

PATIENT SATISFACTION AT BROOKE

ARMY MEDICAL CENTER

A THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF MASTER OF SCIENCE

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

INSTITUTE OF HEALTH SCIENCES

SCHOOL OF HEALTH CARE SERVICES

HEALTH CARE ADMINISTRATION PROGRAM

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DENTON, TEXAS

MAY 1982

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ACKNOWLEDGMENTS

I wish to express my sincere appreciation to Dr. Barbara J. Cramer and the other committee members for their invaluable assistance in completing this paper. Also, I am extremely grateful to my wife, Charlotte, and my children, Aime, Brady, and Dawn, for their unselfish support which made this work possible and for their endurance of any difficulties that might have resulted due to the pursuance of this degree. I want to especially thank LTC Robert E. Wright for allowing me to gather and evaluate data concerning Brooke Army Medical Center.

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CHAPTER I

INTRODUCTION

Health is a key factor in any person's life and cuts across every social, occupational, and economic line. The problems of health care and treatment are not new. The solutions to these problems have been as varied as the periods of history.

Today, the problems of health care and treatment are accentuated because modern medical progress has increased life expectancy through reduction in infant mortality, discovery and usage of new drugs, and improved surgical techniques. The delivery of high quality health care requires more than mere scientific knowledge and technical competence. It also requires sensitive and intelligent attention to the many human interactions that occur after the patient is admitted to a medical facility. Therefore, patient satisfaction is a factor in the treatment and care of his or her illness. It is on this aspect of health care that this study has focused.

Statement of the Problem

Brooke Army Medical Center serves a large population of active duty officers, enlisted service members, retired military service members and the dependents of all the above. Due to the increasing concern over potential medical malpractice, this study was designed to measure medical and surgical patients' satisfaction with the services and medical care provided at Brooke Army Medical Center. Prior to the investigative portion of this study, the degree of patient satisfaction at Brooke Army Medical Center had not been documented.

Purpose of the Study

The purpose of this study was to determine the medical and surgical patients' perception of the services and medical care provided at Brooke Army Medical Center.

Hypotheses and Subhypotheses

Hypothesis 1

There is no significant difference between the medical patients' and surgical patients' perception of

their "overall" impression with the care and services provided at the Brooke Army Medical Center.

Subhypotheses

1. There is no significant difference between the medical patients' and surgical patients' perception of the courteous and efficient service provided by the employees at the Brooke Army Medical Center

2. There is no significant difference between the medical patients' and surgical patients' perception of the treatment with consideration and respect given by the employees at the Brooke Army Medical Center

3. There is no significant difference between the medical patients' and surgical patients' perception of the respect for privacy and personal dignity given by employees at the Brooke Army Medical Center

4. There is no significant difference between the medical patients' and surgical patients' perception of the patient education provided at the Brooke Army Medical Center

5. There is no significant difference between the medical patients' and surgical patients' perception of the food service provided at the Brooke Army Medical Center

6. There is no significant difference between the medical patients' and surgical patients' perception of the housekeeping services provided at the Brooke Army Medical Center

7. There is no significant difference between the medical patients' and surgical patients' perception of the administrative services provided at the Brooke Army Medical Center

Hypothesis 2

There is no significant difference between the medical patients' and surgical patients' perception of his satisfaction with the services and medical care provided at Beach Pavilion and Main Hospital.

Subhypotheses

1. There is no significant difference between the medical patients' and surgical patients' perception of the

courteous and efficient service provided by the employees at Beach Pavilion and Main Hospital

2. There is no significant difference between the medical patients' and surgical patients' perception of the treatment with consideration and respect given by the employees at Beach Pavilion and Main Hospital

3. There is no significant difference between the medical patients' and surgical patients' perception of the respect for privacy and personal dignity given by employees at Beach Pavilion and Main Hospital

4. There is no significant difference between the medical patients' and surgical patients' perception of the patient education provided at Beach Pavilion and Main Hospital

5. There is no significant difference between the medical patients' and surgical patients' perception of the food service provided at Beach Pavilion and Main Hospital

6. There is no significant difference between the medical patients' and surgical patients' perception of the housekeeping services provided at Beach Pavilion and Main Hospital

7. There is no significant difference between the medical patients' and surgical patients' perception of the administrative services provided at Beach Pavilion and Main Hospital

Hypothesis 3

There is no significant difference between the medical patients' perception of his satisfaction with the services and medical care provided at Beach Pavilion and Main Hospital

Subhypotheses

1. There is no significant difference between the medical patients' perception of the courteous and efficient service provided by the employees at Beach Pavilion and Main Hospital

2. There is no significant difference between the medical patients' perception of the treatment with consideration and respect given by the employees at Beach Pavilion and Main Hospital

3. There is no significant difference between the medical patients' perception of the respect for privacy

and personal dignity given by employees at Beach Pavilion and Main Hospital

4. There is no significant difference between the medical patients' perception of the patient education provided at Beach Pavilion and Main Hospital

5. There is no significant difference between the medical patients' perception of the food service provided at Beach Pavilion and Main Hospital

6. There is no significant difference between the medical patients' perception of the housekeeping services provided at Beach Pavilion and Main Hospital

7. There is no significant difference between the medical patients' perception of the administrative services provided at Beach Pavilion and Main Hospital

Hypothesis 4

There is no significant difference between the surgical patients' perception of his satisfaction with the services and medical care provided at Beach Pavilion and Main Hospital

Subhypotheses

1. There is no significant difference between the surgical patients' perception of the courteous and efficient service provided by the employees at Beach Pavilion and Main Hospital
2. There is no significant difference between the surgical patients' perception of the treatment with consideration and respect given by the employees at Beach Pavilion and Main Hospital
3. There is no significant difference between the surgical patients' perception of the respect for privacy and personal dignity given by employees at Beach Pavilion and Main Hospital
4. There is no significant difference between the surgical patients' perception of the patient education provided at Beach Pavilion and Main Hospital
5. There is no significant difference between the surgical patients' perception of the food service provided at Beach Pavilion and Main Hospital

6. There is no significant difference between the surgical patients' perception of the housekeeping services provided at Beach Pavilion and Main Hospital

7. There is no significant difference between the total surgical patients' perception of the administrative services provided at Beach Pavilion and Main Hospital

Significance of the Study

There was a need to evaluate patient satisfaction. It was hoped that such assessment would provide a basis to improve patient care and help make the patient "happier" with the health care provided. Patient satisfaction information also will be used to determine if an inservice education program on "Patient Satisfaction" is needed for the professional and nonprofessional employees of this health facility.

Definitions

For the purpose of this study the following definitions were used.

Administrative services--the conduct of the business or management affairs of the hospital.

Courteous service--polite and considerate assistance provided to the patient.

Efficient service--producing the desired effect or result with a minimum of effort, expense, or waste.¹

Food services--the act or manner of serving food, as well as the quality of the service.

Health--a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.²

Housekeeping services--services used in keeping the premises, equipment, and facilities clean and orderly at all times.

Patient education--instruction given to the person receiving care or treatment.

¹Webster's New World Dictionary of the American Language (New York: The World Publishing Co., 1953).

²James C. Coleman and William E. Broen, Jr., Abnormal Psychology and Modern Life, 4th ed. (Glenview, Ill.: Scott, Foresman, 1972), p. 16.

Perception--an evaluative response which a subject makes or indirectly indicates his readiness to make.¹

Satisfaction--the patient's happiness arising from a conscious condition of well-being connected with the gratification of (i.e., the attainment of) the treatment that a person receives.²

Inpatients--hospital patients who receive food and lodging as well as treatment.

Medical treatment facility--an institution providing medical care and other ancillary services for sick or injured persons.

Overall impression of the services and medical care received--the patient's general feelings toward the care he received by the medical professionals and nonprofessionals in the medical facility.

Treatment with consideration of respect and personal dignity--to show a thoughtful or sympathetic

¹Burton G. Andreas, Experimental Psychology, 2d ed. (New York: John Wiley & Sons, 1972), p. 542.

