


From Surveys to Skill Sets: Improving Patient Experience by Supporting Clinician Well-Being

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Abstract

Sharing patient satisfaction survey results is not ideal as a stand-alone motivator for clinician behavior change. Rather, this is best combined with efforts to support clinician well-being by offering protected time to improve our communication skills, along with our ability to effectively process feedback.

Keywords

clinician–patient relationship, organizational culture, patient/relationship-centered skills, patient feedback, patient satisfaction

Just this week, a physician called in to dispute a negative patient comment that was slated for posting on his profile on our public-facing website, as part of a system-wide rating transparency initiative. He felt that the patient’s comment was slanderous toward him and should not be posted. Our governance committee was charged with engaging in a dialogue with him and deciding if the comment met our published criteria for posting publically or not. The physician caller was clearly distressed by the comment and struggled to imagine who had written it and how he could have come across in such a negative way. As he spoke, I tried to imagine his anger and disappointment. It wasn’t very difficult, as I have been on the receiving end of negative patient feedback at times myself. Although I feel some comfort in knowing that we have this recourse for clinicians who would like to contest comment publication, the committee is essentially there to make a judgment. We may occasionally suggest some resources or follow-up but are not expected to provide coaching or emotional support. Yet as I listened to the frustration in this physician’s voice, I sensed both are what he really needed.

Favorable patient satisfaction survey scores are often a primary desired end point for patient experience initiatives. This makes sense, as higher scores drive business by improving patient loyalty, improving reimbursement, and securing bragging rights in a competitive environment. Patient satisfaction ratings transparency has been widely embraced as a driver of clinician behavior change (1), an effort to leverage our inherent competitive nature. In the long term though, focus on scores may not be the best way to engage clinicians

in activities which have been shown to improve the patient experience, such as communication skills development (2).

With clinicians reporting emotional depletion at disturbing rates (3), sustainable improvement in patient experience is unlikely unless these efforts link directly with clinician well-being initiatives. Poor clinician well-being has many causes, not the least of which is a burdensome amount of data management and electronic health record (EHR) tedium which keeps growing. These chores have created barriers in our relationships with patients and presented work–life balance challenges. While we must continue to pursue technologic optimization and workflows which liberate clinicians to reclaim time for meaningful patient interactions, we also need to get better at those interactions by improving the way we communicate. Optimal patient experience and clinician well-being are complementary goals. It is time to reframe clinician-directed patient experience efforts around well-being rather than survey scores.

Reflecting on this issue brings to mind a similar one in education. When our now college-aged son was going through middle and high school, I recall many discussions about teachers who “teach to the test” versus those who prefer to teach for enlightenment and understanding. The most inspiring teachers were usually in the latter category.

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Similarly, patient experience initiatives which “teach to the scores” are missing an opportunity to inspire clinicians by providing tools which refine skills that have been shown to increase joy in practice.

There is a growing body of literature which supports the hypothesis that sharpening communication skills improves overall clinician well-being. This is in addition to the already well-established database linking improvement in clinician–patient communication to improved patient satisfaction, clinical outcomes, adherence to medical regimens, and lower malpractice risk (4,5). The Cleveland Clinic instituted a comprehensive communication skills course for physicians, as part of their service-oriented culture change which began in 2006. Attendee’s reported high satisfaction with the course, and data from the Maslach Burnout Inventory showed statistically significant improvement in emotional exhaustion, depersonalization, and personal accomplishment (2). Texas Children’s Hospital Breakthrough Communication Initiative also resulted in statistically significant improvement in burnout measured by Maslach Inventory when physicians were surveyed 3 months after the course (6).

In order for communication skills improvement initiatives to have maximum impact, clinicians need to adopt a mind-set which is open to these learnings. For most, this is a giant leap and hinges on something not generally taught or supported in our culture—an ability to accept feedback with curiosity and humility. Competitive, perfectionist personalities common in medical professionals can make this especially hard to process. In the current era during which clinicians are exposed to criticism from many sources—patient surveys, news, social media, to name a few—processing negative feedback well is an often overlooked competency which is vital to our emotional wellness.

Initiatives which primarily aim to improve patient satisfaction scores without acknowledging and supporting clinician well-being are short sighted and not set up to achieve the most profound and sustainable shift toward patient centeredness. Clinicians need more than data, tool kits, score cards, and well-crafted experience standards to aspire to. We need support in the form of skills workshops in communication and processing feedback, along with protected and reimbursed time to attend them. Online ratings transparency lends much needed credibility to the patient voice and will be much more likely to affect change if clinicians are more skilled in processing and acting on the feedback.

Clinicians also need emotional support in our efforts to provide excellent clinical care in concert with a great patient experience. Whereas we have become numb to an internal hierarchy which can be harsh and unforgiving, many of us are unaccustomed to receiving unfiltered criticism from those who we are trying so hard to help and care for. This may contribute to the often cited moral depletion (7) which clinicians are experiencing at increasing rates which threatens our productivity, sense of meaning, and energy for caring.

Clinicians should be encouraged to improve the quality of our communication, in response to what our patients are telling us that they desire from us. This is best done in a supportive forum which involves active participation and skills practice. Pushing for these initiatives as a way to simply improve online ratings and patient satisfaction scores, however, is not the right approach. Rather, these initiatives should be linked to improving our patients’ experience along with our own. Initiatives on relational communication and receiving feedback which promote clinician well-being as their foremost goal may be more likely to enroll enthusiastic participants. This may, in turn, lead to a culture which is more collegial and supportive and embraces our vulnerability as strength.


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