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EUR/ICP/HST 125
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WORKING GROUP ON THE MEASUREMENT OF CONSUMER SATISFACTION
WITH REGARD TO HEALTH CARE

Report on a WHO Meeting

Canterbury
31 October - 3 November 1989

1990

EUR/HFA target 35

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TARGET 35

Health information systems

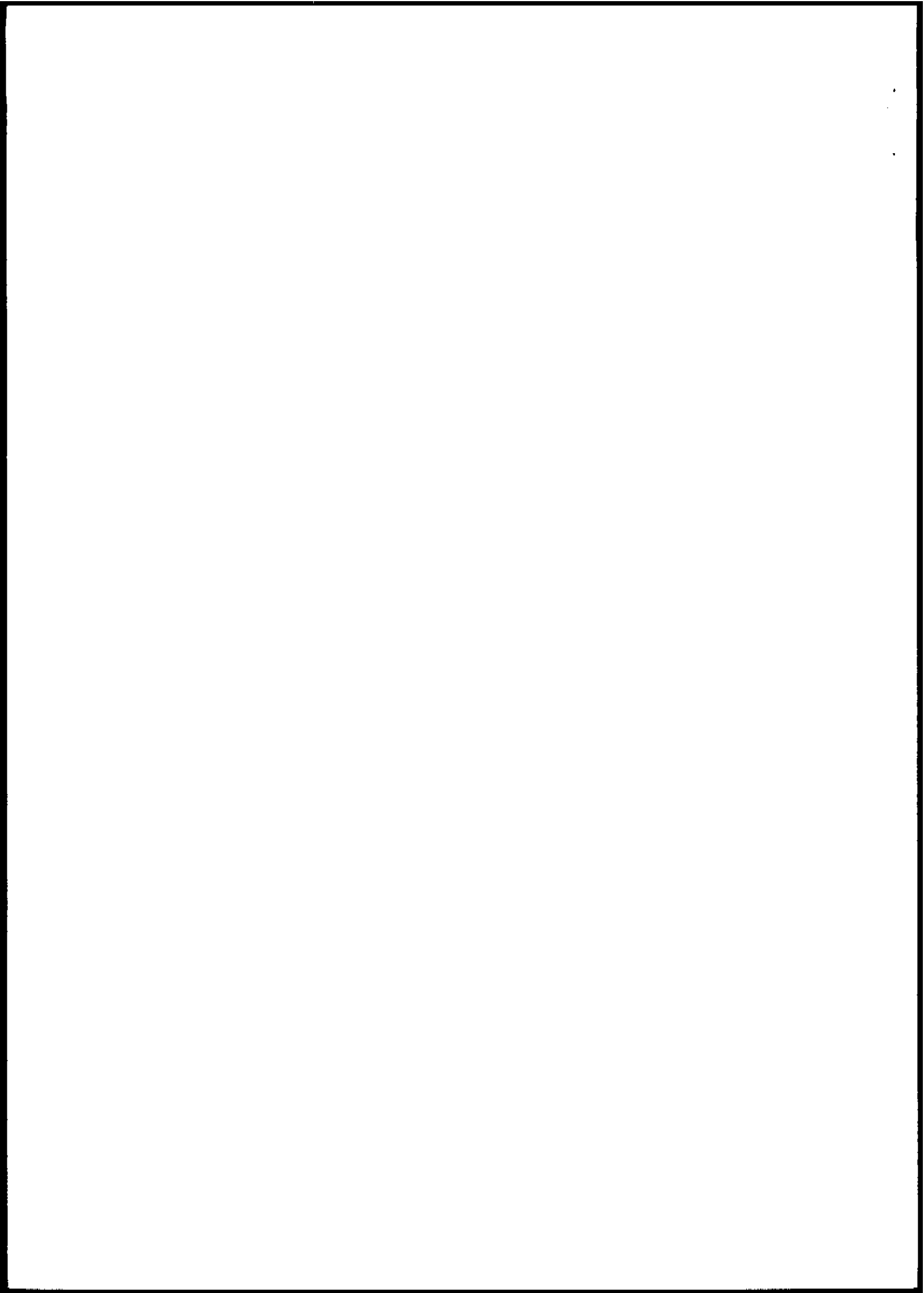
Before 1990, Member States should have health information systems capable of supporting their national strategies for health for all.