²Dictionary of Philosophy and Psychology, vol. II, new ed., s.v., "Baldwin, James," by Peter Smith.

attitude and to consider worthy of esteem and the quality or state of being worthy.¹

Limitations

When research is undertaken, certain limitations may come to the forefront. The limitations of this study are enumerated below:

1. Only Brooke Army Medical Center patients were used; thus the findings cannot be generalized to other military hospitals
2. The psychiatric patients, obstetrical/gynecological patients, and pediatric patients were excluded from the study
3. Patients being seen by physicians, nurses, or family at the time the Inpatient Opinion Questionnaire was administered were excluded from the study
4. The validity and reliability of the Inpatient Opinion Questionnaire had not been determined

¹Webster's New World Dictionary of the American Language (New York: The World Publishing Co., 1953).

Assumptions

The following assumptions were postulated for this study:

1. Inpatients would be willing to participate in the study
2. Inpatients answered the questionnaire honestly and as accurately as possible
3. The patient's assistance officer administered the questionnaire in the same manner to all patients

CHAPTER II

SELECTED REVIEW OF THE LITERATURE

Patient Satisfaction

A survey of the literature revealed that many studies document the existence of widespread patient unhappiness with both civilian and military health care. Patients frequently describe their experience with health care as confusing, frustrating, and humiliating. They cite staff rudeness, lack of concern, the receipt of misinformation, and confusing policies and procedures as primary causes for their unhappiness.¹ Patient dissatisfaction with military health care is not a simple problem, but attention to the social and psychological needs of patients can go a long way toward the solution of the problem.

¹Ambulatory Patient Care Model Number 6, United States Army Health Services Command, July 1977, p. 1.

Jacobs examined the question: "Does the Nurse Practitioner involve the patient in his care?"¹ She found that any professional, regardless of discipline, should be competent to perform health care tasks while considering the patient's biological, psychological, and social conditions.

As opposed to relying on the medical model of disease oriented services, nurse practitioners operate from a patient-centered model.² In this view, the nurse practitioners' assessment skills were expanded to include some sophisticated data-collection procedures which had been performed by physicians.

In the past, the diagnosis and treatment of disease had been considered to be the responsibility of the physician, while the care, understanding, rehabilitation, and health maintenance of the patient had been identified as the responsibility of the nurse. The majority of the

¹Kathy D. Jacobs, "Does the Nurse Practitioner Involve the Patient in His Care?" Nursing Outlook 28, no. 8 (August 1980): 501.

²Ibid.

research evaluated the ability for nurse practitioners to deliver some traditional medical services safely and effectively, and to be accepted by the patients. In fact, Aiken, a nurse sociologist, found that

the issue is not so much whether nurses can provide care for patients with common problems but whether the allocation of time to those functions is appropriate and beneficial. . . . Part of the difficulty in settling the issue . . . is that nurses have not sufficiently documented the content of nursing care in ambulatory settings and the relationship between nursing care and patients' needs. . . . Much of primary care is offering reassurance, providing information, and facilitating the development of coping skills. Primary emphasis should be placed on helping people assume more responsibility for their own health. The ways to do this are not nearly so well documented as the procedures for diagnosing an infection.¹

From a patient's viewpoint, evidence exists to show that patients hold certain perceptions about their illnesses and that these perceptions can affect the outcome of care. Extensive cross-cultural comparisons of illness behavior have found the importance of eliciting the patient's perspective of his illness situation to the outcome of his care. One author summarizes it as follows:

¹L. H. Aiken, "Primary Care: The Challenges for Nursing," American Journal of Nursing 77 (November 1977): 1828.

One of the new and most challenging problems for researchers of the health and social services is to accurately describe and explain man's health and illness behavior from the patient's viewpoint. . . . It challenges us to understand more fully how the patient knows and understands his illness, how he desires to be helped, and the ways health personnel can help him. Most important, it provides an accurate baseline from which to know and help the patient. . . . It is long overdue that we give systematic attention to the patient's personal and cultural views regarding health and illness if we are genuinely interested in providing effective health services to patients.¹

In conclusion, this study found in regards to patient satisfaction that nurse practitioners' patients scored significantly higher than the physicians' patients in the areas of interest and concern shown by the provider. Also, nurse practitioners' patients scored significantly higher than physicians' patients in their perception of how well the provider understood the patients' problems.²

Kalisch presented a most interesting study on an overview of the nursing program within the military

¹Madeline Leininger, ed., Transcultural Nursing Concepts (New York: John Wiley and Sons, 1978), p. 31.

²Jacobs, "Does the Nurse Practitioner Involve the Patient in His Care?" p. 504.

services.¹ The U.S. Department of Defense is charged with maintaining and employing armed forces to support and defend the Constitution of the United States against all enemies, foreign and domestic, and with insuring by timely and effective military action the security of the nation as well as areas vital to its interests.²

The function of armed forces medical departments is therefore to conserve military strength by preventing avoidable loss in military personnel. In fact, the history of warfare has revealed that victory in a war often goes to the force which has the least disease; loses the least effectiveness from heat, cold, and fatigue; and sustains the fewest casualties.

When the surgeon general of the Navy strongly recommended the establishment of a Woman's Nurse Corps, he made the following interesting comments:

¹Philip A. Kalisch, "Weavers of Scientific Patient Care: Development of Nursing Research in the U.S. Armed Forces," Nursing Research 26, no. 4 (July-August 1977): 253.

²Ibid.

That women are the superior of men for the work of nursing, there can be no question, and the objection that they are not compatible with military conditions can be scarcely applied to institutions of the character of our large military hospitals. Civil hospitals in every country employ women to do the nursing, and for no other reason than that they fill the position of nurse better than men. . . . It is believed that just as good results can be obtained from the use of women nurses in naval hospitals as in civil. . . . It can be stated with assurance that if the patients were given their choice of a nurse they would select women in the large majority of cases.¹

In fact, the Army Nurse Corps helped develop a classification for defining the nursing needs of patients, such as physical restriction, instructional needs, and emotional needs. After medical protocols were designed for each patient based on the above factors, the patient's needs were then translated in terms of nursing workload.

The mission of the armed forces can be simply stated as "combat readiness." Thus, the role of military nursing care includes the adaptation of men to hostile environments and preservation of human life and health in the face of death and destruction. In conclusion, it was

¹1903 Annual Report to Secretary of the Navy, 1903, p. 3.

found that military nursing is essential to the scientific foundations of nursing care in the armed forces and also has wide applicability to civilian patient care.

Kupst, Schulman, and Dowding evaluated attitudes toward patient care and work satisfaction. They found that one of the most promising evaluation techniques is the survey feedback method which provides data on problem areas and promotes communication throughout the hospital system.¹

Kupst et al. sent a questionnaire through inter-office mail to 1,400 full-time personnel from all departments and all shifts. It was composed of two scales: the Hospital Personnel Scale and the Patient Care Scale.

In this same study, a random sample of 150 parents whose children were hospitalized during the time of the study were selected to complete the questionnaire. This was approximately one-sixth of the total population. The length of stay varied, as did the diagnosis of the

¹Mary J. Kupst, Jerome L. Schulman, and James Dowding, "Evaluation: 'Attitudes Toward Patient Care and Work Satisfaction,'" Hospital and Health Services Administration 24, no. 1 (Winter 1979): 78.

patient. Parents were told that the hospital was interested in improving patient care and wanted their opinions about the care their child was receiving. They were asked for their consent to participate, and were told that their anonymity would be guaranteed unless they wished to be identified to communicate their concern to the hospital staff. In general, it was found that parents tended to report satisfaction in all areas. In fact, 91 percent were satisfied with the overall care their child received.

Another goal of the study was the specification of problem areas. The research team found a new cohesiveness developed and that staff worked together to improve the hospital and individual departments. The results of this study also indicated that the survey feedback approach can be used in a hospital as a problem solving mechanism and is a means to improve communication among staff, parents, and hospital administrators.

