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An Evaluation of Patient Satisfaction in Turkey with the EUROPEP Instrument

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Seeking to understand patient perspectives is an important step in the efforts to improve the quality of health care. Developed by the EQuiP Task Force on Patient Evaluations of General Practice Care, the EUROPEP instrument aims to collect information on patient evaluations of general practice care.

In order to expose the current state of patient satisfaction and make international comparisons, a study was conducted with relevant data collected from Turkey.

The Turkish version of the EUROPEP instrument was administered to 1160 patients in six different Turkish cities. Thirty-three medical practices were included in the study. In every practice, a minimum of 30 adult patients who visited the practice for a consultation were consecutively included. The results were compared with previous values from European countries.

"Helping you understand the importance of following his or her advice", "Getting through to the practice on the telephone", and "Providing quick services for urgent health problems" were evaluated best (76.7%, 76.3%, and 76.2%, 'good or excellent' ratings, respectively) and "Helping to deal with emotional problems related to the health status" was rated the worst (60.2%, 'good or excellent'). Other areas which had low ratings were: "Waiting time in the waiting room" (63.0%), "Quick relief of symptoms" (61.3%), and "Involving patients in decisions about medical care" (61.3%).

Patient evaluations can help to educate medical staff about their achievements as well as their failures, assisting them to be more responsive to their patients' needs. In order to get the best benefit from EUROPEP, national benchmarking should be started to enable national and international comparisons.

Key Words: EUROPEP, patient satisfaction, general practice

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INTRODUCTION

The physician's sensitivity to patient needs and experiences increases over time. Priorities in health care are usually determined by professionals and health authorities. However, insight into patient views on good or bad general practice is, in fact, more important. As a result, patient evaluation of health care is currently accepted as a good indicator of quality.[1] However, there are wide variances regarding health care services in different countries. Therefore, it is crucial for international comparisons that measurements from different countries are comparable.[2] Developed by the EQuiP Task force on Patient Evaluations of General Practice Care, the EUROPEP instrument is an internationally validated tool to assess patient satisfaction.[3,4] It evaluates the family physician and his practice in two dimensions: clinical behavior and organization of care.[5]

The current health system of Turkey differs from that of other European countries in three important aspects, which might have some effect on patient satisfaction: there are trained as well as untrained primary care physicians working in the health system, there is a relatively fixed, salary based, payment system, and the insurance system does not permit patients to chose their doctors. We hypothesized that there should be some differences in patient satisfaction connected with the differences in the Turkish health system and also with the differences in Turkish culture. In this study, we presented results from the Turkish version of EUROPEP and discussed their relevance to international data.

Table 1. Good or Excellent Response Rates with Regard to Clinical Behavior

	No response / not relevant (%)	Good or excellent responses (%)		
	All practices	All practices	Individual practices	
What is your opinion of the general practitioner and/or general practice over the last 12 months with respect to...			Min	Max
Helping you understand the importance of following his or her advice	5.9	76.7	20	100
Physical examination of you	4.8	74.6	27.3	100
Thoroughness	5.2	73.1	33.3	100
Listening to you	2.4	72.4	38.5	100
Knowing what s/he had done or told you during contacts	5.9	71.1	14.3	100
Keeping your records and data confidential	2.8	68.4	15.6	100
Explaining the purpose of tests and treatments	3.4	67.9	18.2	100
Interest in your personal situation	4.8	66.7	11.1	100
Making it easy for you tell him or her about your problem	3.8	66.7	20.9	96.8
Making you feel you had time during consultation	7.6	65.3	18.2	92.9
Offering you services for preventing diseases (e.g. screening, immunizations)	12.1	63.5	10	100
Helping you to feel well so that you can perform your normal daily activities	11.4	63.4	9.1	100
Quick relief of your symptoms	7.2	62.5	14.3	96.2
Involving you in decisions about your medical care	7.2	61.3	12.5	96.6
Helping you deal with emotional problems related with your health status	8.3	60.2	18.8	100
Telling you what you wanted to know about your symptoms and/or illness	3.4	70	14.3	100

METHODS

After a national invitation through the registry records of the Turkish Association of Family General Practitioners (GPs), were asked to participate in the study. Forty-two practices showed interest in the study. The practices were stratified according to the area type (rural areas, towns, and larger cities) and the practice size (solo and group practice). Thirty-three practices from six different cities were included in the study. In every practice, a minimum of 30 adult patients who visited the practice for a consultation were consecutively included. All participants were aged 18 or over and were able to read, understand, and fill in the Turkish EUROPEP questionnaire.

