

Patient Satisfaction

Patient satisfaction is an important and commonly used indicator for measuring the quality in health care. Patient satisfaction affects clinical outcomes, patient retention, and medical malpractice claims. It affects the timely, efficient, and patient-centered delivery of quality health care. Patient satisfaction is thus a proxy but a very effective indicator to measure the success of doctors and hospitals. This article discusses as to how to ensure patient satisfaction in dermatological practice.

KEYWORDS: Patient, satisfaction, customer, service, quality

INTRODUCTION

The practice and system of medicine has evolved over centuries. There are certain significant developments which have taken place in the health systems in recent times. Chief among them are:

- a) the establishment of corporate hospitals equipped with the latest facilities
- b) the advent of third-party payers (insurance companies, governments, companies, etc.); increasing awareness among patients
- c) availability of information through the internet, and higher expectations of patient care, and finally
- d) the increasing litigations for unsatisfying results.

All these factors have resulted in a challenging profile for the health care industry – away from the traditional concept of a noble profession toward a service industry.

SPECIAL FEATURES OF DERMATOLOGICAL PRACTICE

Certain features of dermatological practice in relation to the above mentioned factors, certain specific features of dermatological practice should be emphasised:

- i) Many dermatological disorders are characterized by chronicity. Thus adherence to topical and/or systemic therapies for a long period of time is essential for successful management. It is estimated that more than one-third of patients fail to take medications as prescribed, especially for chronic disorders.^[1] This may lead to poor compliance and further to treatment failure and thereby to poor patient satisfaction.
- ii) People may come to dermatologists with high expectations of a definitive cure for all their skin disorders. Experience tells us that it is not possible for us to guarantee such solutions. This leads to a huge gap between the service provider and the service seeker, leading to decreased patient satisfaction.
- iii) Poor communication with physicians, lack of empathy, and the chronicity of many of the disorders lead to dissatisfaction.
- iv) The patients, particularly the youth, are keen to have quick solutions to their problems and therefore are more likely to be dissatisfied. People aged between 35 and 49 years, who form a major part of the new consumer cohort, have the lowest patient satisfaction scores compared with other age groups.
- v) Recent fascination for esthetic treatments has changed the scenario to a large extent. These “patients” who are otherwise healthy have a higher level of expectation. Esthetic dermatology care is also delivered by other players such as beauty clinics and nonmedical professionals, who may not be necessarily bound by the ethical rules of the medical profession. They often resort to exaggerated claims, prominent advertisements leading to heightened expectations and later disappointments.

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vi) A dermatologist's professional job satisfaction and a patient's satisfaction need not necessarily complement each other. We rate our job satisfaction by our professional knowledge, attending CMEs, conferences, mastering new skills, and keeping pace with new technologies. All these factors are not always relevant to the patient. Ultimately however, whether a patient is happy with a doctor's approach depends on different nonclinical factors like listening to him or her, promptness of services, and how we talk and gesture.

ASSESSMENT OF QUALITY OF HEALTH CARE

In a major report published in 2001 ("Crossing the Quality Chasm", the Institute of Medicine (IOM) set forth six aims for a quality health care system: patient safety; (a) safe; (b) equitable; (c) evidence based; (d) timely; (e) efficient; and (f) patient centered. The latter three factors directly influence patient satisfaction.^[2] This article focuses on patient satisfaction, its assessment, and its effects on health care delivery, particularly with reference to dermatological and esthetic practice.

Patient as a consumer

Under these circumstances, would it be more appropriate to address the patients as "consumers"? The word "consumer" is derived from the Latin word "consumere" which literally means one who acquires commodities or services. Similarly, the word customer is also defined as "a person who purchases goods or services."^[3] Today the patient sees himself as a buyer of health services. Once this concept is accepted, then there is a need to recognize that every patient has certain rights, which puts a special emphasis on to the delivery of quality health care,

This explains why many hospitals, especially those in the corporate sector, have begun to function like a service industry. The hospital industry has begun to employ HR professionals and management graduates. Third-party payers too have recognized that patient satisfaction is an important tool for the success of their organization and are regularly monitoring patient satisfaction levels among their customers. In USA, physician bonuses are linked to patient evaluation of their doctor's personal interaction with them. These players have recognized that higher patient satisfaction leads to benefits for the health industry in a number of ways, which have been supported by different studies^[4]:

1. Patient satisfaction leads to customer (patient) loyalty.
2. Improved patient retention – according to the Technical Assistant Research Programs (TARPs), if we satisfy one customer, the information reaches four others. If we alienate one customer, it spreads to 10, or even more if the problem is serious. So, if we annoy one customer, we will have to satisfy three

other patients just to stay even. Change the reference number.