Hurder et al. conducted a study on a conceptual model of service in the hope that it would stimulate

progress in the development and evaluation of services.¹ The model proposal was based on the broad assumption that the processes and outcomes of the service delivery are an identifiable segment of, and can be evaluated separately from, the processes and outcomes of service itself. Two criteria were proposed to measure whether delivery had been made available and acceptable. The criteria of service delivery are "access" and "disposition."² Access refers to the probability that the potential service is accepted. Disposition refers to the probability that the potential service is acceptable to the customer. Rosenhan provides an excellent example of these two criteria.³ In a controversial study of mental hospital patients, he reported that a large number of the residents who were receiving drugs as part of their therapy were actually

¹W. P. Hurder, John H. Kewko, and Alex J. Hurder, "Improving the Evaluation of Human Services by Separating the Delivery of Service from Service," Community Mental Health Journal 14, no. 4 (1978): 279.

²W. P. Hurder, Kewko, and A. J. Hurder, "Improving the Evaluation of Human Services," p. 287.

³D. L. Rosenhan, "On Being Sane in Insane Places," Science 179 (1973): 250.

throwing away their pills. The criterion of access had been met, but not that of disposition. It was found that this model can help to establish a common base that may serve as a vehicle for communication, investigation, and evaluation across the area of human services.

A study by Graff found that one of the best ways of finding out whether you are doing a good job is to ask people.¹ Graff found that in the health care field, as in other fields involving people, the pleasure principle appears to be a dominant issue. He found eight distinguishable dimensions of satisfaction that other analysts have studied. This taxonomy of patient satisfaction has eight dimensions: (1) art of care, (2) technical quality of care, (3) accessibility/convenience of care, (4) financing of care, (5) physical environment in which care is provided, (6) availability of care, (7) continuity of

¹Louis Graff, "On Patient Satisfaction, Marketing, Research, and Other Useful Things," Hospitals 53, no. 2 (January 1979): 59.

care, and (8) outcomes of care.¹ It was found that patients tended to be more satisfied when:

1. Providers gave more information
2. Providers themselves were happier and showed more personal interest
3. They saw the same physician for the same problem
4. They had health insurance and were not on medicare

Finally, this study indicated that there was some evidence of the usefulness of the satisfaction concept in predicting what people will do.

Mangelsdorff conducted a study on patient satisfaction.² A Patient Satisfaction Questionnaire was developed using factor analytic techniques. Patient satisfaction had been identified as one criterion for the measurement of quality of care. The primary objective of this study was to develop a patient satisfaction

¹Graff, "On Patient Satisfaction," p. 59.

²David A. Mangelsdorff, "Patient Satisfaction Questionnaire," Medical Care 27, no. 1 (January 1979): 86.

questionnaire with acceptable reliability and validity characteristics.

The population consisted of approximately 65,000 active duty and retired military personnel and their dependents. The survey instrument was developed to determine patient attitudes toward health care provided to them at clinics of a military hospital. Mangelsdorff found that 84 percent of the patients were satisfied with the quality of military health care provided. He found that patients tended to be more satisfied than dissatisfied with health care provided.

Impact of Patient Dissatisfaction

The impact of dissatisfaction can be seen in three ways.¹ First, unhappy patients often do not make full utilization of health care opportunities by not following medical directions and advice, by not keeping their appointments, and by avoiding early contact with the medical facility. Second, complaining, unhappy patients tend to elicit negative responses from staff, resulting in a

¹Ambulatory Patient Care Model Number 6, p. 2.

vicious cycle of unhappiness, to say nothing of official complaints. Third, the result of this chain of events is wasted medical responses and reduction in the benefit of medical treatment to the patient, as well as reduced job satisfaction for hospital personnel.

Factors Contributing to Patient Dissatisfaction

The Patient

The patient arrives at the hospital with more than his physical illness. He brings with him a feeling of stress produced by his illness and a concern over what will happen to him in the course of his visit to the hospital.¹ People experiencing stress tend to react differently than they normally would to the small frustrations of everyday life. Even well-adjusted, normally happy people are harder to get along with when they are ill and "difficult" people become more "difficult." It is therefore the duty of medical personnel to recognize the special needs of the patient and to respond to his needs with

¹Ambulatory Patient Care Model Number 6, p. 2.

extra patience and courtesy. In order to deal effectively with patient dissatisfaction with medical care, we must first understand the patient as a unique human being. He may be reacting not only to the care he receives but also to his own physical discomfort and the total environment.

The Staff

Most medical treatment facilities are extremely busy places of work.¹ There are demands upon the professional, administrative, and clerical staff, which distract them from attending to the psychological needs of the patient. Hospital personnel are human and are subject to stresses and strains of life which interfere with their ability to think of the patient first and to react accordingly. If people recognize what is behind their own behavior, they are frequently able to "take out their frustrations" in ways other than "on the patient."

¹Ambulatory Patient Care Model Number 6, p. 3.

The Environment

Environmental factors in the hospital can have a significant influence on how a patient views his care and how the staff views its work.¹ No one likes to be kept waiting. When one is ill or upset, or tending a sick child, waiting is even more difficult. However, in most hospitals, waiting is unavoidable. To help the patient make the best of an undesirable situation, a comfortable waiting area is of utmost importance. Studies of the relationship between human behavior and the physical environment show a definite relationship between an individual's state of mind and the relative pleasantness or unpleasantness of his surroundings. Some factors are easily correctable by a little thought and ingenuity, while others require a substantial expenditure of money and administrative time. Many of the environmental problems in military hospitals arise from lack of adequate space or old and outdated facilities for problems that

¹Ambulatory Patient Care Model Number 6, p. 4.

could be solved if a little imagination and energy in improving work areas were used.

Summary of the Chapter

Patient satisfaction is one criterion for the measurement of quality of care. Total treatment of the patient goes beyond the diagnosis and treatment of disease, to include the patient's biological, psychological, and social conditions.

Nurse practitioners are playing a major role in the performance of health care tasks, while employing a patient-centered model. They offer reassurance, provide information, and facilitate coping skills which encourage patients to assume more responsibility for their own health. The patients of nurse practitioners, when interviewed, scored significantly higher than physicians' patients in the areas of interest and concern shown by the provider and in the patients' perception of how well the provider understood the patients' problems.

Patient dissatisfaction points to the need for health care providers to recognize the special needs of

the patient and to respond to his needs with extra patience and courtesy. The impact of dissatisfaction is a vicious cycle of unhappiness and complaints which wastes medical responses and reduces the benefits of medical treatment to the patient, as well as reduces job satisfaction for hospital personnel.

The function of armed forces medical departments is to conserve military strength by preventing loss in military personnel due to disease or casualties. Since military nursing is essential to the scientific foundations of nursing care in the armed forces, the survey feedback method is valuable in providing data on problem areas. It is also a means by which to improve communication among staff, patients, and hospital administrators. Communication plays the most significant role in identifying problems, evaluating staff performance, and improving health care services.

The hospital environment can also have a significant influence on how a patient views his care and the staff views its works. Many of the environmental problems

in military hospitals could be corrected without a substantial expenditure of money and administration time.

CHAPTER III

METHODOLOGY

Setting

Brooke Army Medical Center (BAMC)

The history of Brooke Army Medical Center (BAMC) began soon after the completion of the famous quadrangle, present headquarters of the Fifth United States Army, when a temporary building was erected in 1881 for use as a hospital. In 1882 the building was designated Post Hospital, Fort Sam Houston, Texas. In 1885, the temporary structure was replaced by a permanent building which is still standing and is used today as a bachelor officers' quarters.

Colonel Henry D. Snyder served as first commanding officer of the hospital from 1904 to 1907. Previous commanders of such hospitals were referred to as Post Surgeons.

In 1908, the "old hospital" on Artillery Post, with a capacity of 84 beds, was completed and at the time was considered the finest in the state. In 1910, west

wings were added--increasing the bed capacity to 152. In 1915, the hospital was designated Base Hospital Number 1. In 1916, during the border trouble, construction was begun on 50 temporary ward buildings, and when these were completed the bed capacity of the hospital increased to 1,000. In 1920, the hospital's name was changed to Station Hospital Fort Sam Houston, Texas.

Between 1921 and 1926, a great need for a larger permanent type hospital was felt but it was not until 1933 that the War Department approved the building of a new hospital and definite plans were formulated. The money was finally appropriated for the new hospital on 17 October 1934.

Excavation work on the new hospital was begun in April 1935 and the cornerstone was placed in July 1936 by Major General Charles R. Reynolds, the Army Surgeon General. Late in November 1937, the Army accepted the hospital from the contractors and the first patients were moved into the new building on 8 February 1938.

