

TREATMENT SATISFACTION AND ITS FACTORS AMONG PATIENTS WITH AFFECTIVE AND DEPRESSIVE DISORDERS: METHODOLOGY OF STUDYING

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Our previous studies have revealed that both structure and weight of factors of patient satisfaction vary on 1) moment of conducting the study (when comparing factors of satisfaction of recurrent patients with previous treatment at hospitalization versus current treatment at discharge) and 2) patients' treatment experience (when comparing factors of satisfaction of patients at first hospitalization versus recurrent patients at discharge). Particularly it has been shown that medical sisters' work is a key factor of satisfaction of recurrent patients with current hospitalization. While a key factor of satisfaction of the same group of recurrent patients with their previous hospitalization is presented with psychiatrists work.

In connection with the variability of factors of satisfaction on moment of conducting the study the important question is "When should we study factors of treatment satisfaction?" There are 3 main variants of study of revealing factors of treatment satisfaction depending on period of time after discharge - each of them is characterized with advantages, disadvantages and specifics of methodology:

1. Both inpatients after first hospitalization and recurrent inpatients can be studied at discharge. Such instruments as paper and pen (PaPI) and Internet survey can be used to collect data. Conducting field works by hospital staff using PaPI results high risk of social desirability. This variant is characterized with high responders' accessibility and answers' accuracy and details. The results of the study predict patients' behavior right after discharge such as choice of outpatient medical provider and recommending of hospital.

2. Another variant of studying of these target groups is in 1-2 months after discharge. Internet survey and telephone interview are the instruments of collecting data. There are limitations for telephone interviews: questions must be easy for listening comprehension; duration of an interview is limited to 10 minutes. This variant is characterized with moderate responders' accessibility and answers' accuracy and details. The results of the study predict hospital recommendations and possible choice of hospital in case of recurrence.

1. Recurrent inpatients can be studied at hospitalization. The important advantage is inpatients' state of sickness because it is natural at the moment of making decision such as choice of hospital in case of recurrence. Another advantage is possibility of studying of inpatients who previously visited other hospitals. PaPI and Internet survey should be used to collect data. This variant is characterized with low responders' accessibility and answers' accuracy and details. It is important because less answers accuracy results less number of factors included into questionnaire, less answers details results less informational value of open-ended answers.

Other important methodological aspects should be mentioned:

1. Multiple liner regression or factor analysis is recommended to reveal factors of satisfaction

2. As far as questionnaire includes questions to what extent the responder is satisfied with image characteristics, evaluation of satisfaction with it is possible. To evaluate this characteristic the share of top-2 (out of 5-point Likert scale) is recommended as far as 1) the share of top-2 predicts patients' behavior 2) the share of top-2 can be easily compared to data from previous studies or in other hospitals

3. Bench-marking is important to compare Top-2 share

4. Not only importance of factor but also its' adjustability should be considered when planning changes

5. Nonadjustable factors of satisfaction should be still included into questionnaire since in case of their exclusion the weight of left factors is characterized with upward bias

6. Inclusion of open-ended questions into questionnaire gives additional information, e.g. other characteristics effecting treatment satisfaction

7. It should be decided if fieldworks should be performed by hospital personnel or independent team

8. Regularity of studies in case of adjustment is important.