

Patient Satisfaction and Its Correlation with Healthcare Quality Standards.

Umesh Deshwal¹, Shiv Shankar Tiwari², Gopal³

¹Master's Student, Hospital Administration, Uttarakhand College of Health Sciences, Uttarakhand University, Dehradun, India

^{2,3}Associate Professor, Uttarakhand College of Health Sciences, Uttarakhand University, Dehradun, India

ABSTRACT

As health care systems are continuously transforming and evolving, it is essential to understand how to measure outcomes while considering the satisfaction of the service user, the patient. Patient satisfaction is when the medical services meet expectation from the time treatment started. But patient satisfaction with his/her health care is equally important, which means to the quality of the health facility, so in turn intervention to improve the service in the hospital. Researched attempt to gain the answer expected. It is not advisable for researchers to assume that a service's effectiveness and efficiency are directly correlated with how satisfied customers are likely to be after utilizing it. Since perception is unique to each individual, satisfaction merely reflects the relative importance of each person's evaluation and expectations of health service attributes. A survey research design with questionnaire will be used in the study of Patient Satisfaction and Its Relationship to Healthcare Quality Standards. This design allows for systematic recording from few patient populations and in-depth understanding of Patient Satisfaction and how they are used, viewed and perceived by the patient. The study will be divided into several sections which includes areas on the research topic from general to specific using both open-ended and closed-ended questions to give patient's a space to respond which in turn will give variety of responses. **13.7%** individuals frequently visiting to healthcare facilities and taking benefits of healthcare facilities. **37.3%** individuals occasionally visits to receive healthcare facilities. Among them **32.9%** individuals rarely make utilization of healthcare facilities and **9.8%** have never visited to take or receive the benefits of the healthcare facilities. about 40 individuals have taken general medical consultations, 5 have taken emergency services, 5 have taken surgeries or medical procedures, 6 have taken specialist care, 6 have taken rehabilitation services and around 5 have taken other services, **72.5%** were knowing, on the other hand, **9.8%** were not aware of the facility's like accreditation status.

1. INTRODUCTION

Importance Of Healthcare For Patient Satisfaction

As health care systems are continuously transforming and evolving, it is essential to understand how to measure outcomes while considering the satisfaction of the service user, the patient. Patient satisfaction is defined as "if the medical services met the patients' expectations with the way of treatment". Also, very important for patient satisfaction with the quality of his or her health service too in other words the quality of the health facility which leads to a proposed solution of quality hospital. Health facility managerial quality of service that can be harnessed to meet the demands of customers/patients is also one of the determinants of health facility's sustainability and development. A service response by the patient to

different segments of their care enables a definition of patient satisfaction. In daily care in the hospital and in quality of care the patient satisfaction can speak a lot. Patient satisfaction is generally considered a type of care quality, which includes internal hospital care. After years of being ignored and forgotten, happiness emerges as an area of study. Satisfaction with care is a vital measure in health care quality monitoring. And also, the patient's attitude towards care providers and the providers previous contact with the patient. Improving living with HIV/AIDS is part of quality care for long term impact; patient satisfaction is a strong predictor of patient adherence to advice and use of health facilities and is a key factor in overall coverage and effectiveness of care. Interprofessional collaboration has been shown to be a key factor in patient satisfaction with care.

Understanding the problem

What defines consumer satisfaction? How can consumers assess and measure their contentment with a service? What's the best approach to conduct area research that gauges satisfaction levels particularly for healthcare services? Any serious investigation project must address these questions to get the expected answers. The challenge lies in how researchers will uncover answers to the first two questions when the respondents themselves are unsure. Researchers have the responsibility to create and implement research methods that allow for genuine responses to these "tough" questions. Under no circumstances should the researcher assume that the quality and productivity of these services relate to how happy customers will be after they've used the service.

Customers may be content with services that are successfully and efficiently provided, but they may also be satisfied with services that are deemed to be inadequately delivered by other standards. So ultimately it boils down to the reality that indicators measuring service delivery effectiveness and efficiency cannot be mismatched to indicators of consumer satisfaction (Koch & Rumrill, 2008). Furthermore, the research questions should be such that they do not predispose respondents to give answers that they perceive to be socially desirable. Rather, the questions should be sequenced in a way which leads respondents to give their true opinion (Capella & Turner, 2004).

