

## Research

### MDS Sponsored Project

# Identifying Sources of Patient Satisfaction and Dissatisfaction with Eye Clinics using the Macular Disease Service Satisfaction Questionnaire (MacSSQ).

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**People diagnosed with macular degeneration (MD) often express dissatisfaction with the care they receive at diagnosis and thereafter. We know that people adjust better to having MD when given adequate support and information and when they are satisfied with their interactions with health professionals.**

In a few eye clinics help desks manned by people with MD are a valuable source of support and information and, in some clinics, Eye Clinic Liaison Officers (ECLOs) play a vital role. Satisfaction and dissatisfaction with services for patients need measuring systematically so that ophthalmologists and other staff are made aware of any shortcomings. Only then can appropriate changes be made to meet patients' needs.

The MacSSQ was recently designed

to investigate MD patients' satisfaction with many aspects of eye clinics and associated services. It was designed with input from seven MD Society local groups: work we have described briefly in the 2006 Digest. The present study aimed to use the MacSSQ to conduct audits of patient satisfaction with services in a number of UK hospitals. We invited hospitals with and without help desks and ECLOs, hospitals which did and did not provide the latest treatments for MD and hospitals with open-plan eye clinics and those with rooms for confidential consultations. Four London hospitals, with open-plan clinics, were invited to take part: three did not respond and one declined.

We have in previous interview work with people with MD heard of considerable distress associated with the lack of privacy at London

hospitals with open-plan designs and it is particularly important for such clinics to take account of patients' feedback. One hospital agreed to take part but after 9 months had not commenced data collection, reporting delays in obtaining permission from their Research and Development department. All eight of the other centres approached accepted our invitation to participate in the study and gave questionnaires to patients:



**Table 1.**  
**Features of participating eye clinics**

Number of participating hospitals	Helpdesk and/or ECLO at clinic	MD treatments available at clinic
2	no	yes
2	helpdesk only	yes
1	ECLO only	yes
2	ECLO only	no
1	no	no

questionnaires, where 79 patients completed the MacSSQ (46 women, 33 men, mean age 80.8 years). Two people were registered blind, 23 were partially sighted and 49 were not registered (no registration data for 5 people). There was no help desk or ECLO at the eye clinic.

At the clinics, consecutive MD patients (new and returning) received a pack containing the MacSSQ, an information letter, consent form and prepaid addressed envelope to return the completed questionnaire to us at Royal Holloway.

We present data from the first hospital to distribute 130

Table 2 shows the percentage of respondents who indicated a lack of satisfaction with those elements of clinic service investigated in section one of the MacSSQ, which was about experiences at diagnosis. It also shows where patients reported that services were not provided. In this clinic,

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nearly half the respondents indicated there were no opportunities to talk with others with MD. Of those who did find opportunities to talk with others with MD, 11% were dissatisfied. Eight percent were dissatisfied with help advice and support and 7% with provision of information and opportunities to ask questions. Twenty nine percent of patients reported receiving no information about the MD Society at diagnosis.

Section 2 of the MacSSQ is for people who have had at least one hospital appointment for their MD. Generally patients were satisfied with

the service at this eye clinic. For three items (privacy, follow-up and experience of vision tests), no dissatisfaction was reported. Items where lack of satisfaction was most often indicated were availability of affordable treatment, time spent waiting in the clinic and low vision aid provision. For all other items fewer than 10% of respondents reported lack of satisfaction. Some people reported being given no information about what to do if there is a sudden deterioration in vision (16%), the likely progress of MD (8%), dietary advice (38%), and advice on protecting eyes (29%).

**Table 2. MacSSQ Section 1: Percentage of responses at Hospital 1 indicating lack of satisfaction and non-provision of aspects of service at diagnosis (only respondents who were diagnosed at this hospital, N = 48)**

**None provided    Not satisfied**

	<b>None provided</b>	<b>Not satisfied</b>
<b>Provision of information</b>	<b>9%</b>	<b>7%</b>
<b>How professional staff were</b>		<b>3%</b>
<b>Opportunities to ask questions</b>	<b>4%</b>	<b>7%</b>
<b>Time taken to diagnose MD</b>		<b>4%</b>
<b>Advice about monitoring MD</b>	<b>19%</b>	<b>4%</b>
<b>Help advice and support</b>	<b>8%</b>	<b>8%</b>
<b>Provision of information about the MD Society</b>	<b>29%</b>	<b>4%</b>
<b>Opportunities to talk with others about MD</b>	<b>48%</b>	<b>11%</b>

These aspects of clinic service were specifically mentioned as causes of dissatisfaction during the development of the MacSSQ. They (and the majority of items in Section 1) are also regarded by the MD Society as important aspects of communication with patients that should be adopted by eye clinics in an effort to enable patients to adjust to living with MD and to play their own part in taking care of their remaining vision. Seventy-four respondents had attended this eye clinic about their MD on at least two occasions and completed the final section of the MacSSQ. Twenty percent were not satisfied with opportunities to talk with others with MD and 12% were not satisfied with their overall experience of help, support and advice. For other items, fewer than 10% reported not being satisfied. Thirty-nine people (52.7%) said they had seen the same doctor at most of their appointments and 34 (45.9%) said they had not. Those who had seen the same doctor were significantly more satisfied with the continuity of care than those who had not.

In conclusion, data from this hospital eye clinic indicated that patients were satisfied with clinic services overall. Some patients added

very positive comments about the kindness and expertise of the staff. Provision of information about the condition and its management appeared to be inconsistent. This is an area where clinic staff might improve their practices to ensure all patients are informed. A report prepared by us for the participating consultant and other staff at the eye clinic has been presented at a clinical governance meeting and our recommendations have been accepted.

The hospital clinics who took part in this audit are to be commended for participating. We will be providing the remaining clinics with individual feedback as well as the overall results so that they can compare their clinic results with those from other clinics. The questionnaire will be made available to any other eye clinic that wishes to undertake such an audit together with guidelines for analysis and presentation of the results.



Dr Mitchell



Professor Bradley