



Does feedback influence patient - professional communication? Empirical evidence from Italy



Anna Maria Murante*, Milena Vainieri, Diana Rojas, Sabina Nuti

Scuola Superiore Sant'Anna, Istituto di Management, Laboratorio Management e Sanità, Piazza Martiri della Libertà 24, 56127 Pisa, Italy

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ABSTRACT

Healthcare providers often look for feedback from patient surveys. Does health-professional awareness of patient survey results improve communication between patients and providers? To test this hypothesis, we analyzed the data of two surveys on organizational-climate and patient experience in Italy. The two surveys were conducted in 26 hospitals in the Tuscany region and involved 8942 employees and 5341 patients, respectively. Statistical analysis showed that the patient experience index significantly improved by 0.35 points (scale: 0–100) when the professionals' knowledge of the patient survey results increased by 1%. These findings suggest that the control systems should focus more on the dissemination phase of patient survey results among health professionals in order to improve the quality of services.

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1. Introduction

Patient centeredness is seen as a strategic issue of health care systems and great efforts are made to involve patients in the delivery process. Despite this fact, patient satisfaction is not always included in healthcare planning and control systems because it is considered difficult to interpret [1,2]. Hence, it is difficult to translate patient satisfaction into actions carried out by professionals and staff. To this end, new metrics have been recently devised to incorporate the opinions that patients have about their experience in healthcare settings (Patient Reported Experience Measure) and outcome (Patient Reported Outcome Measure). These methods allow organizations to monitor the care process and outcome [3].

Some organizations have adopted multidimensional performance evaluation systems which include surveys that measure quality as perceived by the patient [4,5]. In addition to this, some healthcare systems decided to compare organizations' results. The working assumption is that awareness of the patients' opinions should be considered to strengthen weak areas of service to enhance performance.

Indeed, surveys of patient experience, per se, are not enough to induce behavioural change in health professionals and staff. This change may be achieved only if improvement targets on patient experience are included in the planning, feedback and evaluation processes [6–8]. Indeed, once the performance process is measured, a critical role is played by the feedback process.

In this respect, this work contributes to the current literature by exploring whether improvement in patient experience can be observed in hospitals where a feedback process exists. In particular, the study investigates whether patients in 2011 showed a better inpatient experience in the hospitals where a year before healthcare workers had reported to be more informed about the most recent inpatient experience survey results.

* Corresponding author. Tel.: +39 050 883991.
E-mail address: a.murante@sssup.it (A.M. Murante).

2. Patient survey results and employee feedback in healthcare

Feedback is the information provided to employees regarding their work [6,7,9]. It helps to understand if corrective or adaptive actions are needed and it motivates behaviour [8,9].

The impact of employee feedback in the health care literature has been investigated using objective measures (such as reduction in hospital stay) rather than perception [10]. Moreover, there is a more specific literature that focuses on feedback from the public disclosure of data [11–16].

The reviews and studies on public disclosure in health care generally state that public release empowers accountability [11] and that it also has a strong impact on the reputation of hospitals and professionals [12]. Moreover, some authors believe that public reporting reveals provider performance to patients which allows patients to make informed choices [13–16]. Others stress that public disclosure heightens the awareness that healthcare workers have about their own performance which in turn stimulates quality-improvement efforts in health services [17–20].

However, public disclosure is only one way of reporting feedback.

Studies on feedback, which took into consideration perception, mainly detected the role of interactive and static use of management control systems [21,22]. These studies analyzed the use of control management reporting by hospital managers which only used employee surveys; they proved that interactive use enhances managerial satisfaction with control systems and managerial perception of effectiveness [22]. However, they did not verify the impact of the different budget uses for performance.

In addition, articles which studied the impact of patient feedback on professionals mainly regard general practitioners and they come to different conclusions. One of the studies on GP-patient interaction found that systematic patient feedback helps improve interpersonal skills [23]. Another study on GP-patient interaction found that a GP group that had received feedback from patients had less favourable views of the relevance of patient feedback than the control group [24].

Our study aims to contribute to the literature on healthcare feedback by providing empirical evidence on the relationship between inpatient feedback using surveys on hospitals and the level of communication perceived by patients. In particular, this study aims to quantify the impact of professional awareness of patient experience surveys on the communication process. The focus is on communication because previous work has shown that communication is the main component of patient satisfaction [25].

3. Study data and methods

There are only a few regional healthcare systems in Italy that include patient-survey results in their performance evaluation systems. Regions such as Tuscany, for example, return survey results to providers, while other Italian

regions who administer surveys do not incorporate patient feedback into organizational priorities or targets [26].

As part of a multidimensional performance evaluation system that began in 2004, Tuscany has periodically surveyed patient experience and employee opinion of regional health services. The evaluation system monitors 130 indicators of health-provider performance and it is currently used by regional administrators and local managers to set organizational targets and to align budgets, respectively. Moreover, data are reported in comparison and are publicly disclosed via a website (<http://performance.sssup.it/toscana/>) and annual reports [27,28].

Fifteen of the indicators refer to patient evaluation and experience with health services such as primary care, emergency department service, home care, hospital service, maternal care, and elderly services. Six of the remaining indicators regard the nature of the professional climate perceived by employees and focus on employee training, relationships between employees and managers, and communication within the organization and between employees. Both patient and employee surveys are conducted every two years, according to the planning cycle and control scheme [29].

In this study, we used data from the climate survey administered in 2010 and the inpatient survey conducted in 2011. We investigated whether patients in 2011 showed improved inpatient experience in the hospitals where a year before healthcare workers had reported to be more informed about the most recent inpatient experience survey.

Our analysis only considers data from the 26 General Hospitals in Tuscany that administered both patient and employee surveys in 2010–2011. There is no distinction across the 26 hospitals analyzed in terms of ownership because all of them are public, belong to a Local Health Authority and do not provide clinical education.

3.1. Surveys

In 2010, each one of the 14,800 health professionals working in the 26 Tuscany General Hospitals was asked to answer an 80 question organizational-climate survey. The questionnaire was administered online using the Computer Assisted Web Interviewing technique [30]. Along with queries on involvement, communication, training and budgeting procedures, respondents were also asked to comment on the extent to which they were aware of patient-survey results on a 1–5 scale, where 1 is “not at all” and 5 is “completely”. We can address at least two limitations to organizational-climate survey. The first one is the well-known selection bias that occurs when survey participation is voluntary [31]. The second one is that we are unable to separate the answers of healthcare professionals who have had a direct relationship with patients during treatment from the others who have had an indirect relationship. For instance, we cannot separately identify pharmacists and laboratory specialists in our database and measure their indirect influence on the overall hospital experience of patients. However, the proportion of healthcare workers represented by these professions is small compared to the total size of the sampled workers.

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