Patient satisfaction and its dimensions

A basic expectation of the health service is cure (Conway and Willcocks, 1997). According to Linder-Pelz (1982), patient satisfaction is specifically defined as an assessment of many healthcare dimensions. Patient satisfaction data should be essential to quality evaluations for planning and managing healthcare since it may be regarded as one of the intended results of care (Turner and Pol, 1995). Increased service utilisation and market share are the results of improved hospital image brought about by patient satisfaction (Andaleeb, 1988). A healthcare provider's long-term success gets a boost from happy clients. These satisfied customers tend to act in ways that help the provider thrive.

Consumers typically show their intents in positive ways, such as by paying more, increasing their buy volumes, or complimenting and favoring the business over competitors (Zeithaml and Bitner, 2000, pp. 176-181). Factors related to responsiveness, empathy, dependability, and care are predictive of patient satisfaction (Tucker and Adams, 2001). The following factors were found to have an impact on patient assessments by Ware et al. (1978): physician conduct, service availability, continuity, confidence, efficiency, and results. To record patients' healthcare assessments, more dimensions have been included (Fowdar, 2005). The other may include :-

- a) Core services
- b) Customization
- c) Professional credibility

- d) Competence
- e) Communications

Healthcare needs to support organizations in the health sector to achieve lasting success. While satisfaction plays a key role in quality, it doesn't have a straight-line connection with quality. First, the results from satisfaction studies can be equivocal, and may not always be at arm's length. Given patients assess physicians' performance, most equipped with the necessary knowledge, many results can be value based rather than on the health professional's technical ability. Secondly, providers can also be caught between patient satisfaction or preferred outcomes. Since perception is unique to each individual, satisfaction merely reflects the relative importance of each person's evaluation and expectations of health service attributes.

In both industrialized and developing nations, patient dissatisfaction with nursing services is a common problem. Low rates were found in surveys with thousands of patients undertaken in the US and Europe. between 11% in Ireland and 47% in Greece for quality-of-care services (Wardah et al., 2020). According to a study by Atallah in Saudi Arabia, the categories with the lowest patient satisfaction were availability (20% unhappiness), discharge information (56% dissatisfaction), and language (56% dissatisfaction) (Atallah et al., 2013).

Healthcare quality and satisfaction

Recent literature suggests highly that patients do not clearly report their satisfaction and the quality of care from their perspective (Tucker and Adams, 2001). Although satisfaction is related to quality, the exact nature and amount of predictive relationship between these two factors is unknown. Some research has observed that pediatric quality standards concerned not only satisfy patient, as healthcare services are complicated and also patients then do not have the technical knowledge to give evaluation of quality. In such a scenario, quality must therefore derive from wider healthcare service-related factors, that is, from finance, logistics and accessibility of professional and technical skills (Eiriz, et al, 2005). Quality is regarded as a subjective concept (Turner and Pol, 1995), and functional definitions of quality are usually dependent on values, perceptions, and attitudes (Taylor and Cronin, 1994) This understanding causes a requirement of having to set the quality of metrics that can be viewed as an expert opinion from consumers and truly pros likewise (Turner/Pol, 1995).

Measuring healthcare quality

Some feel that quality of services in health care should be investigated starting from patients' perspectives. Patients will have different and valid insights to add to the quality of care (Ware and Stewart, 1992, p. 3, 291, 373). Another view is that patient satisfaction is the only real measure, not health status. This type of research is really only focused on not only their attitude regarding, their evaluation and confirmation/disconfirmation of service expectations (Taylor and Cronin, 1994)

2. RESEARCH METHODOLOGY

Study Description :

The research design for this study aims to explore the on patient engagement and experience on Patient Satisfaction and Its Correlation with Healthcare Quality Standards. Specifically, the study will use a questionnaire to collect both quantitative and qualitative data regarding how patients interact with these platforms, and their satisfaction with Healthcare Quality Standards impact on their health outcomes.

