



# Service Quality Perceptions and Patient Satisfaction: A Systematic Review

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## ABSTRACT

*Patients' perceptions about health services seem to have been largely ignored by health care providers in developing countries. That such perceptions, especially about service quality, might shape confidence and subsequent behaviors with regard to choice and usage of the available health care facilities is reflected in the fact that many patients avoid the system or avail it only as a measure of last resort. Those who can afford it seek help in other countries, while preventive care or early detection simply falls by the wayside. Patients' voice must begin to play a greater role in the design of health care service delivery processes in the developing countries.*

**Keywords:** service, satisfaction, patient, quality, perception, hospital, countries, developing, detection

## 1. INTRODUCTION

The fact that quality perceptions have a strong influence on one's inclination to avail health services is beyond dispute<sup>1</sup>. Thus, expanding access or holding the line on costs is not enough if one's confidence in the quality of health care services is low. Perceptions of poor quality of health care may, in fact, dissuade patients from using the available services because health concerns are among the most salient of human concerns. If the system cannot be trusted to guarantee a threshold level of quality, it will remain underutilized, be bypassed, used only for minor ailments, or used as a measure of last resort.<sup>1</sup>

In the Western world, there is evidence that the public is inclined to pay more for care from quality institutions that are better disposed to satisfy customer needs<sup>2</sup>, also

suggests that health care providers are increasingly using higher levels of service quality to satisfy patients. In fact, as a management tool, satisfaction surveys have been used widely to address the problems of access and performance<sup>62</sup>. They have also been instrumental in helping government agencies identify target groups, clarify objectives, define measures of performance, and develop performance information systems<sup>3</sup> In addition, the emerging health care literature suggests that patient satisfaction is a dominant concern that is intertwined<sup>61</sup> with strategic decisions in the health services<sup>4</sup>, thus, suggests that patient satisfaction should be as indispensable to assessments of quality as to the design and management of health care systems. We strongly believe that patient satisfaction should also find its way into the design of services in developing countries.<sup>60</sup>

The present researcher has referred the work of <sup>5</sup> BMC Health Services Research 2013 where the dimensions of service on the area of health organization have been divided into three categories: Response- Hospital's capabilities of delivery of correct service<sup>59</sup> to the patients in the service encounter. Reliability- Hospital's capabilities of providing services that correctly delivery the service requested by patients in the service encounter.<sup>58</sup> Assurance- Hospital's capabilities of providing services that really earn patients' <sup>57</sup>confidence in the service encounter. Furthermore, <sup>6</sup> explained that service quality is based on five dimensions: tangible, reliability, responsiveness, assurance, and empathy: Empathy- Caring and individualizing the attention to the specific customers.<sup>56</sup> Tangibles- Appearance of physical facilities, personnel, equipment and communication materials. Hospital's perceived service quality is a degree of discrepancy between patients' perceptions and their expectations about hospitals services. The quality of services which is provided by healthcare providers emphasizes the actual hospital service process. In the hospital, patients'<sup>55</sup> satisfaction and hence loyalty could be widely used to determine hospital service quality. The study adopted a regression and path analysis utilizing SmartPLS V3.2.8; a second-generation multivariate data analysis method (PLS-SEM) approach to analyze the influence of perceived quality of services of hospitals on patient's satisfaction and loyalty based on the SERVQUAL dimensions. <sup>7</sup>

Patient's satisfaction in healthcare has been one of the key factors in measuring level of healthcare institution performance worldwide. <sup>54</sup>The choice of a healthcare institution by patients has in most cases depended on the affordability and the quality of healthcare service given. The dissatisfaction comes in when probably a healthcare provider, facility or administration plays a negative role towards meeting the expectation of patients. A study by the WHO shows that modern health care practice<sup>53</sup> can only function when healthcare providers and patients behave as partners. This research, therefore encouraged us to explore this relationship and determine the satisfaction <sup>8</sup>

