

Enquesta 2016

Satisfaction of women participating in the early detection of breast cancer program in Barcelona

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### 3

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# INTRODUCTION

The objective of this study is to measure the satisfaction with the Barcelona Breast Cancer Early Detection Program (PDPCMB) of the women who have participated in it during the last year, as well as to evaluate if there have been any changes with respect to the results obtained in the survey carried out in 2006.

In 2006 the study was based on a representative sample of women in Barcelona; therefore, both women who had participated in the program and women who had not participated were interviewed. Those who had participated were asked about their satisfaction and opinion about the program and those who had not participated were asked about their expectations, i.e., what they expected,

what requirements the program should have in order to encourage them to participate in it. 6

On this occasion, since we already have the information on expectations, it was considered a priority to focus our attention on continuing to study the satisfaction and opinion of the women participating in the program, especially considering that 10 years have passed and, therefore, a significant number of women in the target population have already changed.

Thus, the sample universe was the women participating in the program during the last year (about 50,000 women) and the questionnaire was the same as the one used in 2006 for women participants in order to maintain comparability.

The parts of the questionnaire are as follows:

* A presentation in order to remind the woman why she is being truncated and if she remembers the letter that was sent to her beforehand announcing that she would be truncated in order to carry out the survey.
* An introduction so that you remember when you had your last mammogram and in which hospital.
* Opinion on the materials used and the informative sessions
* Participation and level of satisfaction with the program
* Complementary tests, when they have been necessary, how they have experienced them, satisfaction, level of anxiety and if they have felt well informed.
* Socio-demographic data of the woman to know the employment situation, the socioeconomic level and with whom she lives.
* Sociodemographic data of the partner or reference person.

# OBJECTIVES AND METHODOLOGY

OBJECTIVES: The first objective is to describe the satisfaction of women participants in the PDPCMB with respect to different dimensions of the program. Secondly, to compare the results obtained in this survey with those obtained 10 years earlier.

SAMPLE: a random sample was taken district by district from the last sample taken at the technical offices of the hospitals responsible for carrying out mammography screening in Barcelona, which are: Parc de Salut Mar, Vall d'Hebron, Santa Creu i Sant Pau and Clínic.

Bearing in mind that the target population in Barcelona is about 200,000 women, that during

a period of one year the

This year half of them are convened and that the overall participation is 50%, the sample, and

starting from a estimated 15% non-response rate, it should be 450 women.

DATA COLLECTION: First of all, the women received a letter informing them that they would soon receive a survey to be interviewed and asked for a satisfaction survey about the PDPCM. After approximately one or two weeks, they received the reply. Therefore, the letters were coming out in a gradual way.

The questionnaire consists of the following parts: opinion about the program materials they have received (letters, leaflets and information leaflets) as well as the informative sessions that the program holds for women entering the program for the first time, participation and level of satisfaction with the program, specific section for women who need to undergo complementary tests, and also socio-demographic data.

At the end of the survey there is a battery of questions summarizing satisfaction with different aspects of the program: the program in general, its organization, the treatment received by the program staff, the "professionalism" of the professionals, the information received throughout the process and finally the satisfaction with the facilities and infrastructures. Next, we also asked about the importance given to each of these aspects, since if an aspect is not highly valued and is given a great deal of importance, it is clear that efforts must be made to improve it.

ANALYSIS AND PRESENTATION OF RESULTS: first, the overall descriptive results of the different parts of the survey are presented. They have also been analyzed by social class and age group, but they are presented only in those cases in which there is a significant difference, although this has not been the case in many situations. Subsequently, they are compared with those obtained in the survey carried out in 2006.

SATISFACTION MEASUREMENT: the results obtained in terms of satisfaction are reviewed using the scale of values proposed by the Basque Government as a reference point. According to the categorization used by Osakidezta, (Health Service of the Basque Government) to evaluate the satisfaction surveys of the Breast Cancer Early Detection Program, it is considered:

* Areas of excellence (≥95% satisfied users)
* Strong areas (90-94% of satisfied users)
* Areas with potential for improvement (80-89% of satisfied users)
* Areas in need of improvement (<80% of satisfied users)

8

# RESULTS IN SATISFACTION SURVEY 2016

## Profile of women who participated in the study

The women surveyed were 445, which are distributed as shown in Figure 1 in proportion to the size of the district and therefore the number of women who are the target population of the program. Thus, the proportions of women interviewed correspond as shown in Figure 1: Ciutat Vella 4.5%, Eixample 15.3%, Sants-Montjuïc 11.2%, Les Corts 4.9%; Sarrià-Sant Gervasi 5.6%, Gràcia 7.2%, Horta-Guinardó 11.5%, Nou

barris 12.1%, Sant Andreu 11.5% and Sant Mart-i 16.2%.

