

Perception of healthcare service access, rapidity and healthcare provider-patient communication at the University Teaching Hospital of Kigali.

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ABSTRACT

BACKGROUND: Healthcare industries have seen recent movements towards continuous quality improvement and patient satisfaction which were put into metrics used to measure the quality of health care services. Our objectives were to determine the levels of services delivered and to measure the satisfaction of patients and family's perceptions on the quality of healthcare services at the University Teaching Hospital of Kigali (CHUK).

METHODS: This study used a purposive sampling method to determine the sample size calculation. Data was collected through a questionnaire distributed to patients and patient families who presented at CHUK from January to March, 2016. The analysis of qualitative data was done using Ritchie and Spencer analysis development (1994) while quantitative data analysis was done with Statistical Package for the Social Sciences (SPSS).

RESULTS: We found that 52% of participants visited the hospital because of a chronic health condition. 80% used neither phone calls nor text messages to book appointments. 14% of patients used phone calls and 2% sent text messages to book an appointment but they remained unanswered. 82% got appointments on time. The majority (44%) of the participants didn't wait at registration windows. After registration, 20% of participants were instantly seen by a health care provider while 19% waited up to 1 hour to be attended to.

CONCLUSION: We found that the majority (80%) of participants didn't use the phone when requesting appointments. Therefore, people should be announced of the existence of phone-based appointment systems. In addition, web-based appointment systems should be established for prompt service.

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INTRODUCTION

The measurement of the quality of healthcare services is receiving increased attention in public health discussions, and hospitals are improving the quality of patient care which is one of the metrics to measure the quality of care provided by hospitals [1].

Satisfaction is defined as person's feelings of pleasure or disappointment from comparing outcomes in relation to expectations [2]. There is no consensus in the literature on the definition of patient satisfaction in healthcare. In Donabedian's quality measurement model, patient satisfaction is defined as a patient-reported outcome measure [3].

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Many authors tend to have different perceptions of the definitions of patient satisfaction. For some authors, patient satisfaction represents attitudes towards care or aspects of care [5] while others consider patient satisfaction as patients' emotions, feelings and perceptions of delivered healthcare services [2]. Studies on patient satisfaction provide important information and tools to develop an action plan for the improvement of the quality of patient care. These tools are useful in improving the health care services [5].

In our study, we measured the level of services delivered by doctors and nurses to patients with the aim of improving quality services delivered in the hospital.

METHODS

The study involved qualitative and quantitative approaches, and was conducted at CHUK

A purposive sampling method was used to identify the participants. Data collection used a questionnaire as a tool to collect information from patients and patient families who were present in the hospital from January 2016 to March 2016 in the outpatient department. The questionnaire used in our study has been validated by the Health Center Patient Satisfaction Survey, Health Resources and Services Administration (HRSA) at <http://bphc.hrsa.gov/patientsurvey/>, 15/July/2010.

Analysis of qualitative data was done using analysis development by Ritchie and Spencer (1994) about the quality management reports. Quantitative data analysis was done using SPSS.

The participation in the study was voluntary and anonymous after signing an informed consent, and patients could withdraw from the study at any time.

RESULTS

No data was missing, as all questions were answered in the questionnaire. 62 patients participated in the study.

Motivation of hospital visits

We asked the participants the reasons of their most recent visit to CHUK, and 52% of participants reported breakout of the long-term health

condition, 45% reported seeking help for a new health problem and 3% reported routine visit (Figure 1).

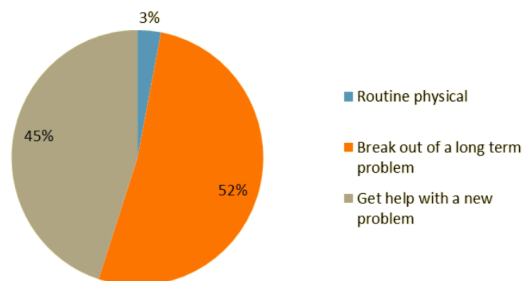


Figure 1: Motivation of most recent hospital visits

Appointments made through phone calls

When asked if they were answered when calling for an appointment at CHUK, 14% of participants responded that their phone calls to book an appointment remained unanswered, 2% got a busy signal, 2% said they left a message that remained unanswered, 2% reported that their phone calls were answered after ringing many times, and the majority (80%) didn't use phone calls to book an appointment (Figure 2).

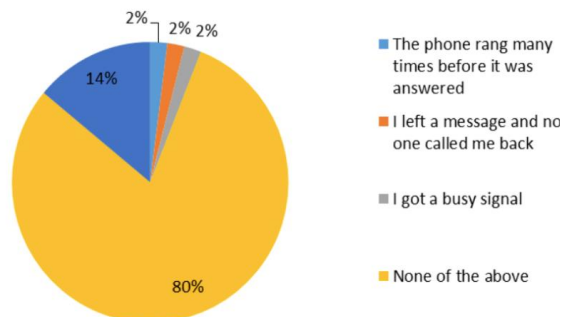


Figure 2: Phone-based appointment response

Courtesy of hospital employees who made an appointment

We asked the participants how they would rate the courtesy of the customer care providing hospital appointments, and the majority (37%) scored them good, followed by very good at 31%. excellent was reported by 11% of participants, 13% gave a fair score while a poor rating was provided by the minority (8%) of participants (Table 1).

Table 1: The courtesy score of the customer care in charge of hospital appointment

Responses	Participants	Percentage
Poor	5	8%
Fair	8	13%
Good	23	37%
Very Good	19	31%
Excellent	7	11%
Total	62	100%

Patient waiting time prior to receiving healthcare services

When asked how long they had to wait at admission and registration desks, the majority of participants (44%) responded that they didn't wait, while 24% spent more than 30 minutes waiting. The waiting time of 16-30 minutes was reported by 21% while the minority had to wait for 1 to 5 minutes. (Figure 3).

