



Irish
Society for
Quality & Safety in Healthcare



Health Services
National Partnership Forum



The Health Boards Executive
Working Together for Health

Measurement of Patient Satisfaction *Guidelines*

Health Strategy
Implementation Project
2003

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Table of Contents

1.	Introduction	7
2.	Purpose of this Document	8
3.	Why are we now Measuring Patient/Client Satisfaction Perception	9
4.	Guide to Measuring Patient Satisfaction	13
5.	Conclusion	23
6.	Appendix One	26
7.	Bibliography	27

Foreword

These guidelines have been produced in response to a specific commitment in the National Health Strategy: Quality and Fairness - A Health System for You that "a national standardised approach to the measurement of patient's satisfaction will be introduced" (Action 48).

The need to capture the voice of the patient/client using a more structured approach is an essential element of policy planning. The Prospectus Report (audit of structures) highlighted that clear and visible accountability to the user of health services is underdeveloped. It also recognised that some inroads are being made:

"A very welcome development in recent years has been the National Patient/Client Survey in Irish Hospitals by the Irish Society for Quality & Safety in Healthcare in collaboration with the hospitals themselves."

This document can be used by all health service providers to ensure that the principle of *people-centeredness*, which is at the heart of the Strategy, becomes an increasingly important feature of how we plan and deliver health services.

These guidelines follow on from the series produced in 2002 which cover a range of actions set out in the Strategy. They were produced by a team of people drawn from across the health service and have been adopted by the Chief Executive Officers of health boards.

The guidelines are not intended to be prescriptive rather they should act as a reference or guide to people working within the system, supporting the overall commitment to delivering better quality health services.

The development of these guidelines was greatly assisted by the publication of *The Measurement of Patient Satisfaction with Acute Services in Ireland - Irish Patient Satisfaction Literature Review and Scoping Exercise* (HSNPF/ISQSH, 2003).

Finally, I would like to thank the project team which included nominees from HeBE, the Irish Society for Quality and Safety in Healthcare and the Health Services National Partnership Forum, who, in consultation with a wide range of people, produced these guidelines.



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Introduction

One of the significant trends in the development of modern healthcare is the involvement of patient / clients in the management of their care and treatment. This is recognised in current health strategies both in Ireland and in other jurisdictions.

The Health Strategy – Quality and Fairness (DOHC 2001) makes a particular reference to the inclusion of patient/clients in both the principles and the National Goals.

To support this development it is important to acknowledge that the experiences of patients/clients of health care vary considerably. Some may have an occasional intervention while others have a more permanent and long-term relationship with a service provider depending on the nature and extent of their need.

Person centred health care respects the dignity and value of each person. It is entirely desirable and proper that the views of patient/clients should be sought on their experiences and expectations of health care.

This document is designed to provide both a helpful and supportive guide to patient satisfaction for service providers. The guidelines explain what is involved in establishing a measure of patient/users satisfaction and the various methods available. A detailed guide to support staff involved in this work is also included.

Purpose of this Document

Action 48 of the National Health Strategy: Quality and Fairness - a Health System for you (DoHC, 2001) identifies the need for a national standardised approach to the measurement of patient satisfaction. It is consistent with Objective 1 of the Strategy that the patient/client is at the centre in the delivery of care.

A people centred health system:

- identifies and responds to the needs of individuals;
- is planned and delivered in a coordinated way; and
- helps individuals to participate in decision making to improve their health.

Feedback from patients/clients can influence the whole quality improvement agenda and provide an opportunity for organisational learning and development. It provides crucial information on what the patients/clients expectations are and how they perceive the quality of care, which may be different from that of all staff providing that care. (Generally, this information is collected by good management and good listening.)

Many healthcare organisations currently collect feedback but a study by the Irish Society for Quality and Safety in Healthcare on behalf of the Health Services National Partnership Forum showed that there was no structured method utilised. A structured framework to collect information about patient/client satisfaction to ensure a systematic methodology that will facilitate benchmarking and allow collected information to be fed back into the overall decision making process.

