

Patient satisfaction with referral to hospital: relationship to expectations, involvement, and information-giving in the consultation

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SUMMARY

Information is needed as to how general practitioners (GPs) can best satisfy their patients when they are being referred to hospital. This study demonstrates the importance of involving patients in decision making and of giving them information.

Keywords: patient satisfaction; referral to hospital; consultations.

Introduction

THE role of the GP in limiting access to secondary care is considered a strength of the National Health Service. Nevertheless, some patients have clear views of their need for referral and exert pressure upon their GPs.¹ A patient-centred approach to referral would involve eliciting patients' expectations, involving them in decision making, and providing information about the referral process.² It would be expected that this would increase patient satisfaction; however, there is no evidence for this.

A study was undertaken to explore the effects of consulting style on patient satisfaction with referral. The hypotheses were that, for consultations in which patients are referred to hospital, satisfaction is positively correlated with patient expectations of referral, patient involvement in decision making, and the patient being informed about the referral process.

Method

A questionnaire was developed comprising the Consultation Satisfaction Questionnaire³ along with five questions to measure expectations, five to measure involvement, and five to measure how well patients thought they were informed. These latter sets of questions were tested informally. Questions that appeared to address the topics were formulated. Those that were not clearly understood or that produced only a narrow range of views were revised.

All questions in the final questionnaire used a five-point Likert-type response scale. The scoring was adapted so that high scores indicated positive satisfaction, expectations, involvement, and being informed. The maximum scores were 90 for satisfaction and 25 for each of the other variables. Questions concerning

the patient's age, sex, and housing were included.

The study was undertaken in a large urban general practice in Tunbridge, Kent. Questionnaires were posted to consecutive patients referred to hospital during the three-month study period. For children, parents were asked to complete the questionnaires. Patients with psychiatric illnesses and those urgently referred were excluded. Non-responders were not followed up. SPSS-PC was used for all statistical analyses.

Results

Of the 420 patients referred to hospital, 296 (70%) returned questionnaires and, of these, 250 (84%) completed all the study items (143 women, 107 men; mean age 43 years). Levels of internal reliability for the scales measuring expectations, involvement, and being informed were good (coefficient alpha ($n = 250$): expectations 0.76, involvement 0.79, being informed 0.63).

The distribution of scores for expectations, involvement, and being informed are presented in Table 1. The mean score for patient satisfaction was 65.3 (SD = 11.50). Patient satisfaction was positively correlated with involvement and being informed but not with patient expectations (Table 1).

Satisfaction was positively correlated with age (Spearman correlation = 0.25; 95% CI = 0.13–0.36). Older patients were more likely to report being given adequate information and being involved in decision making (patients ≤ 45 versus patients >45 : for information, Wilcoxon rank sum $P = 0.001$; for involvement, Wilcoxon rank sum $P = 0.0057$). Patients who were owner-occupiers reported themselves as being more involved in decision making than those who were in rented or council accommodation (owner-occupiers versus rented/council: Wilcoxon rank sum $P = 0.0085$).

Discussion

In contrast to patient satisfaction,⁴ there are no instruments available for measuring expectations, being informed, and involvement that have been tested for validity and reliability. In these circumstances, researchers with limited resources have to take a pragmatic approach to measurement. The sets of questions used here appear to have reasonable internal reliability, indicating that the items within each set were systematically addressing the area of interest.

The levels of satisfaction reported here are lower than in other studies, and the levels of expectation of referral higher.^{5,6} This may reflect the population studied but, for expectations, it may reflect different measurement methods. The differences between population groups may result from differing behaviour by the GPs or differing perceptions by patients. However, the finding of an association between patient age and satisfaction accords with other studies.⁷ Bain⁸ also found differences in the way family physicians interacted with patients of differing socioeconomic status. The study may be criticized for measuring expectations after the consultations rather than before, but such an approach requires greater resources. It would be of interest to study satisfaction in patients who were expecting to be referred but who were not sent to hospital.

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Table 1. The distribution of scores for expectations of referral, being informed, and involvement in the consultation, and the relationships to patient satisfaction for 250 patients.

Variable	Relationship with patient satisfaction			
	Median	25-75% range	Correlation coefficient (Spearman)	95% CI
Expectations of referral	17	15-19	-0.09	-0.21-0.035
Being informed	17	15-20	0.53	0.44-0.61
Involvement	18	15-20	0.39	0.28-0.49

This study provides evidence that involving patients in decision making and informing them of the consequences is associated with satisfaction with consultations and is more important than the fulfilment of patient expectations. While doctors should encourage patients to express their views on management, it would appear that addressing expectations alone is insufficient. This study provides support for patient-centred styles of consulting in which patients are actively involved in decision making and doctors inform patients fully about management choices.^{2,9}

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