The Relationship between Aged Patients' Expectations and their Satisfaction with Health Service Quality in Outpatient's Clinics.

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ABSTRACT

Background: Assessing elderly expectations and satisfaction with care can help developing better PHC community services to them Aim of the study: to identify the relationship between patients' expectations and their satisfaction with service quality in outpatient clinics. Methods: cross-sectional analytic study was conducted in the outpatient departments of the Health Insurance Hospitals in Beni-Suef and Al-Fayoum Governorates as a day-care services for old age on a consecutive non-probability sample of 195 elderly attending the settings. Data were collected using an interview questionnaire including the modified SERVQUAL tool to assess elderly expectations of and satisfaction with the day care services.The work was done from February to July 2020. Results: Elderly patients' age was mostly <65 years (83.1%), with 56.4% females. In total, 55.9% of them had total high expectations, but only 28.2% had high total satisfaction with care. Overall, 41.0% of them had their satisfaction exceeding their expectations. Their satisfaction and expectations scores were significantly and positively correlated (r=0.714). In multivariate analysis, urban far residence and being married were positive predictors of the expectation score, while the duration of illness was a negative predictor. Satisfaction score being married and living in urban far residence were positive predictors, whereas duration of illness was a negative predictor. Conclusion aged patients have low expectations of the day-care services provided, their satisfaction with the care is even lower and these scores are positively correlated. A corrective actions particularly regarding service reliability and responsiveness. Training courses in gerontology are required for all categories of healthcare providers

Keywords: Older patients, Expectations, Satisfaction, Day-care program

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INTRODUCTION

Awareness of aged people's needs and expectations is dominant importance to researchers and providers of their health care services ***(1)***. Nursing professionals had authorized the use of patients` perceptions for quality of care as a significant indicator, or outcome measure, of customer satisfaction ***(2)***. Meanwhile, patient satisfaction is an indicators of the gap between the expected and perceived features of a service, whereas patient expectation is definite as the aspects of the service characteristics anticipated by eventual customers,

irrespective of preference, or what could be reflected model ***(3)***. In nursing care, patients' expectations from geriatric nurses and other memberships of the healthcare team refer to their concept of care provision ***(1)***. Meeting aged patients' expectations upsurges their trust and confidence in their care providers and care sites specifically the day-care services ***(4)***.

Nonetheless, aged patient's satisfaction is shaped by past satisfaction with their care services, as well as health status, age, and personal predisposition, which marks it as very subjective characteristic of the service perception ***(5)***. Additionally, expectations may be influenced by previous experiences with a particular individuals and/or professional group ***(6)***. Moreover, elderly patient's satisfaction can only be measured during hospital stay and after release; at the end, aged patients may express a high level of satisfaction while their expectations have not been completely met ***(7)***. Thus, it is necessary to assess patients' expectations separately from their satisfaction from nursing services ***(8; 9)***.

There is considerable debate over the relation between patient expectations and care satisfaction. Patients may reveal a high level of satisfaction in spite of un-met expectations ***(10)***. In addition; elderly patients may have widely differing expectations when they go to the hospital, as stated by outpatient clinics and may therefore perceive the same interactions differently, which could have an impact on elderly patient satisfaction scores ***(11)***.

According to the WHO; aged 65 years or older is likely to increase by more than 250% in less developed countries & 71% in developed countries between 2010 and 2050 ***(12)***. With this worldwide aging of population, services competing to achievement for satisfaction of their patients to ensure their services which meet the expectations of older patients as a growing segment. Research on older patient satisfaction has yielded conflicting findings concerning the role of age and morbidity as determinants ***(13)***. The need for elderly daycare programs is growing exponentially with their high effectiveness as community-based services as well as their role in the management of chronic diseases. Measuring their expectations and satisfaction with' services delivered in such settings is an important means of good managing and monitoring such programs. This constitutes an important responsibility for primary care and community nursing services ***(14)***.

The growing needs of elderly population have become particularly of important In recent years. Their satisfaction with the nursing care provided has been related to their expectations. However, research in this area is still scarce, and the results are still debatable. This study is aimed to fill a gap in knowledge

regarding elderly patients' expectations of geriatric nursing services and their related satisfaction. This would help in recognizing areas of service shortage, which would serve in develop elderly health services delivery and better community-based services for older people.

Aim of the study: to detect the relationship between elderly's expectations and their satisfaction with day services provided in outpatient's clinics. It was hypothesized that elderly patients' satisfaction and expectations scores were positively and significantly correlated.

