

ARE CONSUMER EXPERIENCE AND SATISFACTION SURVEYS IN HEALTHCARE VALUE-ADDING?

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ABSTRACT

PURPOSE

Many organisations invest huge amounts of resources in consumer experience surveys. Even though consumer experience surveys are in widespread use, several factors can affect a consumer's response, which can make results from such surveys difficult to interpret. Therefore, before making considerable investment in collecting consumer experience information, it is important to consider whether the design of consumer experience surveys is such that results will be value-adding.

DESIGN/METHODOLOGY/APPROACH

This article explores reasons why consumer experience surveys may not necessarily be as value-adding as we think. Important considerations for the interpretation of the results of consumer experience surveys are explored, and relevant literature is reviewed.

FINDINGS

Using standard consumer experience surveys that do not contextualise local information is not value-adding. Comparison of results of consumer satisfaction surveys to rate service quality across systems and borders is also difficult as a consumer experience is significantly influenced by local context and consumers often express satisfaction, or dissatisfaction based on what is acceptable and expected to be delivered in their local environment.

ORIGINALITY

Several influential publications exist on the benefits of undertaking consumer experience surveys, however, ~~it is important~~ ~~that~~ why consumer experience surveys may not necessarily be value-adding is also important to explore.

KEYWORDS

satisfaction; experience; quality; measurement

INTRODUCTION

Almost all healthcare organisations undertake consumer experience surveys. Implicit in conducting consumer experience surveys is a desire to understand a consumer's experience and find opportunities to improve the quality of care delivered to a healthcare consumer [1]. It is suggested that there is a strong correlation between high overall patient experience

and improved patient outcomes as well as profitability [2-4]. There is also a suggestion that there is a strong association between low consumer satisfaction and the frequency of consumer complaints and lawsuits [5].

This article explores findings from studies on consumer experience surveys to understand the reasons why organisations invest in consumer experience surveys, outputs, complexities in interpretation of those outputs, whether the results of consumer experience surveys are value-adding and if not, what can be done to ensure the investment in consumer experience surveys is value adding.

The reasons for undertaking consumer experience surveys are many and varied. These include a desire to improve the product or service delivered, meet requirements and policy expectations, and as a marketing tool to maintain or expand potential customers. Satisfied and happy consumers are more likely to engage in their treatment and are more likely to encourage health professionals to do their best, which facilitates the achievement of good outcomes [6]. Extrinsic reasons for undertaking consumer experience surveys include the requirement for compliance against the standards, finding an efficient way to ensure that consumers can have a say. Having access to consumer experience information can also be used to inform funding, planning and future development [7].

For the private health sector, the need to retain consumers and attract new ones can also be a matter of survival, profitability and minimising complaints and lawsuits [8, 9]. Organisations need to know whether consumers are satisfied with the service delivered for payment and whether they remain an organisation of choice as a healthcare provider for repeat business and recommendations to other healthcare consumers. Many providers not only strive to meet expectations and therefore try and achieve a high level of satisfaction but also endeavour to ensure that their scores are useful for marketing purposes [10, 11].

HOW MEANINGFUL ARE RESPONSES TO CONSUMER SATISFACTION SURVEYS?

The interpretation of the results of customer experience surveys is complex. Responses received are dependent upon how, and when consumer experience survey information is collected and what questions are asked [1, 12]. For example, the point at which questions are asked often influences the responses of consumers. High consumer satisfaction in exit surveys is known due to a possible 'courtesy bias.' Consumers are also reluctant to provide negative opinions at the point of exit if it is likely that they need to return to the same provider for ongoing care. There are also many other environmental factors, including those very specific to the respondents, that are always important to consider. The perceived urgency of intervention, the state of mind of the consumer (including the perception of pain), access to the specialised nature of healthcare needed within a geographical area, and the expertise of healthcare professionals, are all important determinants of how the healthcare consumer may respond to questions about their experience and perceived quality of care.

When it comes to publicly delivered health services at no direct or minimal cost to the healthcare consumer, perceived excellence in service provision and quality of care must always be further contextualised. Consumer experiences and satisfaction have to be understood in the context of public policy expectations, agreed public service provision values, resource investment decisions of the government and the reality of waiting, prioritisation and healthcare as a public good. In a welfare economy, expectations about public service provision are completely different to those of a market-driven economy. Consumers tend to have different expectations about the timeliness, quality, access and responsiveness of service when they are paying from their own pocket as compared to when services are paid from the public purse. This is also true for healthcare provision [13-15]. To access public healthcare, consumers do not really choose services based on 'quality and satisfaction scores.' A public hospital or health service catchment may determine which services a consumer can access or can access. Resource allocation and prioritisation may determine how long a consumer must wait to receive care.

The above also makes it very difficult to benchmark consumer experience scores across countries. Clearly, the political and economic context determines to what extent public health services are accessible and available, and even which services are considered a public good. Public service expectations do differ across borders, even in similar democracies.

WHAT DOES A CONSUMER EXPERIENCE OR SATISFACTION SURVEY ACTUALLY MEASURE?

A survey can only consider whether the expectations of consumers are being met [1]. It may not necessarily be an indicator of the quality of service [16]. These surveys measure consumers' perceptions of whether the service is delivering what they believe the service should provide. There is considerable subjectivity involved depending upon whether the consumer is paying a fee for service, whether it is a publicly funded service, the consumer's understanding of the commitments about service provision and many other individual-specific factors.

