

Improving patient satisfaction in glaucoma care

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Dear editor

We read the article by Foo et al¹ with great interest. We were intrigued by the factors influencing satisfaction rates among glaucoma patients. It made us question what changes could be made in the future attempting to improve patient satisfaction.

Similar to Foo et al,¹ we were also surprised to find a lower end-point intraocular pressure was linked with increased patient dissatisfaction. As stated by Foo et al,¹ other studies exploring clinical outcomes and patient satisfaction found that a positive clinical state was linked to higher patient satisfaction. Prakash² proposes a three-way association between patient satisfaction, increased compliance, and better clinical outcomes. Hence, in attempting to investigate patient satisfaction, it would be appropriate to assess patient compliance and clinical outcomes.

Robin and Grover³ identified three key factors in improving compliance in glaucoma patients. These factors include patients understanding what glaucoma is, a clear reasoning behind their treatment, and a simplified treatment regimen. A novel method to improve compliance and satisfaction rates among glaucoma patients is implementing patient education programs. Patient education programs have been shown to be effective. Stenberg et al⁴ carried out a systematic review of patient education programs and identified their potential in improving patient compliance and satisfaction. Based on the results of Foo et al,¹ the key areas which should be addressed in the patient education programs are those found to be strongly linked to patient dissatisfaction. These areas include explanation of glaucoma test results, explanation of the complications of poorly controlled glaucoma, and advice on managing glaucoma. We further propose the education programs should incorporate limitations with health care services in order to appropriately manage the expectations of patients.

Foo et al¹ suggested private patients were less dissatisfied overall due to longer consultation times and more personalized consultations. A meta-analysis of primary care consultations suggested it is not the length of time spent in a consultation but rather attempting to explore and find psychosocial factors that causes an increase in patient satisfaction.⁵ Thus, we feel that it is the structure and approach of the consultation which should be targeted instead of primarily focussing on increasing the length of the consultation. This will aid health care providers who are time restricted due to increasing patient numbers.

Tackling the factors affecting glaucoma patients' satisfaction can be approached from different avenues. Assessing patient compliance, providing education programs, and changing the structure of consultations are concepts that may positively influence patient satisfaction.

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Disclosure

The authors report no conflicts of interest in this communication.

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