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A Vendor Viewpoint

Monitoring Patient Satisfaction

by Mary P. Malone, M.S., J.D., C.H.E., & Elizabeth L. Pollock

In this climate of increasing competition and report cards, astute managers integrate patient satisfaction data with other quality measures to improve service and customer satisfaction. Satisfied patients are more compliant, have more trust in the provider, are less likely to sue, and are more likely to recommend their provider. For these reasons, the proactive facility will measure and vigilantly monitor patient satisfaction in order to protect market share and to prove quality to payers.

Quality is a buzzword in health care. Administrators and purchasers argue over the meaning of the figures and the need for severity adjustments. Patient satisfaction is a reliable, concrete, and valuable measure of how care is perceived by the patient. It is a direct reflection of the ultimate customer's experience of care. Cancer centers need to measure patient satisfaction for two reasons. First, outside purchasers will demand to see your data. Second, as you adopt quality improvement initiatives, you will need this information to gauge your progress and to identify areas for improvement.

Can patients (and their families) judge the actual, technical quality of care? Much of this judgment is based on evaluations of your staff's motives, information given, confidence inspired, and stress alleviated. However, studies indicate that patients' evaluations of care match those of care givers. Patients are appraising your actual quality, even when assessing the medium (interaction) through which all technical care is delivered.

Because patient satisfaction is a component of care, not just an indicator, it actually affects outcome. When patients are more satisfied,

- there is more trust, thus better compliance
- there is less stress, thus fewer complications
- the placebo effect is intensified, resulting in enhanced healing and more effective treatment
- there are more feelings of goodwill and enhanced communications, lowering the chance of lawsuits.

OBTAINING MEANINGFUL INFORMATION

Once the commitment is made to measure, how do you proceed?

We recommend mail-back surveys. They are cost-effective and, more important, preserve the patient's anonymity. A phone survey automatically "blows the patient's cover." Research shows that in our culture patients are reluctant to criticize care givers for fear of retribution. This reluctance holds true particularly in settings such as cancer centers, where patients may return regularly and are well known to the staff. Although you need honest answers, not insincere praise, expect "whitewash," even if your center has a problem.

Another benefit of mail-back surveys is that the patient's family often participates in completing them. Judging the quality of care is usually a joint activity by patient and family, as is the decision to recommend you, complain to their employer or HMO, or sue you.

Of course, the value of the information is dependent on the quality of the questionnaire itself. To develop a questionnaire that provides truly meaningful results, a cancer center should have the survey designed and tested by staff trained in survey research methodology. The questions should be derived from focus groups and interviews with patients, family members, and staff to ensure that the questions reflect issues of importance to patients. One (unfortunately common) pitfall of survey development is to develop the questions without talking to patients. In spite of the best intentions, these questionnaires can end up being self-serving for the facility and frustrating or intimidating to patients. Questions on the survey must reflect aspects of care that are important to the patient as well as to the center. In designing items for the cancer center survey, consideration must be given to a variety of subtle experiences that could have an impact on the patient's overall satisfaction with care, as well as to the specific needs and concerns of cancer patients.

Another recommendation is to

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use an evenly balanced answer scale with equal numbers of positive and negative responses and one neutral response, such as "average" or "fair." Using a balanced scale will elicit more useful responses than a scale that is skewed positively (or negatively). An example of a positively skewed answer scale is one that offers the options poor, fair, good, very good, and excellent (Figure 1). It offers one negative response, one neutral response, and three positive responses. And it may prevent the user from getting objective, unbiased feedback.

How often should you send out surveys and to whom should they go? You need to know how recent admissions, as well as intermediate and long-term patients, evaluate your facility. Data should provide meaningful internal and external benchmarks, allowing you to compare scores among patients with different lengths of stay by insurance type, specialty area, nursing unit, diagnosis, gender, and age. You can then identify and duplicate your own best practices. External comparisons (if available) give you an idea of how your facility compares with others in different regions of the country, freestanding vs. hospital-based, and by bed size and types of services provided. This information gives managers a better picture of how patients throughout the country rate different aspects of their care. It also allows you to see if your scores (whether high or low) are in line with the performance of other centers.

Measuring patient satisfaction in itself is insufficient. If you want to improve your quality, you have to use the data.

USING THE INFORMATION

Measuring patient satisfaction in itself is insufficient. If you want to *improve* your quality, you have to use the data. Encourage staff buy-in by rewarding all improvements in scores and using lower scores to encourage improvement, not to punish. Staff should be required to respond to lower scores with written plans for process improvement—not with excuses. If survey results are viewed as opportunities rather than bad news, your quality improvement program is guaranteed success.