Study Design: Survey Based Research Design by questionnaire Method

A survey-based research design using the questionnaire method will be employed to explore the Patient

Satisfaction and Its Correlation with Healthcare Quality Standards . This research design will allow for the systematic collection of data from a diverse patient population, enabling an in-depth understanding of how Patient Satisfaction are utilized, perceived, and experienced by patients. The questionnaire will be structured to gather both quantitative and qualitative data, capturing a range of patient experiences, engagement levels, and satisfaction. also, a systematic review of the three principal databases, PubMed, Scopus, and Web of Science was initiated to compile existing evidence and theoretical approaches related to the topic. Searches were limited to articles from 2016 to 2024, so recent developments, advancements, and best practices could be captured (Creswell & Plano Clark, 2018). Inclusion criteria were limited to peer-reviewed articles and case studies that examined the effect of process improvement initiatives (workflow improvements, reduced wait times, digital engagement tools, and care coordination, etc.) on patient-centered outcomes in a medical clinic or hospital context. The primary data collection included structured Questionnaire with Individuals to understand current practice, internal challenges, and readiness for patient-centered reform. In addition, patient satisfaction surveys were administered to inpatients and outpatients in various departments to provide the patients' perspective regarding communication, waiting times, staff responsiveness, and quality of service.

Study Area: The study conducted across multiple states in India, selected to represent a diverse range of geographic, socioeconomic and demographic backgrounds. Multiple states chosen to capture variations in factors that influence explore the Patient Satisfaction and Its Correlation with Healthcare Quality Standards and cultural differences.

Data Source: Data collected through questionnaire sent on mobile phones among individuals aged 18-55+ living across different states of India.

Data Collection: Data was collected using Survey Based Research Design by questionnaire .

Data Analysis: Microsoft Excel used to enter the data. The reported prevalence numbers were dividing into age groups. The data displays the rate Patient Satisfaction and Its Correlation with Healthcare Quality Standards.

3. RESULT

This study results categorized into the following sections:

Part A: Preparation of Questionnaire.

Part B: Healthcare Usage and type of healthcare services.

Part C: Patient Satisfaction with healthcare Services.

Part D: Healthcare quality standards.

Part E : Correlation Between Satisfaction and Healthcare Quality.

PART A

Preparation Of Questionnaire:

That was the main aim when developing the questionnaire for the study, in gathering data that related to the research questions. The questionnaire, although there are two overall types of data collection, enabled the researcher to get both qualitative and quantitative data in which had facilitated the in - depth understanding of the researched topic. The questionnaire was structured into several sections in order to capture the various aspects of the research question, ending with a logical sequence of data in broad to specific questions. The items of questions consisted of the mix of open and closed questions so that responses of wider range of data could be collected. Closed questions within the questionnaire helped ensure a level of standardization of the response for the research, whilst open questions permitted

respondents more detailed responses of their opinions. The questioner was drawn up following a literature review for similar work that was carried out on the basis of the literature that have been standardized instruments where it was possible; appropriately modified for traditional research setting; and probably modified based on the review of open-ended questionnaires of more than 50 participants. Every single question is written clearly or none, and no bias and no response fatigue. So, the single question wordings are very unlikely to retrieve falsified data.

PART B

Healthcare Usage:

This part of the study involved about healthcare usage. Data was collected through questionnaire sent on mobile phones among individuals to know their visit or utilizing healthcare facilities. Total responses received were 53, among them **13.7%** individuals frequently visit to healthcare facilities.

Table 1: The data outlines demographic details.

DEMOGRAPHIC DETAILS:	
AGE GROUP	PERCENTAGE
18-24	84.6%
25-34	11.5%
35-44	-
45-54	-
55+	3.8%

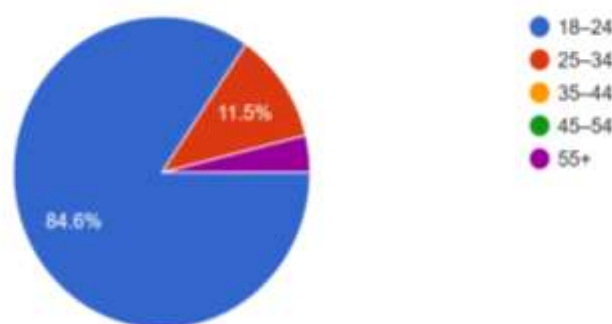


Figure: Pie chart presenting age group (18-55+).

After receiving responses there were about **13.7%** individuals frequently visiting to healthcare facilities and taking benefits of healthcare facilities. **37.3%** individuals occasionally visits to receive healthcare facilities. Among them **32.9%** individuals rarely make utilization of healthcare facilities and **9.8%** have never visited to take or receive the benefits of the healthcare facilities.

