Patient satisfaction and quality: improving health service performance

High quality services are directly linked to increased market share, profits and savings. Generally, service quality is also recognized as a corporate marketing and financial performance driver.

Specifically, patients' quality perceptions have been shown to account for 17-27 per cent of variation in a hospital's financial measures such as earnings, net revenue and asset returns. Moreover, negative word of mouth can cost hospitals US$6,000-$400,000 in lost revenues over one patient's lifetime.

Health service's nature and value

Like quality in most services, healthcare quality is difficult to measure owing to inherent intangibility, heterogeneity and inseparability features. Patients participating in production, performance and quality evaluations are affected by their actions, moods and cooperativeness. Healthcare is dynamic – considerable customer changes have taken place and competition is increasing. Consequently, healthcare quality evaluations raise problems owing to service size, complexity, specialization and expertise within healthcare organizations.

Generally, purchases can be categorized as having search, experiential and credence properties. Specifically, healthcare is by nature a credence purchase. Patients may be unable to assess medical service technical quality accurately; hence, functional quality is usually the primary determinant. Also, healthcare quality is more difficult to define than other services such as financial or tourism mainly because it is the customer himself/herself and the quality of his/her life being evaluated.

Patient satisfaction and its dimensions

Cure is a fundamental health service expectation. Specifically, patient satisfaction is defined as an evaluation of distinct healthcare dimensions. It may be considered as one of the desired outcomes of care and so patient satisfaction information should be indispensable to quality assessments for designing and managing healthcare. Patient satisfaction enhances hospital image, which in turn translates into increased service use and market share. Satisfied customers are likely to exhibit favourable behavioural intentions, which are beneficial to the healthcare provider's long-term success. Customers tend to express intentions in positive ways such as praising and preferring the company over others, increasing their purchase volumes or paying a premium.

Patient satisfaction is predicted by factors relating to caring, empathy, reliability and responsiveness. Some dimensions affecting patient evaluations include physician conduct, service availability, continuity, confidence, efficiency and outcomes. Other dimensions have also been introduced to capture patients' healthcare evaluations, including:

- core services;
- customization;
- professional credibility;
• competence; and
• communications.

Other primary patient satisfaction determinants include:

• admissions;
• discharge;
• nursing care;
• food;
• housekeeping; and
• technical services.

Access refers to health service availability (service is available when it is required), and is operationally defined as the number of patient-physician contacts, waiting times, convenience and availability associated with healthcare experiences. Communication is the degree to which the patient is heard, kept informed through understandable terms, afforded social interaction and time during consultation and provided psychological and non-technical information. If communication is good, which includes information from the service provider to the patient on the type of care he or she will receive, thereby alleviating uncertainty that increases his or her awareness and sensitivity about what to expect, then patient satisfaction is higher.

Outcomes are defined as the change in physical health status directly attributable to the healthcare experience and efforts. Service quality, therefore, is the degree to which care was humane and competent. If the service provider's competence is perceived high then levels of satisfaction also increase. Competence strongly influences patients' service quality assessments. Staff demeanour also has a significant impact on customer satisfaction. The manner in which staff interacts with the patient and staff sensitivity to the patient's personal experience seems to be important.

Studies show that if hospital costs are perceived high then patient satisfaction is lower. If physical facilities, including: cleanliness; modern equipment; and the general feeling that the hospital is in a good physical condition, are well perceived then patient satisfaction increases.

Measuring healthcare quality

Some believe healthcare quality should be studied from the patient's perspective. Patients provide valid and unique information about the quality of care. Another school believes that patient satisfaction rather than health status is the primary healthcare measure. This line of research focuses primarily on the attitude towards service performance by confirming/disconfirming expectations. The SERVQUAL instrument has been empirically evaluated and found to be reliable and valid for hospital use. Generally, the tool and adapted versions are suitable for measuring patient satisfaction. However, some question its applicability for healthcare. Consequently, in some cases, the tool has been modified by dropping irrelevant or adding relevant dimensions. It is generally felt that SERVQUAL should be adapted as required.

