SCIENTIFIC ARTICLE

Patient Satisfaction and its Relation to Perceived Visit Duration With a Hand Surgeon

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Purpose To determine whether patient perception of time spent with a hand surgeon relates to patient satisfaction after a single new-patient office visit.

Methods Prior to each visit, 112 consecutive new patients predicted how much time they expected to spend with the surgeon. Following the visit, patients were asked to estimate the time spent with the surgeon, indicate whether the surgeon appeared rushed, and rate their overall satisfaction with the surgeon. Wait time and actual visit duration were measured. Patients also completed a sociodemographic survey, the Consultation and Relational Empathy Measure, the Newest Vital Sign Health Literacy test, and 3 Patient-Reported Outcomes Measurement Information System–based questionnaires: Upper Extremity Function, Pain Interference, and Depression. Multivariable logistic and linear regression models were used to determine predictors of patient satisfaction, patient-perceived surgeon rush, and high previsit expectations of visit duration.

Results Patient satisfaction was not associated with perceived visit duration but did correlate strongly with patient-rated surgeon empathy and symptoms of depression. Neither visit duration nor previsit expectations of visit length were determinants of patient-perceived surgeon rush. Only surgeon empathy was associated. Less-educated patients anticipated needing more time with the surgeon.

Conclusions Patient satisfaction with the surgeon and with the time spent during the office visit was primarily linked to surgeon empathy rather than to visit duration or previsit expectation of visit length. Efforts to make hand surgery office visits more patient-centered should focus on improving dialogue quality, and not necessarily on making visits longer. *(J Hand Surg Am. 2016;41(2):257–262.*

Type of study/level of evidence Prognostic II.

Key words Doctor rush, empathy, expectations, patient satisfaction, visit duration.

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PATIENT SATISFACTION IS AN INCREASINGLY emphasized measure of patient-centered care and an important component of reimbursement programs.[1–3] Time management in outpatient office visits is often viewed as one determinant of patient satisfaction. Primary care patients are generally more satisfied with longer visits,[4–8] although no such link has been found in ambulatory orthopedics.[9,10]

Research on the relationship between visit duration and satisfaction has largely focused on actual visit

duration,[4–7,9,10] whereas common provider performance evaluations[11–13] and physician Web site ratings[14,15] rely instead on patient-perceived visit duration as a component of patient satisfaction with their provider. Patients' perceptions of sufficient time spent by their providers may take the form of a discrete perceived visit duration or perceived provider rush in general.[8]

We undertook this study to determine whether patient perception of time spent with a hand surgeon correlated with patient satisfaction after a single new-patient office visit. Our primary null hypothesis was that satisfaction is not associated with patient-perceived visit duration. We also analyzed associations of other patient and visit characteristics—including actual visit duration—with satisfaction. In addition, we sought to identify correlates of patient-perceived surgeon rush and high expectations for time needed with the surgeon.

MATERIALS AND METHODS

Design

Upon approval of our institutional review board, 119 new patients visiting the ambulatory offices of 5 attending orthopedic hand surgeons, 4 of whom are authors of this article (C.S.M., J.B.J., N.C.C., D.R.), were invited to participate in this prospective cross-sectional study. Inclusion criteria comprised patients who were 18 years old or older, fluent and literate in English, and capable of giving informed consent. Patients who had previously seen the attending surgeon they had an appointment with (follow-up patients) were excluded. Patients were consecutively enrolled 5 days per week for 4 weeks. Seven (6%) patients declined participation, leaving a cohort of 112 individuals.

Prior to each visit, a research fellow (R.C.P.) not involved with clinical care asked how much time the consented patients expected their surgeon (attending physician) to spend with them. Following the visit with the surgeon, the patients were asked to rate their satisfaction with the surgeon they saw, estimate how long they waited to see the surgeon after checking in, estimate how long the surgeon spent with them in the room, and assess whether or not they felt the surgeon was rushed. We also asked patients to complete a sociodemographic survey (including age, sex, race/ethnicity, level of education, insurance status, work status, and marital status), the Newest Vital Sign (NVS) Health Literacy test,[16] 3 Patient-Reported Outcomes Measurement Information System (PROMIS)–based computerized adaptive questionnaires (Upper Extremity Function,[17] Pain Interference,[18,19] and Depression[20,21]), and the Consultation and Relational Empathy Measure that assesses the patient's perception of the surgeon's demonstrated level of empathy in the visit.[19,22] We also measured the waiting time to see the surgeon after checking in, the actual duration of the visit, and whether or not a resident or fellow saw the patient before the attending surgeon did. The patient tracking system in the clinic was used to measure waiting time, and the research fellow measured actual visit duration with a stopwatch from outside the patient rooms.

All questionnaires and surveys were completed by the patient on a laptop computer, except the NVS Health Literacy test, which was administered orally in accordance with its guidelines.[16] Each patient's chart was reviewed following the visit for diagnosis (traumatic or nontraumatic) and visit type (first or second opinion). Although the surgeons were aware of the existence of this study, they were not aware which patients were enrolled in it.

Variables

Patient satisfaction, the primary outcome variable, was measured after the visit by asking patients to rate their overall satisfaction with the surgeon on a scale of 0 to 10 (with 0 representing "worst doctor possible" and 10 representing "best doctor possible"). This item was derived from the Clinician and Group-Consumer Assessment of Healthcare Providers and Systems Adult Visit Survey.[10,13,23] Patients were considered satisfied if they answered 9 or 10, consistent with previously described interpretations of this satisfaction item.[2] Although it is unusual to dichotomize a relatively continuous measure, the distribution is usually highly skewed toward satisfaction—in other words, the item dichotomizes itself with a relatively small group of patients with satisfaction of 8 or less.

Explanatory variables measured include the aforementioned visit characteristics, patient perceptions of visit characteristics, and patient sociodemographic information.

Three PROMIS computerized adaptive tests, which involve a dynamic set of questions based on responses to prior questions,[24] were used to assess aspects of the patients' physical and mental health. Specifically, these tests use item response theory models, a psychometric method wherein certain scores are associated with answers to each question. A score corresponding to the answer provided by the respondent then allows the computer software to dynamically select subsequent questions that will provide the most additional information. Patient-Reported Outcomes Measurement Information System tests also employ T-scores with a mean of 50 that corresponds to the mean of the U.S general population.[25] The PROMIS Pain Interference questionnaire quantifies how much pain has