



## MEASURING PATIENT SATISFACTION IN VIRTUAL CLINIC OF PALLIATIVE CARE UNIT IN KING FAISAL SPECIALIZED HOSPITAL & RESEARCH CENTER, JEDDAH, KSA- 2023: A PRETEST RETROSPECTIVE CROSS-SECTIONAL STUDY

Haneen Omer Ahmad Taher, Dr.haneenot@hotmail.com

Belal Mohammad Sharaf, bsharaf@kfshrc.edu.sa

Mona Saleh Hashem Almalki, mooni\_19921412@hotmail.com

### Abstract:

**Background:** Since the COVID-19 pandemic, telemedicine utilization has been accelerated and offered services to palliative care patients often facing problems with travel and availability of specialists and provided access for palliative care patients often facing challenges with travel and limited specialist availability.

**Objectives:** To assess the satisfaction of patients with virtual clinic of palliative care unit as well as to explore their attitudes and preferences towards telemedicine services.

**Material and methods:** A cross-sectional study was carried out among all adult patients attending virtual palliative clinic, King Faisal Specialist Hospital and Research Center in (KFSHRC), Jeddah from 1 Jan 2023 until 31 August 2023. Online validated Arabic verbal questionnaire consists of four parts: socio-demographic characteristics of the participants, satisfaction with virtual clinic consultation on different element, attitude towards telemedicine service and assesment of overall experiences and preference of telemedicine service.

**Results:** The study included 60 patients. More than half of them (56.6%) aged between 46 and 55 years and 60% of them were females. Most of patients (65%) had only one experience with telemedicine. Overall, the total percentage of patients` satisfaction score ranged between 58.18 and 100% with median (interquartile range) of 100 (90-100) while the total percentage of patients` attitude towards telemedicine score ranged between 40 and 100% with a median (interquartile range) of 100 (80-100). None of the studied factors (age, sex and frequency of using telemedicine) was significantly associated with patients` satisfaction and attitude towards telemedicine service.

**Conclusion:** Patients` satisfaction with virtual clinic of palliative care services was overall encouraging in the present study and calls more attention from the higher authorities.

**Keywords:** Satisfaction, Palliative care, Telemedicine, Virtual clinic, Saudi Arabia

### Corresponding author:

Haneen Omer Ahmad Taher,

[Dr.haneenot@hotmail.com](mailto:Dr.haneenot@hotmail.com)

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## INTRODUCTION

According to the World Health Organization, telehealth is described as “the provision of health services by all health care professionals using technology for the exchange of reliable information for the diagnosis, treatment, and prevention of disease and injury” [1]. Starting from the middle of the 20<sup>th</sup> century, services of telemedicine began to exist aiming to offer clinical evaluation and mental support [2].

Telemedicine is one of the global technological advancements that emerge as an important tool for patient-physician communication during the COVID 19 total lock down [3]. Telemedicine supports the use of electronic information and advanced telecommunication technologies to induce shift in the way health services are delivered and to support long-distance healthcare system [4].

A comparison between traditional face-to-face office visits and telehealth visits through virtual clinic regarding the quality of offered services and patients' clinical outcomes was investigated in a recent meta-analysis that revealed comparable results between the two approaches in these regards, with the added benefit of faster access to source of care [4]. Additional benefits such as better assessing the patients' concerns, avoiding needless clinical visits, and reducing waiting times were discovered with telehealth visits [5].

Several countries have adopted teleconsultation during the COVID-19 pandemic [6-8]. However, the satisfaction of patients with these services is not well known [9].

In June 2019, new telemedicine regulations have been issued in the Kingdom of Saudi Arabia (KSA). These regulations were offered through a framework to all clinical professionals and were supervised by the Saudi Telemedicine Unit of Excellence (STUE), which is a part of the National Health Information Centre. The release of these regulations provides a base for the fast conduction of video consultations throughout the Kingdom, leading to an increase in the usage of telemedicine [10]. The KSA Ministry of Health (MOH) is involved in telehealth through 937 call centers, smartphone apps called Seha, and outpatient virtual clinics [11]. For the successful implementation of high-quality telemedicine care, particularly during pandemics, it is essential to continuously analyze patients' attitude towards and satisfaction with telemedicine and its related elements. Some authors investigated previously patients' satisfaction with telemedicine in the KSA [11-13].

