A literature review of quality in lower gastrointestinal endoscopy from the patient perspective


CRD summary
The authors reported that the most important aspects of quality of colonoscopy and endoscopy services from a patient's perspective were the staff, the facility environment, comfort, wait time, pain management, pre-test anxiety and patient-physician communication. There were limitations to the review methods, but the very general results reflect the literature.

Authors' objectives
To assess the quality aspects of colonoscopy and endoscopy services that are most important from a patient's perspective.

Searching
PubMed was searched for English-language studies from January 2000 to February 2011; search terms were reported. A manual search of references was undertaken.

Study selection
Qualitative or quantitative studies of any design were eligible for inclusion if they evaluated the quality aspects of colonoscopy or endoscopy services, from a patient's perspective, or the patient's willingness to return for colonoscopy or endoscopy. Studies where the outcome data were evaluated by physicians or anyone other than the individual who underwent the procedure, were not eligible. The data had to be collected within one year of the procedure.

The mean age of the participants in the included studies ranged from 55 to 62 years, and the percentage of females ranged from 43% to 57%. The included studies varied in their questionnaire format, timing of questionnaire completion, and mode of questionnaire administration. Outcomes assessed included the endoscopy unit staff manner, skills and speciality; facility environment; comfort; pain management and pre-test anxiety; wait time; and discussions with the doctor about the results and to explain the procedure.

The authors did not state how many reviewers selected studies for inclusion.

Assessment of study quality
The authors did not state that they assessed validity.

Data extraction
Data on patient satisfaction, willingness to return, and the factors influencing these were extracted from each study and presented in the text and in a table. The authors did not state how many reviewers performed the data extraction.

Methods of synthesis
The results were summarised as a narrative synthesis.

Results of the review
Eight studies were included in the review, with 4,358 patients. Four were cross-sectional studies (2,039 patients), three were prospective cohorts (1,951 patients), and one was a single-blinded controlled study (368 patients).

Patient satisfaction: Factors influencing satisfaction with colonoscopy and endoscopy services included cleanliness, comfort and the physical environment, waiting times, and staff (their manner, skills, speciality, and adequate discussions or explanations of the procedure and results). Results from two studies reported associations between higher pain scores or pre-test anxiety and lower patient satisfaction.

Willingness to return: Factors influencing this included comfort while waiting for the procedure, lack of embarrassment
during the procedure, experiencing less discomfort than expected, waiting an acceptable length of time until discharge, and discussing the results with the endoscopist.

Authors' conclusions
Based on quantitative literature, the most important aspects of quality of colonoscopy and endoscopy services from the patient's perspective were the staff, the facility environment, comfort, waiting time, pain management, pre-test anxiety and patient-physician communication.

CRD commentary
The inclusion and exclusion criteria were broadly defined. A limited search was undertaken, and only English-language studies were included, which increased the risk of publication and language bias. The authors did not state how many reviewers were involved in the systematic review process, leaving a potential for reviewer bias. They did not state that they quality assessed the included studies, so the reliability of these results is uncertain. No quantitative outcome data were presented; the types of service variables that were important to patients who underwent colonoscopy or endoscopy were reported.

There were limitations to the review methods, but the very general results reflect the literature.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors stated that further qualitative research was needed to evaluate the patient's perspective of colonoscopy and endoscopy services. Focus groups or interviews should be conducted to assess patient experiences.

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