

Hunter Hott

Professor Thompson

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Implications of Patient Satisfaction Surveys on Healthcare

Administrators and physicians used patient satisfaction surveys for many years to gauge the quality of care and satisfaction of patients within the United States healthcare system. These surveys evaluate current conditions in healthcare settings and lead to changes when necessary. Some analysts say that patient satisfaction surveys are a necessary measure to evaluate healthcare conditions. Quality patient care demands significant considerations regarding the negative implications of patient satisfaction surveys because many physicians concern themselves more with the satisfaction of a patient than treating their illnesses. A great deal of physicians considered leaving their practices or even leaving the medical field altogether due to the negative impacts of patient satisfaction surveys. Patient satisfaction surveys, while providing valuable feedback to caregivers and medical staff, generate many adverse impacts on overall standards of patient care.

Physicians tend to gravitate toward keeping patients satisfied more than treating their illnesses. In their article, Zgierska, Rabago, and Miller state, “the majority of responding physicians were also concerned that such surveys promoted inappropriate medical practices, including unnecessary antibiotic and opioid pain medication prescriptions, tests, procedures, and hospital admissions” (443). Another article by Joan Papp and Jason Jerry, explains in reference to prescription pain medicines, “An additional 67 percent of respondents agreed that, in general, physicians in the United States over-prescribe controlled substances to treat pain. One physician

stated: ‘I have faced consequences from my hospital for not prescribing narcotics even if [the] patient had a huge, multi-page [Ohio Automated Rx Reporting System] report’” (para. 14).

Physicians are ordering tests and procedures that might not be necessary, however they order them because it will satisfy the patient. Unfortunately, physicians receive pressure to prescribe narcotics because of perceived improvements in their patient satisfaction scores; this can lead to creation of new addictions or feed into addictions that already exist. Both ordering and prescribing inappropriate items increase the cost of care and time spent by the patient in that facility. Promotion of quality healthcare through treating the patient as accurately as possible and conserving their time or money, instead of prioritizing qualitative satisfaction metrics, would be an ideal approach and would prevent turnover within the physician field.

Due to the importance placed on patient satisfaction surveys, many physicians considered exiting their practice or the medical field altogether. In their article, Zgierska, Rabago, and Miller explain, “with America facing physician workforce shortages, especially in primary care, as well as increasing costs of health care, growing antibiotic resistance, and an epidemic of prescription drug abuse, optimizing system-wide efforts to encourage both evidence-based practice patterns and physician job satisfaction and retention are particularly timely” (443). Prioritizing evidence-based practice, coupled with maintaining physician career satisfaction rates, would provide an effective barrier to the current exodus of credentialed physicians nationwide. In a surveyed population about 30% of the physicians contemplated leaving their job or the practice of medicine altogether due to the negative impact patient satisfaction surveys (Zgierska, Rabago, Miller 444). Although this was a small sample group, extrapolating the findings across all physicians would likely reveal the same detrimental opinions. As hospital administrators order physicians to perform inappropriate tests and provide prescriptions to keep their satisfaction

scores up, physicians tend to report increased dissatisfaction with their jobs, leading to and possibly exacerbating a greater shortage of physicians available nationwide. If doctors continue to leave their practices, patient satisfaction scores would likely decrease in parallel with a reduced quality of care. To ensure quality patient care physicians must perform their services, and if they do not enjoy their work, they will continue to leave in droves leading to lower overall quality of healthcare.

Some patients who report high satisfaction in surveys often have a greater measurable negative impact in their healthcare overall. One study showed that the most satisfied patients often experienced 12% higher hospital admission rates, 9% greater costs for health services and prescription drugs, and 26-44% higher mortality risks dependent on baseline health and comorbidity risks (Zgierska, Rabago, Miller 438). Another study showed that physicians felt much higher pressure from management to address pain management concerns through opioid prescriptions (Papp, Jerry para. 13). Not only is there a negative link between the mortality of the patient and reporting high satisfaction, but those patients often pay more for their healthcare. As physicians prescribe more opiates to maintain high patient satisfaction scores, the potential for addiction increases, and the patient ultimately suffers. These negative consequences diminish the quality of care for the patient. As patients deserve high quality healthcare, scrutiny of patient satisfaction surveys will help dictate better modes of care.

For many years patient satisfaction surveys were a bellwether for the quality of care in the United States healthcare system. In their article, Zgierska, Rabago and Miller explain, As patient-centered care moves to the forefront, patient satisfaction surveys occupy a larger portion of healthcare quality metrics (443). Further information is given in an article by Brian D. Sites, Jordon Harrison, Michael D. Herrick, Melissa M. Masaracchia, Michael L. Beach, and Matthew

A. Davis, they explain, as insurers increasingly tie reimbursement to patient satisfaction surveys, physicians and administrators willfully adjust their patient care to increase those payouts (6). By introducing the profit metric ties to survey results, the surveys themselves become the healthcare administration's lens for understanding how facilities operate and the level of care they provide. If the scores for patient satisfaction are low, administrators usually impose some form of consequences or modifications to policy and procedure. As patient satisfaction scores determine reimbursement rates for facilities, they often determine a physician's salary as well. Since administrators and physicians want patients to return to their facilities as well as recover from ailments, patient satisfaction surveys play an increasingly important role in assuring continuous high quality of care.

Some would say that patient satisfaction surveys are a necessary, if sometimes flawed, measure to evaluate healthcare conditions. Zgierska, Rabago and Miller mention in their article, Timely and honest feedback from patients can provide significant insights into current quality of care, leading to possible changes to improve the system. Often, the results can generate quality improvement initiatives to both increase satisfaction and patient outcomes, making the surveys an important part of the checks and balances inherent in patient care (437). By compelling physicians to prioritize the patient and their desires, surveys can offer patients insight on when physicians are not only trying to treat their illness, but also valuing the whole person by providing them with comfort and satisfaction. One article mentions there is potential drawback, though, that exists in the patient's perception of care rather than quantifiable medical outcomes (Zgierska, Rabago, Miller 443). Although the goal is to physically, emotionally, and psychosocially care for the patient, providers must implement some controls to ensure proper medical care. When a trend exists that increasing patient satisfaction is not analogous to higher

quality of care, outcomes can be negative and potentially harmful. Patient satisfaction surveys provide critical feedback so they can adjust their treatment if necessary, but the negative consequences of subjective dissatisfaction can cause biased, or dangerous outcomes that providers must address. Standards of care cannot change solely because of satisfaction ratings; rather, they must follow evidence-based practice and objective medical outcomes.

Quality patient care demands stringent consideration regarding the negative implications of patient satisfaction surveys. Physicians may overly concern themselves with keeping patients satisfied rather than treating their illnesses, leading many of them to consider leaving their practice or the medical field altogether due to the pressures of patient satisfaction surveys. Despite patients reporting increased satisfaction in their surveys, they may have greater negative outcomes in their healthcare. While patient satisfaction surveys provide positive feedback and changes within healthcare, the negative consequences may be more important to their overall outcomes. As the data is sparse regarding the negative implications of determining patient care from patient satisfaction surveys, significant challenges exist for future research, analysis, and awareness efforts regarding the negative impacts of this issue.

Works Cited

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