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Patient satisfaction: the importance of supporting patients in the decision making process

Abstract (150)

The development of surgical medicine has seen the number of surgical procedures available to patients increase significantly. However despite fewer reported complications and greater access to surgical procedures, satisfaction with the National Health Service surgical services has decreased and a significant number of patients report post-operative regret. Unfulfilled or unrealistic expectations and dissatisfaction with preparatory information are factors that have been associated with surgical regret and surgery satisfaction. Improving the way that patients are supported during the decision making process may increase their satisfaction with surgery and reduce the likelihood of surgical regret. Patient decision-making aids (PDAs) can be used to assist patients in the decision making process. Research indicates that when PDAs are used for making healthcare decisions, patients are more actively involved in decision making, have increased knowledge, develop more accurate risk perceptions and make decisions that match their values.

Keywords: surgery, patient satisfaction, decisional regret, decision-making aids

Recent years has seen significant progress in surgical medicine resulting in an ever growing number of surgical procedures available to patients with medical conditions. Undergoing certain types of surgery can benefit patients in terms of reducing psychological distress, anxiety, depression, appearance concerns and improving quality of life (Reaby, 2002; Moss & Harris, 2009). However despite more rapid access to surgical procedures and fewer reported complications, satisfaction with the National Health Service (NHS) surgical services has recently decreased (Appleby et al, 2012). Similarly some individuals report post-operative regret which can impact their quality of life and for some individuals, regret can still be felt up to 5 years later (Diefenbach et al, 2008; Fernades-Taylor et al, 2011). Studies with patients receiving a variety of different surgical procedures including cancer treatments and surgical sterilisation have shown that patients are more likely to regret the surgical procedure if they have unrealistic expectations regarding the surgical outcome and are dissatisfied with the preparatory information received (Ballou & Bryson, 1983; Brehaut, et al 2003; Harcourt et al, 2011; Rolnick et al, 2007; Sheehan, et al 2007). Similarly patients who have an involuntarily passive role in healthcare decision making are more likely to experience greater regret (Mancini, et al, 2012). These findings suggest that providing patients with better support in the decision making process may increase patient satisfaction with surgery, satisfaction with the preparatory information and reduce the likelihood of post-surgical regret.

How is satisfaction with surgery assessed?

Historically research on patient expectations and satisfaction with surgery was based on the opinions of the surgeon rather than the patient receiving the procedure. However research indicates that there are significant differences in the perceptions of surgical outcomes and satisfaction between patients and their surgeons (Dawn et al, 2004, Lattig et al 2013). Patients can often have higher expectations of the surgical outcome than surgeons (Jourdan, et al, 2012; Lattig et al, 2013), making it more likely that their expectations will be left unmet. The use of clinician reported objective outcome measures on their own is no longer appropriate for identifying the success of surgery (Kenton et al, 2007). There is now greater focus on the role of patient expectations and patient satisfaction in identifying the success of surgery (Mancuso, et al, 1997; Wilson, et al, 1998).

Patient reported outcome measures (PROMs) are health-related questionnaires which patients complete themselves; questions can relate to various aspects of health, including quality of life, appearance satisfaction, mood and functionality. Many surgical teams are now including PROMS in their pre and post surgery patient consultations in order to better identify patients' needs and satisfaction with surgery. In addition to more generic PROMS which assess aspects of health or the service more generally, an increasing number of condition/ surgery specific PROMS have been developed which investigate patients' health in relation to their particular condition or surgical procedure. Recently a number of condition/surgery specific PROMS have been developed for patient groups such as those undergoing breast reconstruction, facial aesthetics, cleft lip and palate and general plastic surgery (Marcusson et al, 2000; Harris D & Carr, 2001; Pusic et al, 2009; Pusic et al, 2013). The inclusion of PROMS and the development of condition/surgery specific PROMS are a significant way forward for increasing patient centred care, and for identifying patients' pre-operative needs and satisfaction with surgical outcomes. However the process of patients completing a questionnaire on their pre-surgical needs and health might not necessarily be a sufficient tool on its own for surgeons to elicit the most accurate patient expectations for surgery. Improvements in supporting patients with the decision making process may also be beneficial.

What predicts patients' satisfaction with surgical outcomes?

Although there have been many factors associated with satisfaction of surgery, satisfaction with pre-operative information and the meeting of pre-operative expectations have been found to be significant predictors of surgery satisfaction in a variety of different patient types (Barker et al, 2008; Kadzielski et al, 2008; Rowland et al, 1993). In some studies a strong correlation between patient satisfaction and patient expectations has been identified, indicating that unfulfilled expectations are associated with dissatisfaction with surgery (Hamilton et al, 2013; Mancuso, et al, 2003). As well as being dissatisfied with surgical outcomes, a significant number of patients report surgical regret. For example, Sheehan et al (2007) found that around 40% of breast reconstruction patients regretted their surgery to some extent. Surgical regret been observed in patients receiving surgery for a number of different patient groups (Lin, 2011; Swisher, et al 2001).