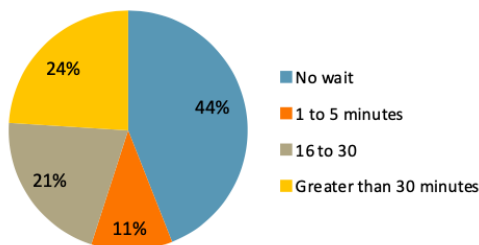


Figure 3: Waiting time of participants at registration desk

The participants who said that they had to wait 1-10 minutes after registration before being received by the healthcare provider were 21%. The percentage of participants who reported a waiting time of 11-20 minutes was 15%, 21-30 minutes was 15%, and 19% spent up to 1 hour. However, 20% reported not waiting at all with a minority of 10% who could not remember how long they waited (Figure 4).

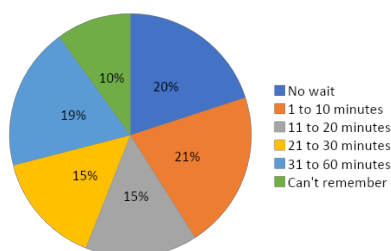


Figure 4: Waiting time of participants before reception of healthcare provider

The healthcare providers and patient interaction and communication

We asked participants whether the healthcare provider gave them the time to explain more the reasons for their visit and listen to the details of their complaints while in discussion. Among the responses received, 67% responded that the healthcare provider gave them complete time, 18% responded that they were given some time, while 10% responded that they were given no time. 85% said that they were listened to, 5% were somewhat listened to, while 10% of them had nothing to discuss (Table 2).

Table 2: The healthcare providers and patient interaction and communication during discussion

Time given to explain the reason for hospital visit			The healthcare provider listened to patients		
Responses	Participants	Percent	Responses	Participants	Percent
Yes	42	67%	Yes	53	85%
Some time	11	18%	Somewhat	3	5%
No	9	15%	No discussion	6	10%
Total	62	100%	Total	62	100%

DISCUSSION

This study had the objective of evaluating the level of hospital service delivery, and patients and families perceptions on the quality of healthcare services at (CHUK).

The reason for the patient's hospital visit is an essential tool to measure patient's satisfaction. Thus, we found that most of the patients visited the hospital due to the breakout of the previously treated longterm conditions, and very few (3%) visited for routine reasons.

We found the same reasons for hospital visits as in a study done in Atlanta, Dallas and Seattle where longterm chronic conditions and diseases were identified to lead to repeated hospital visits [6].

In our study, 80% of participants didn't use CHUK's established phone call services to book an appointment. Reduced usage might be explained by our study finding that 14% of participants who used a phone call to book an appointment were never answered. We also found that 2% tried to send text messages but didn't get responses.

Different studies found that the use of phone calls and Short Message Services (SMS) for hospital appointments were traditionally used for a long time and were effective [7, 8].

However web-based appointment system was more efficient than traditionally phone-based appointment system. It was found to reduce up to 42% of absence of patients at hospital appointments [8]. Therefore, our study showed that CHUK might be missing out the efficiency of health care services and patient satisfaction aided by telephone-based appointment system.

Despite using different ways to book hospital appointments, 82% of participants were able to get timely appointments as they wanted. The satisfaction to get timely appointments was shown by scoring most of the customer care agents as good, very good and excellent by 37%, 31%, and 11% of participants respectively. This is different from what was reported in a study done by Peng Zhao et al. who found that most patients didn't get timely appointments due to limited availability of appointment slots, customer care agents and phone lines [8].

Waiting time at hospital registration was reported by 24% of participants to be more than 30 minutes while the majority (44%) didn't wait at all. 11% of participants waited for 1-5 minutes, while 21% waited 16-30 minutes. In addition to this, we found that 21% (majority) had to wait for 1-10 minutes after checking in before they were received by a healthcare provider. Waiting for 31-60 minutes after checking in was the longest waiting time and was reported by 19% of participants.

In a study done in China, they reported similar findings of patients who spent a long waiting time both at hospital registration services and in waiting rooms before being attended to by doctors [9]. Long waiting time was also reported in a study done in Nigeria where it was found that most 70% of patients tend to wait for up to 2 hours before being received by the healthcare provider [10].

In a study done in Iran, long waiting time in the tertiary hospital was identified as a barrier to effective accessible healthcare and they found that it led to patient dissatisfaction [11]. Findings from this study showed that long term chronic health conditions are the leading reasons for hospital visits. Despite the existence of phone-based appointment system, we found that most of our participants didn't use it and the ones who used it never got answers. However, most of the patients were satisfied and scored well appointment schedulers, but they reported long waiting time before being received.

Patient and healthcare provider relationship and interactions are very important in determining the quality of healthcare services. In our study, the majority (67%) of participants reported that the healthcare provider gave them enough time to explain their complaints, and 85% of them reported that healthcare providers paid attention to listen to them; though 15% of them were not given time to explain their complaints. Communication between healthcare providers and patients is important as shown in a study done in UK where they revealed that both patients and healthcare providers interaction can affect the health outcomes [12].

All of these findings highlight the need for campaigns for the prevention of diseases which leads to the reduction of chronic health conditions.

People should be announced of the existence of text messages and phone calls as a way of booking hospital visits appointments. There should be a web-based appointment system that operates in autonomy and reducing the need for schedulers to give patients prompt responses.

The web-based appointment system is more efficient than traditionally phone-based appointment system [8], and increasing the number of healthcare workers, coupled with their training on the management of hospital visits appointments can help to reduce the patients waiting time and the number of unanswered phone calls.

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