SUBJECTS AND METHODS

Research design: This cross-sectional analytic study. ***setting:*** was conducted in the out-patient departments of Health Insurance Hospitals in Beni-Suef and Al-Fayoum Governorates.

Subjects: The study population consisted of old age attending outpatient clinics in the study settings. Any patient aged 60 years or older, attending the study settings for treatment and/ or preventive services thru the study periods, being alert, cooperative and able to communicate was eligible for inclusion. Patients with severe physical and/or mental health problems were excluded. The sample size was calculated to approximate a relationship of coefficient of 0.25 (low effect size) or higher with 80% power and at a 95% level of confidence between the scores of satisfaction and expectations. The required sample size set to 150 using the OpenEpi software package. This increased to 195 to account for a non-response rate of about 20%. A comparable consecutive non-probability sampling technique was used to recruit patients according to the eligibility criteria.

Data collection tool: Interviewing questionnaire was used for data collection. It comprised a section for respondent's demographic data as age, masculinity, levels of education, married status, job, habitation, and income, as well as section for medical history with questions about current diagnosis and its duration, chronic diseases, previous hospitalization, surgery, and of disability. The modified SERVQUAL tool developed by ***(15)*** was used to assess respondent's expectations of and satisfaction with the services provided. It has two parts (expectation and satisfaction) of 22 items each, categorized into five dimensions: tangibility (4 items); reliability (5 items); responsiveness (4 items); assurance (4 items); and empathy (5 items). In the expectation part the respondent is asked to rate each item according to the "*extent to which he/she thinks the setting should possess it*." In the satisfaction part, he/she is asked to rate each item according to the "*extent to which he/she believes the setting*

actually has it." Certain items are positively stated, and others are negatively stated. The response is on a 7-point numeric` scale ranging from "fully approve" to "fully dis-approve."

***Scoring*:** The scores of the negative statements are reversed so that a higher score indicates higher expectations and satisfaction. The numeric responses for each section of the scale and for the total scale are summed-up. The totals are converted into percent scores. A mark of sixty percent or more was considered "high" expectation or satisfaction, while a score less than 60% was considered "low." & for each category and for the total score, the difference between the satisfaction and corresponding expectation score was calculated so that a score more than 60% indicates that patient's satisfaction was exceeding his/her expectation.

Tool validity and reliability: The tool is originally validated through construct validity by factor analysis, in addition to convergent validity. It demonstrated high level of reliability with Cronbach alpha coefficient as high as 0.92 ***(15)***. The scales were converted into Arabic ***(16)***. Then, it was presented to a group of professionals in CHN, Nursing Administration, & biostatistics to review it`s relevance and clarity. Modifications were made & then tool was tested for consistency and applicability through a pilot study. It showed a high level of reliability with Cronbach's Alpha coefficients 0.935 and 0.944 for the expectations and satisfaction parts respectively. The pilot study patients were involved to the chief sample as no modifications were mentioned.

Field process: After getting approval` consents`, the investigator visits' the study settings` and starting by introducing themselves to eligible elderly patients. Concisely clarifier's study purposes to each potential participant & formerly invited` him/her to participate. Those who gave their oral consent to participate were given an appointment for interview. The interviews were conducted individually, and the participant's privacy was ensured throughout. All safety precautions concerning COVID-19 were applied. Data collection lasted for six months` starting opening of Feb. till end of July 2020.

Administrative and ethical considerations: Official OKs were acquired from the Office assistant of the Department of Ministry of Health and Population, and from the Executive of the Health Insurance Hospitals using official channels. The study protocol was approved by the Research Ethics Committee of the organization. Informed voiced consents of elderly were obtained from them after being briefed with study aim and process and about their rights to refuse or withdraw any time. The privacy of any obtained information was safer`; by apportionment of a puzzle` digit for each patient.

Statistical analysis: The SPSS 20.0 software package was used in data analysis. Categorical variables were by chi-squared test. The relations among quantitative and ranked variables were assessed using Spearman rank correlation. Multiple linear regression analysis was used in identifying the independent predictors of patients' expectations and satisfaction scores. Statistical significance was set at p-value <0.05.

