PRACTICE-DRIVEN ARTICLE: TREATMENT SATISFACTION AND ITS FACTORS AMONG PATIENTS WITH AFFECTIVE AND DEPRESSIVE DISORDERS - METHODOLOGY OF STUDYING

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Our previous study has revealed that both structure and weight of factors of patient satisfaction vary on 1) moment of conducting the study (when comparing factors of satisfaction of recurrent patients with previous treatment at hospitalization versus current treatment at discharge) and 2) patients` treatment experience (when comparing factors of satisfaction of patients at first hospitalization versus recurrent patients at discharge). Particularly it has been shown that medical sisters' work is a key factor of satisfaction of recurrent patients with current hospitalization. While a key factor of satisfaction of the same group of recurrent patients with their previous hospitalization is presented with psychiatrists work. In connection with the variability of factors of satisfaction on moment of conducting the study the important questions are:

"When should we study factors of treatment satisfaction?"

"What are the characteristics of variants of study of revealing factors of treatment satisfaction depending on period of time after discharge?"

"What other important methodological aspects should be considered while studying factors of treatment satisfaction?"

In this article we describe our point of view on these questions base on our experience.

There are 3 main variants of study of revealing factors of treatment satisfaction depending on period of time after discharge (Table 1) - each of them is characterized with advantages, disadvantages and specifics of methodology.

- Both inpatients after first hospitalization and recurrent inpatients can be studied at discharge. Such instruments as Paper and Pen Interview (PaPI) and Internet survey can be used to collect data. Conducting fieldworks by hospital staff using PaPI results high risk of social desirability. This variant is characterized with high responders` accessibility and answers` accuracy and details. The results of the study predict patients` behavior right after discharge such as choice of outpatient medical provider and recommending of hospital.

- Another variant of studying of these target groups is in 1-2 months after discharge. Internet survey and telephone interview are the instruments of collecting data. There are limitations for telephone interviews: questions must be easy for listening comprehension; duration of an interview is limited to 10 minutes. This variant is characterized with moderate responders` accessibility and answers` accuracy and details. The results of the study predict hospital recommendations and possible choice of hospital in case of recurrence.

- Recurrent inpatients can be studied at hospitalization. The important advantage is inpatients` state of sickliness because it is natural at the moment of making decision such as choice of hospital in case of recurrence. Another advantage is possibility of studying of inpatients who previously visited other hospitals. PaPI and Internet survey should be used to collect data. This variant is characterized with low responders` accessibility and answers` accuracy and details. It is important because less answers accuracy results less number of factors included into questionnaire, less answers details results less informational value of open-ended answers.

Also usage of different methodology of data collecting (PaPI, Internet survey, Telephone Interview) places restrictions on comparing results of different studies.

Other important methodological aspects should be mentioned:

- Multiple liner regression or factor analysis is recommended to reveal factors of satisfaction;

- As far as questionnaire includes questions to what extent the responder is satisfied with image characteristics, evaluation of satisfaction with it is possible. There are 2 data formats describing satisfaction level: 1) Mean ± Standard Deviation 2) the share of Top-2 (sum of shares of 4 and 5 points – "rather satisfied" and "satisfied" at 5-point Likert scale). To evaluate this characteristic the share of top-2 is preferred as far as 1) the share of top-2 predicts patients` behavior – patients who are rather satisfied or satisfied won`t refuse using medical service 2) the share of top-2 can be easily compared to data from previous studies or in other hospitals in contrast to Mean ± Standard Deviation;

Table 1. Study design of revealing factors of treatment satisfaction depending on period of time after discharge

Study design	Methodology of fieldworks	Responders accessibility	Answers` accuracy and details	Patients` behavior to predict	Comments
At discharge (first hospitalization and recurrent inpatients)	▪ Paper and Pen ▪ Internet survey	+++*	+++	Right after discharge (choice of outpatient medical provider; hospital recommendations)	▪ Risk of social desirability
in 1-2 months after discharge (first hospitalization and recurrent inpatients)	▪ Internet survey ▪ Telephone interview	++	++	▪ hospital recommendations ▪ choice of hospital in case of recurrence	*Limitations at(for) telephone interviews:* ▪ questions must be easy for listening comprehension; ▪ duration of an interview is limited to 10 minutes
At hospitalization (recurrent inpatients)	▪ Paper and Pen ▪ Internet survey	+	+	choice of hospital in case of recurrence	▪ Sickliness is a plus as it is natural at the moment of decision making ▪ Patients who previously visited other hospitals can be studied

* +++ - high; ++ - moderate; + - low

▪ Bench-marking is important to compare Top-2 share. It is obvious that 100% satisfaction with all image characteristics of the medical facility can`t be reached. Therefore in case if 85% of patients are satisfied with doctor`s work the reasonable question is "Is 85% a lot, is it enough?" Benchmarking is the way to answer this question. While comparing image of a medical facility to other facilities it should be considered that both facilities are to belong to the same economy sector (private or state), same level of medical help (inpatient or outpatient), the same medical specialty (psychiatric hospital should be compared to psychiatric hospitals).

▪ Not only importance of factor but also its adjustability should be considered when planning changes. E.g. in case of dissatisfaction with the location of the medical facility it can`t be corrected.

▪ Nonadjustable factors of satisfaction should be still included into the questionnaire since in case of their exclusion 1) the weight of left factors is characterized with upward bias 2) exclusion of nonadjustable factors results in inability to be sure of the fact that exactly excluded factors (not other factors) explain unexplained variability of satisfaction.

▪ Inclusion of open-ended questions into questionnaire gives additional information, e.g. other characteristics effecting treatment satisfaction, detailed information on causes of dissatisfaction, facts which impressed patients – later they will mention these facts while recommending medical facility

▪ It should be decided if fieldworks should be performed by hospital personnel or independent team. Conducting fieldworks by independent team using internet survey allows to minimize social desirability. The advantages of conducting of fieldworks by hospital personnel include better understanding particularity of medical facility and lower expenses.

▪ Regularity of studies in case of adjustment is important. According to Deming cycle (Plan-Do-Check-Act) repeated measures should be conducted after implementation of changes.

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