odds for each of the independent variables in the model.

**Results.** The study shows that 60-80 % of the respondents were satisfied with different parts and aspects of health care services. Satisfaction with getting enough time for discussion with the doctor was higher for younger, male and employed patients. Those from the city needed more understandable explanation from doctor about health condition or treatment plan. Doctors listened more to male patients compare to female. Those results were statistically significant.

**Conclusions.** Majority of the patients were satisfied with hospitalization order in Klaipeda hospitals. Better physician communication skills can improve patient satisfaction and clinical outcomes. Physicians could more effectively facilitate patient involvement by more frequently using partnership-building and supportive communication. Hospital cleanliness is quite important factor to overall satisfaction with hospital care. Waiting time is a significant component of patient satisfaction and depends from patients' characteristics and their behavior. Different aspects of reception can influence patients' satisfaction and must be considered. Information about continuity of the treatment were needed more for patients with an increased need for follow up, younger and living alone patients. It is important to provide the setting customers expect and create an environment that meets or exceeds customer needs for safety, security, support, competence, physical comfort, and psychological comfort.

### Key words

in-patient experiences, patient satisfaction, quality of health care

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## **INTRODUCTION**

During the last decade Lithuania and other former Soviet States have implemented decentralized health care system reforms. The idea was to change the centralized health care model and its funding (1). The new model has created new problems. The population has to change their behavior from not only receiving health care, but also to take own responsibilities about their health care. The health care providers have to work with too many patients at the same time, to serve as many patients as possible in order for the organization to survive. Otherwise the risk of bankrupt may appear. Hospitals had increased the number of patients with the aim to earn more money and to be able to compete with the other hospitals. But it already had showed the signs of the crisis in health care like it did in the UK in 1990 (2,40).

The changes have influenced the staff's professional behavior and attitudes. They have to work more intensively, they spend less time with each patient and quality of examination has declined. Declined health care quality is expressed in Lithuanian public opinion in mass media (1)

How can a decline in the quality of health care be avoided in Lithuanian hospitals? The organization must work on changes with the purpose to improve quality of services according to the patients needs. Hospitals that improve quality and make service excellence as an integral part of their care philosophy are certain to see enormous payoffs in both - the well-being of their patients and the well-being of their organizations (3,4). The first step for quality improvement is to know the opinion of consumers about the services. The society's satisfaction with respective health care system differs in different countries: in Finland 86.4% of the population reported to be very satisfied with the health care; in Sweden –it was 67.3% of the population; in the United Kingdom it was 48.1%; and in Spain only 35.6% (5). In every case such evaluation could be influenced by personal as well as professional changes of opinion, and it is therefore necessary to find valid criteria to assess patients' experiences and satisfaction with the health care.

In order to meet patients' needs and improve patients' satisfaction with hospital services it is not always that special organizational changes in hospital are necessary. The key to

improve patients' satisfaction could be by changing the staffs' professional behavior and their attitudes toward patients' needs (6).

Patients' satisfaction means the degree to which the individual regards the health care service or product or the manner in which it is delivered as useful, effective, or beneficial. Many studies had been done about patient's satisfaction regarding nursing services (7,8). For example, a prospective study in Los Angeles examined the relationship between the nursing staff and the patient's perception of nursing care using a common definition of both nursing staff and the patients' perception of care. Multiple logistic regression analyses showed significant relationship between nursing hours per patient day (9). A recent study about patient satisfaction with nursing care in the context of health care was carried out in Sweden (10,11). But we cannot find much research about the physicians – patient relations. Nevertheless, the patients noted as the most important factors about treatment: conveying concern for each patient's questions and worries, how well physicians kept patients informed and the amount of time they spent with each patient. A recent study found that the more complaints patients had about a doctor, the more likely it was that the doctor would be sued for malpractice. The authors suggested that monitoring the level of patient satisfaction would help doctors to be aware of their risk of being involved in litigation (12) Other studies (13-15) recorded and analyzed visits in a primary health care clinic and measured satisfaction-related outcomes. Researches found that, overall, 60% of the patients were satisfied and 69% fully trusted their physician. Patients, whose expectations were met, were more likely to be fully satisfied. Another study of 11927 patients with diabetes showed that 55% were most satisfied and 10% were least satisfied. This and other studies show a classic difficulty when studying satisfaction, which seems to be that most patients rate their own satisfaction at the top of the scale (16-18).

The critiques of patient satisfaction surveys have led to a new emphasis on measuring patients' experience rather than satisfaction. Focus on the details of patients' experience can help to pinpoint the problems more precisely. National surveys have been carried out with many patients in the USA, Australia, Canada, and various European countries (19). However, such surveys were not performed in Lithuania or in Klaipeda, but the results can give us important information in general and show the needs for similar

research. In Lithuania research is needed because of the increasing number of patients who complain to the health care department of Klaipeda municipality.

Health care providers are confronted with two principal challenges (20). The first one is to provide high-quality clinical care and to meet consumers' expectations. In an increasing competitive market, health services providers are challenged to provide care that satisfies customers and ensures their return if and when the need arises. The second challenge is to develop a relevant method for measuring the perceived quality of care and satisfaction. Such studies can also provide useful information for the health care providers of the Klaipeda region and the whole health care system of the country in order to improve the quality of care. The most useful aspect of the survey process probably is to learn, to find important problems and implement changes.

Patient's satisfaction reflects three variables: the personal preferences of the patient, the patient's expectations, and the realities of the care received. In this study satisfaction is used together with the definition of patients' experience, the most important topic to patients. Such instruments to measure patients' expectations were developed by researchers at Harvard Medical School (19).

Some other similar instruments for measuring patient' satisfaction were developed and used in different studies. Some researches (21) used the term patient-centered care to describe an approach that adopts the patient's perspective. Using different focus groups they defined seven primary dimensions of patient-centered care, where the main dimension was to treat patients as individuals. It means to understand and respect patients' values, preferences, and expressed needs. Patients vary in their understanding of factors related to medicine and may make decision that is not in their interests. The routine of the hospitals traditionally requires patients to be passive. It was noticed, that informed, rational patients might have different view on their best interest than the professionals who care for them. This means that patients, who are able to take more active part in their care, might have better recovery.

Studies of people's satisfaction with the various aspects of health care have been of two main types. Some investigations have been attempted to assess satisfaction with health care in general, i.e. to a specific episode or illness, others have been concerned with satisfaction in relation to health care personnel. Different investigators have concentrated on different aspect of patients' satisfaction (22). But interpersonal

communication was recognized as most important. The ability of the doctors and nurses to inform and inspire confidence in patients and convince them of the need for their compliance, for example, can make the difference between successful and unsuccessful treatment.

## PUBLIC HEALTH PERSPECTIVE AND NORDIC PERSPECTIVE

Traditionally, hospitals remain distant from public health and policy. But some investigators (23,24) argue that it is time to address the absence of public health function in secondary care. And we can find different components of a public health hospital, such as promoting health, ensuring quality of health care, monitoring health and disease, assessing need and planning services.

Users of secondary care services represent a high-risk group. Health care professionals in hospitals may be powerful messengers for opportunistic health promotion advice on smoking, diet, exercises and other risk factors. A much broader concept of health – promoting hospitals has been introduced in United Kingdom and internationally (25). During this process between members' institutions and states occurs formal networking. Among those countries are Sweden (26) and Lithuania (27). But Whitehead (2004) already investigated the nature and progress of the European Health Promoting Hospitals (HPH) movement and found weak areas for improvement.

Perhaps the main drive for HPH in Europe is the hospitals' influence on the health directly on the surrounding communities (28). Hospitals are part of the health systems, and it is difficult to imagine health systems without hospitals (29). From a Public Health perspective the weak position of citizen and patients in decision-making is a major concern (30). Health care in Lithuania and the Nordic countries are solving similar problems. In 2003, the Swedish parliament decided a new target for health, where one area was "a more health promoting health service". Also in Lithuania the same direction of health policy are implementing.

Patients' experience and satisfaction becomes very important. For providers of health care it is very important, that patient after receiving health care in hospital will stay healthy for a long time. Patient's behavior at home depends on the patient's experiences in the hospital. When the patient receives useful information about his disease, about

medicines, about examination procedures and other health care issues, experienced by him, he may easier be involved in the concern for a healthy life. Healthier people mean a healthier population.

## OBJECTIVE

The objective of this study was to investigate inpatients experiences with the care and treatment given in Klaipeda hospitals in order to improve the quality of care and patients' satisfaction.

The research questions were:

- Which factors are important for adult patients in hospital concerning physicians' professional communication with patients, as well as physical and psychological environment in hospital?
- Which part of the services is sensitive in hospital according to the patients' experience?
- Which factors would be suitable for permanent monitoring patient satisfaction levels and lead to improvement of the quality of care and increase patients' positive experiences and satisfaction?

## MATERIAL AND METHODS

### **Study design**

This study was carried out as a cross-sectional survey. Quantitative methods include various types of surveys using standardized instruments or questionnaires. These can be administered face-to-face by trained interviewers or designed for self-completion by the recipients. This survey was designed as a self-completion survey. Surveys are designed for analysis in numerical form and statistical tests can be used to test hypotheses (31).

This study had been carried on in Lithuania, in three main hospitals of Klaipeda city with total amount of 1800 beds and providing inpatient and outpatient specialized care.