Palliative care services can be offered in the hospital, ambulatory facilities, nursing home, or at home and most people in need of palliative care are

neither dying nor hospitalized, and they live in homes and in long-term-care settings where access to palliative care services is usually unreliable. Programs of community-based palliative care are important to offer essential continuity of care for patients discharged from the hospital after being managed by an inpatient palliative care consultation service. The team of community palliative care teams offer management of pain and other symptom, family and mental support, solutions for patient and family concerns and priorities and coordination of home care needs [14-17].

The present study aims to assess the satisfaction of patients with virtual clinic of palliative care unit as well as to explore their attitudes and preferences towards telemedicine services.

## SUBJECTS AND METHODS:

A cross-sectional study was carried out among all adult patients attending virtual palliative clinic, King Faisal Specialist Hospital and Research Center in (KFSHRC), Jeddah from 1 Jan 2023 until 31 August 2023. KFSHRC provides the highest level of specialized healthcare in an integrated educational and research setting. Additionally, it is a pioneer in the implementation of this type of care. It has established the first ever Palliative Care Service in the Kingdom of Saudi Arabia in the early 1990s. Since then, its expertise has never stopped to grow with only one goal which is providing the best possible care for patients and their families.

Inclusion criteria were age between 18 and 55 years, patients with full code/do not resuscitate (DNR) code, patients from palliative medicine/medical oncology/radio-oncology and hemato-oncology units and had at least one experience with telemedicine service.

Palliative Care Team members of KFSHRC are interested in various research areas such as the elaboration of clinical tools, analysis about how to overcome current obstacles to provide palliative care in Saudi Arabia and the specificities to take into consideration while caring for patients.

Online Arabic validated verbal questionnaire adopted from other similar Saudi studies [18, 19], was utilized in this study. It includes four main parts: socio-demographic characteristics of the participants (age and sex), satisfaction with virtual clinic consultation on different elements with a 5-likert scale ranged from very satisfied to very dissatisfied, attitude towards telemedicine service and assessment of overall experiences and preference of telemedicine service. Total score and its percentage were computed for both patients`

satisfaction with and attitude towards telemedicine services provided at virtual clinic and the percentage of the total scores were utilized for comparisons.

The online scheduled interview was conducted to all patients who attended palliative virtual clinic since virtual clinic established in the palliative care clinic as their names and contact number were collected and then, they were interviewed through a phone call and responses were recorded through a private phone call in a separate sheet.

The study's proposal was approved by the Research and Ethics Committee of KFSH-RC and verbal informed consents were taken from patients. Statistical Package for Social Sciences (SPSS) software, version 28 was utilized for data entry and analysis. Description of data was done using frequency and percentage for categorical variables, mean±standard deviation (SD) or median (interquartile range "IQR") for numerical variables. Normality of numerical variables was assessed using Shapiro-Wilk test. Since they were abnormally distributed, Mann-Whitney test was used to compare two groups whereas Kruskal-Wallis test was used to compare more than two groups and p-value of less than 0.05 was considered for statistical significance.

### RESULTS:

The study included 60 patients. More than half of them (56.6%) aged between 46 and 55 years and 60% of them were females. Table 1  
Most of patients (65%) had only one experience with telemedicine as shown in Figure 1.

#### Patients' satisfaction with telemedicine consultation services

All patients were either very satisfied or satisfied with doctors' careful listening to them, ability to understand the recommendations or diagnosis made and the wait time on the day of the appointment. The least satisfied element was the quality of the visual image as 86.6% of patients were either very satisfied or satisfied with it. Majority of patients (98.3%) were very satisfied or satisfied with the overall quality of care provided and the overall telemedicine experience. Table 2

Overall, the total percentage of patients' satisfaction score ranged between 58.18 and 100% with an arithmetic mean±standard deviation and median (interquartile range) of 93.61±10.17 and 100 (90-100), respectively. It was abnormally distributed as shown by significant Shapiro-Wilk test,  $p < 0.001$ . Figure 1

