二維品質模式與麻醉前訪視滿意度

Two-dimensional Analysis for Patient Satisfaction in Preanesthetic Visit

中文摘要

麻醉前訪視，是麻醉醫護人員對病患提供麻醉相關資訊與服務，並建立良好醫病關係的第一次接觸。本研究目的是以 Kano‘s 二維品質模式，設計病患滿意度問卷，探討麻醉前訪視內容與病患滿意度之關係，以期分析關鍵品質要素爲何，作爲提高病患對醫療滿意度之參考。

本研究於台灣北部某醫學中心，通過該院人體試驗委員會審查後進行。對象爲婦科排程手術住院病患，其中實驗組共 107 位病患，在麻醉醫師訪視之前，安排先觀看麻醉流程衛教影片；另外對照組 111 位病患，則未提供衛教影片。問卷於麻醉醫師訪視後及麻醉後共二次填答，問卷內容包括麻醉資訊來源、醫師訪視內容滿意度及重要性，以及麻醉前及麻醉後滿意度。問卷一致性（consistency），以 Cronbach’s ?挴佼?，Kano’s model 正向問題得到 0.951，反向問題得到 0.914，重要性問題得到 0.924 之值。統計分析以 SPSS 軟體檢定，p 值≦ 0.05，視爲統計學上有意義之差異。

結果發現：1）人口學特性（年齡、教育程度、職業、婚姻狀態、ASA 等級）與麻醉滿意度，在 Kano’s 模式之滿意度分類上，有多項達到顯著差異。有無麻醉經驗，則與此次麻醉滿意度無統計上顯著差異。2）麻醉衛教影片對滿意度之結果：實驗組在麻醉前滿意度平均得分 4.28 ± 0.78 分，對照組爲 3.72±1.04 分，（$p < .0001$），達到顯著差異。3）根據顧客滿意度係數，可用來增加滿意度之前 3 名變項之影響力爲 44.40%，44.59%，以及 45.30%。用來減低不滿意之前 3 名變項之影響力爲 58.08%，58.90%，以及 64.74%。4）由皮氏相關係數檢定得知，病患在麻醉前對醫師與對資訊滿意度（實驗組 r=.81，p=.00；對照組 r=.88，p=.00），均呈現高度相關且達到顯著水準。5）13 項資訊來源統計，實驗組或對照組，由麻醉醫師及病房衛教獲得資訊，爲最大來源各爲 13 項。6）多數病患的改善建議爲在麻醉前應例行播放麻醉衛教影片，以及縮短訪視前病患等待時間。

結論：觀賞麻醉前衛教影片，可獲得高滿意度。由滿意度係數指標變項，配對不同人口特性，將可決策出提高病患醫療滿意度之可行方案。

英文摘要

Background: The customer satisfaction is one of the most crucial factors for quality service evaluation. Preanesthetic visit is the first step to build up good relationship between patient and anesthesiologist. This research aim at investigating the correlation between the two-dimensional patient satisfactions under different content of pre-anesthetic visit during gynecological service with general anesthesia for surgery .

Materials and Methods: The five-point scale questionnaire was designed mainly on Kano’s two-dimensional model. The experimental group was composed of 107 patients with a video about anesthetic process before visit, whereas 111 patients weren’t under the video watching procedure. All 218 patients were invited for

answering the questionnaire after the visit and surgery respectively. The data were analyzed through SPSS (Version 13.0) software with statically significance when $p \leqq 0.05$.

Results: 1) The demographic characteristics of patients (such as age, educational level, career, marital status, ASA status) might affect the satisfaction classification in Kano's model. However, previous experience of anesthesia or not made no significant difference in satisfaction. 2) Video-assisted preanesthetic-education program or not did show significant difference as the satisfaction scale between two groups were 4.28±0.78 and 3.72±1.04, ($p<.0001$). 3) Concerning the Customer satisfaction (CS) coefficient predict the impact of variables, the top 3 to extent of satisfaction variables impact were 44.40%, 44.59% ,and 45.30% ; the other top 3 to extent of dissatisfaction variables impact were 58.08%, 58.90%, and 64.74%. 4) There were high correlation and with significant difference ($r=.81$, $p=.00$) between satisfaction of anesthesiologist and pre-anesthesia informed level; but lower correlation and no significant difference between the satisfaction of pre- and post-anesthesia in Pearson's correlation test. 5) The two major sources to get anesthesia information were coming from the visit of anesthesiologist and the patients' group education before anesthesia.

Conclusion: There only 2 variables were the "Must-be" requirements in this research, difference classification in Kano's model were found in advanced demographic characteristics of patients, and the impact of CS coefficient wound affect the considerations for priority setting.

In summary, this study suggested that using documentary video as the major resource about anesthesia and surgery for patients' group education before preanesthesic visit is highly recommended. Also, long waiting before the visit was most complained by surgical patients.