## **Questionnaire**

There are a large number of validated questionnaires in the public domain and many are available for use by researchers (62). This questionnaire was developed from literature studies and Harvard research program, which explored patient's needs and concerns as patients themselves define them. A recent study compared results using such type of questionnaires (Picker questionnaire) mailed to patients after discharge from hospitals in five countries: Germany, Sweden, Switzerland, USA and UK. The comparative study showed that the topics covered in the questionnaire were relevant in each of the countries (19).

The questionnaire developed from initial qualitative interviews with patients to determine their priorities, so the issues covered are salient to patient concerns. The questionnaire was divided into sections, with similar issues grouped together. Also, the sections were put into a broadly chronological order, so questions about admission are at the beginning, while questions about discharge are towards the end of the questionnaire (32-34).

At first the questionnaire was translated to Lithuanian language and back translated. The questionnaire was pre-tested to make sure that the questions mean the same to all respondents. Than questionnaire was assessed by using such critical characteristics, as reliability and validity, corrected and used in survey. In the study focus groups were carried out to determine the topics that patients consider important in relation to the quality of their hospital stay. Fifty patients were asked to complete the questionnaire before the final version was produced. Those topics were translated into structured questions for self-completion in a survey questionnaire. Finally, these questions were adapted to suit local needs.

The questionnaire consisted of 40 questions. These 40 questions covered issues that were found to be most important to inpatients and were included in this survey. The front page of the survey explains the purpose of the survey and gives instructions on how to fill in the questionnaire. The survey questions were divided into sections that broadly followed the patient's experience in the hospital. The following topics were covered:

- Arrival at the hospital
- Waiting in appointed department
- Contact with doctors and nurses
- Care and treatment of the patient
- Tests (e.g. x-rays or scans)
- Hospital environment and facilities
- Medications and additional care and treatment tools
- Information
- About the patient
- Overall

The survey questions generally covered two categories: those that ask patients to report about their experience and those that ask them to rate their experiences.

Reporting questions were more factual assessment of specific processes of care and could be used more effectively to suggest a clear course of action. Report questions used the following response keys: yes, definitely; yes, in some extent; no; I did not see a doctor or nurse at arrival day; or similar (enclosure 1). Rating questions were used to elicit opinions or summary judgments about care. Rating questions used the following response keys: very good; well; fair; poor; or similar (enclosure 1).

Example of survey report question (enclosure 1):

- 1.1. Did you have time to discuss your health or medical problem with the doctor (enough)?
- Yes, definitely
  - Yes, to some extent
  - No
  - I did not see a doctor or a nurse at arrival day

Example of survey rating question (enclosure 1):

- 1.2. Overall, how would you rate your health after treatment?
- Very good
  - Good
  - Fair
  - Poor

## **Investigation of the most important questions for finding answer to research questions**

For finding answer to the question “Which factors are important for adult patients in hospital concerning physicians’ professional communication with patients?” Deeper statistical analysis of answers to those questions was chosen:

- 3.1. Did you have time to discuss your health or medical problem with the doctor (enough)?
- 3.2. While you were in the appointed department, did a doctor explain your condition and treatment in a way you could understand?
- 3.3. Did the doctors listen to what you had to say?
- 3.4. Did you think that doctors were deliberately not telling you certain things that you wanted to know?
- 3.5. If you had any anxieties or fears about your condition or treatment, did a doctor discuss them with you?
- 3.8. Did doctors talk in front of you as if you were not there?

For finding answer to the question “Which factors are important for adult patients in hospital concerning physical environment in hospital?” deeper statistical analysis of answers to this questions were chosen:

- 6.1. In your opinion, how clean was the department?

For finding answer to the question “Which factors are important for adult patients in hospital concerning psychological environment in hospital?” deeper statistical analysis of answers to those questions were chosen:

- 6.3. While you were in this department did you feel bothered or threatened by other patients?
- 10.1. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

For finding answer to the question “Which part of the services is sensitive in hospital according to the patients’ experience?” deeper statistical analysis of answers to those questions were chosen:

- 1.1. Following your arrival to the hospital reception department, were you satisfied with given information and spend waiting time there before you had been sent to the appointed department for hospitalization?
- 4.3. Were you given enough privacy when being examined or treated?
- 8.2. Did a member of staff tell you whom to contact after you got home if you were worried about your condition or treatment?

### **The study population and sample size**

The study population consisted of men and women between 18 and 81 years after hospitalization from internal and surgery departments in three main Klaipeda city hospitals. The hospitals were chosen with a purpose to get patients' experiences but not to compare hospitals.

The study sample was 472 patients discharged from hospitals at randomly selected days during a period of four month from the 1<sup>st</sup> of January to 1<sup>st</sup> of May 2004.

The decision of the appropriate sample size derived from results of calculations to be statistically representative by using quantitative statistical methods (64) and the number needed was 383 patients for 100 000 patients, whose were hospitalized per Year to Klaipeda hospitals. According Jadov V.A. (63), sample size for 100 000 population must be 398. The exact sample size mostly depended from randomly selected days, because on different days there was different number of discharged patient. Finally, questionnaires from 472 patients were received during the 9 days. In this case the plan was successful that I received more questionnaires than needed.

### **The sampling**

Patients were surveyed on site, immediately after receiving care by asking them to fill in the questionnaire. On-site survey was chosen because there was no time lapse between responding to the survey and the hospital experience, which meant that there was a greater chance of accurate recall.

However, patients could respond on the basis of a very narrow time period, i.e. their experiences over the last day or even the last few hours, and this could not be representative of their entire hospital experience. That was avoided, because patients

were informed the day before discharging and had received the questionnaire at least two hours before leaving when they were waiting for all discharge from hospital procedures and they had time to fill in the questionnaire. All patients, who were discharged from the hospital on the selected 9 days, were included in order to calculate an accurate response rate.

Construction of the questionnaire was planned in order to make the most understandable questionnaire design for patients. The main criteria for the composition of the questions were to cover the research questions as close as possible.

What could happen if only one hospital was chosen? Since because hospitals differ from each other, there was a bigger risk not to get valuable information from one hospital. In this case 9 days were randomly selected (3 days for each hospital) and questionnaires collected from the patients.

For choosing sampling method the main idea was that all patients who were discharged alive within a given period of time were invited and the sample should be representative for a larger population of discharged patients in terms of the distribution of age, sex, employment, education and geographically. In this case I decided to use cluster sampling, where the population was divided into clusters, which were the nine days, and a simple random sample of these clusters were selected. My target were all patients, discharged from the Klaipeda hospitals, so I selected randomly discharge days and then approach all discharged from those hospitals at selected days.

Microsoft Excel software was used to enter data and entered data were converted to SPSS for further statistical analysis with SPSS program. Answers to the questions were dichotomized and evaluated for significance level and relations between socioeconomic factors and outcomes by using multiple logistic regression.

Standard data analysis had involved an analysis of the frequency of responses to each question and some cross-tabulation of responses with background characteristics of the patients: age, sex, education level, and place of residence, marital status and work status as well as by hospitals departments. The relationship between the demographic characteristics of age and sex, and patients experience about care as well as variation of positive or negative evaluation of different factors between different departments could demonstrate the construct validity of the study instrument (35,36).

## ETHICAL CONSIDERATIONS

The local Ethical Committees of Klaipeda hospitals approved the research plan. The questionnaires included information on the purpose of the research, patients' confidentiality and possibility not to answer the questions in the questionnaire. It was underlined that the patient freely could answer the questions, as they liked without consequences for their treatment and care at Klaipeda hospitals.

Also during self-completion surveys carried out on-site patients could have a fear that their comments could lead to difficult relations with staff, if patients are not completely confident that their comments will be anonymous. That was avoided by involving students to deliver and collect questionnaires. In that case patient did not need to show filled questionnaire for any personnel.

## RESULTS

### **Characteristics of study population**

Table 1 gives a description of the patients who participated in the study. The table shows in all an equal distribution among male and female patients and among age groups. There were slightly more elderly men and slightly more young women.

According to the place of residence the majority of the patients come from Klaipeda city (36,7%) and Klaipeda county district centers (39,8%) and a minority of patients came from Klaipeda county towns (13,6%) and villages (5,5%) and other counties (4,4%). More male come from district center, more women came from county towns.

Regarding educational level most respondents had college (46,8%) and vocational level (18,9%). The lowest percent of patients had primary or basic education level (9,1%). Minor sex differences appeared in educational level. More men than women had degree at college level and more women than men finished school after primary or basic, vocational and university level.

Marital status also shows more similarities between groups than differences. More than half patients are married or living in partnership (67%). Distribution between gender groups is practically the same. The smallest group of patients is widowed or single

(12,5%). Gender groups with different marital status are the similar, excluding maybe widowed, where dominate male.

According work status most of patients were employed (54%, excluding pensioners and students). There was 24,2 % of patients in retired group, which was second by the size. White-collar group was the biggest, where dominated female. Blue-collar workers were mostly man, as in contrary housewives were women. Other differences in work status group by gender were not noticed.

Overall, there were some variations in distribution of the patients by departments, but not significant (Figure 1). Bigger percent of the patients was discharged from the pulmonary department.

As questionnaire was anonymous, other detailed data about respondents was not available.