RESULTS :

Table 1: Socio-demographic characteristics of patients in the study sample (n=195)

	Frequency	Percent
Age:		
<65	162	83.1
65+	33	16.9
Gender:		
Male	85	43.6
Female	110	56.4
Education:		
None	101	51.8
Basic	17	8.7
Intermediate	58	29.7
High	19	9.7
Marital status:		
Unmarried	47	24.1
Married	148	75.9
Job:		
Employee	21	10.8
Worker	73	37.4
Retired/housewife	101	51.8
Residence:		
Rural (close)	107	54.9
Urban (far)	88	45.1
Income:		
Insufficient	81	41.5
Sufficient	114	58.5

The study involved 195 elderly patients, mostly less than 65 years age (83.1%), and with a higher percentage of females 56.4% as shown in Table 1. 51.8% a touch more than a half of elderly had any education and no work, and & 75.9% were currently married. More than a half of these elderly patients were residing in rural areas (54.9%) in close proximity to the health care settings. Approximately three-fifth (58.5%) of the elderly patients in the study sample reported having sufficient income.

Table 2: Medical history and care support of patients in the study sample (n=195)

	Frequency	Percent
Diagnosis:		
Acute medical	71	36.4
Chronic medical	73	37.4
Surgical	29	14.9
Malignancy	14	7.2
Ob/Gyne	8	4.1
Duration of illness (years):		
<1	61	31.3
1-<2	76	39.0
2+	58	29.7
Have chronic diseases	88	45.1
Previous hospitalization	68	34.9
Previous surgery	30	15.4
Have disability	3	1.5

Table 2 indicates that the highest percentages of diagnoses among the elderly patients in the study sample were acute (36.4%) or chronic (37.4%) conditions. The duration of their illness was mostly one year (39.0%). Meanwhile, 45.1% reported having chronic diseases. Slightly more than one-third of them had a history of previous hospitalization (34.9%), while 15.4% had previous surgery. Only 1.5% were having disabilities

Part II. Elderly patients' expectations and satisfaction with care

Table 3: Care expectations as reported by patients in the study sample (n=195)

Areas	High (60%+) expectations		High (60%+) Satisfaction		Satisfaction Exceeds expectations	
	No.	%	No.	%	No.	%
Tangibility	106	54.4	76	39.0	95	48.7
Reliability	93	47.7	62	31.8	90	46.2
Responsiveness	96	49.2	74	37.9	104	53.3
Assurance	109	55.9	70	35.9	99	50.8
Empathy	99	50.8	62	31.8	80	41.0
Total	86	44.1	55	28.2	80	41.0

As regards the care expectations as reported by the elderly in the study sample, Table 3 shows that it was generally around 50%. The highest expectation was related to assurance (55.9%), whereas the lowest was related to reliability (47.7%). In total, more than a half (55.9%) of the elderly patients had total high expectations from the services provided. Concerning the elderly patients' satisfaction with the care, the table shows that it was generally low. It ranged between 31.8% for reliability and empathy, and 39.0% for being tangible. In total, only 28.2% had high total satisfaction with care. The table also points to a variation in elderly patients' gap between their expectations of care and their related satisfaction. It indicates that their satisfaction exceeded their expectations mostly regarding responsiveness (53.3%), and it was least regarding empathy (41.0%). Overall, only around two-fifth (41.0%) of the elderly had total satisfaction exceeding their expectations with care.

