

Patient-Reported Experiences in Elective Surgery: Satisfaction and Post-Operative Expectations at Georgetown Public Hospital Corporation

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Abstract:

➤ Background

Patient-focused care is a growing area of study, particularly in low-resource settings, where disparities in healthcare delivery persist. This study aims to evaluate patient satisfaction and post-operative expectations following elective surgery at Georgetown Public Hospital Corporation (GPHC).

➤ Objectives

To assess patient satisfaction and post-operative expectations following elective surgery at GPHC through quantitative and qualitative analysis, to understand and evaluate patient experiences, identify areas for improvement.

➤ Methods

This cross-sectional, mixed-methods study was conducted at GPHC from July to December 2024. Quantitative data were collected using a structured survey adapted from the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey. Qualitative data were gathered through semi-structured interviews. Data analysis included descriptive statistics and thematic analysis.

➤ Results

Elective surgeries accounted for 54.7% (N=912) of total surgeries at GPHC. Of 268 anticipated participants, 128 were recruited, yielding a response rate of 62.69%. The majority were female (63.3%, N=81), with a mean age of 47 years, and 41.4% (N=53) identified as Afro-Guyanese. Secondary education was the most common (52.3%, N=67), and 57.8% (N=74) had three or more preoperative visits. Overall satisfaction rate was 53.1% with varying satisfaction levels preoperatively, during the hospital stay and the discharge process. Significant negative correlations were found between age and perceptions of cleanliness (Pearson = -0.191*, p = 0.031) and quietness (Pearson = -0.313**, p < 0.001). Areas needing improvement included nurse care (32.8%, N=42), communication (25.8%, N=33), and facility maintenance (15.6%, N=20).

➤ Conclusions

While patient satisfaction at GPHC is generally high, there is room for improvement in certain areas, particularly in nursing care, communication, and the physical environment. Addressing these issues could further enhance the quality of care and the overall patient experience, ultimately leading to better outcomes and higher patient satisfaction.

Keywords: Elective Surgery, Patient Satisfaction, Post-Operative Expectations, Patient-Centered Care, Georgetown Public Hospital Corporation.

➤ **List of Acronyms and Abbreviations**

- ERPs: Enhanced Recovery Pathways
- GPHC: Georgetown Public Hospital Corporation
- GRS: Global Rating Scale
- HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems
- HICs: High-income Countries
- PAC: Pre-Admission Clinic
- PCA: Patient Controlled Analgesia
- PREMs: Patient Reported Experience Measures
- PROMs: Patient Reported Outcomes Measures
- RN: Registered Nurse
- SAC: Severity Assessment Code
- SOPD: Surgery Outpatient Department
- WHO: World Health Organization

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I. INTRODUCTION

Globally, over 310 million surgical procedures are performed annually, with only 6% occurring in low- and middle-income countries (LMICs) (Anaesth, 2016; Ross et al., 2023). While Guyana is no longer classified as an LMIC, its healthcare system continues to face significant resource constraints characteristic of low-resource settings. Research traditionally focuses on clinical outcomes, but patient-centered care has emerged as a key quality metric (Wijayanayaka, 2020). In high-income countries (HICs), enhanced recovery pathways (ERPs) have been widely adopted, but their implementation in low-resource settings like Guyana remains challenging due to limited infrastructure and capacity (Bickler & Spiegel, 2009).

Patient satisfaction, borrowed from consumer marketing ideology (Waljee et al., 2014), involves assessing how a product or service aligns with customer expectations (Witiw et al., 2016). In healthcare, patient satisfaction is broadly defined as the extent to which a patient perceives they have received high-quality care (Chow et al., 2009).

The relationship between patient expectations and satisfaction is complex. A systematic review investigating patient expectations and Patient Reported Outcomes Measures (PROMs) in surgery found that expectation fulfillment was strongly associated with patient satisfaction (Waljee et al., 2014).

Globally, efforts have been initiated to enhance perioperative care outcomes in low-resource settings, aiming at overall improvement (Shah et al., 2016). Despite these endeavors and the ongoing push for comprehensive

benchmarking on a global scale, significant gaps remain in the literature regarding patient-focused care in such settings. In Guyana, where public hospitals provide free universal healthcare, all surgical referrals from other regions are directed to the Georgetown Public Hospital Corporation (GPHC), the country's main regional hospital. This centralization creates administrative challenges and, combined with limited resources, influences clinicians to prioritize critical tasks, often at the expense of routine clinical monitoring for lower-priority patients.

