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Relevance of quality indicators for supporting patients' choice of hospitals – an online survey

Introduction

Patients differ in their preferences when choosing a hospital. To select a hospital that aligns with these preferences, they need relevant information. While such information is generally available in Germany, it is often difficult to access and understand. This study aims to explore patient preferences regarding hospital quality indicators (QIs) for inpatient care, to identify the specific information patients want and need to make informed hospital choices.

Our research questions were:

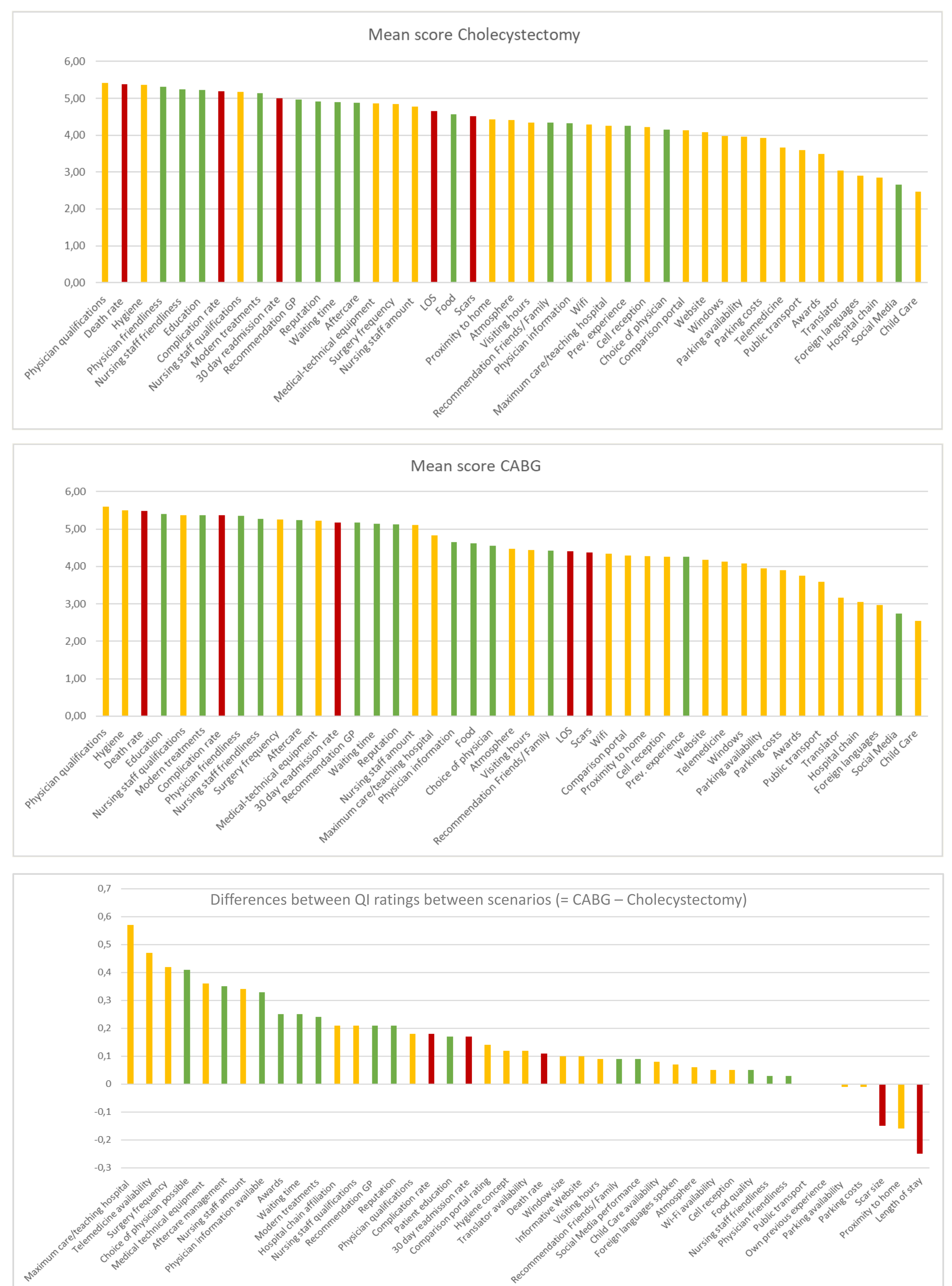
1. Which QIs are particularly relevant (or irrelevant) to patients when choosing a hospital?
2. How does the importance of QIs differ depending on sociodemographic, socioeconomic and health-related patient factors?
3. How does the importance of QIs differ by the risk level of hospital treatment?
4. Is the difference in the importance of QIs between risk levels of hospital treatment associated with sociodemographic, socioeconomic and health-related patient factors?

Method

An online survey was conducted in February 2025 with 2,984 participants aged 18 to 74 residing in Germany. QIs had been identified based on a systematic literature review and a structured discussion. Participants were asked to imagine needing elective surgery for two scenarios (Cholecystectomy and CABG), and to rate 43 QIs in both on a 6-point Likert scale. To determine whether the differences in ratings between scenarios were statistically significant, we performed paired t-tests for each QI, treating the Likert scale as a metric variable. In order to analyze whether ratings of QIs varied according to sociodemographic, socioeconomic, and health-related factors, we applied multiple linear regression models, both within each scenario as well as for the differences in QI ratings between the scenarios.

Results

For both scenarios, the highest rated QIs were “Physician qualifications”, “Death rate” and “Hygiene”. Outcome QIs were generally rated higher than process and structure indicators. Almost all mean QI ratings were higher in the CABG scenario. Only “Proximity to home,” “Length of stay (LOS),” and “Scar size” were rated significantly higher in the Cholecystectomy scenario. The largest differences between the two scenarios were observed for “Maximum care/teaching hospital”, “Telemedicine” and “Surgery frequency”. Preferences also varied according to patient characteristics: “Age” and “Gender” were the independent variables that were most often significantly associated with the relevance of QIs, followed by “Previous hospital experience” and “Nationality”. All outcome indicators, as well as process indicators (except “Food”) were more important to women than men.



Yellow= structure indicators, green= process indicators, red= outcome indicators

Discussion

Taken together, our results point to a distinction between QIs that are perceived as universally relevant and those that vary depending on context. Outcome indicators such as “Death or complication rate” remained stable across scenarios, underscoring their universal relevance. By contrast, the relevance of structure and some process indicators shifted markedly with the risk level of the procedure. This distinction provides useful guidance for both researchers and policymakers: while certain QIs can serve as general benchmarks, others need to be tailored to the specific clinical context.