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The Outpatient Experience Through the Eyes of the Patient

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The Outpatient Experience Through the Eyes of the Patient

The number of outpatient hospital procedures has increased dramatically over the past ten years. Despite this increase, there has been relatively little work done on developing valid tools for measuring outpatient satisfaction. While most hospitals have spent significant resources to develop inpatient satisfaction surveys, outpatient satisfaction surveys are still in their infancy.

This is partly due to the multiplicity and heterogeneity of outpatient services offered in most hospitals. A large university hospital, for example, may offer more than 50 different types of outpatient programs. Clearly, the cost of designing 50 different studies is prohibitive.

In order to begin to identify the factors that affect outpatient satisfaction, the Marketing Department of Thomas Jefferson University Hospital conducted an intensive qualitative study of 12 women and men who had recent experiences with outpatient procedures in various Philadelphia area hospitals. We selected three procedures: outpatient surgery, advanced diagnostic cardiac testing, and imaging services (other than simple x-ray).

The objectives of the study were to understand the outpatient experience from the patient's perspective and to identify commonalities that cut across a variety of outpatient procedures.

Each patient participated in an intensive one-hour qualitative interview. The purpose of the interview was to help them reconstruct their experiences and feelings about their particular experience.

Results

The interview results showed that the most frequently expressed experience for all twelve outpatients was anxiety. This anxiety begins when the patient's own physician reveals that the patient needs an outpatient procedure, and accumulates until the patient has completed the procedure and receives the results.

Following are the "stress points" in the outpatient procedure as described by the patients. At each stress point, patients told us of their anxieties at that stage.

STRESS POINT 1: THE PATIENT'S PHYSICIAN TELLS THEM THAT THEY NEED AN OUTPATIENT DIAGNOSTIC OR TREATMENT PROCEDURE

- "Am I really sick? Am I going to die?"
- "Why do I need a test if I feel good?....Can't I trust my body to tell me if I'm healthy?"

STRESS POINT 2: THE PATIENT SCHEDULES AND WAITS FOR THE OUTPATIENT PROCEDURE

- "Will I have to wait and keep feeling worried?"

- "Will I be able to get off work?"
- "Will I be able to arrange child care?...What about transportation?"

STRESS POINT 3: THE PATIENT PREPARES FOR THE APPOINTMENT

- "Do I have to fast even though I'm a nervous wreck when I'm hungry?"
- "Will I be able to give myself the enema correctly?"
- "Will the doctors and nurses think I have an unusual looking body?....Will I be clean enough?"

STRESS POINT 4: THE PATIENT TRAVELS TO THE (URBAN) HOSPITAL

- "Will I be able to navigate safely in city traffic?"
- "Will I be mugged?...How will I deal with street people?"
- "Will I find parking close to the hospital?"...."Will it cost a lot?"
- "How will I find the right building and the right office?"

STRESS POINT 5: THE PATIENT REGISTERS AND WAITS IN THE OUTER OFFICE

- "Do I have all of the insurance papers that I need?"
- "How long will I have to sit here?"
- "Am I going to be able to get back to work on time?... Will I be able to pick up my children at the baby sitter on time?.... Will I get a parking ticket on my car?"

STRESS POINT 6: THE PATIENT WAITS IN THE PROCEDURE WAITING ROOM

- "How long will I have to sit here?"
- "Will the procedure hurt?"
- "Will I be able to 'handle' the procedure? Will I cry out? Will I be able to sit (lie) still?"

STRESS POINT 7: THE PATIENT EXPERIENCES THE PROCEDURE

- "Has that equipment been checked lately?....Can it break down and hurt me?"
- "How much longer will this discomfort last?"
- "Will they get the test right the first time so I don't have to go through this again?"

STRESS POINT 8: WAITING TO LEARN THE RESULTS

- "How long do I have to wait?"
- "Am I sick?...Am I going to die?"

Conclusion

The dominant experience of the outpatients studied was anxiety. Anxiety is a problem for patients because it is an unpleasant sensation. In addition, anxiety is known to affect behavior in the following ways:

- reduces ability to deal with ambiguity
- impairs attention

- lowers frustration tolerance
- may exacerbate the perception of pain.

Clearly, a frustrated patient with a reduced attention span can negatively affect the patient-office staff and patient-clinical staff interpersonal dynamic. For these reasons, it is important to identify and attempt to reduce the anxiety of outpatients.

Rx: The Outpatient Anxiety Audit

We recommend that each outpatient service conduct its own patient anxiety audit. There are three steps in the audit.

- Conduct qualitative research among former outpatients.
- Carefully examine the results from your research and delineate where the "stress points" are in your particular service. Each setting has its own unique dynamics.
- Use the picture of your service's stress points to come up with ways to reduce outpatient anxiety.

About the Authors

Elizabeth Dunn is Director of Market Development in the Department of Marketing at Thomas Jefferson University. Carmhiel Brown is the Associate Vice President for Marketing and Public Relations at Thomas Jefferson University.