On 2 September 1942, the War Department designated the Station Hospital Brooke General Hospital. The

hospital was so named in honor of Brigadier General Roger Brooke in recognition of the outstanding manner in which he had identified himself with community interests when he was in command of the "old" Station Hospital. The hospital played an important role in caring for the sick and wounded during World War II, expanding through the annexing of a number of permanent and temporary buildings.

Brooke Army Medical Center is currently operating 692 beds in four separate buildings: the Main Hospital--229 beds, Beach Pavilion--372 beds, Chambers Pavilion--73 beds, and Medical Hold--18 beds. Full diagnostic and therapeutic services are provided on an inpatient and outpatient basis in all fields of medicine, surgery, and neuropsychiatry. Most of the subspecialties of dentistry, as well as nursing, and dietetic services to authorized personnel are provided. The Medical Center is fully accredited by the Joint Commission on Accreditation of Hospitals. Brooke Army Medical Center (BAMC) conducts intern and residency training for Medical Service Corps officers, and intern training for enlisted medical specialists. Finally, BAMC also accomplishes research and

other designated teaching projects. Permission to conduct this study at BAMC was granted (see appendix A).

TABLE 1
BREAKDOWN OF PATIENTS SELECTED

	Medical Patients	Surgical Patients
Beach	48	73
Main	26	26
Total	74	99

Population and Sample

The patients at Brooke Army Medical Center composed the population (see table 1 above). The convenient sample consisted of medical and surgical inpatients available at the time the Patient Assistance Officer administered the questionnaire on Medical Ward 14B and Surgical Wards 12A, 12B, and 13A from Main Hospital and Medical Wards 43B, 43G, 43H, and 43N&S, and Surgical Wards 42B, 42E, 42H, 42S, 43C, and 43D from Beach Pavilion. These patients were classified as Active, Retired, and

Dependents of Active and Retired. The sample selected for this study consisted of 171 patients broken down into the following categories and locations (see table 2).

TABLE 2
BREAKDOWN OF WARDS SELECTED

Medical		Surgical	
Main	14B	Main	12A
			12B
			13A
Beach	43B	Beach	42B
	43G		42E
	43H		42H
	43N&S		42S
			43C
			43D

Instrument

The survey instrument used was a military personnel prepared "Inpatient Opinion Questionnaire" (see appendix B). The questionnaire consisted of a rating format scale similar to the Likert-type scales. The instrument was designed to measure the degree of patient satisfaction with the medical, surgical, and other ancillary services provided by BAMC. The questionnaire included both questions and statements designed to determine the patient's perception of (1) courteous and efficient service, (2) treatment with consideration and respect during hospital stay, (3) respect for privacy and personal dignity, (4) patient education, (5) food services, (6) housekeeping services, (7) administrative services, and (8) overall impression of the services and medical care received.

Questions or statements from the survey instrument corresponded to each of the following hypotheses and subhypotheses:

Hypothesis 1 corresponded with question 7 of the questionnaire

Subhypothesis 1 corresponded with questions 1a through 1h of the questionnaire

Subhypothesis 2 corresponded with question 2a of the questionnaire

Subhypothesis 3 corresponded with question 2b of the questionnaire

Subhypothesis 4 corresponded with questions 3a and 3d of the questionnaire

Subhypothesis 5 corresponded with questions 4a through 4c of the questionnaire

Subhypothesis 6 corresponded with questions 5a through 5b of the questionnaire

Subhypothesis 7 corresponded with question 6 of the questionnaire (see appendix B)

Collection and Compilation of the Data

The survey questionnaire is routinely administered periodically by the United States Army to hospitalized patients at BAMC. This study was ex post facto, and data were collected during the month of September 1979 from available patients at Main Hospital and Beach Pavilion.

The survey questionnaire was administered by the patient assistance officer. The confidentiality of the information was maintained according to BAMC regulations. The questionnaire was administered by the U.S. Army personnel to meet their needs; this investigator was using secondary data from their files; therefore, the TWU Human Research Review Committee did not need to be consulted.

For the purpose of this study, no individual data were used. The data were collected and grouped according to (1) medical services versus surgical services, and (2) Beach Pavilion versus Main Hospital.

The score values for the questionnaire were arbitrarily assigned numbers similar to the Likert scale as follows:

Excellent	4
Good	3
Fair	2
Poor	1

It was assumed that responses of either "good" or "excellent" were indicative of patient satisfaction rendered at Brooke Army Medical Center as shown on the

questionnaire. Analyses of data were completed in the following areas: Beach surgery versus Main surgery, Beach medicine versus Main medicine, surgery versus medicine, total Beach versus total Main, and a combination of questions if there appeared to be a significant difference.

Analysis of the Data

Analysis of the data were conducted in the following manner. First, the data were analyzed using "excellent" responses alone. Next, data were analyzed by combining the responses of "excellent" and "good." The following findings were determined after analysis of variance technique on the proportions were performed by parametric and nonparametric methods. Data answered by individual question or statement appear in appendix C. These questions or statements were further collapsed into tables 5 and 6.

The data were analyzed by the use of descriptive statistics. In order to test the hypotheses and sub-hypotheses, a z score was calculated for all items on the

questionnaire. The level of significance for this study was $p \leq .05$.

The frequency of the yes no data groups was reported. Data that were inaccurately counted were omitted from the study. The wards deleted from the study by the questions were:

Question 1c	Ward 43H,
Question 1g	Ward 43H,
Question 1h	Ward 43H,
Question 3a	Ward 14B, and
Question 4a	Ward 43C.

CHAPTER IV

FINDINGS

The patients' responses were recorded by question following the format of the "Inpatient Opinion Questionnaire" which was prepared and utilized by the military personnel at Brooke Army Medical Center. Frequency tables were compiled presenting data for each question and its subcomponents. These collapsed frequency tables (9 and 10) appear in appendix C. These frequencies are by hospital (Main and Beach) with their respective surgical and medical wards. These frequencies were collapsed to provide the data in an acceptable form to put into the computer to answer the research hypotheses or subhypotheses.

A summary of the frequencies and percentages of the patients' responses indicating "excellent" by question or subcomponent is found in table 3. The percentage of Beach surgical patients' "excellent" rating for the items on the questionnaire ranged from a low of 29 percent

TABLE 3
QUESTIONNAIRE RESULTS BY PERCENTAGE OF EACH GROUP INDICATING
"EXCELLENT" RESPONSES TO ITEMS OF PATIENT SATISFACTION

Ques- tion #	B e a c h		M a i n	
	Surgical		Surgical	
	N	Percent- age	N	Percent- age
1a	66	49	26	62
1b	68	54	24	63
1c	73	63	26	89
1d	71	63	25	88
1e	67	58	23	65
1f	67	51	25	64
1g	69	36	23	61
1h	69	41	25	48
2a	69	87	26	92
2b	67	82	26	92
3a	69	35	25	48
3b	70	44	26	65
3c	70	47	25	76
			25	52
			26	54
			26	89
			26	73
			26	73
			25	56
			25	52
			25	60
			23	96
			22	91
			--	--
			27	44
			26	54

TABLE 3--Continued

Question #	Beach		Main	
	Surgical	Medical	Surgical	Medical
	N	Percent-age	N	Percent-age
3d	54	35	15	67
4a	47	29	25	40
4b	72	28	24	29
4c	50	40	17	47
5a	71	42	26	35
5b	63	30	24	33
6	37	35	12	67
7	65	48	24	79

---Deleted from study since inaccurately counted.

(tastiness and variety of the food served) to a high of 87 percent (treated with consideration and respect).

Twenty-nine percent of the time, the Main surgical patients indicated "excellent" (to the temperature of the foods served). A high of 92 percent for two items on the questionnaire (courteous and efficient service by house-keeping personnel [1h] and treated with consideration and respect [2a] was obtained.

The Beach medical patients' ranged from a low of 21 percent (tastiness and variety of the food served and temperature of the food served) to a high of 96 percent on (treated with consideration and respect). The Main medical patients "excellent" responses ranged from 30 percent on two items (tastiness and variety of the food served and the temperature of the food served) to 96 percent (treated with consideration and respect).

