

Patient Satisfaction from Hospital Service Delivery - Review of approaches and methodologies

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ABSTRACT

Patient satisfaction is the outcome of every healthcare facility on which the further business of the services depends therefore every service facility put there complete endeavor towards one objective which is patient satisfaction. The aim of patient satisfaction is not one time but is continuous efforts given by the every employee of the institute and for that they need to remain known to the true level of satisfaction. There is various research methodology to measure the status of satisfaction effectively and choosing the appropriate tool depends on the organization.

The present paper is attempting to search in depth and getting out the explanation about satisfaction in patient's perspective and methodology which can be adopted by hospitals so as to know which factors are responsible for patient satisfaction.

Keywords: Healthcare, Hospital, Patients, Satisfaction.

INTRODUCTION

Hospitals are under increasing pressure to improve on the quality of patient care through pointing focus of their service delivery so as to meet patient's demands (Drain, 2001). It could be as a result of self-desire and a key strategy to improve on its processes (Gill & White, 2009). In fact there are several reasons why hospitals a medical care organization may conduct consumer satisfaction research (Lin & Kelly, 1995). This can either be motivated by a quest to improve on the processes thereby reducing cost or a quest to improve customer satisfaction and thereby retaining old customers while attracting new ones (Nelson et al. 1992; Powers & Bendall-Lyon, 2003). The need to carry out the research could also be as a result of pressure from regulators, third-party payers and consumers demand for improved services

(Friesner, Neufelder, Raisor & Bozman, 2008). So in essence consumer satisfaction research projects aim to basically measure consumers' perception on the quality and value of services they receive (Nelson & Steele, 2006). For example the research questions should not merely aim to ask respondents questions on areas of dissatisfaction (Capella & Turner, 2004). Understanding factors that inhibit or promote consumer satisfaction will aid management not only to identify its strengths and limitations but also on how to adequately channel its efforts in improving service delivery. An improved and customer centric service delivery will end up bringing the desired customer satisfaction.

The importance of research study on patient satisfaction is that the results thus received are utilized to improve services by means of changing the way it is offered, or

modifying the contents to merge them with suitability of patients and their family's desires. The results can also be used to evaluate the performance of service quality and delivery by outsource agencies.

Understanding the patient satisfaction

What is patient satisfaction how patient measure satisfaction level which he / she receives from the services provided by the hospital. Also which is the suitable methodology to measure satisfaction level. Hospitals are very complex organization and its dynamism is beyond the understanding of common person who visit the hospital as patient therefore the researcher should be wise enough to structure in such a manner that it probe answers. Patient's response is also unpredictable to major extent and researcher should be surprise to see that patient is not satisfied with effective and efficient services and is satisfied with services which are not efficiently delivered. It is advisable for researcher not to use unidimensional measurement instruments but multidimensional. Also the services provided by hospital should be broken down in to components so patients are able to evaluate satisfaction level for each and every component separately. The organization conducting the research can use the knowledge gained from the research to improve its services by changing the way the services are offered, modifying the content and quality of the services to properly suit the customers' desires. Organizations can use it to evaluate the level of performance delivered by other organizations that may have been contracted to render particular services.

The bottom-line therefore is that yardsticks for measuring service delivery effectiveness and efficiency must be in synch with the tools for measuring consumer satisfaction (Koch & Rumrill, 2008). Furthermore, the research questions should not be such that makes the respondents give answers that they think is socially desirable. The questions should rather be organized in such a way that leads

the respondents to give their true opinion (Capella & Turner, 2004). Perhaps to appreciate what satisfaction could mean to medical care consumers one could refer to some theories on consumer health care satisfaction. These theories can be summarized as follows (Gill & White, 2009) -

1. Satisfaction is derivable when there is alignment between patients' perspective on what constitutes satisfaction in health care and the providers view (Fox & Storms, 1981).
2. Linder-Pelz (1982) argued that satisfaction is a function of the patients previous expectation, personal belief and values towards health care delivery.
3. Donabedian (1980) theory stipulates that interpersonal aspect of care plays very important role in determining the satisfaction patients derive from health care. For a patient to be satisfied with health care delivery he should have a positive judgment towards every aspect of the quality of care delivered especially as it concerns interpersonal side of health care.
4. Fitzpatrick & Hopkins (1983) argue that patients' satisfaction in health care services is influenced by their individual social environment. Patients measure the satisfaction they derive from health care services against the perceived comfort or discomfort they feel with respect to the services.
5. Ware et al (1983) suggest that patient health care satisfaction is a function of their personal preferences and expectation as far as health care is concerned.