To be truly meaningful, patient satisfaction data should be specific and should be reported as a mean score, rather than "percent satisfied." If Central City Cancer Center, for example, measures patient satisfaction and 25 percent of patients rate the facility "fair," 35 percent rate the facility "good," and 5 percent rate it "very good," Central City could report "65 percent of our patients are satisfied." If Main Street Cancer Center, however, receives a rating of "fair" from 5 percent of its patients, "good" from 20 percent, and "very good" from 40 percent, 65 percent of their patients are satisfied, too, by the same definition. How, then, can Main Street differentiate themselves from Central City?

By reporting its scores as a mean, or average, Main Street Cancer Center can reflect its higher levels of patient satisfaction and can easily establish goals for improvement. In an ongoing measurement program, staff would be able to observe their progress toward established goals, notice downward trends before they become crises, and pinpoint areas that need attention. With more advanced statistical analysis, they would be able to calculate correlation coefficients, perform a regression analysis, and test for statistical significance of a change in score, as well as conduct other analyses. These types of information could help in determining how service affects the patient's likelihood to recommend the center and in quantifying the likelihood that a change in score is meaningful and not just due to random factors. Staff would then be able to target those areas that influence the patient's likelihood of recommending (or staying with) the center.

Once a facility has its survey developed and knows how it wants the data reported, it needs to decide on a strategy for survey distribution. Within the cancer center setting

Figure 1. Example of a positively skewed answer scale

	Circle one				
Technical skill of the nurses.	Poor	Fair	Good	Very Good	Excellent

A positively skewed answer scale can prevent the user from getting objective feedback because it offers the respondent an unbalanced number of options for rating the facility's quality.

Ten Do's and Don'ts of Patient Satisfaction Questionnaire Construction and Use

1. Have the instrument designed and tested by staff trained in survey research methodology.
2. Derive questions from patients, particularly patient focus groups. Questions must reflect issues that are important to patients.
3. Design the survey in a format that is easy for patients to see, read, and follow. Avoid glossy paper, pastel inks, and type that is too small.
4. Use wording the patients use.
5. Never put public relations on the instrument. Use a separate, short, straightforward cover letter without hype.
6. Avoid distributing and collecting the survey while patients are still in the hospital.
7. Provide space for written comments after each section, rather than once at the end of the instrument. This encourages patients to relate specific concerns.
8. Use the same five-point scale for the entire instrument. Don't mix scales. Use a balanced scale, including a neutral middle term and equal numbers of negative and positive terms.
9. Avoid data analysis based upon the percent of patient responses to each category.
10. Don't waste the effort and expense of using statistical analyses that are too simple. Mean scores are useful, but the addition of simple correlation coefficients can add very meaningful data.

patients may be admitted and discharged frequently. Thus, there is the potential for inundating patients with surveys. A patient who is inundated with surveys is unlikely to respond to any of them. We recommend, therefore, that a facility do an ongoing, facility-wide survey and sample individual patients no more often than once every three to six months. Avoid having individual instruments for each department.

Centers that compare data with a mean for the group as a whole—whether it is a network of centers, or the national database of a satisfaction measurement firm—will benefit from the broader base of comparisons. If all facilities in the group are using the same questions on their surveys, they can compare their results and calculate the mean score for the group as a whole. Armed with this information, managers can determine which areas tend to score lower and which tend to score higher, thus avoiding the dangerous and misleading comparisons between nursing and food service.

For best results, food service should be compared only with food service, and nursing should be compared only with nursing. The reason is simple. Let's assume that Central City Cancer Center is part of a group of cancer centers that uses the same instrument to measure patient satisfaction. The manager of Central City looks at the report and sees that food service had a mean score of 82 and nursing had a mean score of 88. At first glance, one might assume that food service is not doing as well as nursing. But when compared to their peers, they see that the average for food service is 79 and the average for nursing is 88.

The additional information provided by having comparisons tells the manager that the food service department is performing better than the peer group, while nursing is meeting the standard. This ability to compare also gives Central City an advantage when reporting to payers. They can assure payers that their food service department has better than average patient satisfaction ratings and the nursing department has ratings that are up to the standard.

No matter the eventual "look" of the health care system, no matter its financial structure, allocation basis, or membership criteria, one aspect is already clear: quality of care will no longer be taken for granted. All providers will be required to monitor it, improve it, and demonstrate it. As both an indicator and component of quality care, patient satisfaction is an effective tool for safeguarding and demonstrating your quality.

Patient satisfaction is also an outcome of quality care, and it should be examined in tandem with other outcomes measures. Looking at these numbers together gives the manager specific information relating patient satisfaction with outcomes. It is a powerful combination of data to offer a payer when reporting on your center's quality.