

Pilot Study on the Hillsborough County Health Department Consumer Satisfaction Survey

In compliance with the Lawton and Rhea Chiles Center (LRCC) for Healthy Mothers and Babies 1998-1999 contract with the Hillsborough County Health Department (HCHD), the LRCC conducted a pilot study of a consumer satisfaction survey. This report will discuss the design of the survey, methods for the survey implementation, analysis of the survey data, results, and recommendations from the results.

Design of the Survey

The LRCC conducted two pilot consumer satisfaction surveys in summer 1998, one aimed at pediatric clients, the other at prenatal clients. The current survey (see Attachment 1) built on the groundwork of those earlier surveys, merging and augmenting items in an effort to develop a single, general-use survey for all product lines available in HCHD clinics. Statements that showed a high reliability were selected from the pediatric and prenatal surveys. Statements specific to the pediatric and prenatal product lines were either not included in the merged survey, or were rewritten so they could be answered by any patient, regardless of type of visit. At the request of HCHD, questions addressing consumers' experience with clinic support staff and the waiting room were developed and added to the survey. LRCC researchers reviewed and revised the statements. Bobbie Thackery of HCHD approved the final draft of the survey in a fax dated 2 March 1999.

The survey statements were grouped into categories that would address specific aspects of a clinic visit; those categories were contacting the clinic, front desk/waiting area, provider care, and overall experience. In order to avoid confusion among HCHD clients with low literacy levels, a four-point Likert scale was used for survey responses. The four-point scale has the added advantage of eliminating a neutral midpoint response, thereby helping to prevent a neutral response bias and increasing reliability. Demographic data were also gathered, and respondents were offered an open-ended question at the end if they had additional comments they wished to share.

Methods

Two HCHD clinics, the Sulphur Springs Clinic and the Joyce Ely Clinic were selected as pilot test sites for the survey. These two clinics are the two largest clinics in the HCHD system; Sulphur Springs clinic is located near downtown Tampa and I-275, and serves an urban population. Joyce Ely is located in Ruskin, a farming community in the southern part of Hillsborough County; it serves a rural, primarily Spanish-speaking population.

During March 1999, Linda Detman, Kathy Maes, and Maria Abrams distributed the consumer satisfaction survey. The distribution team was instructed to approach clinic clients who appeared to have completed their business at the clinic; only English speaking clients were selected to complete the survey. A total of 60 surveys were to be distributed, 30 at each clinic. L. Detman distributed all of the surveys in six trips to the Joyce Ely clinic; K. Maes and M. Abrams made five visits to the Sulphur Springs clinic to obtain 31 completed surveys. A total of 61 surveys were collected during March 1999.

Rich Newel of LRCC entered the survey data into a spreadsheet program and conducted statistical analyses. Analyses included frequencies and means on each statement, means for each subscale, t-tests for significance between clinics, and Cronbach’s alpha reliability analysis. Selected results are displayed in Tables 1-4, and will be discussed in the next section.

In an effort to determine the reliability of the instrument, a check for internal consistency was performed. If the items within a category or subscale are positively correlated with each other, then it is likely that they are measuring the same general concept and are being understood by respondents. Cronbach's Alpha (SAS Institute, Inc., 1988) is a statistical test for reliability. While there are no standards published to interpret this statistic, an alpha of 0.7 or higher shows a strong correlation between items of any given category.

Descriptive statistics included running frequencies and means for all items. The survey results were coded as follows: 1 = Strongly Disagree (SD), 2 = Disagree (D), 3 = Agree (A), and 4 = Strongly Agree (SA) to the respective statement. Negatively phrased statements were rephrased to conduct the statistical analysis. Items with missing responses were coded as "9" and were not calculated in the mean. A mean score of 2.5 or above indicates agreement, and a mean score below 2.5 indicates disagreement with the statement. A qualitative analysis includes a review of the written comments on the survey instrument.

Results

A total of 61 clients completed the consumer satisfaction survey. Frequencies for each item response were determined and are listed in Tables 1-3 below.