Table 4 indicates that the majority (over 50 percent) of the surgical and medical patients in Main and Beach were satisfied ("excellent" and "good" ratings combined) with all services as measured by the questionnaire.

TABLE 4
 QUESTIONNAIRE RESULTS BY PERCENTAGE OF EACH GROUP INDICATING "GOOD"
 AND "EXCELLENT" RESPONSES TO ITEMS OF PATIENT SATISFACTION

Ques- tion #	B e a c h		M a i n	
	Surgical	Medical	Surgical	Medical
	N Percent- age	N Percent- age	N Percent- age	N Percent- age
1a	66 82	38 92	26 85	25 88
1b	68 90	45 93	24 96	26 77
1c	73 86	33 88	26 96	26 96
1d	71 89	45 96	25 100	26 96
1e	67 90	46 94	23 96	26 96
1f	67 79	45 78	25 96	25 88
1g	69 75	32 75	23 96	25 76
1h	69 80	34 77	25 84	25 96
2a	69 87	44 96	26 92	23 96
2b	67 82	45 91	26 92	22 91
3a	69 75	45 87	25 76	-- --
3b	70 80	48 83	26 89	27 85
3c	70 79	47 79	25 96	26 89

TABLE 4--Continued

Ques- tion #	B e a c h			M a i n		
	Surgical		Medical	Surgical		Medical
	N	Percent- age	N Percent- age	N	Percent- age	N Percent- age
3d	54	74	34 88	15	80	24 92
4a	49	74	48 63	25	76	26 85
4b	72	56	48 52	24	63	26 77
4c	50	80	38 82	17	82	26 85
5a	71	80	48 73	26	81	26 85
5b	63	56	47 51	24	54	23 83
6	37	62	23 74	12	92	16 88
7	65	83	45 91	24	92	26 92

--Deleted from study since not accurately counted.

Tables 5 and 6 indicate responses of the patients when the surgical and medical components of the sample were collapsed. These tables indicate that the majority of all the surgical patients and medical patients were satisfied with all the services measured. The data from these tables and the previous two tables (3 and 4) were utilized to determine if the hypotheses and subhypotheses were accepted or rejected.

The following questions or their subcomponents were significant at the .05 level. A significant difference was found for the "excellent" responses for the following questions:

- 1a. Courteous and efficient service by admitting office personnel
- 1c. Courteous and efficient service by nursing personnel
- 1d. Courteous and efficient service by physician(s)
- 1g. Courteous and efficient service by food service personnel

COLLAPSING OF STATISTICAL ANALYSIS DATA OF "EXCELLENT" RESPONSES
BY SURGICAL VERSUS MEDICAL AND BEACH VERSUS MAIN

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TABLE 5--Continued

Ques- tion #	B e a c h a n d M a i n		B e a c h		M a i n	
	S u r g i c a l		M e d i c a l		T o t a l	
	N	Percent- age	N	Percent- age	N	Percent- age
3d	69	42	58	43	39	51
4a	74	32	74	24	51	35
4b	96	28	74	24	50	30
4c	67	42	64	42	43	40
5a	97	40	74	42	52	39
5b	87	31	70	24	47	32
6	49	43	39	41	28	54
7	89	56	71	55	50	64

--Deleted from studys since not accurately counted.

TABLE 6

COLLAPSING OF STATISTICAL ANALYSIS DATA OF "EXCELLENT" AND "GOOD"
RESPONSES FOR SURGICAL VERSUS MEDICAL AND BEACH VERSUS MAIN

Ques- tion #	B e a c h a n d M a i n		B e a c h		M a i n	
	Surgical		Medical		Total	
	N	Percent- age	N	Percent- age	N	Percent- age
1a	92	83	63	91	104	86
1b	92	91	71	87	113	86
1c	99	89	59	92	106	96
1d	96	92	71	96	116	98
1e	90	91	72	94	113	96
1f	92	84	70	81	112	92
1g	92	80	57	75	101	85
1h	94	81	59	85	103	90
2a	95	88	67	96	113	94
2b	93	85	67	91	112	92
3a	--	--	--	--	114	76
3b	96	82	75	84	118	87
3c	95	83	73	82	117	92

TABLE 6--Continued

Ques- tion #	B e a c h a n d M a i n			B e a c h		M a i n	
	Surgical		Medical	Total		Total	
	N	Percent- age	N	Percent- age	N	Percent- age	
3d	69	75	58	90	88	39	87
4a	74	74	74	76	97	51	80
4b	96	57	74	61	120	50	70
4c	67	81	64	83	88	43	84
5a	97	80	74	77	119	52	83
5b	87	55	70	61	110	47	68
6	49	69	39	80	60	28	89
7	89	85	71	92	110	50	92

--Deleted from study since not accurately counted.

- 1h. Courteous and efficient service by housekeeping personnel
- 3b. Explanation of tests and procedures performed
- 3c. Explanation of your illness and explanation of treatment provided
- 3d. Explanation of instructions for home care
- 4a. Tastiness and variety of the food served
- 6. The procedures for discharge from the hospital (speed, courtesy, personnel, etc.)
- 7. What is your overall impression of the services and medical care you received.

A significant difference was found for the combined responses of "excellent" and "good" in the following questions:

- 1a. Courteous and efficient service by admitting office personnel
- 1c. Courteous and efficient service by nursing personnel
- 1d. Courteous and efficient service by physician(s)

- 1f. Courteous and efficient service by x-ray personnel
- 1g. Courteous and efficient service by food service personnel
- 1h. Courteous and efficient service by housekeeping personnel
- 3c. Explanation of your illness and explanation of treatment provided
- 4a. Tastiness and variety of the food served
- 4b. The temperature of the food (hot foods served hot, cold foods served cold)
- 5b. Adequacy and cleanliness of the bathroom facilities
- 6. The procedures for discharge from the hospital (speed, courtesy, personnel, etc.)

Each of the above significant findings were interpreted in relationship to the appropriate hypotheses or subhypotheses in table 7.

Based upon the findings summarized in table 7, the hypotheses and subhypotheses were accepted or rejected (see table 8).

TABLE 7
ITEM ANALYSIS OF SIGNIFICANT DIFFERENCES

Question	Hypotheses or Subhypotheses	Variable	Level of Significance	
			Excellent	Excellent/Good
1b	Subhypothesis 1 of Hypothesis 3	Beach Medical versus Main Medical	.470	.022*
1b		Beach Surgical, Beach Medical Main Surgical versus Main Medical	.455	.009*
1c	Subhypothesis 1 of Hypothesis 3	Beach Medical versus Main Medical	.012*	.232
1c	Subhypothesis 1 of Hypothesis 4	Beach Surgical versus Main Surgical	.007*	.165
1d	Subhypothesis 1 of Hypothesis 4	Beach Surgical versus Main Surgical	.009*	.029*
1d		Beach Surgical, Beach Medical Main Medical versus Main Surgery	.020*	.132

TABLE 7--Continued

Question	Hypotheses or Subhypotheses	Variable	Level of Significance	
			Excel- lent	Excel- lent/ Good
1d	Subhypothesis 1 of Hypothesis 2	Total Beach versus Total Main	.025*	.162
1f	Subhypothesis 1 of Hypothesis 2	Total Beach versus Total Main	.079	.025*
1g	Subhypothesis 1 of Hypothesis 4	Beach Surgical versus Main Surgical	.171	.013*
1g		Beach Surgical, Beach Medical, Main Medical versus Main Surgical	.014*	.012*
1h	Subhypothesis 1 of Hypothesis 4	Beach Medical versus Main Medical	.080	.017*
1h		Beach Surgical, Beach Medical, Main Surgical versus Main Medical	.042*	.017*