Trust in the context of healthcare

There has been an increased awareness, via media reporting, of harm associated with healthcare errors. With this came an increased concern amongst policy makers, hospital administrators and professionals about patient safety. Those who trust have an expectation that the trusted person will behave with goodwill towards them and with competence in the domain in which he or she is trusted (or in caring for that with which he or she is entrusted). Patient safety concerns may lead customers to stop using a particular hospital's services owing to negative word-of-mouth. Basic principles outlined in healthcare studies include:
• Trusting patients are vigilant, i.e. trust is not simply a vague hope or thinking optimistically; health service providers must keep patients alert to errors in the course of their care. Some checking by the patient is appropriate even when there is trust particularly when honest mistakes are possible, which may be easily spotted and corrected.
• Patients may continue to trust even if harmed.
• Healthcare provider's trust in their patients may positively affect healthcare experience and outcomes.

HMO customer switching behaviour

Rising healthcare consumerism is changing the traditional physician-patient relationship into a provider-consumer one. By taking a consumerist stance, patients are now more inclined to ask questions, contribute to decision making, “shop” for doctors, sample healthcare providers and switch services if they experience dissatisfaction. Service industry brand switching behaviour is influenced by price, inconvenience, core service failures, inadequate employee responses to service failures, competitive issues, ethical problems and involuntary factors.

Dissatisfaction with emergency access increases the probability of switching healthcare providers. This factor includes attributes such as emergency care procedures, getting care without appointment and a 24-hour phone consultation. Individual factors such as marital status and education also determine switching behaviour. People with higher education are more health conscious and more aware of their consumer rights – they are more inclined to challenge medical advice and ask questions.

Understanding perceptions

Apart from understanding patient satisfaction dimensions, it is beneficial for managers to understand staff perceptions regarding patient expectations and perceptions. Such an examination helps us to understand if there are gaps between the two and to take measures to close them through training, for example. One healthcare service study focused on extending the use of a tool based on SERVQUAL to measure staff perceptions of patient priorities with a view to identify those staff who best understood the patient's perspective. This can be applied to identify functional differences and thus allow opportunities for intra-organizational learning.

The study involved staff from different functional areas (nursing, management and radiology) and found that differences in staff understanding patient priorities and perceptions did indeed emerge. Apart from intra-organizational learning, such an analysis can also lead to recognizing and rewarding high levels of services with positive effects on staff morale and esteem.

Improving health service performance

Patient involvement is an inherent feature in healthcare services whereby he or she influences outcome quality through compliance, describing the right symptoms and physically undergoing treatment. Health service quality perceptions are antecedents to patient satisfaction, which in turn decide whether patients are loyal to healthcare providers. Patient loyalty results in positive behaviours such as recommending health services to friends and relatives, compliance and higher service use thus positively impacting profitability.

Healthcare services are difficult to evaluate as credence values are high. There is a debate about how healthcare should be evaluated. While some authors feel patient perceptions are valuable healthcare quality indicators, others contend that health service quality should be evaluated by experts. The SERVQUAL instrument is used in many patient satisfaction studies and has been found appropriate in healthcare settings, but needs to be modified to suit specific environments. Dimensions that determine patient satisfaction have been identified, including:
• health care output;
• access;
• caring;
• communication; and
• tangibles.

These are close to general service quality dimensions like reliability, responsiveness, empathy, assurance and tangibles.

Healthcare experiences can be understood by studying value systems comprising various actors and links. Each has the capacity to create a positive or negative patient experience. Hospital room appearance and comfort also play a significant role in determining patient perceptions, which seem also to be moderated by socio-demographic factors though some authors contend that these play contradictory, no or miniscule roles.

Physician studies show that different role expectations give rise to different patient satisfaction, perception, care take-up and other compliance behaviour.

Measuring healthcare quality can help healthcare managers to effectively set control mechanism and initiate improvement programmes. Patient satisfaction and healthcare quality are fundamental to improving health service performance and image.

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