With healthcare providers constantly facing new forms of competition, patient satisfaction is crucial to gaining and maintaining market share. Consumers look at patient satisfaction data as a reflection of the care delivered by a hospital’s physicians and nurses, and satisfaction scores can influence a broad array of senior leaders’ decisions. Still, collecting reliable patient satisfaction data can be a challenge. In one physician survey, 36 percent of doctors said the patient satisfaction profiles their organizations created were either minimally useful or not useful at all, while 46 percent of respondents said the satisfaction data was rarely or never used to change patient care.

Tips for a Better Survey

Providers should keep several factors in mind when using surveys, focus groups or other tools to measure patient satisfaction, according to the American Academy of Family Physicians:

Remember the big three. Providers have three general goals when they interact with patients: to provide quality healthcare, to make that care accessible, and to treat patients with courtesy and respect. Patient satisfaction survey questions, then, should cover issues of quality, access and interpersonal relationships.

Ask the obvious. Some satisfaction tools will ask a multitude of specific questions without following up with a key general question: “Overall, how satisfied are you with your physician?”

Word questions carefully. Survey questions should be focused, brief and easy to understand.

Use consistent scales. The majority of questions on a patient satisfaction survey should be answered using a scale, such as a 10-point scale or a scale ranging from “strongly agree” to “strongly disagree.”

Include an open-ended question. In addition to specific questions that focus on a narrow aspect of a medical practice, ask at least one open-ended question, such as, “What do you like best about our practice?”

Collect demographic data. Collecting demographic information allows providers to identify how certain groups of patients responded to a particular question. A question about a patient’s health plan, for instance, can help a provider track whether satisfaction scores vary from plan to plan.

Strive for anonymity. Patients are more likely to answer questions honestly if they believe their identity is protected. Make an effort to keep the entire survey process anonymous; patients should be able to complete their surveys in private and return them without fear of being identified.

According to data from the Consumer Assessment of Health Providers and Systems Hospital Survey, consumers with some college or a two-year degree tend to report slightly lower levels of satisfaction than groups with both lower and higher levels of education. All responses have been assigned a composite percentage score from 0 to 100; higher average percentages reflect more favorable views.

The same survey also shows that those consumers who consider themselves to be in excellent health tend to report higher levels of satisfaction.

Finally, the survey shows that women appear to be slightly more favorable than men in terms of their perceptions of hospitals. In addition, both groups tend to reserve their highest satisfaction ratings for their doctors.


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FINISH STRONG

The end of a patient's medical visit can have heavy influence over that patient's impression of a physician or a hospital, which in turn affects patient satisfaction, adherence to treatment and health outcomes. An American Academy of Family Physicians report highlighted seven skills physicians need to ensure a “clean finish,” which can lead to greater satisfaction for both patient and provider.

1. **Start with an agenda.** Providers can prepare for a good end to a patient visit by starting right. Agenda-setting orients patients to the structure and time frame of the visit, and it helps circumvent last-minute concerns.

2. **Use verbal cues.** Once the agenda is set, continue to highlight the structure of the medical visit as it progresses. For example, transitional statements such as “Let me wash my hands, and then I’ll take a look...” and “As we wrap up today, let’s make sure we are on the same page...” draw attention to the organization of the visit and contribute to the natural flow toward closure.

3. **Address patients’ emotions up front.** Improperly managed emotions can prolong the medical visit and lead to an untidy closure. Eliciting patients’ emotional or psychosocial issues early in the visit can help provide a sense of control over the patient encounter.

4. **Address your own emotions.** Physician emotions, especially the feelings of guilt and inadequacy that often plague young physicians, can play a major role in prolonging visits. These feelings may surface when you do not address all of a patient’s complaints, ask a patient to return for follow-up care, keep the patient waiting too long, or fail to “fix” the patient’s problem. Compensating for these feelings by extending the current visit is counterproductive and often leaves you and the patient feeling frustrated. Focus on two or three issues to reach common ground with a patient on how to proceed, rather than trying to tackle too much at once.

5. **Be ready for “oh, by the way.”** Last-minute patient complaints can surface even when you set the patient’s agenda at the beginning of the visit. Evaluate these last-minute concerns and classify them as emergent or nonemergent. A patient’s fear of a serious illness may preclude him or her from mentioning chest pain at the beginning of a visit, for example. Emotions can create similar barriers to divulging serious mental health or psychosocial issues, such as interpersonal violence or suicidal thoughts. These emergent issues need to be addressed immediately.

6. **Be specific.** When a physician closes a visit by asking for additional questions or concerns, a patient may interpret this as a genuine request for additional dialogue. To the physician, this is often a rhetorical question intended as a step to closing the visit. Instead of, “Do you have any more questions or concerns?” try “Do you have any questions about what we discussed today?”

**SOURCE:** American Academy of Family Physicians, *Sticking the Landing: How to Create a Clean End to a Medical Visit*

AGE MATTERS

According to data from the Consumer Assessment of Health Providers and Systems Hospital Survey, younger and older age groups tend to give hospitals a slightly higher overall rating than those groups from age 35-64. Responses for each age group were assigned a composite percentage score from 0 to 100; higher average percentages reflect more favorable ratings.

**SOURCE:** H-CAHPS Survey, The Gallup Organization; Thomson Healthcare