

ARE THE SATISFIED MORE DOCILE? The case of satisfaction in hospital patients

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Summary

Several surveys among hospital patients show a relationship between satisfaction and behaviour. Satisfied hospital patients are less apt to complain, but equally well informed and more self-sufficient. Apparently satisfaction does not make patients docile.

1. INTRODUCTION

A stay in hospital is typically a stressful experience, not only caused by the illness and the treatment, but also by the confrontation with the strange world of the hospital as well (Volicer, 1974). Modern hospitals try to reduce this stress by a patient-centred approach, involving among other things information about the illness and discussion of fears and problems (Kanters, 1988). Success in this respect is often measured by patient satisfaction (Ware et al., 1978). The more satisfied the patients, the better hospitals think they are doing.

Yet there is doubt about this criterion of the well-being of patients; similar doubts as expressed about the utility of happiness (Veenhoven, 1986). It has been suggested that hospitals are eager to promote satisfaction because satisfied patients do not complain (Visser, 1988). In this line, satisfaction is seen as smothering criticism, thereby restricting functional feedback to the hospital organization. A related view is that satisfied patients tend to become dull and dependent, and thereby more prone to hospitalization (Bergsma, 1976).

This chapter reports a first check of these critical views on the function of patients' satisfaction. It is checked whether satisfied patients appear indeed less critical, less active and less autonomous during their stay in hospital.

2. DATA

From 1974 to 1986, data were collected in six surveys on the attitude and behaviour of 2019 patients from 11 hospitals (Visser, 1978, 1980, 1984; Wouters, 1987). These questionnaire studies were carried out among hospital patients (n = 1270) and ex-patients (n = 749). Data were

collected mainly orally (n = 1876), and in some cases by mail as well (n = 143). The measurement of patient attitudes and behaviour was carried out by means of standardized questionnaire sections. The variables at stake here were measured as follows:

Satisfaction: patients assigned school marks (1-10) to various aspects of the hospital stay, among which: information supply, attention to emotional problems and the possibilities of self-care. These scores were added in a general satisfaction score.

Emotional state: the intensity of emotional problems related to illness and admission into hospital such as: uncertainty of the recovery, problems at home, adjustment to the hospital; Knowledge about several medical subjects and aspects of the hospital stay;

Selfcare: tidying the room, making beds, washing, toilet use;

Discussing of emotional problems: voicing of above mentioned emotional problems to staff;

Discussing complaints about the stay in the hospital to staff.

The first two variables are indicative of the patients satisfaction, the latter four indicate the degree to which patients deal actively with the hospital environment rather than resign in passivity. Reliable indices were constructed with an average Cronbach's alpha of .76 (Breemhaar et al., 1988).

Satisfaction

As shown in **scheme 1**, the patients in this study tend to be quite satisfied. This is a common pattern in the Dutch hospitals studied. The patients expressed the most dissatisfaction about the information supply and the opportunity to discuss their emotional problems.

Active adaptation

The data in **scheme 2** show that there is a reasonable variety in the behavioral indices. About one quarter of the patients regularly asked for information on medical topics, while half of the patients never or rarely posed such questions. Ten per cent of the patients discussed all five emotional problems mentioned; 59% discussed 2 - 4 problems, and 31% discussed none of the five emotional problems. Self-care was divided fairly evenly on the distinguished levels. About 15% of the patients discussed their complaints about the treatment during their stay in hospital.

3. RESULTS AND DISCUSSION

Scheme 3 shows the correlations between patient satisfaction and patient behaviour.

At first sight they confirm the view that satisfaction makes for docility.

Fewer complaints

In line with the view of satisfaction as resignation, satisfied patients appear less apt to complain about the hospital and to be slightly less active in information seeking. But does this really prove them to be meek? If so, we can also expect the satisfied to be less well informed. Yet this is not the case. Hence it is more likely that the satisfied complain less because they have less to complain about. One possible reason for that is that satisfaction heightens frustration tolerance, another is that the satisfied may be more effective in dealing with the hospital.

More self-sufficient

In line with the latter explanation satisfied patients appear somewhat more apt to care for themselves. The observations concern things as washing oneself and making beds, but may indicate a broader difference in activity and control orientation. Obviously these cross-sectional data cannot settle the issue. A definitive answer requires a longitudinal study.

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Scheme 1.		Description of the satisfaction		
Satisfaction areas	x (%)*	s.d.	n	
1. Information supply	7.3 (13.6%)	1.4	1731	
2. Emotional problems	7.4 (12.4%)	1.6	1742	
3. Self-care	7.9 (3.2%)	1.1	1325	
Total satisfaction-index	7.8 (4.7%)	1.1	2197	

- The mean schoolmark range (0-10) and the percentages patients assigning an insufficient schoolmark (0-5).

Scheme 2.		Indicators of active adaptation of hospital patients				
Behavior indices (range)	x	s.d.	n	high	mean	low
1. Information seeking (1-5)	2.9	1.3	856	25%	26%	49%
2. Discussing emotional problems (1-5)	1.8	1.6	1229	10%	59%	31%
3. Selfcare (1-5)	3.4	1.0	945	33%	36%	31%
4. Discussing complaints (0-1)	0.2	0.4	1102	15%	-	85%
5. Knowledge (0-1)	0.7	0.2	1553	51%	41%	8%

Scheme 3.
The correlation between active adaptation and general satisfaction of hospital patients

	Pearson's r	Partial r
1. Information seeking	-.11*	-.10*
2. Discussing emotional problems	-.08**	-.05
3. Selfcare	+.05	+.10*
4. Discussing complaints	-.30**	-.29**
5. Knowledge	-.06	-.06

* $p < .01$; ** $p < .001$; two-tailed testing; partial correlations controlled for age, education, sex, social desirability and length of stay.