

What Patients Want: A Content Analysis of Key Qualities that Influence Patient Satisfaction

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We sought to identify key qualities of healthcare that influence patient appraisal of satisfaction with primary care. An Internet survey of patients was used to collect anonymous ratings of physicians on several dimensions of healthcare experiences, as well as comments about aspects of care that were excellent and those that could be improved. Qualitative data analysis was used to discern content clusters and relate them to high and low ratings of patient satisfaction. Content analysis revealed that patients perceive and value at least seven domains of healthcare in defining outstanding quality (access, communication, personality and demeanor of provider, quality of medical care processes, care continuity, quality of the healthcare facilities, and office staff). All seven were cited as reasons for rating physicians as excellent, while four domains (communication, care coordination, interpersonal skills, and barriers to access) drove negative ratings. We conclude that patient satisfaction ratings are highly influenced by a core of communication and follow-up care. Physicians who do not possess these traits will not likely attain high ratings, while having these core traits does not necessarily ensure high patient satisfaction.

Key words: Satisfaction; primary care; qualitative analyses; Web survey.

Patient satisfaction ratings are routinely collected to assess quality of primary healthcare and to assist consumers in selecting a primary care provider. Research has addressed processes by which patients formulate their ratings and the content validity of satisfaction scales.¹⁻⁴ However, there is less clarity about what qualities patients use to justify high ratings or, conversely, low ratings of their physicians.

While U.S. doctors are generally rated highly by patients, some are rated higher than others and may qualitatively differ in how they relate to patients and provide

care that meets patients' needs or expectations. Correlates of patient satisfaction such as "personal communication" or "friendliness" that are common in surveys, as well as patient characteristics such as health status,^{5,6} age, gender,^{7,8} family issues, and financial responsibility⁹ provide little information about the specific qualities that elicit excellent ratings. For example, Wensing et al.¹⁰ found that studies of patient priorities for care are often narrowly focused and limited in range of topics explored. In previous work, we have described qualities that patients instinctively seek in healthcare in a national healthcare evaluation study.^{11,12} The present study was designed to extend this work by considering the qualities of medical care that patients describe in actually completing ratings of their physicians.

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METHODS

Qualitative data on patient satisfaction and preferences for healthcare were obtained from structured comment fields provided by respondents who completed an online patient satisfaction survey at DrScore.com, which collects anonymous patient ratings of U.S. primary care physicians for patient advocacy research and to produce patient satisfaction report cards for physicians. The survey used a list of U.S. physicians that permitted patients to look up their doctors and access the survey. The survey was advertised to patients on a public radio show (“The Peoples Pharmacy”), through a number of patient advocacy groups, and through online search engines (Google ads). The survey asked patients to rate their physician on several dimensions of healthcare experiences as well as provide specific comments about aspects of care that were excellent or most in need of improvement.

Of 5030 completed surveys, some 2917 respondents (58%) provided comments relating to their healthcare experiences with the rated doctor or practice. These comments were downloaded and reviewed using qualitative analysis for significant remarks that identified distinct dimensions of healthcare processes, content, and interactions experienced by patients. Following Miles and Huberman’s framework for qualitative analyses,¹³ we developed, a priori, a general set of descriptive “domains” based on the study’s research questions (e.g., patient views of either excellent or poor healthcare qualities). These broad domains were then refined as specific “subdomains” during the review to better capture the variability and nuances in participants’ responses. Operational definitions were formulated for each domain or theme and assigned specific numeric codes. This coding schema was entered into the NVivo qualitative software program, which was used to assist with data management. The open-ended comments were coded using this initial schema. Further refinements and modifications were made to the thematic structure as the data were coded.

RESULTS

A total of 24 qualities of healthcare associated with patient satisfaction (or lack thereof) were identified from the pooled comments from the universe of positive and negative physician ratings obtained in the convenience sample of patients; these are presented in Table 1. Content areas left uncategorized were either not related to a healthcare issue or did not contain a meaningful unit of information, or were related to a healthcare experience but did not appear frequently enough to form a category.

