

**ORGANIZATIONAL PERFORMANCE IMPACTING
PATIENT SATISFACTION IN ONTARIO HOSPITALS:
A MULTILEVEL ANALYSIS (PUBLICATION)**



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CONTEXT

Patient satisfaction in health care constitutes an important component of organizational performance in the hospital setting. Satisfaction measures have been developed and used to evaluate and improve hospital performance, quality of care and physician practice. In order to direct improvement strategies, it is necessary to evaluate both individual and organizational factors that can impact patients' perception of care.

OBJECTIVES

The purpose of this study was to validate the satisfaction questionnaire and relevant dimensions of patient satisfaction in the Ontarian population; and to measure specific determinants of satisfaction in each dimension at both individual patient and organization levels.

METHODS

We used the 2008 public hospital report in Ontario, Canada, collected between April 1, 2006, and March 31, 2007, including measures of patient satisfaction, hospital internal business processes, financial performance, and clinical outcomes. The National Research Corporation Canada (NRCC) acute care inpatient satisfaction survey, adopted for the Ontario Hospital Report in 2004, measures patients' perception of the care they receive and is distributed to a sample of hospital patients 6 to 12 weeks after their inpatient stay. Hospital-level clinical performance measures of risk-adjusted medical adverse events and readmissions were included. Exploratory factor analysis was used to evaluate the clustering of items included in the questionnaire and to derive dimensions of satisfaction for analysis. A two-level multivariate model was fitted to analyze the determinants of satisfaction.

FINDINGS

We found eight satisfaction factors, with acceptable to good level of loadings and good reliability: nurses and doctors, patient-centered care, admission process, availability of staff, communication with patients, communication with family, discharge transition and pain management. More than 95% of variation in patient satisfaction scores was attributable to patient-level variation, with less than 5% attributable to hospital-level variation. The hierarchical models explain 5 to 17% of variation at the patient level and up to 52% of variation between hospitals. Individual patient characteristics had the strongest association with all dimensions of satisfaction. Few organizational performance indicators are associated with patient satisfaction and significant determinants differ according to the satisfaction dimension. Overall, patients suffering from more severe illnesses (poor perceived health, functional limitation, and admission through an ED) were less satisfied and gave lower ratings on their experience.

CONCLUSIONS

The research findings can help orient hospital administrator's actions to improve patient experience and satisfaction in health care, by highlighting the importance of adjusting for both patient-level and organization-level characteristics when evaluating patient satisfaction. To improve satisfaction ratings, hospitals will have to involve families and patients more in decision-making, particularly with patients that have higher levels of education. Another means to improve patient satisfaction ratings could be for hospitals to increase the number of non-medical staff and emphasize non-technical interpersonal care training for nurses and physicians. Communication of medication information between providers on referral and transfer is one of the most important determinants of patient satisfaction. Not taken into account were the individual clinicians' characteristics or patient-provider relationships, which could play an important role in patient satisfaction.

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