Index:

CONSUMER SATISFACTION
QUALITY OF HEALTH CARE
DELIVERY OF HEALTH CARE
EVALUATION
QUESTIONNAIRES

CONTENTS

	<u>Page</u>
1. Introduction	1
2. Scope and purpose	1
3. Overview of the pilot studies	2
4. Comparative analysis of findings and the reliability of core questions	3
5. Plans for future analysis	5
6. Outline and preparation of the study report including standardized instrument for the measurement of consumer satisfaction	6
7. Recommendations and conclusions	8
Annex 1 Measurement of consumer satisfaction - Draft guidelines . .	9
Annex 2 List of working papers and background documents	15
Annex 3 List of participants	16



1. Introduction

The World Health Organisation Regional Office for Europe sponsored the fifth meeting of the Working Group on the Measurement of Consumer Satisfaction with Regard to Health Care, which was held in Canterbury, United Kingdom, from 31 October to 3 November 1989.

Professor John Butler, Director of the Centre for Health Services Studies, welcomed the participants on behalf of the Centre and the University of Kent. Dr Michael Calnan (United Kingdom) was elected Chairman and Ms Sarah Cant (United Kingdom) was elected Rapporteur. The list of participants coming from Greece, the United Kingdom, USSR and Yugoslavia are found in Annex 1.

2. Scope and purpose

In addition to the different existing indices of availability and quality of health services, the assessment of the user's satisfaction with health care may be an equally important and adequate measure of health care quality.

In order to develop standardized questionnaires for measuring consumer satisfaction, several consultations have been organised by the WHO Regional Office for Europe. A group of experts have developed a set of questionnaires to be used in health interview surveys to assess different aspects of consumer satisfaction with regard to health care. During 1987-88 questionnaires were tested in pilot surveys in Greece, United Kingdom, the USSR and Yugoslavia.

The purpose of this working group was to review the results of the pilot surveys and prepare draft guidelines for measuring consumer satisfaction in health interview surveys, as well as to outline the study report.

The agenda for the meeting was specified as follows:

1. Main findings and results of the pilot surveys in the participating centres (Greece, United Kingdom, USSR, Yugoslavia).
2. Comparative analysis of findings - review and interpretation.
3. Reliability of the methods and instruments used in the light of comparative analysis.
4. Plans for further analysis in order to utilize the collected data completely.
5. Preparation of the study report including guidelines for the measurement of consumer satisfaction.
6. Perspectives and recommendations for the application of the guidelines in the European Region.
7. Measurement of consumer satisfaction as HFA indicator for health care quality and availability.

3. Overview of the pilot studies

It was suggested that rather than each participant detailing the results from their particular study, each would give a brief resumé of their methodology. Each question would then be looked at individually in the light of the results to assess the reliability. Detailed results are available in the working papers.

Belgrade

Dr Ramic conducted a two-phase study. In the first, a face-to-face interview was used, but this proved time consuming. Thus, in the second phase, a questionnaire was used with nurses giving oral instructions to each respondent. Certain questions were left out as they were regarded as unacceptable to the Yugoslavian population. These included items relating to smoking and alcohol abuse. Results of the first phase were detailed at the Belgrade meeting. The second phase was conducted only in the municipality of Palilula, since the first phase had shown no significant differences in responses among the three municipalities on the first occasion. A sample of 1 000 respondents aged 20-75 was chosen. There was a 62.4% response rate. 511 questionnaires (214 men, 297 women) have been analysed and the age structure is held to reflect that of the municipality. The use of both methods provides a useful way of comparing the different approaches to data collection. Both methods have difficulties: the first may have interviewer bias, the second the possibility of misinterpretation of questions.