To bridge this knowledge gap and facilitate meaningful advancements, precise research efforts are essential. This study aims to evaluate patient-reported experiences, identify areas for improvement, and provide qualitative insights into the elective surgery process at GPHC. The focus is on enhancing overall patient experiences and outcomes while addressing the gaps in literature on patient-focused care in low-resource settings like Guyana.

II. METHODOLOGY

A. Study Setting:

The study will be conducted at GPHC, the primary regional hospital and the only teaching hospital in Guyana. GPHC provides free universal healthcare services and serves as the central referral facility for surgical cases from across the country. As the largest healthcare institution in Guyana, The General Surgery Department of GPHC handles a significant volume of surgical cases, including elective surgeries, and plays a crucial role in the training of medical professionals. Its unique position as both a regional and teaching facility, combined with its resource constraints, provides an ideal setting to explore

patient satisfaction and post-operative expectations in a low-resource environment.

B. Study Design and Data Collection Method

This one-time, cross-sectional, institution-based study aims to evaluate patient-reported experiences and post-operative expectations following elective surgeries at GPHC. Data collection will take place between July and December 2024 using a modified version of the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey and a semi-structured interview. The HCAHPS survey is a standardized tool used to measure patient satisfaction with hospital care, assessing various aspects of the patient experience, including communication with doctors and nurses, responsiveness of hospital staff, cleanliness, pain management, and discharge information. The survey is also widely used for benchmarking hospital performance and improving quality of care.

The data collection method will employ a team-based approach and follow-up clinic visits to ensure comprehensive data acquisition. The modified survey in this study will offer a standardized and thorough evaluation of healthcare service quality, focusing on patient care and allowing participants to share detailed narratives unique to the Guyanese demographic. An operationalization table outlining the key dimensions measured, corresponding variables, and how these variables will be operationalized is provided in *Supplement Table 1*.

C. Study Population and Sample Size

The study population included patients who underwent elective surgeries at GPHC during the study period. According to records obtained from the Registrar of General Surgery (Dr. Christopher Chung, 2023), the General Surgery Department at GPHC performed an estimated 874 elective surgeries in 2023. To ensure a diverse and representative sample of post-operative patients who underwent elective surgery; purposive sampling was employed to intentionally select participants based on specific criteria relevant to the study, ensuring a targeted and appropriate representation. Although the study anticipated enrolling at least 268 participants to achieve a 95% confidence interval and data collection was conducted from July to December 2024, using patients who had been discharged during this period, the team was only able to successfully recruit 128 discharged patients.

D. Eligibility Criteria

➤ Inclusion Criteria:

- Patients aged 13 years and older.
- Patients who underwent elective surgery in the General Surgery Department between July and December 2024.
- Patients fluent in English and who provided informed consent.

➤ Exclusion Criteria:

- Patients who underwent emergency surgery in the General Surgery Department.
- Patients below 13 years of age.
- Patients who declined to participate or whose records were inaccessible.

E. Data Collection Procedure

The study began by obtaining approval from the Institutional Review Board at Georgetown Public Hospital Corporation (IRB-GPHC) and the Ministry of Health (IRB-MoH). A collaboration with the Department of General Surgery was established for participant recruitment.

- **Team-Based Training and Deployment:** Medical students from the four surgical teams in the Department of General Surgery were trained to collect data from discharged patients. Each team was responsible for a specific group of patients based on their surgical teams, ensuring broad coverage and efficient data collection.
- **Follow-Up Clinics:** For patients unavailable at the time of discharge, follow-up was conducted during outpatient clinic visits. This approach improved recruitment and minimized data loss from patients who were not reachable immediately post-discharge.

The survey will be conducted in English, and participants will be allowed only one response.

F. Data Analysis

Quantitative data were analyzed using SPSS (Statistical Package for the Social Sciences). Descriptive statistics, including frequencies and percentages, were calculated to summarize patient characteristics and survey responses. Top-Box Scoring was applied to responses coded on a 4-point Likert scale (e.g., "Never," "Sometimes," "Usually," "Always") and a 0–10 scale for overall hospital ratings. For each domain, related questions were aggregated to calculate the percentage of respondents selecting the most favorable response ("Always" or "9 and 10" on the 0–10 scale) at a hospital level. Inferential statistics, such as chi-square tests and correlation analyses, were conducted to identify significant associations and patterns in the data. Qualitative data, collected through narrative feedback, were analyzed using thematic analysis to uncover recurring themes and insights into patient experiences.