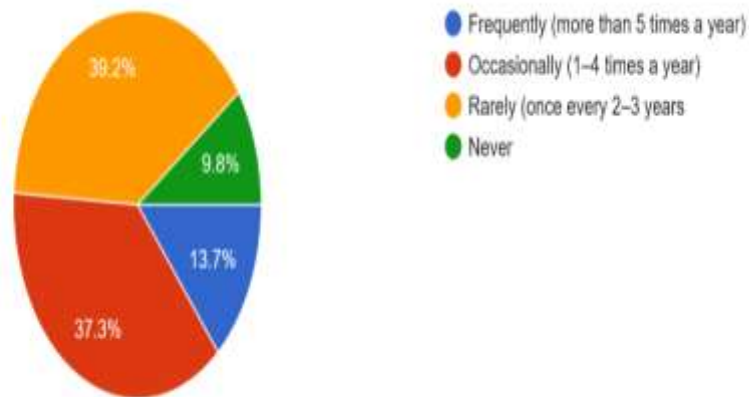


Figure: This pie chart represents about 13.7% frequently visit to healthcare facilities, 37.3% occasionally visit, 39.2% rarely visit and 9.8% have never visited to receive benefits of any healthcare facility.

Type of Healthcare services:

With this we got to know what type of healthcare services have been used by the individuals in the past 12 months.

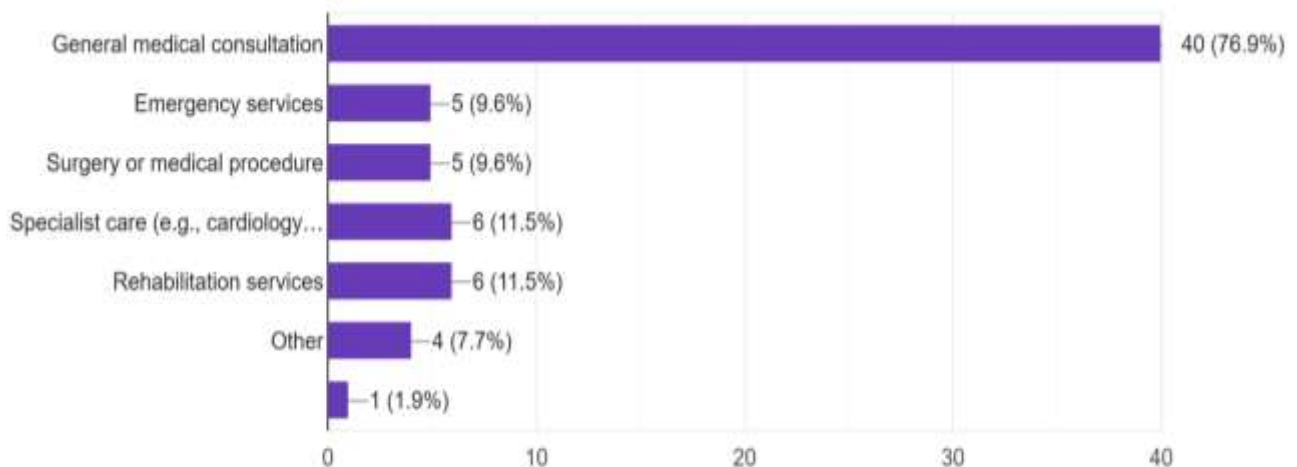


Figure: This chart shows about 40 individuals who have taken general medical consultations, 5 have taken emergency services, 5 have taken surgeries or medical procedures, 6 have taken specialist care, 6 have taken rehabilitation services and around 5 have taken other services.

PART C

Patient Satisfaction With Healthcare Services:

This part involve about the satisfaction levels of the individual receiving healthcare services. About **36.5%** individuals are highly satisfied with the quality of healthcare services and only **3.8 %** are dissatisfied with quality of healthcare services.