### 9

Figure 1: Distribution by districts of the women interviewed.



18

16

14

12

10

8

6

4

2

0

15,3

16,2

4,5

4,9

5,6

7,2

11,5

12,1

11,5

11,2

As for their employment situation, as can be seen in Figure 2, most of them work (41.8%), 25.8% are retired and the rest are in different situations.

Figure 2: Employment situation of the women interviewed.

45

40

35

30

25

20

15

10

5

0

41,8





25,8

13,3

11,2

4,9

0,7

2,2

### 10

1,1

9,7

13,3

9,2

66,7

Single Couple Widowed Separated Ns/Nc

23,5

38,8

37,6

Directors, managers and university professionals

Intermediate occupations and self-employed workers

Manual laborers

17,5

6,5

33,5

41,8

First stage 2aria i inferiors Barxillerat, FP grau mig i grau superior Universitaris 1er grau

University students 2nd degree and above



Figure 3. Marital status, social class and level of education of the women interviewed.

The majority of women live in a couple (66.7%) whether they are married or not. 13.3% are single.

As for the social class, it is presented grouped and taking into account mainly that of the woman. In those cases in which the woman does not work, she is assigned that of the person with whom she lives and in those cases in which both the social class of the woman and that of the person with whom she lives are available, the highest social class is assigned. Thus, 38.8% belong to the highest social classes (those classified as directors, managers and university professionals), 37.6% to intermediate occupations and self-employed workers and 23.5% are manual workers.

In terms of level of education, 41.8% have a bachelor's degree in intermediate vocational training or higher vocational training, 33.5% have a first stage of secondary school or lower, and the rest (24%) have a university degree.

Finally, with regard to age distribution, the most important group, 60% are between 55 and 64 years of age. Newly incorporated, 7.4% are under 52 years of age and almost 20% are between 65 and 69 years of age.

Figure 4. Distribution by age of women participating in the survey.

### 11

35

30,1

30,8

30

25

20

15

10

5

0

<52

52-54

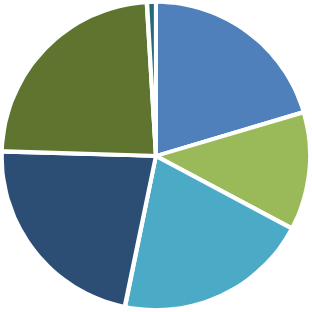
55-59

60-64

65-69

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  |  |  |  | | |
|  | | | | |  | 19,8 | | |
|  | | | | |  |  |  |  |
| 11,9 | | | | |  |  |  |
|  | | |  |  |
| 7,4 | | |  |  |  |  |
|  |  |  |
|  |  |  |  |  |  |

The woman is asked in which hospital she had her last mammogram and if she remembers the date, in order to know how many years it has been since she had her last mammogram.

Figure 5: Hospital where the mammogram was taken

Ns/Nc 1% Ns/Nc

Hospital Clínic

24%

Hospital Vall

d'Hebron 21%

Esperança 12%.

Hospital de

Sant Pau 22%.

Hospital del

Mar 20%.

The hospital in which the last mammogram was performed is proportional to the target population corresponding to each hospital center and the corresponding reference population:

Hospital Clínic: Esquerra de l'Eixample, les Corts i Sants-Montjuïc

Hospital De la Sta. Creu i St. Pau: Dreta de l'Eixample, Guinardó i Sant Andreu Hospital del Mar: Ciutat Vella i Sant Martí

Hospital de l'Esperança: Gràcia i Sarrià-Sant Gervasi Hospital de la Vall d'Hebron: Horta i Nou Barris

20.4% had their first mammogram less than one year ago, 48% had it one year ago, 26.3% had it two years ago, 3.6% could not remember and the remaining 1.7% had it more than two years ago.

