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# An Overview of Patient Satisfaction and Perceived Care of Quality

**Shubham Chaurasia[1], Shivani Dadwal Salaria[2], Rakhi Ahuja[2], Amit Sharma[1]**

[1]Student, [2]Professor,

[1,2]School of Allied Health Sciences, Delhi Pharmaceutical Sciences and Research University, New Delhi, India

**ABSTRACT**

This paper aims to audit the patient satisfaction literature, precisely survey methods used, which fundamentally analyses its hypothesis and use; at that point to introduce proof for perceived service quality as a discrete and further advanced construct.

**Findings**: Patient satisfaction has been widely reviewed and significant efforts have gone into creating survey instruments to estimate it. Although, most surveys have been critical of its utilization, since there is seldomly any hypothetical or calculated development of the patient satisfaction theory. The construct has little normalization, low accuracy and undetermined validity. It keeps on being utilized interchangeably with, and as an intermediary for, perceived health service quality, which is a conceptually extraordinary and predominant construct.

**Practical Implications:** The persistent utilization of patient satisfaction to assess the patient's perception of the quality of a healthcare service is truly flawed. The way to settling this dilemma might be for the healthcare division to concentrate on perceived healthcare service quality by considering the particular theories and models that can be found in the administrations advertising literature. This literature offers further developed consumer theories which are preferred differentiated and tried over existing healthcare satisfaction models.

**Conclusion:** This paper brings up that there is a critical requirement for differentiation and normalization of patient satisfaction and healthcare service quality definitions and constructs, and argues for examination to concentrate on estimating perceived healthcare service quality.

***KEYWORDS:*** *Patient satisfaction, Healthcare services, Perceived care of quality, Quality management, Patients*

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## 1. INTRODUCTION

Patient satisfaction is a significant proportion of the healthcare sector as it offers data on the supplier's prosperity at meeting the desires for most important to the patients and a key determinant of the patient's point of view from behavioral aspects. Patient satisfaction is connected with significant results, for example, superior compliance, diminished use of medical services, less malpractice litigation, and better prognosis.[1] (Aerlyn G. D., Paul P. L. 2003) articulates that healthcare enterprises have seen recent developments towards nonstop quality improvement and this has picked up importance since 1990. As indicated by Donabedian's affirmation for incorporating patient perception into quality assessment, medical services directors consequently consolidate focused consideration of patients as a significant division of healthcare mission.[2] (Al-Abri R., Al-Balushi A., 2014) articulates that medical administrators that try to accomplish greatness bring quiet discernment into account when planning the procedures for improvement of quality of care. According to time, the health services controllers moved towards a market-driven methodology of transforming patient satisfaction studies into quality improvement tools for large corporation performances.[3] In 1996, evaluation of patient satisfaction had become mandatory for all French hospitals. (Boyer, L. et. al., 2006) led an examination in a tertiary instructing hospital in France expecting to survey the assessments of medical staff towards the impact of in-patient satisfaction studies on the quality improvement process. A good result of 94% showed that the patient had the option to pass judgment on medical service qualities, particularly in its social, organizational, and environmental dimensions of the quality improvement tool.[4] Since 2002, (Crispin J et al., 2002) given that the Department of Health (DOH) has propelled a national study program in which all NHS confides in England needs to study patient satisfaction in all premises and submit the results to their regulators.[5] Emergency departments (EDs) had also been ordered to utilize patient satisfaction as a quality care marker in the medical setting by medical clinic administrators, TPA suppliers, patient advocacy groups, and the Joint Commission on Accreditation of Healthcare Organization (JCAHO). Cairns et al. (1998) suggests that patient satisfaction be included as a routine outcome indicator and urged scientists to invent new ways to deal with estimating

and understanding patient satisfaction in the emergency setting. Unfortunately, existing data on patient satisfaction normally use data analytic techniques which are not commonly accessible to most ED suppliers. They require broad information on multivariate insights to elucidate and are committed to investigating speculations and theories instead of making the information reasonable in a practical way.[6] Therefore, the estimation of patient satisfaction is a real marker for improving the administrations and key objectives for all healthcare organizations. (Elaine Y et al., 2002).[7] Patient satisfaction with medical care is maybe one of the most usually estimated patient attitudes, and work in this field has expanded in the previous decades. Now, there is no accord between the medical occupations on the part satisfaction that should play in the evaluation of the quality of care. In many cases, various examiners and policymakers feel that its part is crucial.[8] Donabedian has expressed that accomplishing and producing healthcare satisfaction is characterized by its members by a specific culture or subculture, is a definitive authenticator of the quality of care.[9]