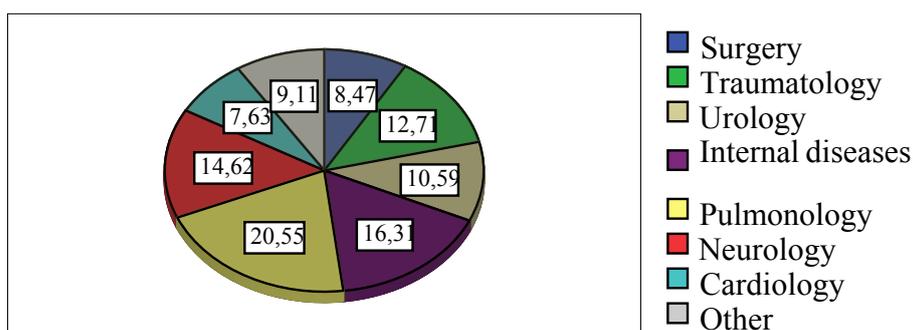


Figure 1. Distribution of the patients (%) by appointed department

Table 1. Distribution of patients who participated in the study (N=472)

Category	Rating	Male (N=251)	Female (N=221)	Total (N=472)
		% (N)	% (N)	%(N)
Age category (9.2)	18-33	19,1(48)	24,9(55)	21,8(103)
	34-50	26,3(66)	29,9(66)	28(132)
	51-65	27,1(68)	26,2(58)	26(126)
	66-81	27,5(69)	19(48)	23,5(111)
	Total	100(251)	100(221)	100(472)
Place of residence (9.3)	County Village	5,6(14)	5,4(12)	5,5(26)
	County District centers	47,4(119)	31,2(69)	39,8(188)
	Other Counties	1,2(3)	8,1(18)	4,4(21)
	Klaipeda City	36,7(92)	36,7(81)	36,7(173)
	County towns	9,2(23)	18,6(41)	13,6(64)
Total	100(221)	100(251)	100(72)	
Educational level	Primary or basic	6,0(15)	12,7(28)	9,1(43)
	Secondary	15,5(39)	13,1(29)	14,4(68)

(9.4)	Vocational	15,9(40)	22,2(49)	18,9(89)
	College	53,0(133)	39,8(88)	46,8(221)
	University	9,6(24)	12,2(27)	10,8(51)
	Total	100(251)	100(221)	100(472)
Marital status	Single	8,0(20)	7,2(16)	7,6(36)
(9.5)	Married	55,8(140)	55,7(123)	55,7(263)
	Unregistered married	10,0(25)	13,1(29)	11,4(54)
	Widowed	6,4(16)	3,2(7)	4,9(23)
	Divorced	19,9(50)	20,8(46)	20,3(96)
	Total	100(251)	100(221)	100(472)
Work status	Work (white-collar)	33,9(85)	44,3(98)	38,8(183)
(9.6)	Work (blue-collar)	17,5(44)	0,5(1)	9,5(45)
	Housewife	0,0(0)	12,2(27)	5,7(27)
	Study	7,6(19)	7,7(17)	7,6(36)
	Retired	26,3(66)	21,7(48)	24,2(114)
	Unemployed	14,7(37)	13,6(30)	14,2(67)
	Total	100(251)	100(221)	100(472)
Appointed department (2.1)	Pulmonology	21,1(53)	19,9(44)	20,6(97)
	Internal diseases	17,9(45)	14,5(32)	16,3(77)
	Traumatology	12,0(30)	13,6(30)	12,7(60)
	Neurology	12,4(31)	17,2(38)	14,6(69)
	Urology	9,6(24)	11,8(26)	10,6(50)
	Other	9,2(23)	9,0(20)	9,1(43)
	Surgery	9,2(23)	7,7(17)	8,5(40)
	Cardiology	8,8(22)	6,3(14)	7,6(36)
	Total	100(251)	100(221)	100(472)

### **Assessment of important factors for patients concerning physicians' professional communication**

About 72 % of the patients had enough or enough in some extent time for discussion with the doctor (Table 2). By using multiple logistic regression, there were not statistical significant differences comparing groups by socioeconomic factors ( $p > 0.05$ ). But in some groups Odds differed. Odds to get enough time for discussion with the doctor were higher (1.212) for younger patients ( $< 50$  years old) compare to older patients ( $> 50$  years old). Odds to get enough time for discussion with the doctor were lower (0.809) for those, who had a work compare to unemployed patients. Odds to get enough time for discussion with the doctor were lower (0.895) for male. There weren't any differences with satisfaction between different educational level, living place and marital status.

Table 2. Distribution of answers about discussion time (enough) with the doctor according to age and work status.

Question		Did you have time to discuss your health or medical problem with the doctor (enough)? (% (N))			
		Yes	Yes, in some extent	No	I did not see a doctor at arrival day
Socioeconomic groups					
Age	18-33	23,8 (31)	23,2 (52)	18,1 (17)	1,7 (3)
	34-50	27,0 (35)	28,6 (64)	28,3 (28)	2,8 (5)
	51-65	27,6 (36)	23,2 (52)	32,3 (32)	3,3 (6)
	66-81	21,6 (29)	25 (56)	22,2 (22)	2,2 (4)
	Total	100 (131)	100 (224)	100 (99)	100 (18)
Work status	Work (white-c.)	38,2 (50)	40,2 (90)	37,4 (37)	33,3 (6)
	Work (blue-c.)	9,2 (12)	10,7 (24)	6,1 (6)	16,7 (3)
	Housewife	2,3 (3)	6,25 (14)	9,1 (9)	5,5 (1)
	Study	10,7 (14)	5,35 (12)	8,1 (8)	11,1 (2)
	Retired	22,8 (30)	25 (56)	23,2 (23)	27,9 (5)
	Unemployed	16,8 (22)	12,4 (28)	16,1 (16)	5,5 (1)
	Total	100 (131)	100 (224)	100 (99)	100 (18)

About 84 % of the patients had got understandable (completely or to some extent) explanation from the doctor about patients condition or treatment (Table 3). By using multiple logistic regression, there were found statistical significant difference comparing groups by living place ( $p = 0.004$ ). Odds to get understandable explanation were lower (0.57) for those who lived in the city compare to those patients who lived outside the city. Also Odds to get understandable explanation for men with women was 0.821. But this results were not statistically significant ( $p > 0.05$ ).

Table 3. Distribution of answers about getting understandable (completely or to some extent) explanation with the doctor according to gender and living place.

Question		While you were in the appointed department, did a doctor explain your condition and treatment in a way you could understand? (% (N))			
		Yes	Yes, in some extent	No	I did not need an explanation
Socioeconomic groups					
Gender	Male	52,2 (109)	53,8 (100)	62,7 (22)	47,6 (20)
	Female	47,8 (100)	46,2 (86)	37,3 (13)	52,4 (22)
	Total	100 (209)	100 (186)	100 (35)	100 (42)
Residence	County village	4,3 (9)	7,0 (13)	5,7 (2)	4,8 (2)

place					
County district centers		47,8 (100)	29,5 (55)	45,7 (16)	40,5 (17)
Other counties		4,3 (9)	3,8 (7)	5,7 (2)	7,1 (3)
Klaipeda city		28,8 (60)	45,2 (84)	34,3 (12)	40,5 (17)
County towns		14,8 (31)	14,5 (27)	8,6 (3)	7,1 (3)
Total		100 (209)	100 (186)	100 (35)	100 (42)

About 46 % of the patients were definitely listened by doctor what they said (Table 4). By using multiple logistic regression, there were found statistical significant difference comparing groups by gender ( $p = 0.001$ ). Odds to be listened by doctors were higher for male (1.893) compare to female. By other socioeconomic factors distribution of answers did not differ neither statistically significantly, neither by Odds.

Table 4. Distribution of answers about listening by doctor according to gender.

Question		Did the doctors listen to what you had to say? (% (N))		
		Yes	Yes, in some extent	No
Socioeconomic groups				
Gender	Male	61,6 (135)	42,3 (85)	59,6 (31)
	Female	38,4 (84)	57,7 (116)	40,4 (21)
	Total	100 (219)	100 (201)	100 (52)

About 88 % of the patients weren't deliberately not told certain things that they wanted to know (Table 5). By using multiple logistic regression, there were not found statistical significant difference comparing socioeconomic groups ( $p > 0.05$ ). But Odds to be deliberately not told certain things that patient want to know was lower for patients with lower educational level (0.682) compare to patient with higher educational level and higher for patients who work (1.547) compare to unemployed patients.

Table 5. Distribution of answers about not telling deliberately to patients certain things that they wanted to know according to educational level and work status.

Question	Did you think that doctors were deliberately not telling you certain things that you wanted to know? (% (N))
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Socioeconomic groups		Yes, definitely	Yes, in some extent	No
Educational level	Primary or basic	8,6 (5)	6,9 (15)	11,7 (23)
	Secondary	5,2 (3)	18,0 (39)	13,2 (26)
	Vocational	15,5 (9)	16,1 (35)	22,8 (45)
	College	55,2 (32)	44,3 (96)	47,3 (93)
	University	15,5 (9)	14,7 (32)	5,0 (10)
	Total	100 (58)	100 (217)	100 (197)
Work status	Work (white-c.)	46,6 (27)	35,0 (76)	40,7 (80)
	Work (blue-c.)	12,0 (7)	9,7 (21)	8,6 (17)
	Housewife	5,2 (3)	4,6 (10)	7,1 (14)
	Study	6,9 (4)	7,8 (17)	7,6 (15)
	Retired	20,7 (12)	27,7 (60)	21,3 (42)
	Unemployed	8,6 (5)	15,2 (33)	14,7 (29)
	Total	100 (58)	100 (217)	100 (197)

About 79 % of the patients had got possibility to discuss with the doctor any anxieties or fears concerning patients' condition or treatment (Table 6). By using multiple logistic regression, there were not found any statistical significant difference comparing groups by socioeconomic factors ( $p > 0.05$ ). Odds to get possibility to discuss with the doctor any anxieties or fears concerning patients' condition or treatment were lower (0.745) for younger patients ( $< 50$  years old) compare with the older patients ( $> 50$  years old). Also Odds to get possibility to discuss with the doctor any anxieties or fears were higher (1.169) for patients who have a work compare with the unemployed patients.

