

Assessment of hospital satisfaction in patients undergoing bariatric surgery

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Abstract:

Bariatric surgery is considered the best option for the treatment of morbid obesity and the comorbidities associated. Evaluating the patient satisfaction with the hospital, after the bariatric surgery, reflects a basic aspect of the sanitary quality. To obtain this information, about the services provided, surveys have been used for the patients. The objective of this work is to assess the level of hospitalization satisfaction in bariatric surgery patients of our center, plus identify the influence of hospital nursing on this satisfaction. The type of study performed was descriptive and transversal. The methodology used for the data collection was a questionnaire included on the Clinical Procedure of bariatric surgery from the SECO, handed to the patient by the discharge moment. A total of 63 surveys were passed, the

response rate was 83%. The mean degree of global satisfaction at admission was 9.65 (S.D.=0.84). The best valorated aspect was "the operating room personal was kind and respectful" with mean qualification of 9.85 (S.D.=0.64). The worst qualification problem was the postoperative presence of nausea and vomiting, with mean qualification of 8,04 (S.D.=2.82). The survey respondents show a high level of global satisfaction. It was not possible to assess hospitalization nursing's influence.

Keywords:

- Bariatric surgery
- Patient satisfaction
- Quality

Introduction

Overweight and obesity are defined as an abnormal or excessive accumulation of fat that can be detrimental to health. The WHO and the International Obesity Work Group (IOFT) also define it as "the epidemic of the 21st century due to the dimensions acquired over the last decades and due to its impact on morbidity and mortality, quality of life and health spending". (1)

This fact, together with advances in surgical techniques, have made bariatric surgery consolidated as the most appropriate treatment option to achieve good long-term therapeutic results.

The Clínica Universidad de Navarra (CUN) is a reference center for Bariatric and Metabolic Surgery accredited by the Spanish Society for Obesity Surgery and by the International Federation for the Surgery of Obesity (SECO - IFSO). Evaluating the quality of care of the process is one of the main objectives of our center; for this we need to establish validated criteria that define good practice and allow us to contrast the results of the surgical treatment we offer. At CUN, the quality indicators validated by the SECO and the Obesity Section of the Spanish Association of Surgeons (AEC) have

been followed for clinical practice in Bariatric Surgery (BC). In 2018, an analysis of the results of clinical practice was carried out in our center according to the quality indicators of the SECO. In this study, the lack of data in relation to hospital satisfaction of the patient undergoing BC was observed.

Evaluating satisfaction with care is a way of revealing quality (2,3,4,5,6). One way to obtain this information is through patient surveys. Among the instruments most used in our environment, the SERVQHOS survey stands out, which is an adaptation to the health sector of the SERVQUAL survey that assesses the quality perceived by customers, in the services sector (7,8,9,10,11). As it is not a specific BC tool, the present work uses the hospital satisfaction survey proposed by the SECO in the Clinical Pathway of Bariatric Surgery published in 2017 (12).

Objectives

To assess the level of hospital satisfaction in patients undergoing bariatric surgery at CUN, and to identify the influence of hospitalization nursing on said satisfaction.

Method

A descriptive and cross-sectional study was carried out. The data collection method used was the questionnaire included in the SECO Clinical Pathway for Bariatric Surgery, delivered at the time of hospital discharge.

This questionnaire (anonymous and voluntary) consists of four parts. The first one collects the personal information of the participants; in the second, the satisfaction of the patients with respect to hospital admission, which formulated 7 questions scored from 0 to 10 (where 0 is: very bad / very disagree and 10 is: very good/ completely agree); a third that collects the assessment relative to postoperative evolution, which has three first questions with a dichotomous answer YES / NO, and 8 more questions with a score from 0 to 10; and the fourth and last part that asks directly about global satisfaction in two questions with a score from 0 to 10.

Regarding the statistical analysis, we performed a descriptive analysis with personal information. For the analysis of quantitative data we used measures of central tendency (arithmetic mean \bar{X}) and dispersion (standard deviation).

Results

From February 1, 2018, to November 30, 2019, 63 surveys were conducted among patients undergoing obesity surgery at the CUN. A total of 52 surveys were collected, which represents a response rate of 83%.

Regarding demographic data, 30% of those surveyed are male, and 70% female. Taking into account age, 4% are under 30 years old, 19% between 30 and 40 years old, 35% are made up of patients between 40 and 50 years old, 27% are patients between 50 and 60 years old, and 15% those over 60 years of age. According to their marital status, 65% of the patients who answered the survey are married; 25% are single, 8% divorced, and the remaining 2% are widowers. Regarding academic training, 40% have university studies, 35% have completed high school, and the remaining 25% have primary studies. Finally, in terms of work development, 78% of the patients are active workers, 16% correspond to the unemployed and retired in equal parts and the last 6% are occupied by housewives. (Table 1.)

