

# Quality Management: Patients Reflections on Health Care at Outpatient Clinic of Internal Medicine Department

---

**Ljubičić, Neven; Boban, Marko; Gaćina, Petar; Adžija, Jasminka; Benceković, Željka; Rajković, Ana**

*Source / Izvornik:* **Collegium antropologicum, 2009, 33, 637 - 641**

**Journal article, Published version**

**Rad u časopisu, Objavljena verzija rada (izdavačev PDF)**

*Permanent link / Trajna poveznica:* <https://urn.nsk.hr/urn:nbn:hr:220:638022>

*Rights / Prava:* [In copyright](#)/[Zaštićeno autorskim pravom.](#)

*Download date / Datum preuzimanja:* **2025-02-23**



*Repository / Repozitorij:*

[Repository of the Sestre milosrdnice University Hospital Center - KBCSM Repository](#)

# Quality Management: Patients Reflections on Health Care at Outpatient Clinic of Internal Medicine Department

Neven Ljubičić, Marko Boban, Petar Gaćina, Jasminka Adžija, Željka Benceković and Ana Rajković

Department of Internal Medicine-University Hospital »Sestre milosrdnice«, Zagreb, Croatia

## ABSTRACT

*Middle and older age group relative share in the community permanently grows. Those are commonly burdened with several chronic health conditions or elevated incidence of acute ones and in more frequent need for consulting health services. In the era of modern technical medicine, it is important to increase quality of services particularly patients orientated. Department of Internal medicine developed questionnaire to assess reflections on medical care from the receiver of medical services point of view. Sample was formed from individuals that visited outpatient triage Unit (OTU) and voluntarily enrolled, during period April 1 – August 31 2008 for any medical reason. Study population structure had similarly equally of both genders, socio-economical background, and was in age range 18–87. Questionnaire was developed by team of experienced personnel covering satisfaction on received medical care. There were 279 returned formulary in a sample of 6700 patients (4.18%). Patients visited OTU chiefly on behalf medical condition secondary to address of residency, followed by personal choice, on advice given by general practitioner, by emergency transportation services, or just due to earlier experiences. Regarding provided medical care extent, 4/5 of patients were examined in lesser than 2 hours, while total workup lasted mostly for 2–4, followed by over four. Over half of patients were moderate toward highly satisfied with provided medical information, personnel communication style and general reflection on all services while being in the Department premises. Astonishing proportion of patients (93%) was satisfied with positive personnel communication. Integration of patients' self-perceived reports about medical services in organizing process is inevitable for augmenting content and at the same time valuable for developing overall quality of treatment. Communication excellence is of premier importance and unavoidable for giving additional positive effect to remain health status or to ease the healing process of individual and their families.*

**Key words:** *quality of care, satisfaction with medical services, patient orientated care*

## Introduction

Current and prospective demographic trends show that relative share of middle and older age in the community permanently grows (1). Population, particularly mentioned is encumbered with commoner chronic medical conditions and more frequent exacerbations of acute ones (2). One must not disregard process of change in health care system organization chiefly remunerations common to all transitional countries from the region.

Patient satisfaction in health care is influenced by various subjective and objective factors. Quality of care in terms of patients' satisfaction is significant for a chain of health and organizational outcomes beyond direct core

value (3). It is a might cumbersome management task for University Hospital to supply clinical services that are patients' satisfying along with being technically perfect, sustaining outputs and quality (4).

The aim of our study was to assess patients' reflections on medical care from the receiver of medical services point of view. The Department of Internal medicine developed unstandardized questionnaire covering main recognized categories in order to gain valuable feedback information (3–6). Identifying elements of subjective fulfillment was done at localization of greatest throughput i.e. inpatient – outpatient triage unit.

**Methods**

*Design and Setting*

This cross-sectional study was performed in the University Hospital »Sestre Milosrdnice Outpatient clinic of Internal medicine Department, during period May–July 2008. Hospital offers medical care for more than 300 000 catchments population of urban Zagreb and suburban background. Study was approved by Hospital’s Ethic committee.

