

The impact of patient feedback on clinical practice

ABSTRACT

Feedback from patients about the care they have received is an integral part of quality in health care. This article looks at the extent to which patient feedback impacts the performance of clinicians and provision of clinical care. A non-systematic literature search was conducted in a narrative form on five electronic databases, including English language peer-reviewed articles published within the last 18 years. The effects of patient feedback on clinicians' performance are mixed. The reviewed studies either reported no effects, small non-statistically significant improvements or few statistically significant changes in clinical practice. More policy-level actions and effective organizational leadership are required for the goal of incorporating patient feedback in quality improvement to promote patient centredness in care delivery to be fully realized.

It is increasingly accepted that feedback from patients about the care they have received should be an integral part of quality in health care (Jha and Epstein, 2013). For instance, patient feedback is a component of the health-care quality frameworks of the United States Agency for Healthcare Research and Quality and the Organisation for Economic Co-operation and Development, and in most countries in the developed world such as the UK, Canada and Australia (Davidson et al, 2017).

Patient feedback consists of the views and opinions of patients and service users regarding the care they have received (Doyle et al, 2013). Health-care organizations gather patient feedback in a variety of ways. Most frequently, questionnaire surveys have been used in routine clinical practice. Surveys are most often administered on paper, either handed out to patients on-site or posted to them following attendance at a health-care facility (Ahmed et al, 2014). Developments in technology have resulted in surveys being administered using other methods such as SMS messages to patients' phones, online surveys, and the use of handheld devices

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or kiosks to get real-time feedback (Ahmed et al, 2014). Patient feedback can also be assessed using interviews or focus groups (Gardner et al, 2016). Other sources of feedback from patients include complaints and compliments received by clinicians, and feedback from patient groups (Luxford and Sutton, 2014).

The methods for gathering patient feedback can be viewed along a continuum, from those that gather detailed descriptive feedback (often in qualitative form) to those that collect more numerical data (De Silva, 2013). Analyses have focused on the relationships between quantitative and qualitative methods of obtaining patient feedback data (Tsianakas et al, 2012; Edwards et al, 2015). Whereas surveys and other quantitative methods are helpful in gaining feedback about general trends that can be quantified and traced over time, they lack the detail needed to design specific changes (Edwards et al, 2015). On the other hand, qualitative approaches such as in-depth interviews, focus groups, complaints and patients' stories generate detailed understanding of patients' feelings about specific aspects of care (Tsianakas et al, 2012; De Silva, 2013). It is therefore argued that combining both methods (mixed methods) may provide the balance and specificity that improvement initiatives require (Cornwell and Goodrich, 2009).

Feedback from patients is collected for a wide range of purposes, including:

- Informing continuous improvement and redesign of services
- Understanding current problems in care delivery
- Helping professionals reflect on their own and their team's practice
- Facilitating benchmarking between services
- Comparing organizations for performance assessment purposes
- Informing referring clinicians about the quality of services
- Informing patients about care pathways
- Helping patients choose high quality care providers
- Facilitating public accountability (Coulter et al, 2009).

This article contributes to the patient feedback literature by determining the extent to which feedback from patients impacts the performance of clinicians and clinical care. A review of the literature was conducted in a narrative form to answer the question: does the incorporation of patient feedback in quality improvement have a substantial impact on the behaviour and practice of care providers?

Methodology and search strategy

A non-systematic literature search was conducted in January 2018 on five electronic databases: Medline, Embase, PubMed, PsycINFO and Google Scholar. Only English language peer-reviewed articles published within the last 18 years were considered. Reports and discussion papers were excluded. Keywords used in the literature search were patient feedback data, patient experience data, patient satisfaction data, patient evaluation, clinical care, clinical practice and physician's performance. Articles included in the analysis were randomized trials, cross-sectional studies, qualitative focus group or face-to-face interviews, reviews, and non-randomized, pre-post studies.

