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A study of patient attitudes toward optometric care at the Forest Grove clinic

Abstract

A study of patient attitudes toward optometric care at the Forest Grove clinic

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Committee Chair Earle Hunter

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Inquiries regarding further use of these materials should be addressed to: CommonKnowledge Rights, Pacific University Library, 2043 College Way, Forest Grove, OR 97116, (503) 352-7209. Email inquiries may be directed to:.copyright@pacificu.edu A STUDY OF PATIENT ATTITUDES TOWARD OPTOMETRIC CARE AT THE FOREST GROVE CLINIC

PREPARED FOR THE FACULTY OF THE COLLEGE OF OPTOMETRY, PACIFIC UNIVERSITY

THESIS

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DOCTOR OF OPTOMETRY DEGREE

by

DAVID CATON RICHARD SMILEY DONALD VASSAR

May, 1974

Accepted by the Faculty of the College of Optometry, Pacific University, in partial fulfillment of the requirement for the Doctor of Optometry Degree.

Earle Z / _____ EARLE L. HUNTER, O.D. Adviser of Thesis

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I. INTRODUCTION

Many factors contribute to the overall attitude and impressions that are molded in the minds of a patient upon receiving visual care. The larger the establishment providing these services and the more clinicians involved in handling their delivery, the greater the complexities become in attempting to properly evaluate whether these services are actually meeting the needs in terms of the individual patient's interest.

In order to put these attitudes and interests in proper perspective the authors proceeded to place these patient opinions in some degree of order by sampling a cross section of patient population by means of a mailed anonymous questionaire.

The design of the questionaire attempts to unfold a composite story by Forest Grove clinic patients over the past year in five general categories: (1) what age and sex are represented in the population sample; (2) who provided visual care prior to their coming to Forest Grove clinic, why did they choose the clinic, and for what reason by nature of their problem did they come; (3) how did they feel about the mechanics of the testing situation; (4) what modifications if any would they favor in the testing situation; and (5) where would they go for future care and would they consider referal of others as a result of their own experience?

II. PROCEDURE AND METHODS

The method used involved a questionaire prefaced by a short introduction to the patient by the three clinician authors of the study. The questionaire contained eleven mutiple choice questions requiring a graded response and room at the end for any additional patient choice comments he cared to report. The patient was instructed to check as many choices as he felt applied to each question. This was hoped to weight the various choices with greater validity.

A return, hand addressed, stamped envelope was enclosed and addressed to one of the authors. The personal touch approach for identifying only individual clinicians involved as well as hand addressing of all correspondence was chosen to insure maximum reliability and likelihood of reply.

One-hundred sample patients were selected on the basis of their likelihood and validity of response. Therefore, the under age-twenty-group, most out of state group and patients in the age eightyfive or older group were ruled out. Predominantly local patients remained in the sample. All patients were selected from the clinic computer readout list and were examined during the last year. Except for the above indicated bias ruling out certain patients, the sample was selected from this list on a random basis from the patients remaining.

III. RESULTS AND DISCUSSION

First of all, one-hundred questionaires were mailed out allowing the patients five weeks to reply. (A sample of this questionaire may be found in the appendix). Of theæone-hundred, sixty-two replied; fifty-one within the first two weeks and the remainder thereafter. The rest of this report will discuss the results by categories as apply to the patient sampling objectives as stated in the introduction.

Category I graph shows the statistical breakdown by age and sex of the population sample. For age: twenty-one patients sampled were under thirty; ten were thirty to thirty-nine; seven were forty to forty-nine; fifteen were under fifty. The number of males and females replying were approximately equal at twenty-six and twenty-seven respectively. Nine people did not respond to this category. Of all those replying, the number of males and females were approximately equal and the number of young,

middle aged, and older people were approximately equal.

Category II (graph II, quest. 1-3) involves who provided visual care prior to coming to Forest Grove clinic, why they chose the clinic and for what reason did they come to the clinic. The majority of the patients questioned came to the clinic from previous private practice optometrists. About one-half were referred by a friend or relative and about one-half were motivated by lower cost at the clinic. Other reasons given for coming to the clinic for visual care were because they were: (1) a Pacific University student; (2) an employee of Pacific University; or (3) a relative of 1 or 2 above. Approximately twentyseven percent of the patients came to the clinic for reason of a more thorough and complete exam.

