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## **"Patient Satisfaction" Can Mean A Lot Of Different Things**

**Diane Glancey, MA  
Liz Dunn, PhD\***

\* Thomas Jefferson University

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## "Patient Satisfaction" Can Mean A Lot Of Different Things

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Patient satisfaction scores have become increasingly important in the health care market place. Hospitals want to show good patient satisfaction scores to managed care organizations during the bargaining process. Managed care organizations want to show good member hospital satisfaction scores to employers when they are negotiating contracts. In some cases, physicians who get low scores from their patients may receive lower compensation from their managed care contractors.

Despite the acknowledged importance of patient satisfaction scores, there is an unacceptable amount of variability among the questionnaires that are used to collect these data. While some questionnaires have been subjected to rigorous tests of reliability and validity, others are little more than home-made instruments.

One of the major differences among these questionnaires is the validity of questions that are asked of the patient. There are two basic approaches to deciding which questions should be asked of patients. The first approach is simply to ask the patients. When you are designing or updating a patient questionnaire, it is essential to get patient input into the process. This can be accomplished by inviting a group of recently discharged patients and their significant others to an informal focus group, and asking them what questions they think should be included in a patient satisfaction questionnaire.

While patients may not give you questions in the exact format that you need them, they definitely are more qualified to determine the content of most questions than anyone else.

A second approach to evaluating which questions to use is to perform a correlation analysis on data that you have already collected. The idea is to measure the "imputed importance" of a particular questions by correlating it with some "bottom line" question. For example, you might correlate the question "How satisfied were you with your meals?" with the following "bottom line question:" "Overall, how satisfied were you with your hospital experience?" If the resulting correlation coefficient is relatively low, we know that the question is not that important to overall satisfaction, and we may wish to omit it from subsequent surveys.

At Thomas Jefferson University hospital, we measure the correlation between every question and our "bottom line question:" "Overall, how do you rate the quality of the care you received in our hospital?" We have found that the following questions show the following correlations:

	Correlation with perceived quality
Satisfaction with nursing	.89
Satisfaction with physicians	.87
Satisfaction with discharge process	.79
Satisfaction with room	.79

While these relationships may seem obvious, others do not. In our last study, we obtained the following results:

	Correlation with perceived quality
Overall, would you say your health is much better, somewhat better, about the same, somewhat worse, or much worse at this point following your hospital stay?	.49
What is your level of agreement with the statement: "The hospital staff tried to reduce your stress level?"	.85

The results show that perception of whether the hospital staff tried to reduce anxiety is more strongly related to overall satisfaction than perception of how much health status improved. This is consistent with the results of our previous qualitative research. Because of the very strong relationship between perceived anxiety reduction and overall satisfaction, we recommend that any new or revised questionnaires include such a question.

In summary, not every patient satisfaction questionnaire includes questions that are valid (relevant to patient satisfaction). Two ways to ensure that questions are relevant are (1) include patient input into the questions and (2) perform a correlation analysis between each question and some "bottom line question."

### **About the Authors**

Diane Glancey, MA, is Senior Market Analyst and Liz Dunn, PhD, is Senior Director of Market Development at Thomas Jefferson University.