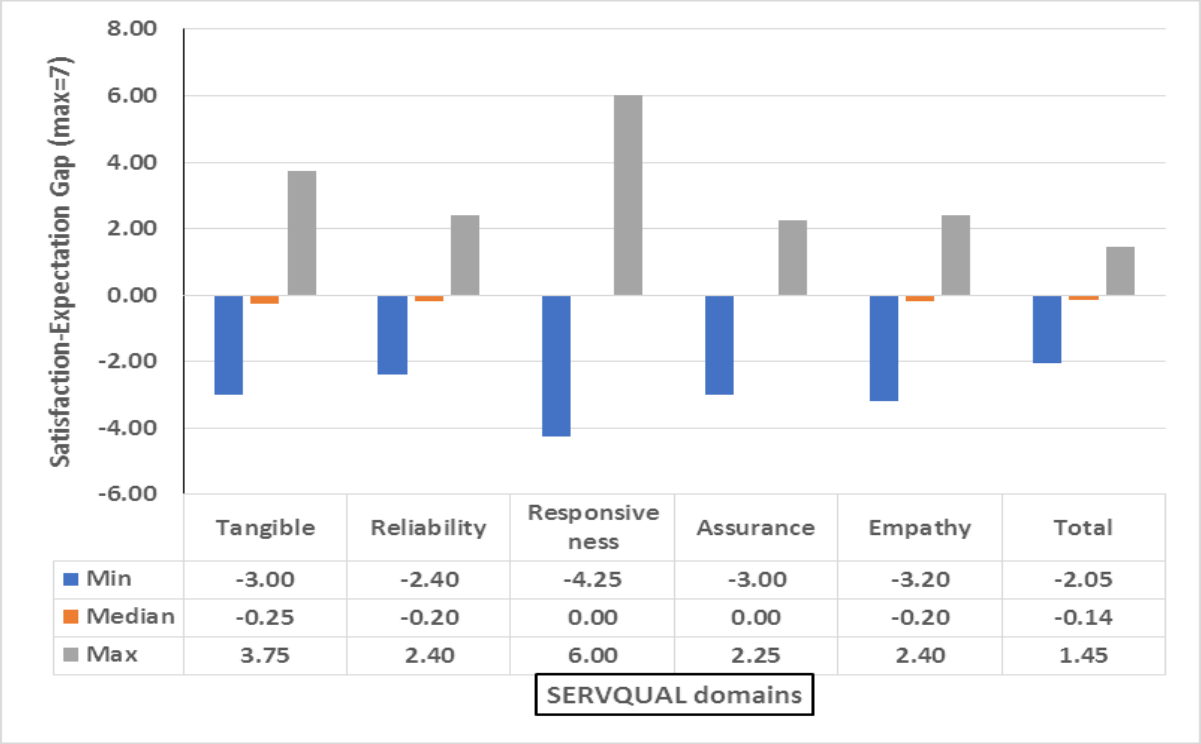

Figure 1: Scores of satisfaction-expectation gap among elderly patients in the study sample (n=195)

As Figure 1 illustrates, the median score of the gap between elderly patients' expectations of care and their related satisfaction was 0.0 only in the domains of responsiveness and assurance, indicating that in at least half of them the score of satisfaction exceeded the score of expectations. Meanwhile, the median scores were below 0.0 in the remaining three domains as well as in the total scale, thus indicating that in at least one-half of them satisfaction was lower than expectations. Moreover, the variation in the domains gap scores was highest in the domain of responsiveness, while it was lowest in the domain of reliability.

Table 4: Relation between patients' satisfaction and expectation

	Satisfaction				X^2 test	p-value
	High		Low			
	No.	%	No.	%		
Total expectations:						
High	48	55.8	38	44.2		
Low	7	6.4	102	93.6	57.91	<0.001*

(*) Statistically significant at p<0.05

Table 4 indicates a statistically significant relation between elderly patients' satisfaction with care and their related expectations (p<0.001). It is evident that the lower expectations are associated with lower satisfaction.

Table 5: Correlation matrix of patients' expectation and satisfaction scores and with their characteristics

Scores	Spearman's rank correlation coefficient		
	Expectation score	Satisfaction score	Satisfaction – expectation
Expectation	1.000		
Satisfaction	.714**	1.000	
Satisfaction - expectation	-.336**	.343**	1.000
Characteristics:			
Age	-.169*	-.230**	-.122
Educational level	-.102	-.024	.103
Income	-.134	-.010	.180*
Duration of illness	-.247**	-.459**	-.278**
No. of chronic diseases	-.107	.175	.168

(**) Statistically significant at p<0.01

Tables 5 signposts a strong positive significant correlation between elderly patients' scores'` of satisfaction & expectations (r=0.714). Meanwhile, the scores of the gap between their satisfaction and expectation had a negative weak correlation with their expectation, and a positive weak correlation with their satisfaction. Elderly stage`` had a weak negative relationship with their satisfaction and expectation scores'. Their diseases'' length'' had statistically significant slight negative correlations with their expectations and satisfaction-

expectation gap, and a significant moderate negative correlation with their satisfaction scores (r=-0.459).

Table 6: Best fitting multiple linear regression model for the expectations and satisfaction scor3s and difference between them