None of the studied factors (age, sex and frequency of using telemedicine) was significantly associated

with patients' satisfaction regarding telemedicine service. Table 3

#### Patients' attitude towards telemedicine service

All patients agreed that telemedicine services made healthcare easier during the virus Covid 19 pandemic as well as 85% would prefer telemedicine consultation in the future and 76.4% would be willing to participate in another telemedicine consultation. Additionally, majority of them (93.3%) disagreed that the presence of the camera and other equipments can embarrass or make them feel uncomfortable. Table 4

Overall, the total percentage of patients' attitude towards telemedicine score ranged between 40 and 100% with an arithmetic mean±standard deviation and median (interquartile range) of 90.67±14.48 and 100 (80-100), respectively. It was abnormally distributed as shown by significant Shapiro-Wilk test,  $p < 0.001$ . Figure 2

None of the studied factors (age, sex and frequency of using telemedicine) was significantly associated with patients' attitude towards telemedicine service. Table 5

#### Patients' experiences and preferences of telemedicine services

Less than half (43.3%) of patients had to attend the hospital on the day of their phone appointment. Only 15% had to miss work/school to attend this appointment. Regarding to the cases or diseases that are not suitable for telemedicine, according to patients' opinion, emergency cases ranked first (31.7%). If telemedicine had not been available for consult today, 44.9% of patients wouldn't go see any doctor while 28.3% would have driven to see the specialist face-to-face. If telemedicine had not been available for your consult today, 28.3% of patients had to travel between 1 and 2 hours to receive care. If telemedicine had not been available and patient had to travel to meet face-to-face with the provider to receive care, 68.3%, 65% and 60% of them would have lost time from work, would have paid for a hotel to spend the night and their companions would have lost time from work, respectively. Table 6

### DISCUSSION:

Since the COVID-19 pandemic, telemedicine utilization has been accelerated and offered services to palliative care patients often facing problems with travel and availability of specialists. Our palliative care clinic has rapidly adopted telemedicine which continues to grow since the pandemic, becoming a routine part of our care. However, the patients' satisfaction and attitude with this new technology were not sufficiently investigated; particularly among palliative care

patients although they are vital to ensuring the quality of the service and explore the barriers facing its proper application in the future [20].

In the present study, all patients attending virtual palliative clinic were satisfied with doctors' careful listening to them, ability to understand the recommendations or diagnosis made and the wait time on the day of the appointment. However, the least satisfied element was the quality of the visual image as 86.6% of patients were satisfied with it. Overall, vast majority of patients (98.3%) were satisfied with the overall quality of care provided and the overall telemedicine experience. These figures are much better than those observed in another recent Saudi study where only nearly half of patients indicated their ability to hear and speak easily with their care providers during their consultations and were overall satisfied with their telehealth experience [21]. Slightly more than half (52%) of patients in another Saudi study were very satisfied with the ease of registration while less than half of them were satisfied with quality of the visual image (40.1%), quality of the audio sound (41.9%), ability to speak freely over telemedicine (44.8%), ability to understand the recommendations (40.5%), as well as overall quality of care provided (40.5%) and overall, only 37.4% were very satisfied with the overall telemedicine consult experience [11]. In Jeddah, Saudi Arabia (2020), most of the patients (59.4%-84%) were satisfied with telemedicine service [18]. In United States (2021), 47.4% and 35.3% of patients were either very satisfied or satisfied with their virtual clinic visits [22]. However, in another USA study, a dramatic increase in use of video visits during the COVID-19 pandemic (2020) was observed compared to 2019 with high satisfaction of patients with video visits and not being a barrier against the utilization of traditional face to face clinic visits [23]. Also, in USA, majority of patients (94-99%) were very satisfied with all telemedicine elements and approximately one-third of them preferred a telemedicine visit over a traditional face-to-face visit [24].