Thirty patients came to the clinic for a regular checkup with only four coming for a special clinic. One-third scheduled exams for "having trouble with their eyes". Other reasons include seventeen patients: (1) one with broken glasses; (2)two wanting an additional prescription; (3) several wanting contact lenses; (4) several wanting to do a favor for an optometry student friend; (5) one wanting a glaucoma check; (6) one needing an exam for driver's license require-

ments; and (7) one wanting a new frame.

Category III (graph III, quest. 4-5) involved how patients felt about the mechanics of the testing situation. Over two-thirds of the total patient responses indicated the exam to be "impressive" and "just about the right length of time" with about an equal number representing these two conditions. Almost a third of the patients felt the length of time spent was too long; but admitted that this was necessary. Only three people felt the exam was too long, tiring or boring. One patient response was that the exam was too long but was to be expected of a student clinician.

Concerning a follow-up progress exam after the initial visit, twenty-nine of the sixty-two replying indicated that one was not suggested to them. About an equal number responded that a progress exam was set up by the clinician and satisfactorily given or one was not felt necessary by the patient. Only six people found a progress exam necessary due to subsequent visual problems. Three patient write-in comments for this question (quest. 5) included: (1) breakdown of communications between patient, front office, and/or clinician because of lost records, delays, or failure of the three parties to

make contact; (2) contact lenses problem; and (3) problem with the adjustment and fit of glasses. It is interesting to note that no patient had a write-in complaint indicating a problem with the actual prescription. Most complaints related to administrative type problems.

Regarding the three-part question (quest. 6) concerning the clinician assigned to the patient, none of the replies indicated that the clinician showed "little or no interest" in the patient's problem or that the clinician "made the exam unpleasant". Thus, good patient-clinician rapport and interest was indicated. Thirty-five clinicians were characterized as showing "deep interest in the patient's problem", while twenty-seven showed "adequate interest in the problem". The majority of the responses indicated that the clinician made or at least attempted to make the exam enjoyable. Four patients made no response to this part of the question. A large majority of the responses showed that "the clinician explained the nature of the visual problem and follow-up care". Only three persons checked that "no attempt was made to explain the problem or follow-up care" or "did so inadequately". Six patients made no response to this part of the question. In general,

the patient seemed well satisfied with the clinician.

Category IV (graph IV, quest. 7-8) involves any modification in the testing situation the patient might favor. The large majority of patients felt that explanation of the examination tests would be valuable or desirable information to them. No patients reported that they would be bored by such an explanation. Four patients were interested in knowing more about the tests and six were curious about it; but didn't want to spend the necessary time. There were eight patients not checking any item here.

Almost as many people (40%) felt the basic two hour testing period was sufficient as felt additional testing would be beneficial (50%). Hardly any patients (10%) said they would definitely be opposed to additional testing beyond their immediate needs.

Category V (graph V, quest. 10-11) examines whether or not the patient was happy with their care and whether or not they would return as well as refer other patients. Unfortunately, due to an inadvertant typing error as noted by the lined out portion of question 10 (d), the question did not reflect our intention for incorporating a return visit selection. However, the frequency of write-in comments did make this question meaningful to the

information pertinent to this category.

The major trend shown concerning question 9, showed that eighty percent of the patients originally having a problem when they came to the Forest Grove clinic had it solved by the clinic. Miscellaneous comments indicated that some were <u>very</u> satisfied. Sixteen percent of the patients responding had no initial visual problem. A majority of patients coming to the clinic appear to have a visual problem and do not come in just simply for a checkup. Sixteen percent reported that their problem was not solved by the clinic. Additional comments here showed that one patient realized his problem could not be corrected and another patient stated that his visual problem was partially solved.

Concerning vision care preference, no patients indicated they prefered care from an advertising vision specialist. Thirty-four percent of responses indicated they would prefer an ophthalmologist and fifty-nine percent indicated a preference for private practice optometrists. Some of the write-ins indicated that the patient did know the difference between optometrists and ophthalmologists; but other write-ins indicated they did not understand the difference. Some people selected both optometrists and ophthalmologists on the basis of recognizing the differences

in their eye-care needs; hence the percentage data for this question may be misleading. One patient reported that he would prefer going to a private practioner due to greater permanency of such an optometrist compared to the Forest Grove clinic clinician.

