Commentary

360-degree Evaluations on Physician Performance as an Effective Tool for Interprofessional Teams: A critical analysis of physician self-assessment as compared to nursing staff and patient evaluations of providers.

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Abstract

Importance
The dynamics of the medical care team, including interactions between physicians and nursing staff, has a large role to play in patient care, patient satisfaction, and future possible reimbursement determination. In order to implement changes to improve this dynamic within the medical team, it is imperative that appropriate assessments are completed to determine baseline satisfaction of our patients and nursing staff in addition to provider self-assessment.

Objective
We aimed to investigate patient and nursing staff satisfaction with regards to provider quality of care in an outpatient academic dermatology clinic setting. We also sought out to determine provider insight in regards to satisfaction of patient and nursing staff.

Methods
Our nursing staff, patients, and providers completed a questionnaire. We then compared nursing satisfaction data and patient satisfaction data with provider self-assessment to determine provider self-awareness.

Results
A total of 23 provider and nurse surveys and 562 patient satisfaction surveys were completed. Paired comparison and descriptive statistics were utilized to compare patient satisfaction, nursing satisfaction, and provider self-assessments.

Conclusions
Overall, the results of the surveys demonstrated that the nursing staff and patients had high satisfaction in their interactions with the dermatology physicians. The physicians had appropriate insight into how they were perceived by the nursing staff and patients. Attending physicians as compared to resident physicians and male physicians as compared to female physicians tended to underrate themselves.

Keywords: Physician self evaluation, evaluation, interprofessional team, nursing staff, patient evaluation

Introduction
The dynamics of the medical care team has a large role to play in patient care [1-5]. We aimed to investigate patient and nursing staff satisfaction with regards to provider quality of care in an outpatient academic dermatology clinic setting. We compared nursing satisfaction data and patient satisfaction data with provider self-assessment to determine provider self-awareness.

Methods

This study was conducted at the University of California, Davis, Department of Dermatology. Approval from the institutional review board was obtained. The study involved two phases: 1) an 8 question (Q1-Q8) nursing staff provider evaluation survey (Figure 1a) and 2) a 4 question patient satisfaction survey (Figure 1b). Nursing staff completed the 8 question survey evaluating both attending physicians and resident physicians in the dermatology department. Then, the physicians rated how they thought nurses evaluated them.

A Nursing Evaluation and Provider Self Evaluation

1. You look forward to working with this provider (5 Strongly agree, 4, 3, 2, 1 Strongly disagree)
2. Provider is respectful to you (5 Strongly agree, 4, 3, 2, 1 Strongly disagree)
3. Provider makes you feel as a valued member of the team (5 Strongly agree, 4, 3, 2, 1 Strongly disagree)
4. Provider demonstrates appreciation for a job well done (5 Strongly agree, 4, 3, 2, 1 Strongly disagree)
5. Provider corrects you in a professional manner (5 Strongly agree, 4, 3, 2, 1 Strongly disagree)
6. Provider takes genuine interest in me as a member of his/her team (5 Strongly agree, 4, 3, 2, 1 Strongly disagree)
7. Provider is someone that I would highly recommend to friends and family (5, 4, 3, 2, 1)
8. Provider always works in a consistent and efficient manner (5, 4, 3, 2, 1)

B. Patient Satisfaction Survey

1. Did your doctor listen to you and acknowledge your concerns? (1. Yes, 2. Somewhat 3. No)
2. Did your doctor fully explain your medical condition and treatment? (1. Yes, 2. Somewhat 3. No)
4. You indicated that you were dissatisfied with your doctor today. Please select the most relevant reason listed below. (1. doctor was rushed 2. doctor did not address my concerns 3. doctor did not show respect 4. doctor was not professional and/or courteous 5. doctor was late 6. Other)

Figure 1. A. Nursing Evaluation and Provider Self Evaluation, B. Patient Satisfaction Survey

The main objectives for the first phase of the study were to a) evaluate and compare provider self-assessment of nursing staff satisfaction to the nursing staff satisfaction data obtained and to b) determine the level of concordance between nursing satisfaction and provider self-assessment. For phase 2, comparative descriptive statistics were evaluated between patient satisfaction and provider self-assessment.