Quality of care is a prevailing idea in quality assurance and quality improvement programs in the healthcare division. The significance of value in the healthcare segment has been perceived, however, it has been quickened in the last decade through the advancement of quality protection, quality improvement projects, and patients' plans. While the quality of care, as opposed to cost, is the fundamental concern in the healthcare sector, the facility provider's specialized capability, just as the prompt outcomes from numerous medications, is exceptionally hard for a patient to assess. It has been recommended that we can measure the quality of healthcare by watching its structure, its procedures, and its outcomes.[1] The nonexistence of a strong conceptual basis and constant estimation apparatus for customer satisfaction has driven, in the course of recent ten years, to an expansion of overviews that emphasis solely on patient understanding, i.e., parts of the considerable experience, for example, waiting times, the quality of fundamental pleasantries, and correspondence with healthcare suppliers, all of which help recognize substantial needs for quality improvement.[10] A few scientists have recommended that characterizing quality improvement from patients' viewpoint gives better incentive to their cash with improved safety, openness, value, and completeness of care, while from a supplier's perspective, quality improvement might be increasingly productive, offering progressively viable types of assistance to a more noteworthy number of patients with a sensible degree of satisfaction, with the last being sufficient for patient retention.[11] The writing recommends that patient satisfaction is a multidimensional idea that isn't yet completely characterized. Some portions of that idea are viewpoints that are not under the control of healthcare experts, for example, patients' socio-segment qualities (for example training and age) and their healthcare status. Appropriately, satisfaction scores may reflect the demographic segment and clinical image of the patients a clinical practice serves rather than the quality of care given. This raises doubt that it is reasonable for remunerating providers for satisfied patients and punishes them for dissatisfied ones.[12]

Noteworthy dissimilarity can be found in the ongoing healthcare kinds of literature, for instance (Gonzales et al., 2005) noticed that satisfaction survey questionnaires have been the most ordinarily utilized strategy to study persistent view of healthcare services for over 30 years, however, just over the past five years, had examines attempted to guarantee that the legitimacy of the instrument was all around grounded.[13] However, interestingly, the principal finding of a 2006 audit of patient satisfaction writing (Hawthorne, 2006) inferred that none of the instrument surveys could be viewed as agreeable. Hence, the most commonly used survey questionnaire method will be discussed in the 4th heading of this review article.[14]

This article precisely surveys the healthcare papers which: scrutinizes the theoretical framework to patient satisfaction; recognizes and summaries the findings of the mainly used survey methods for patient satisfaction in the healthcare sector; features the operational issues encompassing patient satisfaction and patient perception of healthcare service quality, and examines the current focal point of health services quality. It additionally considers the services writing for both the patient satisfaction and perceived health service quality constructs, and infers that after three decades of research, there is still no globally acknowledged conceptualization for them. It proposes that given the generous hypothetical advancement that has been made in the health services literature, it is the ideal opportunity for coordinated examination and health analysts to move outside of their health research storehouses and to research patient satisfaction and perceived health services quality in the healthcare sector with a reasonable connection back to this general services literature.

## 2. Synopsis of the hypotheses of patient satisfaction in healthcare services:

The significant patient satisfaction hypotheses were distributed during the 1980s with later speculations being to a great extent "repetitions" of those speculations (Hawthorne, 2006).[14] Five key hypotheses can be distinguished as:

1. Disparity and offense hypotheses of Fox and Storms (1981) upheld that as patients' health-care directions varied and supplier states of care contrasted, that in the event if directions and conditions were consistent, at that point patients were fulfilled, on the off chance that not, at that point they were disappointed.[15]
2. Anticipated esteem hypothesis of Linder-Pelz (1982) proposed that satisfaction was intervened by close to home convictions and qualities about consideration just as earlier desires about consideration. Linder-Pelz recognized the significant connection among desires and change in satisfaction appraisals and offered an operational definition for patient satisfaction as "positive assessments of unmistakable components of medicinal services."[16]
3. The health-care quality hypothesis of Donabedian (1980) suggested that satisfaction was the essential result of the relational procedure of care. He contended that the articulation of satisfaction or disappointment is the patient's judgment on the nature of care in the entirety of its perspectives, however especially corresponding to the relational part of care.[17]
4. Determinants and segments hypothesis of Ware et al. (1983) proposed that understanding satisfaction was an element of patients' emotional reactions to experienced consideration interceded by their inclinations and desires.[18]
5. Collective models hypothesis of Fitzpatrick and Hopkins (1983) contended that desires were socially interceded,

mirroring the healthcare objectives of the patient, what's more, the degree to which sickness and human services damaged the patient's individual feeling of self.[19]

### 3. The use of patient satisfaction in health-care services:

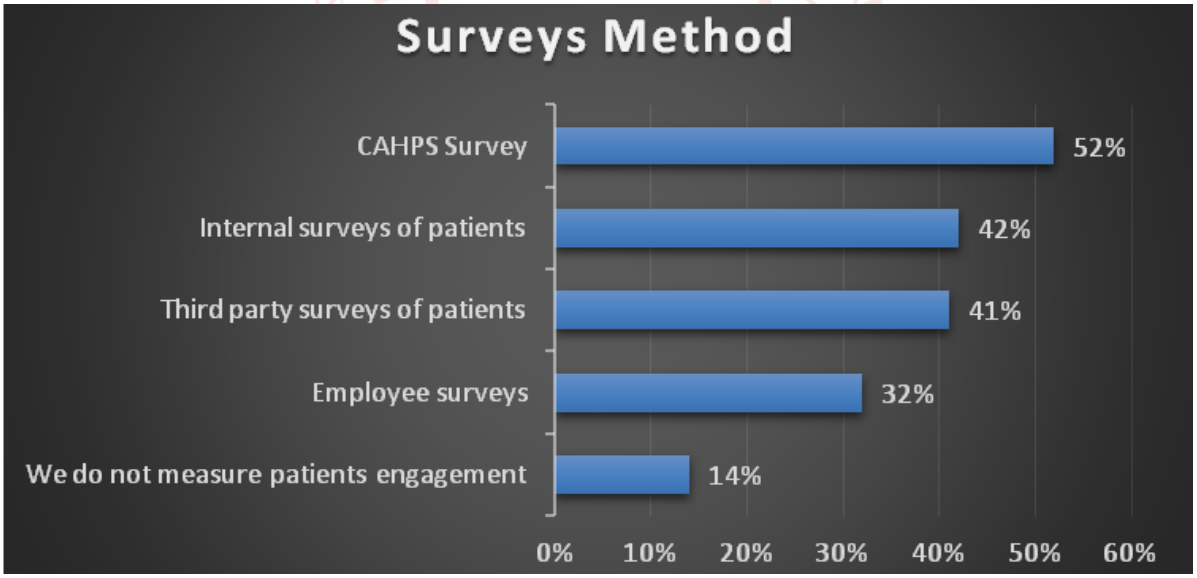
The ideal requirement for the estimation of patient satisfaction has been generally determined by the fundamental governmental issues of "new public administration" (Hood, 1995) and the attending ascend in the healthcare consumer development, with understanding satisfaction being one of the verbalized objectives of health-care conveyance.[20] With the approach of the patient rights development (Williams, 1994), the discussion over the connection between patient satisfaction as a valuation of the procedure of care versus the standard of specialized consideration was settled. Thus, the utilization of patient satisfaction quantifies in the healthcare division turned out to be progressive across the board.[21] For instance, evaluating patient satisfaction has been compulsory for French medical clinics since 1998, which is utilized to improve the emergency clinic condition, quiet civilities, and offices in a consumerist sense, however not really to improve care (Boyer et al., 2006).[4]

While there are various explicit patient satisfaction examines distributed in peer audit journals, there is a little assortment of work that surveys the writing and examinations of the development and its utilization. This work features understanding that patient satisfaction experiences lacking conceptualization of the build, a circumstance that has not changed fundamentally since the 1970s, and there is no concurred definition (Hawthorne, 2006).[14] Crowe et al. (2002) distinguished 37 examinations researching methodological issues and 138 examinations exploring the determinants of satisfaction. They showed that there is an understanding that the conclusive conceptualization of satisfaction with medicinal services has still not been accomplished and that understanding the procedure by which a patient becomes fulfilled or disappointed stays unanswered. They propose that satisfaction is a relative idea and therefore, it just infers sufficient assistance.[22]