*Participants*

Study population was formed of individuals that visited Outpatient clinic for any medical reason. They were of both genders, in age range 18–89. Patients’ participation was based on free will, not including direct or indirect forms of gratifications. Each patient could freely take questionnaire and participate offered at waiting room.

*Survey instruments (questionnaire)*

Questionnaire was developed by team of experienced physicians and nurses working at the Department with collaboration of psychologists. The questionnaire consisted of five parts (Appendix). Unstandardized questionnaire covered topics on medical care perceived by patients paying attention to arrival modalities, time scale and structure of workup, satisfaction with received medical information, personnel communication style, and general satisfaction mark on overall medical care (questions 1–6. through picking up from listed answers. Final question– 7 asked addressee to write down opinions, suggestions or comments in their own words).

It was created as to be anonymous; still some patients have signed it, but personal data were not used in any manner besides for this study. It was in A4 format printed form and later had to be put by addressee in closed marked postbox upon filling it out.

*Statistical analysis*

The distributions of frequencies were noted for the five questions. Results are presented in percentages and  $\chi^2$  tests were used to compare differences among groups in relation to arrival at outpatient clinic.

**TABLE 1.**  
STRATIFICATION OF VISITING ARRANGEMENT TO  
OUTPATIENT CLINIC-TRIAGE UNIT IN DEPARTMENT  
OF INTERNAL MEDICINE

Motive for visiting ED	patients	%
Secondary to address of residency	93	33.33
Medical transportation services	45	16.13
Advised by general practitioner	47	16.85
Earlier checkups experiences	42	15.05
Subjective health related cause	52	18.64
Total	279	100

**TABLE 2.**  
Time duration of medical workup on patients at Outpatient  
clinic-triage unit of Department of Internal medicine

Arrival to examination time			Total workup time – arrival to release		
	patients	%		Patients	%
30–60 min	176	63.08	<120 min	77	27.60
30–120 min	46	16.49	120–240 min	116	41.58
over 120 min	57	20.43	> 240 min	86	30.82

**Results**

Out of 6700 patients that visited Outpatient clinic- triage unit in Department of Internal medicine, 279 (4.18%) returned formulary.

Patients visited ED due to acute or chronic medical condition chiefly secondarily to address of residency, followed by subjective choice related to health status, on advice given by general practitioner, by emergency transportation services, medical checkup due to earlier workup (Table 1.). There were not observed significant correlations or systematic relations within arrival modes to any category of questionnaire.

Regarding provided medical care extent, 4/5 of patients were examined in period lesser than 2 hours, while total workup lasted mostly for 2–4 hours, followed by over 4 hours (Table 2).

**TABLE 3.**  
Patient’s satisfaction and selfperceived quality of provided medical services in  
Outpatient clinic-triage unit in Department of Internal medicine

Satisfaction with received medical information			Satisfaction with personnel communication style			General satisfaction with services		
	patients	%		patients	%		patients	%
Disappointing	30	10.75	Impolite	11	3.94	1	24	8.60
Insufficient	30	10.75	Uninterested but polite	57	20.43	2	42	15.05
Partial	45	16.13	Professional	57	20.43	3	33	11.83
Well	72	25.81	Warm and open	63	22.58	4	86	30.82
Extraordinary	102	36.56	Highly pleasing	91	32.62	5	94	33.69

Over half of patients were moderate toward highly satisfied with provided medical information, personnel communication style and general reflection on all services while being in the Department premises (Table 3).

## Discussion

Overall satisfaction of patients was assessed through three sub-categories; given medical information, communication to personnel, and numeric (0–5) mark covering total workup experiences. Largest part i.e. 96.6 percent of participants was essentially pleased with communication style while only a few (11/279 or 3.94%) felt that communication of personnel was not tactical or is impolite. Communication with personnel showed to be relatively the most influential parameter regarding our patients' general satisfaction (3, 7). As a quite positive surprise we found that over 80% of patients were pleased above average with medical information they conveyed. Patients that underscored this category had complained generally about working conditions, interior and understandable over professional language, so it is difficultly to appraise it apart. Nearly 75% of participants gave high-grade score to total workup satisfaction, while less than 10% considered it as insufficient.

