Many people believe that patients will only say something when they are upset with their service. The underlying implication is that these upset patients are biasing satisfaction survey results. Additionally, many clients feel strongly that if they could just capture more respondents they will eventually tap into the happy patients. The January 2011 snapshot profiles research that debunks this notion, confirming the relevance and validity of patient satisfaction as a true indicator of patient perception.
As survey researchers, those of us on Press Ganey’s research and analytics team frequently get questions about response rates. “How can we increase them?” “What’s a good response rate?” “Can I increase my scores by increasing my response rate?” These are all reasonable questions, and indeed there is a longstanding research tradition on the effects of response rates on survey data. Capturing a representative sample is key to making claims about any population, including inpatients.

A typical concern is that “only angry patients return surveys.”

Many people believe that patients will only say something when they are upset with their service. The underlying implication is that these upset patients are biasing satisfaction survey results. Many clients feel strongly that if they could just capture more respondents they will eventually tap into the happy patients. It is easy to see why many in the medical field are of this opinion.

Think about the last time you stayed in a hotel room with a broken air conditioner or encountered a flippant drive-through worker. Most of us have asked to see the manager or filled out a less-than-complimentary comment card. However, very few people stop to tell the manager about fabulous service. Because of our experiences in these settings, it is easy for us to think that patients in a hospital will act the same way. However, what many forget is that the healthcare setting is a unique service environment. The relationship of the patient with the provider is fundamentally different from that of a patron in a restaurant. The relationship is much more personal because the stakes are higher. At the same time, many patients may perceive that they are in an unequal power relationship with their educated, experienced healthcare provider.

Because of these differences, there is no reason to assume that they will act like typical customers. Anecdotal examples aside, there are important issues to consider regarding response rates and survey data.

There are certain biases that can be associated with low response rates. However, simply increasing response rates will not make them go away. The real issue is what kind of patients are responding, not what percentage of patients return the survey. Even if you could get a 90% response rate, if there is something uncommon about that 90%, the sample will be biased. The same goes for a 1% response rate. That may seem low, but a 1% response rate that is truly representative of the population is better than a 90% response rate that is not.

Consider that polling organisations use small samples (around 1,000 people) to represent the 22 million people who live in Australia. They can do this, and get accurate data, because they use appropriate sampling techniques that ensure a representative sample.

With this in mind, the real question is not “Is my response rate good?” but rather “Does the sample reflect my patient population?” In other words, is there something about the sample that makes it biased?

According to Robert Groves, the recently appointed head of the U.S. Census Bureau, the percentage of persons responding to a survey does not necessarily indicate whether there is bias in the survey estimates. Surveys developed by experts, taking into account information from focus groups and end-user feedback and incorporating the best in psychometric analysis, can yield valid results irrespective of response rates.

Does this mean we should ignore response rates? - absolutely not. An increased response rate yields an increased sample size, which will decrease the error in your sample. However, it is important to note that increasing response rates will not lead to higher satisfaction scores.

To demonstrate this, Press Ganey Associates recently completed a systematic analysis of the effects of response rate on satisfaction scores using our nationally representative database. We used the CMS question “Rate this hospital 0-10” as our target variable and focused on two questions:

- Are those who respond to the survey early more dissatisfied than those who return the survey later?” and;
- Will increasing response rates lead to higher scores?”

![Figure 1](image-url)
SATISFACTION snapshot

If it were true that upset patients return the survey first, then we would expect lower scores in the first mailing wave (first responders) and higher scores in the second mailing wave (later responders).

The mean score on the “Rate this hospital 0-10” question for wave one was 9.77 while the mean for wave two was 9.55 (see figure 1). There is virtually no difference in mean score between those who responded first and those who responded later. Interestingly, the mean scores are actually higher for those who responded first. This is contrary to the adage that only angry patients return surveys. As you increase response rates by adding multiple waves, there is little impact on mean scores.

We can also assess the impact of increasing response rates by looking at differences in percentages for each response option across waves. As a proportion of the total, there are fewer patients in wave two who selected the highest rating score (10) than in wave one — wave one, 45.1%; wave two, 40.2%. The same is true for the second highest score (9) — wave one, 22.4%; wave two, 21.6%.

Respondents in the second wave had higher percentages for ratings in the middle of the scale (5 through 8).

So what does this mean about the patients who are returning surveys? Using a large national sample of inpatients, these findings have shown that the differences in overall rating of the hospital actually decrease slightly as response rates go up. Furthermore, the magnitude of the differences between waves was small, which indicates very little effect on response rate.

Also, a higher proportion of those who responded to the survey in the first mailing used the top two ratings. This is the opposite of conventional wisdom.

The worries by some that large numbers of unhappy patients are biasing inpatient samples are largely unfounded.

Simply increasing response rates will not capture more of the happy patients. Despite this finding, response rates and overall mean scores are highly correlated, Press Ganey’s research shows.

Satisfaction with the overall quality of care is driving both response rates and the overall mean score. Our data also show that if you control for overall quality of care, the relationship between response rates and overall mean scores virtually disappears. In other words, response rates are not driving mean scores.

While abnormally low response rates should give us pause, claims that a “low response rate” will bias data are not supported by the above findings. This research shows that the returns brought by efforts to dramatically increase response rates may not be worth the risk of the bias it may introduce. There is a danger in trying to artificially increase response rates by increasing response bias.

Finally, when looking at Press Ganey’s patient data base, (52 million patients surveyed each year), it is very clear that it is not the case that only dissatisfied patients respond to surveys. The bar graph contrasts the distribution of responses for poorly performing hospitals, (those in the 10th percentile of the database) and well performing hospitals (in the 90th percentile). Note that most of the responses are either “Good” or “Very Good,” not “Very Poor” or “Poor.”

Moreover, the major difference between the good performers and poor performers is in the number of “Good” and “Very Good” responses they garner.

As more government and corporate attention is paid to patient satisfaction, administrators, doctors and nurses would do well to focus their attention on improving services and avoid the strong voice of the naysayers that try to discredit the relevance and validity of patient satisfaction surveying as a true measure of the patient experience.