III. RESULTS

➤ Recruitment and Demographic Characteristics

In 2024, the total number of surgeries performed by four surgical teams within the general surgery department was 1,667. Elective surgeries made up 54.7% (N= 912) of the total surgeries (compared to emergency surgeries 45.3% (N= 755). From the 268 anticipated participants, 128 were successfully recruited with a response rate of 62.69%, while 29.85% of the target population (N=100) could not be recruited due to refusals

and other barriers during their follow-up clinic days, and approximately 7.46% patients (N= 20) declining participation based on feedback from medical students who were met with resistance during data collection in the ward.

Of the 128 participants recruited, the 63.3% were female (N= 81), compared to males (36.7%; N= 47) with a mean age of 47 years. 41.4% identified as Afro-Guyanese (N= 53) while 35.2% (N=45), and 16.4% (N=21) were of East Indian and

Mixed ethnicities respectively. 52.3% participants had secondary education (N=67), 24.2% (N= 31) had primary education; only 3.2% (N=4) reported having no formal education. The majority of participants (57.8%, N=74) had three or more visits with their surgeon before surgery; 19.5% participants (N=25) had two visits, while 8.6% of the participants (N=11) reported having no office visits before surgery

Table 1. Demographic Characteristics

Gender	N	%
Male	47	36.7
Female	81	63.3
Age		
Mean (S.D)	47.47(15.81)	
Range (Minimum, Maximum)	15, 82	
Minimum	15	
Maximum	82	
Ethnicity	N	%
Afro-Guyanese	53	41.4
Amerindian	7	5.5
East Indian	45	35.2
Mixed	21	16.4
Other (Non-Guyanese)	2	1.6
Educational Level	N	%
No formal education	4	3.2
Primary	31	24.2
Secondary	67	52.3
Tertiary	26	20.3
Number of visits before elective surgery	N	%
1 visit	18	14.1
2 visits	25	19.5
3 or more visits	74	57.8
None	11	8.6

➤ *Levels of Patient Satisfaction with Elective Surgery Services at GPHC*

The following questions assessed the patient's actual experiences and perceptions of the care they received in order to assess their satisfaction levels.

The analysis of patient satisfaction levels revealed that before surgery, 74.2% (N=95) of patients felt encouraged to ask questions, and 81.3% (N=104) felt the surgeon showed respect for what they had to say. After surgery, 68% (N=87) of patients reported that nurses treated them with courtesy and respect, 65.6% (N=84) stated that nurses listened carefully, and 69.5% (N=89) indicated that nurses explained things in a way they could understand. However, only 33.6% (N=43) of patients felt they received help as soon as they wanted it. Regarding doctor communication, 85.2% (N=109) of patients felt doctors treated them with courtesy and respect, 76.6% (N=98) stated that doctors listened carefully, and 68% (N=87) said doctors explained things clearly.

For the hospital environment, 64.1% (N=82) of patients reported that their room and bathroom were kept clean, and 67.2% (N=86) stated that the area around their room was quiet at night. In terms of pain management, 66.4% (N=85) felt their pain was well controlled, and 70.3% (N=90) believed staff did everything they could to help with pain. Additionally, 64.8% (N=83) of patients felt there was good communication about their care between hospital staff, and 68% (N=87) reported that staff seemed informed and up-to-date about their hospital care. Patient involvement was reported positively, with 68% (N=87) receiving all necessary information about their condition and treatment, 78.9% (N=101) feeling involved in decisions about their care, and 74.2% (N=95) indicating that their family or friends were involved as much as they wanted.

During the discharge process, 80.5% (N=103) of patients reported having a clear understanding of prescribed medications, 63.3% (N=81) felt staff considered their preferences and those of their family or caregiver in deciding

healthcare needs, 71.9% (N=92) received enough information about managing concerns after discharge, and 76.6% (N=98) stated they had a better understanding of their condition when they left the hospital.

Regarding the overall hospital experience, 36.7% (N=47) of patients rated the hospital a perfect 10, while 16.4% (N=21) rated it a 9 on a scale of 0 to 10, giving a satisfaction rate of 53.1% (N=68). There was no significant correlation that existed between age, number of visits, and patient satisfaction.

However, there was a significant negative correlation involving age and specific aspects of the hospital experience. Age was negatively correlated with "During this hospital stay, how often were your room and bathroom kept clean?" (Pearson = -0.191*, $p = 0.031$). Additionally, age was more strongly negatively correlated with "During this hospital stay, how often was the area around your room quiet at night?" (Pearson = -0.313**, $p < 0.001$).