The EUROPEP instrument uses 23 questions to evaluate patient satisfaction in two dimensions: clinical behavior and organization of care. Responses to each item are collected with a five point Likert scale (1=poor, 5=excellent). The reliability and validity analysis of the Turkish version is published in other literatures.[4]

The questionnaires were anonymously distributed and collected by a researcher in each practice. Discriminative questions, other than age and sex, were not asked. The questionnaire was completed and returned by 1160 patients. Data

was collected and analyzed in one center. Each practice received a summary of the analyses for that particular practice with a comparison to the general results. The results were compared with previously reported values from European countries.[3,5,6-11] Descriptive statistics and frequencies were used for statistical comparisons.

RESULTS

Out of 1517 questionnaires distributed, 1160 questionnaires from 33 practices were collected and analyzed, resulting in a response rate of 76.5%.

The mean age of the participants was 40.64 ± 13.51 years (min. 18, max. 80). The participants were 49.2% male (n=571) and 50.8% female (n=589).

The item response rates in the total sample of participants varied between 80.7% and 97.6%. The item, "Preparing you for what to expect from specialist or hospital care" had the lowest response rate (80.7%), whereas the item "Listening to you" had the highest response rate (97.6%).

"Helping you understand the importance of following his or her advice", "Getting through to the practice on telephone", and "Providing quick services for urgent health problems" were evaluated best (76.7%, 76.3%, and 76.2%, 'good or excellent' ratings, respectively) and "Helping to deal with emotional problems related to the health status" was rated the worst (60.2%, 'good or excellent'). Other areas that received low ratings were: "Waiting time in the waiting room" (63.0%), "Quick relief of symptoms" (61.3%), and "Involving patients in decisions about medical care" (61.3%)(Fig. 1). Tables 1 and 2 show patient satisfaction rates with regard to each dimension.

DISCUSSION

To our knowledge, this is the first study evaluating patient satisfaction by an internationally validated instrument in Turkey. The reasonably high response rate, in this study, can be attributed to the low number of questions and the policy of collecting the questionnaire right after the visit at the practice. The response rates to each item were good when compared with the European ones. Item response rates to the European EUROPEP study was found to vary between 71% and 98%.[6]

This study has demonstrated that there are some differences in patient satisfaction between Turkey and other European countries. Helping the patient to deal with emotional problems related to his or her health status received good or excellent ratings of 85%, 87%, 76%, and 71% in Germany, Slovenia, The Netherlands, and UK respectively.[7-10] Whereas, the same item was rated as only 60.2% in our study. The items in the dimension of clinical behavior especially received far lower scores from Turkish patients. Some striking examples were the mean values of "Keeping your records and data confidential", "Making you feel you had time during consultation", and "Involving you in decisions about your medical care" being 93.7%, 84.8%, and 81.5%, respectively, in the European data.[11] A more important aspect of the results, in this study, is its illustration toward the many similarities in patient satisfaction between Turkey and other European countries. Items of patient satisfaction are similar, especially at the dimension of organization of care. For example, in other European countries, "Getting an appointment to suit you", "Getting through to the practice on telephone", and "Waiting time in the waiting room" received mean results of 78.9%, 75.8%, and 58.3%, respectively.[8]

The difference in these items can be discussed under three headings: cultural factors, education, and health care system. As to our opinion, these data should be used in order to learn from the current differences between countries. We believe that, as the boundaries between countries disappear and cultures become further affected by each other, the variations in patient satisfaction between different countries will diminish.

