



**НАЦИОНАЛЬНЫЙ
ЦЕНТР ЭКСПЕРТИЗЫ**

лекарственных средств и медицинских изделий

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НАУЧНО-ПРАКТИЧЕСКИЙ, ИНФОРМАЦИОННО-АНАЛИТИЧЕСКИЙ ЖУРНАЛ ФАРМАЦИИ И ЗДРАВООХРАНЕНИЯ



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QUESTIONING OF PATIENTS AS A METHOD FOR ASSESSING THE QUALITY OF MEDICAL CARE. LITERATURE REVIEW

Resume. The indicator of patient satisfaction with the quality of medical care is an indicator of the implementation of a patient-centered approach in the provision of medical services. The results obtained during the research should be used in the organization of medical care as an indicator of the success of the development of the institution in the areas relevant to consumers.

The history of the study of sociological research began in the 70s of the 20th century, and today there are a huge number of tools for assessing it, but there is no single unified and standardized method among them that would be applied at the state level.

This paper shows a variety of questionnaires for studying the level of satisfaction with medical care, compares them with each other, and also analyzes studies on the statistical assessment of the quality of questionnaires. In addition, the authors identified criteria for assessing the level of satisfaction, as well as some results of its measurement in different countries.

Key words: patient satisfaction; satisfaction questionnaires; patient-centered healthcare; quality of health care.

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АНКЕТИРОВАНИЕ ПАЦИЕНТОВ КАК МЕТОД ОЦЕНКИ КАЧЕСТВА МЕДИЦИНСКОЙ ПОМОЩИ. ОБЗОР ЛИТЕРАТУРЫ

Резюме. Показатель удовлетворенности пациентов качеством медицинской помощи является индикатором реализации пациентоориентированного подхода при оказании медицинских услуг. Результаты, полученные в ходе исследования, должны использоваться в организации медицинской помощи как показатель успешности развития учреждения по актуальным для потребителей направлениям.

История изучения социологических исследований началась в 70-х годах 20-го века, и сегодня существует огромное количество инструментов для их оценки, но среди них нет единого унифицированного и стандартизированного метода, который бы применялся на государственном уровне.

В данной работе представлены разнообразные опросники для изучения уровня удовлетворенности медицинской помощью, проведено их сравнение между собой, а также проанализированы исследования по статистической оценке качества опросников. Кроме того, авторы определили критерии оценки уровня удовлетворенности, а также некоторые результаты его измерения в разных странах.

Ключевые слова: качество медицинской помощи; удовлетворенность пациентов; анкеты удовлетворенности; здравоохранение, ориентированное на пациента.

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МЕДИЦИНАЛЫҚ КӨМЕКТИҢ САПАСЫН БАҒАЛАУ ӘДІСІ РЕТІНДЕ ПАЦИЕНТТЕРГЕ САУАЛНАМА ЖҮРГІЗУ. ӘДЕБИЕТКЕ ШОЛУ

Түйін. Пациенттердің медициналық көмек сапасына қанағаттану көрсеткіші медициналық қызметтер көрсету кезінде пациентке бағдарланған тәсілді іске асырудың индикаторы болып табылады. Зерттеу барысында алынған нәтижелер медициналық көмекті ұйымдастыруда тұтынушылар үшін өзекті бағыттар бойынша мекеменің табысты дамуының көрсеткіші ретінде пайдаланылуы тиіс.

Әлеуметтанулық зерттеулерді зерттеу тарихы 20 ғасырдың 70-ші жылдарында басталды және бүгінде оларды бағалаудың көптеген құралдары бар, бірақ олардың арасында мемлекеттік деңгейде қолданылатын бірыңғай және стандартталған әдіс жоқ. Бұл жұмыста медициналық көмекке қанағаттану деңгейін зерттеуге арналған әртүрлі сауалнамалар ұсынылған, олар бір-бірімен салыстырылған, сонымен қатар сауалнамалардың сапасын статистикалық бағалау бойынша зерттеулер талданған. Сонымен қатар, авторлар қанағаттану деңгейін бағалау критерийлерін, сондай-ақ оны әр түрлі елдерде өлшеу нәтижелерін анықтады.