Far mostly given opinions and criticisms were regarding time duration of medical workup. It was perceived as too long, particularly in relation to diagnostics (laboratory exams, radiology and ultrasound imaging). Even 2/3 of the examinations were done in shortest period (less than 2 hours), with relatively minimal arguments regarding medical personnel attention and communication, which was expected to be on the higher level due to high-throughput service per number of personnel (4). Total medical workup time was almost equally distributed in to thirds regarding questioned groups. In despite to reasonably shortest interval regarding technical feasibility, major concerning and suggestions reported were perceived from this level (3). On behalf of arguments, more efficient management adjustments were done with diagnostic proceedings, including computerization with direct server link to laboratory, lessening administrative tasks and faster availability of emergency imaging radiology. With this efforts average laboratory diagnostic procedure is now calculated to be shortened by 2–3 times, lasting in average 30–45 minutes for complete managing. Additional efforts are being made to inform the patients more about usual medical workup with potential expectations regarding time-scales or procedures, since this practice has well established positive effect on perceived time duration (3).

Patient by themselves opinions felt a relative lack in entire personnel including physicians, nurses and technical staff. This conclusion might be more influenced by working surroundings and crowded waiting room effects (4). There was general belief that presence of personnel at all time was expected, no matter on the severity of clinical condition or disregarding to extent of received diagnostics and treatment when medically indicated (8).

Section remarks and suggestions was filled in with various comments that could be summarized to perceived as: services that are inappropriately organized, lack of assets (environment and personnel wages), technical under-equipment, surroundings, or just unfairness regarding waiting or other perceived inequalities (10). Respondents commonly shared opinion that medical workup might be better and perceived that is burdened with general lack of organization due to shortages in Health sector budget. However, they on the same time reported far above the average satisfaction (including personnel, medical information and overall given care) and workup time duration content, which was in line or somewhat better with national survey on patients satisfaction conducted in 2006 (11). Interior case management organization, chiefly triage and its external influences should undergo constantly re-assessments to make proper service adjustments toward need and demands (9).

In urban University Hospital settings Outpatient clinic represents a triage unit of Internal medicine department that has one of the highest throughput figures regarding basic diagnostic clinical workup. In studied period the most frequent causes (2/3) of visits were for cardiovascular or gastroenterological casuistic and around 25% due to symptoms linked to chronic illness. Nearly 5–10% of processed patients were admitted to hospitalizations every day due to severe acute or exacerbated chronic medical conditions from internal medicine background. Population attending Internal medicine Department is generally prone to be of middle age to older age groups.

Patients that visited Emergency Department generally responded in positive manner about taking questionnaire on the spot. Their motivational forces regarding visit were based on medical condition secondary to address of residency, personal choice, previous checkups experiences and equally regarding general practitioners recommendations or emergency transportation medical services with additional triage system.

Applied questionnaire and those of similar background are probably impulsively colored, with expected greater inter-test variability of addressee and among peers, depending a lot on externalities. However, systematic patient follow up must be included in routine clinical practice in order to raise the quality and/or efficiency of treatment. Disease course, influences and symptoms must also be considered regarding conclusions within particularities of different care settings (12). Quite a responsibility in healing process lies on the medical personnel, particularly physicians and their communication style (5,13). Patient responded better in healing process depending on certain skills particularly: doing the little things; taking time; being open and listen; finding something to like, to love; removing barriers; letting the patient explain; sharing of authority; and be committed (14).

Patients' reported satisfaction on medical services is important factor for remaining or developing overall quality and efficiency of treatment. It includes rather than confronts immeasurable subjective needs in addition to evidence-based professional merits.