	Unstandardized Coefficients		Standardized Coefficients	t-test	p-value	95% Confidence Interval for B	
	B	Std. Error				Lower	Upper
Expectations							
Constant	4.02	0.27		14.768	<0.001	3.48	4.56
Urban residence (far)	0.46	0.18	0.24	2.614	0.010	0.11	0.81
Married	0.41	0.17	0.21	2.383	0.019	0.07	0.75
Duration of illness	-0.27	0.10	-0.24	2.597	0.011	-0.47	-0.06
r-square=0.13 Model ANOVA: F=5.83, p=0.001 Variables entered and excluded: age, gender, education, job status, residence, income, chronic diseases, on medications, previous hospitalization/surgery, disability							
Satisfaction							
Constant	3.42	0.32		10.691	<0.001	2.79	4.06
Married	0.34	0.15	0.18	2.286	0.024	0.05	0.64
Urban residence (far)	0.35	0.14	0.20	2.545	0.012	0.08	0.62
Duration of illness	-0.36	0.09	-0.33	4.131	<0.001	-0.53	-0.19
r-square=0.32 Model ANOVA: F=13.81, p<0.001 Variables entered and excluded: age, gender, education, job status, income, location, duration of illness, chronic diseases, previous hospitalization/ surgery, disability							
Satisfaction – expectation							
Constant	-.25	.28		.896	.372	-.79	.30
Location B	-.58	.13	-.36	4.457	<0.001	-.84	-.32
Retired/ unemployed	.00	.00	.18	2.282	.024	.00	.00
On medications	.47	.15	.26	3.153	.002	.18	.77
r-square=0.31 Model ANOVA: F=17.26, p<0.001 Variables entered and excluded: age, gender, education, marital status, income, location, duration of illness, chronic diseases, previous hospitalization/ surgery, disability							

In multivariate analysis, Table 6 demonstrates that the statistically significant independent positive predictors of elderly patients' expectation score were urban far residence and being married. Conversely, the duration of their illness was a negative predictor. The model explains only 13% of the variation

in the expectation score. Likewise, the table indicates that the independent positive predictors of elderly patients' satisfaction score's are being married and living in urban far residence. On the other hand, the duration of illness was a negative predictor. The model clarifies thirty two percent of the variation in this score. As respects the difference in the scores of satisfaction and expectations, the table shows that the independent positive predictors are being retired/unemployed with extraordinary statistical significance. Conversely, getting service in location B was a negative predictor. The model explains 31% of the variation in this score.

DISCUSSION

This study aim was to identify the relations between elderly patients' expectations and their satisfaction with health service quality in outpatient clinics. The results indicate generally low expectations and even lower satisfaction with the care provided, and more than a half of them had their satisfaction lower than their expectations. Their scores of satisfaction and expectation are significantly and positively correlated, thus leading to acceptance of the established research hypothesis.

The central aim of the current study was to assess the elderly patients' expectations of the healthcare services provided. The study showed that around a half of them had high expectations, the highest being related to assurance. This reflects that the most important thing they expect from the healthcare providers is the feeling of trust, responsibility, and safety while receiving the service. In agreement with this, a study in Texas; US testified the elderly patients expected trust and exemplary characters of their care providers ***(17)***. On accord, a study in Germany found elderly patients` had high expectations' in their providers' empathy and mutual trust ***(18)***.

Conversely, the domain of reliability was the lowest in the current study elderly's expectations. Thus, they give less importance to the timely provision of services and the trustworthiness of the medical records in the setting. This might be explained by their long experience with waiting time and lack of compliance with schedules throughout their dealing with the healthcare setting. Similar findings were informed in a study of PHC attendants in Hungary, where participants expected short waiting time with no pressure on the consultation time ***(19)***.

Overall, less than a half of the elderly patients in the present study had high total expectations, which is a low level when compared with the literature. For instance, a study of healthcare service quality in Taiwan demonstrated that the majority of the participants had high overall expectations ***(20)***.

The present study elderly patients' expectations were influenced by their individual`s & their health conditions" characteristics. The married situation and urban residence far from the setting were acknowledged as independent"/ confident interpreters`` of their expectations over-all scores. The effect of far residence could be explained by that the elderly who spends more time and money to reach to the setting should certainly have higher expectations from the setting. As regards the health-related factors, only the duration of illness was identified as an independent negative predictor. This could be attributed to the apathy and weariness they develop from their long experience with the setting. Similar findings were reported in a study of a chronic disease patients' expectations in Hungary ***(21)***.

The present study has also investigated elderly clients` satisfaction with the healthcare services. This was low, particularly in the domains of reliability and empathy. The finding could be explained by their feelings of being neglected and their needs not being fulfilled during their visits. They may also feel a lack of respect from the employees and care providers. In agreement with this, a study at Ethiopia, Amhara region in public hospitals, reported overall low level of patient satisfaction with care, and nursing" mindfulness of patients" demands had a lowest scores of satisfaction ***(22)***.

