

Patients' Satisfaction with Home Care Services in Greece

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Abstract

As an alternative form, home care is associated with benefits concerning the quality of the care they receive. Patients' satisfaction constitutes a significant factor for the qualitative evaluation of healthcare services.

The estimation of the level of satisfaction of cancer patients with home care services.

Material and methods: The Home Care Client Satisfaction Instrument-Revised was used which includes 12 questions rated on a 5-point scale, measuring specific aspects of care and three questions for overall satisfaction rated on a 10-point scale. The questionnaire was completed by 134 patients who received public home care services.

The mean score of patients for the questions 1-12 was 54.3 (max=60), while for each one of the three questions for overall satisfaction the mean score was 9 in a 10-point scale, indicating that patients were particularly satisfied with the home care services. The higher satisfaction levels concerned the behavior, attitude and skills of staff, while patients were less satisfied with organizational aspects of home care.

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The high level of patients' satisfaction indicates the quality of services. Home care should be widely developed since it provides multiple benefits for the health system regarding the quality of services and the cost-saving aspect.

Keywords: Home care, patient satisfaction, quality

1 Introduction

Home care services constitute an alternative form of care, which is widely implemented in most countries, since it provides high quality healthcare services at significantly lower costs compared with hospital care [1]. As part of continuing care, home care aims to increase the level of patient independence minimizing the adverse effects of disease or disability. Factors associated with population aging, increasing life expectancy and alternating nosologic profile with multifactor chronic diseases have led to the need for development and promotion of home health care [2].

Concerning the evolution of home care in Greece, the first home nursing services were set in the mid-1980s. In 1992, home nursing services were officially established by law, which provided the details and conditions for the provision of home care. However, home care services still remain underdeveloped, especially in public sector. Few home care services are provided by the National Health Service, since less than 10% of public hospitals have developed home healthcare services. Additionally, few municipalities have developed home care services, which are provided also free of charge. Some of the reasons for the underdevelopment of home care in Greece is the hospital-centered development of the healthcare sector, the overwhelming number of physicians, and the great lack positions for specialized community nursing personnel. On the other hand, during the last decade, the private sector has been constantly developing home care services filling the existing gap, providing home care on a private fee-for-service basis [3].

The provision of home healthcare services is particularly important for patients with malignant neoplasms. The multiple problems that cancer causes to the patients and their family, the long duration of the illness and the need for continual care makes the implementation of home care indispensable for the patients suffering from malignant neoplasms [4].

Home care to patients with malignant neoplasms has a positive impact on their psychological status. According to studies, cancer patients who receive care at home develop improved psychological status and preserve their functional autonomy. Home care takes advantage of the positive influence of the family environment and gives the patient the ease and tranquillity needed, reducing the feelings of powerlessness and fear associated with a progressive and terminal illness [5, 6].

Therefore, home care is associated with considerable benefits regarding the quality of the provided services. Patients' satisfaction constitutes a significant factor for the evaluation of health services and it is connected with services' quality. The lack of evidence regarding the patient' satisfaction with home care services in Greece acted as a motive for the conduction of the present study. Furthermore, the awareness of home care's quality benefits is essential for the health policy makers in order to promote the wide development of public home care services.

2 Aim

The basic aim of the study was to estimate the satisfaction of patients with malignant neoplasms who receive home care with the provided services. Additionally, the results of the study aimed would indicate the connection of patients' satisfaction with the quality of home care services in order to identify "state of the art" practices or areas for further improvements.

3 Material and Methods

In order to measure the satisfaction level of patients by the provided home care services, a specific questionnaire was used, the Home Care Client Satisfaction Instrument-Revised (HCCSI-R), designed by Westra [7]. After receiving the appropriate permission, the questionnaire was translated into Greek and a back translation was performed according to basic guidelines [8, 9]. It was administered to patients with malignant neoplasms receiving home care services by one of the two public hospitals (n=144) and was finally completed by 134 (response rate 93%) patients. The study duration was 3 months, from September – November 2012.