## REFERENCES

1. Population and households report, census 2001. Croatian Institute for statistics. Accessed 12.02.2009. Available from: www.dzs.hr — 2. LOPEZ A D, MATHERS C D, EZZATI M, JAMISON D T AND MURRAY C J L. In: Global Burden of Disease and Risk Factors. (World Health Organization Press, 2006. ISBN: 0-8213-6262-3.). Accessed 12.02.2009. Available from: www.who.org — 3. BOUDREAUX E D AND O'HEA E L. Patient satisfaction in the Emergency Department: a review of the literature and implications for practice. *J of Emerg Med* 26(1) (2004) 13–26. — 4. WALFORD V, GRANT K. Improving Hospital Efficiency. (Health Systems Resource Centre 1998, UK Department for International Development, Institute for Health Sector Development.) — 5. PINES JM, GARSON C, BAXT WG, RHODES KV, SHOFER FS, HOLLANDER JE. ED crowding is associated with variable perceptions of care compromise. *Acad Emerg Med*. 14 (12) (2007) 1176–81. — 6. NERNEY MP, CHIN MH, JIN L, KARRISON TG, WALTER J, MULLIKEN R, MILLER A, HAYLEY DC, FRIEDMANN PD. Factors associated with older patients' satisfaction with care in an inner-city emergency department. *Ann Emerg Med*. 38(2) (2001) 140–5. — 7. VUKMIR RB. Customer satisfaction. *Int J Health Care Qual Assur Inc Leadersh Health Serv*. 19(1) (2006) 8–31. — 8. WINTERS ME, MCCURDY MT, ZILBERSTEIN J. Monitoring the critically ill emergency department patient. *Emerg Med Clin North Am*. 26(3) (2008) 741–57, ix. — 9. DUTCH MJ, TAYLOR DM, DENT AW. Triage presenting complaint descriptions bias emergency department waiting times. *Acad Emerg Med*. 15(8) (2008) 731–5. — 10. SUCUR Z, ZRINSCAK S. Differences that hurt: self-perceived health inequalities in Croatia and the European Union. *Croat Med J*. 48(5) (2007) 653–66. — 11. LJUBICIC N, BAKLAIC Z AND TOMIC B. Survey on quality and satisfaction of patients within National network of hospital services. (A.G.Matos Zagreb, December 2006. ISBN: 953-6930-21-8.) — 12. BOTICA MV, ZELIC I, RENAR IP, MARKOVIC BB, GRGUREVIC SS, BOTICA I. Structure of visits persons with diabetes in Croatian family practice-analysis of reasons for encounter and treatment procedures using the ICPC-2. *Coll Antropol*. 30(3) (2006) 495–9. — 13. TOPACOGLU H, KARCOGLU O, OZUCELIK N, OZSARAC M, DEGERLI V, SARIKAYA S, CIMRIN AH, SOYSAL S. Analysis of factors affecting satisfaction in the emergency department: a survey of 1019 patients. *Adv Ther*. 21(6) (2004) 380–8. — 14. CHURCHILL LR, SCHENCK D. Healing skills for medical practice. *Ann Intern Med*. 149(10) (2008) 720–4.

N Ljubičić

Head of the Department of Internal Medicine, University Hospital »Sestre Milosrdnice«, Vinogradska 29, 10 000 Zagreb, Croatia  
e-mail: ljubicic@kbsm.hr

## UPRAVLJANJE KVALITETOM: MIŠLJENJA PACIJENATA O ZDRAVSTVENOJ SKRBI NA ODJELU PRIJEMNE AMBULANTE KLINIKE ZA UNUTARNJE BOLESTI

