Letter to the Editor

Predictors of satisfaction with surgical treatment

To the Editor: We read the article ‘Predictors of satisfaction with surgical treatment’ of Tore Sorlie et al [1] with great interest. The authors are right when they say that patient satisfaction appears to be influenced by multiple factors. Indeed, numerous demographic and socio-economic factors, such as age, gender, race, social and educational level [2,3], are considered to affect the degree of satisfaction.

In general, older patients tend to demand less and to be more satisfied with the services received [4–12]. The findings of Baker [13], who conducted surveys on the satisfaction of outpatients, are an exception. Baker found that those patients experiencing less satisfaction were male or older. With respect to gender, Lledó et al [14] found that female patients facing cataract surgery displayed higher expectations than their male counterparts. While Hall & Dernan did not find gender to be associated with a patient’s satisfaction with medical attention [4], they did find a correlation between satisfaction and lower levels of education. Furthermore, Da Costa et al [15] found that educational level was the main socio-demographic factor associated with satisfaction. They proposed that less educated patients – in contrast to patients having received a higher education – were not familiar with the diverse aspects of medical care, and thus applied less demanding criteria when judging the attention they received.

In addition to treatment outcome [16,17], other factors to consider are those related specifically to the doctor, such as a positive patient–doctor relationship [18,19], personal attention [20], good communication [21–24], health education [24–27], courtesy [25] and skills and technical ability [28–33]. A physician’s specialty could also have some influence on the degree of satisfaction; an obstetrician, for example, is usually associated with a happy event. This is less likely, however, in the case of a general surgeon [34]. With respect to the physician’s gender, the literature suggests that female doctors usually obtain better patient satisfaction as compared with male doctors [35].

Furthermore, one must also take into consideration organizational factors such as availability [17,18,22,29,30,32], waiting times [16,26], the type of hospital [36] and its physical environment [37]. With respect to the type of hospital, Fleming [36] demonstrated that university hospitals were evaluated more negatively despite their reputation for academic excellence and state-of-the-art technology.

The patients’ state of health may also influence their degree of satisfaction. According to Hall et al [38,39] as well as other investigators [40–45], patients who were ill were less satisfied with their medical attention than healthy ones. Hall suggested that the disease itself may produce dissatisfaction, and that discontent may be projected onto the doctors [39]. If we separate mental health from physical health, the principal influence on the level of satisfaction would be mental health [44–46]. Lenert et al, for example, proposed that depressed patients systematically undervalue the beneficial effects of the care received [47]. Further factors that have been indicated as predictors of satisfaction include confidence in the health system, a source of regular support and satisfaction with life in general [48].

The relationship between physical health and satisfaction with medical attention varies according to whether an individual’s physical health is self-evaluated or whether it is medically evaluated using symptoms of pain. In a study of patients suffering from systemic lupus erythematosus, Da Costa et al found that those who had self-evaluated their physical health as diminished displayed greater satisfaction than those who were evaluated by physicians [15]. Interestingly, the factor that was most associated with satisfaction in the former group was the perception of good social support [15]. Scholte op Reimer et al discovered that for patients who had suffered a stroke, satisfaction was associated with emotional stress and expectations, rather than with degree of illness [49]. However, in the investigation by Sorlie et al [1], neither age nor preoperative expectations influenced satisfaction. With regard to age, the authors mentioned that the group that declined to participate was older, which might explain the results. Nevertheless, the two groups [58.4 ± 16.5] and 59.3 ± 17.4] did not differ statistically.

The fact that the preoperative expectations did not influence the degree of satisfaction contradicts the findings of other authors [10,50–56], who define satisfaction as the positive difference between the quality perceived upon discharge and previous expectations.

Opinions about a service or product can be affected by three components: previous experience, information previously received and affective perceptions. Patients who have been readmitted to a hospital are generally more satisfied than those who have been admitted for the first time [29,36,57,58]. This may be an indirect indicator of the existence of preconceived ideas or expectations, which would have been formed partly by the effect of the previous experience. Further evidence of the existence of expectations arises when sociocultural differences among people with different values are studied [3]. Certainly, evaluating the effect that expectations have on ones satisfaction is a much more complex task. Expectations are cognitive. The jump from expectations to...
satisfaction arises from an affective component related to an experience. Indeed, expectations may be initially vague, and may develop gradually during the care process [6,53,59,60]. Moreover, when the patients’ perceptions differ only slightly from their expectations, there is a tendency to replace expectations with perceptions and this is known as the ‘as-similation effect’ [59]. Thus, when expectations are slightly lower than initial perceptions, we will see only a small amount of satisfaction due to the downrating of the initial perceptions [53]. Although frequent, this phenomenon does not annul the effect of expectations on the degree of satisfaction [61], something that occurs only occasionally.

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References


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