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Who is satisfied with general surgery clinic visits?

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ABSTRACT

Background: Patient satisfaction is an important patient outcome because it informs researchers and practitioners about patients' experience and identifies potential problems with their care. Patient satisfaction is typically studied through physician–patient interactions in primary care settings, and little is known about satisfaction with surgical consultations.

Methods: Participants responded to questionnaires before and after a surgical consultation. The study was conducted in a diverse outpatient clinic within a county hospital in Southern California. Participants were patients who came to the surgery clinic for their first appointment after referral from a primary care provider for a surgical consultation.

Results: Patients' ethnicity, educational attainment, and insurance status predict their satisfaction, and patients reliably differed in their satisfaction with care providers and with the hospital where they received their care.

Conclusions: These findings add to knowledge about patient care by highlighting associations between patients' demographic characteristics and patients' differential satisfaction with particular entities within the context of surgical care.

1. Introduction

Patient satisfaction refers to subjective, personal evaluations of the health care process by care recipients [1,2]. Patients vary in how they rate the health care institution (e.g., clinic and hospital), the activities involved with their care (e.g., communication and shared decision making), and the result of their interaction (e.g., improved health) [3–5]. Patient satisfaction can be used to compare different programs, systems, or institutions of care [6–8] to assess the quality of care [9], to highlight particular aspects of care that can be improved [10], and to identify sources of patient loyalty and commitment [1,11]. Patient satisfaction is also a reliable predictor of patients' health outcomes (e.g., better information recall, better adherence to their provider's recommendations) [12–18]. The goal of the present study was to examine the relationship between patient demographics and satisfaction with their care in the context of surgical consultations and to answer the question of who is most satisfied with their care, with a particular focus on patients who may be vulnerable to poor care. We use the Centers for Disease Control and Prevention's definition of patient vulnerability, which includes ethnicity and socioeconomic status as key markers of vulnerability [19,20].

When measuring patient satisfaction, researchers must look beyond the face value of satisfaction ratings to examine the context surrounding these ratings, including the care setting and patient characteristics [8,21]. The present study

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focuses on an important but understudied context of surgeon–patient interactions during preoperative consultations. This context is unique because it typically requires detailed descriptions about complex and technical procedures and intense discussions about surgical and nonsurgical options for treatment, all of which occur within markedly brief interactions [22]. Moreover, these consultations are usually the first time that patients meet their surgeon, which may add additional strain into an already stressful process for patients. Understanding patient satisfaction in this context is critical because it may affect how patients proceed after the consultation. Satisfied patients are more likely to adhere to treatment recommendations (e.g., return to have surgery or complete a nonsurgical treatment regimen) [16,18] and may be more likely to pursue their next phase of treatment at the same facility than unsatisfied patients [23].

Additionally, prior research connects various demographic factors to patient satisfaction [19,24,25]. For example, patients with lower incomes and lower educational attainment tend to be more satisfied with their care [24–29] and Black Americans are more likely to be satisfied with their care than their White counterparts [30–34]. In the present study, we focus on demographic characteristics that are particularly relevant to our patient population and that might make patients vulnerable to poor care, namely ethnicity, education, and insurance status.

Overall, a counterintuitive trend seems to be emerging in the literature: primary care patients who are vulnerable to poor care [31,35,36] tend to provide higher satisfaction ratings than people who are likely to receive objectively better care. This trend informs the hypotheses for the present study explicitly concerning traditionally vulnerable patients [19,20] in the context of general outpatient surgical consultations.

We hypothesized that patients traditionally viewed as vulnerable to poor care will report greater satisfaction with their care. Specifically, we hypothesized that Hispanic patients, less educated patients, and patients with no insurance will be more satisfied with their care than their non-Hispanic, more educated, and fully insured counterparts. As a secondary goal of the study, we also explored differences in satisfaction ratings based on the entity being rated [3–5] (e.g., hospital, surgeons, and visit). We tentatively hypothesized that patients would be more satisfied with their care providers than with the hospital as an institution.

2. Method

2.1. Participants

Participants in this study were patients from a diverse outpatient clinic within a county hospital in Southern California.

2.2. Procedures

2.2.1. Patient eligibility, recruitment, and consent

Patients were eligible to participate if they came to the clinic for their first appointment after referral from a primary care provider for a surgical consultation. Patients were aged between 18 and 90 y and fluent in English or Spanish. Research assistants approached eligible patients to request consent within the clinic after vitals were taken and before the patients saw the surgeon. Before the start of data collection, research assistants received extensive training in recruitment and consent procedures, unbiased interviewing, use of the materials and equipment, appropriate responses to unanticipated events (e.g., medical emergencies during interviews and inappropriate information from patients), and sensitivity to issues related to patient diversity. This training involved weekly meetings to discuss procedures, brainstorm, and role-play scenarios that might arise during the study, and rehearse the study procedures.

2.2.2. Data collection

The data discussed in this article are a subset of a larger study conducted in the general surgery clinic, which included other measures regarding patients' expectations about surgery, decisional control, and emotions during surgical consultations. A primary goal of this study, although large in scope, was to examine variation in satisfaction with surgical care. See Appendix for the full patient questionnaires used in the larger study.

Two patient questionnaires are relevant to the current research questions. Patients who consented to participate completed the first of two questionnaires on tablet computers immediately following consent procedures. After completing the preconsultation questionnaire, a research assistant waited outside of the examination room, whereas the surgeon visited with the patient. After the visit, the research assistant approached the patient in the examination room to complete the postconsultation questionnaire.

Data collection occurred between November 2011 and December 2012. All materials and procedures associated with the study were approved by the institutional review boards at the participating hospital and at the university affiliation of the primary investigator. The data reflect patient interactions with a group of surgeons who worked in the clinic for the duration of the study.

2.3. Measures

2.3.1. Preconsultation questionnaire

Patients provided demographic information including age, gender, ethnicity, race, language preference, English fluency (1 = *no fluency*, 10 = *perfect fluency*), education (1 = *no high school* to 8 = *completed post-graduate degree*), health literacy ("How confident are you filling out medical forms by yourself?" 1 = *not at all*, 10 = *completely* [37,38]), employment ("Are you employed?" *yes/no/prefer not to say*), and insurance status ("Do you have health insurance?" *yes/no/prefer not to say*; "Do you have [Medicaid] or Medicare?" *Medicaid/Medicare/neither*; "What type of insurance do you have?" *Health Maintenance Organizations [HMOs]/Preferred Provider Organizations [PPOs]/don't know/prefer not to answer/other*).

2.3.2. Postconsultation questionnaire

Patients reported their satisfaction with the hospital, the doctors they had seen at the hospital, and nurses they had