## Opinion about the materials and the informative sessions

0

1,7

29,9

1

0

35,9

0

0

* 1. Material received by the women who are quoted for the first time

First of all, they are asked about the material that the women who join the program receive: a letter and a book with information about the program. Then they are also invited to an informative session. Regarding the letter, they were asked if they thought it was clear and sufficient. As can be seen in Figure 6, 37.5% were totally in agreement and 20.9% agreed. A 41.1% did not remember it, which is quite logical if we take into account that this letter is only sent to women who join the program for the first time and, therefore, in the sample they represent only 7.4% as mentioned above.

anteriorment. 12

Figure 6: Opinion about the newsletter



41,1%

No s'en recorda

37,5%

Totalment d'acord

20.9% D'acord

Figure 7: Opinion on the newsletter by social class and age group

Totalment d'acord Agree Neither agree nor disagree Disagree

C L A S S S E I + I I I

C L A S S E I I I I

C L A S S E I V + V

54,2

44,1

69,1

64,1



By social class, although the differences are not significant, women of high social status are those who differentiate less between totally agree and agree that the letter was clear and sufficient.

67,2

### 13

Totalment d'acord Agree Neither agree nor disagree Disagree

50 - 59

60 - 69



By age group, the majority of older women said that they agreed to a greater extent that the information in the letter was clear and sufficient.

61

38,4

0

0,7

31,9

0,9

0

Regarding the information booklet that accompanied the letter of introduction (Figure 8), 263 women (63.6%) surveyed do not remember it. Of the remaining 162 who remember it, 54.9% totally agree that the information it contained was useful and 42.6% agree with it.

Figure 8: Opinion on the informative booklet accompanying the letter of presentation

60,0%

54,9%

50,0%

42,6%

40,0%

30,0%

20,0%

10,0%

1,2%

,6%

,6%

,0%

Totally

d'acord

D'acord

Neither agree nor disagreeTotally agree

desacord desacord

* 1. Material that all women receive every time they are called to the program.

They are then told that after this material they receive the letter from the hospital giving them the date and time to go for the mammogram and accompanied by an explanatory leaflet. As we are aware that not all hospitals include this leaflet in their appointment letters, it is explained to the woman that they can also find it at the Pharmacy Offices and Primary Care Centers. They are asked if the information in this appointment letter seemed clear and sufficient. As can be seen in Figure 9, 58.7% were in total agreement, 35.3% in agreement and 5.8% did not express an opinion. None of them expressed the opposite opinion.

### 14

0,2

5,8

35,3

58,7

Totalment d'acord

Neither agree nor disagree

D'acord

No ho recordo

The opinion that women have of the letter of appointment second social class and age group, as can be seen in Figure 10, does not differ between classes or ages and follows the same trend as in the description of the group in general.

Figure 10. Opinion on the letter of appointment according to social class and age group

Totalment d'acord Agree Neither agree nor disagree

C L A S S E E I + I I I C L A S S E I I I C L A S S E I V + V

Totalment d'acord Agree Neither agree nor disagree

63,3

35,6

64,9

35,1

57,7

42,3

63,6

35,9

61

39

5 0 - 5 9

6 0 - 6 9

As for the information leaflet, the information obtained is very clear, since 31.9% of the women do not remember it and 34.2% belong to the hospitals that do not include it in the letter, of which there are two. Thus, we only have the opinion of a small part of the women surveyed, of whom 19.1% totally agree that the information was useful and 13.3% agree (Figure 11).

1,1

0

0

0,5

0

### 15

40

35

30

31,9

34,2

25 19,1

20

15

10

5

0

Totally D'acordNi d'acord niEn desacord No ho No hi havia d'acorden desacordrecorda fulletó

0,2

1,3

13,3

* 1. Opinion of the informative sessions

Of the 445 women interviewed, 19 (4.3%) attended the program's information sessions. If we take into account that women who join the program for the first time are invited to these informative sessions, that is, those between 50 and 52 years old and also those who participate for the second time (those up to 54 years old), this means that in the sample, there is a 19.3% of women who have been invited to some of these informative sessions. Therefore, having found 4.3% who have attended is a very good proportion to give us an idea of their opinion.

Thus, these 19 women were asked if the information they were given in that informative session was useful: 12 of them totally agreed, 6 agreed and 1 neither agreed nor disagreed.

## Participation and level of satisfaction with program

Most of them, 80.2%, have participated every time they have been summoned and have gone for the mammogram in a calm mood, also mostly, 84.3%.