## 2. DISCUSSION

Improved patient care has become a priority for all health care service providers with the optimum objective

of achieving a high degree of patient satisfaction<sup>52</sup> therefore Patient satisfaction is the state of pleasure or happiness that the patients experience while using a health service,<sup>2</sup> Patient Satisfaction is the perception of patient towards health care services , this concept of patient's satisfaction according to<sup>3</sup> has moved from a more theoretical essence to a more technical and operational approach, similarly understood as the degree of convergence between the expectations patients<sup>51</sup> have about the ideal care and their perception of the care itself ,corresponds to the gap between the expected and perceived characteristics and the expression of patient's judgment on the quality<sup>50</sup> of care received in all aspects, they also consider that patient satisfaction as an indicator of the quality of care<sup>9</sup> and Patient's satisfaction is the voice of patient that counts since it reflects the response to experienced interactions with the care givers. The quality of health care services reflected by the relationship of the health care provider and patient,<sup>10</sup> Patient's perception about health care services is generally ignored due to overburdened health facilities, poor management<sup>49</sup>, dissatisfied health care providers, and quick delivery of care, although it is a crucial tool for improving the quality of health care services.<sup>4</sup> Better understanding of factors relevant to patient satisfaction would help the administrators to take appropriate decisions as well as in framing the services,<sup>11</sup> therefore is the major influence on practitioner and patient satisfaction and thereby contributes to practice maintenance and prevention of practitioner burnout and turnover, and is the major determinant of compliance<sup>12</sup>

Waiting time is a well-established predictor of patients<sup>48</sup> satisfaction and health care quality and so is technical competence of provider, accessibility, convenience and availability of services especially prescribed drugs<sup>47</sup>. The doctor-patient relationship has been and remains a keystone of care: the medium in which data are gathered, diagnoses and plans are made, compliance is accomplished, healing, patient activation, and support are provided.<sup>47</sup> Satisfaction with the doctor-patient relationship is a critical factor in people's decisions to join and stay with a specific health facility or health provider, patient who does not trust or like the practitioner will not disclose complete information efficiently.<sup>13</sup> A patient who is anxious<sup>46</sup> will not comprehend information clearly. The relationship

therefore directly determines the quality and completeness of information elicited and understood, in a study done.<sup>14</sup> Perhaps patient satisfaction could be considered in the future as a right to health indicator making its contribution in monitoring the progress Countries have achieved in regard to implementing the right to health for the populations they are in charge of<sup>15</sup>. Indeed, patient satisfaction studies<sup>45</sup> do yield valuable information on accessibility / inaccessibility to quality health care as well as on true/fake patient participation, adequate / inadequate circulation of information and appropriate / inappropriate allocation of resources,<sup>44</sup> ultimately being of interest to health policy decision makers. The findings of this study would help as a baseline data for improving the quality of services and making them more patients centered and identifies the service quality factors that are important to patients, also advocating for justice towards<sup>16</sup> Patient's voice that must begin to play a greater role in the design of health care service delivery processes in by studying their relations to patient satisfaction and quality of health care<sup>17</sup>

### 3. RESULTS

Patient satisfaction is a measure of the extent to which a patient is content with the health care which they received from their health care provider.<sup>18</sup>

In evaluations of health care quality, patient satisfaction is a performance indicator measured in a self-report study and a specific type<sup>43</sup> of customer satisfaction metric. Because patients may be dissatisfied with health care which improves their health or satisfied with health care which does not, there are circumstances in which patient satisfaction is not a valid indicator of health care quality even though it is often used as such.<sup>19</sup>

Many studies in acute medicine have failed to identify a relationship between patient satisfaction and health care quality.<sup>[1][2]</sup> However, in long term conditions such as rheumatoid arthritis and other chronic inflammatory arthritides patient satisfaction with care has been measured reliably<sup>[3][4][5]</sup> and shown to be an outcome of care<sup>20</sup>

Patients' satisfaction with an encounter with health care service is mainly dependent on the duration and efficiency of care, and how empathetic<sup>42</sup>

and communicative the health care providers are.<sup>[14]</sup> It is favored by a good doctor-patient relationship.<sup>22</sup> Also, patients who are well-informed of the necessary procedures in a clinical encounter, and the time it is expected to take, are generally more satisfied<sup>41</sup> even if there is a longer waiting time.<sup>[14]</sup> Another critical factor influencing patient satisfaction is the job satisfaction experienced by the care-provider. In the United States, hospitals whose surgery patients reported being highly satisfied also performed higher quality surgical procedures.<sup>21</sup> The implication of this is that there does not need to be trade-off between high patient satisfaction and quality patient care.<sup>[15]</sup>

