ICU
MANAGEMENT & PRACTICE

Are Patient Satisfaction Tools Causing Harm to Patients and Physicians?

It is routine practice to evaluate patient satisfaction through surveys. Physicians also regularly monitor their aggregate satisfaction scores, and public payors reward those with strong results. These tools and measures are based on the premise that patient satisfaction is an integral element of care, and improving patient experience is an important quality dimension for physicians and healthcare institutions.

However, it is important to understand that while measuring patient experience is essential, the tools and measures used can lose value as they age. It is similar to the Google search algorithm. Patient satisfaction measurement strategies need to be updated regularly to remain useful. It is also important to evaluate whether these measures accurately reflect the clinical performance and support efforts provided to improve the patient experience. Prevailing satisfaction surveys may not fulfill these requirements and may not be a good fit for evaluating clinician performance.

Several studies show that higher patient satisfaction is correlated with desirable health outcomes, such as lower rates of 30-day readmission and mortality. The studies in question evaluate patient experience ratings across large populations, but this evaluation is not based on surveys measuring individual patient performance. More recent studies show that increasing mean patient satisfaction scores could actually be ineffectual or counterproductive when evaluated as a measure of physician performance. One such study found that patients with the highest satisfaction ratings were also those with higher costs of care and higher mortality compared to those with lower satisfaction ratings.

The problem is that most patient satisfaction measurement instruments were developed more than 20 years ago and were based on survey design. These surveys aim to evaluate the patient experience as a broad component of care quality. But this can be a major limitation of these instruments. They may measure some elements of patient experience but are ineffective in reflecting or informing meaningful differences in care. Physicians can also struggle to respond to this type of evaluation.

Patient satisfaction surveys can produce skewed results. For example, a clinician who treats 120 patients each month and has a mean patient rating of 9.5 can lose this rating quite fast if even one disgruntled patient gives him a score of zero. That is not reliable or accurate.

This is not to say that patient satisfaction surveys are bad or the entire system is a failure. However, there is a need for a static measure to retain the utility of these tools in the long run, especially in a pay-for-performance system.

As pointed out by Edwards Deming, a leading scholar in the field of performance management, merit

rating nourishes short-term performance and annihilates long-term planning. It also builds fear, demolishes teamwork and promotes rivalry and politics. It can also leave people bitter, discouraged, depressed and unfit for work for weeks if they receive a bad rating. This should be cause for concern, especially with the high rates of burnout and distress that are reported among physicians.

Patient satisfaction is an important component when evaluating the quality of care. However, the high-stakes use of static patient experience instruments renders them meaningless and may contribute to physical burnout and bad medical care.

Source: JAMA
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Published on : Wed, 23 Nov 2022