Satisfaction with the service may also not necessarily inform whether expected outputs were achieved. Indeed, many consumers experience surveys are undertaken soon after the care episode ends (e.g. at the time of discharge from the hospital), and it is too early to determine whether the treatment provided has been effective.

It is even more difficult to use consumer experience surveys to compare services, as different sets of consumers may have different expectations for service providers and services in their respective geographical areas [17]. Moreover, expectations change as a result of the situation in which healthcare consumers find themselves. For example, expectations about cleanliness and disinfection were very different before COVID-19 [18, 19]. Care expectations from the healthcare providers of a fit, healthy young male who has arrived for day surgery to remove a mole are very different from those of a frail and elderly woman with hearing impairment, pain and multiple co-morbidities. A survey that combines information about these diverse healthcare consumers with extremely different needs and expectations may not provide useful information to make improvements.

Unless consumer experience surveys contain specific questions about a patient's experience set against their individual-specific expectations, it may not be possible to differentiate how an individual consumer perceived care delivered to them. Responses to a question about the cleanliness or quality of food of a homeless person who received short-term care because of an unfortunate accidental injury are likely to be very different to perceptions of a financially stable, retired, cognitively alert person receiving long-term rehabilitation following undifferentiated chronic pain in some part of their body.

HOW IMPORTANT IS IT TO CUSTOMISE CONSUMER EXPERIENCE SURVEYS TO ACCOMMODATE THE LOCAL CONTEXT?

The questions about reliability and validity are always important considerations when undertaking any survey. For this reason, it is understandable why healthcare services seek an established, reliable, and valid survey or questionnaire to measure consumer experience. However, complexities in interpreting results arise if questions are not informed by the local context. Decisions about resource allocation, prioritisation, acceptance of waitlists, as well as individual factors (including the type of care accessed from a particular facility) are important determinants that may render a standard survey somewhat meaningless. By using a standard questionnaire or survey that is not customised to the local situation, it is also difficult to ascertain the reasons for satisfaction or dissatisfaction. This also makes it difficult to consider what improvements are necessary. The whole process of obtaining information about consumer experience can become meaningless from a quality improvement perspective [20].

Then some questions in standard surveys may not even need to be asked. For example, if clear and objective information about wait times is available, why ask the consumer a question about whether they had to wait? Such an answer may help formulate a political policy position regarding the amount of wait time people are prepared to tolerate, but it does not significantly add value to the care delivery or quality of care. Waiting time is a difficult concept to understand anyway.

Would a consumer be satisfied to wait in the waiting room of an overworked and highly competent physician who is the only one who specialises in the treatment that the consumer needs, as compared to another health-literate consumer with a minor ailment, who is busier than the physician and has the choice of going to another General Practitioner next door who can provide the same service at the same cost?

HOW SHOULD INFORMATION FROM CONSUMER EXPERIENCE SURVEYS BE USED?

To achieve compliance with health service quality standards, a demonstration that the service uses consumer feedback to improve services is an expectation. Undertaking a consumer experience survey can go some way in establishing compliance with this standard. However, if this information is then not used to make service improvements, the intent of the standard is not achieved.

The information on consumer experience and feedback is only useful if it affects decisions about the provision of health care. More importantly, it is essential that there is a demonstrable link between feedback received from the consumer experience survey and decision-making. If this link cannot be demonstrated, obtaining feedback on consumer experience cannot be considered a value-adding exercise. For a consumer experience survey to be a useful tool, it has to be a mechanism that enables improvement in the delivery of care and health service quality. This is not always the case and a lack of consistency in measurement and variation in the way in which data is used across healthcare settings is frequently cited as a reason.

Information from consumer experience surveys is sometimes viewed as a valuable indicator of a health service's performance. However, this has to be considered a secondary benefit. If this is the primary consideration, this needs to be made explicit when undertaking a consumer experience survey.

CONCLUSIONS

Considerable literature exists on the reasons why organisations undertake consumer experience surveys. However, this review explores complexities in the interpretation of consumer experience surveys and explores whether these complexities can sometimes render well-meaning consumer experience surveys non-value-adding. Off-the-shelf consumer experience surveys are particularly low value as these cannot accommodate the local context, which often makes a considerable investment in consumer experience surveys, non-value-adding.

Even though the use of consumer experience surveys by healthcare services is quite common and most health services achieve high satisfaction scores, the reason for undertaking consumer experience surveys should not just be to 'demonstrate' the level of satisfaction but to identify opportunities for improvement. To be able to use a consumer experience or satisfaction survey for improvement, it is important to be cognizant of many individual and environmental factors that may interfere with the ability of a health service to extrapolate this information. Comparisons of consumer experience surveys to monitor performance and rating service quality are even more difficult as a consumer's experience is significantly influenced by local contexts, which makes comparisons across systems and borders almost impossible.

There is a need to develop an evidence base to ascertain whether both the use of consumer experience surveys and how findings are then used to make improvements, deliver good value. It is important that this evidence identifies relationship between the questions of the survey and effectiveness, appropriateness, efficiency and value-adding considerations as well as the importance of contextual factors that may influence the findings of a consumer experience survey.

IMPLICATIONS

Healthcare organisations currently invest huge amounts of time and resources in undertaking consumer experience surveys, which may not be value-adding. It is important for healthcare organisations to carefully consider whether this investment is wise, appropriate and serves a useful purpose. Further investment is needed to undertake research specifically exploring what aspects of the development, rollout, interpretation and use of consumer experience surveys require further development to ensure that organisations get value from the significant investment made in surveying consumer expectations.

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