Anytime we make a purchase online, we are inundated with requests for our opinion about the purchase experience. Did the product or service meet our expectations? Was the purchase process straightforward? Did we experience any hiccups along the way? We also get questions like this about our health care providers. But does the data from those surveys help or hinder future care?

To put this into context, how are customer surveys used throughout society? Keep in mind that survey requests are not limited to online purchases. Grocery stores and retail outlets have introduced loyalty programs that permit consumers to earn rewards on purchases. However, to participate in such loyalty programs, consumers must share some personal information, like email addresses and cell phone numbers. This gives such outlets access to you, permitting them to send you surveys and gain insights into your purchase patterns and how you interact with them.

Gaining consumer feedback is invaluable in highly competitive retail and e-commerce environments. In addition, Google Reviews provides consumers with comments that may guide future purchases and identify problem areas that companies can work to fix and hopefully grow revenue. Businesses are keenly aware that a bad review can be costly by deterring other potential customers, and
if not managed and addressed, such reviews can lead to lost revenue in the future.

The hospitality industry relies on consumer feedback. If a hotel’s facilities and service have degraded such that it does not deliver on its promises, then people who stay at the facility are apt to share their negative experiences. Websites like [Trip Advisor](https://www.tripadvisor.com) and [Yelp](https://www.yelp.com) routinely collect and share such information, providing a valuable repository of information that holds locations accountable. Given the large number of hotels available in most areas, consumers can choose to stay anywhere, avoiding facilities that are rated poorly by customers.

Yet, consumer feedback can go awry when systems, not people, are the problem.

This is particularly true in health care.

When patients are surveyed on their clinic visit, health care providers can get slammed for issues that are beyond their control.

For example, many health care providers are pressured by their [clinic to see as many patients as possible](https), so as to maximize clinic revenue. This may involve double booking appointments to ensure that every minute of every health care provider’s time generates revenue, or scheduling patient time slots so tight that they begin to roll over into each other.

If some patients do not arrive to their scheduled appointment, the health care provider’s time can be used with the remaining patients. However, the problem occurs when all scheduled patients show up, and the health care provider is faced with managing an overbooked schedule. This ultimately may force some providers to cut corners on their patient interactions, taking as little time as possible to optimize schedule over patient well-being. It also means that some patients will have excessively long waits, which can mean that what is ultimately a 15-minute appointment with their doctor may take as much as 3 hours out of their day.

[Overbooking is a standard practice in the airline industry](https) as well. Airlines seek to maximize revenue, and an empty seat generates nothing for them. Overbooking seats makes sense for them, given that they can offer compensation to passengers who are willing to give up their seats in exchange for travel vouchers and other amenities. In fact, some [travelers welcome the opportunity to give up their seats for compensation](https).
Hotels also overbook their rooms for much the same reason as airlines, although it receives far less public attention and scrutiny.

Health care facilities offer no such mechanisms for compensation, nor flexibility in delivering their services. The best that a person can hope for is rescheduling their appointment to a later date, assuming the purpose of their appointment is not urgent and allows them to delay the visit. This often creates disgruntled patients who are apt to blame the health care provider for this inconvenience.

Of course, some health care providers are complicit with such scheduling shenanigans. They are often rewarded by their clinic with higher compensation, so for some, playing the revenue game is something that they may buy into.

Yet, there are other health care providers who are essentially forced into this routine of running on a treadmill with ever-increasing headwinds. When they get slammed for poor customer service, they get caught in a crossfire that places the blame on them when they may, in fact, just be a pawn in a dysfunctional health care industry that often places revenue over patient care. This is well demonstrated by America's unique position globally: The most expensive health care system in the world, yet having the worst outcomes among high-income nations.

When health care providers survey their patients, they make an implicit promise that they will listen and act on that feedback. When, over time, patients see that their feedback was ignored, it is counterproductive.

An inevitable consequence for such health care providers who try to respond to unreasonable expectations is often burnout. The pandemic exposed the scope of health care provider burnout and brought it to the attention of many. Ongoing demands on the time of health care providers, and how they are being critiqued, are exacerbating the situation, with a growing number leaving the profession. The net effect is fewer providers available to meet the health care needs of a growing and aging population.

Everyone has opinions and can freely express them. The problem becomes untenable when opinions move an industry, creating shortages that impact people's lives. That is what appears to be happening in health care, with no obvious pathway to solve the problem. Yet, to arrive at a solution, you have to first admit that the problem exists.
Sheldon H. Jacobson, Ph.D., is a professor of computer science at the University of Illinois at Urbana-Champaign. He applies his expertise in data-driven risk-based decision-making to evaluate and inform public policy.