In total, only slightly more than one-fourth of the elderly patients in the current study had high total satisfaction with the care delivered. This is an extremely low level of satisfaction with care that needs great attention from the administration of the setting and its service providers. In line with this, a study in Malaysia by (23) using the SERVQUAL instrument in public primary healthcare services found that most patients were not satisfied. Conversely, a study of older patients' satisfaction with outpatient services in rural Germany found that 93.1% were satisfied (24). This discrepancy is undoubtedly related to the level and quality of care provided in the different settings.

Concerning factors influencing elderly patients' satisfaction with care, the present study identified being married and living in urban far residence as independent positive predictors, while the duration of illness was a negative predictor. Being married could be a factor enhancing patient's psychological health as compared with widows/widowers, thus increasing their level of satisfaction. Also, those coming from far areas and having high expectations of the setting would tend to be more satisfied with the care provided. In agreement with this, a study identified the place of residence as a significant independent predictor of elderly patients' satisfaction conducted in Ghana ***(25)***.

As for the health-related factors influencing elderly patients' satisfaction with care, the present study results revealed that the satisfaction scores tended to decrease with increasing duration of illness. This factor may indicate more costs of illness, either direct or indirect, which may lower the satisfaction score. In this regard, a study in China found that chronic diseases among the elderly are associated with higher expenditure of medical care, which would have a negative impact on their satisfaction ***(26)***.

Lastly, the present study examined the gap between elderly patients' satisfaction and expectation scores. Calculations were done so that a higher difference indicates that satisfaction exceeds expectations. The findings revealed that the median scores of gaps were negative in most domains and was most negative in the domains of tangibility, reliability, and empathy. This adds to the previously mentioned explanation that these patients do not feel being dealt with dignity and respect in the settings, and that their related needs are not achieved. In line with this, a study in Taiwan found wide satisfaction-expectations gaps in patients scores in the domains of responsiveness, empathy, assurance, and tangibility ***(20)***. Thus, a qualitative exploratory study in Ghana highlighted the importance of improving healthcare providers' knowledge of gerontology, which would have a positive impact of elderly patients' satisfaction and expectations ***(27)***.

Overall, in only around two-fifth of the elderly patients the satisfaction exceeding expectations, and the median score of the satisfaction-expectation gap was negative (-0.14), indicating that in more than a half of the sample the satisfaction was less than expectations. The findings call for a prompt action to improve elderly patients' satisfaction with the care provided. A similar finding was reported by **(29)** whose study on elderly patients' satisfaction with services provided at the Kahrizak nursing home in Iran demonstrated a significant difference between their satisfaction and expectations.

The satisfaction-expectations gap in the present study was influenced by the setting, with less patients in setting B having their satisfaction exceeding their expectations. Hence, the healthcare service characteristics of location B need to be revised to improve their patients' satisfaction. In this respect, the age-friendliness of the healthcare setting was identified as a factor of considerable importance in elderly patients' satisfaction ***(30)***. In the researcher's point of view setting B cover three Upper Egypt governorates and provide services for all age groups as there are no separate clinics for aged patients.

As regards elderly patients' characteristics influencing their satisfaction-expectations gap, the only positive predictor of the difference between the scores

of satisfaction and expectations was being retired/ unemployed. This might be attributed to their having more time to spend in the setting in comparison with those still working. In agreement with this, a study of patient satisfaction among drivers in Portugal revealed that the waiting time and delay in service were significant factors influencing their satisfaction ***(Abidova et al., 2021)***.

The current study has also discovered the presence of significances-negative"} correlations" differences between elderly patients' scores total expectations & scores of the total differences between their satisfaction and expectation. This means that the patients having high expectations tend to be less satisfied with the care provided, which is quite plausible. In this respect, a study in Germany clarified that elderly patients' expectations depend on providers' emotional and social support, whereas satisfaction is more related to medical competency ***(Schönenberg et al., 2021)***.

CONCLUSION AND RECOMMENDATIONS

In conclusion, the elderly patients in the study sites have low-slung expectations of the healthcare services provided, and their satisfaction with the care is even lower and these scores are positively correlated.

The study recommends corrective actions particularly regarding service reliability and responsiveness, especially in setting B. This may involve improving service providers' compliance with timely provision of services, reducing waiting time, prompt response to patients' needs. Training courses in gerontology and in communication with elderly people are needed for all categories of healthcare providers. Future study is proposed to identify in details the factors influencing elderly patients' expectations and satisfaction with care, with intervention studies investigating the effectiveness of corrective actions.

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