The instruments should be designed to measure the various components and should not for example merely measure overall satisfaction (Koch & Merz, 1995). Koch & Rumrill (2008) noted that many researches today agree that consumer

satisfaction has many dimensions. In as much as they have unanimously agreed on the multidimensional nature of consumer satisfaction measurement no defined and generally agreed measurement criteria has been reached. Various authors including Capella & Turner (2004) have all identified various dimensions of consumer satisfaction without reaching a consensus. It is therefore important that the research breaks down the medical care services into various components before going ahead to ask the consumers what their satisfaction levels are for the various areas.

Donabedian (1988) suggested a framework of three key components in evaluating consumer satisfaction in a survey. The first is the perceived value a patient derives from going to a medical care centre for treatment. The second is whether the right tools were used for the treatment, in which case the consumer will be concerned about the qualification of the practitioners and the quality of the tools used. Lastly the consumer is concerned about the service delivery processes within the organization. The consumer is interested in such basic issues as timeliness of the service and the conduct of the practitioners towards them. In essence to achieve a truly robust consumer satisfaction survey in medical care the consumers' interest and perspective must be a key component of the research.

Patient centric research methodology

What exactly is consumer satisfaction? How does a consumer measure the satisfaction he derives from a particular service? And what is the most suitable research method to adopt in measuring consumer satisfaction especially in medical care services? For any research to yield the desired results it must be able to answer the above questions. The challenge therefore, is how the researcher can find out answers to the first two questions when the supposed respondents themselves don't even know the answers. The researcher is therefore, posed with the problem of constructing and crafting its research methodology in such a

way as to probe answers to these seemingly 'difficult' questions. The researcher should not assume that the effectiveness and efficiency of a service is directly proportional to the level of satisfaction consumers will derive from the service. It is not impossible for consumers to be satisfied with services that are effectively and efficiently delivered and it is also possible for them to be satisfied with services which by other measures are deemed to be poorly delivered.

In measuring consumer satisfaction the measurement instruments must be multi-dimensional and not uni-dimensional. The components of a given service must be broken down in such a way that consumers can express their satisfaction in the various components.

In the hospital the conducting the survey on patient satisfaction is similar to the survey conducted in other service organizations. These researches focus on the objective views of the medical care organizations and take little cognizance of the subjective views of the consumers (Powell, Holloway, Lee & Sitzia, 2004). The researcher should realize that it is imperative that participants understand the aim of survey and possible outcome of these studies and what advantages can be derived from these studies so as to improve the satisfaction levels of patients and their family members. It is also worth noting that interviewer should have in depth understanding of expectations of respondents and be able to extract the desired response from the study participants. The questions should have mix bag of balance of negatively and positively worded sentences. The questions should not be judgmental but yes be able to guide the participants to reach the conclusion before answering questions. Capella & Turner (2004) used this strategy in their research in order to build a deep consumer focused research. They interviewed both current and former consumers of vocational rehabilitation services. The inputs obtained from these consumers were used to conduct

a 36-item vocational rehabilitation consumer satisfaction survey. The interview can be conducted with individual patient or group of patients.

Choosing the right research methodology

The main challenges in determining the satisfaction level is the approach to adopt. Various instruments have been developed over the years for the measurement of consumer satisfaction in the medical care sector with no defined consensus among the instruments. Hulka et al (1970) developed the “satisfaction with Physician and Primary Care Scale; in the late 70s Larsen et al. (1979) constructed the “Client Satisfaction Questionnaire”. Later on in the early 80s Larsen et al (1984) made some improvement in their earlier work and called it “Patient Satisfaction Scale”. Since then various instruments have been developed by various researchers all making different assumptions based on their definition of what constitutes consumer satisfaction (Gilbert et al., 2004). Crowe et al. (2002) and Urden (2002) noted that consumer satisfaction is largely subjective and based on individual’s perception. For instance Crowe et al. (2002) noted that interviews (telephone and face-to-face) generate higher responses than mail survey. The difference in response was found to be as high as 30 percent. They however, suggested that the huge difference in response between interviews and mail surveys can be reduced by following up mail non-respondents with telephone calls. However using dual model will certainly increase the cost of the study. The overall qualitative approaches may need more resources but at the same time deliver more in-depth information which ordinarily will not be captured via quantitative methods (Crowe et al, 2002).

