

---

# Clinicians' Resistance to Consumer Satisfaction Surveys: What They Never Tell You

What They  
Never Tell You

Eilish McAuliffe and Malcolm MacLachlan  
*University of Malawi, Zomba, Malawi, Africa*

47

---

The United Kingdom White Paper, "Working for Patients"[1], places a strong emphasis on the consumer of health services. This has reinforced the notion of a "partnership model" based on a collaboration between clinicians and patients, the consumers of health services[2]. Although Carr-Hill, Dixon and Jefferson[3] reviewed over 400 surveys concerning patients' opinions of the health services they received, few of these were published, most of them being conducted by community health councils and intended only for local consumption. This trend has continued[4] and, with the advent of "NHS trusts", such information is likely to have strategic value for competing "trusts" and therefore to remain unpublished. Given that decisions regarding service provision are likely to be influenced by such surveys, it is of considerable importance to be aware of the difficulties in this type of research. Such an appreciation may allow for a more valid interpretation of the results obtained as well as allaying the concerns of clinicians.

We describe here not the outcome of a patient satisfaction survey but the process which was involved in getting to the outcome. We expose the difficulties which one usually omits, lest one's research be thought "unscientific". It is well known that the way in which surveys are conducted and questions asked can have a dramatic effect on the answers received[5]. However, what is less often written about is the effect of the survey on those people about whom the questions are being asked, and the influence of these people on the results reported.

We report on a patient satisfaction survey from the clinician's and researcher's perspective and the consequences this had for data collection. There is no reason to assume that our experience is in any way unique or that such difficulties are restricted to the area of health care which was examined. We surveyed patients' opinions of the service they received from the mental health unit of a Scottish regional health board. The mental health unit was divided into four administrative sectors which we shall refer to as A,B,C and D.

## Methodology

Each patient to be surveyed was to be sent a letter describing the study and ensuring him/her confidentiality. The letter gave no indication of the profession or background of the researchers. The survey simply asked patients to write

Journal of Management in  
Medicine, Vol. 6 No. 3, 1992, pp.  
47-51. © MCB University Press,  
0268-9235

about any experiences they had had of the mental health unit which they felt was an example of particularly good service and any experience they had had which they felt was an example of particularly bad service. Both these questions were asked so as to give patients "permission" to be critical of the service as well as to praise it. A common feature of many patient satisfaction surveys is that patients rate themselves as being very satisfied with the service, thus giving little guidance on how services might be improved[4]. Patients were also asked for suggestions for improving the service of the mental health unit.

Patients also indicated whether they would be willing to be interviewed concerning the answers they had written. (However, this stage of the survey was not undertaken owing to the difficulties encountered and the limited time-scale of the project.) The patients who were surveyed included discharged in-patients and out-patients, and current out-patients.

It was intended to mail correspondence to each group of patients, once their names and addresses had been provided. The study also sought the views of patients' relatives (given the permission of the patient) and general medical practitioners.

The project had a time-span of three months and this was to include formulation, data collection and write-up. All the patients who were to be contacted were attending either a psychiatrist or a clinical psychologist.

### **Clinicians' Reactions: Psychiatrists**

The survey was discussed with each of the sector managers and all agreed that the project should include their sector. Clinical services managers were then informed of the project and given a detailed outline proposal for discussion with their consultant psychiatrist colleagues.

In Sectors A and B consultant psychiatrists gave their agreement to the survey and a list of patients' names was obtained from medical records within two weeks. In Sector C the consultant psychiatrists requested that the project be discussed at the division of psychiatry meeting. At this meeting some concern was raised about the design and aims of the project. These concerns were addressed by the researcher (EM) at the meeting. A letter from the chairman of the division of psychiatry followed, indicating that the division of psychiatry was in agreement that the project could include patients in Sector C.

The first real signs of clinicians' resistance to the survey came when secretaries in Sector C were contacted to obtain names. It appeared that some consultants did not wish to co-operate with the project despite giving their agreement at the meeting. One particular consultant psychiatrist refused to have "his" patients interviewed by someone "who is not psychiatrically qualified". Although it was made clear that all interviews would be conducted by a psychologist (with the profession of the researcher being withheld from the interviewee), the consultant was not prepared to allow "his" patients to be interviewed. He did not give any reason for this decision.

Resistance of a more "established" nature was encountered in Sector D. In Sector D the project was discussed at the division of psychiatry meeting

---

and it was decided that ethical approval should be obtained before the consultants could consent to the project. A request was made for the researcher to attend the next division of psychiatry meeting to discuss the proposed project. As the next division meeting was not within the time-scale of the project, all consultant psychiatrists received a detailed outline of the project, a copy of the questions and a letter asking for permission to proceed with the survey prior to the ethical committee's decision. It was explained that the co-ordinator of the ethical committee believed that this particular project did not fall within the usual remit of projects requiring the approval of the ethical committee.

Letters were sent to ten consultant psychiatrists in Sector D. Only one reply was received. The consultant who replied was not concerned about confidentiality but stated that his primary reservations concerned the validity, reliability and rationale of the project. Detailed comments about his reservations were not offered in his reply.

