

MEASURING PATIENT SATISFACTION WITH CONTINENCE TREATMENT: A TALE OF GUTSS AND SAPS

Hypothesis / aims of study

Typically over 80% of urinary incontinence patients report being satisfied with their health care and treatment, regardless of treatment outcome. Patient satisfaction is usually assessed by a single item with no formal measurement properties or patient satisfaction theory to support it. Existing patient satisfaction scales have not been examined in incontinence studies and there are no incontinence-specific patient satisfaction measures, with the exception of the Genito-Urinary Treatment Satisfaction Scale (GUTSS) [1]. The GUTSS, however, is difficult to use and score because of the presence of filter items. This study aimed to address this rather unsatisfactory situation through: (a) revision and simplification of the GUTSS, (b) examination of the leading generic patient satisfaction instruments in an incontinence study, and (c) the development of a simple, easy to use and score patient satisfaction scale.

Study design, materials and methods

A cross-sectional survey of women who had treatment (physiotherapy or surgery) for urinary incontinence 6-12 months previously was conducted. Recruited anonymously through incontinence clinics in two major cities, the participation rate was 44% (N=187) of those sampled. Participants completed a questionnaire comprising items covering type of incontinence, pre-treatment incontinence status, treatment, post-treatment incontinence status, expectations of treatment, and four standard patient satisfaction questionnaires (the Client Satisfaction Questionnaire (CSQ-18), the Consultation Satisfaction Questionnaire (Consult SQ), the GUTSS (including modified items) and the Patient Satisfaction Index (PSI)). Completed questionnaires were posted to the researchers together with consent forms. Donabedian's [2] model of patient satisfaction was used. This postulates that satisfaction is the patient's judgement on the quality of care, particularly the interpersonal relationships with clinicians. The seven dimensions contributing to this model were used as the conceptual framework against which the patient satisfaction measures were reviewed. Modern test psychometric methods were used to analyse the data; specifically Mokken analysis to investigate scale homogeneity and partial credit item response theory (IRT) to investigate the measurement properties of items. Validation and responsiveness tests were performed. Instruments were compared using the relative efficiency statistic.

Results

Regarding revision of the GUTSS it was found that removal of two filter items and rewording of two other items shortened the GUTSS and simplified its scoring without any loss of validity or reliability. The revised GUTSS is therefore reported. The items from the generic patient satisfaction surveys were examined through iterative Mokken and partial credit IRT analyses against Donabedian's model. This led to the selection of 7 items which formed a generic Short Assessment of Patient Satisfaction (the SAPS) scale. Its internal psychometric properties were excellent.

The five patient satisfaction instruments (the four original instruments and the SAPS) were examined by their descriptive systems, internal structures and responsiveness. Regarding the descriptive systems, the findings showed that the Consult SQ was mainly measuring the technical skill and relationship with the treating clinician, the CSQ-18 whether the treatment received was appropriate to the needs of the patient, the GUTSS satisfaction with treatment outcomes, the PSI the patient as a consumer of health services. The SAPS provided a broad patient satisfaction perspective that was consistent with the Donabedian model. The internal structures of the instruments suggested that all the items of the GUTSS and SAPS were responsive, but that some items on the other measures were insensitive. All measures were shown to be unidimensional. Tests of response bias suggested that this was present in two of the instruments (the CSQ-18 and the PSI). In the PSI this may have been related to the overly difficult item stems and the use of 7-point response scales which have convoluted descriptors. Redundancy was observed in the Consult SQ, CSQ-18 and PSI, typically because these had several items measuring the same concept. Tests of responsiveness showed all five instruments were responsive. However, the relative efficiency tests showed that the most responsive instrument was the GUTSS, then the SAPS, CSQ-18, and the PSI. The Consult SQ was the least responsive instrument.

Interpretation of results

Direct assessment of four standard, generic patient satisfaction instruments, and a new measure constructed during the study (the SAPS), showed that the shorter SAPS instrument had more comprehensive coverage of the domains of patient satisfaction and better psychometric properties than the other instruments. The incontinence specific instrument, the revised GUTSS also demonstrated excellent psychometric properties. Regarding which of the GUTSS or SAPS is to be preferred, the SAPS's descriptive system was an excellent match against Donabedian's patient satisfaction model, whereas the GUTSS's descriptive system is more limited. Given that the correlation between the GUTSS and the SAPS is 0.83, that the SAPS is shorter and that it has excellent psychometric properties, there is a prima facie case that the SAPS is to be preferred. As it is a generic instrument it would be the instrument of choice for epidemiological studies. However, in clinical trials either instrument could be used. The revised GUTSS could be considered as it was the most responsive instrument to treatment outcome. As the SAPS is a new measure further studies will be required to replicate its measurement properties.

Concluding message

Although there is universal recognition of patient satisfaction with health care is an important treatment variable, it is seldom assessed using psychometrically valid measures. This study has provided evidence that it can be assessed validly, reliably and sensitively using either the SAPS or GUTSS.

References

1. Working Paper 117 (2000). Melbourne: Centre for Health Program Evaluation. 50pp.
2. JAMA (1988). 260 (12): 1743-1748.

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Human Research Ethics Committee, South Eastern Sydney Illawarra, New South Wales Health

Human Research Ethics Committee, Royal Womens Hospital, Melbourne and followed the Declaration of Helsinki Informed consent was obtained from the patients.