Table 2. Levels of Patients Satisfaction				
Before Surgery				
Survey Question	Domain	Top-Box Response	N	%
9. During your office visits before your surgery, did this surgeon encourage you to ask questions?	Communication	Yes, definitely	95	74.2
10. During your office visits before your surgery, did this surgeon show respect for what you had to say?	Communication	Yes, definitely	104	81.3
After Surgery				
11. During this hospital stay, how often did nurses treat you with courtesy and respect?	Nurse communication quality	Always	87	68
12. During this hospital stay, how often did nurses listen carefully to you?		Always	84	65.6
13. During this hospital stay, how often did nurses explain things in a way you could understand?		Always	89	69.5
14. During this hospital stay, how often did you get help as soon as you wanted it?	Staff responsiveness	Always	43	33.6
15. During this hospital stay, how often did doctors treat you with courtesy and respect?	Doctor communication quality	Always	109	85.2
16. During this hospital stay, how often did doctors listen carefully to you?		Always	98	76.6
17. During this hospital stay, how often did doctors explain things in a way you could understand?		Always	87	68
Hospital Environment/ Your Experience In this Hospital				
18. During this hospital stay, how often were your room and bathroom kept clean?	Cleanliness	Always	82	64.1
19. During this hospital stay, how often was the area around your room quiet at night?	Quietness at night	Always	86	67.2
20. During this hospital stay, how often was your pain well controlled?	Pain control	Always	85	66.4
21. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?		Always	90	70.3
22. Do you feel that there was good communication about your care between doctors, nurses, and other hospital staff?	Staff responsiveness	Always	83	64.8
24. How often did doctors, nurses, and other hospital staff seem informed and up-to-date about your hospital care?		Always	87	68
25. During this hospital stay, did you get all the information you needed about your condition and treatment?	Patient involvement	Always	87	68
26. Were you involved as much as you wanted to be in decisions about your care and treatment?		Always	101	78.9
27. Were your family or friends involved as much as you wanted in decisions about your care and treatment?		Always	95	74.2
Leaving the hospital/ Discharge				

28. Before you left the hospital, did you have a clear understanding of all of your prescribed medications, including those you were taking before your hospital stay?	Clarity of discharge instructions	Completely	103	80.5
29. During this hospital stay, the staff took my preferences and those of my family or caregiver into account in deciding what my healthcare needs would be when I left.		Completely	81	63.3
30. Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?		Completely	92	71.9
31. When you left the hospital, did you have a better understanding of your condition than when you entered?		Completely	98	76.6
Overall Rating				
32. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?	Over all hospital experience	9	21	16.4
		10	47	36.7
Over all hospital Satisfaction based on experience	Overall satisfaction	Based on ratings 9 and 10	68	53.1

➤ *Post-Operative Expectations of Patients Who Underwent Elective Surgery at GPHC*

The following questions focused on what patients hoped for or expected regarding their care and outcomes.

The analysis of post-operative expectations of patients who underwent elective surgery at GPHC revealed that before surgery, 79.7% (N=102) of patients reported that they were given all the information they needed about their surgery, and

85.2% (N=109) stated that they received easy-to-understand instructions about getting ready for their surgery. After surgery, 60.9% (N=78) of patients indicated that they received the support they needed to help with any anxieties, fears, or worries during their hospital stay.

There were no significant correlations between age, the number of office visits, and postoperative expectations.

Table 3. Post-Operative Expectations of Patients

Before Surgery				
Survey Question	Domain	Top-Box Response	N	%
7. A health provider could be a doctor, nurse, or anyone else you would see for health care. Before your surgery, did anyone in this surgeon's office give you all the information you needed about your surgery?	Communication	Yes, definitely	102	79.7
8. Before your surgery, did anyone in this surgeon's office give you easy-to-understand instructions about getting ready for your surgery?	Communication	Yes, definitely	109	85.2
After Surgery				
23. Did you get the support you needed to help you with any anxieties, fears, or worries you had during this hospital stay?	Nurse communication quality	Always	78	60.9

➤ *Specific Areas within the Elective Surgery Process that Requires Improvement to Enhance Patient Experiences and Post-Operative Outcomes*

The open-ended questions, the following themes were synthesize. Patients experience at GPHC was reported as positive by 81.3% (N=104) of respondents, neutral by 7.8% (N=10), and negative by 10.9% (N=14).

Several areas requiring improvement were identified based on patient recommendations. Nurse care was highlighted as a significant concern by 32.8% (N=42) of respondents, with one patient stating, "I recommend customer service training for the nurses. Nurses should be monitored on their work

performance. Nurses were very negligent." Communication and information were noted by 25.8% (N=33), with suggestions such as, "Doctors should provide more information to patients concerning their condition before surgery and during clinic dates, even to encourage patients where to get more information."