Figure 12. Participation in the program and mood in which they participate.

9,4

10,3

80,2

One copy More than once Every time I've been warned

90

80

70

60

50

40

30

20

10

0

84,3

13,9

1,6

0,2

Tranquil.laUna micaBastant Amb por nerviosa worried

### 16

100

90

80

70

60

50

40

30

20

10

0

87,2

6,8

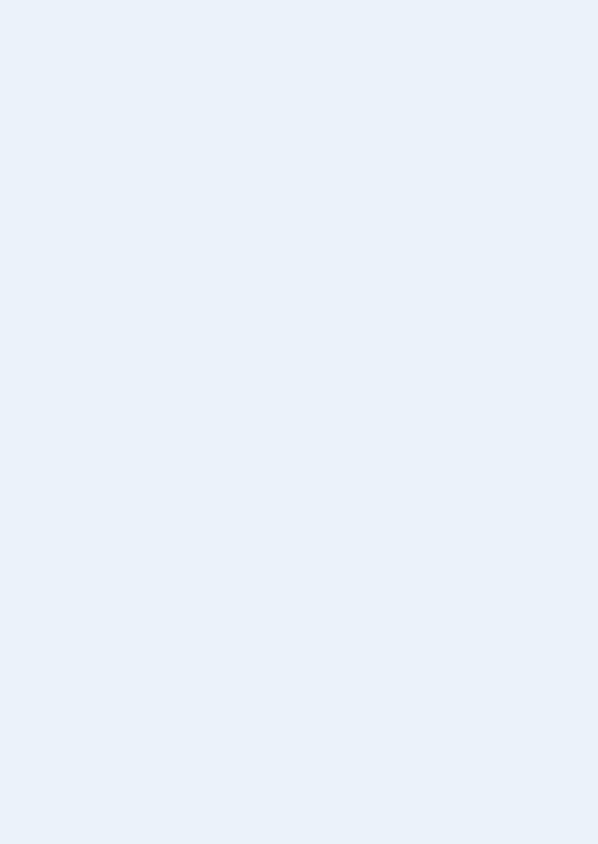
1,6

4,5

Mammography Studies

at 2 years old addicionals

Control Has not received advanced letter



6.8% of them received a test and underwent additional studies. 4.5% said they had not received any letter with the results. The rest received a letter with the results of the mammography, in 1.6% of the cases advanced control at one year and in 87.2% routine control at 2 years.

Figure 14. Opinion of the letter of results.

60

55,5

50

40

35

30

20

10

3,8

4

1,7

0

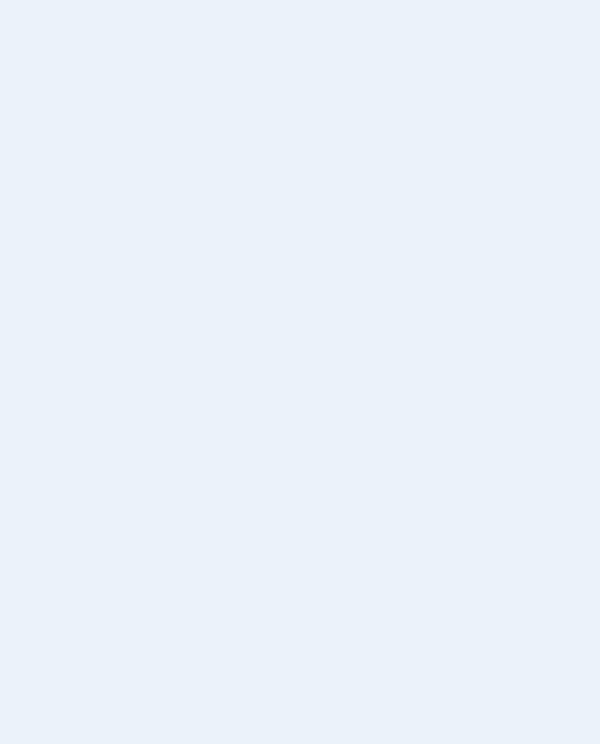
Totalment d'acord

D'acord

Neither agree nor Disagree Totally in

in disagreement

desacord



55.5% totally agree that the results letter was clear and sufficient, 35% agree. In this case, there are already some women who disagree with the clarity of the information in this results letter.

Figure 15. Opinion of the results chart according to social class.

