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Overcoming Clinicians' Resistance to Consumer Satisfaction Surveys

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It is difficult to make any definite statements about the nature of clinicians' reluctance to participate in the study described in our previous article, "Clinicians' Resistance to Consumer Satisfaction Surveys"[1]. At the outset most managers and clinicians voiced their agreement with the aims of the project.

Control and Compliance

However, several clinicians felt that they should have been involved in the design of the project. We believe that it would be quite impossible to derive a research design fully incorporating the diverse theoretical perspectives of over 50 psychologists and psychiatrists. Yet at the same time it is necessary to allow clinicians to have some sense of influence or control over the design. Without allowing people to feel that they have made some sort of contribution and that their contribution has been valued, one is unlikely to achieve compliance.

One way of giving clinicians a degree of "decisional control"[2] would be to ask first if they agreed that a survey to indicate the strengths and weaknesses of the service was desirable. At this stage no information should be given regarding the design of the study, as compliance with only the principle of a study is being sought.

Inclusion and Commitment

It is not enough to request suggestions for the design of a study, for those people who offer no suggestions are just as able to sabotage the research as those clinicians who have made an active contribution. All clinicians must be included in order that they should feel some commitment to the project[3]. This may require individual interviews, a formal survey of clinicians' attitudes or meetings with a group of clinicians. In the latter case such meetings should take a "workshop format", allowing for small group discussion and so actively "engaging" clinicians in the design process. Such inclusion should help to foster a stronger sense of commitment to the project.

For the workshop leader, arriving at a methodology may involve a process of negotiation and arbitration between various camps. An individual clinician may see not only a conflict between him/herself and another individual but also see the conflict in terms of one school of thought against another[4]. Progress is more likely if the focus is on individuals' differences rather than on the differences between more abstract constructs.

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Acknowledging Objectors

No matter how sensitively one plans or how long one takes over the previous stages it will always be impossible to get any group of experts to agree! Once a methodology, with majority commitment, has been negotiated, disagreements should be acknowledged and a commitment made by the researchers to note the objectors' grievances in any subsequent report. The "majority methodology" should then be put into action in a "hypothesis-testing" manner rather than with a "one right way" attitude. To encourage commitment objectors should not be "confronted". It is quite normal for any group of people to experience conflict[5] and some writers have even stressed the advantages of conflict in producing commitment and coherence through conflict resolution[6].

"Ownership" of the Project

Some clinicians wished it to be made clear that the research was not being conducted by their department but by "the management". Establishing a "them and us" division is likely to reduce commitment to the project by "us" and lead to suspicion of "them". Closely related to the idea of ownership of the project is the notion of ownership of the data. What are the data for? The project and the data must be "owned" by those who are involved in service delivery. Everybody involved in the project should be aware of how he or she will directly benefit from the results of the survey. Limits on the possible uses of the data should be clearly drawn, agreed by all and publicized.

"Ownership" of the Patients

While clinicians have a clinical responsibility to "their" patients, managers have a managerial responsibility to "their" patients, the people on whose behalf they manage the service. The patient seems to have little say in the matter. In the context of consumer satisfaction this seems particularly ironic. To take customer relations seriously requires a respect for the integrity of the customer. The "partnership model" between providers and users requires a full partnership[7]. However unless clinicians are provided with a legitimate means of exerting some control (as described above), they may misuse the power which their professional roles give them.

Managers effectively have their hands tied here, because they are not clinically qualified and therefore not "qualified" to question the judgement of a clinician. Thus a clinician may judge that participation in the project will have a damaging effect on patients. Furthermore, clinicians can often have little influence over colleagues because of a "respect" for individual and differing clinical opinions.

Professional Rivalry

As there is considerable overlap between the services offered by different professional groups in the health service, particularly in mental health, any attempt to assess the service has the potential to exacerbate the rivalry which may exist between professions. The ideal of professions working in harmony is not unrealistic but it is unreasonable not to acknowledge that certain professions compete for their share of a limited budget and often their share

of patients[8]. In many organizations competition over limited resources is often a source of conflict[9] and there is certainly some evidence for this in the National Health Service[10,11]. While we have already noted that conflict may have some positive effects, its negative effects can also be far-reaching.

Professional rivalries may have several consequences for patient satisfaction surveys. First, they may discourage co-operation from clinicians simply because the data collection process may be perceived as something akin to performance appraisal, which is in any case becoming more common in health services[12]. Second, once a clinician has given the "go ahead", he or she may covertly object through being "too busy", "wanting further clarification", "going on leave" or "forgetting". Clinicians may start to stall or sabotage[13] the research process, if they feel that they may be compared unfavourably with professional rivals. Third, and perhaps most important in the context of consumer surveys, any group which is "done down" by the results of a survey may choose to deny the validity and utility of the research.

All or None

For these reasons we suggest that, where possible, patient satisfaction surveys should be conducted on a multidisciplinary basis, ideally using the multidisciplinary team as the service to be evaluated. An alternative would be to evaluate a single profession without comparison with other professions. In each of these cases, however, it is necessary to "depersonalize" the experience from the clinicians' point of view. It should be emphasized that services and not individuals are being evaluated. Services may be seen as necessarily relating to groups of people performing interconnected tasks, some of which may never be seen by a patient (for instance, typing, cleaning or updating clinical records).

Open or Closed Questions?

Every question eliminates 1,000 answers. A survey is probably most informative when it provides information which was not expected. Open questions such as "Have you experienced any instances of particularly good service? If so please describe in as many words as you feel are necessary", may be seen as less threatening than more directive questions: "What do you think of your therapist so far?" However, clinicians may demand some "protection" in the asking of questions. A compromise may therefore have to be sought through directing patients' remarks away from individual clinicians.

Reporting Results

Often the final report of a project is the first report seen by all except those directly involved with it. In the case of customer survey reports, clinicians' anxieties must again be considered. The drawing of conclusions is a process which may be "negotiated" legitimately by people with differing views. The inclusion of all "stakeholders" in these final stages of the research is essential. You may well require clinicians to implement changes in "customer care", and they should therefore be identified with the final product of the survey.

External Facilitation

It is always difficult to judge whether a consumer survey should be conducted by an external consultant or someone internal to the service who may have similar skills. The latter will almost certainly be cheaper but the objectivity of the surveyor may be questioned. It may be perceived as the member of one profession telling other professions what to do[3]. On the other hand, an external consultant may be criticized for "not understanding" the problems or being unfamiliar with the "reality of having to work here". Whatever the response, it is more than likely a reflection of clinicians' concerns about "being evaluated". These are not unreasonable concerns, for service developments may be strongly influenced by the outcome of patient satisfaction surveys. We hope that this discussion may encourage such surveys to be conducted in a manner which is more acceptable to clinicians, and produces more valid data, than we suspect is often the case. We conclude by presenting in Table I ten questions which we recommend that one should answer before undertaking a customer or patient satisfaction survey.

1.	How will clinicians be able to contribute to the design of the project?
2.	How will clinicians' commitment to the project be established?
3.	How will objectors be handled so as to retain their commitment?
4.	How will it be made clear what the data will be used for?
5.	How will access to patients be negotiated?
6.	How will the project avoid inflaming professional rivalries?
7.	Which professions will be (directly or indirectly) assessed?
8.	How "open" or "closed" will the survey format be?
9.	Who will be drawing conclusions from the results?
10.	Who is in the best position to conduct an effective survey?

Table I.
Ten Questions to Ask Yourself before Undertaking a Customer Satisfaction Survey for a Health Service

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Further Reading

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