Facility and amenities were cited by 15.6% (N=20) of respondents, with one patient recommending, "Maintenance of facilities such as toilet, bathroom, fans, bedside tables. Better feedback system on surgery outcomes." Post-operative care was identified as an area for improvement by 4.7% (N=6), with feedback such as, "The staff needs to improve pre-op and post-

op care. The dressing nurse needs to care and do a proper job." Waiting time was another concern raised by 5.5% (N=7) of respondents, with one patient sharing, "Improve on waiting time. I've spent the whole day just for me to come back another day."

Nutrition and diet were highlighted by 3.9% (N=5), with a patient stating, "I was given what I shouldn't eat as per the doctor's recommendation while in the hospital ward. Diet personnel/Nutritionist should be on board as well." Staff performance was mentioned by 2.3% (N=3), with one

respondent remarking, "The doctors and nurses could have done a better job." Scheduling issues were also raised by 2.3% (N=3), with a recommendation for a "Better scheduling system in place for patients." Additionally, 0.8% (N=1) of respondents suggested improving both staff and scheduling, noting, "Better schedule, more clinic, and operation days."

Other suggestions included improving cleanliness and professionalism, as one patient stated, "Doctors should take their time to explain, and nurses should care more for patients. Keep rooms and bathrooms clean, please."

Table 4. Specific Areas That Require Improvement to Enhance Patient Experiences and Post-Operative Outcomes			
Open-ended Question			
Survey Question	Domain	N	%
33. In your own words describe your RECENT experience in GPHC			
Positive	Overall Experience	104	81.3
Neutral		10	7.8
Negative		14	10.9
34. Based on your RECENT experience please tell us the areas that require improvement to enhance patient experiences and post-operative outcomes			
	Area of improvement	Yes	
Nurse Care		42	32.8
Communication and information		33	25.8
Facility and amenities		20	15.6
Post-operative care		6	4.7
Other areas			
Nutrition and Diet	Area of improvement	5	3.9
Staff		3	2.3
Scheduling		3	2.3
Staff and Scheduling		1	0.8
Waiting time		7	5.5

IV. DISCUSSION

➤ Recruitment and Demographic Characteristics

Patient-reported outcomes (PROs) are a crucial measure of the quality of care provided to patients (Berkowitz et al., 2019). The findings from this study provide valuable insights into patient satisfaction levels with elective surgery services at GPHC.

In this study, the participation rate was 62.69% (N=128), reflecting a moderate level of engagement and interest in providing feedback about their surgical experience. However, 37.31% (N=100) of the target population could not be recruited due to refusals, reluctance to provide honest feedback on their experiences, and other barriers encountered during discharge and follow-up clinic visits. Non-response bias can impact the validity and reliability of questionnaire surveys (Fincham, 2008). The participation rate observed in this study aligns with previous research, such as 67.5% (Blöndal, Sveinsdóttir, & Ingadottir, 2022) and lower rates of 46%, 20.93%, and 22.45%

(Bjertnaes et al., 2011; Mercier et al., 2022; Mani et al., 2023). These findings indicate the challenges of achieving higher engagement in patient-reported experience studies. Notably, studies that utilized targeted recruitment strategies, including extended follow-ups and community engagement, a larger study population and an extensive inclusive criterion recorded higher response rates (Okonta & Ogaji, 2021, Ataro et al., 2024).

In this study, demographic composition of the recruited participants showed a predominance of females (63.3%, N=81) with a mean age of 47 years, and the majority identified as Afro-Guyanese (41.4%, N=53). Educational attainment was relatively high, with 52.3% (N=67) reporting secondary education. 57.8% (N=74) of participants reported three or more preoperative visits with their surgeon.

➤ *Levels of Patient Satisfaction with Elective Surgery Services at GPHC*

Evaluating patient satisfaction with postoperative care is essential for identifying areas for improvement in patient care. The findings from this study provide valuable insights for hospital management, guiding efforts to enhance patient satisfaction and optimize the overall hospital experience (Vladu et al., 2024).

While 81.3% (N=104) of respondents gave positive feedback in open-ended questions, overall satisfaction with their hospital stay was moderate. Only 53.1% (N=68) rated their experience as 9 or 10 on a 10-point scale. Prior research suggests that a patient's care experience directly influences satisfaction and indirectly shapes their needs, expectations, and values, which subsequently impact overall satisfaction (Larson et al., 2019).