Question 11 considers whether a patient would refer others to the clinic as a result of his own experience. Eighty-eight percent of the responses indicated that patients would gladly refer others to the clinic. Ten percent of the replies indicated patients would refer others with reservation. One patient would not refer patients to the clinic. No reasons were given for the above selections.

The open-ended question (quest. 12) for voluntary comments or suggestions showed that despite many varied responses, certain trends to the replies could be seen. Forty-five percent of those responding to the study had no further comments or suggestions to make. Six responses complimented the clinician and five responses complained about the clinician. Seven responses indicated a misunderstanding about clinic business procedures or a complaint about the business office. Lab problems and delays were cited in four instances. Clinic errors were cited in three comments and poor follow-up was noted in three instances.

Generally, about two times as many favorable or pleased reactions were noted as opposed to unfavorable patient reactions. Finally, three people were offended or complained about the survey itself.

Some interesting exerps of actual derogatory comments are as follows: (1) "I'm opposed to the welfare-like treatment at Pacific"; (2) "something's missing at Pacific"; (3) "I received a nasty letter from a staff member not understanding my problem"; (4) "I wasn't served"; (5) "clinicians: should help manage business office for experience"; and (6) "phone answering is unprofessional".

At the opposite end of the spectrum, favorable or positive comments included: (1) "exam was pleasant and complete"; (2) "I appreciated short wait at Pacific"; (3) "you're a great school"; (4) "you're inexpensive"; and (5) "very professional setup".

IV. SUMMARY AND CONCLUSIONS

First of all it should be noted that each question was left blank by at least one patient. Respondents were well balanced with respect to age and sex distribution. The results of our study indicate that most patients were pleased with the treatment they received at the Forest Grove clinic. Most

patients came to the clinic from a private practice optometrist for some specific reason other than a regular checkup because of lower cost or due to referal from a friend or relative.

Generally, patients felt that the exam was impressive and about the right length of time. Progress exams were felt to be necessary, although in many cases a follow-up exam was not suggested to the patient. Another clear cut trend showed the clinician had good rapport with the patient, and the clinician's handling and interest in the case was very satisfactory. In a majority of cases the patient was well satisfied with the clinician.

Patients felt an explanation of the exam to be valuable; however, nearly as many replied that the basic two hour testing period was long enough as replied that additional testing would be beneficial.

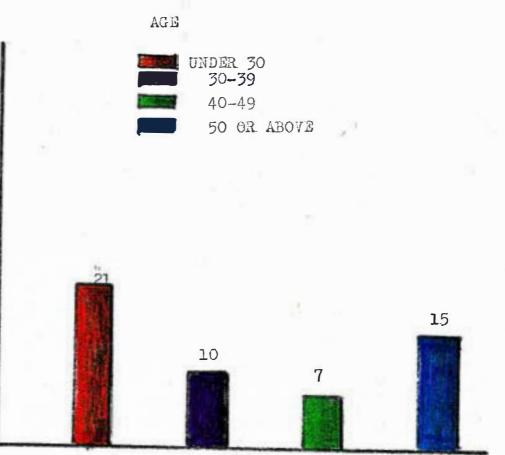
Most patients stated that their initial problem was solved. General satisfaction with the Forest Grove clinic was indicated by the large number of respondents who would gladly refer others to the clinic.

Finally, unsolicitated comments volunteered by patients in general indicated a favorable attitude toward Forest Grove clinic.