### 4. Instruments to measure patient satisfaction in health-care services:

Gill and White (2009) noticed that patient satisfaction had been widely explored, recognizing more than 3,000 published articles and "handfuls" of estimating instruments created in the ten years preceding their audit. Strangely, they noticed that the quality of care from the patient's perspective (QCPP) had frequently been estimated as patient satisfaction. They announced that hardly 5 of 113 chosen instruments were hypothetically or methodologically thorough, and of those 5, just two that had been utilized were intended to measure perceived service quality, i.e., SERVQUAL and the Patient Judgment of Hospital Quality instrument, with the last being the one in particular which offered a technique for producing things that legitimately represented patients' perspectives. Although, it should be noticed that while SERVQUAL has been utilized in the healthcare sector, it was not planned explicitly to estimate perceived healthcare service quality and it doesn't estimate patient satisfaction.[23]

While patient satisfaction can be estimated by many numbers of strategies, inquire about shows that the most well-known survey method is the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) study. (Aerlyn G. D., Paul, P., L. 2003[2]; The New England Journal of Medicine, 2016).




**Source: The New England Journal of Medicine (2016) & Vocera (2016)**

This study, upheld by the Centers for Medicare and Medicaid Services, gathers bits of knowledge into hospital quality and patient satisfaction through 28 questionnaires in regards to the patient's latest clinical stay.

HCAHPS studies are composed of 19 core questions about critical aspects of patients' hospital experiences (communication with nurses and doctors, the responsiveness of hospital staff, the cleanliness and quietness of the hospital environment, communication about medicines, discharge information, the overall rating of a hospital, and would they recommend the hospital). Four things to straight patients to specific inquiries, three inquiries to make up for fluctuating patient socioeconomics, and two inquiries to address Congress-mandated hospital-healthcare quality reports.

Numerous medicinal services offices likewise issue their patient satisfaction questionnaires, or peer at less official

measurements, for example, patient holding. Since factors like patient holding are straightforwardly influenced by how upbeat a patient is with her consideration, they are powerful focal points through which hospital pioneers can most likely understand comprehend patient satisfaction.

### 5. Patient satisfaction and perceived care of quality in healthcare:

An investigation by Gotlieb et al. (1994) on a patient release or discharge, hospital perceived quality of care, and satisfaction offered proof of clear differentiation between perceived care of quality and patient satisfaction. They found that patient satisfaction intervened in the impact of perceived quality of care on social expectations, which included adherence to treatment systems and following supplier guidance.[24] Cleary and Edgman-Levitan (1997) called attention to that satisfaction surveys in the area of health-care didn't measure the standard of care as they did exclude significant parts of care things, like being treated with deference and being associated with treatment choices.[25] Adding on, Taylor (1999) featured that disarray proceeded in the area for the differentiation of administration quality of care from satisfaction and revealed them as interchangeable terms.[26] All things considered, patient satisfaction keeps on being estimated as an intermediary for the patient's evaluation of administration quality (Turris, 2005).[27]