Table 1
FREQUENCY OF INTRODUCTORY ITEM RESPONSES (n=61)

Category	Yes	No	N/A	Missing
Appointment today	40 (65.6)	19 (31.1)	2 (3.3)	0
Well child check-up	12 (19.7)	37 (60.7)	10 (16.4)	2 (3.3)
Sick child visit	5 (8.2)	44 (72.1)	10 (16.4)	2 (3.3)
Immunizations	11 (18.0)	35 (57.4)	9 (14.8)	6 (9.8)
Returning Adult	52 (85.2)	7 (11.5)	1 (1.6)	1 (1.6)
Returning Child	44 (72.1)	8 (13.1)	7 (11.5)	2 (3.3)

Table 2
DEMOGRAPHICS FREQUENCIES (n=61)

Sex	Frequency (%)
Male	4 (6.6)
Female	51 (83.6)
Missing	6 (9.8)
Age	
Under 15	4 (6.6)
15-19	7 (11.5)
20-24	17 (27.9)
25-29	10 (16.4)
30-34	16 (26.2)
35-39	3 (4.9)
40-44	2 (3.3)
45-49	1 (1.6)
50 and over	0
Missing	1 (1.6)

Race	
White	24 (39.3)
Black/African American	15 (24.6)
Latina/Hispanic	22 (36.1)

Table 3
FREQUENCY OF ITEM RESPONSES WITHIN SUBSCALES

Statement	Strongly Disagree n (%)	Disagree n (%)	Agree n (%)	Strongly Agree n(%)	Missing n(%)
<i>Contacting the Clinic</i>					
A1 Call clinic with questions	1 (1.6)	1 (1.6)	36 (59.0)	23 (37.7)	0
A2 Talk to someone in 2 min.	2 (3.3)	12 (19.7)	38 (62.3)	9 (14.8)	0
A3 Polite on phone	4 (6.6)	8 (13.1)	32 (52.5)	17 (27.9)	0
A4 Easy to get appointment	0	8 (13.1)	35 (57.4)	17 (27.9)	1 (1.6)
A5 Appt reminder call	6 (9.8)	23 (37.7)	18 (29.5)	8 (13.1)	6 (9.8)
A6 MD available by phone	3 (4.9)	7 (11.5)	31 (50.8)	11 (18.0)	9 (14.8)
<i>Front Desk and Waiting Area</i>					
B1 Clinic area clean	1 (1.6)	5 (8.)	41 (67.2)	13 (21.3)	1 (1.6)
B2 Forms easy to fill out	1 (1.6)	2 (3.3)	37 (60.7)	19 (31.1)	2 (3.3)
B3 Front desk polite	1 (1.6)	3 (4.9)	37 (60.7)	19 (31.1)	1 (1.6)
B4 Wait less than 30 minutes	19 (31.1)	14 (23.0)	18 (29.5)	10 (16.6)	0
B5 Things to do while waiting	12 (19.7)	17 (27.9)	23 (37.7)	7 (11.5)	2 (3.3)
B6 Place to sit available	2 (3.3)	2 (3.3)	42 (68.9)	14 (23.0)	1 (1.6)
B7 Could get desk help	2 (3.3)	10 (16.4)	32 (52.5)	17 (27.9)	0
B8 Front desk helpful	2 (3.3)	1 (1.6)	45 (73.8)	13 (21.3)	0
B9 Clinic staff respectful	1 (1.6)	3 (4.9)	35 (57.4)	22 (36.1)	0
<i>Provider Care</i>					
C1 Doctor gave health info	1 (1.6)	2 (3.3)	38 (62.3)	20 (32.8)	0
C2 Trust doctors	4 (6.6)	5 (8.2)	26 (42.6)	24 (39.3)	2 (3.3)
C3 Felt I could talk to doctor	3 (4.9)	6 (9.8)	30 (49.2)	22 (36.1)	0
C4 Medical words understood	1 (1.6)	13 (21.3)	29 (47.5)	17 (27.9)	1 (1.6)
C5 Doctor cared	0	2 (3.3)	33 (54.1)	24 (39.3)	2 (3.3)
C6 Enough time for questions	1 (1.6)	4 (6.6)	35 (57.4)	21 (34.4)	0
C7 Dr. knew what s/he doing	0	2 (3.3)	35 (57.4)	22 (36.1)	2 (3.3)
C8 Doctor was careful	1 (1.6)	1 (1.6)	28 (45.9)	31 (50.8)	0
C9 Doctor was not rushed	1 (1.6)	7 (11.5)	29 (47.5)	24 (39.3)	0
C10 Told what was being done	2 (3.3)	7 (11.5)	33 (54.1)	18 (29.5)	1 (1.6)
C11 Told reason for tests	2 (3.3)	3 (4.9)	37 (60.7)	15 (24.6)	4 (6.6)
C12 Gave me a chance to talk	1 (1.6)	3 (4.9)	36 (59.0)	18 (29.5)	3 (4.9)
C13 Doctor kept clean	2 (3.3)	0	34 (55.7)	23 (37.7)	2 (3.3)
C14 Told when to next come in	3 (4.9)	6 (9.8)	28 (45.9)	22 (36.1)	2 (3.3)
<i>General Quality of Care</i>					
D1 Happy with care	1 (1.6)	2 (3.3)	37 (60.7)	20 (32.8)	1 (1.6)
D2 Recommend to a friend	1 (1.6)	8 (13.1)	35 (57.4)	16 (26.2)	1 (1.6)
D3 Would come back	1 (1.6)	1 (1.6)	39 (63.9)	20 (32.8)	0
D4 Better than expected	1 (1.6)	6 (9.8)	34 (55.7)	19 (31.1)	1 (1.6)