The Turkish equivalent of "visiting a doctor" is "doktora cikmak", which means "to enter the presence of a doctor". Understanding of this phrase is enough to explain the cultural background of the Turkish doctor-patient relationship. With the contribution of the cultural heritage from the emperorship, traditional Turkish citizen show a great respect to their chiefs as well as officials and significant positions. Although a cultural transition is experienced nowadays, Turkish citizens

Table 2. Good or Excellent Response Rates with Regard to the Organization of Care

	No response/ not relevant (%)	Good or excellent responses (%)		
	All practices	All practices	Individual practices	
What is your opinion of the general practitioner and/or general practice over the last 12 months with respect to...			Min	Max
Getting through to the practice on telephone	16.9	76.3	11.1	100
Providing quick services for urgent health problems	15.9	76.2	28.6	100
Being able to speak to the general practitioner on the telephone	17.6	74.5	16.7	100
The helpfulness of the staff (other than the doctor)	7.9	66.7	8.3	100
Preparing you for what to expect from specialist or hospital care	19.3	65.8	14.3	100
Getting an appointment to suit you	16.2	70	12.5	96.6
Waiting time in the waiting room	8.6	63	8.1	96.6

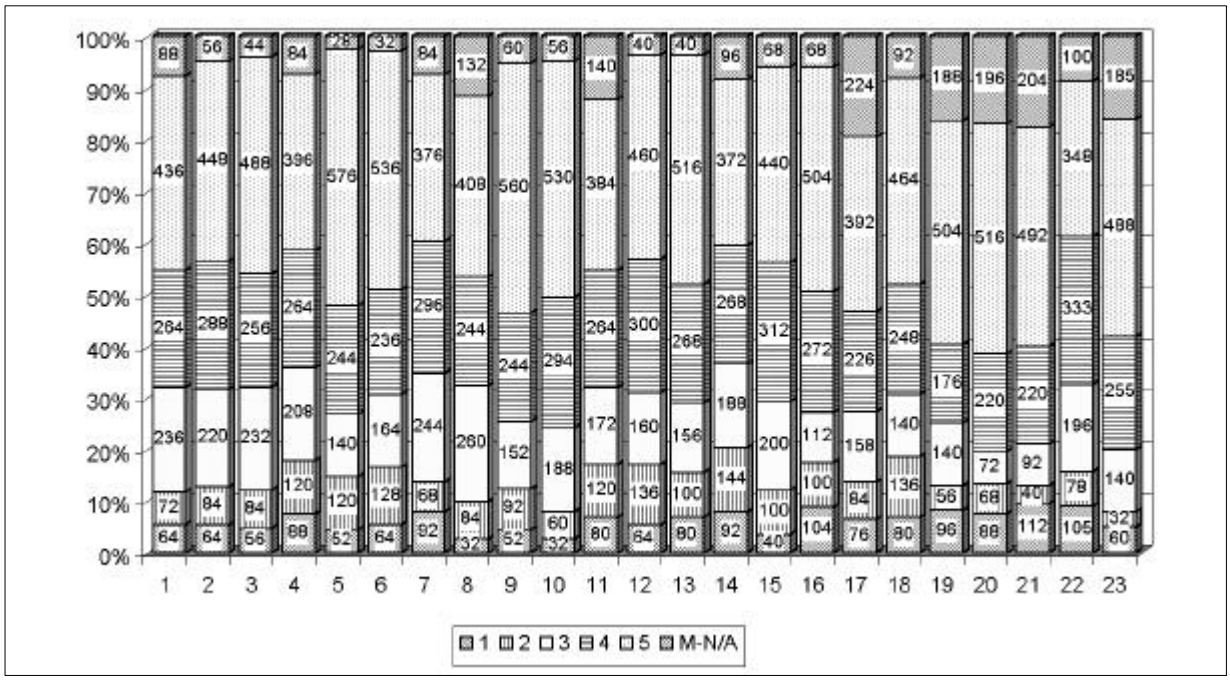

Fig. 1. Item analysis of the different questions. Legend: 1=poor, 2=bad, 3=average, 4=good, 5=excellent, M-N/ A=missing or not applicable. Items: 1=Helping you understand the importance of following his or her advice; 2=Physical examination of you; 3=Thoroughness; 4=Listening to you; 5=Knowing what s/he had done or told you during contacts; 6=Keeping your records and data confidential; 7=Explaining the purpose of tests and treatments; 8=Interest in your personal situation; 9=Making it easy for you tell him or her about your problem; 10=Making you feel you had time during consultation; 11=Offering you services for preventing diseases (e.g. screening, immunizations); 12=Helping you to feel well so that you can perform your normal daily activities; 13=Quick relief of your symptoms; 14=Involving you in decisions about your medical care; 15=Helping you deal with emotional problems related with your health status; 16=Telling you what you wanted to know about your symptoms and/or illness; 17=Getting through to the practice on the telephone; 18=Providing quick services for urgent health problems; 19=Being able to speak to the general practitioner on the telephone; 20=The helpfulness of the staff (other than the doctor); 21=Preparing you for what to expect from the specialist or hospital care; 22=Getting an appointment to suit you; 23=Waiting time in the waiting room.

have not yet fully individualized as Europeans.

When compared to the European countries, Turkey is different starting from primary school, until the end of medical training and residency. Also, a hierarchical organization is observed. From primary to high school, students wear uniforms and enter their classes in an orderly fashion. It is clear that, patients with this educational background will have different feelings and expectations than those having a more individualized education. When we look from the viewpoint of the doctor, we encounter some other explanations for these differences. The incorporation of biopyschosocial philosophy, shared