

Key Factors of Patient Satisfaction in Inpatient Facilities

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Purpose: To examine key influences of patient satisfaction, how it is measured, and elucidate the role it plays as a quality indicator for inpatient facilities.

Background: New policies and regulations in healthcare are causing this field to become harder to navigate. Despite recent trends, patients remain the focal point of service administration and evaluation. Patient satisfaction is a measure that links the social, emotional, and clinical needs of the patient and risk management. This measure is used for several purposes. Institutions that foster positive patient experiences are more likely to have better clinical and financial outcomes, and also prevent claims. Patient satisfaction surveys were created in the mid-1980s to measure patient satisfaction as a means to improve organization performance.¹ Scores are improved primarily through assessing the patient's point of view, increased nurse interaction, advancing healthcare mission, and timeliness of care. In the past several years, patient satisfaction scores have also been tied to health system's reimbursement schedules. Government and private healthcare payers may penalize or provide payment incentives based on satisfaction metrics. Payment adjustments can significantly affect organization funding and ability to compete in the marketplace.²

Methods: Literature was reviewed to determine key areas needing improvement in inpatient facilities. As articles were reviewed, the most commonly mentioned areas of satisfaction or dissatisfaction were noted as key areas of influence. Selection of articles was based on the abstract and specific selection parameters as follows: published in the year 2000 or later, administered in the United States, published in English, satisfaction survey assessed in an inpatient facility, abstract pertained to one or more of the research questions (key topic areas influencing patient satisfaction, relationship between patient satisfaction and quality of care, and most recommended strategies for improving patient satisfaction), scores analyzed through external agency, scores gathered from adults age 19 and older. Descriptive statistics are available in Tables 1-7.

Results: Descriptive Statistics

Table 1. Main Factors Contributing to Patient Satisfaction

Food	Wait Time	Follow Up/Discharge	Facility	Medical Personnel	Activities/Program
Mentioned in 11 out of 30 reviewed articles	Mentioned in 26 out of 30 reviewed articles	Mentioned in 29 out of 30 reviewed articles	Mentioned in 19 out of 30 reviewed articles	Mentioned in 27 out of 30 reviewed articles	Mentioned in 15 out of 30 reviewed articles

Table 2. Factors of Dissatisfaction Associated with Food

Food	Total # of Articles
Poor Quality	6
Limited Selection	5
Dietary Restrictions Not Met	4
Limited Quantity	3
Temperature (Not Cold or Hot Enough)	2

Table 3. Factors of Dissatisfaction Associated with Wait Time

Wait Time	Total # of Articles
Over 10+ minutes Wait Time for Admission	15
Schedule of Events Not Followed Promptly	10
Over 3+ Days to Schedule Procedure	5
Limited Choice of Appointment Time	3

Results: Descriptive Statistics (Cont'd)

Table 4. Factors of Dissatisfaction Associated with Follow Up/Discharge

Follow Up/Discharge	Total # of Articles
No Clear Instruction Given for Post Discharge	15
Patient Not Feeling Prepared for Discharge	12
Follow Up Done 1+ Day after Discharge	7
Follow Up Appointment Scheduled More than 1+ Week After Discharge	4

Table 5. Factors of Dissatisfaction Associated with Facility

Facility	Total # of Articles
Not Cleaned Routinely	10
No Privacy/Sharing a Room	8
High Noise Level	5
Lack of Security Locks, Alarms, Lighting	4
Limited Parking Spots	2
Bed & Furniture Not Comfortable	2

Table 6. Factors of Dissatisfaction Associated with Medical Personnel Interaction

Medical Personnel Interaction	Total # of Articles
Rude, Not Friendly	14
Nurses Not Prompt to Respond to Requests	10
Poor Communication	10
Less than 2x Interaction per Visit	7
Patient Confidentiality Not Honored	4

Table 7. Factors of Dissatisfaction Associated with Program/Activities

Program/Activities	Total # of Articles
Lack of Social Recreation: Limited TV & Magazine Selection, No Wi-fi	4
Limited Visiting Hours	3
Limited Availability of Visitor Space	2
No Post Discharge or Rehab Therapy Program	2

Results: The literature review shows poor food quality (Table 2) and waiting 10+ minutes (Table 3) to be admitted are common causes of dissatisfaction. The articles read indicate patients value clear instructions given for post discharge (Table 4) and clean facilities (Table 5). The reviewed articles show friendly medical staff (Table 6) and ample entertainment (Table 7) are of importance to patients.

Discussion and Conclusion: These results support the expectation that consumers greatly value their time and communication with medical professionals. The cause for time delays may include time in the waiting room, travel time, or the ease of completing a medical task such as filling a prescription. Interaction with medical personnel is important because it creates a personal experience affirming the patient is responded to, cared for, and heard.

Limitations: Articles reviewed not primary data but rather a compilation of literature; Patient experience in patient satisfaction is subjective by nature; Need for longer follow-up period.

Recommendations: Capture both positive and negative experiences; Multiple follow-ups with same patients over time; More staff working during peak hours to help reduce wait time; Routine medical personnel training to enforce consumer centered care.

References:

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- Urden, L. D. (2002). Patient satisfaction measurement: current issues and implications. *Professional Case Management*, 7(5), 194-200.