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### Title

Letter to the Editor, re: article "Factors influencing women's satisfaction with surgical abortion" by Tilles, Denny, Cansino and Creinin.

### Permalink

<https://escholarship.org/uc/item/5tz7w2cn>

### Journal

Contraception, 93(4)

### ISSN

0010-7824

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### Publication Date

2016-04-01

### DOI

10.1016/j.contraception.2015.11.014

Peer reviewed

Letters to the Editor

**Letter to the Editor, re: article “Factors influencing women’s satisfaction with surgical abortion” by Tilles, Denny, Cansino and Creinin**



To the Editor:

We read with great interest the manuscript entitled “Factors influencing women’s satisfaction with surgical abortion” by Dr. Tilles and colleagues [1]. However, Tilles et al. did not adequately situate their findings of 210 women in the context of our large study of the multiple determinants of 9000 women’s experiences of first-trimester aspiration abortion [2] as well as a companion thematic analysis of narrative responses from 5214 women [3] that further clarified multiple clinic- and patient-level factors that impact women’s abortion experiences. Missing from Tilles and colleagues’ discussion is a reference to the results of our qualitative findings [2] that were grounded in our understanding that patient satisfaction is just one component of patient experience. Thematic analysis of over 5000 narrative responses elicited a wide range of personal experiences that went beyond the forced-choice query responses in Tilles’ postprocedure survey. Our findings showed that even women with high satisfaction ratings also face a range of experiences (e.g., stigma, shame, pain) that were not captured by survey questions and provide important information about clinically modifiable factors to improve patient experience. Since patient experience is now a federally required component of healthcare quality [3], the Tilles paper could have been strengthened by situating their results within a discussion of the abortion experience themes found in our study.

Second, Tilles does not discuss the limitations of patient satisfaction measurement, which we addressed in both of our papers [2,3]. Patient satisfaction ratings alone have been determined to be an inadequate measure of patient care experience. This again is consistent with recommendations by federal agencies for assessing consumer healthcare quality [4]. Results from multiple studies of measuring patient experience have reported improved clinical outcomes when these experiences are positive. Additionally, linking women’s ratings of satisfaction of abortion care with national measures of patient care experience has the potential to normalize abortion care quality measures with other

minimally invasive surgical procedures. We commend Tilles and colleagues for their efforts to improve the measurement of women’s satisfaction with one type of first-trimester abortion procedure. We hope that they will continue to validate their novel prioritization method and incorporate consumer assessment quality standards as well as the clinically relevant questions that assess how can we ensure that women have a positive abortion care experience (and mitigate negative experiences).

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<http://dx.doi.org/10.1016/j.contraception.2015.11.014>

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