These findings suggest that there are potential improvements that can be made to the information that patients receive before surgery that might increase patient satisfaction and reduce the likelihood of surgical regret.

Why is it important for surgeons to understand patient expectations?

By accurately understanding patient expectations, it allows surgeons to identify patients who may have unrealistic expectations and address their issues before surgery (Dawn & Lee, 2004). This will increase the likelihood that expectations will be realistic and fulfilled after surgery, increasingly the likelihood of satisfaction with the surgical outcome.

It is also important for surgeons to identify and understand patients' expectations to ensure that they are providing the correct procedures that are in line with the patient's beliefs and needs (Dawn & Lee, 2004). The only way to provide the most effective care is for surgeons to engage patients in communication about their needs so they can elicit, understand and negotiate their expectations (Snell et al, 2010). Although it can be difficult for surgeons to engage in detailed communication with a patient during busy clinics; it is important that patients are provided with clear, accurate and appropriate information in pre-operative consultations (Snell et al, 2010). For this to happen, the surgical team needs to understand what information the patient needs to know (Snell et al, 2010).

How can surgical teams help patients in the decision making process?

Although there are many leaflets, flyers and websites which offer patients information about surgical procedures, the quality of such information is not necessarily correct nor verified as often quality checks are not conducted (Aning, et al, 2012). Patients may also misinterpret this information and there is little evidence that this information has any benefit in improving decision making or decreasing surgical regret (Aning, et al, 2012; Rot et al, 2012). Generally clinicians are the most commonly reported information source by patients and they depend on their specialist to provide them with information about treatment options and outcomes (Hoffman et al 2009).

Studies on patient-clinician communication suggest that patients prefer to take an active or collaborative role with their doctor in the decision making process, with important information preferences including treatment options and side effects (Davison et al, 2002). Although intuitively it might seem beneficial for surgeons to take more time and care to counsel patients in pre-surgical consultations, evidence indicates this may not be sufficient to reduce unrealistic patient expectations (Wittman et al, 2011).

The role of decision-making aids

One way to improve patient-surgeon communication in pre-operative consultations is to use a patient decision-making aid (PDA). PDAs are tools that help prepare patients to participate in decisions such that involve risks and benefits such as those associated with surgery. A good decision will reflect the patient's beliefs and values and is likely to not result in high levels of regret at the time of the decision and after the decision has been made (Aning, et al, 2012).

PDA specifies the decision/s being considered and involve a personalised approach to the benefits and risks of the decision and help patients identify their values for outcomes of the options (Stacey et al, 2011). They often involve a decision sheet whereby patients outline their needs and weigh up the benefits and risks of a particular decision. PDAs can be helpful tools for patients when there is more than one option available, each with its own advantages, disadvantages and side effects. PDAs can be employed in different ways depending on the patient population and healthcare setting. Some require patients to independently complete them and then bring them to the consultation with the surgeon, whereas patients complete other aids in collaboration with a clinician.

PDAs have been found to increase patient knowledge and decrease decisional conflict due to feeling un-informed (Sherman et al, 2012; Stacey et al, 2011; Volk, et al, 2007). In two Cochrane reviews which investigated the use of PDAs for making healthcare decisions, the results showed that PDAs encouraged patients to be more actively involved in decision making, increased their knowledge, encouraged them to have a more accurate perception of the risks and helped them make decisions that matched their values (O'Connor et al, 1999; Stacey, et al, 2011). When patient decision making has been evaluated with and without a PDAs, patients using a PDA reported an increased sense of involvement in the decision and developed more realistic expectations of the outcome without any observed negative effects (Stacey, et al, 2011).

What increases the effectiveness of patient decision-making aids?

PDAs come in many different forms including paper-based, video and internet-based formats that appeal to different patient needs. There is some evidence to suggest that more detailed PDAs show a small significant increase in the knowledge gained by patients compared to simpler PDAs (Stacey et al, 2011). However, too detailed PDAs might be unsuitable for less literate patient groups (Aning et al, 2012). PDAs which include the probabilities of success of the different decisions in numbers, rather than words are associated with patients having more accurate risk perceptions (Volk et al, 2007, Stacey et al, 2011). PDAs which include *explicit values clarification* have also been found to result in patients feeling better prepared for decision making and result in a reduction in decisional regret after the decision has been made (Feldman-Stewart, et al, 2012). Explicit values clarification involves encouraging patients to explore their own values and beliefs in relation to the surgery being considered, identify any competing values and weigh up what values are more important in relation to the particular decision in question.

Summary sentences

Patient-surgeon collaboration is vital for patients making surgical decisions. The inclusion of PROMS in pre and post-surgery consultations is important to identify surgery satisfaction and success. Patients also need access to clear, accurate and appropriate information in order to make a decision that reflects their own values and needs. PDAs can help those that are faced with complex decisions. As well as helping a patient to clarify their own values, they can also offer surgeons an opportunity to explore, identify and negotiate patient expectations, with the potential of reducing the likelihood of post-surgical regret.

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