Patient satisfaction and health care quality

High quality services have been shown to be directly linked to increased market share, profits and savings, and 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 $6,000-$400,000 in lost revenues over one patient's lifetime.

Health service's nature and value

Like quality in most services, health care quality is difficult to measure owing to inherent intangibility, heterogeneity and inseparability features. Health care is dynamic – considerable customer changes have taken place and competition is increasing. Consequently, health care quality evaluations raise problems owing to service size, complexity, specialization and expertise within health care organizations.

Generally, purchases can be categorized as having search, experiential and credence properties. Specifically, health care 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, health care 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 health care 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 health care.

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 health care 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' health care evaluations, including:

- core services;
- customization;
- professional credibility;
- competence; and
- communications.
Outcomes are defined as the change in physical health status directly attributable to the health care 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.

**Different health care options: expectations and satisfaction levels**

A previous study compared patient expectations of three different health provider options:

1. emergency rooms;
2. private physician; and
3. walk-in clinics.

Expectation and performance questions covered several attributes:

1. time spent with the physician;
2. the way diagnosis, treatment and care were explained;
3. physician and staff friendliness; and
4. amount of information provided.

The study showed that expectations were not equal for all three health service providers. For walk-in-clinic patrons, the most important influence on expectations was staff friendliness and cost. For private physician patients, they were friendliness and time spent with the customer, treatment explanations and competence. Customers said emergency rooms were the least attractive. The most important influence were physician friendliness, competence, amount of time spent with the customer and the amount of information provided.

Both private physician and emergency room patrons placed walk-in rooms as the referent for their expectations. Staff friendliness, cost and the amount of time the physician spent with them were found to be the three most important considerations/discriminators. With low expectations, emergency rooms generated higher than expected satisfaction levels. The only group where what was received was exactly as what was expected were walk-in patrons. In the case of private physicians, the performance fell short of expectations, thus generating dissatisfaction.

**Health care value chain**

Health care delivery value can be described using elements that precede service delivery. The value chain includes five groups:

1. payers – government, employer and individuals;
2. fiscal intermediaries – insurers;
3. providers – hospitals, hospital systems and alternate site facilities;
4. purchasers; and
5. producers.

Health care value chains carry a large amount of patient information, which patients may feel a perceived risk in disclosing. Each of these links and players create positive or negative patient experiences. All value chain entities are important for service success and any one can harm image. As in all services, the customer tends to blame the contact organization when there is a problem. Hospital managers can increase perceived value for
the customer by handling the bulk of behind-the-scenes detail, providing clear and appropriate patient information and showing care and concern.

Health care quality and satisfaction

Patient determined quality literature inconclusively predicts the direction of satisfaction and quality from the patient's perspective. Quality is positively correlated with satisfaction; however, the direction and strength of the predictive relationship between quality and satisfaction remains unclear. Some believe that complex health care services and the patient's lack of technical knowledge to assess them should incorporate broader health care quality measures, including financial performance, logistics, professional and technical competence. Quality is a judgmental concept and operational quality definitions are based on values, perceptions and attitudes. The implication thus is to develop quality measures based on expert judgement, specifically insightful customers and respected practitioners. Consequently, health care quality can be categorized in three ways:

1. **Technical aspects** – how well clinicians diagnose and treat problems.
2. **Interpersonal component** – provider responsiveness, friendliness and attentiveness.
3. **Amenities** – health care facility appeal and comfort.

Individual health care quality measures include:

- **Structure** – the medical delivery system's fixed characteristics such as staff number, types, qualifications and facilities.
- **Process** – what is done to and for the patient (such as treatment).
- **Outcomes** – changes in the patients' current and future health attributed to antecedent medical care.

Measuring health care quality

Some believe health care quality should be studied from the patient's perspective. Patients provide valid and unique information about the quality of care. Others believe that patient satisfaction rather than health status is the primary health care 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 health care.

Accreditation-based approaches

The Health Plan Employer Data and Information Set (HEDIS) coordinated by the National Committee for Quality Assurance in the US involves self-reporting surveys. It attempts to standardize managed care delivery, quality and cost-effectiveness evaluation. The Medical Treatment Effectiveness Programme (MEDEP) concentrates on medical effectiveness research. It focuses on identifying procedures and treatments that improve care quality, clinical outcomes and patients' quality of life. It involves four components:

1. data collection and development;
2. patient outcomes and clinical effectiveness research;
3. developing and disseminating guidelines; and
4. assimilating research findings guidelines.

However, accreditation limitations include:

- the absence of standards weighting criteria;
- fixation on goals that repress investigation into related areas or side-effects;
- review teams' managerial bias; and
- processes that obstruct input from the institution's most severe critics.
The 1992 American Medical Association's review process also uses various approaches but is limited by differences in peer review assessments.

**Improving health service performance**

Patient involvement is an inherent feature in health care 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 health care 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.

Health care services are difficult to evaluate as credence values are high. There is a debate about how health care should be evaluated. While some feel patient perceptions are valuable health care 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 health care 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.

Health care experiences can be understood by studying value systems comprising various actors and links, and each has the capacity to create a positive or negative patient experience. Developing a conceptual model to understand and measure patient satisfaction and care quality in health care services is recommended. Measuring health care quality can help health care managers to effectively set control mechanisms and initiate improvement programmes.

Patient satisfaction and health care quality are fundamental to improving health service performance and image.

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