TABLE 7--Continued

Question	Hypotheses or Subhypotheses	Variable	Level of Significance	
			Excel- lent	Excel- lent/ Good
1h	Subhypothesis 1 of Hypothesis 2	Total Beach versus Total Main	.057*	.035*
3b	Subhypothesis 4 of Hypothesis 4	Beach Surgical versus Main Surgical	.026*	.341
3b		Beach Surgical, Beach Medical, Main Medical versus Main Surgical	.027*	.147
3c	Subhypothesis 4 of Hypothesis 4	Beach Surgical versus Main Surgical	.007*	.020*
3c		Beach Surgical, Beach Medical, Main Medical versus Main Surgical	.050*	.021
3c	Subhypothesis 4 of Hypothesis 2	Total Beach versus Total Main	.021*	.016*

TABLE 7--Continued

Question	Hypotheses or Subhypotheses	Variable	Level of Significance	
			Excel- lent	Excel- lent/ Good
3d	Subhypothesis 4 of Hypothesis 4	Beach Surgical versus Main Surgical	.012*	.012*
4a	Subhypothesis 5 of Hypothesis 3	Beach Medical versus Main Medical	.038*	.024*
4a		Beach Surgical, Beach Medical, Main Surgical versus Main Medical	.121	.046*
4b		Beach Medical versus Main Medical	.128	.015*
4b	Subhypothesis 5 of Hypothesis 3	Beach Surgical, Beach Medical Main Surgical versus Main Medical	.254	.018*
5b	Subhypothesis 6 of Hypothesis 3	Beach Medical versus Main Medical	.160	.001*

TABLE 7--Continued

Question	Hypotheses or Subhypotheses	Variable	Level of Significance	
			Excel- lent	Excel- lent/ Good
5b		Beach Surgical, Beach Medical, Main Surgical versus Main Medical	.401	.004*
6	Subhypothesis 7 of Hypothesis 4	Beach Surgical versus Main Surgical	.020*	.020*
6		Beach Surgical, Beach Medical, Main Medical versus Main Surgical	.022*	.044*
6	Subhypothesis 7 Hypothesis 2	Total Beach versus Total Main	.042*	.012*
7	Hypothesis 1	Beach Surgical versus Main Surgical	.005*	.109

TABLE 7--Continued

Question	Hypotheses or Subhypotheses	Variable	Level of Significance	
			Excel- lent	Excel- lent/ Good
7		Beach Surgical, Beach Medical, Main Medical versus Main Surgical	.006*	.239

*Significant difference $p \leq .05$ level.

TABLE 8
DISPOSITION OF HYPOTHESES AND SUBHYPOTHESES

Hypotheses or Subhypotheses	Excel- lent	Excel- lent/ Good
<u>Hypothesis 1.</u> There is no significant difference between the medical patients' and surgical patients' perception of their "overall" impression with the care and services provided at Brooke Army Medical Center.	Reject	Accept
<u>Subhypothesis 1.</u> There is no significant difference between the medical and surgical patient's perception of the courteous and efficient service provided by the employees at the Brooke Army Medical Center.	Accept	Accept
<u>Subhypothesis 2.</u> There is no significant difference between the medical and surgical patient's perception of the treatment with consideration and respect given by the employees at Brooke Army Medical Center.	Accept	Accept
<u>Subhypothesis 3.</u> There is no significant difference between the medical and surgical patient's perception of the respect for privacy and personal dignity given by employees at the Brooke Army Medical Center.	Accept	Accept
<u>Subhypothesis 4.</u> There is no significant difference between the medical and surgical patient's perception of the		

TABLE 8--Continued

Hypotheses or Subhypotheses	Excel- lent	Excel- lent/ Good
patient education provided at the Brooke Army Medical Center.	Reject	Accept
<u>Subhypothesis 5.</u> There is no significant difference between the medical and surgical patient's perception of the food service provided at the Brooke Army Medical Center.	Accept	Accept
<u>Subhypothesis 6.</u> There is no significant difference between the medical and surgical patient's perception of the housekeeping services provided at the Brooke Army Medical Center.	Accept	Accept
<u>Subhypothesis 7.</u> There is no significant difference between the medical and surgical patient's perception of the administrative services provided at the Brooke Army Medical Center.	Accept	Accept
<u>Hypothesis 2.</u> There is no significant difference between the medical and surgical patient's perception of his satisfaction with the services and medical care provided at Beach Pavilion and Main Hospital.	Reject	Reject
<u>Subhypothesis 1.</u> There is no significant difference between the medical and surgical patient's perception of the courteous and efficient service provided		

TABLE 8--Continued

Hypotheses or Subhypotheses	Excel- lent	Excel- lent/ Good
by the employees at Beach Pavilion and Main Hospital.	Reject	Reject
<u>Subhypothesis 2.</u> There is no significant difference between the medical and surgical patient's perception of the treatment with consideration and respect given by the employees at Beach Pavilion and Main Hospital.	Accept	Accept
<u>Subhypothesis 3.</u> There is no significant difference between the medical and surgical patient's perception of the respect for privacy and personal dignity given by employees at Beach Pavilion and Main Hospital.	Accept	Accept
<u>Subhypothesis 4.</u> There is no significant difference between the medical and surgical patient's perception of the patient education provided at Beach Pavilion and Main Hospital.	Reject	Reject
<u>Subhypothesis 5.</u> There is no significant difference between the medical and surgical patient's perception of the food service provided at Beach Pavilion and Main Hospital.	Accept	Accept
<u>Subhypothesis 6.</u> There is no significant difference between the medical and surgical patient's perception of the		

TABLE 8--Continued

Hypotheses or Subhypotheses	Excel- lent	Excel- lent/ Good
housekeeping services provided at Beach Pavilion and Main Hospital.	Accept	Accept
<u>Subhypothesis 7.</u> There is no significant difference between the medical and surgical patient's perception of the administrative services provided at Beach Pavilion and Main Hospital.	Reject	Reject
<u>Hypothesis 3.</u> There is no significant difference between the medical patient's perception of his satisfaction with the services and medical care provided at Beach Pavilion and Main Hospital.	Reject	Reject
<u>Subhypothesis 1.</u> There is no significant difference between the medical patient's perception of the courteous and efficient service provided by the employees at Beach Pavilion and Main Hospital.	Reject	Reject
<u>Subhypothesis 2.</u> There is no significant difference between the medical patient's perception of the treatment with consideration and respect given by the employees at Beach Pavilion and Main Hospital.	Accept	Accept
<u>Subhypothesis 3.</u> There is no significant difference between the medical patient's perception of the respect for privacy and personal dignity given by		

TABLE 8--Continued

Hypotheses or Subhypotheses	Excel- lent	Excel- lent/ Good
employees at Beach Pavilion and Main Hospital.	Accept	Accept
<u>Subhypothesis 4.</u> There is no significant difference between the medical patient's perception of the patient education provided at Beach Pavilion and Main Hospital.	Accept	Accept
<u>Subhypothesis 5.</u> There is no significant difference between the medical patient's perception of the food service provided at Beach Pavilion and Main Hospital.	Reject	Reject
<u>Subhypothesis 6.</u> There is no significant difference between the medical patient's perception of the housekeeping services provided at Beach Pavilion and Main Hospital.	Accept	Reject
<u>Subhypothesis 7.</u> There is no significant difference between the medical patient's perception of the administrative services provided at Beach Pavilion and Main Hospital.	Accept	Accept
<u>Hypothesis 4.</u> There is no significant difference between the surgical patient's perception of his satisfaction with the services and medical care provided at Beach Pavilion and Main Hospital.	Accept	Accept

TABLE 8--Continued

Hypotheses or Subhypotheses	Excel- lent	Excel- lent/ Good
<u>Subhypothesis 1.</u> There is no significant difference between the surgical patient's perception of the courteous and efficient services provided by the employees at Beach Pavilion and Main Hospital.	Reject	Reject
<u>Subhypothesis 2.</u> There is no significant difference between the surgical patient's perception of the treatment with consideration and respect given by the employees at Beach Pavilion and Main Hospital.	Accept	Accept
<u>Subhypothesis 3.</u> There is no significant difference between the surgical patient's perception of the respect for privacy and personal dignity given by employees at Beach Pavilion and Main Hospital.	Accept	Accept
<u>Subhypothesis 4.</u> There is no significant difference between the surgical patient's perception of the patient education provided at Beach Pavilion and Main Hospital.	Reject	Reject
<u>Subhypothesis 5.</u> There is no significant difference between the surgical patient's perception of the food service provided at Beach Pavilion and Main Hospital.	Accept	Accept

TABLE 8--Continued

Hypotheses or Subhypotheses	Excel- lent	Excel- lent/ Good
<u>Subhypothesis 6.</u> There is no significant difference between the surgical patient's perception of the housekeeping services provided at Beach Pavilion and Main Hospital.	Accept	Accept
<u>Subhypothesis 7.</u> There is no significant difference between the total surgical patient's perception of the administrative services provided at Beach Pavilion and Main Hospital.	Reject	Reject

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

Brooke Army Medical Center serves a large population of active duty officers, enlisted service members, retired military service members, and the dependents of all the above. Due to the increasing concern over potential medical malpractice, this study was designed to measure medical and surgical patients' satisfaction with the services and medical care provided at Brooke Army Medical Center. Prior to the investigative portion of this study, the degree of patient satisfaction at Brooke Army Medical Center was unknown.