"The 'people-centred' health care system of the future will have dynamic, integrated structures, which can adapt to the diverse and changing health needs of society generally and of individuals within it. These structures will empower people to be active participants in decisions relating to their own health." (Quality and Fairness, DoHC, 2001)

Why are we now Measuring Patient/Client Satisfaction/Perception?

Consumer participation is increasingly being linked with improvements in the quality of health care and improved health outcomes. There is an increasing impetus for shared decision making and person centred care. Person centred care has become a central concept in healthcare as a response to:

- A general trend towards increasing attention to social inclusiveness and the needs of the customer.
- The rapidly increasing cost of healthcare and the imperative for effectiveness.
- The focus on improvement of processes and outcomes of care (Al-Assaf, 1993, Lehr and Shrosberg, 1991).
- Increased access of patient/clients to information about healthcare treatments and options (Lutz and Bowers, 2000).

There is a growing evidence of the links between consumer feedback and participation in decision-making in individual care leads to improvements in health outcomes (England et al, 1992, Fallowfield et al, 1990) and stronger therapeutic alliances (Chambers, 1999). Effective consumer feedback strategies

- Lead to more accessible and effective health services (Draper and Hill, 1995).
- Facilitate participation by those traditionally marginalized by mainstream health services (Alexander and Hicks, 1998).
- Make organisations more aware of significant areas of dissatisfaction with care and services (Ovretveit, 1998).
- Give staff new insights into how people perceive aspects of their care (Draper,1997) and can increase consumer confidence (Chambers,1999).

As techniques to measure the quality of healthcare proliferate and improve, health professionals are beginning to accept that patient/clients and their families hold unique vantage points as expert witnesses of care (Delbanco, 1996) and that they should plan their services to reflect the needs of patient/clients. Patient/client satisfaction is now a critical variable in any calculation of quality or value and therefore in the assessment of corporate/individual accountability. It is a legitimate and important measure of quality of care.

Patients/clients are rightly becoming more involved in their own healthcare and are being encouraged to do so. The movement to include patient/client evaluations of care is growing as more providers/organisations realize that patient/client satisfaction measurement is a cost effective, non invasive indicator of quality of care. Giving the patient/client an opportunity to voice their opinions about the care they receive can be seen as part of a broader commitment to public and patient/client participation in healthcare service planning and delivery.

The Joint Commission of Accreditation of Health Care Organisations (JACHO, 1994) has embraced patient/client satisfaction as a valid indicator and mandated in its 1994 standards for accreditation that "the organisation gathers, assesses, and takes appropriate action on information that relates to patient/client's satisfaction with service provided".

The Irish Health Services Accreditation standards similarly seek evidence of a Client and Community Focus and ask the question "do we know what our patient/clients think of us". More and more there is a recognition that quality healthcare must take account of the outcomes which are important to people.

The increasing cost of the health services and the need for better use of available resources is a concern for healthcare providers. Consequently, it is evident that there is a need to measure the efficiency of health care to determine if proper use of available resources is being made. According to Fitzpatrick (1991), patient satisfaction is an important and widely accepted measure of care efficiency.

What is patient / client satisfaction?

Satisfaction, like many other psychological concepts, is easy to understand but hard to define. The concept of satisfaction overlaps with similar themes such as happiness, contentment, and quality of life. Satisfaction is not some pre-existing phenomenon waiting to be measured, but a judgment people form over time as they reflect on their experience. A simple and practical definition of satisfaction would be the degree to which desired goals have been achieved.

Patient /Client satisfaction is an attitude – a person's general orientation towards a total experience of health care. Satisfaction comprises both cognitive and emotional facets and relates to previous experiences, expectations and social networks (Keegan et al, 2002). Meredith and Wood (1995) have described patient satisfaction as 'emergent and fluid'. It also has been

described as a particularly passive form of establishing consumer's views (McIvor, 1992). Satisfaction is achieved when the patient/client's perception of the quality of care and services that they receive in healthcare setting has been positive, satisfying, and meets their expectations.

For the purpose of this document it is important to recognise that patient/clients range from people who are in receipt of ongoing care, personal assistance services and other community delivered supports to people admitted to hospital on a once off or episodic basis. The opinions of the family, and advocates should also be considered.

What factors may influence satisfaction?