The moderate satisfaction levels observed in this study may be attributed to variations across different domains of the HCAHPS survey. Nurses' communication was rated less favorably, with satisfaction scores ranging from 65.6% to 69.5%, compared to doctors' communication scores, which ranged from 68% to 85.2%. Additionally, only 33.6% (N=43) of patients reported receiving help as soon as they wanted after surgery.

Environmental factors, such as cleanliness and noise levels, also played a role in patient satisfaction. While 64.1% of patients reported that their room and bathroom were kept clean, 67.2% felt that the area around their room was quiet at night. Pain management was a relatively positive aspect, with 66.4% of patients indicating their pain was well controlled. A significant negative correlation was observed between age and satisfaction with room cleanliness and quietness at night, with older patients reporting lower satisfaction. This may reflect age-related sensitivities or differing expectations regarding hospital environments. Studies indicate a complex relationship between patient satisfaction and age as satisfaction decline with age (Jaipaul & Rosenthal, 2003; Elliott et al., 2022).

Comparatively, similar studies highlight variations in patient satisfaction globally. For instance, in Iraq, the overall satisfaction rate was 58.5%, with satisfaction rates of 67.6% for nurses' care and 72.2% for doctors' care. Significant differences were noted in satisfaction levels based on age, education level, and the surgical ward environment (Abduladhim & Khalaf, 2019). In the United States, patient satisfaction scores ranged from 33.5% to 98.5%, with a median score of 69.5% (Tsai et al., 2014). In China, Shang et al. (2021) reported a high satisfaction rate of 88.7% among 5,000 inpatients, identifying factors such as age, marital status, education, and length of hospital stay as significant influences. Satisfaction rates in surgical outpatient clinics in Nigeria and Ethiopia were 60.9% (Okonta & Ogaji, 2021) and 68.7% (Alemu et al., 2023), respectively.

➤ *Post-Operative Expectations of Patients Who Underwent Elective Surgery at GPHC*

Patient expectations are widely regarded as a key determinant of patient satisfaction (Bjertnæs et al., 2011). While GPHC excels in preoperative communication, the findings highlight a need for improved emotional support during recovery. Only 60.9% of patients reported receiving adequate support to address anxieties, fears, or concerns during their hospital stay. There is a well-established link between personality, anxiety, and health-related quality of life. While the influence of personality on health outcomes, particularly surgical outcomes, is well-documented, preoperative anxiety also plays a crucial role in postoperative satisfaction, with increased anxiety often correlating with decreased satisfaction (İzci et al., 2018; Chen et al., 2024). Furthermore, no significant correlations were found between age, number of office visits, and postoperative expectations in this study. This lack of association suggests that factors beyond demographic characteristics or visit frequency may have a more substantial impact on shaping patients' postoperative experiences and expectations.

Since Guyana does not have a national or regional benchmark for surgical service line performance, the findings from this study can be contextualized using the 2021 HCAHPS Surgical Service Line Benchmarks (Centers for Medicare & Medicaid Services, Baltimore, MD., 2023). These comparisons highlight areas where GPHC performed well, such as quietness, but also reveal significant gaps in staff responsiveness, nurse communication, and discharge processes.

Satisfaction with nurses' communication in this study ranged from 60.9% to 69.5%, which falls below the benchmark's 50th percentile (77%) and mean of 80.2%, indicating the need for improvement in this area. In contrast, doctors' communication scores ranged from 68% to 85.2%, with the upper range aligning with the benchmark's 75th percentile (87%), reflecting relatively stronger performance in this domain.

Staff responsiveness was notably low, with only 33.6% of patients reporting they received help as soon as they wanted, significantly below the benchmark's 50th percentile (65%) and mean of 65.3%. Regarding hospital environment, satisfaction with cleanliness was 64.1%, which aligns with the 25th percentile (68%), while satisfaction with quietness at night was 67.2%, exceeding the benchmark's mean of 57.4% and aligning with the 75th percentile (65%).

Pain management scored 66.4%, which is slightly below the benchmark's 50th percentile (70%), and discharge information satisfaction was 80.5%, below the benchmark's 50th percentile (90%) and mean of 89.7%. Overall, 53.1% of patients rated their hospital experience as 9 or 10 on a 10-point scale, which falls below the benchmark's 50th percentile (75%) and mean of 74.1%. Addressing these areas could help GPHC

align more closely with international standards and enhance overall patient satisfaction.