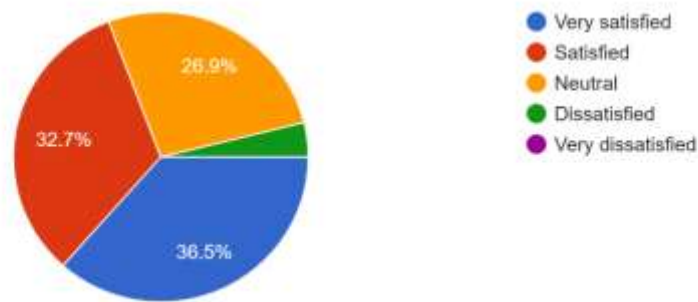


Figure: This pie chart shows 36.5% individuals were highly satisfied with healthcare services, 32.7% are satisfied, 26.9% were neutral and around 3.8% were dissatisfied with the quality of healthcare services.

With this it is important to know how satisfied individuals are to communicate with the healthcare providers. Around 48.1% were able to communicate with the healthcare providers very efficiently. On the other hand, 7.7% were not able to communicate that efficiently.

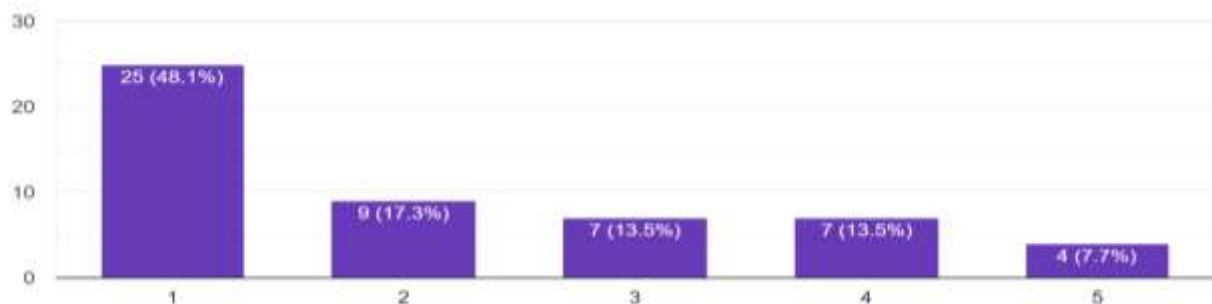


Figure: This chart shows around 48.1% were able to communicate efficiently to their healthcare provider. With this knowing about to what extent the healthcare staff respect one's privacy and confidentiality. Around 51.9% healthcare providers highly respected our privacy and confidentiality and 9.6% were not.

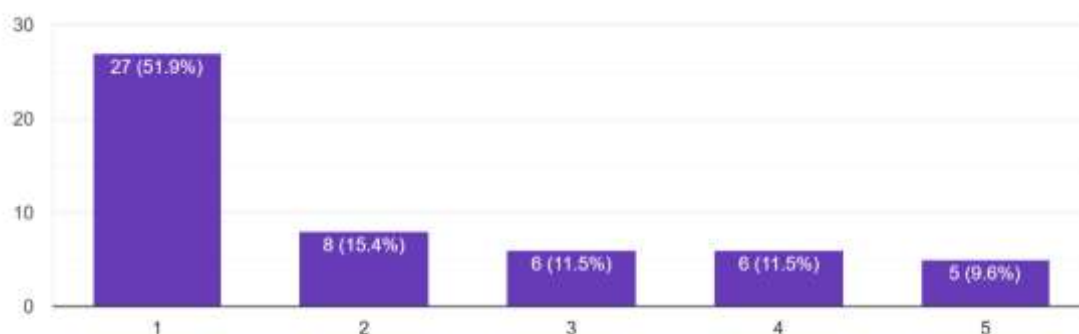


Figure: This bar graph represents about to what extent healthcare staffs respect individuals privacy and confidentiality. Only 51.9% were there who highly respect individuals privacy and confidentiality. On the other hand, 9.6% were not.

PART D

Healthcare Quality Standards:

Consumers are satisfied if they are getting quality either its products or services. Same they demands from the services provided by the healthcare facilities. Well after receiving responses there were only **55.8%** individuals who were familiar with the healthcare quality standards. On the other hand, **7.7%** were not familiar with the healthcare quality standards.