When including patient satisfaction mechanisms in health care systems, the options should take account of the capacity of users to understand what is being asked of them and to communicate their opinions and feelings effectively.

Important factors influencing patients/clients in this regard include literacy levels, intellectual and physical/sensory disability levels and difficulties with language proficiency or ethnic and cultural diversity. Social elements within our society must be considered as they can very often dictate whether the consumer will provide feedback and express their satisfaction or otherwise, e.g., financial status, educational status, demographics (urban/rural), technology.

Previous measurements of patient satisfaction overwhelmingly show that the majority of consumers, usually 80% or more, express overall satisfaction with their care, with few respondents responding negatively to any given item. Satisfaction is, however, a relative measure which research literature shows, may be influenced by many factors that should be considered.

Patient/client expectation

The meeting of patient/client expectations are assumed to play a role in the process by which an outcome can be said to be satisfactory or unsatisfactory. Expectations are an important influence on the patient/client's overall measurement of satisfaction with a health care experience. Patient/client satisfaction is influenced by the degree to which care fulfils expectation (Mahon, 1996). Some literature however suggests that a link between satisfaction and fulfilment of patient/client expectations is not necessarily the case, since it is possible that the patient/client's evaluation of a service may be largely independent of actual care received (Williams, 1994).

Age

Older respondents generally record higher satisfaction (Pope and Mays, 1993; Williams and Calnan, 1991; Owens and Batchelor, 1996) - possible explanations include lower expectations of health care and reluctance to articulate their dissatisfaction.

Illness

While some studies have found that sicker patient/clients and those experiencing psychological stress are less satisfied, with the possible exception of some chronically ill groups, distinguishing between the experience of sickness or experience of health service treatment or other factors as causes of dissatisfaction has proven difficult (Hall and Milburn, 1998; Cleary et al, 1992).

Prior experience of satisfaction

Crow et al, (2003) in their review of literature identified that satisfaction was linked to prior satisfaction with health care and granting patient/clients' desires (e.g. for tests).

Patient/client – professional relationship

There is consistent evidence across settings that the most important health service factor affecting satisfaction is the patient/client-practitioner relationship, including information and technical competence (Crow et al, 2003).

Choice of service provider

Choice of service provider is associated with higher satisfaction (Crow et al, 2003). Care provided under fee-for-service arrangements generates greater satisfaction than that delivered with prepaid schemes. Gate keeping organisations, where patient/clients have little or no choice in their treatment or are assigned treatment, score relatively poorly on satisfaction.

Gender, ethnicity, and socio-economic status

Evidence about the effects of gender, ethnicity, and socio-economic status is equivocal due to the small amount of literature available on each (McGee, 1998; Crow et al, 2003)

Guide to Measuring Patient Satisfaction

One of the critical success factors when measuring patient satisfaction is that the process is planned effectively. It is important to identify clear objectives and link them with the appropriate method of evaluation. Some areas for consideration are detailed below.

Planning an evaluation to measure patient satisfaction

Those involved in planning an evaluation to measure patient satisfaction should consider a number of key questions grouped as follows:

- Questions to consider before identifying patients/clients who will be invited to participate in the evaluation.
- Questions to consider when you are ready to begin involving patients/clients.
- Evaluation questions.

1. **Questions to consider before identifying patients/clients who will be invited to participate in the survey**

Questions to be asked	Actions required
Why is satisfaction being measured?	Define a clear purpose for seeking patient/client views.
What dimensions of quality / aspects of satisfaction are to be measured?	Clearly outline the dimensions of satisfaction to be measured.
What difference to patients/clients will this measurement make?	Identify the differences.
What is the management commitment and staff commitment to patient/client participation? And what is the commitment of the organisation to change?	Clarify management commitment to improve services based on information Identify required resources and confirm availability.
Can we develop ways to ensure that patients/clients who participate will be listened to and their input valued?	Confirm that results of feedback will result in improvement.
What aspects of the organisation's history may impact on patient/client participation?	Check has your organisation previously consulted with patient/clients? How were these results utilised?