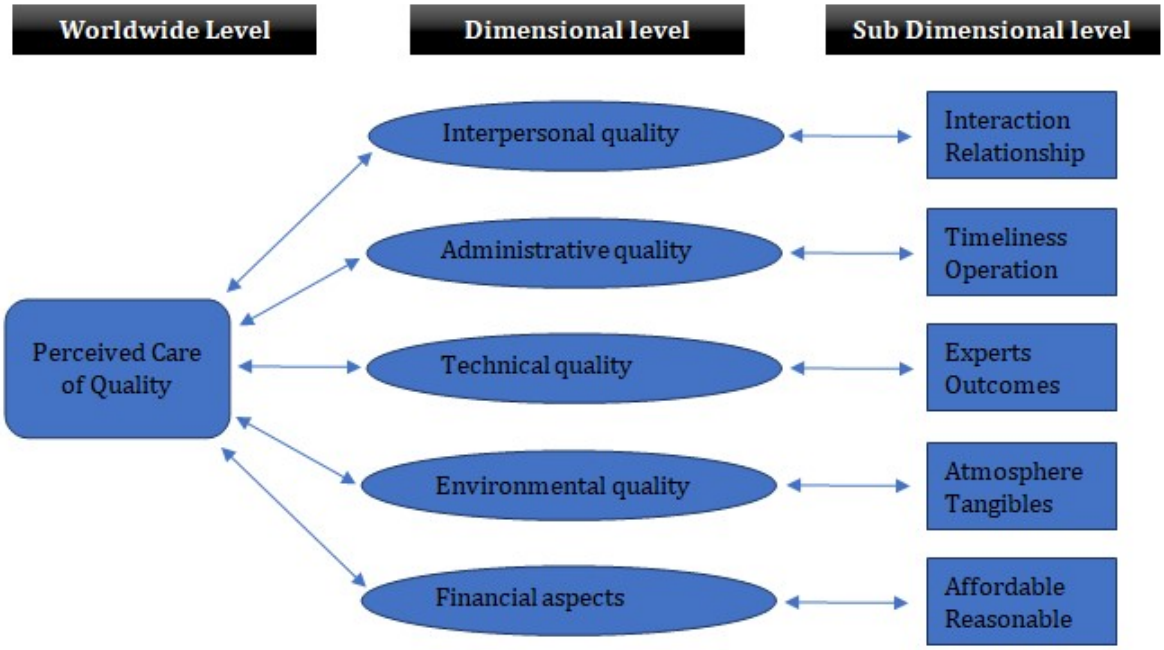
### 6. Customers and Health-care Quality:

The conventional idea of health-care services connections depends on three essential presumptions: the expert is the master; the framework is the guardian for socially bearer administrations; and the perfect patient is consistent and confident (Thorne et al., 2000).[28] Formally the definition and the administration of medicinal services quality has been the liability of the service supplier and healthcare administrations have been generally reflective in characterizing and evaluating quality, concentrating principally on the specialized supplier segments. Interestingly, the writing shows huge decreases in the absolute expense of care when the patient's psychology of the quality of the administration improves, with the elements of poor assistance conveyance regularly including squandered exertion, redundancy, and abuse of talented representatives (Kenagy et al., 1999). Kenagy et al. (1999) bring up that an expansion in useful quality effects in improved results for the most part in medical sickness and explicitly in controlled investigations of various diseases. In this manner, enhancements in useful quality will bring about better healthcare results.[29]

### 7. Perceived quality of healthcare - the hypothetically demonstrated construct:

A health-care administration is one that requires high customer inclusion in the utilization procedure, and Lengnick-Hall (1995) contended that the patient's healthcare division perspectives on specialized quality and patient satisfaction were insufficient to deal with the intricate connections between the health-care supplier and the patient.[30] Critically, powerful health-care depends altogether upon the co-commitment of the patient to the administration conveyance process. Studies have additionally confirmed that consistency with medical guidance and treatment systems is legitimately related to the perceived quality of the care administration and the ensuing coming about the health-care result (O'Connor et al., 1994; Irving and Dickson, 2004; Sandoval et al., 2006).[31,32,33]

Numerous works had been done on multidimensional various leveled conceptualization model by (Dabholkar et. al., 1996; Rust and Oliver., Brady and Cronin., 2001).[34,35,36] In contrast to this work, Dagger et al. (2007) have suggested administration quality as a multidimensional, higher sequence build, with five larger dimensions (interpersonal quality, technical quality, environment quality, administrative quality, and financial aspects) and nine sub-dimensions. They propose that patients evaluate administration quality at a worldwide level, a dimensional level and at a sub-dimensional level, with each level impacting recognitions at the level:[37]




**Multidimentional various leveled conceptualization model**

**Source: Dagger et al. (2007)**

## 8. Conclusion:

In the health-care industry, there is a critical requirement for differentiation and normalization of patient satisfaction and healthcare service quality definitions and constructs, and argues for examination to concentrate on estimating perceived healthcare service quality. The proceeded abuse and propagation of the variability of terminology, not just trade-offs the value of research, hindered the chance of discovering genuinely necessary answers as to how best to consider and measure healthcare administration quality from the patient's point of view.