The project was submitted to the ethical committee and, whilst being considered, was discussed again at Sector D's division of psychiatry meeting, this time with one of the researchers present. The main objections raised at this meeting were:

- (1) Members of the division of psychiatry would not permit their patients' inclusion in the study because they themselves had not been involved in the detailed design of the study.
- (2) The division of psychiatry felt that the study should not have commenced without the approval of the ethical committee.
- (3) Despite guaranteed confidentiality, consultant psychiatrists felt that the data collection might be used to compare the performance or the clinical care of individual consultant psychiatrists.
- (4) Despite clarification that the unit general manager was concerned only with summary data, the consultant psychiatrists wanted an "assurance from the unit general manager that he would not send letters of apology to patients complaining about the service (or at least not without the approval of the consultant involved).

The collective decision of the division was that they did not want patients from Sector D to be involved in the survey.

### **Clinicians' Reactions: Psychologists**

The resistance described thus far was not confined to psychiatrists. The project was explained to the head of psychology in three departments of clinical psychology (Sectors A, C and D) and they were provided with the same detailed information as their psychiatric colleagues. The heads of department were asked to discuss with their colleagues whether it would be possible to include in the study patients attending their department.

The psychologists in Sector D agreed to participate but there was a considerable delay in providing names and addresses of patients, as many of

the psychologists were on leave. As the psychiatric services in Sector D were to be excluded from the survey, it was felt to be of limited value to include the few patients from psychology services in Sector D who were available to contact.

In Sector A resistance took a subtle but "effective" form. The psychology department in Sector A agreed to participate with the approval of the clinical services manager, provided that correspondence could be handed to patients at the appointment rather than being mailed. Forty letters were sent to the psychology department for distribution in a particular week. Two-and-a-half weeks after the week in which distribution had been requested only 18 letters had been distributed. As there was a time-lapse of two weeks between requesting and receiving permission to include these patients, there was insufficient time to extend the data-collection phase of the project, so that all 40 letters could be distributed.

Further resistance was encountered from the psychologists in Sector C. Having discussed the project, the psychologists in the third sector, Sector C, felt that allowing access to "their" patients' names and addresses would interfere with the therapeutic relationship which they had with their patients.

The head of department agreed that his colleagues would distribute the letter at appointments if it was made clear in the letter that the project was not being conducted by the psychology department. Forty letters were delivered to the psychology department. Some psychologists did not hand the letters to their patients and, although invited to give their reasons for objections or concerns about the study, none of them did so. Attempts to arrange a meeting with the psychologists to discuss their concerns about the project proved fruitless.

### **The Interview Phase**

Unfortunately the time-consuming task of overcoming clinicians' resistance to the survey resulted in the interview phase of the project being completely eliminated. Thirty-five patients, 11 relatives of patients and 21 general medical practitioners completed and returned the survey questionnaire. As over 80 per cent of these subjects agreed to be interviewed about their questionnaire responses, this meant the loss of a considerable amount of valuable data.

### **The Outcome Data**

Seventy-one subjects completed the survey questionnaire, some giving extremely detailed and informative examples of good and bad service. There were also some very positive suggestions for improving the service. We suspect that service developments in the mental health unit studied will be, at least in part, based on our data. While being pleased that the data are valued, we have some concerns over the validity of the findings.

The methodology of the study changed quite dramatically from what was intended. For example, some patients were handed correspondence by the clinician they were attending and some patients were not. The potentially fruitful interview stage had to be dropped completely. Nor could our sampling procedures be said to be random or unbiased. It is worrying that such important research

within the context of service development should be conducted on this basis. As stated previously, we see no reason to believe that our experience is unique.

In our next article, "Overcoming Clinicians' Resistance to Consumer Satisfaction Surveys"[6], we set out a sequence for tackling some of the difficulties encountered in this study. We also draw on our experience of consultancy work in other settings in an attempt to highlight issues which are particularly salient to such research.

#### References

1. "Working with Patients", United Kingdom White Paper, Department of Health, London, 1990.
2. Hudson, B., "Free Speech, Not Lip-service", *Health Service Journal*, No. 100, 1990, pp. 918-19.
3. Carr-Hill, R., Dixon, P. and Jefferson, S., "The NHS and its Consumers", Centre for Health Economics, University of York, York, 1989 (unpublished).
4. Jones, L. and Lodge, A., "A Survey of Psychiatric Patients' Views of Out-patient Clinic Facilities", *Health Bulletin*, No. 49, 1991, pp. 320-28.
5. Kotler, P., *Marketing Management: Analysis, Planning, Implementation and Control*, (6th edition), Prentice-Hall Inc., Englewood Cliffs, New Jersey, 1988.
6. MacLachlan, M. and McAuliffe, E., "Overcoming Clinicians' Resistance to Consumer Satisfaction Surveys", *Journal of Management in Medicine*, Vol. 6 No. 3, 1992, pp. 52-56.