2. Questions to consider when you are ready to begin involving patients/clients

Questions to be asked	Actions required
Do we know who our patients/clients are?	Identify all stakeholders whose views should be sought.
Do we know how patients/clients would like to participate in our organisation?	Clarify the needs of the patient/client group. Establish the optimum method for each population's participation. Develop appropriate strategies for engagement.
What dimensions of quality / aspects of satisfaction are to be measured?	Define the dimensions <i>of quality / aspects of satisfaction</i> .
Are there different levels that patients/clients can participate within the organisation?	Recognise the value of the views of all health service users. Tailor participation strategies to individual patient/client as well as groups (Eg. Personal Outcome Measurement).
What kinds of skills will be required by patients/clients to do this work?	Identify skills requirement for participation.
How will you support those patients/clients who provide their time and expertise to your organisation?	Determine any training requirements. Provide necessary training and support. Reimburse patients/clients their out of pocket expenses.

2. Evaluation questions

Ideally, evaluation questions should be asked along the way so that you are identifying and addressing issues as you go.

Questions to be asked	Actions required
What is the most appropriate method for measuring the identified patient/client's satisfaction?	Identify the appropriate method of measurement (see Methods of Measurement Section overleaf).
Is the chosen method appropriate?	Test with a pilot study. Confirm if patients/clients have become involved. Evaluate what patients/clients say about their experience of being involved.
Are there any ethical issues to be considered?	Confirm how consent to participate will be obtained. Clarify if proposal needs to be referred to Ethics Committee. Clarify Freedom of Information and Data Protection requirements.
Who should conduct the measurement?	Confirm methodology and clarify if internal or external independent measurement is appropriate.
How is the data to be analysed?	Identify the most reliable statistical methods.
What report format should be used?	Decide, given the evaluation method and the intended audience, the appropriate format.
How will the report be disseminated and published?	Agree methodology.

Methods of Measurement

The following methods of measurement can be considered to evaluate patient satisfaction and an appropriate model utilised.

Measurement Tool: Focus Groups		
Attributes	Strengths / Advantages	Weaknesses/Disadvantages
<ul style="list-style-type: none">• A carefully planned small group discussion, guided by a skilled facilitator, designed to obtain perceptions in a non-threatening environment.• Directed towards collecting information on a specific issue.• Can be used to provide different insights into problems and generate potential solutions.• Skilled facilitator mandatory.	<ul style="list-style-type: none">• Provides an opportunity for indepth exploration of perceptions and opinions of a selected number of patients/clients.• Efficient collection of qualitative information as it usually involves 6-8 participants.• Provides detailed and pertinent information.• Permits those not normally attracted to participation to express a view on issues of special concern.• Assists with the interpretation of quantitative results.	<ul style="list-style-type: none">• May not be representative.• Limited number of questions can be asked in single session.• Can be time consuming.• Data is difficult to analyse in a strict quantitative sense.• Quality of data is influenced by skills of facilitator.• Facilitator can influence results.• Language barriers.• Participants may be reserved about expressing their views.

Measurement Tool: Questionnaires

Attributes	Strengths /Advantages	Weaknesses/Disadvantages
<ul style="list-style-type: none">• A structured document, using closed or open ended questions, that can be self-administered or interviewer administered.• Designed to elicit patient/client feedback on certain dimension of quality / aspects of care.• Mode of collection determined by resources, length, sensitivity, complexity, respondents, etc.• Suited to situations where high response rate required.• Determination of appropriate sample size is both a resource and empirical issue.• Response scales play a key function in the measurement of patient/client satisfaction.	<ul style="list-style-type: none">• Agenda can be set by organisation.• Allows for collation of both qualitative and quantitative data.• Relatively inexpensive.• Qualitative comments can be included.	<ul style="list-style-type: none">• Agenda can be set by organisation.• Questions must be carefully designed so that they are clear concise and relevant.• The choice of response options can affect how people think and respond to questions.• Generally require software support to record results.• Potential to excludes sections of the population.