On the other hand if the sample size is too small the researcher may not be able to obtain rich-enough information to make the desired inference as the data may not be adequate to achieve informational redundancy or theoretical satisfaction (Sandelowski, 1995). The right sample size

will bring out right inference because of minimal errors because sampling error is inversely proportional to the square root of the sample. It is therefore, critical that the right sample size is selected. A practically appropriate sample selection approach in qualitative research is the purposeful sampling approach, in which the selection of sample done that has good knowledge of the subject. For quantitative sampling the probability sampling should be preferred. In case the researcher wish to adopt the methodology of focused group interview then there might be need to establish many focused groups and each group representing the possible various interests groups in the community. Various focus groups may view things differently and provide different solutions to similar issues. For instance what may be of utmost importance to adults in the community as far as medical care is concern may be different from what is considered important by senior citizens within the same community (Cogswell et al, 1985). In the focus groups the members already know one another hence it is easier for them to communicate freely and express themselves more openly largely because they share common views and opinions on issues. The study can be conducted two ways one is by giving written questions to patients and asking them to answer or having face to face interview. The latter method is much preferred methodology because informer the question are invariable ambiguous and meaning stands different from researcher’s and patient’s perspectives. Also interview based method involves active communication between patient and researcher thus plays an important role. However it should be noted that means of communication vary slightly from one institute to other.

Even with the shortcomings of using a purely quantitative method in consumer satisfaction research in medical care this paper is suggesting not a total departure but a combination of qualitative and quantitative methods where applicable. In quantitative methodology the participant is

bound to remain within the confines of the questions and cannot take liberty to cross the border of answers specified along with questions Jick (1979) suggest that qualitative and quantitative methods should be seen as complimentary rather than rivals. Based on these suggestions this paper will insist that future research in patient satisfaction in the hospitals should adopt both research methodologies as far as they complement each other rather contradicting.

Quantitative approach will only permit consumers to give answers to fixed questions or simply choose from a list of answers as provided in the questionnaire. This may be strongly limiting, as the respondents will be compelled to stay within the confines of the provided questions. By using qualitative approach the researcher is better positioned to understand the body languages of the respondents including their attitude, behavior, value system, culture, life style, concerns, aspirations and emotions. For a sensitive area such as health care it is not enough to merely obtain straight answers but to understand the reasons behind those answers. Different consumers of medical services may have varying responses to a given question. Disabled consumers should not be treated the same way as none physically challenged persons when it comes to for instance parking space provision. People have varying medical histories and conditions and may therefore require very different or even specialized medical attention. Both the obvious and subtle differences between the different consumers can only be properly discovered through in-depth interviews and group interviews such as focused groups. Qualitative approach has stronger potential to uncover more in-depth facts than a fixed form questionnaire. Qualitative research basically helps the researchers to fully understand consumers' perspective, establishing the issues that are most critical to the consumers. See the section above on understanding the problem. It is after the purpose for the research is clarified that the researcher can put together the research

proposal and eventually the research design strategy, data collection and preparation, debriefing of moderators, observers and participants, and all the way to research reporting.

Interviews are the primary means of gathering data in a qualitative research method. The nature of the interview is usually determined by the number of participants in an interview session, the total number and duration of the interviews conducted during the entire research process and the structure of the research. Interviews can be done with individuals or with a group of participants. The interviewers in both individual and group interviews are usually trained and skilled in conducting such interviews. This is particularly important if a good result is to be obtained from the interview process. The interview process may be unstructured, that is no strict set of questions or fixed procedures. It can be semi-structured with few fixed questions with the rest of the interview allowed to follow no particular order.

Finally the interview process can be properly structured with fixed questions and guidelines that the interview must follow.

