
Letters to the editor

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To the editor:

I enjoyed the clearly organized and well-written article in *Advances in Nursing Science* 16:1 entitled "The link between new and return business and quality of care: Patient satisfaction."¹ The pressure to improve the quality of clinical and customer service outcomes continues to escalate. In most cases, sustained improvement, either incremental or breakthrough, is a direct result of improving service delivery and work processes. Health care administrators spend a lot of time dealing with the management and delivery of organizational services. Yet the most efficient and effective systems, processes, and services do not ensure patient satisfaction; people who represent the health care system still behave in ways that produce unhappy clients.

How to improve the quality of health care services is one of the elusive problems we face and a real challenge to the nursing professional. One major cause of this problem is conflict over who our real customer is.

Quite often who or what is satisfied in provider–recipient interactions is staff, physicians, insurance companies, the community, or the government. For example, case management can produce more economical and timely use of resources, but how satisfied is the patient who, four days after surgery, returns home disabled, in

great pain, and frightened? How satisfied is the homebound or emergency department patient and family who received all needed services in an efficient way but were treated as objects?

Competing constituencies, coupled with health care recipients' lack of options when choosing health care providers, often lead to the satisfaction of "customers" other than the recipient of health care. We as administrators work hard to keep our physicians satisfied because they refer patients; we want to keep nurses satisfied because they are in short supply.

We are challenged to help and preserve the dignity of patients in the face of organizational adversity, personnel shortages, financial constraints, political pressure, and restrictive government mandates. We need to remember, and remind all people who represent our organizations in any capacity, that the organization's reason for being is the person in need of service.

Patients are satisfied when organizational representatives are responsive and show a willingness to serve; when they are reliable, dependable, and accurate; when they inspire trust and confidence; and when they show empathy through caring and individualized attention. How do people in your organization measure up? How well do they represent the organization when a supervisor is not around?

We will never cure our ailing health care system until our actions show that we care as much about people as we do about processes. With difficult times still ahead, more administrators can be leaders in making satisfaction the partner of service.

REFERENCE

1. Greeneich D. The link between new and return business and quality of care: patient satisfaction. *ANS*. 1993;16(1):62–72.

—**Jeannette Hughes Archer**
University of Chicago Hospital
Chicago, Illinois