Table 6. Distribution of answers about discussion with the doctor about anxieties and fears concerning patient's condition or treatment according to age and work status.

Question		If you had any anxieties or fears about your condition or treatment, did a doctor discuss them with you? (% (N))			
Socioeconomic groups		Yes, completely	Yes, in some extent	No	I did not have fears or anxieties
Age	18-33	20,8 (37)	22,4 (43)	17,9 (5)	24,3 (18)
	34-50	26,4 (47)	26,6 (51)	35,7 (10)	32,5 (24)
	51-65	26,4 (47)	28,6 (55)	21,4 (6)	24,3 (18)

	66-81	26,4 (47)	22,4 (43)	25,0 (7)	18,9 (14)
	Total	100 (178)	100 (192)	100 (28)	100 (74)
Work status	Work (white-c.)	34,2 (61)	40,6 (78)	35,7 (10)	45,9 (34)
	Work (blue-c.)	12,4 (22)	7,3 (14)	10,7 (3)	8,1 (6)
	Housewife	4,5 (8)	6,3 (12)	3,6 (1)	8,1 (6)
	Study	6,7 (12)	9,4 (18)	7,1 (2)	5,4 (4)
	Retired	27,6 (49)	21,3 (41)	32,2 (9)	20,3 (15)
	Unemployed	14,6 (26)	15,1 (29)	10,7 (3)	12,2 (9)
	Total	100 (178)	100 (192)	100 (28)	100 (74)

About 87 % of the patients stated, that doctors talk with them by paying attention to the patient (Table 7). By using multiple logistic regression, there were not found statistical significant difference comparing socioeconomic groups ( $p > 0.05$ ). But Odds to get not enough attention from doctor during the talk was lower (0.721) for patients who lived in the city compare to patients whose lived outside the city. Also the Odds to get not enough attention from doctor during the talk was higher (1.338) for patients with lower educational level compare to the patients with the higher educational level.

Table 7. Distribution of answers about doctor's attention to the patient during the talk according educational level and work status.

Question		Did doctors talk in front of you as if you were not there? (% (N))		
		Yes, definitely	Yes, in some extent	No
Socioeconomic groups				
Educational level	Primary or basic	8,6 (5)	6,9 (15)	11,7 (23)
	Secondary	5,2 (3)	18,0 (39)	13,2 (26)
	Vocational	15,5 (9)	16,1 (35)	22,8 (45)
	College	55,2 (32)	44,3 (96)	47,3 (93)
	University	15,5 (9)	14,7 (32)	5,0 (10)
	Total	100 (58)	100 (217)	100 (197)
Work status	Work (white-c.)	46,5 (27)	35,0 (76)	40,7 (80)
	Work (blue-c.)	12,1 (7)	9,7 (21)	8,6 (17)
	Housewife	5,2 (3)	4,6 (10)	7,1 (14)
	Study	6,9 (4)	7,8 (17)	7,6 (15)
	Retired	20,7 (12)	27,7 (60)	21,3 (42)
	Unemployed	8,6 (5)	15,2 (33)	14,7 (29)
	Total	100 (58)	100 (217)	100 (197)

## Assessment of important factors for patients concerning physical environment in hospital

About 77 % of the patients had positive opinion about cleanliness in the appointed department (Table 8). By using multiple logistic regression, there were not statistical significant differences comparing groups by socioeconomic factors. But in some groups we found differences in Odds. Odds that in department were clean were higher (1.350) for patients living outside the city compare to patients from the city. Also Odds that in department were clean were lower (0.733) for patients with lower educational level compare to patients with higher educational level. By other socioeconomic factors distribution of answers did not differ neither statistically significantly, neither by Odds.

Table 8. Distribution of answers about opinion how clean was the department according to place of residence and educational level.

Question		In Your opinion, how clean was in the department?			
		(% (N))			
		Very clean	Fairy clean	Not very clean	Can't say
Socioeconomic groups					
Place of residence	County village	6,4 (9)	4,0 (8)	22,2 (4)	4,4 (5)
	County district centers	37,6 (53)	43,7 (87)	38,9 (7)	36,0 (41)
	Other counties	3,5 (5)	6,0 (12)	5,6 (1)	2,6 (3)
	Klaipeda city	40,4 (57)	33,2 (66)	11,1 (2)	42,1 (48)
	County towns	12,1 (17)	13,1 (26)	22,2 (4)	14,9 (17)
	Total	100 (141)	100 (199)	100 (18)	100 (114)
Educational level	Primary or basic	8,5 (12)	9,5 (19)	0 (0)	10,5 (12)
	Secondary	14,9 (21)	13,1 (26)	33,3 (6)	13,2 (15)
	Vocational	17,7 (25)	21,1 (42)	22,2 (4)	15,8 (18)
	College	48,3 (68)	43,7 (87)	38,9 (7)	51,7 (59)
	University	10,6 (15)	12,6 (25)	5,6 (1)	8,8 (10)
	Total	100 (141)	100 (199)	100 (18)	100 (114)

## Assessment of important factors for patients concerning psychological environment in hospital

About 80 % of the patients didn't feel bothered or threatened by other patients while they were in appointed department (Table 9). By using multiple logistic regression, there were not found any statistical significant difference comparing groups by socioeconomic factors ( $p > 0.05$ ). Odds to fell bothered or threatened by other patients lower (0.844 ) for male compare with the female Also Odds to fell bothered or threatened by other patients were lower (0,716) for patients with higher educational level.

Table 9. Distribution of answers to question did patients feel bothered or threatened by other patients according to gender and educational level.

Question		While you were in this department do you feel bothered or threatened by others patients? (% (N))		
		Yes, definitely	Yes, in some extent	No
Socioeconomic groups				
Gender	Male	58,3 (7)	48,6 (36)	53,9 (208)
	Female	41,7 (5)	51,4 (38)	46,1 (178)
	Total	100 (12)	100 (74)	100 (386)
Educational level	Primary or basic	8,4 (1)	12,2 (9)	8,5 (33)
	Secondary	8,3 (1)	8,1 (6)	15,8 (61)
	Vocational	25,0 (3)	21,6 (16)	18,1 (70)
	College	50,0 (6)	47,3 (35)	46,7 (180)
	University	8,3 (1)	10,8 (8)	10,9 (42)
	Total	100 (12)	100 (74)	100 (386)

About 75 % of the patients could say, that were treated with respect and dignity (Table 10). By using multiple logistic regression, there were not found any statistical significant difference comparing groups by socioeconomic factors ( $p > 0.05$ ). Odds to be satisfied with respect and dignity by treating were lower (0.873) for male compare with the female. Also Odds to fell respect and dignity were higher for patients from cities (1,390) and living not alone (1,489).

Table 10. Distribution of answers to question was patients treated with respect and dignity according gender, marital status and place of residence.

Socioeconomic groups		Question	Overall, did you feel you were treated with respect and dignity while you were in the hospital? (% (N))		
			Yes, all of the time	Yes, some of the time	No
Gender	Male		52,2 (167)	53,2 (74)	76,9 (10)
	Female		47,8 (153)	46,8 (65)	23,1 (3)
	Total		100 (320)	100 (139)	100 (13)
Marital status	Single		6,9 (22)	9,4 (13)	7,6 (1)
	Married		55,0 (176)	59,7 (83)	30,8 (4)
	Unregistered married		11,6 (37)	9,3 (13)	30,8 (4)
	Widowed		3,7 (12)	6,5 (9)	15,4 (2)
	Divorced		22,8 (73)	15,1 (21)	15,4 (2)
	Total		100 (320)	100 (139)	100 (13)
	Place of residence	County village		6,9 (22)	2,2 (3)
	County district centers		37,5 (120)	46,0 (64)	4
	Other counties		3,7 (12)	6,5 (9)	0
	Klaipeda city		39,4 (126)	29,5 (41)	6
	County towns		12,5 (40)	15,8 (22)	2
	Total		100 (320)	100 (139)	13

### Assessment of sensitive parts of the services according to the patients' experience

About 76 % of the patients were satisfied with given information and spend waiting time in reception department before they had been sent to the appointed department for hospitalization. (Table 11). By using multiple logistic regression, there were not statistical significant differences comparing groups by socioeconomic factors. But in some groups Odds differed. Odds to be satisfied with given information and spend waiting time in reception department were lower (0,895) for male compare to female, higher (1,501) for patients with lower education level compare to patients with higher education level, higher ( 1,635) for single patients compare to married or living together

patients. There weren't any differences in Odds with satisfaction between different age, living place and work status.

Table 11. Distribution of answers about satisfaction with given information and spend waiting time in reception department according to gender, educational level and marital status.

