

Relationships between Levels of Patient Satisfaction and Various External Factors in the Healthcare Industry: Part 3

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Abstract—Increasingly knowledgeable consumers, with rising demands to have information available for them to make appropriate health care decisions, have driven healthcare managers and administrators to focus on an improvement of the service quality to increase patient's satisfaction. As efforts, many of them are trying to adapt well-established, successful business models like total quality management (TQM), and quality function deployment (QFD) and also trying to learn in what aspects of the health care service provision generate or inhibit patient satisfaction. The primary objective was to discuss issues when employing the models to health care industries.

Index Terms— Healthcare, Measurement, Satisfaction, Patient. Evaluation

I. INTRODUCTION

Socio-demographic characteristics such as age, education (Hall and Dornan, 1990) and gender (Cohen, 1996), and a variety of external factors (Langley and Cook, 2000; Schlesinger et al., 1999; Zapka et al., 1995) have been identified as predictors for patient satisfaction. A variety of external factors includes system usage suggested by Langley and Cook (2000) and perceived system performance suggested by Zapka et al. (1995). Moreover, studies (Langley and Cook, 2000; Schlesinger et al., 1999) about effects of patient health status on satisfaction with care and service have been reported recently. In addition, it has been suggested that satisfaction may positively correlate to a variety of dimensions of life satisfaction such as leisure, marriage, consumer issues and money (Robert et al., 1983).

II. LITERATURE REVIEW

A. Health Status

Many studies (Cohen, 1996; Hall et al., 1998; Holcomb et al., 1998) suggest that healthier patients, either

emotionally or physically, is likely to be more satisfied with their healthcare. However, it is not certain either better health causes better satisfaction or better satisfaction results in better health (Braunsberger and Gates, 2002). Hall et al. (1993) reports that physician tend to like healthier patients than less healthy patients and, as a results, the patients with better healthy tend to show higher levels of satisfaction with service providers. They further explain that patient health status may influence physician behavior and communication style (Hall et al., 1998). Patients with less healthy are more likely to communicate and behave negatively than healthier patients leading to maybe a counteraction by physicians and less healthy patients tend to display dissatisfaction (Hall et al., 1998).

B. Age

Hall and Dorman (1990), Cohen (1996), and Zapka et al., (1995) reported that older patients are likely to be more satisfied with the service and care in comparison to younger patients. Cohen (1996) suggested that more satisfaction among older patients in comparison to younger patients may be due to their memories in the past about poor healthcare services, more respected treatment by service providers, and older patients' reluctance to complain about service providers.

C. Gender

Some researchers (Hall and Dornan, 1990) found no evidence of a difference in patient satisfaction between male and female patients, whereas, recently Cohen (1996) reported that, overall, female patients tend to be less satisfied with service and care than male patients. Braunsberger and Gates (2002) attempts to elucidate this phenomenon by suggesting that physicians tend to like their male patients more than their female patients and that patient satisfaction with care is significantly correlated with how much they are liked by their physician.

D. System Performance and Usage

Some researches (Druss et al., 1999; Langley and Cook, 2000; Zapka et al., 1995) to study the relationships between system performance and system usage and patient's satisfaction with healthcare were performed. Zapka et al. (1995) reported positive linear relationships between system performance (i.e. access to care, coordination of care and patient-provider information) and patient satisfaction with service and care. Zapka et al.

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(1995) stated that patients who perceived system performance to be poor were more likely to be dissatisfied and were more likely to release themselves from their healthcare. In addition, one of most perceivable system performance by patients is patient waiting time. Davis and Heineke (1998) suggested that actual waiting time in clinics could have a great effect on customer satisfaction: the longer the actual wait is, the more dissatisfied the customer become. Furthermore, Langley and Cook (2000) suggested that patients with higher levels of system usage such as healthcare providers displayed low levels of satisfaction in comparison to patients with lower level of system usage. This may suggest that patients with more contact with their healthcare providers (the less healthy enrollees) may show a lower level of satisfaction (Langley and Cook, 2000).