HCCSI-Rev questionnaire is unidimensional and includes 12 questions rated on a 5-point Likert scale, measuring specific aspects of care. These questions concern several dimensions of staff's attitude and skills, including helpfulness, attention to patient's concerns, dependability, respect shown to patient, knowledge of patient's health problems, response to patient's concerns. Additionally, there are questions that focus on several aspects of how the provided home care services are organized, such as patient's ability to have choices about his care or schedule care at the times he wants, patients' knowing who to contact if they have a problem and the ability of patients' having the same people consistently.

Moreover, the questionnaire includes three questions rated on a 10-point scale, measuring the overall satisfaction. These questions concern a) patients' satisfaction with the home care agency's ability to meet their expectations for care, b) patients' satisfaction with the overall care and c) the possibility that the patients would recommend to others the home care agency.

The satisfaction level was tested for relation with the demographic data of patients (sex and age). For the statistical analysis, SPSS 19.0 was used and parametric statistical tests were applied, including t-test, analysis of variance (ANOVA) and correlation coefficient of Pearson.

4 Results

As shown in Table 1, 53.7% of the study population (n = 72) was male and 46.3% (n = 62) was female, while the average age of the patients was 69 years. Regarding the education level, the majority of the patients (56%) were graduates of primary or secondary school.

The results regarding the responses of the patients to questions 1-12 of the HCCSI-R are shown in Table 2. The score was particularly high, since the mean value was 54.3 (with 60 being the maximum score) (SD=5.3). Among the high score variables were the staff's

respect to patients, since 77% of the patients reported very satisfied, as well as the helpfulness of the staff, with 74.6% of the patients reporting very satisfied. On the other hand patients were less satisfied with the choices they had about their care (31.3% very satisfied) and the ability to schedule care at the times they wanted (40.3% very satisfied). The score was also high for the three last questions that evaluated the overall satisfaction of patients with the provided home care services. As shown in Table 2, the mean score for a) patients' satisfaction with the home care agency's ability to meet their expectations for care, b) patients' satisfaction with the overall care and c) the possibility that the patients would recommend to others the home care agency was approximately 9 in a 10-point scale.

Regarding the relation of patient's satisfaction level with patients' demographic data, the score for 1-12 questions was not related with the sex ($p=0.379$) the age ($p=0.522$, $r=0.056$), or the education level ($p=0.276$) of the patients. Concerning the three overall satisfaction questions, no relation was found with patients' sex ($p=0.470$, $p=0.824$, $p=0.742$ respectively) or age ($p=0.877$, $p=0.050$, $p=0.620$ respectively). Similarly no relation was found between the three overall satisfaction questions and patients' education level ($p=0.664$, $p=0.570$, $p=0.890$ respectively).

5 Conclusion

According to the results of the study, the level of patients' satisfaction was very high regarding the behavior, staff's attitude and skills. The percentage of patients who responded that they are satisfied / very concerning staff's helpfulness, attention to patient's concerns, dependability, respect shown to patient, knowledge of patient's health problems, response to patient's concerns exceeded 70%.

On the other hand, as far as several aspects of how the provided home care services are organized, such as patient's ability to have choices and schedule the care he receives or the consistency of the people who provide home care services and, the level of patient satisfaction was lower, indicating an area that could be improved. Additionally, there was a low percentage of patients (<8%), who responded that they were dissatisfied with these aspects, showing that regulating some administrative issues should consist a priority for the home care service.

Therefore, high patient satisfaction is based mainly on attitude and behavior of the staff rather than the organizational dimension of the home care agency. Furthermore, according to patients' statements, home care nurses are very supportive not only to them but also to their families. The psychological support that they receive is valuable and helps them to have the courage to get through the difficulties of their disease.

The results of this study are consistent with the findings of other studies that indicate high level of patient satisfaction with home care services [10, 11, 12]. Regarding the factors that influence patient's satisfaction, the study of Aletras showed that higher satisfaction levels are associated with the skills and attitudes of staff and suitability of services, and lower levels of satisfaction related to the social and economic dimensions of care and planning of services [11]. Moreover, according to the findings of Kroposki and Alexander's study, patient satisfaction is higher when nurses perceive meeting clients' psychosocial needs, when nurses and supervisors maintain a good working relationship, and when nurses use guidelines to direct nursing practice [10].