Among the 24 nodes, seven thematic clusters or domains of healthcare were identified. The seven domains of healthcare quality valued by patients included: (1) access to physician or healthcare services; (2) communication

Table 1. Listing of Content Nodes Describing Patient Experiences with Healthcare

Node #	(Code) Label
1	(1) General positive
2	(1 1) Access—Telephone access, availability of appointments, physical access
3	(1 1 1) Access—Wait time
4	(1 2) Technical competence—Including knowledge, skills, effectiveness of treatments
5	(1 3) Communication—General comments
6	(1 3 1) Communication—Listening
7	(1 3 2) Communication—Sharing decisions
8	(1 3 3) Communication—Giving information
9	(1 3 4) Communication—Phone communication
10	(1 4) Interpersonal—Including bedside manner
11	(1 4 1) Interpersonal—Humaneness
12	(1 4 2) Interpersonal—Caring
13	(1 4 3) Interpersonal—Supporting, including comfort
14	(1 4 4) Interpersonal—Trust
15	(1 4 5) Interpersonal—Family, respect/inclusion of family/friend(s)
16	(1 5) Patient visit
17	(1 5 1) Patient visit/amount of time
18	(1 5 2) Patient visit/thoroughness, including exploring patient needs
19	(1 6) Office staff
20	(1 7) Continuity of care
21	(1 8) Referrals
22	(1 9) Medications—Handling medications, prescriptions
23	(1 10) Advocacy
24	(1 11) Follow-up care

with and by provider; (3) personality and demeanor of provider, such as the extent the physician was supportive, caring, and compassionate; (4) quality of medical care processes such as diagnosis and treatment; (5) care continuity involved in following up on healthcare issues or concerns, making referrals, and discussing test results; (6) quality of the healthcare facilities; and (7) office staff.

HIGHLY-RATED HEALTHCARE

All seven qualities shown in Table 2 were mentioned by patients as the basis for providing a rating of “excellent” for their physician or healthcare experiences. These qualities are summarized below with representative quotations (edited for brevity and clarity) for each theme to more fully depict the relevant issues and experiences.

Outstanding Access

General qualities of excellence in access to healthcare valued by patients in this category are the ability to see the doctor on a relatively short notice, short wait times, and having telephone calls returned quickly and reliably.

Appointments

— “It is easy to get an appointment with her.”

— “I can easily get same-day appointments.”

Table 2: Reasons Cited for Highly Rating Health Care

Reason	Description
Access General Wait time Phone	This category emphasizes the ability to make an appointment or see or contact a physician or other provider in a timely manner. It includes both office visits and telephone contact.
Communication General Listening Patient as partner Giving information	The category measures the style and manner in which the provider verbally communicates to the patient. It involves four distinct and essential qualities, with the goal of including the patient in the healthcare process.
Personality/demeanor General Humaneness Caring Support Trust Family/children	This category reflects the provider's general behavior and disposition toward the patient, involving six distinct traits that convey empathy and caring. This can include both verbal and nonverbal behaviors, and extends beyond the patient to include the family.
Medical care Advocate Technical competence Time spent with patient Diagnoses Treatment approach Thoroughness Treatment options Medications	This large category includes eight aspects of medical care that patients recognize as important and value. These range from the skill level of the physician and thoroughness of care to the overall treatment approach of diagnosis, treating, and following up on results.
Continuity Follow-up Test results Referrals	This separate domain looks at how information is passed from one visit to the next and from one provider or practice to the next so that care is planned and integrated across time and place.
Facilities	This category is narrowly defined as the look and feel of the physical location or facility of the office or clinic.
Office staff/coordination	This category addresses support staff that assist the patient's access to medical care and may serve a critical role as a liaison between patient and doctor.

Waiting times

- *"He keeps appointments on time or very close."*
- *"Always timely."*

Telephone

Patients may seek advice or clarifications regarding their healthcare or treatment over the phone, and recognized their doctor's excellence in being responsive to telephone calls and use of the telephone to personally check on how their patients are doing.

