

An Alternative Form to Determine Patient Satisfaction with Medical Treatment

John R. Thurston, PhD

In their concern about patient satisfaction, many clinics/hospitals have come to rely on expensive multiple-choice questionnaires such as those available from Press Ganey (Press Ganey Associates Inc, South Bend, Indiana) to assess patient reactions. An important question needs to be asked and answered: to what extent have the results of these questionnaires proven useful, unsatisfactory, or irrelevant to the needs and interests of the users?

If contentment prevails, play on. If not, it's time to consider alternatives.

As a patient who has taken the Press Ganey (PG) several times, I've found completing this instrument to be long, boring, and difficult if not impossible. At no time did I ever feel I was providing information that truly reflected any of my highly personal feelings about my hospitalization. As a clinical psychologist, I once was asked by a hospital department head to help him contend with the blizzard of statistics that constitutes a PG report. He felt he had been "low-balled" when some of his department's activities were assigned a mere 30th percentile rating. As a result, there had been considerable unsuccessful soul searching by him and his staff in an effort to identify a modifiable basis for this perceived failing. They knew virtually nothing about statistics. The end result of all this was a vague feeling of guilt on their parts without a scintilla of a suggestion as to what occasioned the low

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Dr Thurston is a clinical psychologist and professor emeritus of psychology at the University of Wisconsin-Eau Claire residing in Eau Claire, Wis. He can be reached at thurstjr@charter.net.

score and what might be done to improve the situation.

Alternatives to traditional questionnaires could include a patient council made up of ever-changing, recently-discharged patient volunteers and chaired by a sociable, retired physician, nurse, or other health care professional who interacts informally with patients and/or staff. Their goal would be to identify what bothered and what benefited their clientele. Ethical problems exposed should be addressed and resolved.

Another approach would involve the use of a sentence completion form. Such a form would consist of a number of sentence stems or beginnings related to a patient's experience during a hospital or clinic visit. In completing these, the patient is able to express highly personal attitudes and emotional reactions regarding what happened during the course of that visit.

A sentence completion form has many advantages. It's inexpensive and short, with a 15-20 minute administration time. It can be completed anonymously. Its instructions are simple and easily understood. It's inherently more interesting than the PG. It emphasizes expression of both personal complaints and compliments, a feature that receives only a perfunctory nod on the PG. The sentence completion form is flexible in that the hospital or clinic can evaluate special areas of concern simply by creating new, relevant sentence stems.

The patients' completions may be taken at face value as they describe personal problems and/or good experiences in their treatment. There is no need for special staff training, although an experienced reader will undoubtedly develop a greater understanding than a novice. Deeper interpretations may be undertaken by professionals if there is need.

The sentence completion form may be administered individually or in groups. Appointment of a special administrator and any en masse testing decisions should be deferred until the hospital/clinic has become thoroughly familiar with the test and what it has to offer. The determination of which patients supply this information is a matter of judgment on the part of hospital/clinic staff. It could be administered individually or to a group of patients, to recently discharged patients, or to a group of volunteers with instructions that they are to fill it out on the basis of their experiences. This and other determinations would depend upon the purpose of the survey.

I have developed a prototype sentence completion form that could be used to obtain a deeper, more individualized identification and understanding of patient satisfaction and dissatisfaction. There's nothing sacrosanct about any aspect of this form; flexibility is the name of the game. The accompanying instruction sheet with its guarantee of anonymity is designed for group administration. Users should feel free to invent new sentence stems that relate to special interest areas. They may be tacked on to the existing form or inserted in place of sentence stems that hold less interest. The last part provides an additional opportunity for specific compliments and complaints.

Hospitals/clinics have many unrecognized and unrealized resources that could supply them with information they seek. It might require a bit of creativity and "outside the box" thinking, but the issue remains a very important one.

Editor's Note: A sentence completion form prototype developed by Dr Thurston is available online at <http://bit.ly/11gpkRP>.

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