The high level of patients' satisfaction with home care services, proven by the present and other studies, indicate that home care provide high quality services that meet patients' needs. Furthermore, home care is associated with significant economic benefits for the health system, since it can decrease the number of admissions to the hospital and it contributes to the avoidance of long term hospitalization [2, 13]. Economically driven changes in healthcare delivery have placed more and more patients in the home setting instead of acute care settings [14].

According with the findings of other studies, patient satisfaction with home care services was related with age, with older people usually being more satisfied than younger [15]. Conversely, the statistical analysis of the present study revealed no statistically significant relations between the level of satisfaction and the demographic characteristics of the patients, indicating the provision of a top level quality home care services to all patients.

In Greece, the economic crisis since 2009 and the hard austerity measures have affected significantly the health sector. The total health expenditure for 2011 decreased by 19% compared to 2009 (year of the emergence of the crisis) with public health expenditure showing the higher decrease, 23%. Social conditions, such as income reduction, increase of the level of unemployment, etc. have resulted in increased demand for public healthcare services (the admissions in public hospitals from 2009 to 2011 increased by 14.3% according to Ministry of Health, ESYnet database), creating accessibility problems [16]. Moreover, even though there is no official data, health poll surveys indicate that the waiting lists for public healthcare services have increased dramatically [17]. Under these circumstances, the set up of services that could lead towards a more rational use of resources like for example home care, seems imperative need.

It is crucial for the health policy makers, in Greece, to intensify the efforts for the decongestion of hospitals and the reduction of waiting times so that the accessibility of public healthcare services could be enhanced. The development of home care on a national level may facilitate the increased accessibility of public healthcare services along with the cost containment of public health expenditure, since it is associated with multiple benefits for the health system, providing high quality services that meet patients' needs and expectations.

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Appendix

Table 1: Demographic data of study population

Variables	N	%
Sex		
Men	72	53.7%
Women	62	46.3%
Age(X ± SD)	69.4 (± 9.2)	
Education level		
Illiterate	9	6.7%
Primary school/ Secondary school	75	56%
High school/Technical school	37	27.6%
Technological Institution/University	13	9.7%

Table 2: Satisfaction level of patients in questions 1-12 of HCCSI-R

	VD	D	U	S	VS
1. How satisfied are you with the helpfulness of the office staff?	0%	0%	0%	25.4% (n=34)	74.6% (n=100)
2. How satisfied are you with the staff's attention to your concerns?	0%	0%	0%	28.4% (n=38)	71.6% (n=96)
3. How satisfied are you with the dependability of the staff?	0%	0%	3% (n=4)	24.6% (n=33)	72.4% (n=97)
4. How satisfied are you with the respect shown to you by the staff?	0%	0%	0%	22.4% (n=30)	77.6% (n=104)
5. How satisfied are you with the staff's knowledge of your health problems?	0%	0%	4.5% (n=6)	22.4% (n=30)	73.1% (n=98)
6. How satisfied are you with having choices about your care?	0%	7.5% (n=10)	26.1% (n=35)	35.1% (n=47)	31.3% (n=42)
7. How satisfied are you with how safe you felt when care was provided?	0%	0%	9% (n=12)	31.3% (n=42)	59.7% (n=80)
8. How satisfied are you with knowing who to contact if you had a problem?	0%	0%	11.9% (n=16)	22.4% (n=30)	65.7% (n=88)
9. How satisfied are you with the ability of the agency to meet your needs?	0%	0%	6% (n=8)	27.6% (n=37)	66.4% (n=89)
10. How satisfied are you with the staff's response to your concerns?	0%	0%	5.2% (n=7)	32.8% (n=44)	61.9% (n=83)
11. How satisfied are you with being able to schedule care at the times you wanted?	0%	5.2% (n=7)	25.4% (n=34)	29.1% (n=39)	40.3% (n=54)
12. How satisfied are you with having the same people consistently?	0%	0%	8.2% (n=11)	32.8% (n=44)	59% (n=79)

VD= Very dissatisfied D= Dissatisfied U= Uncertain S= Satisfied VS= Very satisfied

Table 3: The score regarding patients' overall satisfaction with the provided home care services

	Mean	SD	Min-Max
13. How satisfied are you with the agency's ability to meet your expectations for care?	8.8	1.7	6-10
14. How satisfied are you with your overall care?	9	1.2	7-10
15. How likely are you to recommend to others the home care agency?	8.9	1.5	7-10