Patient satisfaction and complaints

Definition

Satisfaction – the degree to which the patient's expectations, goals and preferences are met by the health service.

Patient complaints – arise from dissatisfaction with elements of their health care experience.

Background

Patient complaints have long been used in the health system to measure dissatisfaction, but it is only in recent decades that formal patient satisfaction surveys have been used to endeavour to understand aspects of the quality of care. A link between this measure and patient safety has been made.

The measure of patient satisfaction and complaints is an attempt to capture elements of the quality of care as perceived by patients. These elements include: the art of care (caring attitude); functional quality of care; accessibility and convenience; finances (ability to pay for services); physical environment; availability; continuity of care; efficacy and outcome of care.

The evidence for the role of patient satisfaction data in quality improvement is mixed.[10] While some research reports no effect of feedback based on patient evaluations on behaviour change, other studies report the opposite. There is evidence that patient satisfaction survey data is under utilised by staff, which may help explain the reported lack of change. Measures relying on complaints have been shown to be more responsive to change than those relying on satisfaction measures.

High levels of patient satisfaction are however known to be associated with a more positive ongoing relationship with health care providers and with improved adherence to recommended care.

A major theme in the reviewed literature is the complexity of capturing a measurement of patient satisfaction that will accurately inform quality care improvement measures. That is, individual patient satisfaction may be influenced by many variables including: age, reported health status, ethnicity, gender, engagement with the system, faith and gratitude, perceptions of what constitutes 'good' physicians or care and time elapsed since receiving care.

Methodological issues associated with the evaluation and processing of complaints, the interpretation of complaint data and the process by which complaint data can best influence decisions about quality improvement have been examined.

[10] The literature review for *Patient satisfaction and complaints* is available at www.health.vic.gov.au/clinicalengagement

Adjustment for the variables that predict patient satisfaction scores is vital in gaining an accurate measure of patient satisfaction. It is also important to account for the effect of non participation by those with negative views and patient groups such as the elderly, confused and very ill from whom satisfaction data is difficult to obtain in collective patient satisfaction measures.

Patient complaint data have been used in the quality improvement process and have resulted in changes to policy and procedure. However, patient complaints may have detrimental effects on doctors and the relationship with their patients, as well as on fragile local health systems.

Complaints by health care providers (about other health care providers) are also an important source of information.

Measurement of patient satisfaction is now widely practiced across many health care settings. Patient satisfaction or dissatisfaction (and the complaints which subsequently arise from dissatisfaction) is thus an outcome of many different elements, many of which will be beyond the direct control of an individual doctor.

The Victorian patient satisfaction monitor (VPSM) monitors the level of adult in-patient satisfaction with the care and services provided by the State's public acute and sub acute hospitals.[11] It 'aims to elicit patients' perceptions about their health care experience so as to provide hospitals with vital information that will inform health service quality improvement' (Ultrafeedback 2008, p. 11). The survey is not intended to, and does not, provide feedback at ward, departmental or individual clinician level.

Purpose

Understanding patient satisfaction can contribute to a better understanding of the overall pattern of care delivery. Because of the broad based, multidimensional nature of patient satisfaction, it is rarely possible to draw significant conclusions about an individual senior doctor's performance, although multiple complaints about a specific individual should trigger further review. Patient satisfaction surveys and patient complaint data can be readily integrated elements of clinical practice improvement programs.

[11] Further information is available at http://www.health.vic.gov.au/patsat/index.htm

How to use patient satisfaction and complaints

The VPSM and individual organisation level patient satisfaction activities should be interpreted with considerable caution if considering them in the context of understanding the performance of an individual senior doctor. They should only be used in the most general terms as part of an ongoing cycle of performance review or a formal peer review process.

Patient complaints sometimes suggest direct attribution to individual doctors or teams. Patient complaints should be addressed according to usual organisational governance processes, but should not be used as part of an individual's performance development and support process unless attribution can be clearly proven.

Senior doctors should always be made aware of any complaint in which they are mentioned by name or implication. Cases of dissatisfaction in which attribution is apparent (for example, "I was unhappy with Dr X's approach to my care") should always be discussed with the senior doctor concerned by the individual's medical lead (medical director, unit head or equivalent) in an open and non judgmental fashion. A jointly agreed record of that conversation should be kept by the medical lead in accordance with the organisation's *Partnering for performance* policy. This record can then be used to inform ongoing performance development and support processes with the doctor and may, where appropriate, contribute to peer review processes such as re-credentialling.

Critical risks to consider in using the tool

The principal risk in use of patient satisfaction and complaints as a measure of 'quality' or 'performance' is the issue of attribution. Misuse of this tool carries significant risk to the organisation's relationship with senior doctors.

Victorian approach

Doctors should be made aware of any complaint about them. The doctor's medical lead (medical director, unit head or equivalent) should initiate further investigation of any cases of multiple complaints. Great care should be taken in using complaints or evidence of patient dissatisfaction in monitoring the performance of individual doctors.