Reliability for each subscale was determined using Cronbach’s alpha for internal consistency and is listed in Table 4 below.

Table 4
CRONBACH’S ALPHA RELIABILITY FOR EACH SUBSCALE

Category	Alpha
Contacting the Clinic	0.6542

Front Desk and Waiting Area	0.7422
Provider Care	0.8961
General Quality of Care	0.8839

Table 5
MEAN RESPONSES FOR THE SURVEY

Category/Statement	Mean
<i>Contacting the Clinic</i>	
A1 Call clinic with questions	3.35
A2 Talk to someone within 2 minutes	2.89
A3 Polite on phone	2.98
A4 Easy to get appointment	3.18
A5 Appointment reminder call	2.55
A6 Doctor available to talk on phone	2.96
<i>Front Desk and Waiting Area</i>	
B1 Clinic area clean	3.09
B2 Forms easy to fill out	3.27
B3 Front desk staff polite	3.22
B4 Wait less than 30 minutes to see doctor	2.35
B5 Things to do while waiting	2.40
B6 Place to sit available	3.15
B7 Could get desk help	3.07
B8 Front desk helpful	3.15
B9 Clinic staff respectful	3.31
<i>Provider Care</i>	
C1 Doctor gave health info	3.28
C2 Trust doctors at this clinic	3.19
C3 Felt I could talk to doctor	3.28
C4 Medical words easy to understand	3.04
C5 Doctor cared	3.42
C6 Enough time to ask questions	3.26
C7 Doctor knew what s/he was doing	3.36
C8 Doctor was careful	3.45
C9 Doctor was not rushed	3.25
C10 Told what was being done	3.11
C11 Told reason for tests	3.13
C12 Gave me a chance to talk	3.23
C13 Doctor kept clean	3.32
C14 Told when to come in for next visit	3.17
<i>General Quality of Care</i>	
D1 Happy with care	3.28
D2 Recommend a friend	3.09
D3 Bring child back	3.28
D4 Better than expected	3.17

Respondents were given the opportunity to write any additional thoughts about the services they received at the clinic. Table 6 below contains the written comments given in response to the question: How can we make your visit to the clinic better?

Table 6: VERBATIM RESPONDENTS COMMENTS ON THE SURVEY

Survey Number	Consumer Comments
5	Today's visit has been the best. I have been here 3x before & it looks like there have been some changes for the best.

9	Need snack machine for the kids to comfort them while they wait to be seen.
10	nothing, very pleasant & quick.
12	I do no
15	Advertize w/ more info on who can come & why
16	Todo esta bien
18	NONE
20	Its really a nice place—I mean the staff always seem to be concerned, for
21	The waiting time. I was just here for immunization and I waited a whole hour before being seen. The young lady giving the shots was great!
22	Expand the Facilities.
23	The same as before.
24	“My appt was at 3:00 and it is now almost 5:00.” “I hope that the doctors prescribed the right medication.”
27	There is nothing better they are good enough!
28	It was good enough
29	No changes
33	I drive 1 hr away to come to this clinic. I have come here for 7 years.
34	Tell patients when they need to return to doctors especially after tests been done.
35	Provide w better staff @ the front desk. There should be soap in the ladies room. Keep loby to a clean enviroment. Up date the information on the bulleton board.
36	More things for kids to do, so they’re not running around all the time & bored.
37	More than one doctor at clinic-
38	Have toys for the little children
41	I’ve been here for three of my children and always was satisfied with each visit.
44	Nicer people.
46	More seating arrangements for patiences as well as children
47	Have toys for kids
51	Not to have to wait so long for appts. Also WIC you wait for ever. So have to.
55	As for me, the ladies at front desk are nice but I’ve seen them being rude to other people. They need to smile more often
57	More for kids to do in waiting area
61	See the Dr. faster.