E. Attribution Theory (Woodside et al., 1987)

In comparison to the previously explained approaches (Cohen, 1996; Hall and Doran, 1990; Langley and Cook, 2000; Zapka et al., 1995), a study (Woodside et al., 1987) has used attribution theory (who influenced hospital selection) to explain a relationship between patient satisfaction and healthcare providers. Andaleeb (1998) states that this study (Woodside et al., 1987), while open to insights from the literature, is guided by two concerns-what is important to customers in explaining their satisfaction and which of the variety of variables are managerially relevant insofar as actionability. They (Woodside et al., 1987) construct five important concerns that may link to patient satisfaction. The first concern is communication between healthcare providers and patients. They (Woodside et al., 1987) suggest that when the treatment and information from service providers are well communicated with patients/customers, patient satisfaction with the quality of services will be greater. The second concern is service provider's competence. They (Woodside et al., 1987) suggest that when patients perceive that service providers are competent, their satisfaction with care providers are likely to be greater. The third concern is related to facilities and equipments. They (Woodside et al., 1987) suggest that when patients see cleaner facilities and better equipments, patient's satisfaction tend to increase. The fourth concern is the general demeanor of the service staff in various service settings. Andaleeb (1998) state that manner in which the staff interacts with patients and the staff's sensitivity to patients' personal experience is most important to customer satisfaction leading to an outcome of patient satisfaction. The fifth concern is related to perceived treatment costs. Consumers shop for best value (Wong, 1990) and feel dissatisfied if hospital costs exceed patient's expectations (Andaleeb, 1998).

III. DISCUSSION AND CONCLUSION

The primary objective of this paper is to provide information regarding relationships between healthcare system performance and the levels of customer satisfaction. More specifically, the paper attempted to provide information for healthcare providers to understand fine approaches and backgrounds that lead to developing more effective and efficient service and care, and to

develop appropriate methods in assessing and fulfilling customer satisfactions. Typically, healthcare providers have thought that quality levels of physicians' services should reflect the service quality in healthcare industry (Berwick, 1997). However, due to a rapidly changing and increasingly competitive market (Davis et al., 1995), healthcare providers start to turn their eyes to patient perceptions of care and service delivery to sustain profitability and competitiveness. However, it is described by Shemwell et al. (1998) "the patients in many cases do not have enough knowledge, training, or skill to make a logical, rational, supraliminal service quality evaluation on physicians' performance". Furthermore, the high level of inherent credence properties due to the high level of professionalism in medical service makes harder for patients to evaluate their satisfaction exclusively on what's done by physicians (Yavas and Shemwell, 1996). This means that physicians, who offer the best quality of treatment on patients and really care about the patient's injuries or illness, could be sluggish in the business if patients are not satisfied with patient's perceived image about the physicians. Moreover, information, which patients are receiving from consumers such as private insurance companies, health maintenance organization (HMOs), and preferred provider networks (PPOs) (Smith and Swinehart, 2001), could be more based on patient's perceived satisfactions on quality of how service is done, even though it should be more based on quality of what is done such as physician' appropriate treatments and diagnoses (Shemwell et al., 1998). Even medical schools are beginning to teach interpersonal skills such as how to examine patient expectation, or how to soft-talk to patients and family (Braunsberger and Gates, 2002; Shemwell et al., 1998). These trends may facilitate healthcare providers to treat patients better in waiting rooms, or to improve the interpersonal interaction processes as well as may force managers in healthcare to decorate waiting rooms, or to buy new tables and chairs. However, in downside, allocating a lot of dollars to improve patient's perceived experience and decorations, which is not physician's primary objective, could encourage unhealthy competitions among healthcare provides as described by Shemwell (1998). Nevertheless, overall, improvement in quality of healthcare service should be made to adapt for a rapidly changing and increasingly competitive market from a management point of view.

IV. RESEARCH QUESTION

1. Is there any way to reflect physician's performance level on customer satisfaction?
This may maximize customers' role as raters in evaluating healthcare providers besides their perceived experience.
2. Many internet clinics have been developed and they attempt to diagnose patients on-line. Another research question is, Can patients rate them? If, yes, what kind of variables will affect patient satisfaction?

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