- *"Extremely responsive to patient calls."*
- *"She will personally call you at home with test results."*
- *"I can call him anytime."*
- *"We have phone visits in between [office] visits to discuss things I need."*

Outstanding Communication Skills

This category received the second largest volume of comments pertaining to excellence in healthcare. Patients distinguished four key areas of communication that defined high-quality care, summarized as "personal attention"

given by the provider. These categories included general communication issues, and three specific dimensions:

Listening

Patients value providers who are excellent listeners and who take patients' concerns seriously. These qualities convey caring about the patient and giving attention to the patient's concerns and those of the patient's family members. Many patients had previous providers that they felt did not listen to them and could contrast the difference in care when listening was attentive:

- *"He truly listens and does not shrug off what you are feeling."*
- *"Having problems for a long time, every other doctor I visited would say 'this is normal.' It was not normal, and Dr. [name] really listened to what I was saying . . . was very attentive and caring. I wish I would have found him years ago."*
- *"He encourages patients as well as their family members to ask questions."*
- *"She always seems to have time to listen and give me her full attention."*

— *“He seems to really care about what I have to say.”*

Patient as Partner

Another quality of excellence is when a doctor instills a sense of partnership with the patient by using attentive listening of patient concerns or values to adjust and individualize treatment and encourages patients to openly discuss their concerns.

— *“He allows the patient to be an active participant in healthcare decision-making.”*

— *“A partner in your health.”*

— *“I really like having a voice in my recovery.”*

— *“You can open up to him.”*

Giving Information

Much information, often technical in nature, is exchanged in a clinical care encounter and providers who do this well in a manner that the patient can understand are highly praised by their patients as being approachable and easy to talk to. However, the method and delivery of the communication are also admired qualities. These include the provider being soft spoken and direct and giving his or her honest opinion in a warm conversational style.

— *“Very easy to approach and communicate with.”*

— *“Excellent communicator.”*

— *“Plain spoken, straightforward in his approach.”*

— *“Isn’t afraid to tell you what he thinks.”*

— *“He makes plenty of eye contact.”*

— *“Explains everything to me so that I can understand it.”*

Outstanding Personality and Demeanor

This category contains aspects of providers’ demeanor and personality that patients viewed as strengths. Patients view belonging to a practice as a relationship with a provider or providers, and value sincere and warm interactions. From the patients’ point of view, their healthcare visit is not about a business transaction but something that is highly personal. In a sense, patients who are extremely satisfied with their care have “bonded” with providers that they like and feel comfortable with. Most patients highly valued the warm, personal qualities of their provider and distinguished five categories:

Friendliness

— *“His manner is friendly, dignified, well-mannered, and pleasant.”*

— *“Excellent bedside manner.”*

— *“Very personable. Even said ‘thank you for letting me see you today!’”*

— *“Hugs for everyone, always smiling, you never want to leave her office!”*

Humaneness and Caring

This is a quality of clear outward expression by the provider that he or she really cares about the patient to the level of being perceived as sincere and compassionate

about the patient’s needs as a whole person and about the patient’s family.

— *“Has a sincere interest in his patients.”*

— *“I appreciate his warm, caring, friendly manner.”*

— *“Cares about you as a person.”*

— *“Showed interest in the whole patient.”*

— *“She is very compassionate.”*

Supportive and Understanding

This quality includes having patience, consideration, and showing empathy by putting the patient’s interests first, and striving to support the patient’s choices for treatment.

— *“Very understanding.”*

— *“He gives the impression that whatever your personal situation, he’ll try to work with you.”*

— *“He has the ability to make me extremely comfortable and at ease in his office.”*

— *“Made me feel secure about my decisions.”*

— *“During the exam, he did his best to cause as little pain as possible.”*

— *“Makes patients feel like more than just a number on paper.”*

Trust

Patients entrust their health and welfare to the guidance of physicians. Trust is an essential quality of excellence in healthcare and is a result of believing that the provider is sincere, puts the patient’s interest first, and is very knowledgeable.

— *“I feel very safe with Dr. [name].”*

— *“Even though he was giving me the worst possible news a mother could bear, he made me feel confident that my daughter was getting the best care possible.”*

— *“If Dr. [name] says it, I would do it.”*

— *“I trust his judgment.”*

— *“Very personal and interested. I trust him.”*

Family/Child

Other qualities of provider excellence described by patients are the appropriate inclusion of family members in health concerns, taking a family-focused view, and being competent with adults and children.

— *“Always has a concern on how your family is doing.”*

— *“Very attentive to both parent and child.”*

— *“He lets you know that he cares about the whole family by working hard to know everyone personally.”*

Outstanding Medical Care

Getting excellent medical care is highly valued and consists of a complex set of qualities, including patient advocacy; technical competence, such as diagnoses/treatment approach and options; thoroughness, including the amount of time spent with patients; and use of medications.

