

From Patient Feedback Survey to Organizational Practice: Improving the Relevancy and Translatability of Findings

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Abstract

Surveys are a tool used by the health sector to understand the patient/client perspective and can reveal opportunities to improve services. However, mobilizing those findings to enact changes in practice becomes more complicated, where decision-makers must consider many factors to determine feasibility. A review of the literature was conducted to explore key strategies for improving the usability of survey data within the primary care sector context. Three primary strategies were revealed: (i) engaging clients in identifying survey items and quality improvement initiatives that are relevant and important to them; (ii) offering learning opportunities and tailoring survey findings to improve staff comprehension and relevance to their care process and performance; and (iii) mandating formal priority setting and tangible action planning within a supportive organizational culture. Such a systematic and participatory patient feedback process will support improved uptake of recommendations by organizations and ultimately, quality improvements in healthcare.

Keywords: Patient Feedback Survey; Organizational Practice; Relevancy and Translatability

Introduction

Survey tools that assess patient feedback can be used to monitor patient experience and satisfaction and to underpin improvements in healthcare services for mobilizing system transformation [1,4]. Positive survey responses may be used to justify the continuation of services and programs, and likewise, the opposite can also be true. Translating patient feedback into organizational practice is likely to be met with a plethora of challenges; the potential for surveys to contribute towards quality assurance and improvement is diminished if findings are not used to enact change [3,4,6].

Hence, the objective of this report is to identify approaches to improve the uptake of quality improvement measures from patient feedback survey data.

Methods

A review of selected published articles was conducted in a primary search using PubMed and Google Scholar databases, between February and March 2020, followed by a snowball sampling of the references. A second search of the databases was performed in February 2021 to review additional literature. The inclusion criteria was as follows: (i) peer-reviewed articles; (ii) published between 2010 and 2021, inclusive; (iii) available in the English language; and (iv) relates to the concepts of patient/client, feedback/experience/satisfaction, surveys/questionnaires/data, quality improvement, and care.

Findings

Engage the patient in identifying what's important to them

One approach to improve the translatability of findings is to consider survey items that patients perceive as important and to gain patient perspective in the post survey data-collection phases. This can underscore client needs and expectations, motivating decision-makers to address priority areas not only to acquire and retain clients but to promote quality care [4].

Akin to Patient Participation Groups, a representative sample of patients, staff, management, and external consultants can collaborate to develop a relevant, reliable, and valid survey instrument and engage in post-feedback quality improvement planning, implementation, and evaluation [3,5,8]. Patients who have received care at an in- or outpatient hospital facility demonstrated indifference towards surveys and their use in making changes to healthcare provision [10], but patients in primary care settings are likely to have a greater vested interest in engaging with quality improvement given their frequent contact with services and service providers.

The co-design approach characteristic of patient involvement in survey development presents opportunities to identify topics of significance that correspond to patient needs and preferences [7,10]. Schropf, *et al.* indicates that preference for potential survey topics can be contingent on demographic characteristics of participants [10]. For instance, younger respondents gave precedence to survey topics related to waiting times and interpersonal relationships, while their older counterparts regarded topics including “Physicians in general’, ‘Physicians-communication’, and ‘Medical characteristics’” with greater importance [10].

Creating opportunities for patient participation in decision making can inform patients on aspects of the organizational structures, processes, and practices that can be feasibly improved and areas in which changes are impractical [3]. Providing a realistic frame of expectations will allow patients to identify survey questions that reliably and validly correspond to specific areas of change for quality improvement [3]. Greater patient involvement influences a shift from a top-down management approach to a patient-centered one, whereby clients gain a sense of accountability and ownership over their healthcare [7].

Similar to improving response rates in surveys [10], patients should have multiple avenues to participate in consultation activities with organizational collaborators. The sociodemographic diversity of individuals who access healthcare implies that multiple channels should be available to meet patient preferences and improve the representativeness of feedback. Beyond common digital and manual means, Kumah and colleagues noted complementary patient feedback tools in the form of surveys, interviews, focus groups, discussions, and walkthroughs for gaining further insights into the patient perspective following primary data collection [8].

When clients are involved in identifying potential survey items for improvement and recommending avenues toward change, this approach can be viewed as a success [7]. Open lines of communication between clients and service providers about survey results can reduce skepticism towards quality improvement processes, as well as promote a culture of patient-oriented care and shared decision-making [7].

Improve accessibility of findings

Secondly, to improve the usability of findings it is critical to ensure that staff are not just simply provided complex data, underpinned in the assumption that every staff member will be able to interpret the implications of the data and apply it to their practice [7,8]. Organizations should offer staff teaching and interpretation activities to help them decode the data collected [8]. Health teams are likely to be more motivated to operationalize client feedback when survey results are presented in accessible formats and when data relates to specific aspects of the care process and practitioner performance [1,7].

Formalize priority setting and action planning as agency mandate and promote a supportive culture

A third strategy to improve the use of survey data is to minimize organizational barriers [7]. In their systematic review, Gleeson, *et al.* identified barriers manifested as a lack of time and resource feasibility and an inconducive organizational culture marked by inadequate managerial support and staff showing resistance to changes [7]. Accordingly, organizations should mandate discussions around survey data findings and action planning, while striving to promote a non-punitive culture (unless patient safety is jeopardized) that minimizes feelings of threat and resentment among service providers [2,3,8]. Survey feedback on its own has been reported to have limited effectiveness in changing care practices, indicating the necessity to implement contractual agreements and incentives for service providers to discuss client feedback and identify tangible protocols for changing poor practice [3].

While certain employee practices should be made mandatory and integral to an organization's quality improvement processes, a supportive culture is equally crucial. For instance, an enabling culture or environment would be one that encourages service providers to appraise constructive feedback as an opportunity to draw attention to patient needs and problem areas and to engage in meaningful and supportive activities such as mentorship from colleagues and peer support sessions [3]. Overconfidence and increasing turnover rates, resulting from positive feedback, can contradictorily hinder quality improvement initiatives [2]. Multidisciplinary teams of service providers may also be considered a feature of a supportive culture, whereby team members have increasing access to economic, social, symbolic, and cultural capital to effect impactful and sustained improvements for quality care [9].

Recommendations and Conclusion

To improve the usability of patient feedback surveys, a systematic approach must be taken from the conception stages of the survey tool to the evaluation phases of the quality improvement measures. In conclusion, this report makes the following recommendations:

1. Organizations should invite the formation of Patient Participation Groups to provide input on the aspects of healthcare services that are important to patients; this will help develop a survey questionnaire that contains relevant care-related items, as well as subsequent effective measures for care improvement. Healthcare managers are more likely to uptake recommendations from primary survey and post-data collection data knowing that they are improving in realms that are important to their clients, which can influence client experience, satisfaction, retention, and health outcomes.
2. Healthcare managers should provide structure and incentives for their staff to acknowledge patient feedback and eventually develop a process to change the quality of services.
3. Collected survey data should be shared with care providers in a manner that is time-sensitive, unambiguous, non-punitive (with the exception of cases in which harm was done) and targeted to specific aspects of care provided to clients.

Conflicts of Interest

The authors have no conflicts of interest to declare.

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