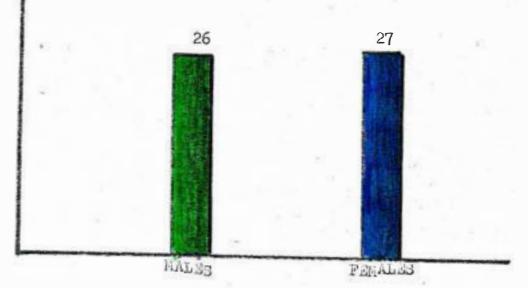
Some comments and suggestions indicated need

for improvement with regard to scheduling, business office procedures, and lab delay problems.

riease check as many answers as you feel apply to each question:Age (circle one) Under 3030-3940-4950 or aboveMaleFemale

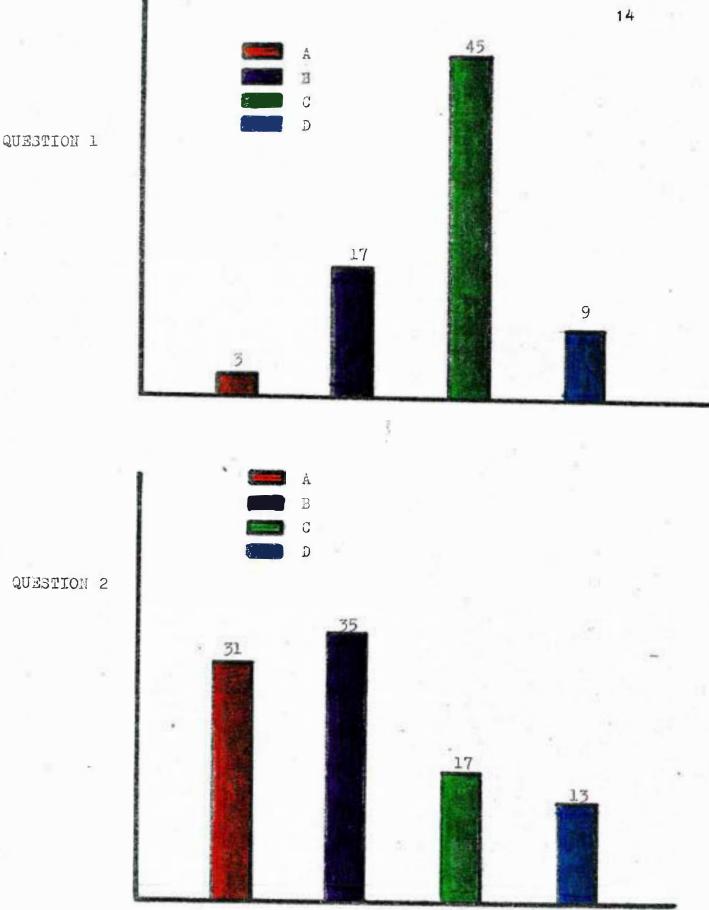


SEX

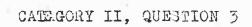


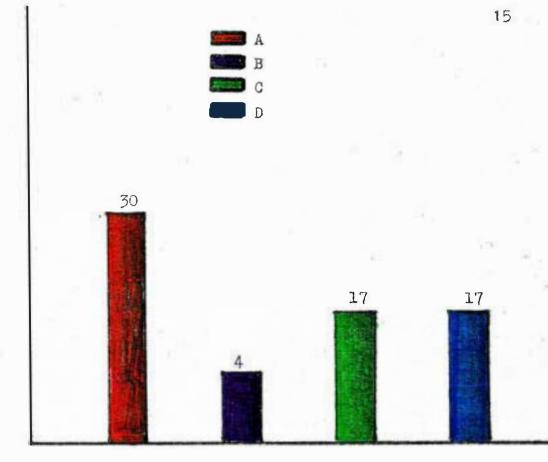
- 1. From whom did you previously receive eye care before coming to Pacific?
 - a.____ from an advertising vision specialist
 - b. from an ophthalmologist
 - c.____ from an optometrist (private practice)
 - d. ____ my first eye exam was at Pacific
- 2. Why did you choose Pacific for eye care rather than a private practioner?
 - a.____ lower cost at Pacific
 - b.____ referral by a friend or relative
 - c.____ due to a more thorough and complete exam at Pacific
 - d.____ other (please state reason)

CATEGORY II, QUESTIONS 1&2



- 3. My chief reason for coming to the clinic for the first time was:
 - a._____ a regular check-up
 - b.____ for a special clinic I heard about
 - c.____ trouble with my eyes
 - d.____ other