Clinician behaviours considered in patient feedback studies

Most studies assess the impact of patient feedback on clinicians' communication skills or behaviours (Vingerhoets et al, 2001; Wensing et al, 2003; Brinkman et al, 2007; Murante et al, 2014; Banka et al, 2015). Other clinician behaviours considered in patient feedback studies include consultation skills (Reinders et al, 2010), interpersonal skills (Greco et al, 2001) and teaching surgical residents how to follow a protocol to obtain informed consent (Leeper-Majors et al, 2003). The direct effect of performance feedback on quality improvement (Boyer et al, 2006; Boiko et al, 2015; Barry et al, 2016), job satisfaction and clinical care (Zgierska et al, 2014) have also been evaluated.

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Some studies have reported improvements resulting from systematic gathering of patient feedback by hospitals (Davies and Cleary, 2005; Davies et al, 2008). That notwithstanding, the mechanisms through which such information is used to improve service quality remains unspecified (Coulter et al, 2014; Edwards et al, 2015). According to Davies et al (2011), not much is known about how best to use feedback to promote patient-centred care in health-care organizations.

One method that organizations have been using to incorporate patient feedback in quality improvement is communicating the information received to clinicians to identify and remedy shortcomings in their attitudes, behaviours and practice (Browne et al, 2010). This is normally done through presentations, reports and staff meetings (Reeves et al, 2013). However, despite its recognition as a quality improvement strategy, there is little evidence that health-care professionals modify their practice when given performance feedback (Ivers et al, 2012). A cross-sectional survey of 8942 health professionals and 5341 patients by Murante et al (2014) reported that health professionals' awareness of patient survey results marginally improved inpatient experience of professional communication. However, the authors

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were not able to determine whether the improvement was specifically as a result of the professionals acting on the feedback. Indeed, until recently, the focus of health-care leadership has been on data collection rather than using the information to improve service quality (Reeves et al, 2013).

The literature appears equivocal regarding the actual impact of patient feedback on clinicians' behaviour and practice. A systematic review concluded that the evidence supporting patient feedback as having a positive effect on practice is inconclusive (Miller and Archer, 2010). Another systematic review reported that feedback generally leads to small but potentially important changes in professional practice (Ivers et al, 2012). Banka et al (2015) observed that real-time feedback to physicians on results of patient surveys was associated with a clear improvement in patient satisfaction with physician-patient communication. Three randomized trials assigned participants to experimental (participants received patient feedback) and control (participants did not receive standard feedback) groups, and observed that the feedback interventions positively affected professionals' communication (Brinkman et al, 2007) and interpersonal (Greco et al, 2001) skills, as well as teaching surgical residents how to follow a protocol to obtain informed consent (Leeper-Majors et al, 2003).

In contrast, a randomized study by Wensing et al (2003) found no statistically significant changes in professionals' communication skills. Another two randomized trials showed no significant positive effect of feedback on patients' evaluation of care received (Vingerhoets et al, 2001) and physicians' consultation skills (Reinders et al, 2010). Zgierska et al (2014) conducted a cross-sectional electronic survey among 155 physicians and reported that the physicians viewed patient feedback as having a negative impact on their practice. For instance, almost half of the clinicians believed that pressure to obtain better scores promoted inappropriate care.

Other studies have found small non-statistically significant effects of patient feedback on clinical practice. However, these studies do not provide strong evidence that feedback from patients has a substantial positive impact on the behaviour and performance of clinicians. For instance, Boyer et al (2006) reported in a questionnaire survey that although 94% of the health professionals surveyed had favourable opinions of patient feedback data, only 40% indicated that the data resulted in improvement actions and considered that they led to modifications in their behaviour with patients. Similarly, Boiko et al (2015) indicated that GPs identified surveys as a source of evidence for professional development and appraisal, but practice staff struggled to identify changes

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based on survey feedback alone. A qualitative face-to-face interview by Barry et al (2016) also reported that although practice staff provided examples of small changes to service delivery resulting from patient feedback, service-wide changes were not substantial.