Түйінді сөздер: медициналық көмектің сапасы; пациенттердің қанағаттануы; қанағаттану сауалнамалары; пациентке бағдарланған денсаулық сақтау.

Introduction

The beginning of the 21st century in the world was marked by the rapid development of both computer and information technologies. The financial crisis of 2008 and the energy crisis associated with falling prices for hydrocarbons contributed to the fact that large financial players began to look for new industries for investment. Healthcare has become one of these industries. Due to the inflow of private capital in Kazakhstan, there is an increase in the number of private clinics and organizations operating on the principle of public-private partnership, which in turn contributes to competition in the medical services market. Thus, we are witnessing the development of the so-called patient-centered approach based on the principles of respect and focus on the patient's individual interests, needs, values, as well as openness and involvement in the decision-making process regarding the provision of medical care [12]. This approach has a number of advantages: when it is used, patient compliance is increased, the continuity of treatment is realized, and, consequently, the health indicators of the population are improved [37, 36]. In addition, we all know that patients seek help and advise their friends and relatives that medical organization where their interests and needs are respected. This, in turn, contributes to the popularity and positively affects the financial well-being of the medical organization. It may be noted that the quality of medical care can be assessed using an indicator that demonstrates the degree of implementation of the patient-centered approach, and the development of this area is impossible without qualified medical personnel and a high level of quality of medical care. This indicator is the level of satisfaction of the population with the quality of medical care, which reflects the compliance with the expectations, interests, needs of the patient. By studying this parameter, it is possible to develop medical organizations in those areas that are in demand by the population. The most illustrative example the five-year activity of the Cleveland Clinic (USA) [34], where studies of patient satisfaction were carried out in order to plan measures for the development of the medical organization. Based on the results of the analysis of patient satisfaction with the quality of medical care, conclusions were made and organizational measures were taken to implement the patient-centered approach. As a result of these actions, the Cleveland Clinic currently occupies a leading position in the US ratings in terms of satisfaction with the quality of medical care among other medical organizations [18]. In 1916, Henri Fayol

described the classical principles of management that are still used in the implementation of this approach in the organization of health care [7]. According to the principles of H. Fayol, for the development of organization, it is necessary to carry out the following actions: assessment of initial situation, planning and carrying out improvement measures, measuring the result of the measures taken and developing further measures. At the same time, the most effective and accessible instrument for assessing the initial and final levels is the analysis of patient satisfaction with the quality of care using questionnaires [21].

Methods

For the purpose of comparative analysis of research methods of satisfaction with the quality of medical care, publications were processed in the period from the 70s of the last century to 2019. The databases of Web of Science, Scopus and Russian Science Citation Index (RSCI) were used. In total, 159 publications were analyzed: 13 are presented in the RSCI database, 51 on the Web of Science and 95 in the Scopus. Of these, 11 papers consider the development of an original method for assessing satisfaction, 62 publications consider the factors influencing the level of satisfaction, 26 articles consider the quality of the instrument for measuring satisfaction, and 83 studies consider the social and cultural determinants of the level of satisfaction in the population. 41 publications in the opinion of the

authors were selected as the most representative and formed the basis of this literature review.

Results

"The Satisfaction with Physician and Primary Care Scale" developed by B. Hulka et al. in the 70s of the last century is the starting point in the study of the level of satisfaction [41]. In 1976 J. Ware and M. Snyder created "The Patient Satisfaction Questionnaire", which was conceived to plan clinic operations and improve the quality of medical services [40, 24]. Later in the USA in 1979 D. Larsen et C. Attkisson developed "The Client Satisfaction Questionnaire".

