

Should We Still Measure Patient Satisfaction?

People working in health care are generally familiar with the concept of patient satisfaction; although there is often confusion with this and patient experience. However, how useful is a measure of patient satisfaction and can it really tell us anything when comparing the quality of care delivered?

While generally considered as multidimensional, there is no consensus as to what domains should be included in the measurement of patients satisfaction or as to which are the most important.



Patient satisfaction should reflect at least three-factors which are the:

1. Patient's personal preference
2. Patient's expectations
3. Quality of care received

Measurement of the patient's satisfaction in the absence of the patient's expectations however, tells us little.

As expectations can be influenced by cultural factors, age, gender, ethnicity, experience, informal social networks, disease severity etc. disentangling the effect of expectations, experience gender etc. on reported satisfaction can be very problematic.



When comparing health care organisations or clinical staff for example and asking such a broad questions as: "How satisfied were you with your care during your stay in hospital X?" with response categories such as (e.g. excellent, very good, good, fair, poor) takes no account of such factors.

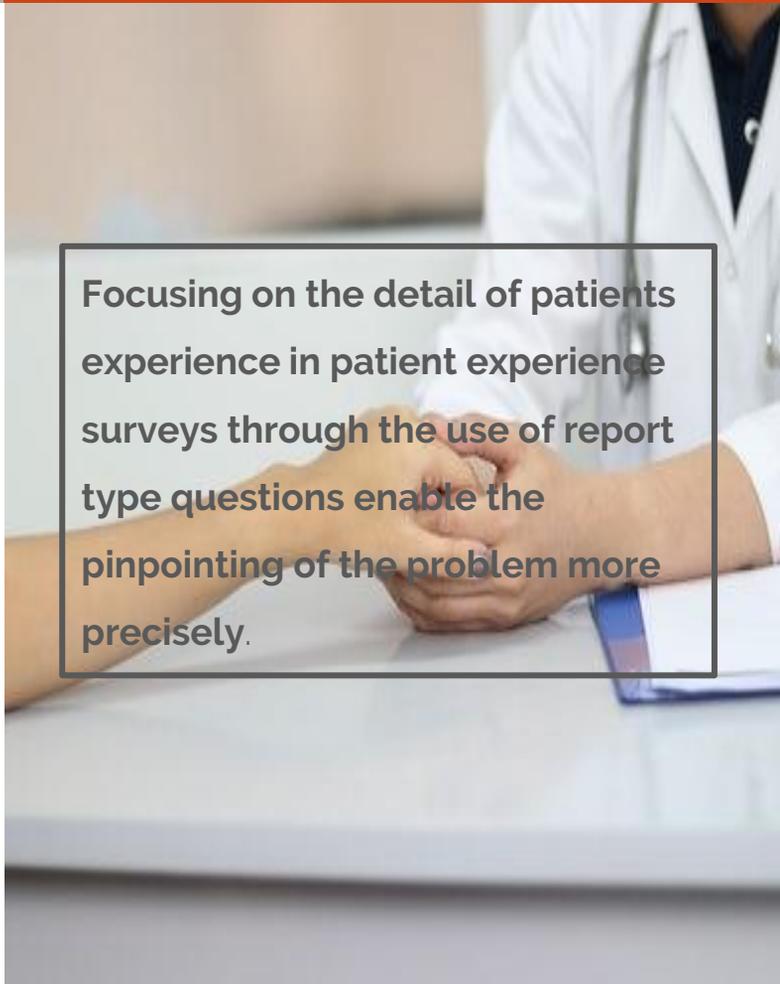
The complexities of modern health care and patient diversity make it impossible to reliably measure patient satisfaction and produce actionable results based on the use of broad questions or failing to take account of patients concerns about their illness.

Global rating of patient satisfaction may have a place, but their findings can be misleading at best if patients are not given the opportunity to comment in detail on their care.

Despite the fact that there is still reliance on the patient's perception of the event or process, the patient is first asked "what was your experience?" followed by "How would you evaluate that experience?"

While it might be impossible to eliminate the different factors effecting expectations, the report type of questions are less susceptible to the effects of expectations and tend to elicit less positive responses.

Knowing that 20% of patients rated care on a ward as "fair" or "poor" tells the clinician or manager very little as how to improve the quality of care on the ward where in contrast knowing that a proportion of patients had to wait more than 10 minutes to be taken to the toilet is much more useful.



Focusing on the detail of patients experience in patient experience surveys through the use of report type questions enable the pinpointing of the problem more precisely.

About Health Outcomes Insights

Health Outcomes Insights is an independent research consultancy serving academia, life science researchers, healthcare agencies and the pharmaceutical industry, get targeted answers to patient behaviour, experience and health outcomes across a range of conditions and diseases – with particular expertise in diabetes.

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