

Ethical Review of Patient Satisfaction Surveys

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Patient satisfaction surveys are an increasing phenomenon of the reformed health sector in the general trend towards patient-centred care. They are often described as a tool for performance measure within a health service. This article examines whether satisfaction surveys should require ethical review, and, if so, the ethical issues that arise. It will also consider the ethics of "survey overload".

Satisfaction surveys of health services are presented under a number of different titles: "customer", "user", "client" and far less frequently "patient". They may be broadly categorised under two headings. First, those that are generated from within a health service for that service's own use. These surveys seek patient feedback to gain insights into a service. Secondly, there are satisfaction surveys which are generated externally from the health service concerned and may form part of requirements in contracts with Regional Health Authorities or in government directives such as the Crown Company Monitoring and Advisory Unit (CCMAU). These external surveys are often "hotel" services style. The results may form part of quality assurance programmes, particularly the monitoring of Crown Health Enterprises (CHEs). They are often conducted by market research companies contracted by a CHE and in some instances the results of the survey may be linked to performance bonuses of the managers within the CHE.

The recently revised National Standard for ethics committees¹ lists matters not requiring ethics committee appraisal to include:

- a) Access to personal health and disability information for the purposes of monitoring quality of care
- b) Questionnaires or surveys which do not involve or seek to obtain confidential or other sensitive information eg Patient Satisfaction surveys.

The limitations of satisfaction surveys need to be recognised. They are open to bias from non-response and poor selection of sample.

With regard to this first category, satisfaction surveys are frequently unclear as to whether or not a survey aims to monitor the quality of care or the quality of hotel services. For example, if a patient is asked about the courtesy of the hospital doctor they may be misled in believing that their answers are to evaluate professional care rather than the quality of the overall hotel service.

There may be few satisfaction surveys which fall within the second category not requiring ethics committee appraisal, the reason being that satisfaction surveys frequently do seek personal and confidential information. An effective survey is one which will receive honest answers and comments, including criticisms of a service. Even if a respondent's name and address is not requested the information is confidential and ought to have appropriate protections. Anonymity cannot necessarily be guaranteed, particularly by smaller providers. By the time a respondent has been asked their gender, age, ethnic group, and the ward visited they may be either directly or indirectly identifiable.

Satisfaction surveys necessarily impact on the users of health services and the community's perception of how services operate. The degree of intrusiveness into the private lives of people in the community may vary in each survey. This writer's view is that they ought to have outside scrutiny such as that provided by ethics committees. In practice, ethical review is sought. During 1993, the Wellington Ethics Committee reviewed 228 applications of which approximately 5% were satisfaction surveys.² With a stronger emphasis on Quality Assurance it is anticipated that satisfaction surveys will become more prevalent.

The ethical issues arising from satisfaction surveys are common to any health survey whether it be in the nature of an internal review involving follow up with patients or a survey of a particular health issue. Some key points are:

- 1 *Statistical integrity*
A survey that cannot produce valid results is unethical. Good statistical design is an essential prerequisite for credibility of data. An ethics committee can require surveys to be reviewed by a biostatistician to ensure the methodology is appropriate. This includes the design of a questionnaire to achieve accurate answers and the selection and number of participants.
- 2 *Voluntary and informed consent*
Emphasis on voluntary participation without affecting a participant's ongoing care and treatment is important.
- 3 *Protection of privacy and confidentiality*
This includes minimising the intrusiveness of a survey on the private lives of vulnerable people who may be going through a particularly stressful experience. Consideration

ought to be given to the principles in the Health Information Privacy Code. Confidentiality safeguards include storage of information and the write up of the results.

- 4 *The principles of justice and equity* require that participants should have access to results. This provides an opportunity for partnership between providers and the community in the sharing of information.

The limitations of satisfaction surveys need to be recognised. They are open to bias from non-response and poor selection of sample. Evidence suggests that over the past five years there has been a general decline in response rates to health related surveys.³ Salmond considers a 70% response rate for general community samples in New Zealand to be a minimum for acceptability. Little is known about the response rates of satisfaction surveys as often the results are not published.

The non-responders may be high users and have had significant experiences with health services that would impact on results. Non-responders may be the people that don't have telephones, or for whom English is their second language. It is possible that these groups are systemically excluded from surveys. Moreover, cultural safety issues need far greater attention in some surveys.

The decline in response rates reflects burdening of the community to a point of "overload". Health related surveys have to compete with a raft of surveys conducted by often aggressive marketing companies. As consumers we are asked to participate in a spectrum of market research from toothpaste to television viewing. If there is undue emphasis placed by government on health service administrators to conduct numerous satisfaction surveys the community's wariness toward being surveyed will increase. If as a patient at a hospital I am asked to participate in a satisfaction survey upon admission, discharge and as an outpatient it is understandable that I may decline to participate! It is unethical when the value of satisfaction surveys as a management tool is outweighed by the intrusions and inconvenience they cause.

A constructive approach to the current situation would be to try and grasp an overall picture of the satisfaction surveys being carried out. From an ethics committee perspective it is difficult to place individual satisfaction surveys in the context of health services research. Satisfaction surveys are initiated for different reasons from a variety of sources; both public and private sector providers and purchasers. Whether or not the network of ethics committees is in a position to monitor satisfaction surveys on a national basis is unclear.

Ethical review, however, is an important part of the process in protecting the community's interests.

- ¹ Interim National Standard for Ethics Committees, Ministry of Health, May 1994
- ² Central RHA Wellington Ethics Committee, 1993 Annual Report
- ³ Salmond C. "Response rates in community based health surveys". Paper delivered to the Public Health Association Conference, Wellington, May 1993.

Advance Notice of Conference

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KEYNOTE SPEAKER:

Dr Megan-Jane Johnstone,
Nurse ethicist, Royal Melbourne Institute of Technology

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Central RHA Ethics Committee, Massey University Philosophy and
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- the control and allocation of resources;
- patient safety;
- cultural safety;
- informed consent;
- privacy;
- ethics of practice;
- the effects of competition and "commercial sensitivity" research;
- whistle-blowing;
- mental health; and
- end-of-life issues.

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