

PATIENT EXPERIENCE CORRELATION WITH QUALITY OF CARE

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Please find following a summary of a literature search and relevant results. All articles can be provided in full - email library@monashhealth.org for a list of the articles you require.

QUESTION

Evidence on whether good patient experience impacts on the quality of care.

RESULTS

ONLINE RESOURCES (GREY LITERATURE)

GOVERNMENT DOCUMENTS

Australian Bureau of Statistics (ABS). (2022). **Patient Experiences**. [Web link](#)

- People reported the most positive experiences with dental professionals and the least positive experiences with hospital ED doctors and specialists.
- Consistent over most recent 3 years.

NSW Health. (2020). **Elevating the Human Experience : Our guide to action for patient, family, carer, volunteer and caregiver experience**. [Web link](#).

- See 'The importance of patient experience' on page 9.
- Positive patient experiences result in better patient outcomes.
- Better patient experiences are an important part of achieving the quadruple aim. The quadruple aim of healthcare is comprised of improved patient experience, improved staff experience, better clinical outcomes, and more effective and efficient care.

PEER-REVIEWED LITERATURE – MOST RECENT FIRST

Articles are grouped by theme:

- Patient satisfaction linked to outcomes
- Minimal or uncertain correlation
- Impact of communication & inter personal relations
- Focus on medical staff

Each article summary contains excerpts from the abstract and an online link.

PATIENT SATISFACTION LINKED TO OUTCOMES

Thao, et al. (2021). **Association between patient satisfaction and the willingness to return for rehabilitation-A pilot study.** *Open Public Health Journal*. 14(1): 455-461.

Information on patient satisfaction and the returning of the patients for rehabilitation is limited. This study aims to explore the role of different domains in patient satisfaction with the willingness to return for further rehabilitation. The cross-sectional study was conducted among all 163 patients who were treated at different departments but needed a combination of treatment with rehabilitation at Viettiep hospital. Among the PSI scale, the strongest correlation was observed between the attitude of medical staff and the equipment and infrastructure of the hospital. The linear regression model indicated that patient satisfaction was associated significantly with the willingness to return for further rehabilitation. There were significant associations between the accessibility, equipment and infrastructure, quality of care and treatment, and cost of treatment with the returning for treatment of the patients.

Mehta, et al. (2020). **Is Patient Satisfaction Dictated by Quality of Care Among Patients Undergoing Complex Surgical Procedures for a Malignant Indication?** *Annals of Surgical Oncology*. 27(9): 3126-3135. [Article link](#)

The aim is to define the relationship between patient satisfaction, hospital-level factors, and clinical outcomes among patients undergoing major surgery for cancer. Patients who underwent surgery for esophageal resection and were Caucasian had optimal patient satisfaction. Hospital level factors such as urban location, 200 + beds, greater inpatient surgical volume, higher nurse-to-bed ratio, non-profit hospital status, and non-teaching hospital status were related to optimal patient satisfaction. In adjusted analysis, patients undergoing surgery at hospitals reporting poor or average patient satisfaction had 22% higher odds of 90-day mortality than patients undergoing surgery at optimal-satisfaction hospitals. In addition, hospitals with the highest patient satisfaction scores also had the highest proportion of surgical cases that achieved the composite textbook outcome (TO) quality metric.

Lobo Prabhu, et al. (2018). **Is quality important to our patients? The relationship between surgical outcomes and patient satisfaction.** *BMJ quality & safety*. 27(1): 48-52. [Article link](#)

With greater transparency in health system reporting and increased reliance on patient-centred outcomes, patient satisfaction has become a priority in delivering quality care. We sought to explore the relationship between patient satisfaction and short-term outcomes in patients undergoing general surgical procedures. The majority of patients underwent a laparoscopic procedure (85.9%) and were admitted as inpatients following surgery (72%). 91.5% of patients rated satisfaction of 4-5, and 95.0% said they would recommend the service. The odds of overall satisfaction were lower in patients who had complications and 30-day readmission. Having elective surgery was associated with higher odds of satisfaction. CONCLUSIONS: We found a significant association between patient satisfaction and both 30-day readmission and the occurrence of postoperative surgical complications. Given this association, further study is warranted to evaluate patient satisfaction as a healthcare quality indicator.

