EDITORIAL

Satisfied patients, burnout doctors!

There has been increasing interest in using patient satisfaction as a measure of quality of care in health care services. The article by Wong et al[1] reported on the first population-based patient survey on 5030 discharged patients in seven hospital clusters of the Hong Kong Hospital Authority (HA), using a 54-item validated instrument measuring the experience and satisfaction of patients on their journey through HA hospitals. The surveyed subjects were in-patients who had been discharged from major acute and rehabilitation HA hospitals. The questionnaire used was the Hong Kong Inpatient Experience Questionnaire (HKIEQ), which had been developed locally. In 2010, the HKIEQ was evaluated by qualitative and psychometric testing and showed good acceptability, good validity, and satisfactory internal reliability (Cronbach's alpha coefficients >0.6 for the overall scale).[2] Services received in hospital were rated as good or better than good in 80% of instances. The vast majority responded that they "always" had confidence and trust in their doctors and nurses (87% and 88%, respectively) and "always" received an answer they could understand from doctors and nurses (81% and 80%, respectively). The hospital environment in terms of noise level, cleanliness, and hospital were also reported to be satisfactory or good. The major deficient areas included waiting time for a ward bed for accident and emergency cases, food quality, infection control advice, and information provided about their condition/treatment. Other deficiencies concerned seeking their opinions about quality of care, patient engagement in the decisions about their treatment and care, as well as the discharge process itself.

The paper highlighted several important areas for improvement in the public hospital system. Some were management issues like waiting time for admission, quality of food, cleanliness of toilets, infection control advice to patients, and storage facilities for patients—all of which should be improved. Many of these were important issues pertaining to hygiene. Performances on communication about medications and danger signs, the discharge process, and who to contact if they were worried, were not favourable. The authors suggested that the mechanism and modes of communication between caregivers and patients, especially during the discharge process, be reviewed. Any review should particularly target discharge medications and relevant danger signs to look out for, and the contact details of hospital staff or wards patients should contact for concerns about treatment effectiveness. Such channels/mechanisms for seeking comments and feedback, and dealing with complaints were crucial. Involvement of patients in medical decision was most unsatisfactory, as 78% reported not being involved and 19% stated that they did not receive enough information. As these are key aspects of patient-centred care, they need to be enhanced in the course of medical training. It would be interesting to know the relationship of these concerns to patient satisfaction, quite apart from differences in patient experiences in relation to different specialties, genders, and age-groups.

While this was the first patient-based patient experience survey, two population-based surveys using the Picker Patient Experience Questionnaire-15 had been conducted earlier.[3,4] The data were collected from two Thematic Household Surveys of experiences conducted by the Census and Statistics Department in 2005[3] and 2007, and dealt with hospitalisation in both public and private hospitals.[4] While the method of analysis in the two studies differed, both indicated that patients expressed significantly greater satisfaction in private than public hospitals. However, those attending private hospitals had less chronic illness and better health status which might well affect satisfaction levels. In the study by Chan et al,[3] when benchmarked against the UK, Germany and the US, Hong Kong patients tended to report a higher number of problems and less satisfaction with significant heterogeneities between different public hospitals. In the study by Wong et al,[4] it was found that patient involvement, respect for patient dignity, availability of doctors to talk to carers, and explanations regarding danger signs post-discharge were all associated with the overall patient satisfaction. These findings highlight the importance of training health care workers in communication, respect, and engagement in provider-patient relationships. While it is difficult to compare the patient satisfaction level in the three studies due to differences in methodology, it seems that there is an improving trend.

Interestingly, despite the high burnout rate of over 31% and high job dissatisfaction rate among public doctors in Hong Kong,[5] the public hospital system still enjoyed a high level of trust (87%) and good satisfaction rate (80%) in the eyes of the public. Over half of the high-burnout doctors were dissatisfied or very dissatisfied with their jobs; "excessive stress due to global workload" and "feeling that their own work was not valued by others" were the main stressors. Notably, many studies showed

that staff job satisfaction is strongly correlated with patient satisfaction.[6] However, patient satisfaction must be matched with adequate manpower and support as well as true staff engagement,[7,8] without which patient satisfaction cannot be sustained.

There are concerns that using subjective measures of patient experience or satisfaction may not reflect quality of health care, especially on clinical outcomes. There are studies showing that satisfied patients are more likely to complete treatment regimens and be compliant and co-operative and hence have better health outcomes.[9] However, according to a recent national large-scale prospective cohort study of 51 946 adults in the US who responded to the 2000 through 2007 Medical Expenditure Panel Survey, higher patient satisfaction was associated with other factors.[10] These were less use of emergency departments but more in-patient use (12%), higher overall health care expenditure (8.8%), higher prescription drug expenditure (9.1%), as well as increased mortality (26%), even after controlling for numerous potential confounders. It was inferred that efforts to cater for patient satisfaction may implicitly encourage health care providers to honour requests from patients for discretionary health care services leading to over-utilisation, higher costs, and worse outcomes. While the validity of such an inference was questioned in the accompanying editorial,[11] it did raise real cause for concerns. Therapeutic responsibilities may require doctors to address issues that may challenge or upset patients but good communication and involvement of patients in clinical decisions will improve compliance and cooperation. More studies are required to understand what drives patient satisfaction and how it will affect doctors' duties to discharge therapeutic responsibilities.

This first baseline survey[1] on patient satisfaction survey using a locally validated HKIEQ provided important information on patient experience of hospitalisation in HA facilities and indicated areas needing improvement. The recommendations made should be considered carefully and actions introduced to improve areas of inadequacy. Particular attention should also be paid to staff morale or 'burnout', as these will have a direct impact on patient care. As suggested, the survey should be repeated regularly to monitor changes and the effectiveness of planned improvements. In future surveys, others not included in the present study like paediatric, obstetric, and anaesthesiology patients should also be included. Using patient satisfaction as the main, if not sole, indicator of performance or quality of care in health care services should be viewed with caution. More studies are needed on patient health needs, experience in health care systems, satisfaction, and their relationship to service provision by health care workers, staff satisfaction, health care costs, and clinical outcomes.

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