Further, based on the existing proof that shows patient satisfaction can be estimated by many numbers of strategies, but the most well-known method is the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) measurement and SERVQUAL survey method.

It also articulates that the patient satisfaction is an unconventional develop, an emphasis totally on perceived administration quality, as the authoritative develop, is legitimized; and given the very high potential nature of the administration conveyance process in the health-care sector, it can be assumed that the continuation of the attention on patient satisfaction as a proportion of health service outcome and health service quality is genuinely flawed. In this manner, agreeable interdisciplinary examination and information sharing may offer an astounding medium to infer a systematized and complete instrument for assessing the patient's perception of health-care administration quality.

## References:


[1] Xesfingi, S. and Vozikis, A., (2016). Patient satisfaction with the healthcare system: Assessing the impact of socio-economic and healthcare provision factors. BMC Health Services Research, 16(1).

[2] Dawn, A. and Lee, P., (2003). Patient Satisfaction Instruments Used at Academic Medical Centers: Results of a Survey. American Journal of Medical Quality, 18(6), pp.265-269.

[3] Al-Abri, R. and Al-Balushi, A., (2014). Patient Satisfaction Survey as a Tool Towards Quality Improvement. Oman Medical Journal, 29(1), pp.3-7.

[4] Boyer, L. et. al., (2006). Perception and use of the results of patient satisfaction surveys by care providers in a French teaching hospital. International Journal for Quality in Health Care, 18(5), pp.359-364.

[5] JENKINSON, C., (2002). The Picker Patient Experience Questionnaire: development and validation using data from in-patient surveys in five countries. International Journal for Quality in Health Care, 14(5), pp.353-358.

[6] Boudreaux, E., Mandry, C., & Wood, K. (2003). Patient Satisfaction Data as a Quality Indicator: A Tale of Two Emergency Departments. Academic Emergency Medicine, 10(3), 261-268. https://doi.org/10.1197/aemj.10.3.261.

[7] Yellen, E., Davis, G., & Ricard, R. (2002). The Measurement of Patient Satisfaction. Journal Of Nursing Care Quality, 16(4), 23-29. https://doi.org/10.1097/00001786-20020700000005

[8] Cleary, P. and McNeil, B., (1988). Patient Satisfaction as An Indicator of Quality for Care. Inquiry: a journal of medical care organization, provision and financing, 25. 25-36.

[9] Donabedian, A. (1988). The quality of care. How can it be assessed?. JAMA: The Journal Of The American Medical Association, 260(12), 1743-1748. https://doi.org/10.1001/jama.260.12.1743

[10] Bleich, S., Ozaltin, E., & Murray, C. (2009). How does satisfaction with the health-care system relate to patient experience?. Bulletin Of The World Health Organization, 87(4), 271-278. https://doi.org/10.2471/blt.07.050401

[11] Patwardhan, A., & Spencer, C. (2012). Are patient surveys valuable as a service-improvement tool in health services? An overview. Journal Of Healthcare Leadership, 33. https://doi.org/10.2147/jhl.s23150

[12] Schoenfelder, T. (2012). Patient Satisfaction: A Valid Indicator for the Quality of Primary Care?. Primary Health Care: Open Access, 02(04). https://doi.org/10.4172/2167-1079.1000e106

[13] Gonzalez, N., Quintana, J.M., Bilbao, A., Escobar, A., Aizpuru, F., Thompson, A., Esteban, C., Sebastian, J.A.S. and de la Sierra, E. (2005), "Development and validation of an in-patient satisfaction questionnaire", International Journal for Quality in Health Care, Vol. 17 No. 6, pp. 465-72.

[14] Hawthorne, G. (2006), Review of Patient Satisfaction Measures, Australian Government Department of Health and Ageing, Canberra.

[15] Fox, J.G. and Storms, D.M. (1981), "A different approach to sociodemographic predictors of satisfaction with health care", Social Science & Medicine. Part A: Medical Sociology, Vol.15 No. 5, pp. 557-64.

[16] Linder-Pelz, S. (1982), "Toward a theory of patient satisfaction", Social Science & Medicine, Vol. 16 No. 5, pp. 577-82.