Doyle, et al. (2013) **A systematic review of evidence on the links between patient experience and clinical safety and effectiveness.** *BMJ Open*. 2013 Jan 3;3(1):e001570. [Article link](#)

This study, summarising evidence from 55 studies, indicates consistent positive associations between patient experience, patient safety and clinical effectiveness for a wide range of disease areas, settings, outcome measures and study designs. It demonstrates positive associations between patient experience and self-rated and objectively measured health outcomes; adherence to recommended clinical practice and medication; preventive care (such as health-promoting behaviour, use of screening services and immunisation); and resource use (such as hospitalisation, length of stay and primary-care visits). There is some evidence of positive associations between patient experience and measures of the technical quality of care and adverse events. Overall, it was more common to find positive associations between patient experience and patient safety and clinical effectiveness than no associations. The data presented display that patient experience is positively associated with clinical effectiveness and patient safety, and support the case for the inclusion of patient experience as one of the central pillars of quality in healthcare. It supports the argument that the three dimensions of quality should be looked at as a group and not in isolation. Clinicians should resist sidelining patient experience as too subjective or mood-oriented, divorced from the 'real' clinical work of measuring safety and effectiveness.

Glickman, et al. (2010). **Patient satisfaction and its relationship with clinical quality and inpatient mortality in acute myocardial infarction.** *Circ Cardiovasc Qual Outcomes*. 2010 Mar;3(2):188-95. [Article link](#)

Hospitals use patient satisfaction surveys to assess their quality of care. A key question is whether these data provide valid information about the medically related quality of hospital care. The objective of this study was to determine whether patient satisfaction is associated with adherence to practice guidelines and outcomes for acute myocardial infarction and to identify the key drivers of patient satisfaction. We examined clinical data on 6467 patients with acute myocardial infarction treated at 25 US hospitals participating in the CRUSADE initiative from 2001 to 2006. Higher patient satisfaction was associated with improved guideline adherence and lower inpatient mortality rates, suggesting that patients are good discriminators of the type of care they receive. Thus, patients' satisfaction with their care provides important incremental information on the quality of acute myocardial infarction care.

MINIMAL OR UNCERTAIN CORRELATION

Navarro, et al. (2021). **Will Improvements in Patient Experience With Care Impact Clinical and Quality of Care Outcomes?: A Systematic Review.** *Medical care*. 59(9): 843-856. [Article Link](#)

Patient experiences with health care have been widely used as benchmark indicators of quality for providers, health care practices, and health plans. The objective of this study was to summarize the literature regarding the associations between Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient experiences and clinical and quality outcomes. Nineteen studies met inclusion criteria, 10 investigating associations of CAHPS composite ratings with clinical outcomes and 9 investigating these associations with quality measures. Patient-provider communication was the most studied CAHPS composite rating and was significantly associated with self-reported physical and mental health, frequency of emergency room visits and inpatient hospital stays, hospitalization length, and CAHPS personal physician global ratings. Ratings of patient experience with care may influence clinical and quality outcomes of care. However, key inconsistencies between studies affirm that more research is needed to solidify this conclusion and investigate how patient experiences differentially relate to outcomes for various patient groups.

Congiusta, et al. (2019). **Clinical Quality and Patient Experience in the Adult Ambulatory Setting.** *American journal of medical quality : the official journal of the American College of Medical Quality.* 34(1): 87-91. [Article link](#)

Quality and patient experience are important dimensions of care delivery. The extent to which they are related in the adult outpatient setting is unknown. This brief study utilized data from a large integrated health system over a 1-year period in 2015 and measured the degree of correlation between physicians' patient experience scores and 8 standardized quality metrics. These quality measures were paired into similar groups to create 4 composite measures: outcome, screening, vaccination, and adherence. Measures of outcome, vaccination, and adherence were not significantly correlated with patient experience; screening was minimally correlated with patient experience. Overall, this study found minimal correlation between measures of patient experience and clinical quality in the outpatient setting. Measurement of both of these domains is essential to understanding patterns of care.

Chen, et al. (2018). **The Association Between Patient Satisfaction and Patient-Reported Health Outcomes.** *J Patient Exp.* 2019 Sep;6(3):201-209. Epub 2018 Aug 27. [Article link](#)

Although patient satisfaction is increasingly used to rate hospitals, it is unclear how patient satisfaction is associated with health outcomes. We sought to define the relationship of self-reported patient satisfaction and health outcomes. Retrospective cross-sectional analysis using regression analyses and generalized linear modeling. Utilizing the Medical Expenditure Panel Survey Database (2010-2014), patients who had responses to survey questions related to satisfaction were identified. We sought to define the relationship of self-reported patient satisfaction and health outcomes. Poor satisfaction was associated with certain unmodifiable patient-level characteristics, as well as mental health scores. These data suggest that patient satisfaction is a complex metric that can be affected by more than provider performance.

