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Review

What do measures of patient satisfaction with the doctor tell us?

Virginia M. Boquiren [a,b,*], Thomas F. Hack [b,c], Kinta Beaver [c], Susan Williamson [c]

[a] Behavioural Sciences & Health Research Division, University Health Network, Toronto, Ontario, Canada
[b] College of Nursing, Faculty of Health Sciences, University of Manitoba, Winnipeg, Manitoba, Canada
[c] School of Health, University of Central Lancashire, Preston, UK

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ABSTRACT

Objective: To gain an understanding of how patient satisfaction (PS) with the doctor (PSD) is conceptualized through an empirical review of how it is currently being measured. The content of PS questionnaire items was examined to (a) determine the primary domains underlying PSD, and (b) summarize the specific doctor-related characteristics and behaviors, and patient-related perceptions, composing each domain.

Methods: A scoping review of empirical articles that assessed PSD published from 2000 to November 2013. MEDLINE and PsycINFO databases were searched.

Results: The literature search yielded 1726 articles, 316 of which fulfilled study inclusion criteria. PSD was realized in one of four health contexts, with questions being embedded in a larger questionnaire that assessed PS with either: (1) overall healthcare, (2) a specific medical encounter, or (3) the healthcare team. In the fourth context, PSD was the questionnaire's sole focus. Five broad domains underlying PSD were revealed: (1) Communication Attributes; (2) Relational Conduct; (3) Technical Skill/Knowledge; (4) Personal Qualities; and (5) Availability/Accessibility.

Conclusions: Careful consideration of measurement goals and purposes is necessary when selecting a PSD measure.

Practice implications: The five emergent domains underlying PSD point to potential key areas of physician training and foci for quality assessment.

Contents

Abbreviations: PS, patient satisfaction; PSD, patient satisfaction with the doctor.

* Corresponding author at: Behavioural Sciences & Health Research Division, University Health Network, 9EN-242, 200 Elizabeth Street, Toronto, ON, Canada M5G 2C4. Tel.: +1 647 454 0064; fax: +1 416 340 4739.
E-mail addresses: vboquire@uhnresearch.ca (V.M. Boquiren), thack@sbrc.ca (T.F. Hack), kbeaver@uclan.ac.uk (K. Beaver), swilliamson2@uclan.ac.uk (S. Williamson).

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1. Introduction

Patients' perspectives on their medical treatment experience have received considerable prominence in the evaluation of modern healthcare, with these subjective appraisals being viewed as valuable health outcomes. The growing recognition of patients as legitimate appraisers and savvy medical service users has shaped the evolution of healthcare assessment, planning, delivery, and improvement [1–4]. The development of self-report questionnaires to assess patients' satisfaction with their medical experience has proliferated in response to healthcare providers' increasing demand for this information. Today, patient satisfaction (PS) ratings are important indicators of the efficacy, quality, and feasibility of healthcare services [e.g., 1,4–6].

The avid interest in PS measurement can trace its roots to the consumer movement in the 1960s, which viewed patients as valuable consumers of healthcare services [2,7]. This evolution has continued with a shift from consumerism to a focus on 'patient experience' and the encouragement of patient involvement in their medical care [8–11]. This has ultimately culminated in the present practice mandates of satisfactorily fulfilling the individual's healthcare needs and ensuring quality care [6,12]. PS measures have been instrumental in evaluating this objective, and in the current healthcare landscape are being used for two general purposes: (1) Marketing, and (2) Quality Assessment [2,13,14]. From a marketing perspective, maximizing PS can influence patient choice of care provider [15], resulting in significant financial benefits, such as increased profits, capitalizing on government incentives for meeting certain performance standards [e.g., 5,16,17] and service efficiency [6,18]. Thus, measuring PS becomes a valuable economic practice for institutions wishing to increase revenue gains through enhanced reputation, positive word-of-mouth [15], and greater patient volume through customer loyalty [5,19,20].