Question		Following your arrival to the hospital reception department, were you satisfied with given information and spend waiting time there before you had been sent to the appointed department for hospitalization? (% (N))				
		Yes, definitely	Yes, but not enough information	Yes, but the wait was longer	No	Don't know/ can't remember
Socioeconomic groups						
Gender	Male	48,2 (54)	55,2 (58)	60,0 (45)	48,8 (40)	55,1 (54)
	Female	51,8 (58)	44,8 (47)	40,0 (30)	51,2 (42)	44,9 (44)
	Total	100 (112)	100 (105)	100 (75)	100 (82)	100 (98)
Educational level	Primary or basic	10,7 (12)	5,7 (6)	8,0 (6)	12,2 (10)	9,2 (9)
	Secondary	17,9 (20)	8,6 (9)	14,7 (11)	13,4 (11)	17,3 (17)
	Vocational	17,0 (19)	21,9 (23)	17,3 (13)	17,0 (14)	20,4 (20)
	College	44,6 (50)	57,1 (60)	46,7 (35)	42,7 (35)	41,9 (41)
	University	9,8 (11)	6,7 (7)	13,3 (10)	14,7 (12)	11,2 (11)
	Total	100 (112)	100 (105)	100 (75)	100 (82)	100 (98)
Marital status	Single	8,9 (10)	5,7 (6)	8,0 (6)	9,8 (8)	6,1 (6)
	Married	56,2 (63)	59,0 (62)	57,4 (43)	50,0 (41)	55,1 (54)
	Unregistered married	13,4 (15)	10,5 (11)	9,3 (7)	9,8 (8)	13,3 (13)
	Widowed	3,6 (4)	4,8 (5)	5,3 (4)	3,6 (3)	7,1 (7)
	Divorced	17,9 (20)	20,0 (21)	20,0 (15)	26,8 (22)	18,4 (18)
	Total	100 (112)	100 (105)	100 (75)	100 (82)	100 (98)

Only 60 % of the patients were satisfied with given privacy during examination and treatment process. (Table 12). By using multiple logistic regression, there were not statistical significant differences comparing groups by socioeconomic factors. But in some groups Odds differed. Odds to be satisfied with given privacy were lower (0,708) for male compare to female, lower (0,821) for younger patients compare to older patients, higher (1,422) for married or living together patients compare to single patients. There weren't any differences in Odds with satisfaction between different living place, educational level and work status.

Table 12. Distribution of answers to question about privacy during examination or treatment according to gender, age and marital status.

Question		Were You given enough privacy when being examined or treated? (% (N))		
		Yes, definitely	Yes, to some extent	No
Socioeconomic groups				
Gender	Male	48,1 (88)	53,4 (119)	66,7 (44)
	Female	51,9 (95)	46,6 (104)	33,3 (22)
Total		100 (1830)	100 (223)	100 (66)
Age	18-33	23,5 (43)	21,1 (47)	19,7 (13)
	34-50	25,1 (46)	31,4 (70)	24,2 (16)
	51-65	26,8 (49)	27,3 (61)	24,2 (16)
	66-81	24,6 (45)	20,2 (45)	31,9 (21)
	Total	100 (183)	100 (223)	100 (66)
Marital status	Single	9,8 (18)	4,9 (11)	10,6 (7)
	Married	50,3 (92)	62,4 (139)	48,5 (32)
	Unregistered married	12,6 (23)	9,4 (21)	15,2 (10)
	Widowed	3,8 (7)	4,9 (11)	7,6 (5)
	Divorced	23,5 (43)	18,4 (41)	18,1 (12)
	Total	100 (183)	100 (223)	100 (66)

About half of the patients were not fully satisfied with given information to whom contact after they got home if are worried about condition or treatment. By using multiple logistic regression, there were not statistical significant differences comparing groups by socioeconomic factors. But in some groups Odds differed. Odds to be satisfied with given information were lower (0,885) for younger patients compare to

older patients, higher (1,259) for living not alone patients. There weren't any differences in Odds with satisfaction between different gender, age, marital and work status groups.

## DISCUSSION

A well-designed survey provides objective, quantitative, aggregate information about the experiences of patients in hospitals. Such questionnaire survey is not the only method of getting good patient feedback. There were thought out about many different ways to gather feedback from patients: they could be observed directly, either casually or systematically; they could be interviewed, face-to face, or over the telephone, in structured or unstructured ways; they could be asked to discuss their experiences in small focus groups; or they could be asked to respond to standardized scientifically validated questionnaires.

It is often appropriate to use a combination of qualitative and quantitative methods, but in this study was decided to use only quantitative method in order to answer the research questions. The qualitative or other method can be applied later in deeper study, because already some governments and regulatory authorities now require hospitals to undertake surveys of patients' views of services (38,39). As a member of Europe Union Lithuania also will implement such requirements.

The aim of this survey was to gather detailed factual reports of patients' experiences of health care. Traditional patient satisfaction surveys are not particularly helpful for quality improvement purposes. The satisfaction ratings are difficult to interpret because they are crucially dependent on patients' expectations and they tend to elicit positive responses, which lack specificity and cannot be used to prioritize areas of underperformance.

But such surveys have positive public relations or goodwill value as patients appreciate that their views were being sought.

### **Validity and reliability of the study**

Surveys used to assess patient satisfaction are imperfect method (20). As a result, the scores obtained by these tools always contain some measurements error that can be

classified as either random or constant in nature. It is impossible to know to what extent the results reflect “true scores” as opposed to “measurement error”. Measurement error can be caused by situational factors at the time of measurement, variations in administering the survey, how questions and response categories are constructed, characteristics of a respondents, and variety of other sources.

Reliability refers to degree of consistency with which the survey measures patient satisfaction. The more reliable instrument, the less random error is present in the scores. Validity refers to the degree to which the survey actually measures the satisfaction construct. Determining both reliability and validity can help to ensure that questionnaire results are accurate.

Hendriks at al (37) examined validity of the satisfaction with Hospital care Questionnaire (SHCQ) for measuring patient satisfaction and establishing hospital care quality. They found that within some scales patient’s ranking of the items should be interpreted cautiously. But still patients’ ratings may yield a valuable point of departure for hospital care quality improvement.

### **Sample features**

Tendency of increasing number of the male by age in sample can be due year season and luck of the work at home. They pay more attention to health problems in wintertime than in summer and autumn, when are many activities regarding their gardens.

Explanation for the biggest percent of the patients from county towns and district centers can be due the patients believe that services in the city are the highest quality, that there work experienced professionals of highest qualification. Explanation for the distribution by age in-group by residence place can be due the absence of same kinds of specialized health care services (gynecology, neurosurgery, cardio surgery etc.) in district centers and towns. Smallest number of the patients from other counties is due financing system for secondary health care services by regional Sickness funds, which are responsible to reimburse services for the patient from their region.

Educational system in Lithuania also was under the big reforms during the last 10 years. Earlier there were no colleges in Lithuania. Today many vocational schools were reorganized to the colleges, and high schools to the universities. During the reform not

yet are decided, what level of education have people, who graduate before the reform. But the main idea is that those who graduate former high schools and universities will be valued as university degree, vocational school and highest schools – college degree. So many patients with college level could be due the different understanding of the educational system between the patients.

Generally are considered, that single group must be the biggest, because they are risk group depending to bad health status. In this study could be so small group due the discharging days, because maybe more single patients were discharged at weekend days, but sampling was made on working days.

The bigger white-collar workers group between patients could be due the some winter season diseases (especially influenza, other upper and lower respiratory tract diseases). During the other seasons maybe situation would be different. It seems also strange so small number of blue-collar patients. It can be due the economical situation and their own work, when workers are afraid to stay in hospital and are treated in outpatient department.

### **Presumable explanations**

Results of the study shows, that majority of the patients were satisfied with hospitalization order in Klaipeda hospitals.

Satisfaction with getting enough time for discussion with the doctor was higher for younger patients, because they mostly were admitted to the hospital with acute disease and diagnosis was clear. To explain problem needed less time. Older patients have more chronic diseases with different complications. They needed more time to explain diseases history and feel not satisfied, if time is too short. Satisfaction with getting enough time for discussion with the doctor is lower for employed people and male patients, because they mostly don't have enough time for discussion same as doctor and like to solve problem quicker as possible. Female and unemployed patients are less satisfied with short discussion. Another reason can be differences in doctor and patient communication skills. Most specialist doctors use a "managerial" style when examine patient and don't allow patient to discuss enough (41,42). Training in communication

skills for specialists can improve the use of strategies and skills for carrying out patient-centered consultations and increase patients' satisfaction with discussion.

Study results showed that patients from the city compare to patient from countryside needed more understandable explanation from doctors about their health condition or treatment plan. Reason for that could be different possibilities of those groups to get health information. Patients from the city can easier to get internet, libraries and other information sources to increase their knowledge. Informed patients are more likely to actively participate in their care, make wiser decisions, come to a common understanding with their physicians, and adhere more fully to treatment (43, 44). Health professionals have to find which information every individual patient can understand, find individual communication way, find out to what extent an individual patient wants to be involved in decision-making, Also care providers should remember that even commonly used medical terminology should be carefully explained to their patients (46).

According to the date of the study, doctor listened more to male patients compare to female. Results were statistically significant. Female patient were satisfied with the discussion duration more than the results of the discussion. Doctors listened to female patient with attention, but make decision were more on their own experience.. Male patient were more concrete and had stronger opinion. Female patient trusts more to doctor opinion ant it was easier for doctor to make decision on his own, male patient are more assertive with his opinion. To be effective, the clinician must gain an understanding of the patient's perspective on his or her illness. Gender is very important element that needs to be taken into consideration (45).