Patient Advocacy

This is essentially the extent to which a patient perceives that the doctor puts the patient's interest first and promotes this interest to others.

- *“He will go to bat with the insurance company if they deny medication.”*
- *“He connects patients with the appropriate advocacy resource.”*
- *“Willing to fight to for her patients' needs.”*

Technical Competence

Of all categories, comments on a doctor's excellence in competence were the most frequent type of praise offered by patients. This result underscores that for patients attending an office or choosing a provider for a procedure or facet of healthcare management, having a skilled practitioner is crucial. Competence viewed or defined by patients includes facets of treatment approach and outcomes.

- *“Very knowledgeable of all the latest treatment.”*
- *“He is an excellent diagnostician.”*
- *“I can finally get up and feel like a real person again.”*

Thoroughness

Patients place high value on receiving careful attention from their physician and not feeling rushed through their visit. When physicians take their time, patients feel they are listened to and receive thorough care.

- *“He talks to you and does not give you the rush treatment.”*
- *“Even if his waiting room is at capacity, he takes his time with you and makes sure that you leave his office with a sense of satisfaction.”*
- *“He takes time and listens.”*
- *“Very thorough.”*
- *“She is extremely thorough and conscientious. She always takes her time.”*

Medications and Alternative Treatment

Contrary to the popular impression that patients need and seek medicine from their visit, patients who praised their physicians valued cautious use of medicine, being informative about medications, reducing medication costs, following up to see that the medicine is safe and effective, and making it easy to get refills.

- *“He is not a pill-pusher.”*
- *“She does not over-prescribe antibiotics or other medications.”*
- *“Only prescribes medicine when necessary.”*
- *“He has worked with me to lower my medication costs.”*
- *“Explains good and bad points of medicine.”*
- *“If you don't have a good prescription plan, he has plenty of samples.”*

For alternative treatments, patients valued that their physician was willing to “think outside the box” and “treat the whole person.”

- *“He is willing to entertain options of alternative treatments and has helped us research nutritional supplements.”*

Outstanding Follow-up, Referrals, and Care Continuity

While patient visits are discrete units, from the patient's viewpoint, he or she values a continuous relationship with a practice and provider, and values continuity of care. This supports the patient's need to seek problem resolution, treatment tailoring, and self-care management. Patients value providers who monitor their health conditions and follow the path of care, referrals, and the opportunity to seek second opinions when needed.

- *“He checks up on a regular basis if you've not been doing well.”*
- *“If he is doubtful about his decision, he asks for a second opinion. I admire that.”*
- *“He follows through with everything.”*
- *“Very good about follow-up with other doctors involved.”*

Outstanding Facilities

Patients appreciate being treated in a convenient, clean, well-organized, and modern facility. Amenities are extras and show that the practice values the patients' perspective by providing a favorable physical environment.

- *“Dr. [name] has the nicest office environment I have ever seen. His waiting area and exam room have a comfortable atmosphere—makes you feel that you're right at home. I was blown away at my first office visit when his staff offered me a choice of flavored water while I was waiting in the exam room.”*

Outstanding Office Staff

Having great office staff adds to the total positive experience that patients encounter in a practice. Qualities such as being professional, friendly, and helpful were offered as examples of highly rated practices. These comments were volunteered by patients:

- *“Her office staff are excellent and return and answer calls.”*
- *“Very well-run office.”*
- *“In addition, his support staff is the best!”*
- *“Staff makes you feel welcome.”*

POORLY-RATED HEALTHCARE

Of the seven qualities shown in Table 2, only two clusters, or 4 of 24 specific traits, were cited as key reasons for issuing poor ratings of physicians.

Poor Communication Skills

Similar to the results for outstanding ratings, this category was the largest cluster of cited reasons for

poor-quality healthcare. Patients were discouraged based on the following:

Listening

Just as patients value providers who are excellent listeners, in this study sample, patients reacted negatively to physicians who were poor listeners. A key indicator of poor listening was a failure to engage the patient by asking questions and using his or her feedback and reports in making a diagnosis.