COMMUNICATION & INTER PERSONAL RELATIONS

Mohamed, et al. (2020). **Pain intensity in total hip arthroplasty patients: how communication influences satisfaction.** *Hip international : the journal of clinical and experimental research on hip pathology and therapy.* 30(6): 690-694. [Request article](#)

An important global measure of health care quality is patient satisfaction. Patient satisfaction partially determines hospital reimbursement for procedures such as total hip arthroplasty (THA). Press Ganey (PG) survey responses assess patient satisfaction, and impact reimbursement. Current efforts to maximise repayment for THA include reducing postoperative pain. The "Pain Management" survey domain is considered a significant factor in patient ratings, but other studies have highlighted staff communication domains as determinants of satisfaction. Therefore, the purpose of this study is to compare PG survey responses to inpatient pain intensity. Patients rating of "Communication with Doctors" and "Communication about Medicines" domains were representative of patient pain intensity. No other factors demonstrated a significant relationship to pain intensity., CONCLUSIONS: Patient satisfaction continues to be important in care quality.

Surrogate markers, such as the PG survey, can guide institutions looking to improve care. Our study revealed scores for "Communication with Doctors" and "Communication about Medicines" best represented true pain intensity levels for THA recipients during the postoperative period.

Golda, et al. (2018). **Recommendations for improving the patient experience in specialty encounters.** *Journal of the American Academy of Dermatology*. 78(4): 653-659. [Article link](#)

The relationship between patient experience and health care quality has generated significant interest in the patient experience measure. However, it is challenging to find information on how to improve one's patient experience score because scientific data on this topic are weak or lacking, and suggestions provided by scoring vendors are often overgeneralized and not specialty-specific. This review will focus on the current state of evidence supporting factors influencing patient experience (both positive and negative) in outpatient specialist encounters that are applicable to general and surgical dermatology. During this review, three main themes affecting the patient experience emerged: communication, time, and access. Of the three, communication appears to be the dominant theme affecting the patient experience measure.

Fortuna, et al. (2017). **Patient Experience With Care and Its Association With Adherence to Hypertension Medications.** *American Journal of Hypertension*. Volume 31, Issue 3, March 2018, Pages 340–345. [Article link](#)

Medication adherence is crucial to effective chronic disease management, yet little is known about the influence of the patient–provider interaction on medication adherence to hypertensive regimens. We aimed to examine the association between the patient’s experience with care and medication adherence. Medication adherence is crucial to effective chronic disease management, yet little is known about the influence of the patient–provider interaction on medication adherence to hypertensive regimens. We aimed to examine the association between the patient’s experience with care and medication adherence. Overall, better experiences with care were associated with higher adherence to hypertension regimens. However, the amount of time the provider spent with the patient was not statistically associated with medication adherence, suggesting that the quality of communication may be more important than the absolute quantity of time.

Kelley, et al. (2014). **The influence of the patient-clinician relationship on healthcare outcomes: a systematic review and meta-analysis of randomized controlled trials.** *PLoS One*. 2014 Apr 9;9(4):e94207. [Article link](#)

To determine whether the patient-clinician relationship has a beneficial effect on either objective or validated subjective healthcare outcomes. Thirteen RCTs met eligibility criteria. Observed effect sizes for the individual studies ranged from $d = -.23$ to $.66$. Using a random-effects model, the estimate of the overall effect size was small ($d = .11$), but statistically significant ($p = .02$). This systematic review and meta-analysis of RCTs suggests that the patient-clinician relationship has a small, but statistically significant effect on healthcare outcomes. Given that relatively few RCTs met our eligibility criteria, and that the majority of these trials were not specifically designed to test the effect of the patient-clinician relationship on healthcare outcomes, we conclude with a call for more research on this important topic.

Hojat, et al. (2011). **Physicians' empathy and clinical outcomes for diabetic patients.** *Acad Med*. 2011 Mar;86(3):359-64. [Article link](#)

To test the hypothesis that physicians' empathy is associated with positive clinical outcomes for diabetic patients. A correlational study design was used in a university-affiliated outpatient setting. Participants were 891 diabetic patients, treated between July 2006 and June 2009, by 29 family physicians. Patients of physicians with high empathy scores were significantly more likely to have good control of hemoglobin A1c (56%) than were patients of physicians with low empathy scores (40%, $P < .001$). Similarly, the proportion of patients with good LDL-C control was significantly higher for physicians with high empathy scores (59%) than physicians with low scores (44%, $P < .001$). The hypothesis of a positive relationship between physicians' empathy and patients' clinical outcomes was confirmed, suggesting that physicians' empathy is an important factor associated with clinical competence and patient outcomes.