3. They are less vulnerable to price wars. There is sufficient evidence to prove that organizations with high customer loyalty can command a higher price without losing their profit or market share. In fact, in a study conducted in Voluntary Hospitals of America, nearly 70% of patients were willing to pay more money if they had to consult a quality physician of their choice.^[5]
4. Consistent profitability – it is estimated that, in USA, loss of a patient due to dissatisfaction, can result in the loss of over \$200,000 in income over the lifetime of the practice.^[6]
5. Increased staff morale with reduced staff turnover also leads to increased productivity
6. Reduced risk of malpractice suits – an inverse correlation has been reported for patient satisfaction rates and medical malpractice suits.^[7]
7. Accreditation issues – it is now universally accepted that various accreditation agencies like International Organization for Standardization (ISO), National Accreditation Board for Hospitals (NABH), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), etc., all focus on quality service issues.^[8]
8. Increased personal and professional satisfaction – patients who improve with our care definitely make us happier.^[9] The happier the doctor, the happier will be the patients.

SERVICE EXCELLENCE

Service excellence revolves around three factors: doctor, patient, and organization.

Doctor

Undoubtedly, the physician has twin responsibilities of giving the best health care to the patient, and leading the team or the organization in attaining the goal of satisfying the patient. Listed below are few "house rules" to handle the patient so as to attain a satisfying and a noncomplaining patient:^[4]

- a) *Break the ice*: make eye contact, smile, call people by name, express with words of concern.
- b) *Show courtesy*: Kind gestures and polite words make a patient very comfortable.
- c) *Listen and understand*: encourage patients to tell their problem. Invite and answer their questions.
- d) *Inform and explain*: it promotes compliance. People are less anxious when they know what's happening.
- e) *See the whole person*: see beyond illness the whole person.
- f) *Share the responsibility*: risks and uncertainty are facts of life in medical practice. Acknowledging risks builds trust.

- g) *Pay undivided attention*: this reduces distractions and interruptions as much as possible.
- h) *Secure confidentiality and privacy*: watch what you say, where you say, and to whom you say.
- i) *Preserve dignity*: treat the patient with respect. Respect modesty.
- j) *Remember the patient's family*: families feel protective, anxious, frightened, and insecure. Extend yourself, reassure, and inform.
- k) *Respond quickly*: Keep appointments, return calls, and apologize for delays.

Patient

A patient's liking the doctor has a lot to do with the patient getting better. A patient's expectations of a good service depend on age, gender, nature of illness, hour of the day, his or her attitude toward the problem and the circumstances.^[3]

In general, patients expect their doctors to keep up the timings, behave cordially, and communicate in their language. They expect care, concern, and courtesy in addition to a good professional job.

Understanding a patient

Certain tips can help a doctor or a hospital to understand the patients better:

1. Recognize that patients expect a personal relationship that shows compassion and care.
2. Recognize that the patient has got certain rights. Various regulatory authorities and hospitals have drawn a charter of rights for the patients.^[10]
3. Make sure a patient has got a good first impression of you and your set up.
4. Step into your patients' shoes; see through their eyes and hear through their ears.
5. Minimize the patient's waiting time to the least possible.
6. Try to make your problem-solving system to be functional.
7. Always obtain feedback from your patients and correct shortcomings if any.