The present study is not in line with other studies [18, 25], that documented that patient's age and sex were associated with satisfaction with telemedicine consultation. Some studies reported that younger were more likely to be satisfied with telemedicine services than their counterparts [21, 26] as they are usually more familiar with new technology that facilitates their dealing with telemedicine. This could be explained by the fact that most of patients in our study aged over 45 years as we included only patients attending virtual palliative care clinics, therefore the impact of patients' age on satisfaction was not significant in our study. Also, in the present study we observed that

patients' previous experience with telemedicine service was not associated with their satisfaction with the service. Some authors reported that more experienced with telemedicine consultation patients were more likely to be satisfied with the service than newly used patients [25]. However, others observed that patients who utilized the service only once were more satisfied with it [18].

In the present study, 85% of patients would prefer telemedicine consultation in the future over face to face consultation and most of them (76.4%) would be willing to participate in another telemedicine consultation. The same has been reported in another Saudi study as most of patients (84.9%) documented that healthcare was easier with telemedicine application during the COVID-19 pandemic [11]. Maghlah SF, et al reported that 75.6% of type I diabetic adult patients preferred to continue attending virtual phone clinics in the future [13].

The study has some few limitations that should be mentioned. Also, being a self-reported study makes it exposed to bias. Additionally, being a single-healthcare facility study could impact the generalizability of results over other healthcare facilities. Finally, our results might be underpowered to detect significant associations, because the relatively small sample size. Therefore, caution is warranted in interpreting our results.

#### CONCLUSION:

Patients attending virtual palliative clinic, King Faisal Specialist Hospital and Research Center in (KFSHRC), Jeddah were satisfied with telemedicine services offered by the clinic and expressed positive attitude towards it, with no difference according to gender, age and previous experience with telemedicine. Most of patients would prefer telemedicine consultation in the future over face to face consultation and would be willing to participate in another telemedicine consultation. According to these findings, health authorities should encourage telemedicine service among those patients and overcome barriers that could face the optimum application of this service. More in-depth study is needed including palliative patients from other regions of the kingdom to better understand the predictors of satisfaction with telemedicine and barriers for its proper application among those patients.

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Table 1: Age and sex distribution of the participants (n=60)

Variables	Frequency	Percentage
<b>Age (years)</b>		
18-25	7	11.7
26-35	6	10.0
36-45	13	21.7
46-55	34	56.6
<b>Sex</b>		
Male	24	40.0
Female	36	60.0

Table 2: Patients` satisfaction with telemedicine consultation services

Telemedicine service factors	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
	N (%)	N (%)	N (%)	N (%)	N (%)
Ease of registration/ scheduling	43 (71.7)	14 (23.3)	1 (1.7)	2 (3.3)	0 (0.0)
Quality of the visual image	38 (63.3)	14 (23.3)	2 (3.3)	6 (10.0)	0 (0.0)
Quality of the audio sound	38 (63.3)	19 (31.7)	1 (1.7)	2 (3.3)	0 (0.0)
Ability to talk freely over telemedicine	46 (76.7)	12 (20.0)	1 (1.7)	1 (1.7)	0 (0.0)
Doctor listened to me carefully	46 (76.7)	14 (23.3)	0 (0.0)	0 (0.0)	0 (0.0)
Ability to understand the recommendations or diagnosis made	46 (76.7)	14 (23.3)	0 (0.0)	0 (0.0)	0 (0.0)
Comfort of telemedicine suite	46 (76.7)	13 (21.7)	1 (1.7)	0 (0.0)	0 (0.0)
Your care	46 (76.7)	13 (21.7)	1 (1.7)	0 (0.0)	0 (0.0)
The wait time on the day of the appointment	46 (76.7)	14 (23.3)	0 (0.0)	0 (0.0)	0 (0.0)
The overall quality of care provided	43 (71.6)	16 (26.7)	1 (1.7)	0 (0.0)	0 (0.0)
The overall telemedicine experience	42 (70.0)	17 (28.3)	1 (1.7)	0 (0.0)	0 (0.0)

**Table 3: Factors associated with patients` satisfaction regarding telemedicine service**

	Patients` satisfaction percentage about telemedicine			p-value
	Median	IQR	Mean rank	
<b>Age (years)</b>				
18-25	100	96.36-100	34.86	0.684**
26-35	100	80-100	31.83	
36-45	100	77.27-100	26.58	
46-55	100	92.73-100	30.87	
<b>Sex</b>				
Male	100	83.18-100	29.44	0.660*
Female	100	90-100	31.21	
<b>Frequency of using telemedicine</b>				
Once	100	94.55-100	32.87	0.101*
More than once	100	79.09-100	26.10	