Arbuthnott & Sharpe. (2009). **The effect of physician-patient collaboration on patient adherence in non-psychiatric medicine.** *Patient Educ Couns.* 2009 Oct;77(1):60-7. [Article link](#)

Factors contributing to treatment adherence are poorly understood but the physician-patient interaction is one factor that is known to affect patient adherence. This meta-analysis systematically reviewed the published literature to determine the magnitude of the relationships between physician-patient collaboration and patient adherence. A statistically significant weighted mean effect size of $M(d)=0.145$ from 48 published studies indicated better physician-patient collaboration is associated with better patient adherence. The relationship between collaboration and adherence was sustained for pediatric and adult populations, chronic and acute conditions, and primary physician and specialists. These results emphasize the need for physician-patient collaboration within the medical consultation.

FOCUS ON MEDICAL STAFF

Lawrence, et al. (2018). **Wait times are not the problem! Detailed analysis of unsolicited patient complaints from a metropolitan Australian emergency department.** *EMA - Emergency Medicine Australasia.* 30(5): 672-677. [Article link](#)

To describe characteristics of ED admissions that resulted in unsolicited complaints and compare with overall ED admissions. The site utilised is an inner city tertiary hospital, with 630 beds, with approximately 82 600 annual presentations, where 32.5% were children. A total of 572 different complaint reasons were found and grouped into 12 categories. The most common reasons for complaints were treatment (33.2%) and communication (28.3%), and most complaints concerned medical staff. Other variables including wait times have no effect on patient complaints. As seen in this study the vast majority of patient complaints were associated with treatment and communication issues and skewed towards doctors. It may be feasible for medical staff to undertake communication training as clinician-patient communication in the ED is an important aspect in the improvement of patient satisfaction and in decreasing patient complaints as waiting times and triage categories had no major influence on patient complaints.

Baranska, et al. (2022). **Assessment of the Level of Satisfaction with Medical Care of Patients Treated in Osteoporosis Clinics as an Indicator of the Quality of Medical Care.** *International Journal of Environmental Research and Public Health.* 19(12): 7343. [Article link](#)

The aims of this research are to assess the level of satisfaction with medical care among patients treated in osteoporosis clinics and to determine the relationship among the frequency of visits to the doctor, the duration of treatment, socio-demographic factors, and patient satisfaction with the medical care they receive. The study was conducted from August 2016 to July 2018 at osteoporosis clinics in eastern Poland. The study participants were 312 patients treated for osteopenia or osteoporosis. The Pareto-Lorenz analysis indicated that the key element in general assessments of specialist clinics is the doctor. The level of satisfaction of patients treated in osteoporosis clinics with medical care is different for the assessment of doctors and nurses. Patients assessed the work of the nurses the best, while that of the doctor, who was most often associated with negative aspects of care, was evaluated significantly worse.

APPENDIX

SEARCH METHODOLOGY

A systematic search was conducted for literature. The results were screened using [Covidence](#).

SEARCH LIMITS

- English-language
- Published within the last 5 years

DATABASES SEARCHED

- Medline – index of peer reviewed articles across health sciences and medicine.
- Embase – index of biomed and pharmacological peer reviewed journal articles.

