The UK Annual Patient Satisfaction Survey: can it really reflect the quality of the NHS?

Sirs,

In 1997, the UK 'New Labour' Government announced the birth of the 'Annual Patient Satisfaction Survey (APSS)'. The APSS will survey 100 000 health services' users a year nation-wide, with the aim to provide systematic evidence to enable the NHS to measure itself against the aspirations and experience of its users, to compare performance across the country and to look at trends over time.1

Patient satisfaction surveys have been conducted world-wide to gauge opinions about health services with the aim to formulate policies that would improve the organization of these services. Socio-medical research revealed the implications patient satisfaction have on patient behaviour. Compared with dissatisfied patients, satisfied patients are more likely to use health services,2 to retain medical information and to comply with treatment.3 Because of the 'positivity' associated with satisfaction, the appropriate action as perceived by managers would be to put all efforts into assessing current level of satisfaction with health services, and then increase it to higher levels. But the question is how valid patient satisfaction surveys are, for us to rely on them to formulate national health services policies.

Previous studies have found remarkably high levels of satisfaction.4,5 This high level of satisfaction could not be realistically considered as a reliable or valid indicator of high-quality services. Patients may not be happy with the health system, but they none the less still rate the services very highly. There are several explanations for this. Patients who are dissatisfied with their current provider will most probably move to a provider who could meet their needs. Hence, the proportion dissatisfied in a particular health setting at any point in time is more likely to be small, as the majority of those dissatisfied have moved to other providers. Another explanation is that most patients believe nothing will change as a result of complaining about care. Reactivity, which is the change in response because the subject knows he or she is being evaluated, constitutes another problem. All this suggests that the APSS will find that users of the NHS are more satisfied than dissatisfied with the services they receive.

It is risky to assume that patient satisfaction on its own reflects an accurate assessment of the quality of health care. Most often satisfaction is defined differently by different individuals as a consequence of varying backgrounds and experiences.6 Although attempts were made to explain how patients become satisfied, there is not yet any one universal model explaining patient satisfaction. It has often been argued that patient expectations about health care are the main antecedents to patient satisfaction.7,8 Patients are said to enter the health system with a variety of characteristics, attitudes and prior experiences with the services. These, together with the knowledge and information they gained from their previous utilization of the services, will help them define their needs for health care. A set of expectations will therefore be developed and will form the standard against which the quality of care received will be judged.9 Others, however, believe that patient satisfaction is a more complex phenomenon, and results from interactions between the goals of the patients seeking health care in each instance, the level and nature of their past experience with health services, the socio-political ideologies on which the current health system is based, and the images of health held by the patient.10 Although this theory seems plausible, measuring goals for seeking care is not.11 Goals are not static and are a factor of the complex variations across patients in their past experiences with the services and in their knowledge of the system. Some believe patient satisfaction is a relative judgement resulting from comparing perceptions of current health status and aspirations. This is also debatable.12

The lack of a universal single model explaining patient satisfaction and of a conceptual framework on which patient satisfaction surveys should be based does not lend credence to the findings of these surveys. A major blow to their validity is the reported effects of factors such as patient age, sex, marital status, race, education, and social class in predisposing patient satisfaction.13-15 Other factors were also reported to influence patient decision about the quality of care. These included, for example, negative perceptions of current health,16 severity of illness,18 high anxiety and stress levels,19 and low functional activity.20,21

Another problem is the specificity and length of the questionnaire to be used. Questions asked must be specific, otherwise this could lead to patients' inability to discriminate between different experiences of care.22 Dissatisfaction with one area of the health services could predispose patients to have negative perceptions of the quality of the NHS services as a whole. These negative perceptions could be translated into the other areas of the NHS from which patients are in fact receiving quality services. The need for specificity and the need to assess satisfaction with various aspects of services will necessarily result in the development of a lengthy multi-steps questionnaire.
This type of questionnaire is usually complex to fill in, and people might be put off by it. A long postal questionnaire will most probably result in a very low response rate, and a long face-to-face questionnaire might be inaccurate, as there is a chance that the interviewees would respond thoughtlessly just to end the interview.

Given all this, nation-wide cross-sectional patient satisfaction surveys are less likely to yield meaningful results. The desired outcome for politicians, however, could be achieved, as numbers and statistics could easily be generated from a quantitative instrument. Unless a qualitative element is introduced in the instrument to explore in-depth reasons for dissatisfaction with each aspect of the health system, and unless the survey is geared towards extracting information from the public on gaps in the NHS services and on areas of services which patients would like to see changed, the APSS will be no more than an expensive public relation exercise.

References


Yours faithfully,

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Performance assessment

Sirs,

The recently published consultation document on assessing performance¹ raises a major concern. It has been suggested that in making a particular measurement an instrument of policy it will cease to tell you what you want to know,² as the measured comply with the measurement rather than the desired outcome.