		FREQUENCY	PERCENTAGE
SEX	Male	16	30
	Female	36	70
AGE GROUP	Under 30 years old	2	4
	From 31 to 40 years old	10	19
	From 41 to 50 years old	18	35
	From 51 to 60 years old	14	27
	Over 60 years old	8	15
MARITAL STATUS	Single	13	25
	Married	34	65
	Divorced	4	8
	Widowed	1	2
LEVEL	No studies	0	0
	Primary	13	25
	Educational Bachelor	18	35
	University	21	40
CURRENT EMPLOYMENT STATUS	Student	0	0
	Unemployed	4	8
	Working	41	78
	Retired	4	8
	Homemaker	3	6

Table 1. Personal information

From the data referring to the "Hospital admission" section, the best valued aspects were: "The operating room staff was friendly and respectful" 9.85 (SD = 0.64); "The rooms were clean and well prepared upon my arrival" 9.76 (SD = 0.65); "Before entering the operating room, I was informed of the entire process" 9.63 (SD = 0.98) and finally "My family was adequately informed of the evolution of the surgery" 9.57 (SD = 1.14). At the other extreme, the worst valued data were: "The hospital admission process was quick and agile" 9.21 (SD = 1.16); "I was taken to the operating room at the scheduled time" 9.38 (SD = 1.68); and finally "The waiting time before surgery was adequate" 9.42 (SD = 1.56).

(Table 2.)

	ARITHMETIC MEAN X	STANDARD DEVIATION σ
THE HOSPITAL ADMISSION PROCESS WAS AGILE AND FAST.	9,21	1,16
The rooms were clean and well prepared upon my arrival.	9,76	0,65
I was taken to the operating room at the scheduled time.	9,38	1,68
The waiting time before surgery was adequate.	9,42	1,56
Before entering the operating room, I was informed of the entire process.	9,63	0,98
The operating room staff was friendly and respectful.	9,85	0,64
My family was adequately informed of the evolution of the surgery.	9,57	1,14

Table 2. Hospital admission

In the section "Postoperative evolution", 100% of the patients claimed to know the name of the doctor who treated them, compared to 77% who knew the name of the nurse. 98% were informed of the procedures that were performed. The best valued aspects of this sector were: "I have received information regarding the evolution of the procedure" and "My doubts were clarified by the health personnel" 9.83 (SD = 0.47 and = 0.51 respectively); "Postoperative pain has been adequately treated" 9.66 (SD = 0.85); "I have been given written information about the procedure" 9.63 (SD = 1.04) and finally "The actions of the health personnel in the postoperative period were in line with what had been explained to me before admission" 9.6 (SD = 0.98) . The least valued aspects in this section have been: "After surgery I have not had nausea or vomiting" 8.04 (SD = 2.82); "After surgery the pain was well controlled" 9.52 (SD = 1.02); and lastly, "The control of nausea and vomiting has been correct" 9.53 (SD = 1.14). (Table 3.)

	ARITHMETIC MEAN X	STANDARD DEVIATION σ
Las actuaciones del personal sanitario en el postoperatorio		
se adecuaban a lo que se me habían explicado antes de ingresar.	9,6	0,98
Tras la cirugía el dolor estuvo bien controlado.	9,52	1,02
El dolor postoperatorio se ha tratado de forma adecuada.	9,66	0,85
Tras la cirugía no he tenido náuseas ni vómitos.	8,04	2,82
El control de las náuseas y vómitos ha sido correcto.	9,53	1,14
He recibido información respecto a la evolución del procedimiento.	9,83	0,47
Se me ha entregado información por escrito sobre el procedimiento.	9,63	1,04
Mis dudas fueron clarificadas por el personal sanitario.	9,83	0,51

Table 3. Postoperative evolution

The last part of the survey assesses global satisfaction, both items: "My degree of global satisfaction with admission" and "I would recommend performing this surgery to my friends / family" have been rated with an average grade of 9.65. (SD = 0.84 and 0.77) (Table 4.)

	ARITHMETIC MEAN X	STANDARD DEVIATION σ
My overall degree of satisfaction with income has been.	9.65	0.84 I would
recommend doing this surgery to my friends / family.	9.66	0.77

Table 4. Global satisfaction

Finally, the patients have evaluated as a positive aspect of admission, "Friendly treatment of the staff", and among the negative aspects of the same, are: "The diet", "Pain", "Simple rooms and CCTV" and "Treatment of the auxiliaries".

Conclusion

After evaluating the results of the surveys, it is observed that the patients who underwent bariatric surgery show a high level of global satisfaction during the hospital process, from admission to discharge.

The most prominent negative issues are related to the facilities and not to the whole bariatric surgery care process. Although the scores obtained are high, no similar studies have been found in the literature with which to compare the results obtained.

On the other hand, it has been impossible to identify the influence of hospitalization nursing on said satisfaction, since it is not specifically reflected in this questionnaire. The door is left open to a new study.

Although, once this work was concluded, the quality indicators required by the SECO for the clinical practice of bariatric surgery were completed in our center.

Conflict of interests

The authors declare that they have no financial or personal conflicts of interest that could inappropriately influence the development of the research.

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