IQR: Interquartile range

\*Mann-Whitney test

\*\*Kruskal-Wallis test

**Table 4: Patients` attitude towards telemedicine service**

	<b>Frequency</b>	<b>Percentage</b>
<b>Do you think telemedicine services made healthcare easier during the virus Covid 19 pandemic?</b>		
Agree	60	100
Disagree	0	0.0
<b>In the future, which would you prefer?</b>		
Telemedicine consultation	51	85.0
Face-to-face consultation	9	15.0
<b>Do you think the presence of the camera and other equipments can embarrass you or make you feel uncomfortable?</b>		
Agree	4	6.7
Disagree	56	93.3
<b>Would you be willing to participate in another telemedicine consultation?</b>		
No	2	3.3
Yes	47	76.4
Not sure	11	18.3

**Table 5: Factors associated with patients` attitude towards telemedicine service**

	Percentage of patients` attitude towards telemedicine score			p-value
	Median	IQR	Mean rank	
<b>Age (years)</b>				
18-25	100	100-100	41.0	0.191**
26-35	100	70-100	29.83	
36-45	100	80-100	31.92	
46-55	100	80-100	27.91	
<b>Sex</b>				
Male	100	85-100	33.83	0.152*
Female	100	80-100	28.28	
<b>Frequency of using telemedicine</b>				
Once	100	80-100	30.28	0.876*
More than once	100	85-100	30.90	

IQR: Interquartile range

\*Mann-Whitney test

\*\*Kruskal-Wallis test

**Table 6: Patients` experiences and preferences of telemedicine services**

	<b>Frequency</b>	<b>Percentage</b>
<b>Did you have to attend the hospital on the day of their phone appointment?</b>		
No	34	56.7
Yes	26	43.3
<b>Did you have to miss work/school to attend this appointment</b>		
No	51	85.0
Yes	9	15.0
<b>What are the cases or diseases that are not suitable for telemedicine?</b>		
Nothing	4	6.7
Emergency cases	19	31.7
Cases not improved with medications	4	6.7
Cases with severe pain	5	8.3
Surgical cases	5	8.3
Psychiatric cases	5	8.3
Cases with massive bleeding	1	1.7
Don` t know	17	28.3
<b>If telemedicine had not been available for your consult today, which of the following would have been your alternative plan of action?</b>		
I would have driven to see the specialist face-to-face		
I would have contacted my local clinical to see if they could assist	17	28.3
I wouldn't go see any doctor	13	21.7
The use of alternative medicine		
Others	27	44.9
	2	3.4
	1	1.7
<b>If telemedicine had not been available for your consult today, how far would you have had to travel to receive care?</b>		
less than 15 minutes	6	10.0
15 minutes-30 minutes	16	26.7
30 minutes-one hour	21	35.0
One-two hours	17	28.3
<b>If telemedicine had not been available and you had to travel to meet face-to-face with the provider to receive care, which of the following would apply?</b>		
I would have lost time from work		
My companions would have lost time from work	41	68.3
I would have paid for meals while I was away from home	36	60.0
I would have paid for a hotel to spend the night		
Other expenses	31	51.7
	39	65.0
	25	41.7