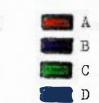


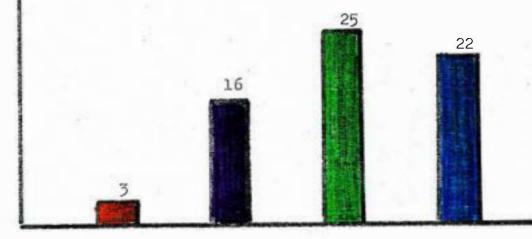


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- 4. Did you feel the length of time spent in your exam was:
 - a. ____ too long, tiring or boring
 - b. too long, but necessary
 - c.___impressive
 - d. just about the right length of time
- 5. Concerning a follow-up or progress exam after your initial visit:
 - a.____ one was not suggested to me
 - b. ____ my clinician set one up for me
 - c.____ I found one necessary because of some eye problems
 - d.____ I was satisfied with the fact that a follow-up exam was given
 - e.____ I felt a progress exam was unnecessary

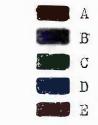
CATEGORY III, QUESTIONS 4&5

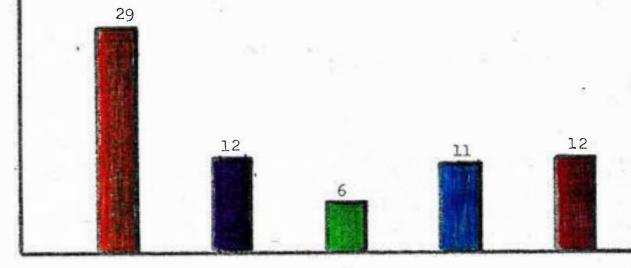




Question 5

Question 4





6.	The	doctor a	ssigned	to	me	at tl	he clinic:	
		(Please	check	one	in	each	group)	

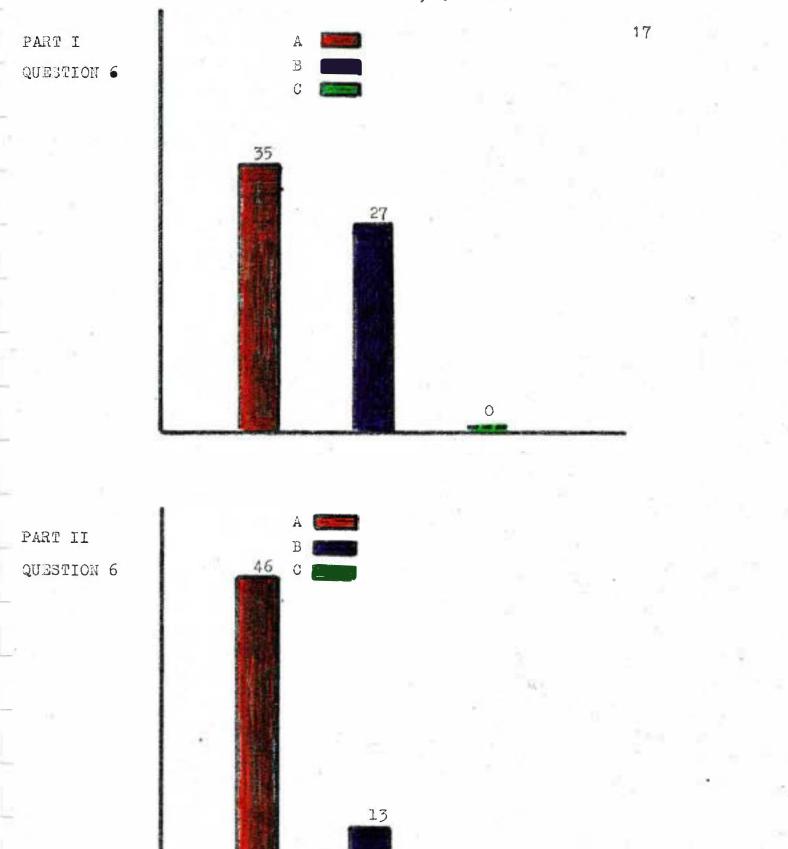
a. showed a deep interest in my problem

- b.____showed an adequate interest in my problem
- c.____showed very little or no interest in my problem