➤ *Specific Areas within the Elective Surgery Process that Requires Improvement to Enhance Patient Experiences and Post-Operative Outcomes*

Patient feedback from open-ended questions highlighted several areas for improvement at GPHC, despite 81.3% (N=104) of respondents reporting a positive experience. Nurse care was a significant concern for 32.8% (N=42) of patients, who cited negligence and recommended patient service training and performance monitoring for nurses. Communication and information were noted by 25.8% (N=33), with patients suggesting that doctors provide clearer explanations about conditions, treatment plans, and additional resources. Facility and amenity issues were raised by 15.6% (N=20), including the need for better maintenance of toilets, bathrooms, and bedside tables.

Some new themes that the HCAHPS did not capture was the waiting time which was another concern for 5.5% (N=7) of respondents, who suggested more efficient scheduling systems. Nutrition and diet were highlighted by 3.9% (N=5), with patients recommending the involvement of nutritionists to ensure dietary recommendations align with medical advice. Scheduling were also mentioned, with 2.3% (N=3) of respondents suggesting additional clinic and operation days. These are evidence-based indicators that indicate the need to foster a patient-centered environment at GPHC.

V. LIMITATIONS

The study encountered notable challenges in achieving the desired sample size. The refusal rate, attributed to various factors such as patient reluctance. However, regardless of the non-response bias, the response rate was moderate and it's important to note that HCAHPS surveys typically have low response rates (Godden et al., 2019, Centers for Medicare & Medicaid Services, 2021).

The team-based approach facilitated data collection across multiple teams (team 1 to 4). However, variations in team performance and recruitment rates were observed. For instance, Team 1 collected data from a higher proportion of elective surgeries than other teams, which might reflect variations in patient availability or team efficiency. Emergency cases often posed challenges for follow-up due to the exclusive criteria of the study.

The ratio of emergency to elective surgeries varied significantly. This distribution may influence patient satisfaction outcomes, as emergency cases often involve higher stress and less predictability compared to elective procedures. Also, there was a lost opportunity to assess satisfactory rate across all surgery.

In terms of analysis, the study only examined correlations between age and specific aspects of the hospital experience, not causation. Additionally, the study did not account for other potential factors that could influence patient satisfaction, such as health status, socioeconomic status, and cultural background. Furthermore, the significant negative correlations were found only for "room and bathroom cleanliness" and "quietness at night," suggesting that older patients may have different priorities or expectations regarding these specific aspects of their hospital stay. Finally, the subjective nature of patient satisfaction and the potential for confounding factors, such as longer hospital stays for older patients with more complex conditions, should be acknowledged.

While the satisfaction measure used is relatively general, and due to the unavailability of surgery-specific satisfaction scores measures in Guyana, the study utilized a global score for surgical line service patient satisfaction as it aligns with the scoring and reporting methodology utilized by the Centers for Medicare & Medicaid Services (CMS) for HCAHPS scores (Berkowitz et al., 2019).

As a single-institution study conducted at the GPHC, the only tertiary academic hospital in Guyana, the generalizability of these findings to the national elective surgery population may be limited. However, given that GPHC serves as the primary referral center for most surgical procedures in the country and provides free care. To the best of the researcher's knowledge, no prior research at the regional or national level has directly addressed this specific topic. The absence of prior published data in Guyana limits the ability to compare and discuss findings with existing literature. This study serves as an important baseline for future research in this area.

VI. IMPLICATION OF STUDY

To the best of the researchers' knowledge, this study is the first to comprehensively investigate reported satisfaction among elective surgery patients at GPHC. By collecting and analyzing patient feedback, this study has established a valuable benchmark and contributed significantly to the existing literature on patient experience in this region. The findings provide crucial insights for healthcare providers and administrators at GPHC and can inform future research and quality improvement initiatives aimed at enhancing patient care and satisfaction.

This study findings revealed several key areas for improvement at GPHC to enhance patient care. Prioritizing nurse care quality through improved training, supervision, and performance monitoring is critical. Enhancing communication and information sharing between healthcare providers and patients is essential, requiring clearer explanations of diagnoses, treatment plans, and available resources. Addressing facility and amenity issues necessitates ongoing maintenance and improvement. Furthermore, the study highlights the need to address long waiting times through efficient scheduling

systems, integrate nutritional care into patient treatment plans, and expand service availability by offering additional clinic and operation days. By addressing these key areas, GPHC can significantly improve patient satisfaction and create a more patient-centered environment.

➤ *Lessons Learned*

- **Training and Supervision:** Adequate training of medical students proved effective but highlighted the need for continuous supervision to address challenges in real-time.
- **Follow-Up Strategies:** The follow-up clinic approach was instrumental in improving participation rates but required significant logistical coordination.
- **Participant Refusals:** Addressing patient concerns and providing clearer communication about study objectives might reduce refusal rates in future studies.