PS measures are also fundamental barometers of perceived quality healthcare, often serving as proxies for level of service caliber [6]. They are often utilized in program evaluation and improvement, and treatment quality monitoring and assurance [1–3,6,13]. Many North American and European healthcare agencies have instituted mandatory, regular PS surveys as part of assessing quality care [21]. For example, doctors in the United Kingdom are required to undergo a revalidation process to demonstrate fitness to practice, a process that includes PS surveys [22]. The multidimensional Picker Patient Experience Questionnaire [21] was expressly designed to measure quality of care from the patient's perspective [6]. The inclusion of PS measures in quality assessments of healthcare service underscores the recognition of the importance of the patient experience.

1.1. Patient satisfaction with the doctor

It can be argued that patient interactions with healthcare providers, particularly their treating doctor, are fundamental in defining the healthcare experience. Patients' lasting impressions of these interactions influentially determine the degree of satisfaction with medical services received. PS is one fundamental building block to the establishment of a long-term relationship with a specific healthcare provider [7,23]. Other notable outcomes associated with PS with the doctor (PSD) include fewer malpractice suits, greater provider loyalty and an increased tendency to recommend that doctor to others [e.g., 15,24].

Given its many benefits, it is not surprising there is considerable interest in investigating contributory factors to PSD. Satisfaction with overall care and the doctor have shown strong associations with the fulfillment of patient expectations regarding the medical experience (e.g., desired treatment outcomes) [e.g., 4,25–27] and personal attitudes about healthcare, the persons and organizations providing the care service [e.g., 12,28,29]. Research on patient-related determinants of satisfaction generally explores how personality, sociocultural beliefs, and historical experiences with doctors in different contexts impact perceptions of health service quality [28]. Organizational factors include systemic, practice-related issues such as other healthcare staff interactions, ease in getting a clinic appointment, waiting room times, technology and equipment, and access to staff and facilities. While outside the direct medical encounter, these factors have nonetheless been shown to influence patients' evaluations of their doctor [30,31]. Physician-related factors, particularly those concerning communication ability, interpersonal and technical skill, and accessibility, are reported to be of monumental importance to patients [e.g., 26,32–35]. For example, patients describe a "good doctor" as being friendly and empathetic, honest, polite, approachable; one who treats patients with respect. Patients value a doctor who is willing to spend time with them and address all their concerns, who is accessible, who is expertly skilled, and can communicate information in an understandable manner [e.g., 36,37]. Physician personal characteristics and overt behaviors that patients can tangibly witness and experience during the medical interaction significantly contribute to evaluation of that healthcare provider [e.g., 26,38,39].

1.2. Measuring patient satisfaction with the doctor

The development of measures assessing PSD has been undertaken by numerous research, clinical and organizational sectors, each with their own purpose and use for patient ratings. As a result of these endeavors, there are currently a number of PS assessment tools available that differ in aim, content, and psychometric properties [23]. Variability in these measures can be attributed to many reasons; an important one being the lack of consensus in how PS is defined. A widely cited definition views *patient satisfaction* as "a health care recipient's reaction to salient aspects of the context, process, and result of their service experience" (p. 189) [40]. This definition is consistent with many views that PS is a complex and multidimensional construct [e.g., 34,41,42]. In recognition of its multifactorial nature, PSD measures have often been designed to capture several elements of the healthcare experience, particularly different provider characteristics and/or psychosocial factors underlying the doctor–patient interaction. More global measures of PS have also been used, reflecting a more summative evaluation of the patient's experience/perspective on their doctor [23]; e.g., one-item questions such as "How do you rate your overall satisfaction with your doctor?" This variety of assessment methods has afforded many options when assessing PSD. Depending on the assessor's perspective and goals, the PSD tool will vary in its focus and content.

It is only in this century that we have seen the proliferation of PS measures assessing satisfaction with one's physician. The medical paternalistic approach to healthcare has shifted to a focus on the patient as an important partner in the delivery and evaluation of the quality of care. Organizations (e.g., hospitals, private clinics, insurance companies) are now ethically and legally obligated and accountable; hence, the growing importance of PS measures. Perhaps paralleling the evolution of healthcare systems and delivery, as well as building upon growing knowledge of the PS construct and its determinants, it is conceivable that PSD tools have also evolved, begging the questions: How is PSD being measured today? How are the domains of PSD represented in its measures? Are the doctor attributes and behaviors deemed important by patients reflected in these PS measures?

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