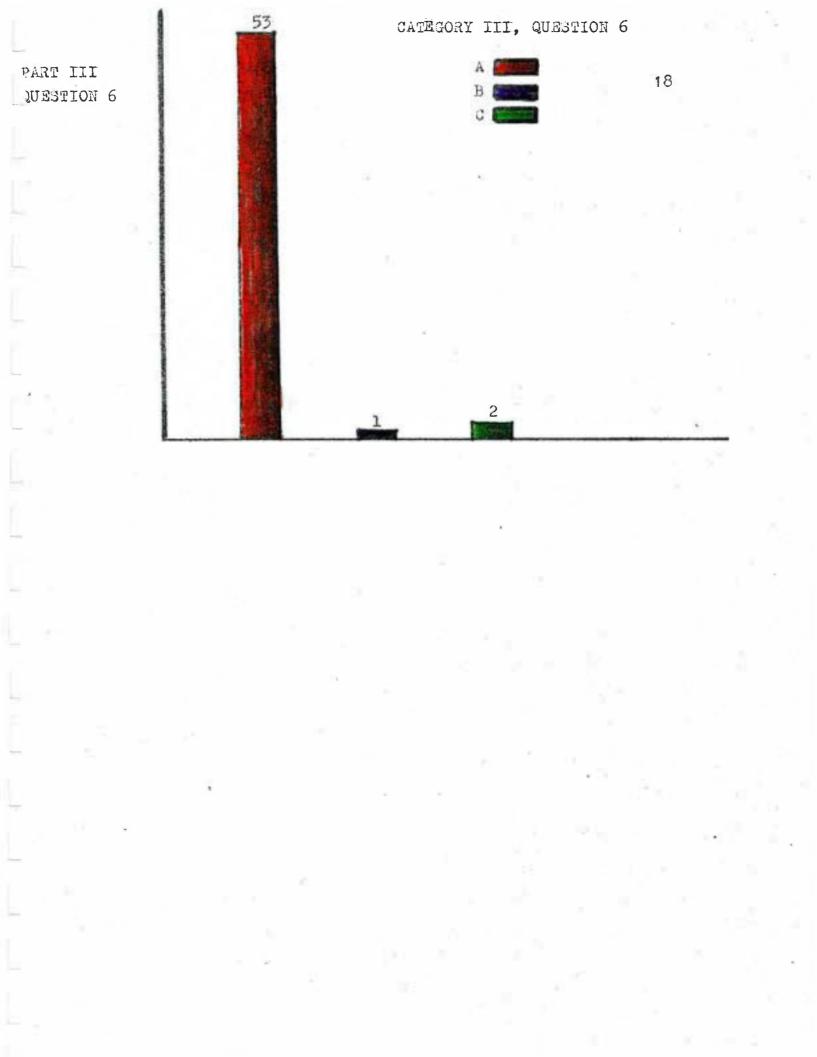
a. made the exam enjoyable

- b. made an attempt to make the exam enjoyable
- c. made the exam unpleasant

CATEGORY III, QUESTION 6

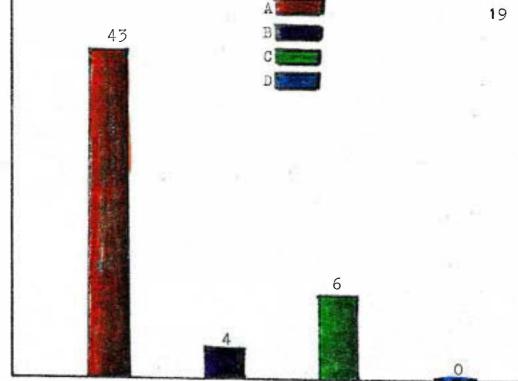


- a.____explained to me the nature of my visual problem and explained the follow-up vision care
- b.____explained the problem and vision care follow-up inadequately
- c. made no attempt to explain the problem or follow-up care