Measurement Tool: Postal Surveys – Questionnaires

Attributes	Strengths / Advantages	Weaknesses/Disadvantages
<ul style="list-style-type: none"> • As above but can be posted. • Questions must be carefully designed so that they are clear concise and relevant. 	<ul style="list-style-type: none"> • Cost effective. • Specific segments can be easily targeted. • Wider sample distribution possible. • Encourages high response rate. • Visuals may be used. • Little bias. • Patient/client anonymity. • Respondents given time to complete. • Can use validated survey instruments. • Qualitative comments can be included. • Can be administered by independent external agencies. 	<ul style="list-style-type: none"> • Difficulties associated with procuring an accurate list of client/patient details. • No opportunity for explanation or follow up questions. • Potential to excludes sections of the population. • Provides limited opportunities for large numbers of community members to participate in the process. • Does not allow for the exchange of ideas and discussion. • Reliability dependent on timing. • Potential for bias. • Low response rates yielding higher satisfaction scores.

Measurement Tool: Email/ Computerised Surveys

<ul style="list-style-type: none"> • As above but administered via the Worldwide Web. 	<ul style="list-style-type: none"> • Cost and time effective. • Visuals may be used. • Increased control to monitor and ensure completed questionnaires. • Ease of data collection. 	<ul style="list-style-type: none"> • Access to computer may be limited. • Does not allow for the probing of data.
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Measurement Tool: Key Informer Surveys

<ul style="list-style-type: none"> • Key Informers are described as people who may be assumed to have the knowledge and ability to report on social needs. • 10-15 contacts are usually considered an appropriate sample. 	<ul style="list-style-type: none"> • Can be inexpensive and quick to survey such people. 	<ul style="list-style-type: none"> • Key informers tend to overstate a problem for their interest group and to underestimate the ability of others to sort things out.
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Measurement Tool: Personal Interviews

Attributes	Strengths / Advantages	Weaknesses/Disadvantages
<ul style="list-style-type: none">• Face to face detailed discussion with people selected on the basis of their personal experiences.• Personal interviews may be structured or unstructured.• Both methods require skilled interviewers.• Not suited to surveying large groups of people.• Requires careful selection.	<ul style="list-style-type: none">• Direct source of data.• Provides for a wide variety of views and high levels of flexibility.• Interactive, e.g. visual questions can be used.• Allows interviewer the opportunity to correct misunderstandings.• Open ended questions may facilitate acquisition of quality data.	<ul style="list-style-type: none">• Time consuming for both parties involved.• Skilled interviewer required.• Costly.• Scheduling may be difficult.• Interviewer bias can influence results.• Must be conducted in a conducive environment.

Measurement Tool: Telephone Interviews

<ul style="list-style-type: none">• Generally administered using a structured questionnaire.• Requires trained surveyors.	<ul style="list-style-type: none">• Direct source of data.• Interactive.• Generally less costly than personal interviews.	<ul style="list-style-type: none">• Time restraints on the part of participants.• Low co-operation rates.• Interviewer bias can influence results.• Excludes those without telephones.
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Measurement Tool: Mystery Shopper

<ul style="list-style-type: none">• The anonymous observation of quality care.	<ul style="list-style-type: none">• Anonymous.• Snapshot view.• Provides valuable commentary on services.	<ul style="list-style-type: none">• Bias may occur.• Limited focus.• Limited feedback by a single reporter.
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Measurement Tool: Consumer Panels

<ul style="list-style-type: none">• Consultative process structured and unstructured.• Ongoing relationship with panel provides information over time so covers changing needs and circumstances.	<ul style="list-style-type: none">• Combines research methods with participatory approach.• Represents cross-section of population.• Can tackle different issues and track changes over time.• Allows continuing dialogue with participants.• Provides research resource to share between organisations.• Special needs can be accommodated.	<ul style="list-style-type: none">• Setting up panels takes time.• Research skills needed. Poor samples leads to unreliable results.• Not suitable for consulting with small numbers of people.• Does not involve people active in decision making.• Objectivity can be lost if panels get close to the authority.
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Measurement Tool: Workshops

Attributes

- Structured sessions aimed at producing a plan or program of recommendations.
- Sub-groups of 8-15 people.

Strengths / Advantages

- Allows local experts or lay specialists to contribute in actual processes of planning.
- A flexible technique which can be used at all stages of consultation.
- Provides a forum for receiving feedback.