(Sulphur Springs: surveys 5-29; Joyce Ely: surveys 33-61)

Pediatric Clinic Respondent Results

A total of 24 surveys were completed by individuals visiting the pediatric clinic. While this number is not large enough to produce valid statistical results, it does yield trends that are worthy of analysis.

Prenatal Clinic Respondent Results

Discussion

Table 4 above illustrates that, with the exception of “Contacting the Clinic,” the Cronbach’s alpha of each subscale was above 0.7, indicating correlation among the items in the subscale, and thus reliability. The reliability rating for “Contacting the Clinic” (Cronbach’s alpha: .6542) increases to 0.7221 if item A5 (“The clinic called to remind me of my appointment”) is removed from the subscale.

The mean scores in Table 5 show that, with the exception of items B4 and B5, the respondents agreed (≥ 2.5) with each of the statements indicating overall satisfaction with HCHD services. Respondents indicated dissatisfaction with waiting more than 30 minutes before seeing a provider, and with the lack of items (toys, books, magazines) to keep themselves and their children occupied while waiting.

T-tests for differences between the clinics yielded no statistically significant differences between them on the subscales, however, there were some statistically significant differences for individual statements. Joyce Ely respondents were more negative about the lack of things to do while waiting at the clinic, and were less likely to feel they were told the reasons for tests than were respondents at Sulphur Springs. Also, respondents at Joyce Ely tended to be younger than respondents at Sulphur Springs.

While the subscales indicate general satisfaction with the services at HCHD clinics, one of the statements in the last subscale showed greater variability in its responses than the other statements. Statement D2 “I would recommend this clinic to a friend” yielded more negative responses than the other statements in the general quality of care subscale. A linear regression shows that the best predictor of not recommending the clinic to a friend is a negative answer to the statement C9 “It seemed like the doctor was in too much of a hurry to answer my questions.” Respondents who agreed or strongly agreed they would recommend the clinic to a friend averaged a score of 3.39 to question C9; those who disagreed or strongly disagreed averaged a score of 2.55. This difference is statistically significant where $t(58)=3.569$, $p=.001$. Therefore, women who feel their doctor is rushing are less likely to say they would recommend the clinic to a friend.

An analysis of the comments in response to the question “How can we make your visit to the clinic better?” seems to indicate differences in degree of response between the two clinics. Survey numbers 5-29 were completed by Sulphur Springs clients, and many of the responses are neutral to positive (i.e., “no changes,” “it was good enough,” “nothing, very pleasant & quick,”). Criticisms from Sulphur Springs clients include concerns about the wait time, expanding the facilities, providing snack machines, and better advertising about the kinds of services available at the clinic. Surveys 33-61 were completed by Joyce Ely clients, and these show a great deal more criticism as compared to the other clinic. Four of the comments addressed the need to have things for the kids to do while waiting. Some of the respondents also felt the staff should be “better” or “nicer,” and that the wait for appointments was too long. There were also comments on the need to alert patients when they need to return to the doctor after tests are completed, as well as to keep the lobby clean, provide soap in the bathrooms, and to update bulletin board information. On the more positive side, two comments indicate a strong loyalty to the clinic with one person saying she drives an hour to come to the clinic (and has done so for seven years). Another respondent says she has “been here for three of my children and always was satisfied (sic) with each visit.” While all of these comments are constructive and may indicate areas for clinic improvement, readers should be cautioned against interpreting them as a blanket assessment of the clinic.

Recommendations

The results of this pilot study indicate that the instrument developed by LRCC will reliably measure consumer satisfaction. Removal of question A5 is recommended to increase the reliability of the subscale “Contacting the Clinic.”

Since the results of both this survey and the previous, more targeted consumer satisfaction surveys indicate general dissatisfaction with time waiting and things to do while waiting, it is recommended that HCHD design some strategies to address these issues. Care must be taken, however, to not initiate any plans that will put added pressure on providers, since clients who feel their doctor is rushing are less likely to be satisfied enough with the clinic to recommend it to others.

[I’ve only just started writing some things here... I plan on adding more later.]