Several factors have been identified as barriers to clinicians' ability to use patient feedback data to effect practice change. First, there is professional scepticism about the value of patient feedback data (Barry et al, 2016). Studies indicate that practitioners routinely question the validity and reliability of feedback data (Boiko et al, 2015; Barry et al, 2016). This has resulted in their having less favourable views of the relevance of such information for their practice (Wensing et al, 2003). Clinicians argue that patients are not medical experts, and therefore their perspective on the quality of care is of no value (Boiko et al, 2015). Second, many clinical staff lack the requisite training and skills to understand and interpret patient feedback data (Wensing et al, 2003). Third, there appears to be a gap between management and frontline clinicians, with management investing heavily in methods of gathering patient feedback, but providing little structure on how clinicians can act on this information to improve service quality (Rozenblum et al, 2013). Other barriers relate to insufficient dissemination and discussion of feedback results (Boyer et al, 2006), and lack of qualitative feedback to supplement quantitative information (Barry et al, 2016).

Discussion

The literature on the effect of patient feedback on clinical practice is inconclusive. The reviewed studies either reported no effects, small non-statistically significant improvements or few statistically significant changes in clinical practice.

Going forward, a number of factors need policy, practice and research consideration. First, it is more useful for organizations to always supplement quantitative data with qualitative information to enable clinicians to better and more fully understand patients' concerns and generate appropriate action plans to effect practice change. Clinicians have always expressed a strong preference for additional qualitative feedback (Barry et al, 2016). As suggested by Kumah et al (2017), organizations could either conduct a complementary qualitative study or include open-ended questions in survey questionnaires to gather qualitative information to supplement quantitative feedback data.

Second, communicating feedback information alone may not result in any substantial change in clinical practice. It is important for clinicians to be trained in

how to translate feedback into action. Instead of simply sending out tables and figures and assuming that clinicians will interpret them properly, policymakers and health-care managers need to follow dissemination of patient feedback data with effective and comprehensive educational programmes.

Furthermore, most studies seem to concentrate more on practitioners' views of the utility of patient feedback. While these studies provide useful findings, there might be a gap between what practitioners declare and what they actually do. For instance, in the study by Zgierska et al (2014), where the clinicians had negative views of the impact of feedback on their practice, it might be that the clinicians were only expressing their hesitance towards the use of patient feedback data. Thus, the effects of feedback on clinical care should be evaluated from the perspectives of both patients and care providers to provide unbiased findings and conclusions.

Finally, for clinicians to have more favourable views of the relevance of patient feedback for their practice, the weaknesses of research methodologies should be appropriately addressed. Methodological challenges associated with patient feedback studies are well acknowledged in the literature. The key ones include validity and reliability of measurement instruments (Reinders et al, 2010), lack of representativeness of study samples (Leeper-Majors et al, 2003; Brinkman et al, 2007; Reinders et al, 2010), insufficient information on study participants (Leeper-Majors et al, 2003; Banka et al, 2015), data administration process and response bias (Zgierska et al, 2014), and lack of sample size justification (Murante et al, 2014; Banka et al, 2015). By addressing these methodological limitations, the reliability, validity and appropriateness of patient feedback data will be accepted by clinicians. Boards and executive teams will also have to do a lot to convince clinicians to accept feedback from patients as a vital source of information about service quality.

Conclusions

Some evidence exists that health-care professionals modify their practice when given performance feedback. However, this evidence is not strong enough to conclude that feedback from patients has a substantial positive impact on the behaviour and practice of care providers. More policy-level actions and effective organizational leadership are required for patient feedback data to be effectively incorporated in quality improvement agendas. **BJHM**

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KEY POINTS

- Feedback from patients about the care they have received is an integral part of quality in health care.
- Little is known about how best to use performance feedback to improve service quality.
- There is no strong evidence to conclude that feedback from patients on its own has a substantial positive impact on the behaviour and performance of clinicians.
- More policy-level actions and effective organizational leadership are needed for patient feedback data to be fully incorporated into quality improvement programmes.

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