Patient Satisfaction Regarding Health Education and Practice Environment Using the PPAESS Survey

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ABSTRACT

The waiting room and the examination rooms are the two central locations patients spend time in a primary care environment. Patient health outcomes and satisfaction are significant contributing factors for reimbursement. The Patient Practice And Education Satisfaction Survey (PPAESS) tool has high internal consistency (α = 0.92) with subcategories of practice (α = 0.88) and education (α = 0.86). When comparing between arms of the study utilizing the PPAESS tool, a marginally significant, total survey Kruskall-Wallace was observed (p = 0.071). Inter-arm comparisons of the practice subcategory control vs. health investment worker were significant (p = 0.034). The PPAESS survey tool is a highly consistent and reliable tool for patient satisfaction regarding practice environment and education. A health investment worker in a practice waiting room environment was noted to increase patient satisfaction. The PPAESS tool allows health practices to further optimize practice space, patient time, individual/group education and is highly effective for assessment of patient satisfaction.

KEYWORDS

Environment, Finance, Healthcare, Patient, Practice, Satisfaction

INTRODUCTION

The definition of “Doctor” comes from a classical Latin noun root “Docere” meaning “to show, teach or cause to know” (Dictionary.com, n.d.). The practice of medicine is just that, a practice; a forever refining state of application and Hippocrates believed the art of medicine consisted of three things: “the disease, the patient, and the physician” (Antoniou et al., 2010). With the concept that the doctor-patient relationship is two interacting forces with a common, beneficial, patient centered health outcome, the responsibility of the patient’s health is therefore, based on these main variables.

Unfortunately, many patients who are seen in medical clinics today have very superficial health knowledge. It is our duty as Health Investments Workers to teach and educate our patients regarding the positives and negatives of health and the highly likely health trajectory they are on. Patients also lack a sense of empowerment and participation as being part of their own medical decision making team. As a medical community, we should be careful to not underestimate the power our patients have for their own self-care, when properly informed. Realistic, patient directed, health education assists in empowering patients to take responsibility for daily habits and medical therapy compliance.
We must engage our patients with further patient-practitioner reciprocity for utilization of individual patient strengths so they may take responsibility for their own health trajectory.

The waiting room and the examination room are two locations inside of the physician’s office where the majority of patient time is spent. When patients are left to sit in a health provider’s waiting room without direction or acknowledgment, frustration, agitation and even aggression ensues. The impact that agitated patients have on clinics can be deeply felt more greatly now than ever due to the advent and implementation of patient satisfaction based financial reimbursement. Because our medical system stresses practitioner outcome performance, we must further explore the underutilized logistical aspects of the doctor patient interaction for continued system based optimization; ultimately leading to increased positive end results.

**AIM**

The question undertaken was to assess if patient satisfaction regarding “Practice Environment” or “Health Education” was associated with health education materials and the presence of a health investment worker in a primary Ambulatory Care Clinic (ACC) waiting room.

**LITERATURE REVIEW**

It is known that patients who are satisfied are more likely to return for care, keep appointments and comply with treatments than patients who are dissatisfied (Aharony & Strasser, 1993). Multiple variables lead a patient to become agitated while waiting in a practitioner’s waiting area and based on the Pareto Principle, only a few variables actually contribute to major outcomes (Pareto, 1897). Therefore, altering a few variables could lead to a significantly more pleasant patient experience while waiting in health care environments.

Patient education is a key variable to patient empowerment inside of the doctor patient relationship because “a truly empowered patient is one who has both the information and knowledge to take responsibility for the health care services necessary to maintain a healthy mind and body” (Kane, 2002). Individual responsibility is an ideology that is difficult to convey to patients if the education for such a lifestyle intervention is not known or historically unobtainable by that patient (McLeroy, 1988).

The building blocks of a therapeutic relationship include topics such as informativeness (explaining why a patient should do something) and “partnership building” (requesting the opinions of patient regarding medical therapies) (M, 2010) along with practitioner-patient communication, patient understanding of a health regiment and patient compliance (Earp & Ennett, 1991). If one piece is missing, optimal health is highly likely to be unobtainable.

As patients wait longer in the clinic waiting area, satisfaction decreases with their provider (Oermann, 2003). Occupying patients while they wait in the waiting room, may influence their perception of their overall wait time, ultimately resulting in more satisfied consumers ((Oermann, 2003) (considering health as a commodity) and would likely lead them to be more satisfied with their clinic visit (Dansky & Miles, 1997). If a strong doctor-patient relationship exists, it is likely that overall satisfaction will increase.

We as medical educators must initially assess patients’ needs, willingness, ability, and preferred learning styles, rior to implementing an educational curriculum (Behar-Horenstein et al., 2005). Effective ways of teaching to patient populations are computers, audiotapes, videotapes, tailored printed or written material, verbal instruction, demonstration with visual aids (Friedman et al., 2009). One emergency department study noted the total time patients waited was not as important as the time prior to receiving treatment (Bursch, 1992) and may affect patient satisfaction (Chung et al., 1999). Informational videotapes were noted in the waiting area of an ED to educate patients about reasons for delays in care. This style of educational effort had a positive effect on reducing patient anxiety (Corbett et al., 1999). By offering a help card to patients, thereby allowing them to focus on
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