70

60

50

40

30

20

10

0

59,9

53,6

42,1

Class I+II Totalmente d'acord

In disagreement

Class III Agreement

Totalment desacord

2,6 3,9 0

Class IV+V

Neither agreement nor disagreement

2

2,1

5,9 5,3

3,1 4,1

27

37,1

51,3

P<0,05



In this case, when analyzing by social class, significant differences appear, with women of high social status being those who to a greater extent express disagreement with regard to the clarity of the results chart.

the mammogram, most of them felt between calm (47.2%) and very calm (20.2%). However, approximately 14% were also between very nervous and nervous (Figure 16).

Figure 16. Mood during the days of waiting for the mammography results letter.

### 17

50

45

40

35

30

25

20

15

10

5

0

47,2

20,2

17,5

11,9

1,8 1,3

Molt Tranquil.la Ni nerviosa Nerviosa tranqui. lani tranquila

Molt nervosa

Ns/Nc

They were asked if they had made any consultation to receive explanations about the contents of the letter and 31 women (7%) said they had. Of these, 15 (48.4%) spoke directly to a private gynecologist, 9 (29%) spoke to a social security gynecologist, 6 (19.3%) spoke to their primary care physician, and 1 spoke directly to the program.

## Proves complementary

Thirty of the women interviewed (6.7%) needed to undergo a complementary test. These women were not sent a letter, they were dealt with directly by explaining that a complementary test was needed and they were directly and as quickly as possible. In this process we try to resolve doubts and reassure the woman.

When asked whether the information received seemed sufficient to reassure them, 20% clearly disagreed, 20% neither agreed nor disagreed and 60% agreed or strongly agreed (Figure 17).

Figure 17. Opinion on the information received in the test to inform about the complementary test.

26,7

20

20

35

30

25

20

15

10

5

0

33,3

Totalment d'acord Agreed

Neither agreement nor disagreement

In disagreement

of additional projections. This was followed by fine needle punctures. Eight women (2.7% of the cases) underwent more than one complementary test.

The result of the whole process among the women who required complementary tests was: 23 women (76.7%) routine control at two years, 4 women (13.3%) advanced control at one year and 3 women (10%) were diagnosed with cancer.

Regarding the information received throughout the process followed in the completion of the complementary tests, most of the students agreed (66.7%) and agreed (20%) that the information was clear and sufficient.

### 18

Figure 18. Satisfaction with the information received throughout the process of the complementary tests.

80

70

60

50

40

30

20

10

0

66,7

20

10

3,3

Totalment d'acord Agreed

Neither agreement nor disagreement

In disagreement

Regarding the levels of anxiety with which they lived through the process until the results were obtained, most of them felt anxiety (46.7%), 6.7% felt a lot of anxiety, 23.3% were able to control it, 10% felt little anxiety and 13.3% said they did not feel anything (Figure 19).

Figure 19. Anguish experienced during the process of the additional tests.

23,3

13,3

10

6,7

50

45

40

35

30

25

20

15

10

5

0

46,7

Molt Angoixada angoixada

Normal Poc angoixada Gens

angoixada

## General satisfaction with different aspects of program

In this section, and in conclusion, all women are asked about their general satisfaction with different aspects of the program and also the importance they give to each of them. A comparison is made between the answers given this year 2016 and those given in 2006.

Regarding satisfaction with the program as a whole, in 2006, 77.5% of women answered that they were very satisfied, while in 2016 they answered 59.6%. Even so, if we add the totally satisfied with the satisfied, both 2006 and 2016 reached 95-96% of satisfaction (Figure 20), which is what according to the criteria of the Basque government is the highest level of satisfaction.

is determined as an area of excellence. 19

Figure 20: Satisfaction with the program as a whole.

90

80

70

60

50

40

30

20

10

0

77,5

59,6

37

18

3,7

2,7

0,8 0,7

Very satisfied Força satisfet

2006

Neither satisfied nor dissatisfied

2016

Força insatisfet

In the organization of the program, in 2006 46% were very satisfied and this year it has increased to 52.4%. If we take into account the very satisfied and satisfied, in 2006 a total of 88.5% of women were satisfied with the organization of the program and this year 2016 92.2% (Figure 21). This means that there has been a clear improvement, moving from an area of potential opportunity for improvement to an area of excellence.