VII. CONCLUSION

This study provided evidence-based insights into patient satisfaction and post-operative expectations following elective surgeries at GPHC. Overall, the findings indicate a high level of satisfaction with preoperative and postoperative care, with most patients feeling respected by healthcare providers and well-informed about their surgeries. Specifically, the majority of participants reported positive experiences regarding their interactions with surgeons and doctors, and many felt encouraged to ask questions and understood their medications and conditions at discharge. Despite this, the overall patient's satisfaction was average.

Several areas for improvement were identified. While the hospital environment was generally perceived as clean and pain control was deemed adequate, issues related to nurse care, communication, and facility maintenance emerged as significant concerns. A substantial portion of patients (32.8%) felt that nurse care could be improved, and communication (25.8%) and facility maintenance (15.6%) were also highlighted as areas needing attention. These findings suggest that while medical care and patient interactions were satisfactory, the overall hospital experience could be enhanced by addressing these specific areas.

Additionally, the study found significant negative correlations between age and perceptions of cleanliness and quietness, indicating that older patients may have different expectations or experiences compared to younger patients. This could suggest that older patients may be more sensitive to environmental factors such as hospital cleanliness and noise levels, which may affect their overall satisfaction.

Finally, the study also revealed that while most patients had multiple preoperative visits, which could contribute to better satisfaction, a notable proportion (33.6%) felt they did not receive timely help post-surgery. This suggests that

improvements in post-operative care and responsiveness to patient needs are essential.

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➤ *Conflict of Interest Statement:*

The authors declare no conflicts of interest.

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SUPPLEMENTAL MATERIAL

Table 1: An operationalization table, outlining the key dimensions it measures, corresponding variables, and how these variables can be operationalized:

Dimension	Variable	Operationalization
Sociodemographic Factors	Age	In years
	Gender	Male or Female
	Ethnicity	East Indian, Afro-Guyanese, Amerindian, White, Mixed race, Other (specify).
	Educational level	No formal education, Primary, Secondary, Tertiary.
Communication with Nurses	Nurse communication quality	Patient's rating of nurse communication, measured on a scale from "Never" to "Always" regarding questions about care and responsiveness.
Communication with Doctors	Doctor communication quality	Patient's rating of doctor communication, measured on a scale from "Never" to "Always" regarding explanation of care and listening.
Responsiveness of Hospital Staff	Staff responsiveness	Patient's rating of how quickly hospital staff responded to requests for help, measured on a scale from "Never" to "Always."
Pain Management	Pain control	Patient's rating of how well their pain was controlled during their hospital stay, measured on a scale from "Never" to "Always."
Cleanliness of the Hospital Environment	Cleanliness of rooms and bathrooms	Patient's rating of hospital cleanliness, including rooms and bathrooms, measured on a scale from "Very Poor" to "Very Good."
Quietness of the Hospital Environment	Quietness during the night	Patient's rating of how quiet the hospital environment was at night, measured on a scale from "Very Poor" to "Very Good."
Discharge Information	Clarity of discharge instructions	Patient's rating of how well they understood discharge instructions, measured on a scale from "Not at all" to "Definitely."
Overall Hospital Rating/ Willingness to Recommend	Overall hospital experience	Patient's overall rating of the hospital, measured on a scale from "0" (worst) to "10" (best).
Patient's Experiences	Thematic analysis	In patient's own words
Areas for Improvement	Thematic analysis	In patient's own words

Table 2 For Thematic Analysis

Themes	Sub-Themes	Indicators
Nurse Care	Attitude and Professionalism	- Frequency of complaints about nurse attitudes and compassion- Reports of unprofessional behavior
	Response Time	- Reports of slow response times, especially at night
	Negligence	- Reports of missed medications or inadequate care
Communication and Information	Doctor-Patient Communication	- Reports of inadequate explanations of procedures or conditions
	Lack of Information	- Reports of insufficient information on conditions, treatment, and post-operative care
Facility and Amenities	Cleanliness	- Reports of unclean bathrooms and toilets
	Maintenance	- Reports of broken fans, non-functioning showers, or inadequate bedside drawers

Themes	Sub-Themes	Indicators
	Waiting Times	- Frequency of complaints about long clinic or surgery waiting times
Post-operative Care	Aftercare	- Reports of inadequate support upon discharge
	Pain Management	- Reports of inadequate pain management
Other Areas	Nutrition/Diet	- Reports of inappropriate hospital diets or lack of dietary information
	Staffing	- Reports of inadequate staffing levels, particularly at night
	Scheduling	- Reports of long surgery wait times and limited clinic availability