This questionnaire was developed to assess the overall satisfaction of patients with medical services and was updated in 1984 [29, 8]. In 1985, anthropologist I. Press and sociologist R. Ganey jointly developed a satisfaction survey protocol for commercial use. They founded Press Ganey Associates, which provided scientifically grounded assessment of hospital services through patient surveys and development of methods to improve satisfaction indicators [17]. In the early 2000s, the United States and several European countries began to conduct health care satisfaction assessments at the national level. For example, in the United States, the Agency for Healthcare Research and Quality, in conjunction with the Center for Nursing and Medical Assistance, developed the HCAHPS "The Hospital Consumer Assessment of Healthcare Providers and Systems" The questionnaire consists of 32 questions to which patients answer after discharge from the medical institution [13, 22]. In the United Kingdom, for example, the quality of medical care is monitored every year in all medical organizations. At the same time, European countries use the PPE-15 (The Picker Patient Experience) questionnaire [31], which is translated into English, French and Spanish and consists of 15 questions by which patients' satisfaction with the quality of medical care is assessed. We would like to draw your attention to the fact that the HCAHPS and PPE-15 questionnaires are valid only for patients who received inpatient care and, accordingly, assess only the quality of inpatient work. Therefore, to assess the quality of outpatient care, there are special questionnaires such as the SWOPS (Satisfaction with Outpatient Services) questionnaire in Ireland, and the SOSQ (Seattle Outpatient Satisfaction Questionnaire) in the USA [15, 35].

In 2018, in the Republic of Kazakhstan, Daribaev N.M., compiled a questionnaire "Assessment of patient satisfaction with ophthalmological care at the polyclinic level." The questionnaire was designed to assess overall patient satisfaction with ophthalmological services and to develop methods to improve patient satisfaction indicators in order to further improve the quality of medical services. The questionnaire consists of 11 questions to which patients answer after receiving ophthalmological services. The questionnaire covers such aspects as conditions of admission, duration of waiting (admission, consultation, diagnostic procedures), material and technical equipment, time spent on undergoing examinations and waiting in line for planned hospitalization / outpatient surgery.

Unfortunately, when analyzing the data, we did not find questionnaires to determine the satisfaction of doctors with working conditions developed in Kazakhstan. This served as an incentive for the authors of this article to develop a questionnaire for doctors that would meet international requirements and at the same time would not contradict the social, cultural and economic characteristics of the regions of Kazakhstan.

Discussion

As the survey of questionnaires used in the world has shown, most of the answers to the questions are based on the Likert method. This is a method in which the factor that has an impact on satisfaction is assessed on a scale from 1 to 9. According to the authors, this helps to determine whether the patient's expectations regarding the medical care offered are met. Al-

so, most of the questionnaires cover such sections as the interaction of the patient with the staff, waiting time for an appointment, physical comfort, transport accessibility of the medical organization, etc. When studying this material, the authors came to the conclusion that the difficulty lies in adapting the standard questionnaire for all countries, as in each individual country the factors affecting patient satisfaction differ from each other, sometimes radically. That is, the same factors in different countries can influence the level of satisfaction in different ways. In addition, there is such a moment as “dynamics of satisfaction”, when some factors affecting satisfaction over time lose their importance for patients, while the importance of others, on the contrary, increases. Therefore, it is necessary to find “basic” values of satisfaction that will be valid for the countries of the world, regardless of the economic, social and cultural characteristics of the states. Thus, studies of the level of satisfaction with the quality of medical care with a questionnaire recommended for use by the Ministry of Health of the Russian Federation in 2013 showed a positive trend in satisfaction with medical care [3, 4]. Considering the recommendatory nature of the Ministry of Health’s questionnaire, it is impossible to establish the true value of this measurement as each region uses different methodological approaches. In addition, when reviewing the literature, the authors revealed that scientific work on measuring the level of patient satisfaction with the quality of medical care in individual cities and medical organizations was carried out by specially designed questionnaires, which leads to difficulties in analyzing and comparing the data obtained by different authors. According to the National Health System (NHS) in the Great Britain, an increase in overall satisfaction was also noted in 2014 (the PPE-15 questionnaire was used when questioning patients), which indicates a positive trend in health care [26]. Similar studies conducted in the United States in 2013-2014 showed changes in satisfaction with the quality of medical care within one point, which indicates that the implementation of patient-centered healthcare is successful [35]. We find the systematic review conducted in 2015 by Almeida R. et al., which examined the scientific works on the development and use of various questionnaires to study patient satisfaction, to be very revealing. To assess the quality of the questionnaires, the authors used the COSMIN criteria, “Harmonized Standards for the Choice of Measurement Instruments in the Healthcare Sector” [27], where the questionnaires were assessed as: “good”, “satisfactory” and “unsatisfactory”. A correlation was sought between the high scores and the measurement criteria. As a result, 11 publications were assessed “excellent” only on one of the criteria, and the bulk of the papers were assessed “good” and “satisfactory”. Also, Almeida R. et al. clearly demonstrated that none of the studies used the