Statistical Methods

The two-sided paired t-test or Wilcoxon signed-rank test as appropriate was used to compare the nursing satisfaction score with provider self-assessment score. Kendall's coefficient of concordance (6) was used to assess concordance between the nursing satisfaction score and provider self-assessment score. A p-value < 0.05 was considered statistically significant. All analyses were performed with SAS v9.4 (SAS Institute Inc., Cary, NC, USA).

Results

A total of 23 provider and nurse surveys and 562 patient satisfaction surveys were completed. Pair comparisons between nurse and provider surveys were performed for the entire group, then separately for attending physicians and resident physicians, and lastly a gender specific pair comparison was done. Descriptive statistics were used to compare patient satisfaction and provider self-assessment of patient satisfaction survey results.

There was no difference between nursing satisfaction scores and provider self-assessment scores, except for Q5 and Q8 for the entire group, Q8 for faculty only, Q5 in the male only group (Table 1).

Table 1. Analysis Results of Questions 5 and 8

<table>
<thead>
<tr>
<th>Question</th>
<th>nursing satisfaction score Mean ± SD (Median, Min, Max)</th>
<th>provider self-assessment score Mean ± SD (Median, Min, Max)</th>
<th>P-value</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q5: Provider corrects you in a</td>
<td>4.31 ± 0.58 (4.5, 2.85, 4.93)</td>
<td>3.76 ± 0.99 (4, 1, 5)</td>
<td>0.028</td>
<td>Entire</td>
</tr>
<tr>
<td>Q5: Provider corrects you in a professional manner and test result</td>
<td>4.51 ± 0.44 (4.67, 3.72, 4.93)</td>
<td>3.71 ± 0.76 (4, 3, 5)</td>
<td>0.029</td>
<td>Male</td>
</tr>
<tr>
<td>Q8: Provider always works in a consistent and efficient manner</td>
<td>4.33 ± 0.61 (4.5, 3.14, 5)</td>
<td>3.67 ± 1.04 (4, 1, 5)</td>
<td>0.014</td>
<td>Entire</td>
</tr>
<tr>
<td>Q8: Provider always works in a consistent and efficient manner</td>
<td>4.45 ± 0.65 (4.83, 3.14, 5)</td>
<td>3.33 ± 1.22 (4, 1, 5)</td>
<td>0.032</td>
<td>faculty</td>
</tr>
</tbody>
</table>

Overall, 96% of patients reported either very satisfied or extremely satisfied with their provider. However, only 78% of providers self-assessed their patients’ satisfaction as very satisfied or extremely satisfied. Whereas there were no physicians who self-assessed that their patients would be dissatisfied (the remaining 22% of providers self-assessed that their patients would be satisfied), 4/562 (<1%) patients reported dissatisfied or very dissatisfied with their provider.

**Conclusions**

Overall, the results of the surveys demonstrated that the nursing staff and patients had high satisfaction in their interactions with the dermatology physicians. The physicians had appropriate insight into how they were perceived by the nursing staff and patients. Some interesting findings were noted within the attending physician only group, the male attending physicians, and the residents group. On question 8, “Provider always works in a consistent and efficient manner,” our attending faculty physicians underrated themselves as compared to the nursing staff. On question 5, “Provider corrects you in a professional manner,” our male physicians underrated themselves as compared to the nursing staff.

These results are reassuring in that our nursing staff, patients, and physicians were agreeable and consistent with their evaluations. The two areas of discrepancy involved the physicians underrating themselves as compared to the nursing staff and patient satisfaction.

For delivery of high quality healthcare, it is imperative that the healthcare team has adequate self-awareness of their patients’ satisfaction and their own effectiveness. Cohesiveness within the team may result in more effective delivery of care and ultimately, better patient care.

**References**


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