



IQI Insights Volume 2, Number 1, Winter 2009-2010
Patient Satisfaction

A Note to the Reader:

IQI Insights is a series of brief informational pieces from the AAAHC Institute for Quality Improvement. Our focus is on enhancing quality and safety through educational activities. In this series, we hope to provide you with the opportunity to learn more about basic issues and concepts associated with quality improvement in ambulatory health care. These short documents are not meant to provide in depth or complete information; however, we hope that they will increase your comfort with these topics and perhaps, lead you to seek additional information. We welcome your feedback.

Sincerely,

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Introduction

This *IQI Insights* focuses on patient satisfaction. For the purposes of this *IQI Insights*, “patient satisfaction” will include patients’ *ratings* of the level to which their care has fulfilled their needs or wants (satisfied them) and, where feasible, the *reporting* of their experience of care. (The significance of both rating and reporting is discussed further below).

This *IQI Insights* is designed to review several of the issues found in the *extensive* literature on patient satisfaction. Some of the key *dimensions or aspects* of patient satisfaction, *patient factors* that have been shown to influence patient satisfaction and some of the reasons why patient satisfaction is so *important*, are discussed.

Dimensions of Patient Satisfaction

Various aspects or dimensions of patient satisfaction can be measured in patient satisfaction surveys. In 1975, Ware and Snyder [1] identified dimensions of patient satisfaction including patients’ perceptions of:

- *providers’ humanness*
- *providers’ competence*
- *availability of services*
- *continuity/convenience of care*
- *access* (which is now seen to include not only cost, payment type, and ease of obtaining emergency care, but also availability of services and continuity/convenience of care)

In addition, a recent internet survey of what patients want [2] found *communication* and the quality of the health care *facilities* and *office staff* to be important. Examples of special concerns associated with *surgical* patient satisfaction include not only communication (such as informed consent and discharge instructions) [3], but also pain control during the procedure and post-discharge, and return to daily activities as soon as the patient expects. An overall rating of satisfaction is also commonly included in patient satisfaction surveys.

Well-rounded surveys will explore the key aspects of patient satisfaction described above. To interpret patient satisfaction data, it is important to understand the *relative importance* (how much relative “weight” a dimension has—i.e., Is provider communication twice as important as office staff friendliness?) *of the dimensions being measured*. As noted above, there is a current emphasis on communication (including providers/staff listening, clarity of explanations, responding to requests for help or advice, and spending enough time) and, given the current economy and work for health care reform, access to care.

Patient Factors that Can Influence Satisfaction Levels

Certain patient characteristics are significant predictors of patient satisfaction:

- The most uniform patient factor to influence patient satisfaction is *age*. The elderly fairly consistently exhibit more positive satisfaction responses. [4, 5] It has been hypothesized that this is because the elderly (more than the young) want to make a socially desirable response, have decreased levels of expectation, and/or are receiving better care.
- Patient satisfaction may also be influenced by *race and ethnicity*—these patient factors may be associated with different expectations [6, 7] or different levels of comfort with communicating in English [7, 8, 9].
- A patients’ experience of *continuity of care* is associated with patient satisfaction; this may be a reciprocal relationship [10, 11].

It is important to consider issues such as these, as well as others (type of care being provided, insurance coverage) that will establish whether benchmarking is appropriate for patient satisfaction results. [12]

The Importance of Patient Satisfaction

AAAHC Standard 3.G: “An accreditable organization periodically assesses patient satisfaction with services and facilities and the findings are reviewed by the governing body —when appropriate, corrective actions are taken.” *In addition to being a requirement for AAAHC accreditation*, research indicates that *patient (customer) satisfaction is important to providers as business people*:

1. Satisfied patients will tell 5 or more other people, and dissatisfied patients complain to 9 or more other people. With the advent of the internet these opinions are disseminated across the world. [13] Word of mouth marketing is powerful, especially with the growth of personal Health Savings Accounts (HSAs), Health Reimbursement Arrangements (HRAs), and the proportion of Preferred Provider Organization (PPO) insurance, which allow patients greater ability to choose their providers than managed care. [14, 15]
2. Because the cost of obtaining a patient is high, losing a patient is a substantial loss of investment. [16] Your organization may have attracted a patient through advertising or an insurance contract giving plan members discounted rates for your services. For each new patient, you establish a patient record and gather payment information. Every interaction with the patient (e.g., reminder and follow up calls), payor (e.g., confirming coverage), physician’s office (obtaining files, results of physical, etc.), pharmacy (ordering or refilling a prescription), or laboratory (following up on test results), is an investment.
3. While there is evidence of a reciprocal relationship between patient satisfaction and continuity of care (which, in turn, is associated with better patient outcomes), conversely, *dissatisfaction and complaints can mean* not only loss of business/investment, but also *increased risk of malpractice lawsuits*. [10, 11, 17, 18, 19]

Accreditation, better business practices, and risk management are not the only reasons patient satisfaction is important. Surveying patient satisfaction can offer patients an opportunity to participate in their own care by reporting their care experiences. The *value of patient reporting* has traditionally been questioned because of the level of most patients’ clinical knowledge in comparison with that of providers. However, this view may need to be reconsidered, not only because of the increased socio-economic importance put upon patients’ active involvement in their own health care, but also because of the findings of:

- reliable patient reporting for certain aspects of care from specialist and primary care providers [20, 21]
- relationships between patient dissatisfaction/complaints and poor outcomes [17, 22]
- patients’ ability to accurately report their disease category [23].

Last but not least, patient satisfaction surveys can capture information for *feedback to providers and show opportunities to improve services/decrease risks* [24, 25]. However, many providers do not know how to use the patient satisfaction information they receive. This may be because often providers seek/receive patient “ratings” without “reporting” (patients’ reports of their care experience). *Patient reporting*:

1. Provides insight into whether an individual patient’s *ratings* are representative or reasonable. For example, of 100 patients surveyed, 12 patients (12%) may have expressed their dissatisfaction with the length of their wait prior to being seen or prepared for surgery by reporting that their wait was “longer than expected.” If you find that these 12 patients included 1 of the 40 who waited 15 minutes or less, and 11 of the 15 patients who waited more than an hour this helps you set a reasonable goal: to increase the proportion of patients being seen or prepared in less than one hour.
2. Gives direction/ideas for improvement efforts. For example: of 100 patients surveyed, 7 indicated that staff *did not* treat them in a “friendly and respectful manner.” If all 7 reported the receptionist was brusque or “short” with them, this shows a clear problem and gives you an idea of where to focus improvement. If one patient said she “didn’t think it was right that she was addressed by her first name;” another indicated that when he called the organization he was “put on hold for too long;” a third reported “staff giggled a lot;” a fourth noted that “the receptionist rushed patients;” and the other 3 patients didn’t provide any report, it is much more difficult to focus the improvement effort, without questioning whether each of these instances was associated with a special, individual sensitivity, that is not representative of your patient population.

There are many other important patient satisfaction issues that you can explore at: <http://www.pubmed.gov>.

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