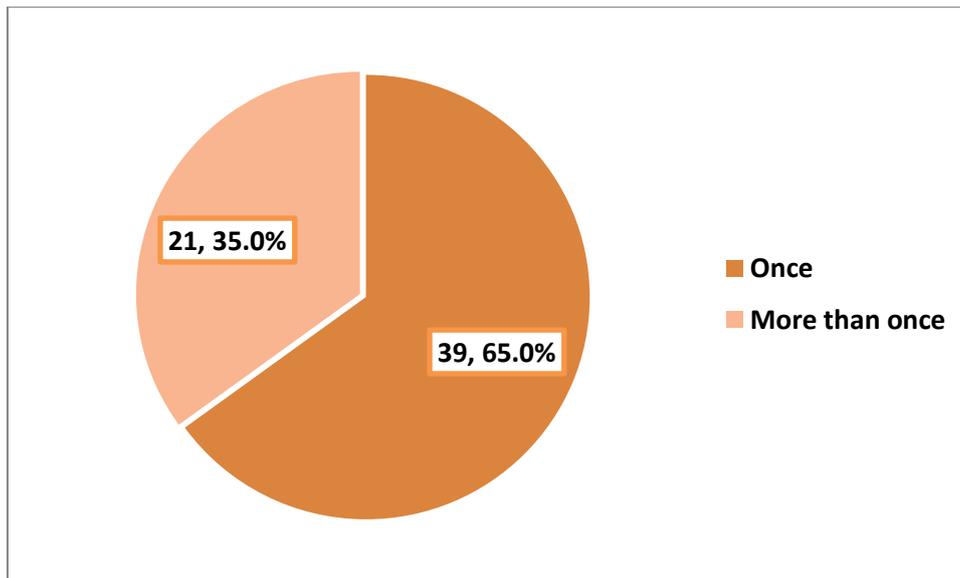


Figure 1: Frequency of using telemedicine among the participants

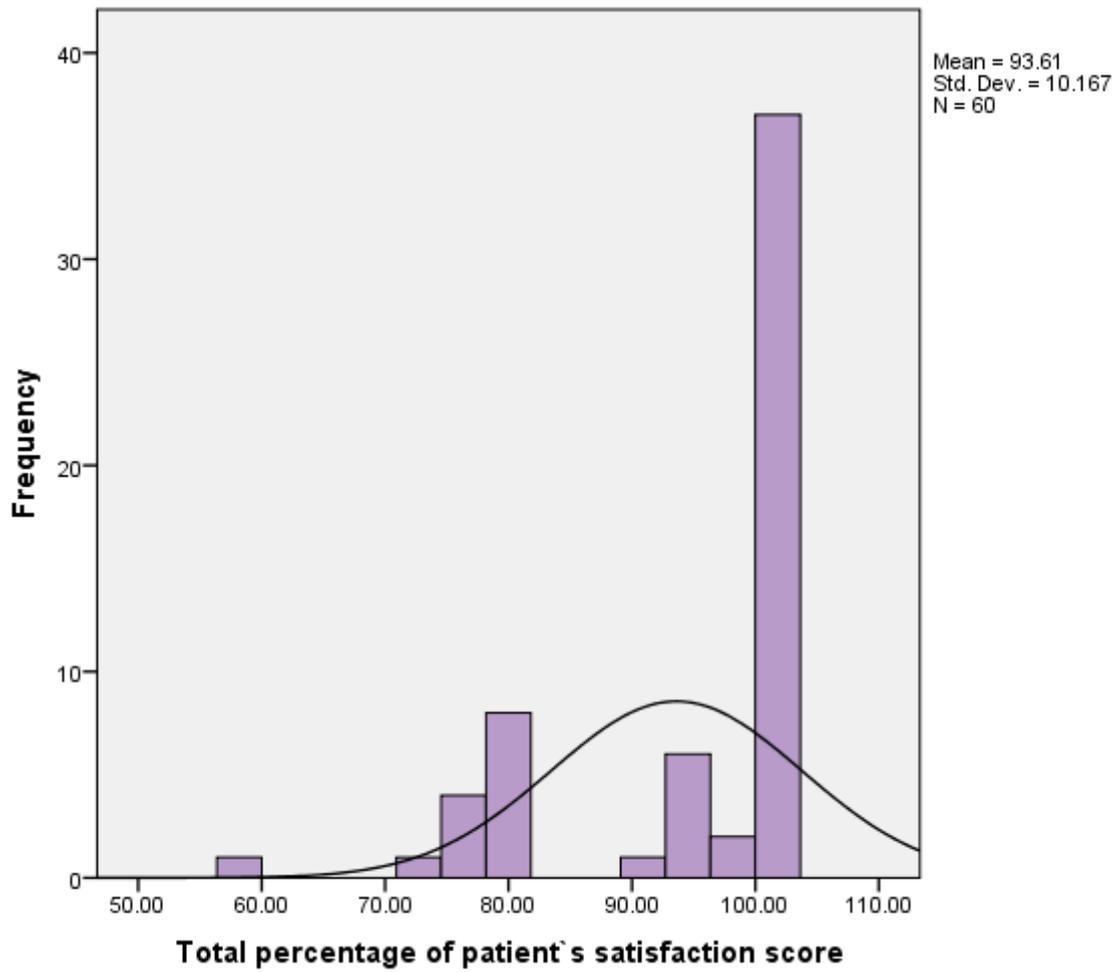


Figure 2: Frequency distribution of the total percentage of