Study results show, that majority of the patients' thought, that doctor wasn't deliberately not telling certain things which patient wanted to know. Odds to be deliberately not told certain things that patient want to know was higher for patients with higher educational level and who had a work. That could be due the typical characteristics of those socioeconomic groups, such as knowledge level and communication experience level. Historically in medicine, there was opinion, that the physician knew best and the patient accepted the recommendation without question. Nowadays that replaced shared decision-making. Patients want ask questions and know

the entire true concerning their health. (45, 47) It is clear from the literature that better physician communication skills improve patient satisfaction and clinical outcomes (48). According to results of the study, younger and unemployed patients got less possibility to discuss with the doctor any anxieties or fears concerning patients' condition or treatment. Reasons for that could be lack of doctor's attentiveness or patient's diffidence. In some studies at the top of the patient's preferences list were found physicians' attentiveness and patience (49, 50) But due to the intensive work doctors can't be so attentive as patients expect. Following that and seeing doctors preoccupied, patients feel diffident and afraid to disturb doctor. Physicians could more effectively facilitate patient involvement by more frequently using partnership-building and supportive communication (51).

According to results majority of the patients were satisfied with the doctor attention during conversation. Although results were not statistically significant, Odds were higher for patient who lived outside the city and with lower educational level. Main reason for that could be patient as equal partner for conversation, more educated and from the same level community as doctor. Also conversation depends from some other aspect. The greatest single problem in clinical interviewing is the failure to let the patient tell their story. Results show that for more educated patients from the city it is easier to tell story and doctor pays more attention to them by using active listening, which is an advanced communication skill (53).

Satisfaction with the cleanliness in appointed department was higher between the patients from countryside and patients with higher educational level. Explanation for that finding can be attitudes and demands of those patients. People from countryside same as people with the lower educational level are paying less attention to tidiness. But generally, hospital cleanliness is quite an important factor to overall satisfaction with hospital care (54).

Study results concerning patient's possibility to make friendly contact with the other show that more female than male feel bothered or threatened by other patients because of changing natural home environment to hospital environment. For females are more important confidentiality, security, dignity and respect. Patients with higher education have more communication skills so feel less bothered or threatened by other patients. Previous literature has revealed that patients in various health-care facilities worldwide

have experienced dissatisfaction with aspects of the hospital environment (55). Opinion of the patient also depended from the hospital possibilities to arrange smaller wards, where are treating 1-2 patient. It is important to provide the setting customers expect and create an environment that meets or exceeds customer needs for safety, security, support, competence, physical comfort, and psychological comfort (56).

Patients' opinion about respect and dignity during treatment showed some differences between gender, living place and marital status. Male were not so demanding for respect and dignity because of self-reliance and higher sociability compare to female. Consequently patients from cities were more demanding for respect and dignity compare to patients from countryside. Patients living alone also needed more respect and dignity. Patients give themselves respect ad dignity when they believe in themselves, have the courage to set boundaries, have control over themselves and their situation (58). Patients' dignity should be maintained at all times and health care workers need to recognize that they themselves need dignity in order to promote dignity in others (57).

Waiting time is a significant component of patient satisfaction (59). Study results show, that generally patients were satisfied with given information and spend waiting time in reception department before they had been sent to the appointed department for hospitalization. Male, patients with lower educational level and single patients were more satisfied with given information and spend waiting time in reception department, but result were not significant statistically. Waiting time also depends from patients characteristics and their behavior. Some patients arrive earlier for planned consultation and consequently have a longer actual waiting time than on time or late patients. When corrected for these early arrivals, there is no difference in waiting times. (60) When patient are coming at the time there is no other patients waiting, consequently they get possibility for more information from doctor. That can influence and make longer waiting time for other patients. Different aspects of reception can influence patients' satisfaction and must be considered.

Study results didn't show any statistically significant difference for patients' satisfaction on given privacy. But it is evidence that the patient privacy protection and respect assure the quality of care. The gender of the person who cares is important factor for the maintenance of privacy (61). Female, younger and living alone patients were less

satisfied with given privacy. Those socioeconomic groups are more sensitive for social environment, so privacy for them is more important. Wherefore necessary to change personnel attitude and every time find possibility to speak with patient without any additional person. To do that in Lithuanian hospitals are not so easy, because special rooms for individual examination are needed. But in old buildings to change planning is not so easy.

After discharging from hospital with given information about continuity of the treatment were more satisfied older and living not alone patients. It can be due the possibility of those patients to know that information from earlier hospitalization, life experience and possibility to ask that information from fellow-man. Also that information is needed more for in patients with an increased need for follow up.

## **CONCLUSIONS**

This study showed some important issues concerning patient experiences and satisfaction with hospital health care services:

1. Overall, majority of the patients were satisfied with hospitalization order in Klaipeda hospitals.

2. Satisfaction with getting enough time for discussion with the doctor was higher for younger, female and unemployed patients because of time shortage from both sides. Better physician communication skills improve patient satisfaction and clinical outcomes.

3. Patients from the city were more informed about health issues, needed more understandable explanation from doctors about their health condition or treatment plan and were more likely to actively participate in their care.

4. Female patient were satisfied with the discussion duration more compare to male than the results of the discussion, where gender is very important element that needs to be taken into consideration.

5. Younger and unemployed patients got less possibility to discuss with the doctor any anxieties or fears concerning patients' condition or treatment due to lack of doctor's attentiveness or patient's diffidence. Physicians could more effectively facilitate patient involvement by more frequently using partnership-building and supportive communication.

6. More educated patients from the city are easier to tell story and doctor pay more attention to them by using active listening, which is an advanced communication skill.

7. Hospital cleanliness is quite important factor to overall satisfaction with hospital care.

8. Patients with higher education have more communication skills so feel less bothered or threatened by other patients. It is important to provide the setting customers expect and create an environment that meets or exceeds customer needs for safety, security, support, competence, physical comfort, and psychological comfort.

9. Female, patients from cities and living alone were more demanding for respect and dignity, which should be maintained at all times.

10. Waiting time is a significant component of patient satisfaction and depends from patients' characteristics and their behavior. Different aspects of reception can influence patients' satisfaction and must be considered.

11. Female, younger and living alone patients were less satisfied with given privacy, for which maintenance the gender of the person who care are important and assure the quality of care.

12. Information about continuity of the treatment were needed more for patients with an increased need for follow up, younger and living alone patients.

## IMPLICATIONS FOR FUTURE

In order to find relevant evaluation methods for patient satisfaction and patients' experience, studies must be adopted mostly for local situation, because health care policy differ not only from countries, but in some extent from counties and municipalities. In order to increase patient satisfaction, it is needed to increase patients' knowledge. There greater emphasis must be placed on patient education within hospitals health care services as a whole, not only in primary health care. The patient should expect to receive personal treatment and nursing care based on scientific know ledges and utilization of the patient's own recourses.

Today it is important to clarify the concept of patient satisfaction and to make clear what influences patient satisfaction from the perspective of the patient.

It is important to carry out similar quantitative studies for patients' satisfaction, but also would be very useful to change design of such studies to qualitative study. They are needed to evaluate patient's perspective. When this has been achieved, the development of new instruments can be continued.

There is also reason to focus on a measurement of patient dissatisfaction, as this may be another step forward in improving patient satisfaction and thereby the quality of care.

Also this study showed, that it is possible to measure patient satisfaction in relation to patient health in general and experiences of used health care services (how often and how long). It seems, that one time bad experiences can lead to dissatisfaction at all the other times, not depending from the quality of health. In such studies it is very important to find instrument, how to recognize such patients for separate evaluation.

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## **Enclosure 1. Questionnaire (English version)**

### **Questionnaire**

Dear patient,

The physicians and nurses of hospitals want to provide the best possible quality health care services you need. (But not always they succeed.) To do this, they would need your help, because only you are in the position to say what you like and what you did not like in hospital. They are trying to find out what patients think about the care they receive at hospital, so that personnel can provide the best possible quality of health care that patients (want) need. Therefore we had constructed a questionnaire and would kindly ask you to complete this questionnaire.

The questionnaire is anonymous. The answers will be generalized and analyzed statistically. We hope that you will express your opinion clearly. Your negative comments are also very valuable and would be a great help for the personnel and administration to better organize the work at the hospitals.

The questionnaire consists of different sections and it covers the whole time period spent at hospital. Please answer all questions. For each question please tick clearly inside one box using a black or blue pen. Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

Please do not write your name or address anywhere on the questionnaire, because we need only those characteristics, which are listed in questionnaire and necessary for statistical evaluation.

Before answering, please read carefully the question and all answer alternatives in order to choose the one closest to your opinion. If you have any questions, please contact the person, who delivered questionnaire to you. Please return questionnaire also only to this person.

**Your participation is voluntary.  
Your answers will be treated in confidence.  
Thank you for co-operation!**

Yours sincerely,  
Organizers

### 1. ARRIVAL AT THE HOSPITAL

1.1. Following your arrival to the hospital reception department, were you satisfied with given information and spend waiting time there before you had been sent to the appointed department for hospitalization?