The Consumer Assessment of Healthcare Providers and Systems or CAHPS<sup>40</sup> survey is an ongoing research project to guide the development of consumer surveys being used assess the quality of care provided by health plans,<sup>23</sup> physician groups, and clinicians. It is an example of a major research effort which studies the significance of consumer responses to surveys<sup>39</sup>. By 1998 the process of measuring and reporting of patient satisfaction had become an established industry.<sup>[16]</sup>

A concern about asking patients about the quality of their care is that patients tend to be more satisfied by attractive healthcare than by effective healthcare<sup>38</sup>, and satisfaction reports may not give good information about the ability of a hospital, doctor, or treatment to improve their health.<sup>[17][18]</sup> Higher patient satisfaction have been associated with less emergency department use but with greater inpatient use, higher overall health care and prescription drug expenditures, and increased mortality.<sup>[19]</sup> Despite these concerns, more and more research has established customer satisfaction as a valid and reliable measure of customer behaviors and organizational performance. reduced complaint behavior about their primary care physician, and lower likelihood of terminating a relationship<sup>24</sup>

Among healthcare consumers—i.e., patients—satisfaction is best understood as a multi-attribute model with different aspects of care determining overall satisfaction<sup>25</sup>. Importantly, lower performance on an attribute creates much more dissatisfaction than the satisfaction generated by higher performance on an attribute; in other words, negative performance is more consequential than positive



performance.<sup>[20]</sup> Thus, ensuring overall patient satisfaction, it is more important to reduce negative performance on the patient-care dimension with the worst perceived performance than to maximize positive performance on another dimension. A fruitful solution can be measuring patient dissatisfaction instead of satisfaction.<sup>[21]</sup>

#### 4. CONCLUSIONS

Health care quality is a level of value provided by any health care resource, as determined by some measurement. As with quality in other fields<sup>37</sup>, it is an assessment of whether something is good enough and whether it is suitable for its purpose.<sup>26</sup> The goal of health care is to provide medical resources of high quality to all who need them; that is, to ensure good quality of life, cure illnesses when possible<sup>36</sup>, to extend life expectancy, and so on. Researchers use a variety of quality measures to attempt to determine health care quality, including counts of a therapy's reduction or lessening of diseases identified by medical diagnosis<sup>27</sup>, a decrease in the number of risk factors which people have following preventive care, or a survey of health indicators in a population who are accessing certain kinds of care.<sup>28</sup> Health care quality is the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes.<sup>[1]</sup> Quality of care plays an important role in describing the iron triangle of health care relationships between quality, cost, and accessibility of health care within a community.<sup>[2]</sup> Researchers measure health care quality to identify problems caused by overuse, underuse, or misuse of health resources.<sup>[3]</sup> In 1999, the Institute of Medicine released six domains to measure and describe quality of care in health:<sup>[4]</sup>

1. safe – avoiding injuries to patients from care that is intended to help them
2. effective – avoiding overuse and misuse of care<sup>29</sup>
3. patient-Centered – providing care that is unique to a patient's needs
4. timely – reducing wait times and harmful delays for patients and providers<sup>35</sup>
5. efficient – avoiding waste of equipment, supplies, ideas and energy
6. equitable – providing care that does not vary across intrinsic personal characteristics<sup>30</sup>

While essential for determining the effect of health services research interventions, measuring quality of care poses some challenges due to the limited number of outcomes that are measurable.<sup>[5]</sup> Structural measures describe the providers' ability to provide high quality care, process measures describe the actions<sup>31</sup> taken to maintain or improve community health, and outcome measures describe the impact of a health care intervention.<sup>[5]</sup> Furthermore, due to strict regulations placed on health services research, data sources are not always complete.<sup>[6]</sup>

Assessment of health care quality<sup>34</sup> may occur on two different levels: that of the individual patient and that of populations. At the level of the individual patient, or micro-level, assessment focuses on services at the point of delivery and its subsequent effects.<sup>32</sup> At the population level, or macro-level, assessments of health care quality include indicators such as life expectancy, infant mortality rates, incidence, and prevalence of certain health conditions.<sup>[7]</sup>

Quality assessments measure these indicators against an established standard.<sup>33</sup> The measures can be difficult to define in health care.<sup>[8]</sup>

#### Conflict of interest statement

Authors declare that they do not have any conflict of interest.

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