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

Jeffrey H Millstein, MD

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 wellness 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 complimentary 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.
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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ORCID ID
Jeffrey H Millstein, MD  https://orcid.org/0000-0002-9551-4906

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Author Biography
Jeffrey H Millstein, MD, is a practicing internist, writer and educator. He serves as associate medical director for Patient Experience, Regional Practices of Penn Medicine.