Ioannina

Dr Katsouyannopoulos's method of data collection involved leaving questionnaires with respondents after a brief explanation. The questionnaire, for reasons of resources, concentrated on the first section of the core questionnaire relating to general practice. 500 questionnaires were distributed, of these 408 were returned (200 men and 208 women). The sample was somewhat skewed with the female sample being predominately young. This was probably a reflection of the time of day that respondents were contacted. It was recognised that the majority of questions carried some non-response and that knowledge and experience of health care appeared to relate to satisfaction. This study raised the importance of ensuring a representative sample.

Moscow

Dr Ovcharov conducted a survey using the questionnaire in Moscow. The respondents were selected at random from attenders at the Polyclinic. This may introduce a bias as to whether respondents answer differently in the light of immediate care. It was stressed that all data collection be set in context for reasons of comparability. Data can only be compared to other data collected in similar circumstances - "like with like". The sample size in Moscow was 516 (132 males and 384 females), with an even distribution over all age-groups. To stress the importance of the study to respondents it was suggested that in future all questionnaires carry some brief explanation as to the purpose of the survey.

Canterbury

Dr Calnan used a mailed questionnaire, followed by mailed reminders. This yielded a response rate of 62%. He selected five electoral wards in the Canterbury and Thanet health districts on the basis of the socio-characteristics of the background population. A random sample was then taken from each ward. Of the original 732 questionnaires 454 were returned.

4. Comparative analysis of findings and the reliability of the core questions

The participants agreed that at this stage the aim of the comparison of findings in different pilot studies, is to produce an instrument that could measure consumer satisfaction, but not necessarily explain any results.

To assess the value of a question, the following criteria were established:

- (1) Within the core questionnaire three subject areas should be covered, i.e. general practice, hospitalisation and dental care. For each of these areas there are four conceptual components requiring examination; accessibility/availability of health care services; doctor-patient relationship; professional skills/quality of health care; organisational aspects. There should be at least one question for each of these components in each section.
- (2) Sensitivity. The question should exhibit variations in response.
- (3) Relevance of the question: Questions were also chosen on the basis of previous research and in the opinion of the group because of their relevance to the subject area.

Using these criteria for assessment, four possible categories of questions were defined:

1. Recommended as useful as formulated in the core module.
 2. Recommended as useful after modification.
 3. Recommended as "optional". Such questions exhibited little variation in response but were recognised as potentially useful.
 4. Rejected.
1. Recommended as the question stands:

GP11, GP16, GP9, GP5, GP17.H5, H6.7, H6.8, H6.1, H6.2, H6.4, H8, D4, D10, D8, D6, D11 (codes of questions correspond to those used for the pilot studies, see report of the Consultation on the Adequacy of Health Care and Consumer Satisfaction, Belgrade, 7-11 December 1987 [EUR/ICP/HST 125]).

For GP5 different countries may want to replace good medical skills with a more appropriate formulation.

2. Recommended with alterations:

GP1: number of options should be reduced to three. Now should read:
When did you last consult a GP for yourself?

Within the last 2 months
Within the last 2-12 months
Longer than 12 months

GP2: Reduction of options. Now should read:

Once
2 or 3 times
4 times or more

GP10: Change last option to:
"No, not at all"

GP15: Reduce to 2 options. Now should read:
Yes
No

H1: Reduction of options. Now should read:
Within the last 12 months
Within the last 1-5 years
Longer ago or never

H2: Reduce to 2 categories. Now should read:
Once
More than once

H7: Change the wording of this question from "Did you have full confidence in your doctor" to "Do you think the doctor had good medical skills" (again in some countries "good medical skills" may be better replaced by "professional").

D1: Reduced the number of options. Now should read:
Within the last 2 months
Within the last 2-12 months
More than 12 months

D2: Reduced number of options. Now should read:
Once
2 or 3 times
4 or more times

3. The following questions did not show much variation in response but may have individual relevance or are useful purely because they show an area as unproblematic.

These questions are as follows: GP4, GP6, GP7, GP13, GP14, H3, H6.3, H6.5, H6.6, D7, D5.

4. Rejected questions:

GP12.

In addition to the "optional" questions from the core questionnaire a number of other issues and questions were accepted for inclusion into this category.

