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It is interesting that the NHS in England in its attempts to improve 'patient choice' is now introducing patient satisfaction into the equation.[1] You quoted the NHS representative as recognising the inter- relationship between patient demographics and socioeconomic factors on the one hand, and patient satisfaction on the other: "Variations in people's expectations of what kind of service they should receive can be considerable, and factors like geographical location, age, gender, and ethnicity can all impact on the kinds of responses received." [1]

There is a growing literature on the strengths and limitations of the concept of patient satisfaction. The problem of defining satisfaction was raised three decades ago. [2] However, despite considerable work in this area there appears to be little consensus regarding the definition of the concept, [3] and it is generally agreed that satisfaction is a multidimensional concept determined by a variety of factors. [4]

It is debatable how closely patient satisfaction is related to the quality of the services provided. Using the example of satisfaction with hospital catering remind us that low levels of patient satisfaction with hospital meals "does not reveal how important this issue is in relation to other aspects of care. This characteristic of care with which patients are least satisfied may also be the one with which they are least concerned." [5]

More generally, many satisfaction studies lack a conceptual or theoretical basis [6,7,8,9] and the limitations of satisfaction as an outcome measure have been well documented. Hence various authors have argued convincingly that satisfaction studies should not be used to allocate health care resources. [5,10,11,12] As Bennett also pointed out, health service users' views will inevitably be limited by their expectation, [13] and there are complex linkages between expectations, preferences and satisfaction. On top of this it has also been argued that patients rarely evaluate care in terms of satisfaction. [14] Ryan and colleagues pointed out that satisfaction studies are not the same as public preference studies and one can question whether satisfaction studies should be used in making decisions about allocating resources. [15] Whilst Carr-Hill reminded us, "many ... researchers launch into patient satisfaction surveys without realising the complexity of the task." [8] All in all, this suggest that there is a lot of debate about the 'how' and 'whys' of using the concept of patient satisfaction in health services research, which needs to taken into consideration before NHS officials embarked on another scheme that has little chance of improving UK health care in the desired way.

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