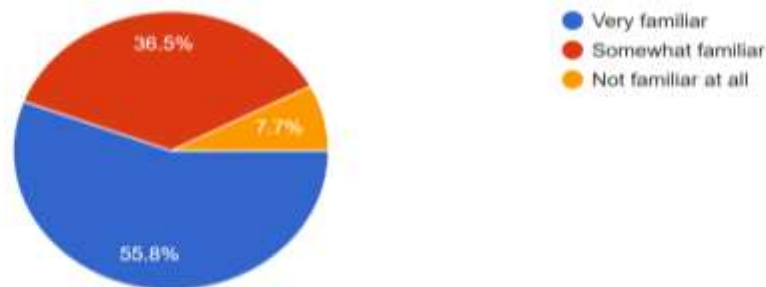


Figure: This pie chart shows 55.8% are very much familiar with the healthcare quality standards, 36.5% are somewhat familiar and 7.7% are not at all familiar with the healthcare quality standards.

With this we checked individuals have believe on the healthcare quality standards or not. Around **74.5%** have believe but **9.8%** not believe on the healthcare quality standards.

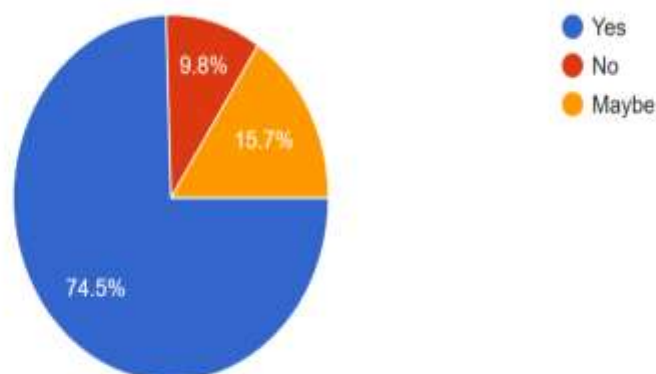


Figure: This pie chart shows 74.5% have believe on the healthcare quality standards, 9.8% have not believe on the healthcare quality standards. 15.7% have responded maybe.

Knowing the impact of healthcare quality on the patient satisfaction is important, which includes timeliness of services, cleanliness and comfort of the facility, Professionalism of healthcare providers, clear communication and availability of services and resources to patient.

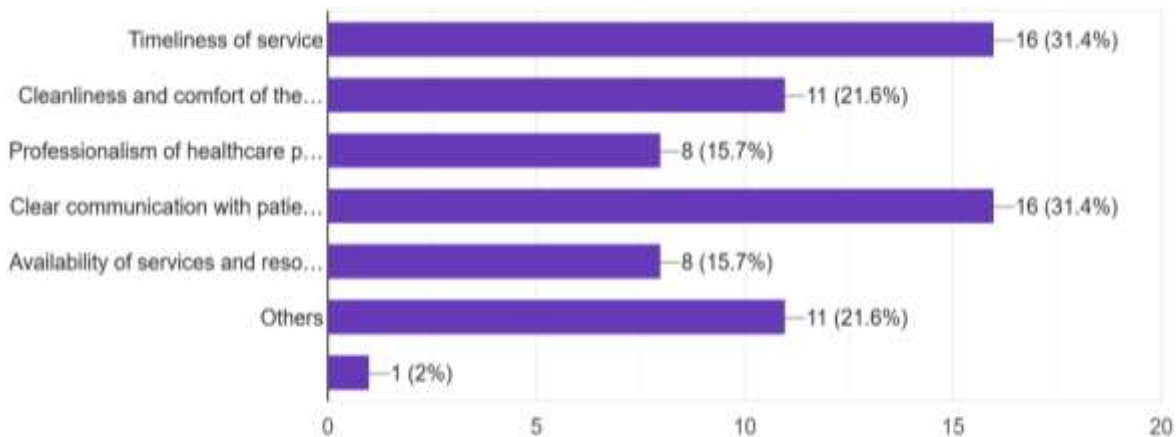


Figure: This chart shows impact of the healthcare quality on the patient satisfaction.

PART E

Correlation Between Satisfaction And Healthcare Quality:

This part deals with the healthcare facility's adherence to quality standards and impacts of overall experience as a patient.