The purpose of this study was to determine the medical and surgical patients' perception of the services and medical care provided at Brooke Army Medical Center.

Hypotheses

1. There is no significant difference between the medical patients' and surgical patients' perception of their overall impression with the services and medical care provided at the Brooke Army Medical Center.

2. There is no significant difference between the medical patients' and surgical patients' perception of his satisfaction with the services and medical care provided at Beach Pavilion and Main Hospital.

3. There is no significant difference between the medical patients' perception of his satisfaction with the services and medical care provided at Beach Pavilion and Main Hospital.

4. There is no significant difference between the surgical patients' perception of his satisfaction with the services and medical care provided at Beach Pavilion and Main Hospital.

Subhypotheses

Each of the above hypotheses had the following subhypotheses:

1. Perception of the courteous and efficient service
2. Perception of the treatment with consideration and respect
3. Perception of the respect for privacy and personal dignity
4. Perception of the patient education
5. Perception of the food service
6. Perception of the housekeeping services
7. Perception of the administrative services

The patients at the Brooke Army Medical Center composed the population. The convenient sample consisted of medical and surgical inpatients available at the time the Patient Assistance Officer administered the questionnaire in Medical Ward 14B and Surgical Wards 12A, 12B, and 13A from Main Hospital; and Medical Wards 43B, 43G, 43H, and 43N&S, and Surgical Wards 42B, 42E, 42H, 42S, 43C, and 43D from Beach Pavilion. The sample selected for this study consisted of 171 patients.

The questionnaire was administered by the patients assistance officer. The patients responded to this

Likert-type questionnaire by marking excellent, good, fair, or poor. It was assumed that responses of either "good" or "excellent" were indicative of patient satisfaction rendered at Brooke Army Medical Center as shown on the following questionnaire.

Conclusions

The following conclusions are made for this study:

1. The majority of patients were satisfied with the services received at Brooke Army Medical Center
2. When compared, Main Hospital patients expressed a higher degree of patient satisfaction than did Beach Pavilion
3. Main surgical patients expressed a higher degree of satisfaction than did Main medical patients
4. For "excellent" responses, surgical patients had a higher degree of satisfaction than did medical patients

Recommendations

The following recommendations are made:

1. The questionnaire should be modified so that each question relates to only one item
2. A comparison study of patient satisfaction of retired and active duty members of the Armed Forces receiving medical care at Brooke Army Medical Center should be undertaken
3. It would be advantageous to conduct a comparison study to determine if a change in the degree of patient satisfaction occurred following Brooke Army Medical Center \$3 million dollar "upgrade" project to bring it up to the Joint Commission on Accreditation Hospital Standards
4. A comparison study to be conducted on patient care satisfaction between Brooke Army Medical Center at Fort Sam Houston and Wilford Hall Medical Center at Lackland Air Force Base
5. It would be useful to conduct another study to determine if there has been a change of attitudes by patients towards housekeeping services since it has been contracted out

APPENDICES

APPENDIX A

APPROVAL LETTER



DEPARTMENT OF THE ARMY
BROOKE ARMY MEDICAL CENTER
FORT SAM HOUSTON, TEXAS 78234

AFZG-MDZ-XB

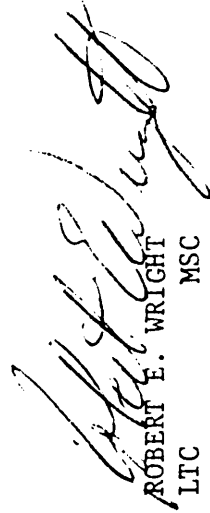
3 December 1979

Health Care Administration
School of Health Care Services
Texas Women's University
Box 23716, T.W.U. Station
Denton, Texas 76204

ATTENTION: Dr. Cramer

I have approved Lt. Donald E. Cravens to gather and evaluate data concerning this medical institution for the purpose of writing a professional paper to your graduate school.

If I may be of further assistance to you or to Lt. Cravens, please let me know.


ROBERT E. WRIGHT
LTC MSC
Asst XO BAMC

APPENDIX B

INPATIENT OPINION QUESTIONNAIRE

INPATIENT OPINION QUESTIONNAIRE

It is our goal to provide the best medical care possible. To help us accomplish this, we ask that you take a few minutes and complete this questionnaire.

All responses will be held in confidence.

WARD _____ DATE _____

1. Please rate the following in providing you courteous and efficient service:

- 1.a Admitting Office Personnel
1.b Ward Clerk
1.c Nursing Personnel
1.d Physician(s)
1.e Laboratory Personnel
1.f X-Ray Personnel
1.g Food Service Personnel
1.h Housekeeping Personnel

EXCELLENT	GOOD	FAIR	POOR

- 2.a Do you feel you were treated with consideration and respect during your hospital stay?

YES	NO

- 2.b Were your privacy and personal dignity respected?

- 3 Please rate the following:

- 3.a The explanation you received concerning the hospital schedule and the ward rules
3.b The explanation of tests and procedures performed
3.c The explanation of your illness and the explanation of treatment provided
3.d The explanation of instructions for home care

EXCELLENT	GOOD	FAIR	POOR

Where did you receive your meals? _____ On ward _____ In dining hall

What type diet were you on? _____ Regular _____ Special

- 4 Please rate the following:

- 4.a Tastiness and variety of the food served
4.b The temperature of the food
(hot foods served hot, cold foods served cold)
4.c Answers to your questions about food or special diet
5.a Cleanliness of the room/ward area
5.b Adequacy and cleanliness of the bathroom facilities
6 The procedures for your discharge from the hospital
(speed, courtesy of personnel, etc.)
7 What is your overall impression of the services and medical care you received?

EXCELLENT	GOOD	FAIR	POOR

Are you aware that a Patient Assistance Representative is available to help you with any questions, suggestions, or complaints that you may have about the service and care you received?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

What is your status? ☐ Active Duty Military ☐ Retired Military
 ☐ Dependent Active Duty ☐ Dependent Retired/Deceased
 ☐ Other (Please specify _____)

If you have any additional comments or suggestions, please write them below.

Please return your completed questionnaire to the person who gave it to you or you may take it with you and return it, at your convenience, in the pre-addressed envelope provided.

Thank you for taking the time to complete this questionnaire.