- Yes, definitely
- Yes, but not enough information
- Yes, but the wait was longer
- No
- Don't know/ can't remember

### 2. WAITING IN APPOINTED DEPARTMENT

2.1. What was your appointed department?

- Surgery
- Traumatology
- Urology
- Internal diseases
- Pulmonology
- Neurology
- Cardiology
- Other

2.2. Following your arrival to the department, were you told how long you would have to wait to get a bed?

- Yes, but the wait was shorter
- Yes, and I had to wait about as long as I was told
- Yes, but the wait was longer
- No, I was not told
- Don't know/ can't remember

2.3. Following your arrival to the department, were you told how long you would have to wait to be examined?

- Yes, but the wait was shorter
- Yes, and I had to wait about as long as I was told
- Yes, but the wait was longer
- No, I was not told
- Don't know/ can't remember

### 3. DOCTORS AND NURSES

3.1. Did you have time to discuss your health or medical problem with the doctor (enough)?

- Yes, definitely
- Yes, to some extent
- No
- I did not see a doctor or a nurse at arrival day

3.2. While you were in the appointed department, did a doctor or nurse explain your condition and treatment in a way you could understand?

- Yes, completely
- Yes, to some extent
- No
- I did not need an explanation

3.3. Did the doctors and nurses listen to what you had to say?

- Yes, definitely
- Yes, to some extent
- No

3.4. Did you think that doctors or nurses were deliberately not telling you certain things that you wanted to know?

- Yes, definitely
- Yes, in some extent
- No

3.5. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?

- Yes, completely
- Yes, to some extent
- No
- I didn't have anxieties or fears

3.6. Did you have confidence and trust in the doctors and nurses examining and treating you?

- Yes, definitely
- Yes, to some extent
- No

3.7. In your opinion, did the doctors and nurses in the department know enough about your condition or treatment?

- All of them knew enough
- Most of them knew enough
- Only some of them knew enough
- None of them knew enough
- Don't know/ Can't say

3.8. Did doctors or nurses talk in front of you as if you weren't there?

- Yes, definitely
- Yes, to some extent
- No

### 4. YOUR CARE AND TREATMENT

4.1. While you were in this department, how much information about your condition or treatment was given to you?

- Not enough
- Right amount
- Too much
- I was not given any information about my treatment or condition
- I refused any information

4.2. Were you given enough privacy when discussing your condition or treatment?

- Yes, definitely
- Yes, to some extent
- No

4.3. Were you given enough privacy when being examined or treated?

- Yes, definitely
- Yes, to some extent
- No

4.4. Sometimes in a hospital, a one member of staff will say one thing and another will say something quite different. Did this happen to you in this department?

- Yes, definitely
- Yes, to some extent
- No

4.5. Were you involved as much as you wanted to be in decisions about your care and treatment?

- Yes, definitely
- Yes, to some extent
- No
- I was not well enough to be involved in decisions about my care
- I trust the personnel and didn't want to be involved

#### **5. TESTS (e.g. x-rays or scans)**

5.1. Did you have any tests (such as x-rays, ultrasounds or scans) when you visited the hospital?

- Yes
- No

5.2. Did a member of staff explain the results of the tests in a way you could understand?

- Yes, definitely
- Yes, to some extent
- No
- Not sure/ Can't remember
- I was told that the results of the tests would be given to me at a later date
- I was never told the results of the tests

5.3. Were you involved as much as you wanted to be in decisions about your tests?

- Yes, definitely
- Yes, to some extent
- No
- I was not well enough to be involved in decisions about my test
- I trust the personnel and didn't want to be involved

#### **6. HOSPITAL ENVIRONMENT AND FACILITIES**

6.1. In your opinion, how clean was the department?

- Very clean
- Fairly clean
- Not very clean
- Not at all clean
- Can't say

6.2. How clean were the toilets in the department?

- Very clean
- Fairly clean
- Not very clean
- Not at all clean
- I did not use a toilet

6.3. While you were in this department did you feel bothered or threatened by other patients?

- Yes, definitely
- Yes, to some extent
- No

#### **7. MEDICATIONS AND ADDITIONAL CARE AND TREATMENT TOOLS**

7.1. Where did you get medicines during your stay in hospital

- From hospital free of charge
- Doctor prescribed and ask to buy myself
- I brought all medicines from home
- Hospital gave medicines, but I refused and bought more effective medicines.
- Some got from hospital, some needed to buy.

7.2. Where you got additional care and treatment tools during your stay in hospital

- From hospital free of charge
- I bought myself
- I brought everything from home
- Hospital gave tools, but I refused and bought more adapted for me tools.
- Some got from hospital, some bought.

7.3. Before you left the Hospital, were any new medications prescribed for you?

- Yes
- No, but doctor ask me to went to GP for prescription
- No

7.4. Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?

- Yes, completely
- Yes, to some extent
- No
- I did not need an explanation

7.5. Did a member of staff tell you about medication side effects to watch for?

- Yes, completely
- Yes, to some extent
- No
- I did not need this type of information

## 8. INFORMATION

8.1. Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?

- Yes, completely
- Yes, to some extent
- No
- I did not need this type of information

8.2. Did hospital staff tell you whom to contact after you got home if you were worried about your condition or treatment?

- Yes, they told me to contact my GP
- Yes, they told me to contact outpatient department
- Yes, they told me to return to this hospital
- Yes, I was told to contact someone else
- No, I was not told who to contact
- I did not need this type of information
- Don't know/ Can't remember

## 9. ABOUT YOU

9.1. Are you man or woman?

- Man
- Woman.

9.2. How old are you?

- 18 - 33 years
- 34 - 50 years
- 51 - 65 years
- 66 - 81 years

9.3. Place of residence

- Village of Klaipeda county
- District centre of Klaipeda county
- Other cities, district centers or villages
- City Klaipeda
- City of Klaipeda county

9.4. What is your highest educational level?

- Scientific degree
- Primary or basic (8-9 classes)
- Secondary
- Vocational
- College
- University

9.5. Your marital status

- Single
- Married
- Unregistered married
- Widow/widowed
- Divorced

9.6. Do you currently

- Work (white-collar)
- Work (blue-collar)
- Work at home (housewife etc.)
- Study
- Are retired
- Are unemployed

## 10. OVERALL

10.1. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

- Yes, all of the time
- Yes, some of the time
- No

10.2. Overall, how would you rate the physicians' and nurses' services you received in the hospital?

- Well
- Fair
- Poor

10.3. Overall, how would you rate your health before treatment?

- Well
- Fair
- Poor
- Very poor

10.4. Overall, how would you rate your health after treatment?

- Very good
- Well
- Fair
- Poor

**Thank you for your contribution**

## **Enclosure 2. Questionnaire (Lithuanian version)**

### **Klausimynas**

Gerb. paciente,

Ligoninių personalo darbo tikslas yra teikti pacientams geriausios kokybės paslaugas. Siekiant užtikrinti paslaugų kokybę, reikalinga Jūsų pagalba, nes tik Jūs galite įvertinti ir pasakyti, kas jums patiko ir kas nepatiko ligoninėse. Mes siekiame išsiaiškinti, ką pacientai galvoja apie suteiktą pagalbą ligoninėse, norėdami pagerinti paslaugų, reikalingų pacientui, teikimo kokybę. Tuo tikslu parengėme klausimyną ir prašome Jūsų jį užpildyti.

Klausimynas yra anoniminis. Atsakymai bus apdoroti ir analizuoti statistiškai. Mes tikimės, kad savo nuomonę jūs išreikšite aiškiai. Jūsų neigiami atsiliepimai taip pat yra labai vertingi ir padės ligoninių administracijoms bei personalui geriau organizuoti darbą ligoninėse.

Klausimynas yra sudarytas iš skirtingų dalių ir apima visą buvimo ligoninėje laikotarpį. Prašome atsakyti į visus klausimus, pažymint X jums priimtina atsakymą juodu ar mėlynu rašikliu. Nebijokite, jei padarėte klaidą – ją galima ištaisyti nubraukiant neteisingą atsakymą ir pažymint teisingą. Prašome nerašyti savo vardo ir pavardės, nes statistiniam įvertinimui reikalingos tik klausimyne pateikti duomenys.

Prieš atsakydami, įdėmiai perskaitykite klausimus ir visus atsakymų variantus, siekiant pasirinkti jums labiausiai priimtina. Galima pasirinkti tik vieną iš atsakymų. Jei jums iškils neaiškumų, prašome kreiptis į asmenį, pateikusį jums klausimyną. Klausimynus prašome gražinti taip pat tik jam, o ne atiduoti personalui.

**Jūsų dalyvavimas yra savanoriškas  
Jūsų atsakymai bus apdorojami konfidencialiai  
Ačiū už bendradarbiavimą.**

Pagarbiai,

Tyrimo organizatoriai

## 1. ATVYKIMAS Į LIGONINĘ

1.1. Patekus į ligoninės priėmimo skyrių, ar jus patenkino suteikta informacija ir laukimo laikas?

- taip, visiškai
- taip, bet nepakako informacijos
- taip, bet laukti teko ilgiau
- ne, man niekas nieko nesakė
- nežinau/ neprisimenu

## 2. LAUKIMAS SKYRIUJE

2.1. Į kokį skyrių jus nukreipė?

