

Patient satisfaction with hospital stay does not reflect quality of surgical care

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Patient satisfaction is an important indicator of a hospital's service quality, but new Johns Hopkins research suggests that it doesn't necessarily reflect the quality of the surgical care patients receive.

"We found that the quality of what goes on in the [operating room](#) doesn't closely correlate with the patient's [perception](#) of the quality of his or her medical care," says Martin A. Makary, M.D., M.P.H., an associate professor of surgery at the Johns Hopkins University School of Medicine, and leader of the study described online in *JAMA Surgery*. "It is important for patient satisfaction to be tracked and transparent, but the quality of the actual care may be independent of that. It's misleading to say a patient satisfaction score says it all."

Patient satisfaction is becoming a front-and-center issue in the health care conversation, Makary notes, because in 2012, the Centers for Medicare & Medicaid Services finalized details of a new reimbursement method that adjusts payments based on patient satisfaction scores—a measure also being adopted by private insurers. And patient satisfaction scores often appear as the only scores on websites purported to help patients make more informed choices about where to seek health care.

But the growing idea that patient satisfaction is the ultimate metric of [health care](#) quality was an idea that Makary and his colleagues felt needed to be evaluated. Their research found that while the metric may be easy to apply, it doesn't appear to be a comprehensive measure of overall quality, particularly for procedure-based care like surgery.

For the study, the researchers compared the performance of 31 U.S. hospitals on the Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS), the Centers for [Medicare](#) & Medicaid Services [Surgical Care](#) Improvement Program (SCIP) and the employee Safety Attitudes Questionnaire (SAQ).

Among the questions asked of patients on the HCAHPS—the patient satisfaction survey—were inquiries about nursing care, cleanliness of the hospital, experiences such as pain management and explanations of new medicines and follow-up on discharge. Surgical care quality was judged on such evidence-based measures as infection prevention, blood clot prevention and timely removal of catheters. Safety attitude questions focused on teamwork, job satisfaction, working conditions and perceptions about the management of the hospital.

Results showed no link between patient satisfaction scores and surgical care quality scores, although the researchers did find a correlation between patient satisfaction scores and employees' feelings about the teamwork and safety climate in their hospital.

"The better the workplace culture for staff, the more satisfied the patients," Makary says. "In any industry, if the employees feel good about their workplace, they are more likely to have satisfied customers. Doctors and nurses feel strongly that wide variations in teamwork culture are behind wide variations in quality, but there hasn't been a lot of focus on culture in the past."

Makary emphasizes that [patient satisfaction](#) should be one important hospital priority, that patients should receive prompt and timely care, should be educated about their medical options, and should feel they have been treated with courtesy and respect. But he wants to see better instruments developed to capture good technical skills, sound medical judgment and other aspects of quality [medical care](#).

Provided by Johns Hopkins University School of Medicine

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