Figure 21: Satisfaction with the organization of the program

46,4

42,1

37,1

6,3 7,5

1,1 2,5

0,4 1,6

60

50

40

30

20

10

0

52,4

Molt satisfet Força satisfet Ni satisfet ni Força insatisfet Molt insatisfeta insatisfet

2006 2016

probably the most highly valued areas, with the majority of the opinions being distributed towards the highly satisfactory. Moreover, the sum of highly satisfactory and satisfactory, both 2006 and 2016 are clearly in the area of excellence.

Figure 22: Satisfaction with the treatment received.

### 20

90

80

70

60

50

40

30

20

10

0

73,5

79,2

17,122,5

3,1 2,9

0,6 0,7

0 0,4

Molt satisfet Força satisfet Ni satisfet ni Força insatisfet Molt insatisfeta insatisfet

2006 2016

Figure 23: Satisfaction with the professionalism of the staff

75

79

19,916,9

4,5 2,9

0,6 0,5

0 0,7

90

80

70

60

50

40

30

20

10

0

Molt satisfet Força satisfet Ni satisfet ni Força insatisfet Molt insatisfeta insatisfet

2006 2016

The information received throughout the process and the equipment and infrastructure, on the other hand, are the most highly valued aspects. With regard to information, in 2016 there was an improvement compared to 2006, since overall, 86.3% of the women interviewed said they were between satisfied and very satisfied with the information received, while in the last survey this percentage rose to 88.5% (Figure 24). This 88.5% is still within the area of possible opportunities for improvement.

### 21

60

50

51,7

46,4

42,1

40

30

20

10,4

10

7,5

2,2 2,5

1,1 1,6

0

Molt satisfet Força satisfet Ni satisfet ni Força insatisfet Molt insatisfeta insatisfet

2006 2016

34,6

As mentioned above, equipment and infrastructure is also one of the aspects in which women are less satisfied. Even so, this last year has improved greatly compared to the 2006 survey, as satisfaction has gone from 83.4% to 92.2% (Figure 25), and with this value it has also achieved a good level of quality.

Figure 25: Satisfaction with equipment and infrastructures

42,7 46,1

46,1

40,7

14,3

6,5

1,7 1,3 0,6

50

40

30

20

10

0

Molt satisfet Força satisfet Ni satisfet ni Força insatisfet Molt insatisfeta insatisfet

2006 2016

## Importance given to the different aspects of program

Regarding the importance given to each of these aspects, we can observe in the following set of graphs and again comparing the results obtained in this last survey of 2016 and the one carried out in 2006 the following results:

Regarding the importance given to the program as a whole in general, it can be said that women attach great importance to it (around 90% or more of women consider it very important) and furthermore that it has not changed or has changed very little between 2006 and 2016.

Figure 26: Importance given to the program as a whole

### 22

2016 2006

7,9 1,10,2

7,6 0,3

90,8

Very importantForça Important Neither very important nor unimportant Gens important

92,1

Very important Quite important Important

Regarding the organization of the program, the situation has changed. As we can see in Figure 27, in 2006, 88.2% of women rated it as very important, while in 2016 only 61.3% of women rated the organization of the program as very important. Perhaps the fact that the program has been implemented for years and works regularly, gives it a certainty that makes the population to play down its importance or pay less attention to it.

Figure 27: Importance given to the organization of the program

2016 2006

TRR

1,8

36,9

61,3

Very important Força Important

Neither too much nor too little important

11,2

0,6

88,2

Very important Quite Important Important

Figure 28: Importance given to the received treatment

2016 2006

11 1,1

9,8 0,3

### 23

87,8

STAFF PROFESSIONALISM 2016

Molt importantForça Important Neither very important nor unimportant

89,9

Very important Quite Important Important

On the other hand, professionalism on the part of the program staff is given a very high importance, over 90%, although it has decreased considerably between 2006 and 2016 (Figure 29).

Figure 29: Importance given to the professionalism of personnel

2016 2006

2,2

97,8

Very important Quite Important

7,2

0,70,2

91,9

Very important

Força Important

Neither very important nor unimportant Gens important

2016 is redistributed more between the very important and the very important.

Figure 30: Importance given to the received information

### 24

1,1

10,4

0,8

31

67,9

88,8

Very important

Neither too much nor too little important

Força Important

Very important Quite Important Important

The same can be said of the importance given to equipment and infrastructure. In general, they are given more relative importance, i.e., the most important, or quite important, have a lot of weight (Figure 31).

