



## Patient Satisfaction With Information Sharing

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**K**ullberg, Sharp, Johansson, and Bergenmar (2015) reported on a prospective study of patient perceptions of provision of information by healthcare providers and its association with patient satisfaction, participation, and safety. The study identified deficits in communication of information about high-risk indicators for hospitalized patients with cancer and dissatisfaction with the opportunity to partner in their own care. As healthcare providers strive to reach quality measures in cancer care, attention to exchange of information with patients and the associated outcomes is a shared international imperative.

Kullberg et al. (2015) described the concept of information exchange as a mutual dialogue where patients and healthcare professionals contribute in partnership, ensuring understanding in both directions. Patient participation is described as healthcare providers' recognition of and respect for each patient's individual knowledge and view of health and health care. Kullberg et al. (2015) cited the literature about patient satisfaction in cancer care and the extent to which the care experience matches the level and quality that patients expect. They linked satisfaction, safety, and adherence to treatment to high-quality communication and patient participation in their own care.

The study involved the distribution of a survey to patients discharged from the inpatient oncology unit of a large Swedish university hospital. Data collection included details from the health record, such as changes made in medication and documented risk for falls and related strategies for prevention. Patient satisfaction was measured by the European Organisation for Research and Treatment of Cancer–Cancer Inpatient

Satisfaction With Care questionnaire; additional questions about patient participation were constructed to include involvement in care, information exchange, information and communication, medication, fall risk, and integrity.

Patient satisfaction results revealed high scores in general satisfaction but lower scores in information exchange between caregivers. Additional questions showed low scores in providing information to patients at shift change and limited influence over how care was planned. A majority of patients indicated a wish to be more involved in decisions concerning care and treatment, but more than half had no awareness of the information recorded in their electronic health record. Review of the health records revealed that 83% of patients had changes in their medication while hospitalized, but less than half of patients were informed. Of those with a fall-risk assessment completed, 39% reported having a discussion of risk, and only half of those with documented fall-prevention strategies reported having the discussions. Kullberg et al. (2015) concluded with a discussion about involving patients in care planning and establishing other systematic approaches to improve information exchange, such as person-to-person handoff, to increase patient satisfaction, participation, and safety.

Patient-centered care is recognized by advocacy groups and government and regulatory agencies as a measurement of the quality of health care. The Institute of Medicine (IOM, 2001) identified "patient centeredness" as a key aim to improve health care and identified "healing relationships" as a means to accomplish the goal. The IOM defined patient-centered care as a partnership among practitioners, patients, and others to ensure respect for individual patient preferences, needs, and values and that patients receive the education and support to make decisions and participate in their own care (IOM, 2001). In support of the IOM vision, the Patient Protection and Affordable Care Act (ACA) mandates the use of measures of quality care, public reporting, and performance payments. The law incorporates the concepts of patient centeredness, patient satisfaction, patient experience of care, patient engagement, and shared decision making. The ACA requirements and similar efforts in the private sector represent a transformation in the patient role based on three perspectives. These include (a) consideration of ethical influences and building on patient autonomy to supersede physician beneficence; (b) economic perspectives, considering the healthcare marketplace with consumers and providers weighing costs and benefits; and (c) clinical practice perspectives that include tailoring treatment to patient needs, setting goals on patient preferences, and increasing the humanness of care. Activities to achieve these goals include involving patients in treatment decisions, improving patient-provider communication, and including family members in care (Millenson & Macri, 2012; Robinson, Callister, Berry, & Dearing, 2008).

Patient-provider communication is particularly important in cancer settings because of the levels of stress, uncertainty, complex information, and life-altering decisions. Providers must understand how to improve communication as a means of achieving the best health outcomes. Epstein and Street (2007) identified six core functions

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