

386: Measuring patient satisfaction with care: The patient and practitioner disparity

Henderson A.

Objective:

To determine if health practitioners and patients have the same perspectives about what is important in making a patient's hospital stay satisfactory.

Methods:

Qualitative design using face-to-face interviews, written survey questionnaires and focus groups were used to explore patients' and health practitioners' perspectives about what patient satisfaction means in its everyday use. A series of 52 interviews, with twenty elective surgery patients in an Australian public teaching hospital, was conducted to collect data to describe the patient perspective of patient satisfaction. Health practitioners, working in both clinical and administrative roles in 31 Australian public hospitals, were surveyed to explore their understanding of patient satisfaction. Following analysis of the survey data, three focus groups were completed with 29 staff from 17 hospitals from across Australian States and Territories to confirm survey data reliability. These 17 hospitals had all been represented in the Health Practitioners' Survey sample. Systematic ethnographic summary and content analysis of data revealed themes which were important to make a patient's hospital stay satisfactory. The results of this research can not be used to make any statistical projections, however; they do give a better understanding of the construct as it is understood by both patients and health practitioners.

Results:

Patients identified sixteen themes as important in making their hospital stay satisfactory. These patients wanted to be cared for by competent professionals in a friendly compassionate manner. They wanted to know what was wrong with them and what would happen to them during their hospital admission. Patients wanted to be comfortable and pain free, have their medications correctly administered and be discharged from hospital with an improved health status. Satisfaction was associated with attention to, and execution of, specific aspects of their care. Patients overwhelmingly discussed the construct of patient satisfaction at a personal level. Health practitioners could not clearly define patient satisfaction and were uncertain about what the phenomenon meant empirically. In broad terms, the health practitioners were concerned with issues that were more system related, including; the quality of services, safety and the environment of the hospital. Although health practitioners were primarily concerned with system issues, they also stressed that patients' experiences, both past and present, would influence patient satisfaction. While unable to clearly define patient satisfaction, health practitioners identified fifteen general themes they associated with patient satisfaction. Patient and health practitioner data seemed to share eight simple and comparable themes. However, further analysis showed that only the generalised grouping of the data was similar and the elements used to construct the general themes varied markedly between patients and health practitioners.

Conclusions:

This research found that health practitioners and patients have different perspectives about what is important to make a patient's hospital stay satisfactory. Whereas patients were able to articulate what is important to them to make their hospital stay satisfactory, health practitioners struggled to either define patient satisfaction or clarify what the phenomenon meant empirically. Hospitals rarely involved patients when determining how the construct of patient satisfaction was to be measured. Health practitioners must recognise that they do not share the same understanding of satisfaction with patients. Health practitioners need to consult with consumers to first identify, and then incorporate patients' criteria for satisfaction into evaluation tools. Service standards can not be adequately gauged if performance measures, such as patient satisfaction, do not address the patients' perspective of what is important.