Dr Katsouyannopoulos noted the importance of questions relating to availability of beds and waiting lists. Questions applicable to the latter are available from the list of optional questions in the Belgrade report. In addition, two other questions were accepted from Greece to be designated as optional for the general practitioner section relating to accessibility.

These were:

1. Is your GP willing to visit you at home when necessary?
Yes, always
Yes
No, not always
No
No, never
2. Have you ever tried to consult your GP at night?
Yes, more than once
Once
Never

Thus, a number of questions were designated as "recommended", these form the minimum core questionnaire. Other questions remain "optional", to be included at the discretion of individual centres.

The final section of the core questionnaire contains questions about socio-demographic variations of age and sex. The group fully endorsed the continued inclusion of this information as it is necessary for statistical adjustment of the data.

5. Plans for future analysis

It was felt that in addition to the development of standard instrument for the measurement of consumer satisfaction, the data of pilot surveys should be used for more indepth analysis. In particular it was noted that a number of variables other than age and sex must be correlated with satisfaction levels. General approaches for further analysis were discussed.

Variables recognised as potentially influential in expressed satisfaction, included health status of the respondent, experience of use, marital status, educational levels, health insurance status and socio-economic class grouping.

To analyse consumer satisfaction in terms of any of these variables would demand that the samples be either weighted for age and sex, so that the sample takes on the characteristics of the general population, or that the influence of these variables is "controlled" in the analysis. Plans for future directions and research were specified as:

1. To refine the measurement of consumer satisfaction, each centre should aim to construct a general index of satisfaction.
2. To enhance understanding, the possible influence of different socio-demographic variables upon the indices of satisfaction should be investigated. In addition, variations in satisfaction could be investigated in terms of response to particular questions. For example, GP1 - does the length of time since a respondent's last contact with the medical service influence satisfaction or does the reason for admittance to hospital (outpatient or operation, for instance) have a bearing on satisfaction levels.
3. It was decided that centres should exchange data so that each centre could have the possibility to analyse pooled data. The exchange should be made via WHO/EURO and take place as soon as possible.
4. A "pool" of ideas should also be assembled, centres having similar interests and ideas could then work together in formulating hypotheses, testing and interpretation.
5. An evaluation of the practical application of the instrument will be necessary.
6. Outline and preparation of the study report, including the standardised instrument for the measurement of consumer satisfaction.

The remit of the working party was also to produce a study report incorporating the recommended instrument for the measurement of consumer satisfaction and guidelines for its use. The outline of the study report was specified as follows:

(a) Introduction and background

The first section will stress the importance of consumer satisfaction as indicators for HFA targets 26 and 31. That is consumer satisfaction can be used to:

- (i) increase public participation in decision making about the health care system, that is the democratisation of the health service of Member States. Thus, consumer satisfaction has political and ethical dimensions;
- (ii) It is important to incorporate consumer satisfaction in any evaluation of health care. Evaluation has three components; clinical outcomes, economic efficiency and social acceptability. Consumer satisfaction is directly related to the latter dimension. Acceptability of health care is crucial to evaluation, it relates to use of a service and has been shown to be related to health outcomes.

(b) Aims and objectives

The aims and objectives of the project is the production of a standardised tool for the measurement of consumer satisfaction.

(c) Development of the project

Description of how the project has developed during the past four years. Thus it was decided to look at:

- (i) history of the project;
- (ii) design of the project and conceptual framework;
- (iii) approach and methods of the project.

(d) The pilot studies

The fourth section will give details of results and methods used in the four pilot surveys.

(e) Development of guidelines

(f) Plans for future analysis

In this section plans will be given about future analysis of the pilot data. More specifically, future intentions are:

- (i) the development of indices of satisfaction;
- (ii) the examination of influential variables to "explain" levels of satisfaction;
- (iii) encouragement of international comparative analysis;
- (iv) monitoring and assessing the use of the proposed instrument to measure consumer satisfaction in Member States.

Annex 1 The Core Questionnaire.