### SAŽETAK

Relativni udio populacije srednje i starije dobne grupe u populaciji je u stalnom porastu. Spomenuti su skloniji opterećenosti u vidu nekoliko kroničnih komorbiditeta ili učestalijoj pojavi akutnih stanja zbog čega su i češće u potrebi konzultirati zdravstvene usluge. U doba tehnološki razvijene medicine važno je održavati i podizati kvalitetu usluga i učiniti ih orijentiranim na pacijenta. Klinika za unutarnje bolesti razvila je anketni upitnik za praćenje povratnih informacija od strane primatelja zdravstvenih usluga. Uzorak ispitanika bio je sačinjen od pojedinaca koji su posjetili prijamnu ambulantu, te su iskazom osobne slobodne volje participirali tijekom razdoblja od 01. travnja do 31. kolovoza 2008. godine. Struktura ispitane populacije imala je podjenaku reprezentativnost spolova, socioekonomskog statusa, starosti 18–87 godina. Upitnik je razvijen timski uz pomoć iskusnog osoblja klinike. Analizirano je sveukupno 279 anketnih obrazaca, od ukupno oko 6700 bolesnika koji su posjetili ambulante (4.18%). Obzirom na opseg pružene obrade, 4/5 ispitanika je bilo pregledano u periodu kraćem od 2 sata, dok je najveći dio kompletne obrade trajao 2–4 sata, te preko 4 sata. Više od polovine pacijenata su bili umjereno do visoko zadovoljni kvalitetom primljene zdravstvene informacije, komunikacijom s osobljem i ukupnim općim dojmom za vrijeme boravka u prijamnoj ambulanti. Začudujuće veliki udio (93%) ispitanika je bio zadovoljan u pogledu pozitivne komunikacije od strane zdravstvenog osoblja. Uključivanje perspektive pacijenta o pruženim zdravstvenim uslugama u proces organizacije je neizostavan korak za podizanje zadovoljstva, a u isto vrijeme vrijedan za podizanje kvalitete liječenja. Izvršnost komunikacije je od najveće važnosti te nezaobilazan čimbenik za postizanje dodatnog pozitivnog učinka na zdravstveno stanje ili olakšanje procesa liječenja za pojedince i njihove obitelji.

## Appendix 1: Questionnaire

### Opazanja i primjedbe bolesnika o pruženoj zdravstvenoj skrbi

Molimo Vas da ispunite ovaj upitnik s ciljem da ocijenite organizaciju i rad zdravstvenih djelatnika naše Klinike. Na taj način želimo dobiti povratnu informaciju o zadovoljstvu/nezadovoljstvu kvalitetom naših usluga i ponašanjem zdravstvenog osoblja.

Molimo Vas da zaokružite samo jedan ponuđeni odgovor na svako pitanje koje po Vašem mišljenju najbolje odgovara Vašem slučaju.

1. Što je utjecalo na Vaš dolazak na našu Kliniku?

- Mjesto stanovanja
- Dolazak službom saniteta
- Na preporuku liječnika primarne zdravstvene zaštite
- Prijašnja obrada
- Vaša osobna želja

2. Na pregled ste čekali?

- Do 1 h
- 1–2 h
- Više od 2 h

3. Na konačnu obradu ste čekali?

- Do 2h
- 2–4 h
- Više od 4 h

4. Da li ste zadovoljni informacijom uz Vaše zdravstveno stanje od strane zdravstvenih radnika?

- Uopće nisam
- Nedovoljno
- Djelomično
- Dovoljno
- Potpuno

5. Ponašanje osoblja prema Vama bilo je:

- Neljubazno
- Nezainteresirano
- Korektno
- Ljubazno
- Izuzetno ljubazno

6. Ocijenite općenito zadovoljstvo pruženom uslugom tijekom boravka u klinici ocjenom 1–5, pri čemu je 1 potpuno nezadovoljstvo, a 5 potpuno zadovoljstvo pruženom zdravstvenom skrbi.

1    2    3    4    5

7. Ako se Vaša pohvala ili pokuda odnosi na nešto drugo ili ako imate prijedlog za poboljšanje, navedite:

Zahvaljujemo na suradnji i molimo Vas da popunjeni listić ubacite u sandučić namijenjen za prikupljanje anketnih upitnika, koji se nalazi u hitnoj službi Interne klinike!