APPENDIX C

COLLAPSED FREQUENCY TABLES

TABLE 9
PATIENT FINDINGS BY QUESTION AT BEACH

Question	Scale Value									
	4	3	2	1	0	4	3	2	1	0
	Beach (Surgical)					Beach (Medical)				
I. Rating of Courteous and efficient Service										
Admitting Office Personnel (a)	32	22	10	2	7	17	18	1	2	10
Ward Clerks (b)	37	24	7	0	5	23	19	2	1	3
Nursing Personnel (c)	46	17	7	3	0	21	8	2	2	2
Physicians (d)	45	18	8	0	2	32	11	0	2	3
Laboratory Personnel (e)	39	21	5	2	6	26	17	1	2	3
X-Ray Personnel (f)	34	19	10	4	6	22	13	9	1	3
Food Service Personnel (g)	25	27	13	4	4	13	11	7	1	3
Housekeeping Personnel (h)	28	27	9	5	4	43	38	9	13	5
Total	286	175	69	20	34	197	135	31	24	32

TABLE 9--Continued

Question	Scale Value									
	4	3	2	1	0	4	3	2	1	0
	Beach (Surgical)					Beach (Medical)				
	Yes	No	N.R.	Yes	N.R.	Yes	No	N.R.		
II. Treatment with Consideration of Respect (a) and Personal Dignity (b)	60	9	4	42	2	4				
	55	12	7	96	16	10				
	115	21	11	83	6	7				
III. Patient Education										
The explanation you received concerning the hospital schedule and ward rules (a)	24	28	9	8	4	17	22	1	5	3

TABLE 9--Continued

Question	Scale Value									
	4	3	2	1	0	4	3	2	1	0
	Beach (Surgical)					Beach (Medical)				
The explanation of tests and procedures performed (b)	31	25	12	2	3	24	16	6	2	0
The explanation of your illness and the explanation of treatment provided (c)	33	22	9	6	3	24	13	7	3	1
The explanation of instructions for home care (d)	19	21	9	5	19	15	15	1	3	14
Total	107	96	39	21	29	80	66	15	13	18

TABLE 9--Continued

Question	Scale Value										
	4	3	2	1	0	4	3	2	1	0	
	Beach (Surgical)					Beach (Medical)					
IV. Food Service											
Tastiness and variety of food served (a)	14	22	7	6	4	10	20	12	6	0	
The temperature of the food (hot foods served hot, cold foods served cold) (b)	20	20	25	7	1	10	15	16	7	0	
Answers to your questions about food or special diet (c)	20	20	9	1	23	18	13	5	2	10	
Total	54	62	41	14	28	38	48	33	15	10	

TABLE 9--Continued

Question	Scale Value										
	4	3	2	1	0	4	3	2	1	0	
	Beach (Surgical)					Beach (Medical)					
V. Housekeeping Services											
Cleanliness of the room/ward area (a)	30	27	11	3	3	20	15	4	9	0	
Adequacy and cleanliness of the bathroom facilities (b)	19	16	15	13	10	10	14	10	13	1	
Total	49	43	26	16	13	30	29	14	22	1	
VI. Administrative Services											
The procedures for your discharge from the hospital (speed, courtesy of personnel, etc.)	13	10	6	8	36	9	8	3	3	25	

TABLE 9--Continued

Question	Scale Value									
	Beach (Surgical)					Beach (Medical)				
	4	3	2	1	0	4	3	2	1	0
VII. General Impression of Services and Medical Care										
Overall impression of the services and medical care you received	31	23	8	3	8	26	15	2	2	3

TABLE 10
PATIENT FINDINGS BY QUESTION AT MAIN

Question	Scale Value									
	Main (Surgical)					Main (Medical)				
	4	3	2	1	0	4	3	2	1	0
I. Rating of Courteous and Efficient Service										
Admitting Office Personnel (a)	16	6	4	0	0	13	9	2	1	1
Ward Clerks (b)	15	8	1	0	2	14	6	3	3	0
Nursing Personnel (c)	23	2	0	1	0	23	2	1	0	0
Physicians (d)	22	3	0	0	1	19	6	0	1	0
Laboratory Personnel (e)	15	7	1	0	3	19	6	0	1	0
X-Ray Personnel (f)	16	8	0	1	1	14	8	0	3	1
Food Service Personnel (g)	14	8	1	0	3	13	6	1	5	1
Housekeeping Personnel (h)	12	9	2	2	1	15	9	0	1	1
Total	133	51	9	4	11	130	52	7	15	4

TABLE 10--Continued

Question	Scale Value									
	4	3	2	1	0	4	3	2	1	0
	Main (Surgical)					Main (Medical)				
II. Treatment with Consideration of Respect (a) and Personal Dignity (b)	Yes	No	N.R.			Yes	No	N.R.		
	24	2	0			22	1	3		
	24	2	0			20	2	4		
	48	4	0			42	3	7		
III. Patient Education										
The explanation you received concerning the hospital schedule and ward rules (a)	12	7	1	5	1	0	0	0	0	0

TABLE 10--Continued

Question	Scale Value									
	Main (Surgical)					Main (Medical)				
	4	3	2	1	0	4	3	2	1	0
The explanation of tests and procedures performed (b) The explanation of your illness and the explanation of treatment provided (c) The explanation of instructions for home care (d)	17	6	1	2	0	12	11	3	1	0
	19	5	0	1	1	14	9	3	0	0
	10	2	1	2	11	10	12	0	2	2
	58	20	3	10	12	36	32	6	3	2
IV. Food Service										
Tastiness and variety of the food served (a)	10	9	5	1	1	8	14	2	2	0

TABLE 10--Continued

Question	Scale Value									
	4	3	2	1	0	4	3	2	1	0
	Main (Surgical)					Main (Medical)				
The temperature of the food (hot foods served hot, cold foods served cold) (b) Answers to your questions about food or special diet (c)	7	8	6	3	2	8	12	1	5	0
	8	6	2	1	9	9	13	2	2	0
	25	23	13	5	12	25	39	5	9	0
V. Housekeeping Services Cleanliness of the room/ward area (a)	9	12	3	2	23	11	11	2	2	0

TABLE 10--Continued

Question	Scale Value									
	4	3	2	1	0	4	3	2	1	0
	Main (Surgical)					Main (Medical)				
Adequacy and cleanliness of the bathroom facilities (b)	8	5	7	4	2	7	12	2	2	3
Total	17	17	10	6	2	18	23	4	4	3
VI. Administrative Services										
The procedures for your discharge from the hospital (speed, courtesy of personnel, etc.)	8	3	0	1	14	7	7	0	2	10

TABLE 10--Continued

Question	Scale Value									
	Main (Surgical)					Main (Medical)				
	4	3	2	1	0	4	3	2	1	0
VII. General Impression of Services and Medical Care										
Overall impression of the services and medical care you received	19	3	2	0	2	13	11	0	2	0

REFERENCES

REFERENCES

- Aiken, L. H. "Primary Care: The Challenge for Nursing." American Journal of Nursing 77 (November 1977): 1828-32.
- Ambulatory Patient Care Model Number 6. United States Army Health Services Command, 1972.
- American Hospital Association, Manual of Hospital House-keeping, 1952.
- Andreas, Burton G. Experimental Psychology. 2d ed. New York: John Wiley & Sons, 1972.
- Annual Report to Secretary of the Navy, 1903, pp. 1-10.
- Coleman, James C., and Broen, William E., Jr. Abnormal Psychology and Modern Life. 4th ed. Glenview, Ill.: Scott, Foresman, 1972.
- Dictionary of Philosophy and Psychology. Vol. II, New ed. S.v. "Baldwin, James," by Peter Smith.
- Graff, Louis. "On Patient Satisfaction, Marketing, Research, and Other Useful Things." Hospitals 53, no. 2 (January 1979): 59-62.
- Hurder, W. P.; Lewko, John H.; and Hurder, Alex J. "Improving the Evaluation of Human Services by Separating the Delivery from Service." Community Mental Health Journal 14, no. 4 (1978): 279-90.
- Jacobs, Kathy D. "Does the Nurse Practitioner Involve the Patient in His Care?" Nursing Outlook 28, no. 8 (August 1980): 501-5.

- Kalisch, Philip A. "Weavers of Scientific Patient Care: Development of Nursing Research in the U.S. Armed Forces." Nursing Research 26, no. 4 (July-August 1977): 253-71.
- Kupst, Mary J.; Schulman, Jerome L.; and Dowding, James. "Attitudes Toward Patient Care and Work Satisfaction." Hospital and Health Services Administration 24 (Winter 1979): 78-92.
- Leininger, Madeline, ed. Transcultural Nursing Concepts. New York: John Wiley & Sons, 1978.
- Mangelsdorff, David A. "Patient Satisfaction Questionnaire." Medical Care 27, no. 1 (January 1979): 86-90.
- Rosenhan, D. L. "On Being Sane in Insane Places." Science 179 (1973): 250-58.
- United States Army Health Services Command. Ambulatory Patient Care Model Number 6, 1977.
- Young, Claude E. "Evaluation of the Emergency Room Brooke Army Medical Center, Fort Sam Houston, Texas." Master's thesis, Baylor University, 1975.