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Patient-Satisfaction Surveys on a Scale of 0 to 10: Improving Health Care, or Leading It Astray? Alexandra Junewicz and Stuart J. Younger, Hastings Center Report, 2015¹

This article explores the concept of patient satisfaction, the evolution of patient satisfaction surveys, and their effects on health care providers and the delivery of health care.

Patient Satisfaction

The authors describe four aspects of a health care experience with which a patient may be satisfied: 1) Medically necessary care that improves health outcomes, 2) Medically unnecessary care that patients request, but may negatively affect health outcomes, 3) *Humanistic* aspects of health care, such as respect and good communication, 4) *Peripheral* aspects of health care such as parking and the design of a hospital.

Patient satisfaction lacks an agreed upon definition, leading to a wide variety of indicators used to measure it. It is influenced not only by the health care experience but also by patients' expectations, personality, sociodemographic background and health status. The satisfaction of a patient bears no clear relationship to the technical quality of care, in terms of it meeting predefined standards. However, it does relate to other human dimensions of health care such as empathy, reliability and communication.

The concept of patient satisfaction in health care originated with the belief that satisfied patients are more committed to and compliant with their treatments, leading to better health outcomes. However, the influence of consumerism and commercialization in health care transformed patient satisfaction into a legitimate, desired outcome unto itself, rather than as a means of improving compliance and, thus, health outcomes.

Patient Satisfaction Surveys

The authors suggest that using patient satisfaction surveys as an indicator of health care quality is problematic because: 1) There is not just one accepted definition of "health care quality", 2) Patients demonstrate a poor ability to evaluate the technical quality of care, 3) Asking patients to participate in a satisfaction survey conflates their role as a patient (in which they are a vulnerable, trusting individual seeking expertise and care) with that of a consumer (in which they are expected to assertively and actively evaluate and criticize).

Despite the difficulties with defining and measuring patient satisfaction, the article outlines some important ideological and ethical reasons for its measurement. Measuring patient satisfaction recognizes that patients should have the right to participate in the decisions and activities that influence their health care. Also, the surveys often evaluate the humanism and communication skills of health professionals and issues of patient safety and confidentiality, all of which are important areas to monitor.

¹ Junewicz, A. & Younger, S.J. (2015). Patient-Satisfaction Surveys on a Scale of 0 to 10: Improving Health Care, or Leading It Astray? Hastings Center Report, 45 (3), 43-51.

How Patient Satisfaction Surveys Influence Health Care

The authors assert that, although seeking patients' perspectives is essential to shared decision-making and important to health care quality, placing increased value on patient satisfaction may create the expectation to satisfy patients' wishes at all costs, leading to unnecessary and potentially harmful care. Further, because patients perceive physicians more negatively when they deliver bad news, no matter how well it is communicated, it may encourage providers to tell patients only what they want to hear, avoid difficult topics such as advance care planning, and even permit false hope among patients.

Junewicz and Younger warn that if patient satisfaction surveys have the potential to lead to health care providers acceding to unnecessary patient requests and avoiding difficult conversations, the consequence may be lower health care quality, higher health care costs, and an undermining of the professionalism and morale of health care providers.