Annex 2 The guidelines for the measurement of consumer satisfaction in the form of an independent document. This would include:

- (a) brief justification for the measurement of consumer satisfaction;
- (b) practical recommendations for data collection;
- (c) recommended questions;
- (d) uses of the data.

7. Recommendations and conclusions

1. Consumer satisfaction should form part of the evaluation of health care quality and adequacy, and it should be considered as a potential HFA indicator.
2. On the basis of the pilot study results, core questions were assessed from the point of view of their usefulness. It was recommended that the most useful questions should be used as the standard instrument for measuring consumer satisfaction with health care. Guidelines were also drafted for the use of standardized questionnaires.
3. The project report was outlined and discussed and will be drafted within two months. It will then be circulated to the participating centres for comments.
4. To encourage implementation of the guidelines, they should be distributed as widely as possible, including to the relevant scientific and educational centres and institutes.
5. Future work should concentrate on:
 - a follow-up evaluation of the practical application of the guidelines;
 - further scientific investigation of explanations for the variation in consumer satisfaction within and between countries.
6. Data from each participating centre should be sent to the Regional Office within the next six months, so that it is available for comparative analysis.
7. The Working Group should meet again during the second half of 1991 to discuss issues related to the practical application of the questionnaire, and the results of the analysis of the pooled data.

Annex 1

Measurement of consumer satisfaction - Draft guidelines

Background

The Health for All strategy endorsed by the Member States of WHO's European Region stresses the need to ensure the quality of health care services and states that this can be achieved by establishing methods and procedures for systematically monitoring the quality of care given to patients. These assessment procedures should take account of the views of both providers and consumers of health care, as well as clinical, economic, ethical and social factors. Consumer satisfaction is a crucial aspect of the quality of health care, but it is also important in its own right since the level of satisfaction can influence social acceptability, and social acceptability in turn can influence the level of use. Consumer satisfaction is also important because of its potential influence on health status and medical outcomes.

In order to facilitate and encourage the measurement of consumer satisfaction, a WHO working group has developed standardized questionnaires. Attached is a list of "core" questions, which the working group recommended as the minimum necessary for the measurement of consumer satisfaction. These questions have been extensively tested in four different countries. Optional questions are available from the WHO Regional Office for Europe, for use at the discretion of individual countries' investigators and according to their particular interests.

One of the purposes of the standardized questionnaire is to make comparisons between different population groups or countries available; emphasis has therefore been placed on ensuring that the sets of questions included in the questionnaire are both general and simple.

Structure of the questionnaire and recommendations for its use

The questionnaire covers three major areas of health care:

- (a) general practitioner care;
- (b) hospitalization;
- (c) dental care.

In each of the above areas the following aspects are assessed by at least one question:

- (a) accessibility/availability of care services;
- (b) doctor/patient relationship;
- (c) professional skills/quality of care;
- (d) organizational aspects;
- (e) experience and frequency of use of each particular service.

It is obvious that the questionnaire should be supplemented by age and sex data. Additional questions to identify other socio-demographic characteristics such as level of education, socioeconomic status and marital status are also recommended.

The recommended method of data collection is through face-to-face interviews, although other methods such as postal surveys might be appropriate if there are resource constraints.

The collected data may be expressed as the percentage of the population satisfied (or dissatisfied) with different aspects of health care. These data should primarily be used:

- to assess and monitor of the quality, availability and consumption of health care in general;
- to identify problem areas of health care which could be targets for further action.

RECOMMENDED CORE QUESTIONS

General practitioner (GP) services

GP1 When did you last consult a GP for yourself?

- Within the past 2 months
- Within the past 2-12 months
- More than 12 months ago - please go to H1

GP2 How many times have you consulted a GP for yourself within the past 12 months?

- Once
- 2 or 3 times
- 4 or more times

GP3 Do you think your GP has good medical skills?

- Yes, very good
- Yes
- No, not really
- No
- No, not at all

GP4 Do you think your GP gives you enough information about what's wrong with your health?