Weaknesses/Disadvantages

- May appear exclusive.

Measurement Tool: Advisory Committees

- Provide ongoing advice on community views or specialist advice.
- Up to 15 members.
- Provides an opportunity for community representatives to become familiar with the consultation/planning process.
- Serves secondary function of bringing patients/clients together to advise on policy and inform them about organisational policies.

- Source of community viewpoints.
- Provides ongoing advice and comment on developing proposals or policies.
- Allows members to identify and seek measures to resolve persisting local problems.
- Assists in dealing with multiple interest groups.

- Advisory committees are not elected, and therefore have legitimacy problems claiming to speak for others.
- May be non-representative of the community.
- Meetings can be time consuming and dominated by members of unequal status, knowledge and expertise.
- May have difficulty in 'delivering' the interest groups or points of view they are appointed to represent.

Measurement Tool: Public Meeting/Forum

- Nominated by existing groups and associations.
- Facilitates the exchange of views.
- Provides existing groups with a more informed and united base from which to lobby organisations and decision makers.
- System of interacting with community groups.

- Allows people to respond to the proposals or options devised by experts.
- Facilitates the exchange of views.
- Brings a wide range of people together.
- Can contribute to consensus before actions taken.

- Ability of facilitator crucial to success.
- 'Glossy' presentations can be misled by an ill informed audience.

Measurement Tool: Public Submissions

Attributes

- Oral or written submissions designed to keep interested groups informed about the current state of policy development.
- Generally attract organised groups or individuals with a well defined position.
- Written submissions allows for considered, thoughtful and detailed points of view, but it restricts those voices heard in the debate.

Strengths / Advantages

- Demonstrates commitment to open planning.
- Designed to keep interests informed.
- Seeking written submissions is a cost effective form of consultation.
- Written submissions will become part of the public domain, the most tangible evidence of a consultation process.
- Views drawn from submissions may be included in any final report, along with tabulation of arguments for and against particular aspects of the overall policy proposal.

Weaknesses/Disadvantages

- Submissions tend to favour the articulate, and those with sufficient resources to prepare detailed analysis and documentation.
- Those opposed to a proposal are most likely to invest the time and effort required to prepare a submission.

Measurement Tool: Complaints

- Any expression of dissatisfaction which needs a response.
- Complaint mechanisms can range from internal procedures to more formal structures such as boards of review and appeal, and the Office of the Ombudsman.

- Early warning system.
- Valid means of patient/client feedback.
- Timelines – often provides opportunity to respond in real time.

- Patients/clients fear making a complaint may lead to victimisation.

Measurement Tool: Incidents and Near Misses

- **INCIDENT:** Any occurrence, which is not consistent with the professional standards of patient care or the guidelines of the healthcare organisation.
- **NEAR MISS:** An occurrence which, but for luck or skilful management, would in all probability become an incident.

- Identifies some problems.
- Timely.
- Pre-determined processing.