Depending on the nature of the research project the researcher can either go with individual in-depth interviews or group interviews or a combination of both. The research can also adopt observation as a data gathering technique. It can for example observe the mood of consumers before and after they receive a medical care service. Furthermore, it is also possible for the researcher to extend the combination of research methods to quantitative research. To carry out individual in-depth interview the researcher can use various communication tools including over the phone or face-to-face. This should be done after identifying the right sample size and respondents with adequate enough knowledge to represent the entire population. The right sample size is one that allows for the right inference to be derived from the population. With the right sample size the chances of having sampling error is

minimized. This is because the sampling error is inversely proportional to the square root of the sample size. But if the sample size is too large the researcher may not be able to get the desired detailed information, which is the reason in carrying out a qualitative research in the first place.

Limitation of sampling and validity / reliability of measurement instruments -

There is the strong possibility that part of study participants may not exactly respond to surveys in the case of questionnaires or not be knowledgeable enough to provide the correct responses in case of an interview methodology is adopted by the researcher. In such a situation the response will be inadequate to be of a generalizable view as the people who responded may be significantly characteristically different from those who did not responded to the survey like education level, inability to understand question or not interested in answering questions etc. Powell et al (2004) noted that having a sample size that is not representative of the larger population is dangerous as the service provider may be misled by the outcome of the research. The results of survey may lure hospital management to modify services in response to the research findings without knowing that the research results are wrong. Either too low response or wrong selection of sample size both will end up giving wrong results. Hence it is very important for the researcher to see that the sample size must be such that is generalizable and the responses must not be low as it will negate the effect made in getting the right sample size.

Quite a number of satisfaction measurement instruments have been adopted and used in the medical services sector. Sitza (1999) in his study and review of 195 studies on health service user satisfaction found that 64 percent of the researches did not provide any evidence on the reliability and validity of the measurement instruments used for the various studies. Powell et al. (2004) support

the view that little attention is given to the validity and reliability of measurement instruments by many researchers. They went on to argue that data that can be used to measure validity and reliability are rarely collected and even when they are collected the validity and reliability of the instruments are often found to be significantly below any reasonable expectations. Where the validity and reliability of patient satisfaction data cannot be ascertained it creates huge doubt on the credibility of the findings of the research. Developing a suitable model for the measurement of consumer satisfaction is quite tricky (Heidegger et al, 2006; Hawthorne, 2006). This is largely because of the challenge in defining what truly 'satisfaction' is and determining the appropriate measurement instrument to use. Therefore, comparing the different consumer satisfaction scale scores is quite a difficult task as there is clear lack of standardization in the instruments used and the scoring scales adopted by the various researchers in this space (Nguyen et al., 1983). Many of the researches conducted on consumer satisfaction in the medical care space in the past have been largely quantitative. Gonzales et al. (2005) noted that for the last couple of decades most consumer researches in this field have been mainly done through the use of questionnaires and it is only recently that they tried to ensure the validity of the research instruments used. Hawthorne (2006) noted that none of the research instruments examined and reviewed showed reasonable validity and reliability. As mentioned above most of the previous researches are quantitative and do not take into consideration the qualitative views of patients. These researches therefore, lack merit as they fail to take into perspective the all important opinions of the consumers.

CONCLUSION

Qualitative research method is an effective and efficient approach to adopt in research work in hospital setups because this methodology is suitable for a very

complex and dynamic organization like hospitals. Also non-statistical results are well accepted by the management in healthcare sector because of its simplicity and easy understandability. The detailed format in which qualitative findings come make them likely to be “epistemologically in harmony with the reader's experience” (Stake, 1978,) and hence more understandable and meaningful to the hospital management and administrators. However it will be preferable if qualitative methods are combined with quantitative methods as and when necessary because they are complementary to each other.

The research methodology and interview questions should be prepared in such a manner that researcher is able to get desired information maximum from the study participants. Researchers should be careful while conducting study that the sample size should not be too small or too large because both extreme will affect the results adversely. To be the results generisable the quality of the study participants should be such that it properly represents larger population. It must be well understood that patient’s interest remains key factor in patient satisfaction surveys. Furthermore, the research must ensure that there are little or no sampling biases. The data obtained during the research studies should be valid and reliable to the limit that the research findings are not compromised at any level and this can be ensured by using research instruments which possess reasonable validity and reliability.

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