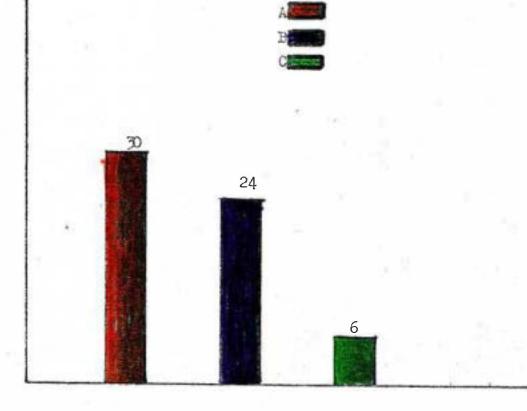


- 7. Concerning the various tests making up the overall exam I would appreciate it if the doctor had explained these tests:
 - a. I feel this would be valuable information to me (I would like to know)
 - b. I'm not interested in knowing more about these tests
 - c. ___I'm curious about it; but don't wish to spend the time necessary for the explanation.
 - d.___I would be bored by any explanation
- 8. In keeping with the philosophy of a thorough preventative vision care program, if I were offered a 2nd or 3rd appointment for extended testing at no additional charge beyond that which I received in the basic one visit exam:
 - a. I feel additional testing would be beneficial
 - b. I feel a basic two hour testing period is long enough and sufficient
 - c.___I would be definitely opposed to additional testing beyond my immediate needs

QUESTION 7



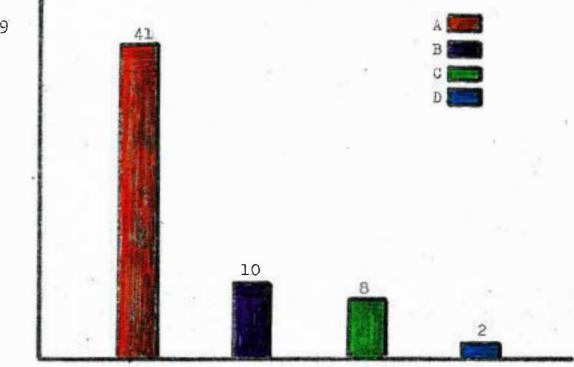
QUESTION 8



- 9. Did the vision care you received eliminate the problem you came to us about? a.___yes, my problem was solved
 - b.___I had no problem initially
 - c.___no, my problem was not solved
 - d. I don't know
- 10. In light of your exam at Pacific, would you rather receive eye care from:
 - a. _____an advertising vision specialist?
 - 5.____an ophthalmologist?
 - c.___an optometrist? (private practice)

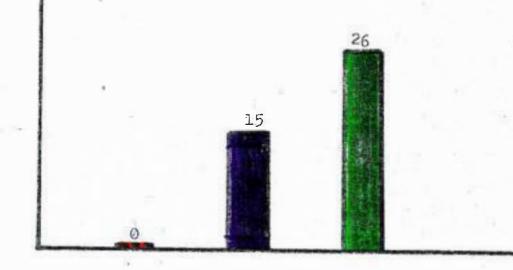
d. my first eye exam was at Pacific





QUESTION 10





11. As a result of my own experience at the Pacific clinic:

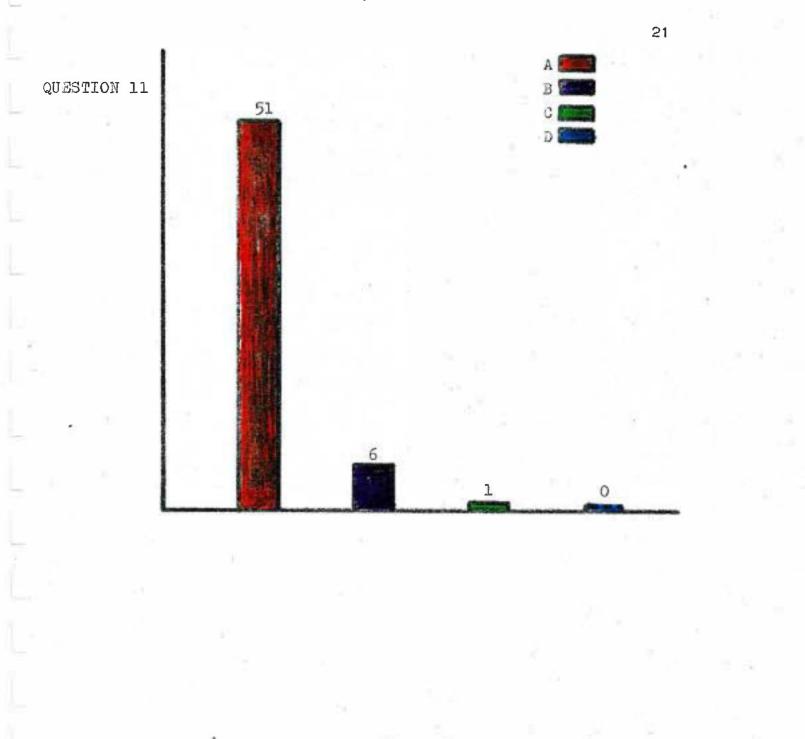
a.___I would gladly refer others to the clinic