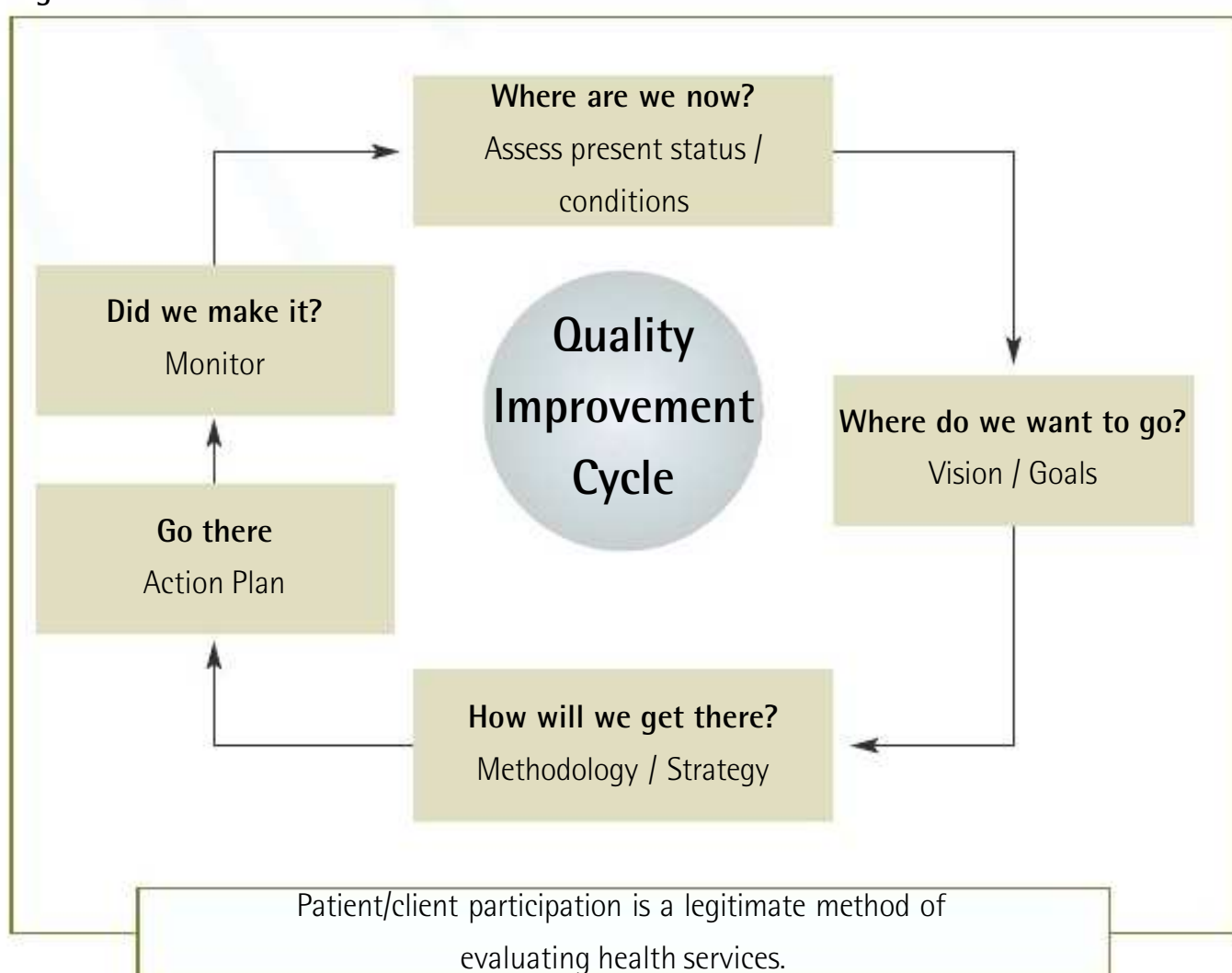
- Fail to identify sensitive problems.
- Can be perceived as a punitive measure.

Conclusion

Evaluation of patient satisfaction should form part of continuous improvement. Patient satisfaction, as a method of evaluating health services is essential. Whilst satisfaction with delivered services is important, focusing on it alone fails to address customer needs. Understanding the difference between customer needs and customer satisfaction is crucial to the organisation's success in quality management.

There are a number of suggested models to assist the integration of patient/client satisfaction. Examples include the quality improvement cycle (FIG. 1); it lays out a road map for continuous improvement. The EFQM model (FIG. 2&t3) identifies the leadership commitment necessary to facilitate system wide quality improvement