decision making, and quality improvement into the Turkish medical education is still not at the desired level. The medical curriculum has mainly a disease-oriented. A similar situation is present for the family practice residency: the current national residency program does not include education in primary care settings. Patients as well as physicians are used to having a more hierarchical relationship where the doctor plays the role of the wise man, who always knows the best solution. We conclude that the low scores on the clinical behavior dimension are especially related with the curriculum of undergraduate as well as postgraduate medical education.

The main difference between Turkey and most other European countries, with regard to the organizational aspect of health care, is the absence of a competitive environment in Turkey. Primary health care services are given mainly in small health centers (saglik ocagi) under the patronage of the ministry of health. Primary care physicians are paid by a fixed and fairly low salary. Thus, patient satisfaction does not have an effect on their incomes, resulting in less time being reserved for patients. On the other hand, there is no continuity in primary care services, doctors in the same health office change frequently, and patients do not have the right to choose their doctors, which may affect patient expectancies and satisfaction. Although there have been serious efforts to improve the health system in Turkey, there remain neither strict rules nor a predefined format to keep patient records. Most records consist of a few lines written into a policlinic book, accessible to everyone in the clinic. On the other hand, the time constraint during consultations can be attributed to the payment and supervision of the services.

In most primary care practices in Turkey, it is not necessary to have an appointment before the visit. The least satisfied item from the dimension of organization of care seems to be waiting times in the waiting room, among both Turkish and other European patients. These findings suggest the value of using the EUROPEP instrument for benchmarking throughout Europe, which will guide policy makers and health care providers to discover their strengths and weaknesses in their efforts to increase the quality of health services in individual countries.

This study used sampling from different geographic and socio-economic levels, but due to the small number of patients and practices involved, it is not representative of the whole country. Nevertheless, this study can broadly describe the patient-physician relationship in Turkey. More reliable results will be available after entering data from nationwide individual practices and establishing a benchmarking system. Furthermore, our study did not differentiate between solo and group practices, where it can be assumed that the capacity of the clinic has an effect on patient satisfaction.

As a result of this study we concluded that, patient evaluations can help to educate medical staff about both their achievements and failures, thereby contributing to increased responsiveness to their patients' needs. In order to get the best benefit from EUROPEP, national benchmarking should be started, which will enable national and international comparisons.

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