

190: PATIENTS' AND RELATIVES' SATISFACTION WITH LONG TERM HOSPITAL CARE IN GERIATRIC UNITS: A MULTICENTRAL STUDY IN 6 FRENCH TEACHING HOSPITALS

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Objectives:

Due to physical and psychological impairments, a large majority of elderly patients hospitalized for long-term care are unable to participate in satisfaction studies. This probably leads to bias in the estimation of satisfaction level in this population. However, regular visitors of these patients are another source of information for evaluating geriatric unit users' satisfaction with care and accommodation.

Therefore, the aims of the study were to:

- Measure the concordance between the patients' and their visitors' point of view on quality of care and accommodation in geriatric wards.
- Evaluate indirectly the non-response bias by comparing the satisfaction level of two groups of visitors: those visiting patients unable to participate in satisfaction survey (VUP) and those visiting patients who were able to participate (VAP).

Methods:

A prospective survey was conducted in 2000, in 10 voluntary geriatric long-stay units, of 6 teaching hospitals in the Paris area. A total of 1087 patients hospitalized during 2 weeks were included (74% were female; 66% were older than 80 years). The participation rate was 31% (n=337), 77% of non-participation was due to neuropsychiatric impairment. Demographic data were collected for all patients, whether they participated or not. For all included patients, the first regular visitor attending the unit during a two weeks period was contacted and 354 visitors agreed to participate (88% were family members and 81% had made more than 10 visits).

Patients and visitors completed the same 30 open-ended items of the satisfaction questionnaire, that allows calculating four scores (range from 0 to 100, highest score expressing more satisfaction) exploring 'room comfort', 'meal accommodation', 'information' and 'medical-nursing care'. Cronbach alpha coefficients were higher than 0.7 for all scales for both patients and visitor groups. The items had all the same 5 point responses format (absolutely, quite, not quite, not at all, non applicable).

Finally, at least one of the two questionnaires was completed by a patient or visitor for 52% of the included patients (n=566).

To estimate response concordance between all patient-visitor pairs (n=125), three indicators were calculated: weighted kappa for each item, simple correlation and intra-class coefficients for each scale.

To compare satisfaction level of VUP (n=229) with VAP (n=125), ANOVA tests were performed for each scale.

Results:

Satisfaction scores ranged from 60.3 (meal accommodation) to 82.6 (room comfort) for patients, and from 67.7 (information) to 82.7 (medical and nursing care) for visitors.

For all items, weighted kappa coefficients were lower than 0.4. Intra-class correlation coefficients were also low, ranging from 0.13 (room comfort) to 0.36 (meal accommodation).

For the meal accommodation scale there was a significant correlation between patients and visitors ($r=0.39$, $p<0.001$). No relationship between these two groups was found for the other four scales.

Comparing VUP to VAP, no significant difference was found for all four scales.

Conclusions:

Patients' point of view on care and accommodation quality in geriatric long-term units was not concordant with visitors' ones. Therefore, it is not possible to analyze globally data from these two sources when conducting routine satisfaction studies.

Comparison of VUP with VAP did not confirm the existence of non-response bias in case of studies interrogating elderly patients themselves. However, this last result should be interpreted with caution because the satisfaction level of non-respondents was estimated indirectly, and because there was no concordance between patients' and visitors' satisfaction.