Fig 1



enablers

results

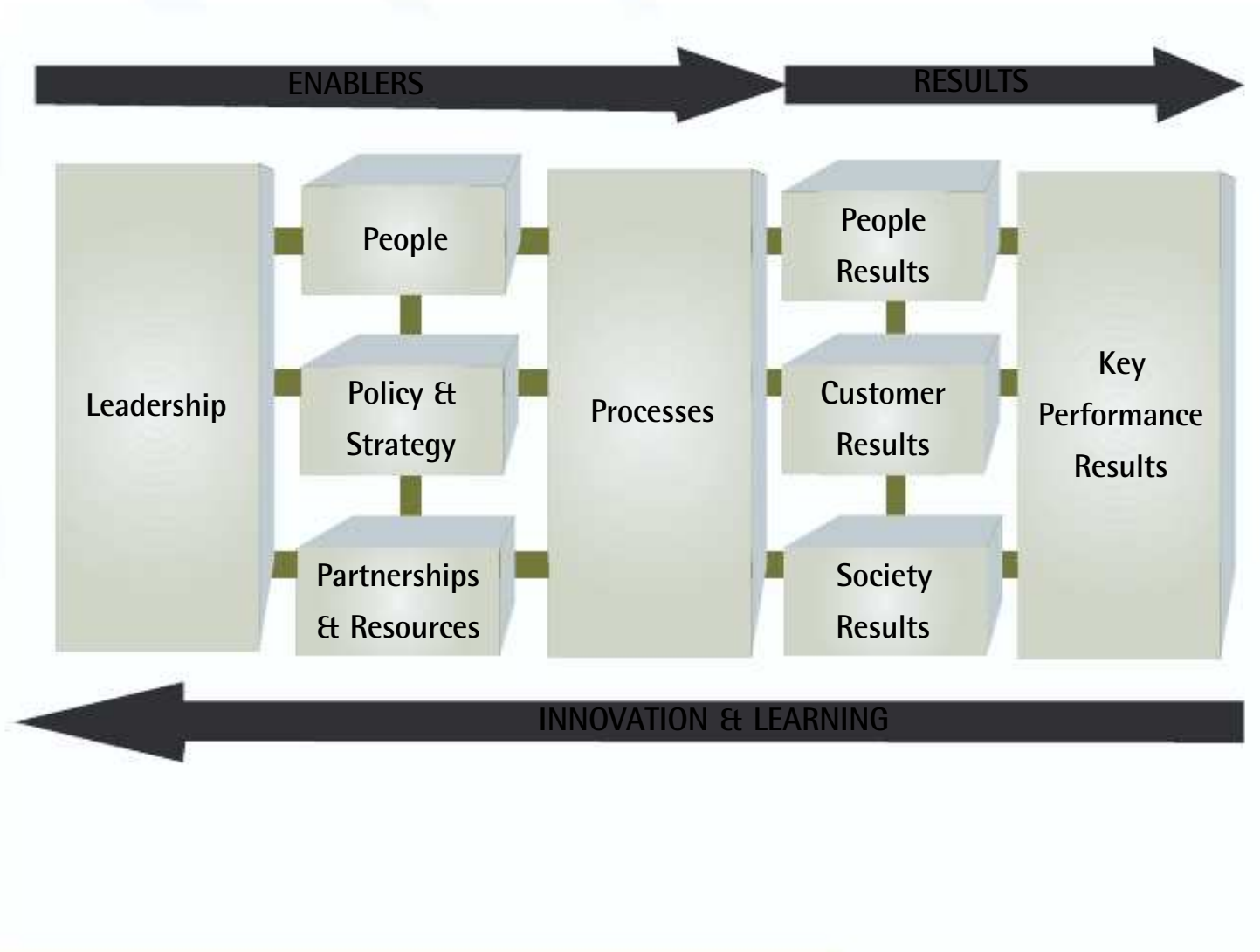
Fig 2.



Adapted from the European Foundation Quality Management Model (EFQM)

Fig 3.

EFQM Model



Appendix One

Recommendations

The recommendations detailed below have been presented to health board Chief Executive Officers:

- Customer feedback should be recognised as a legitimate method of evaluating health services.
- Healthcare service providers must continually capture, measure and evaluate patient satisfaction through a range of agreed mechanisms.
- The results of these evaluations should be analysed and inform the service planning process.
- Organisations should integrate the learning opportunities from customer feedback into their quality improvement plans.
- National Performance Indicator/s should be developed that measure compliance with Action 48 (Health Strategy, Quality and Fairness).
- Patient centred models of care should be integral to the core education curricula of health professionals.
- In recognition of the cultural diversity of Irish society and the emerging change in attitudes to service provision in the different care groups, feedback from patient satisfaction surveys should be disseminated widely and through all available means possible.
- A Patient Satisfaction Toolkit should be developed to ensure that best practice information in relation to all facets of patient satisfaction (instruments, models, guidelines, feedback) is centrally collated and widely available.

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