Measuring Patient Satisfaction with Urinary Incontinence Treatment

Introduction

1. Incontinence affects ~38% of females and ~10% of males
2. Treatment outcomes are symptom relief, improved quality of life
3. Another outcome is satisfaction with health care:
   - Expectation that clinicians will ‘care’ or alleviate symptoms
   - Patients’ rights sees patients as ‘consumers’ who need to be informed, consulted and involved in medical decision-making
   - Patient views help monitor health care quality

Theories of patient satisfaction suggest it covers 7 areas:

1. Incontinence affects ~38% of females and ~10% of males
2. Treatment outcomes are symptom relief, improved quality of life
3. Patient views help monitor health care quality
4. ~80% of respondents report being ‘satisfied’; how to interpret this?

Results 1: Comparison of instruments

1. Most studies used a single-item
2. Another outcome is satisfaction with health care:
   - The technical quality of care
   - Treatment effectiveness (helping the daily life of the patient)
   - The relationship with health care providers
   - Participation in making health care choices
   - Satisfaction with health care choices
   - General satisfaction

Methods

Random sample of physiotherapy and surgery patients:
- Females; Fix in previous 12-months
- Patients sampled from St George Hospital (Sydney) & Royal Women's Hospital (Melbourne)

Participants

- Participation rate = 44% (N =184)
- Treatment: Physiotherapy (27%), Surgery (40%), Both (33%)

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- Then-test: Improved (82%), No change (12%), Worse (6%)

Results 2: Construction of the SAPS

Comparison of four patient satisfaction instruments:
- CSQ-18 (Client Satisfaction Questionnaire; 18 items)
- Consult SQ (Consultation Satisfaction Questionnaire; 18 items)
- Genito-Urinary Treatment Satisfaction Scale (GUTSS; 10 items)
- PSI (Patient Satisfaction Inventory; 23 items)

1. Most studies used a single-item
2. Another outcome is satisfaction with health care:
   - The technical quality of care
   - Treatment effectiveness (helping the daily life of the patient)
   - General satisfaction

Disatisfaction occurs where there are multiple transgressions or where there is a catastrophic failure in one area

Results 3: Psychometric properties of SAPS

Theories of patient satisfaction suggest it covers 7 areas:

1. Treatment: Physiotherapy (27%), Surgery (40%), Both (33%)
2. Preparing the data
3. Analysis

Participants

- Participation rate = 44% (N =184)
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Results 4: Responsiveness of SAPS

Comparison of instruments

- Consult SQ
- CSQ-18
- GUTSS
- PSI

Interpretation:
- Excellent coverage of patient satisfaction theory areas
- No substantial violations of Guttman monotonicity
- Loewinger H exceeds value for strong unidimensional scale
- Consistent relationships between items

Conclusions

1. All 4 patient satisfaction instruments shown to have some measurement problems
2. Postling of items led to the construction of the SAPS
3. SAPS (7-items) shortest instrument and has excellent internal psychometric properties
4. SAPS more sensitive than any instrument to pooled patient satisfaction estimate
5. SAPS needs to be tested in other samples and populations
6. A single item measure has also been derived from the study

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