- Chirurgijos
- Traumatologijos
- Urologijos
- Vidaus ligų
- Pulmonologijos
- Neurologijos
- Kardiologijos
- Kitą

2.2. Atvykus į skyrių, jūs buvote informuotas kiek laiko teks laukti kol bus paskirta palata/lova?

- taip, bet laukti teko trumpiau
- taip, laukiau nurodytą laiką
- taip, bet laukti teko ilgiau
- ne, man niekas nieko nesakė
- nežinau/neprisimenu

2.3. Skyriuje gavus palatą/lovą, jūs buvote informuotas kiek laiko teks laukti kol būsite apžiūrėtas gydytojo?

- taip, bet laukti teko trumpiau
- taip, laukiau nurodytą laiką
- taip, bet laukti teko ilgiau
- ne, man niekas nieko nesakė
- nežinau/neprisimenu

## 3. GYDYTOJAI IR SLAUGOS

### PERSONALAS

3.1. Ar užteko gydytojo paskirto laiko jūsų sveikatos problemoms išdėstyti?

- taip, visiškai
- taip, dalinai
- ne
- atvykimo dieną gydytojas nebuvo atėjęs

3.2. Ar gydytojai ir slaugos personalas jums suprantamai paaiškino jūsų sveikatos būklę ir gydymo planą?

- taip, visiškai
- taip, dalinai
- ne
- man nereikėjo paaiškinimo

3.3. Ar ligoninių personalas įdėmiai ir iki galo jūsų išklausė?

- Taip, visiškai
- Taip, dalinai
- Ne

3.4. Ar jūsų nuomone personalas sąmoningai jums ne viską pasakė, ką jūs norėjote žinoti?

- Taip, visiškai
- Taip, dalinai
- Ne

3.5. Jei jūs turėjote nerimą ar baimę dėl savo sveikatos būklės ar gydymo, ar gydytojas ir slaugytoja diskutavo su jumis apie tai?

- Taip, visiškai
- Taip, dalinai
- Ne
- Aš neturėjau jokio nerimo ar baimės

3.6. Ar jūs pasitikėjote gydytojų ir slaugytojų apžiūra bei gydymu?

- Taip, visiškai
- Taip, dalinai
- Ne

3.7. Ar Jūsų nuomone skyriaus kiti gydytojai ir slaugytojos žinojo pakankamai apie jūsų sveikatos stovį ir gydymą?

- Visi žinojo pakankamai
- Dauguma žinojo pakankamai
- Tik kai kurie žinojo pakankamai
- Nei vienas nieko nežinojo
- Nežinau/negaliu pasakyti

3.8. Ar gydytojai ir slaugytojos kalbėjo su jumis neįdėmiai, lyg Jūsų čia nebūtų?

- Taip, visiškai
- Taip, dalinai
- Ne

## 4. JŪSŲ PRIEŽIŪRA IR GYDYMAS

4.1. Ar pakankamai informacijos jums buvo suteikta apie jūsų sveikatos būklę ir gydymą?

- Nepakankamai
- Pakankamai
- Per daug
- Man nebuvo suteikta jokia informacija
- Aš atsisakiau, kad man būtų teikiama informacija

4.2. Ar pakankamai buvo užtikrintas jūsų privatumas, pokalbiuose apie sveikatos būklę ir gydymą?

- Taip, visiškai
- Taip, dalinai
- Ne

4.3. Ar buvo užtikrintas jūsų privatumas tyrimo ir gydymo metu?

- Taip, visiškai
- Taip, dalinai
- Ne

4.4. Ar buvo tokių atvejų, kada ligoninės personalo suteikiama informacija skirdavosi viena nuo kitos savo esme ir turiniu?

- Taip, visiškai
- Taip, dalinai
- Ne

4.5. Ar jums buvo suteikta teisė dalyvauti priimančiam sprendimui dėl gydymo ir priežiūros plano?

- Taip, visiškai
- Taip, dalinai
- Ne
- Mano būklė buvo sunki, todėl negalėjau dalyvauti sprendimo priėmimo
- Aš pasitikiu personalu, todėl nenorėjau prisiimti atsakomybės sprendimuose

## 5. TYRIMAI (rentgeno, ultragarso ir pan.)

5.1. Aš jūs su savimi atsinešėte padarytus tyrimus į ligoninę?

- taip
- ne

5.2. Ar personalas pakankamai suprantamai jums paaiškino tyrimų rezultatus?

- Taip, visiškai
- Taip, dalinai
- Ne
- Nežinau/neatkreipiau dėmesio/neprisimenu
- Man paaiškino, jog rezultatus sužinosiu vėliau
- Man niekada nebuvo pateikti tyrimų rezultatai

5.3. Ar jums buvo suteikta teisė dalyvauti priimančiam sprendimui dėl tyrimo?

- Taip, visiškai
- Taip, dalinai
- Ne
- Aš per blogai jaučiausi, kad galėčiau priimti sprendimą
- Aš pasitikėjau personalu ir nenorėjau dalyvauti sprendimų priėmimo

## 6. LIGONINĖS VIDAUS IR IŠORINĖ

### APLINKA

6.1. Jūsų nuomone, ar skyriuje buvo švaru?

- Labai švaru
- Pakankamai švaru
- Nelabai švaru
- Visiškai nešvaru
- Nežinau/neatkreipiau dėmesio

6.2. Jūsų nuomonė apie tualetus ligoninėje?

- Labai švaru
- Pakankamai švaru
- Nelabai švaru
- Visiškai nešvaru
- Aš nesinaudojau tualetu

6.3. Ar jūs turėjote nepatogumų ar nesaugumo dėl kitų pacientų?

- Taip, visiškai
- Taip, dalinai
- Ne

## 7. VAISTŲ SKYRIMAS, PAPILDOMA PRIEŽIŪRA IR MEDICININĖS PRIEMONĖS

7.1. Kur jūs gavote gydymui reikalingus vaistus?

- Iš ligoninės nemokamai
- Gydytojas išrašė ir liepė nusipirkti pačiam

- Atsinešiau iš namų
- ligoninė skyrė, bet aš atsisakiau ir nusipirkau efektyvesnius vaistus.

- Dalį iš ligoninės, dalį nusipirkau pats.

7.2. Kur jūs gavote papildomas medicinines priemones slaugai ir gydymui

- iš ligoninės nemokamai
- nusipirkau pats
- viską atsinešiau iš namų
- ligoninė davė, bet aš atsisakiau ir nusipirkau pats

- Dalį iš ligoninės, dalį nusipirkau pats

7.3. Ar jums buvo skirti vaistai išleidžiant į namus?

- Taip
- Ne, bet gydytojas nukreipė pas savo šeimos gydytoją išsirašyti skirtų vaistų
- Ne

7.4. Ar personalas pakankamai aiškiai paaiškino vaistų skyrimo ir naudojimo namuose tikslumą?

- Taip, visiškai
- Taip, dalinai
- Ne
- Man nereikėjo paaiškinimo

7.5. Ar personalas pasakė jums apie vaistų šalutinį poveikį, į kurį reiktų atkreipti naudojant vaistus?

- Taip, visiškai
- Taip, dalinai
- Ne
- Man nereikėjo paaiškinimo

## 8. INFORMACIJA

8.1. Ar personalas paaiškino, į kokius simptomus reiktų atkreipti dėmesį namuose ryšium su jūsų liga ir kreiptis į gydytoją?

- Taip, visiškai
- Taip, dalinai
- Ne
- Man nereikėjo jokio paaiškinimo

8.2. Ar personalas paaiškino, kur reiktų kreiptis dėl pablogėjusio sveikatos stovio ir gydymo?

- taip, jie pasiūlė kreiptis į šeimos gydytoją
- taip, jie patarė kreiptis į ligoninės ambulatorinį konsultacinį skyrių
- taip, jie pasiūlė grįžti į ligoninę
- taip, jie pasiūlė kreiptis į ką nors kitą
- Ne, man nepaaiškino, kur kreiptis
- Man nereikia tokios informacijos
- Nežinau/neprisimenu

## 9. APIE JUS

### 9.1. Lytis

- Vyras
- Moteris..

### 9.2. Amžius?

- 18 - 33 m.
- 34 - 50 m.
- 51 - 65 m.
- 66 - 81 m.

### 9.3. Gyvenamoji vieta

- Kaimo vietovė
- Klaipėdos apskrities rajono centras
- Kitos apskrities rajono centras
- Klaipėda
- Kitas Klaipėdos apskrities miestas

### 9.4. Išsilavinimas?

- Mokslinis laipsnis
- Pradinis ir pagrindinis (8-9 klasės)
- vidurinis
- profesinis
- aukštasis (kolegijos)
- universitetinis

### 9.5. Šeimyninė padėtis

- nevedęs
- vedęs
- Susidėjęs
- Našlys
- Išsiskyres

### 9.6. Darbinė padėtis

- Protinis ir ofisinis darbas
- fizinis darbas
- darbas namuose (šeimininkė)
- moksleivis, studentas
- pensininkas
- bedarbis

## 10. APIBENDRINIMAS

10.1. Apibendrinant Jūsų gydymą, ar ligoninėje buvo laikomasi pagarbos ir orumo jūsų atžvilgiu?

- Taip, visiškai
- Taip, dalinai
- Ne

10.2. Apibendrinant, kokių būdu įvertintumėte slaugos paslaugas?

- Gerai
- Patenkinamai
- Blogai

10.3. Apibendrinant, kokių būdu įvertintumėte savo sveikatos būklę prieš gydymą?

- Gerai
- Patenkinamai
- Blogai
- Labai blogai

10.4. Apibendrinant, kokių būdu įvertintumėte savo sveikatos būklę po gydymo?

- Labai gerai
- Gerai
- Patenkinamai
- Blogai

**Nuoširdžiai dėkojame už jūsų atsakymus**