Figure 31: Importance given to equipment and infrastructures

6,5

0,8

19,9

72,8

Very important Quite Important

Important Poc important

2,7

40,4

56,9

Very important Força Important

Neither too much nor too little important

The other could be said to be in the material, that is, in the scale of importance that is given to each thing. Perhaps the fact that satisfaction has increased exerts a compensatory effect that relaxes the importance given to it, although it must be remembered that the overall importance given to it has not diminished.

25

## Changes and areas for improvement detected

Table 1 shows the satisfaction expressed by women participants in the PDPCM in 2006 and 2016 regarding the different areas of the program that have been broken down in the previous descriptions. In addition, they are placed in relation to the category of values used by Osakidezta to evaluate the satisfaction surveys and that allows detecting those aspects that are located in areas that require improvement and areas with potential opportunities for improvement.

The overall satisfaction is expressed in a sum that includes the different levels of satisfaction, that is, the sum of very satisfied and satisfied, so that all the values can be observed, although what is finally considered is the overall satisfaction. In the column of

valuation, it is specified whether there have been any changes between the two surveys (2006 and 2006) and whether there have been any changes between the two surveys (2006 and 2006). 26

2016), in which direction these changes have occurred, and finally, in which area the area in question is located (excellent, strong, with room for improvement or in need of improvement).

Table 1. Summary table of the main satisfaction indicators and their evolution between the two surveys.

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2006 | 2016 | |
|  | Molt satisfeta+satisfeta=  overall satisfaction | Molt satisfeta+satisfeta=  overall satisfaction | Valoració |
| Program | 77.5+18=95.5% | 59.6+37.1=96.7% | Has improved  Àrea excel-lència |
| Organization | 52.4+37.1=89.5% | 46.4+42.1=88.5% | It has been improved slightly  Area with potential opportunities for improvement. |
| Tracte rebut | 79.2+17.1=96.3% | 73.5+22.5=96% | S'ha manteningut a l'àrea  of excellence |
| Professionalism | 75+19.9=94.9% | 79+16.9=95.9 | Has improved  It remains in the area of excellence. |
| Information | 51.7+34.6=86.3% | 46.4+42.1=88.5 | Has improved  It remains in the area of possible improvement opportunity. |
| Equipment and infrastructures | 42.7+40.7=83.4 | 46.1+46.1=92.2 | Has improved  It has gone from a potential improvement opportunity to a strong area. |

# CONCLUSIONS

1. Between 2006 and 2016 the level of satisfaction among women participating in the Barcelona Breast Cancer Early Detection Program has improved in 4 of the 6 aspects of the program studied and in one of them, the treatment received, has remained at the same level it was.
2. The aspect in which it has been maintained, treatment received in general by the different people involved in the program, in 2006 we were able to obtain satisfaction values in the area of excellence.
3. Regarding the overall satisfaction with the program in general and the professionalism, the 27 27

values have improved, remaining within the area of excellence in which it was already located in 2006.

1. In equipment and infrastructure, it has improved considerably, going from a score in the area of possible opportunities for improvement to a strong area.
2. Satisfaction with the information received throughout the process has also improved, although it continues to remain in the area of possible opportunities for improvement.
3. In the case of women undergoing complementary tests, 20% disagreed with the information they received in the call they received to be advised to undergo the tests.

# RECOMMENDATIONS

Therefore, based on the data shown, it seems important to look for strategies to improve:

1. Closely linked to communication, we can continue to improve aspects related to the organization of the program (letters, information material, etc.). And above all, how to convey the information.
2. We must work to maintain the high levels of quality generally achieved by the program.
3. The communication in the different stages of the screening process, with the aim that the information in the different processes arrives more. Probably, it is necessary to work on what is the best way to get the information, since the information exists. Perhaps it is important that it is adapted to different social profiles and different circumstances and can be less protocolized.

Thus, the results show that in the case of women who undergo complementary tests, when they receive the request for an appointment for these tests, a significant proportion are not satisfied with the information they receive. It is necessary to review how this screening is done, in order to know in depth the causes that provoke the dissatisfaction; it is probably due to the fact that sometimes, the woman cannot obtain an answer to all the questions that arise. In any case, it is an aspect that needs to be addressed by the services in order to find the appropriate solutions.

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