patients' satisfaction score towards telemedicine services

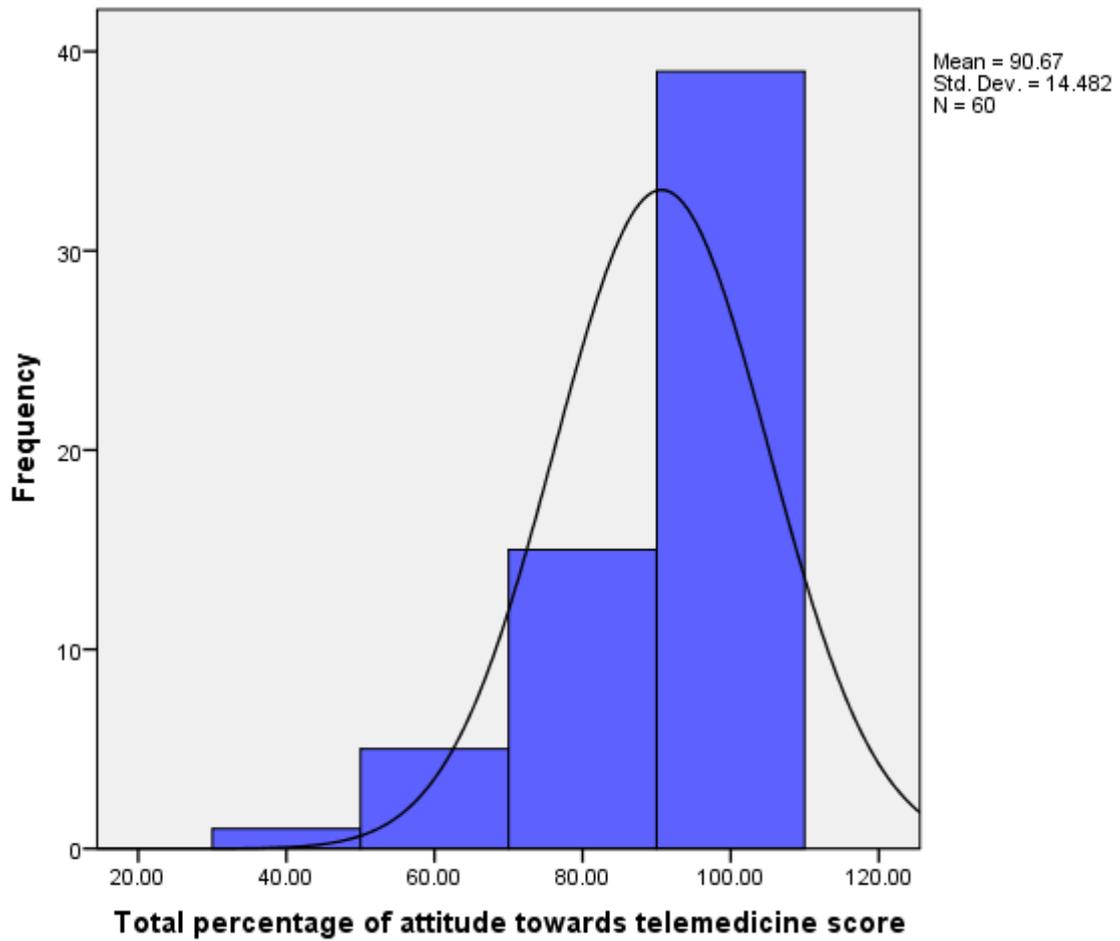


Figure 3: Frequency distribution of the total percentage of patients' attitude towards telemedicine services score