b.___I would refer others with reservation

c.___I would not refer others to the clinic

d.____reason

CATEGORY V, QUESTION 11



Dear Patient:

we are presently conducting a senior thesis project designed to obtain patient feed-back concerning the quality of optometric care at Pacific University College of Optometry. We would like to determine the effectiveness as viewed by you, the patient, concerning the quality and scope of the exam.

We hope this project results in improving the quality of optometric care to you and from these results, we hope to serve you in the future even better. Please fill out this form and return it to us no later than April 20, 1974. Enclosed is a stamp self-addressed envelope for your convenience.

Thank you for your assistance,

Dave Caton, Don Vassar, Richard Smiley, Clinicians

Please check as many answers as you feel apply to each question:

Age (circle one) Under 30 30-39 40-49 50 or above

Male Female

- 1. From whom did you previously receive eye care before coming to Pacific?
 - a. from an advertising vision specialist
 - b. from an ophthalmologist
 - c. from an optometrist (private practice)
 - d. my first eye exam was at Pacific
- 2. Why did you choose Pacific for eye care rather than a private practioner?
 - a.____ lower cost at Pacific
 - b. _____ referral by a friend or relative
 - c.____ due to a more thorough and complete exam at Pacific
 - d. other (please state reason)
- 3. My chief reason for coming to the clinic for the first time was:
 - a. _____ a regular check-up
 - b. ____ for a special clinic I heard about
 - c. trouble with my eyes
 - d.____ other

4. Did you feel the length of time spent in your exam was:

- a. ____ too long, tiring or boring
- b. too long, but necessary
- c. impressive
- d. just about the right length of time
- 5. Concerning a follow-up or progress exam after your initial visit:

- a. ____ one was not suggested to me
- b. my clinician set one up for me
- c.____ I found one necessary because of some eye problems
- d. I was satisfied with the fact that a follow-up exam was given
- e.___ I felt a progress exam was unnecessary
- The doctor assigned to me at the clinic: (Please check one in each group)
 - a. showed a deep interest in my problem
 - b. showed an adequate interest in my problem
 - c. showed very little or no interest in my problem
 - a. made the exam enjoyable
 - b. made an attempt to make the exam enjoyable
 - c. made the exam unpleasant
 - a. _____explained to me the nature of my visual problem and explained the follow-up vision care
 - b. ____explained the problem and vision care follow-up inadequately
 - c. ____made no attempt to explain the problem or follow-up care
- 7. Concerning the various tests making up the overall exam I would appreciate it if the doctor had explained these tests:
 - a. I feel this would be valuable information to me (I would like to know)
 - b. I'm not interested in knowing more about these tests
 - c. ____ I'm curious about it; but don't wish to spend the time necessary for the explanation.
 - d.___I would be bored by any explanation

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- 8. In keeping with the philosophy of a thorough preventative vision care program, if I were offered a 2nd or 3rd appointment for extended testing at no additional charge beyond that which I received in the basic one visit exam:
 - a. I feel additional testing would be beneficial
 - b. I feel a basic two hour testing period is long enough and sufficient
 - c.____I would be definitely opposed to additional testing beyond my immediate needs
- 9. Did the vision care you received eliminate the problem you came to us about?
 - a. yes, my problem was solved
 - b. I had no problem initially
 - c. no, my problem was not solved
 - d. I don't know
- 10. In light of your exam at Pacific, would you rather receive eye care from:
 - a. ____an advertising vision specialist?
 - an ophthalmologist?
 - c. an optometrist? (private practice)

d my first eye exam was at Pacific

- 11. As a result of my own experience at the Pacific clinic:
 - a. I would gladly refer others to the clinic
 - b. I would refer others with reservation
 - c. I would not refer others to the clinic
 - d. reason
- 12. Any comments or suggestions you would like to make?