[17] Donabedian, A. (1980), "The definition of quality and approaches to its assessment", Explorations in Quality Assessment and Monitoring, Vol. 1, Health Administration Press, Ann Arbor, MI.

[18] Ware, J. E., Snyder, M. K., Wright, W.R. and Davies, A. R. (1983), "Defining and measuring patient satisfaction with medical care", Evaluation and Program Planning, Vol. 6 Nos 3-4, pp. 247-63.

[19] Fitzpatrick, R. and Hopkins, A. (1983), "Problems in the conceptual framework of patient satisfaction research: an empirical exploration", Sociology of Health & Illness, Vol. 5 No. 3, pp. 297-311.

[20] Hood, C. (1995), "The new public management in the 1980s: variations on a theme", Journal of Accounting, Organizations and Society, Vol. 20 Nos 2/3, pp. 93-109.

[21] Williams, B. (1994), "Patient satisfaction: a valid concept?", Social Science & Medicine, Vol. 38 No. 4, pp. 509-16.

[22] Crowe, R., Gage, H., Hampson, S., Hart, J., Kimber, A., Storey, L. and Thomas, H. (2002), "The measurement of satisfaction with healthcare: implications for practice from a systematic review of the literature", Health Technology Assessment, Vol. 6 No. 32, pp. 1-244.

[23] Gill L, White L. A critical review of patient satisfaction. Leadership in Health Services. 2009;22(1):8-19.

[24] Gotlieb J, Grewal D, Brown S. Consumer satisfaction and perceived quality: Complementary or divergent constructs?. Journal of Applied Psychology. 1994;79(6):875-885.

[25] Cleary, P. and Edgman-Levitan, S. (1997), "Health care quality: incorporating consumer perspectives", Journal of the American Medical Association., Vol. 278 No. 19, pp. 1608-12.

[26] Taylor, S. A. (1999), "Distinguishing service quality from patient satisfaction in developing healthcare marketing strategies", Hospital and Health Services Administration, Vol. 39 No. 2, pp. 221-36.

[27] Turris, S. A. (2005), "Unpacking the concept of patient satisfaction: a feminist analysis", Journal of Advanced Nursing, Vol. 50 No. 3, pp. 293-8.

[28] Thorne, S. E., Ternulf Nyhlin, K. and Paterson, B. L. (2000), "Attitudes toward patient expertise in chronic illness", International Journal of Nursing Studies, Vol. 37 No. 4, pp. 303-11.

[29] Kenagy, J. W., Berwick, D. M. and Shore, M. F. (1999), "Service quality in health care", Journal of the American Medical Association, Vol. 281 No. 7, pp. 661-5.

[30] Lengnick-Hall, C. A. (1995), "The patient as the pivot point for quality in health care delivery", Hospital & Health Services Administration, Vol. 40 No. 1, pp. 25-39.

[31] O'Connor, S. J., Shewchuk, R. M. and Carney, L. W. (1994), "The great gap", Journal of Health Care Marketing, Vol. 14 No. 2, pp. 32-9.

[32] Irving, P. and Dickson, D. (2004), "Empathy: towards a conceptual framework for health professionals", International Journal of Health Care Quality Assurance, Vol. 17 Nos 4/5, pp. 212-20.

[33] Sandoval, G. A., Brown, A. D., Sullivan, T. and Green, E. (2006), "Factors that influence cancer patients' overall perceptions of the quality of care", International Journal for Quality in Health Care, Vol. 18 No. 4, pp. 266-74.

[34] Dabholkar, P. A., Thorpe, D. I. and Rentz, J. Q. (1996), "A measure of service quality for retail stores", Journal of the Academy of Marketing Science, Vol. 24 No. 1, pp. 3-16.

[35] Brady, M. K. and Cronin, J. J. J. (2001), "Some new thoughts on conceptualizing perceived service quality: a hierarchical approach", Journal of Marketing, Vol. 65 No. 3, pp. 34-49.

[36] Oliver, R. L. (1997), Satisfaction: A Behavioral Perspective on the Consumer, McGraw-Hill, New York, NY.

[37] Dagger, T. S., Sweeney, J. C. and Johnson, L.W. (2007), "A hierarchical model of health service quality: scale development and investigation of an integrated model", Journal of Service Research, Vol. 10 No. 2, pp. 123-42.