- *“Once she made her quick diagnosis, she had no more interest in talking to me.”*
- *“Spends more time talking about what the insurance company will pay for instead of listening to what you are concerned about.”*
- *“He stepped in the room and quickly cut me off before I could ask questions. It was the worst experience I have ever had with a physician.”*
- *“States that you said things that you actually didn’t say.”*
- *“I told her my chief complaint but she treated another problem.”*
- *“He talks too much and does not listen enough.”*
- *“She can be impatient and doesn’t like questions.”*
- *“Reads his mail while I ask questions.”*

Patients appear to recognize good qualities of their physician but discount these if good listening skills aren’t also present.

- *“Dr. [name] is a very likeable and kind person but does not appear to listen to what you say.”*
- *“Dr. [name] is nice but he likes to talk about himself rather than focus on what you are there to see him about. He is a terrible listener.”*
- *“Seems to know what he is doing but is inattentive and seems distracted.”*

Patient as Partner

Just as in excellence, a sense of partnership, or lack thereof, is a pivotal patient experience. Including patients in decisions does not obligate the physician to abdicate responsibility but rather it engages the patient in a dialogue to settle on the best treatment option for the patient. Providing a dialogue but not following through is equally as offensive as not listening in the first place.

- *“Seems impatient when you suggest alternative treatments.”*
- *“Did the exact opposite of what I wanted even though we talked about it a thousand times.”*
- *“In one office visit she ordered tests, came to a conclusion, all without further discussion with me.”*
- *“He would have missed a serious diagnosis if I had not persisted.”*
- *“Is not receptive to family member feedback.”*

Giving Information

Poor qualities in providing information to patients can mean not providing any information, providing

incomplete information, or providing information in a manner that patients do not clearly understand.

- *“Unclear in rendering explanations and description of my conditions.”*
- *“He never explains a diagnosis.”*
- *“His instructions were not clear.”*
- *“Gave me no information about the surgical procedure he was going to perform.”*
- *“She doesn’t explain much other than ‘this is what you should do.’”*
- *“I have had trouble getting results from the tests he ordered.”*
- *“She does give you time, but very little information.”*

Poor Follow-up and Care Continuity

This more recently recognized attribute of patient satisfaction was identified in this study as a pivotal experience that was associated with poor ratings of healthcare when it was lacking. Most complaints were regarding lack of follow-up after tests and procedures.

- *“Very little contact after the test and procedure.”*
- *“I finally received a follow-up call after three weeks of leaving messages.”*
- *“No post-surgery call to check up on my healing process.”*
- *“Does not follow-up on routine procedures.”*
- *“For weeks I could not get the results of a lab test.”*

Poor Interpersonal Skills

Negative aspects of this domain were expressed as being uncompassionate, having a lack of interest in the patient’s perspective, and having too many patients to see to be effective.

- *“Took an apparent disinterest in my health.”*
- *“This doctor has too many patients.”*
- *“Saw her rolling her eyes at a nurse when I was telling her my pain areas.”*

Poor Access/Waiting Time

Having to wait long periods to be seen, not getting called back, or not being able to get an appointment with a doctor when needed were the key negative qualities that described a lack of access.

- *“He does not call you back when you have a problem.”*
- *“He’s too busy and gives the ‘lesser’ cases to his assistant.”*
- *“Most times the doctor was unavailable to see me even though I had an appointment.”*
- *“Staff does not answer phone calls.”*
- *“He is routinely over one hour late.”*
- *“Expect a 45-minute wait at the minimum.”*
- *“Is always in a rush, but you wait will wait hours to see him.”*

Discussion

The qualitative content in this study revealed that patients perceive and value at least seven domains of

healthcare in defining outstanding quality. However, some appear to be more important than others. Qualities of communication, access, interpersonal skills, and care coordination and follow-up were identified as “core” qualities. These core qualities are essential, in that poor performance in each of these domains appears to justify low ratings of the physician and negative overall comments even in the presence of positive qualities such as being friendly, likable, competent, or highly skilled. The remaining domains of quality of medical care processes, quality of the healthcare facilities, and office staff add to the luster of patients’ healthcare experience. Together, the seven qualities are a composite of excellence in healthcare.