- Yes, definitely
- Yes
- No, not really
- No
- No, not at all

- GP5 Do you think you GP gives you enough advice about a healthy lifestyle?
- Yes, definitely
 - Yes
 - No, not really
 - No
 - No, not at all
- GP6 Is your GP, or a similar service, fairly easy to reach during weekends or holidays?
- Yes, always
 - Yes
 - No, not always
 - No
 - No, not at all
- GP7 Do you think the waiting time in the GP's office/surgery is too long?
- Yes, definitely
 - Yes
 - No, not really
 - No
 - No, not at all
- GP8 Have you ever had the feeling that your GP did not take your problems seriously enough?
- Yes
 - No
- GP9 Can you talk to your GP about personal problems as well as about medical problems?
- No, only medical problems
 - Yes, personal problems too
- GP10 Taking all things together, are you satisfied or dissatisfied with your GP?
- Very satisfied
 - Fairly satisfied
 - Fairly dissatisfied
 - Very dissatisfied

Hospitalization

- H1 Have you ever been admitted to hospital for at least one night? If so, when was the last time?
- Within the past 12 months
 - Within the past 1-5 years
 - Longer ago or never - go to D1

H2 How many times have you been admitted to hospital during the past 5 years?

Once
More than once

H3 Do you think the hospital is too far away?

Yes, definitely
Yes
No, not really
No
No, not at all

H4 Now, thinking about when you were last in hospital, were you bothered by any of the following problems?

4.1 Lack of privacy

Yes, definitely
Yes
No, not really
No
No, not at all

4.2 Doctors did not give sufficient information about your condition

Yes, definitely
Yes
No, not really
No
No, not at all

4.3 Nursing staff too busy, so you had to wait for help

Yes, definitely
Yes
No, not really
No
No, not at all

4.4 Rigid timetables for waking up, meals, visiting hours, etc.

Yes, definitely
Yes
No, not really
No
No, not at all

4.5 Insufficient quality of meals

Yes, definitely

Yes

No, not really

No

No, not at all

H5 Do you think your hospital doctor has good medical skills?

Yes, definitely

Yes

No, not really

No

No, not at all

H6 Taking all things together, were you satisfied or dissatisfied with the care given to you?

Very satisfied

Fairly satisfied

Fairly dissatisfied

Very dissatisfied

Dental health

D1 When did you last consult a dentist?

Within the past 2 months

Within the past 2-12 months

More than 12 months ago - Finish here

D2 How many times have you consulted a dentist within the past 12 months?

Once

2 or 3 times

4 or more times

D3 Do you think the dentist's practice is too far away?

Yes, definitely

Yes

No, not really

No

No, not at all

D4 Do you think he/she is a competent dentist?

Yes, very competent

Yes

No, not really

No

No, not at all

D5 Do you think your dentist gives enough information about what's wrong?

Yes, definitely

Yes

No, not really

No

No, not at all

D6 Is your dentist, or a similar service, fairly easy to reach during weekends or holidays?

Yes, always

Yes

No, not always

No

No, never

D7 Do you think the waiting time in the dental surgery is too long?

Yes, definitely

Yes

No, not really

No

No, not at all

D8 Taking all things together, are you satisfied or dissatisfied with your dentist?

Very satisfied

Fairly satisfied

Fairly dissatisfied

Very dissatisfied

Annex 2

List of working papers and background documents

- | | |
|---------------|---|
| ICP/HST 125/1 | Provisional List of Working Papers and Background Material |
| ICP/HST 125/2 | Scope and Purpose |
| ICP/HST 125/3 | Provisional Agenda |
| ICP/HST 125/4 | Provisional Programme |
| ICP/HST 125/5 | Provisional List of Participants |
| ICP/HST 125/6 | Consumer Satisfaction with Regard to Health Care, Preliminary Report on a Yugoslavian Pilot Survey, by H. Ramic |
| ICP/HST 125/7 | Results of the Pilot Health Interview Survey Carried out by the Department of Public Health of Ioannina |
| ICP/HST 125/8 | Preliminary Comparative Analysis, by M. Calnan |
| ICP/HST 125/9 | Questionnaire-Study on How Community Needs for Certain Types of Medical Care are Met |

Annex 3

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