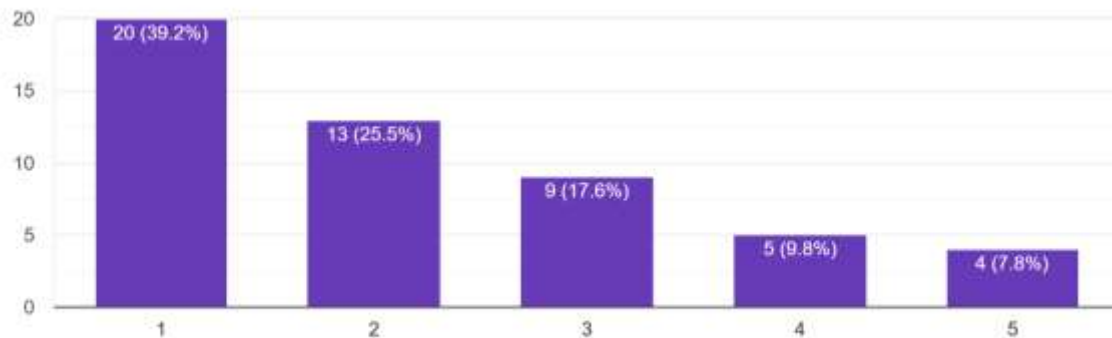


Figure: This chart represents the healthcare facility's adherence to quality standards and impacts of overall experience as a patient.



Figure: This chart shows how much patient is knowing that satisfaction with healthcare services is affected by the facility's accreditation or certification status. 72.5% were knowing, on the other hand, 9.8% were not aware of the facility's like accreditation status.

4. CONCLUSION

Patient involvement in the healthcare is a key concept in which patient brings in additional value for the outcome quality and result by adhering patients to appointed treatment, giving honest description of symptoms and their ownership on their care. Perception of quality in health care is prior to satisfaction, whereas satisfaction acts as the criterion for creating patient loyalty to health care services. Patient loyalty leads to behavioral intentions such as to refer a service to third party, to comply with the procedure, and continued use that enhances the profitability to the organization. Factors related to patient satisfaction with the quality received play a significant role in the quality of the patient, this being an organizational quality standard, it is equivalent to hospitals being able to see where they are and how they can improve hospital quality. In health care, "Managerial quality" means non-clinical dimension of health services management implying patient satisfaction and most important for the survival and growth of the organization. After being neglected for years, happiness is being looked at. Convenience can be measured, and patient satisfaction is one of the performance indicators of quality of care monitoring. Regarding quality of care, quality of care a patient gets can be complicated by patient-carer relationship (possibly the quality a carer sees) and carer previous and present experience with the patient. Enhancing health services' information management systems stresses a process model, which pinpoints and eliminates reasons for dissatisfaction, improves existing deficiencies and helps out in planning for a superior quality service to University of Illinois, enhancing the level for patient satisfaction.

References

1. Alhussin, E. M., Mohamed, S. A., Hassan, A. A., Al-Qudimat, A. R., Doaib, A. M., & Alhawsawy, E. D. (2024). Patients' satisfaction with the quality of nursing care: A cross-section study. *International Journal of Africa Nursing Sciences*, 20, 100690.
2. Babatola, O. H., Popoola, R. O., Olatubi, M. I., & Adewoyin, F. R. (2022). Patients' satisfaction with health care services in selected secondary health care facilities in Ondo State, Nigeria. *Journal of Family Medicine and Disease Prevention*, 8(1), 1-9.
3. Farzianpour, F., Byravan, R., & Amirian, S. (2015). Evaluation of patient satisfaction and factors affecting it: a review of the literature. *Health*, 7(11), 1460-1465
4. Ferreira, D. C., Vieira, I., Pedro, M. I., Caldas, P., & Varela, M. (2023). Patient Satisfaction with Healthcare Services and the Techniques Used for its Assessment: A Systematic Literature Review and a Bibliometric Analysis. *Healthcare (Basel, Switzerland)*, 11(5), 639. <https://doi.org/10.3390/healthcare11050639>
5. Lee, D. S., Tu, J. V., Chong, A., & Alter, D. A. (2008). Patient satisfaction and its relationship with quality and outcomes of care after acute myocardial infarction. *Circulation*, 118(19), 1938-1945.
6. Naidu, A. (2009). Factors affecting patient satisfaction and healthcare quality. *International journal of health care quality assurance*, 22(4), 366-381.
7. Ofili, O. U. (2014). Patient satisfaction in healthcare delivery--a review of current approaches and methods. *European Scientific Journal*, 10(25).
8. Sharkiya, S. H. (2023). Quality communication can improve patient-centred health outcomes among older patients: a rapid review. *BMC Health Services Research*, 23(1), 886.