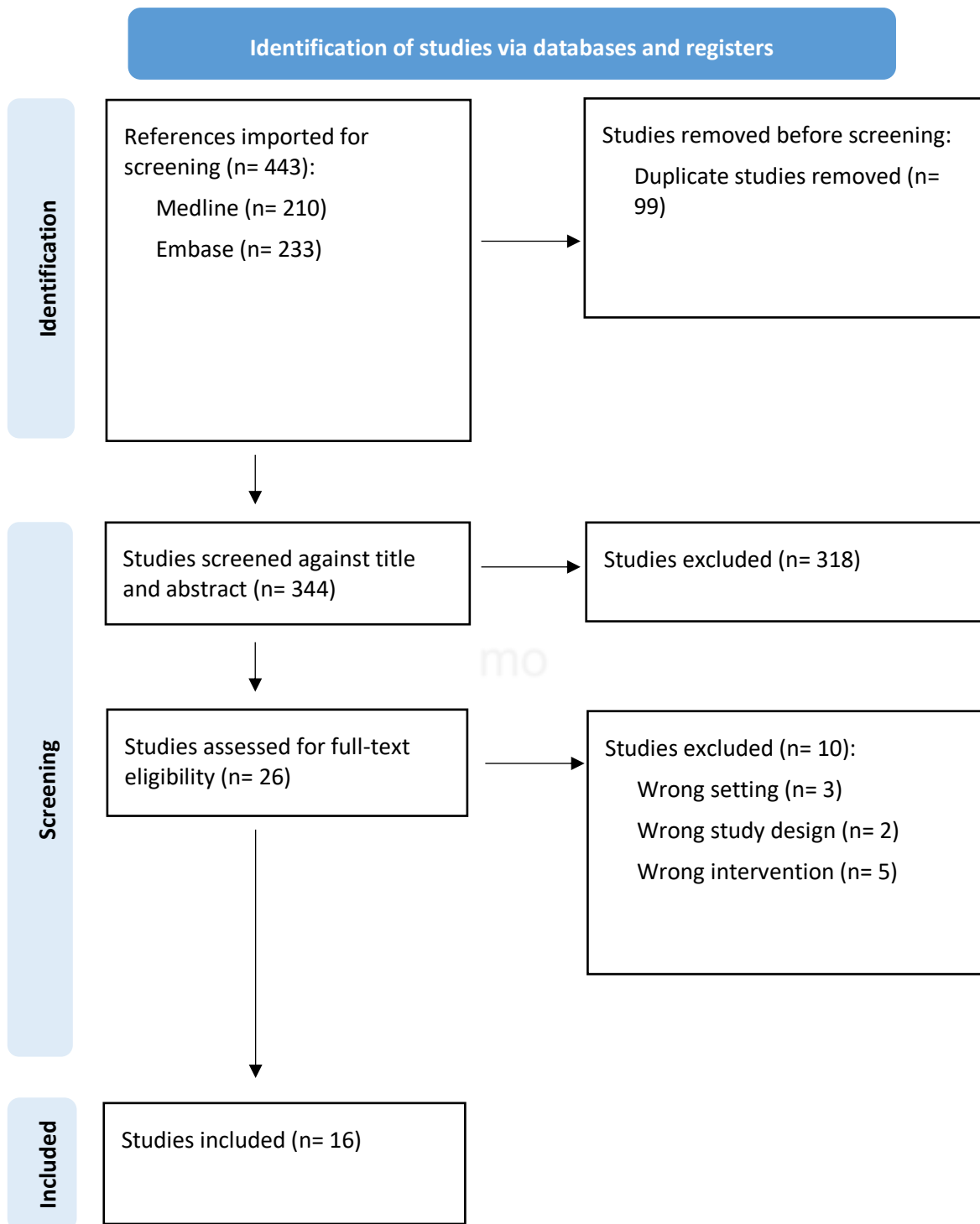
ADDITIONAL SEARCHING

- Citation searching / reference checking

MEDLINE SEARCH STRATEGY

- 1 *Patient-Centered Care/ or *Patient Satisfaction/ or *Patient Outcome Assessment/ (47327)
- 2 (patient adj (experience or satisfaction or centered care)).kw,kf. (10146)
- 3 1 or 2 (54911)
- 4 "Quality of Health Care"/ or Quality Indicators, Health Care/ (92819)
- 5 (quality adj2 (clinical or care)).kw,kf. (6801)
- 6 4 or 5 (97598)
- 7 Causality/ (19422)
- 8 (relationship* or connection or influence or relate or related or correlate or correlation or association* or between).tw,kf. (11375954)
- 9 7 or 8 (11385167)
- 10 exp Hospitals/ or Inpatients/ or Hospitalization/ (461689)
- 11 (hospital* or medical cent* or health service* or acute or surgery or in?patient*).tw,kf. (4330844)
- 12 10 or 11 (4443726)
- 13 exp Physicians/ or Physician-Patient Relations/ (244626)
- 14 (physician* or doctor* or medical or surgeon* or specialist* or consultant* or registrar* or intern*).tw,kf. (3222805)
- 15 13 or 14 (3311150)
- 16 3 and 6 and 9 and 12 and 15 (812)
- 17 limit 16 to yr="2018 -Current" (204)

PRISMA CHART



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