Hospital

Many a times it happens that with a competent doctor and a compliant patient, the problems persist because of the policies, work culture, and attitude shown by the hospital. Traditionally, hospitals have had discrete functional services such as house-keeping, dietary services, pharmacy, laboratory, etc. Unfortunately, this specialization has led to more fragmentation, costly care, and less than ideal customer service. A study describes that during a typical 3- to 4-day stay in a large hospital, a patient may interact with 50–60 employees.^[11] Building and sustaining a service-oriented organizational culture is important for the success of any organization. Several

changes are being seen in the management strategies with the goal of serving better and improving the service quality.

There are certain areas where minimum requirements and standards have to be maintained.

Telephone service

Ensure that a smart, competent, and intelligent person is placed to handle the telephone for he or she will be the voice of the practice. Establish standards to ensure that the telephone is picked within a certain time, mode and tone of speech are cordial, and a triage protocol is followed which helps to ward off the unnecessary calls when the doctor is busy in his or her professional work. Periodically, a survey can be made to monitor how these standards are followed.

Office appearance

An esthetically designed office, which is well-furnished, properly spaced with good interiors, well equipped with lighting, water, furniture, etc., and well-dressed, ever-smiling, and pleasant staff go a long way in bringing the patient to the doctor's office. Patients may not remember what you said to them; patients may not remember what you did to them; but they always remember how you made them feel.

Waiting time

The amount of time the patient spends in the waiting corridor area plays a very important role in determining the outcome of patient satisfaction. With so many choices available, few people will stick to a doctor who has no respect for their time. The waiting time depends on a lot on factors, like the doctor's style of working, the kind of patients he or she sees, the locality where he or she practices, and the efficacy of the supportive staff.

Doctor-patient interaction

This is perhaps the most important indicator to determine the patient satisfaction outcome. Improving the physician's interpersonal skills can increase patient satisfaction, which is likely to have a positive effect on treatment adherence and health outcomes.^[12] Up to 25% of patients have comorbid psychosocial problems.^[13] Such patients require more time from the dermatologist. Doctors frequently end up prescribing more and talking less to the patient. In one study, insufficient communication was recognized by psoriasis patients as a major cause of dissatisfaction with treatment.^[14]

Patient education

Typically, today's patients are more educated, computer savvy, and much richer. It is essential to clear all their rightly or wrongly earned doubts with much patience and compassion. According to a National Research

Corporation (NRC) survey, on a scale of 10, patients listed willingness to explain things as the most important criterion in selecting a physician. Other factors used in the study were reasonable fees, telephone access, friendly office, convenient appointments, and convenient location; the willingness to explain things was given a rating of 9.6, well above the others.^[15] Incomplete, improper, and poor communication may lead to unrealistic goals and expectations which in turn can lead to dissatisfaction especially in cosmetic and chronic disorders.

Successful education increases patient satisfaction and results in improved adherence to treatment and thus to a better outcome. Various methods like verbal education, written information (handouts, articles in popular magazines, etc.), group-based learning, audiotapes, videotapes, computer-assisted education, and the internet can be used to educate the patient about the disease.^[16]

Problem solving

This is perhaps the most important among all the patient-related issues. To have accreditations to organizations like JCAHO, NABH, ISO, etc., a hospital should have a good system for handling complaints.

According to the JCAHO manual:^[8]

1. A mechanism must exist for receiving complaints.
2. Patients must be informed of this mechanism and of their right to complain.
3. The organization must respond to significant complaints and take appropriate actions; patients cannot be penalized for complaining.
4. All health care facility providers must document patient complaints and their responses to them.

The TARP has conducted a survey of assessing the loss sustained by an organization to measure the financial consequence of dissatisfied customers. According to the report, if 150 complaints are voiced in a year, for every complaint voiced, an additional 26 complaints are not voiced. That means there are 150×26 or 3900 complaints in that period.^[17] Approximately, 1 complaint in 5 is serious. That means of the 3900 complaints, about 780 are serious. If 50% of the people with serious complaints go elsewhere the next time they need service, that means 390 people will choose another doctor or hospital next time. It is estimated that 40% of these patients or their close family members will need hospitalization in the next 12-month period. Thus the financial implication will be too heavy for the doctor and the organization.^[17]

So when there is a lapse in the service delivered, one should always try to accept and acknowledge the mistake with grace. While acknowledging the lapse, one is expressing the regret only for the process. Apologizing

doesn't mean that one is accepting the guilt. Steps should be taken to ensure, that such lapses do not recur.