Perhaps it is not all that startling that patients value healthcare providers who take time to listen and work with them, care about them, support them in managing their healthcare, and make an effort to personalize patient care. Providers who work hard on the patients’ behalf are highly thought of and receive the solid trust of their patients. These results also underscore the complexity of providing excellent healthcare. Patients want to be informed, to be treated conservatively, to have help navigating the myriad of options and services that are available, and to get effective care. It is important that the traits associated with poor ratings are a smaller subset of those that are praised as epitomizing excellence.

Patients may like you as a person but are judging you for your bedside manner.

Patients were adept in pointing out good qualities, but at the same time dismissing them in the apparent absence of essential skills and qualities. Thus, these results suggest that patient-satisfaction ratings are not measures of mere friendliness or “likeability” but are closer to measures of the quality of the healthcare processes that researchers and clinicians see as essential to patient self-management of health. Patients may like you as a person but are judging you for your bedside manner.

This is an important emphasis because U.S. physicians are trained primarily in the biomedical model. In addition to four years of college, physicians will typically complete four years of medical school and three to seven years (or more) of residency training. This is followed by a lifelong commitment to continuing medical education. It is not surprising that the quality of physicians’ technical skills is generally outstanding.

Nevertheless, patients value more than just technical expertise—factors such as access, engagement, and personal attention.¹⁴ Thus a practical use of these findings would be more emphasis in physician training and in continuous quality improvement efforts in developing skills that can result in clearly communicating, expressing empathy, and supporting patient information needs.

These qualities are likely to lead to the clinical benefit of patients who are more adherent and more empowered to achieve health-promotion and disease-prevention goals.

Patients were adept in pointing out good qualities of providers . . . at the same time they dismissed their value if qualities such as listening were not also present.

In considering the results of this study, a notable strength is the large number of patient comments that were provided and the use of a robust qualitative analysis tool that allowed us to see the emerging content clusters. It should be noted that qualitative analysis is designed to identify the core content areas and range of beliefs or attitudes associated with a topic rather than estimating the proportion of respondents with a certain view. ■

REFERENCES

1. Linder-Pelz S. Toward a theory of patient satisfaction. *Soc Sci Med.* 1982;16:577–582.
2. Ware JE, Hays RD. Methods for measuring patient satisfaction with specific medical encounters. *Med Care.* 1988;26:393–402.
3. Peck BM, Asch DA, Goold SD, et al. Measuring patient expectations: does the instrument affect satisfaction or expectations? *Med Care* 2001;39:100–108.
4. Brody DS, Miller SM, Lerman CE, Smith DG, Lazaro CG, Blum MJ. The relationship between patients’ satisfaction with their physicians and perceptions about interventions they desired and received. *Med Care* 1989;27:1027–1035.
5. Marshall G N, Hays RD, Rand RM. Health status and satisfaction with health care: results from the Medical Outcomes Study. *J Consult Clin Psychol.* 1996;64:380–390.
6. Rao JK, Weinberger M, Anderson LA, Kroenke K. Predicting reports of unmet expectations among rheumatology patients. *Arthritis Rheum.* 2004;41:215–221.
7. Hall JA, Dornan MC. What patients like about their medical care and how often they are asked: a meta-analysis of the satisfaction literature. *Soc Sci Med.* 1983;27:935–939.
8. O’Malley AS, Forrest CB, O’Malley PG. Low-income women’s priorities for primary care. *J Fam Pract.* 2000;49:141–146.
9. Price JH, Desmond SM, Losh DP. Patients’ expectations of the family physician in health promotion. *Am J Prev Med.* 1991; 7:33–39.
10. Wensing M, Jung HP, Mainz J, et al. A systematic review of the literature on patient priorities for general practice care. Part 1: description of the research domain. *Soc Sci Med.* 1998;47:1573–1588.
11. Anderson RT, Barbara AM, Weisman C, et al. A qualitative analysis of women’s satisfaction with primary care from a panel of focus groups in the national centers of excellence in women’s health. *Womens Health Issues.* 2001;10:637–647.
12. Barbara AM, Quandt SA, Anderson RT. Experiences of lesbians in the health care environment. *Women’s Health.* 2001;34:45–62.
13. Miles MB, Huberman AM. *Qualitative Data Analysis: An Expanded Sourcebook.* 2nd ed. Thousand Oaks, CA: Sage Publications; 1994.
14. Marks VJ, Hutchison R, Todd M. Service excellence in dermatology. *Semin Cutan Med Surg.* 2004;23:207–212.