full list of the COSMIN criteria to test the suitability of the measurement instrument, which suggests that none of the proposed questionnaires can claim to be the “gold standard”. At the same time, the COSMIN scale is not an ideal instrument since it does not provide for such a criterion as data interpretability. Therefore, to assess the quality of the results obtained, the QCOMP “Criteria for the quality of measurement parameters” Terwee et al., (2007) is used [38]. Beattie et al. in 2015, went even further and in search of the most appropriate methods for measuring patient satisfaction, in addition to the COSMIN and the QCM criteria, used own criteria based on the Van Der Vleuten utility index (1996). The Van Der Vleuten utility index includes components such as validity, reliability, educational potential, efficiency and acceptability of the cost of a medical service. According to M. Beattie et al., most of the questionnaires have a high level of suitability, which is confirmed by the ratings “excellent”, “good”, however, at the same time, the proposed questionnaire is not universal due to the fact that the indicator of suitability of one of the criteria increases for account of another. Thus, we can conclude that none of the proposed questionnaires can be considered universal, however, modulating the purpose of the study, there’s chance to choose the most appropriate measurement instrument, suggesting that this may reduce the quality of measurement [11, 10, 39].

Conclusions

Currently, in the arsenal of health researchers there is numerous questionnaires to measure the level of satisfaction with the quality of health care. However, the quantitative composition does not always mean quality, and due to the low quality of some questionnaires, the results obtained with their help do not give an objective picture, are incomparable with each other and complicate the analysis of the dynamics of the level of satisfaction. This is explained by the difficulty in clearly distinguishing between the factors that affect the level of satisfaction with the quality of medical care and the parameters that determine the level of patient expectations. In this regard, it is necessary to conduct a comprehensive analysis to study satisfaction indicators, including the economic, social, cultural characteristics of the Republic of Kazakhstan, which will create a unified questionnaire, thereby correctly interpreting the results of measuring the level of satisfaction with the quality of medical care with the existing questionnaire. This, in turn, in our opinion, should contribute to the development of a patient-centered healthcare model.

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Ф А Р М А К О П Е Я



ЕВРАЗИЙСКОГО ЭКОНОМИЧЕСКОГО СОЮЗА



ВОЗРОЖДЕНИЕ ЧУВСТВ ОБОНЯНИЯ НАЧИНАЕТСЯ, ДЫШИТЕ КОМФОРТНО И ГЛУБОКО!

Apisal Dead Sea Jet, спрей назальный, 125 мл для взрослых и детей представляет собой изотонический раствор воды Мертвого моря, обогащенный минералами, такими как Na, K, Mg, Ca, Br и Zn

Благодаря наличию минералов, морская вода оказывает смягчающий эффект на слизистую оболочку верхних дыхательных путей и оказывает противовоспалительное действие

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САМОЛЕЧЕНИЕ МОЖЕТ БЫТЬ ВРЕДНЫМ ДЛЯ ВАШЕГО ЗДОРОВЬЯ ПЕРЕД НАЗНАЧЕНИЕМ И ПРИМЕНЕНИЕМ
ВНИМАТЕЛЬНО ПРОЧИТАТЬ ИНСТРУКЦИЮ ПО МЕДИЦИНСКОМУ ПРИМЕНЕНИЮ



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