Feedback

The feedback given by the patient helps to improve the work of the physician, place, and also the system. Despite the advantages of self-assessment, dermatologists rarely have a system to analyze and evaluate quality of care rendered in the practice. Patient feedback can be obtained by patient questionnaires, follow-up phone calls, suggestion box, referral physician's survey, etc. The DrScore web site (<http://www.drscore.com>) provides an online patient satisfaction survey designed to respond to the needs of dermatologists by providing data to individual dermatologists to help them improve the quality of patient perceptions of physician quality. The data can be used to design effective strategies to improve efficiency of care given to the patients.^[6]

CONCLUSION

Patient satisfaction is an attitude. Though it does not ensure that the patient will remain loyal to the doctor or the hospital, it is still a strong motivating factor. Patient satisfaction is only an indirect or a proxy indicator of the quality of doctor or hospital performance.^[17-18] Delivery of patient-focussed care requires that we provide care in a particular way, not just sometimes or usually, but always. It must be every patient every time.

It is an ironic fact – the better you are, the better you must become. Quality does not stand still. It should be linear and always ascending. One should strive to provide better care and soar above each and every patient's expectations.

“A satisfied patient is a practice builder.”

REFERENCES

1. Berg JS, Dischler J, Wagner DJ, Rias JJ, Palmer-Shevlin N. Medication compliance: A healthcare problem. *Ann Pharmacother* 1993;27:S1-24.
2. Committee on Quality of Health Care in America, IOM. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington D.C.: National Academy Press, 2001;39-40.
3. Brown SW, Nelson AM, Bronkesh SJ, Wood SD. Patient Satisfaction Pays. Quality service for practice success. Maryland: Aspen Publication; 1993.
4. Wendy L, Scott G. Service Quality Improvement. The customer satisfaction strategy for health care. AHA company, USA: AHA Company; 1994.
5. Voluntary Hospitals of America, special report: Quality care. *Market Monitor*. Vol. 11. 1988.
6. Luecke RW, Rosselli VR, Moss JM. The economic ramifications of “client” dissatisfaction. *Group Pract J* 1991;8-18.
7. Poulas GA, Brodell RT, Mostow EN. Improving quality and patient satisfaction in dermatology office practice. *Arch Dermatol* 2008;144:263-5.
8. Joint commission Accreditation of Health care Organizations: Accreditation Manual for Hospitals. Oak Brook Terrace IL: JCAHO; 1992.

9. Foot F. How to be a happy dermatologist. *Dermatol Psychosom* 2004;5:112-3.
10. Department of Health, The Patient's Charter. London, HMSO 1992.
11. Hein EC. Contemporary Leadership Behaviour, Selected Readings. 5th ed. 1998: Philadelphia, New York, Lippincott.
12. Renzi C, Abeni D, Picardi A, Agostini E, Melchi CF, Pasquini P, *et al*. Factors associated with patient satisfaction with care among dermatological outpatients. *Br J Dermatol* 2001;145:617-23.
13. Picardsi A, Abeni D, Melchi CF, Puddu P, Pasquini P. Psychiatric morbidity in dermatological outpatients: An issue to be recognised. *Br J Dermatol* 2000;14:920-1.
14. Krueger G, Koo J, Lebwohl M, Menter A, Stern RS, Rolstad T. The impact of psoriasis on quality of life: Results of a 1998 National Psoriasis Foundaton patient-membership survey. *Arch Dermatol* 2001;137:280-4.
15. National Research Corporation, Voluntary Hospitals of America, Marketing Monitor. Vol. 6. 1988.
16. Zirwas MJ, Holder JL. Patient education strategies in dermatology-Part 2: Methods. Available from: <http://www.jcadonline.com> [last accessed on 2009 Dec].
17. TARP Technical Assistance Research Programs. Membership services as a revenue centre: Cost justification and marketing impact of an aggressive service program. Working paper. Washington, DC: TARP, Feb. 1986.
18. Tabbish S. Hospital and Health Services Administration Principles and Practice. Oxford: Oxford University Press; 2001.p. 699.

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