



## **Patient Satisfaction: The Concept**

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### **Authors' contributions**

*This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.*

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### **ABSTRACT**

Despite exhaustive research in health, and related fields, patient satisfaction remains a quite ambiguous concept. As yet, no single method for measuring patient satisfaction has been accepted as a 'golden global standard'. Furthermore, various techniques employed range from indirect measures focusing on beliefs, attitudes and expectations to direct satisfaction/dissatisfaction ratings on various scales and mixed measures. As generally admitted by scholars, the greatest difficulty hinges on the fact that patient satisfaction is a concept and therefore not amenable to direct observation. This implies the necessity of an indicator which is defined as an observable variable assumed to point to, or estimates some other usually unobservable variable. It has been further suggested that the choice of the particulars in an indicator should be justified by the specification of the theoretical link between the indicators and indicated. The purpose of this Commentary/Opinion Article is to elaborate on the concept of patient satisfaction and the current state of the literature concerning the conceptualization of this concept to therefore inform and possibly guide future research in this field for health care professionals and social scientists alike. A health care event comprises of several aspects and attributes. Thus, if patient satisfaction studies are to be more useful they need to produce global and overall measures of satisfaction as well as specific information on characteristic components of a service. Although there are a number of both generic and specific measures for assessing patient satisfaction, nevertheless, these usually provide a partial insight into the real experience of patients and therefore should not be used alone and exclusively to guide the implementation of future health policies. The use of surveys in patients' satisfaction measurements, providing that appropriate and specific questions are asked, has been advocated by many scholars. Yet, others argue that patient satisfaction questionnaires do not access an independent phenomenon but actively construct to it, as respondents are forced to express themselves in alien terms. Thus, due to their rigid format, questionnaires can be very leading and limiting, for example by focusing attention on aspects the researcher thinks is important and therefore limiting the responses. That is, answers are only as good as the questions asked. Therefore, if only specific questions are asked, one may miss out on what people really think is important. Overall, a better understanding of patient satisfaction calls for a more intense theoretical and methodological input rather than a further increase of the global, overwhelming accumulation of healthcare statistics. Here, as elsewhere, data without insights are often sterile and sometimes even misleading.

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## 1. INTRODUCTION

Patient satisfaction is a quite ambiguous concept because it is claimed that it can be 'measured' although it is not quite clear what patients mean when they state that they are 'satisfied' with something [1]. As yet, no single method for measuring patient satisfaction has been accepted as a 'golden global standard'. The techniques employed range from indirect measures focusing on beliefs, attitudes and expectations to direct satisfaction or dissatisfaction ratings on various scales and mixed measures.

The greatest difficulty here hinges on the fact that patient satisfaction is a concept and therefore not amenable to direct observation. This implies the necessity of an indicator. In this context, an indicator is defined as an observable variable assumed to point to, or estimates some other usually unobservable variable [2]. It has been further suggested that the choice of the particulars in an indicator should be justified by the specification of the theoretical link between the indicators and indicated.

Yet, in the case of patient satisfaction, the position is not so clear. The difficulty is not related to any shortage of putative indicators but to the absence of their theoretical justification. Under this light, the elements which researchers include in their patient satisfaction indicators consist of questions about the patients' perception of the ward environment and practical elements such as sanitary conditions, meals, activities and overall care delivery [3].

### 1.1 Aim

The purpose of this Article is to elaborate on the concept of patient satisfaction and the current state of the literature concerning the conceptualization of this concept to therefore inform and possibly guide future research in this field for health care professionals and social scientists alike. Under this light, issues related to the conceptualization, measurement and operationalization of "patient satisfaction" per se are discussed further.

## 2. DISCUSSION

Patient satisfaction is indeed a growing concern in assessing the effectiveness of health care.

Under this light, an increasing number of hospitals worldwide are paying attention to patients' experience and incorporate their views into their routine practice. Patient satisfaction remains an important and widely used indicator for measuring the quality in health care as it largely affects clinical outcomes and patient retention. Moreover, it may have a profound effect on medical malpractice claims. In this context, it may also affect direct care delivery ensuring that it is timely, efficient, and patient-centred. Although the concept of patient satisfaction is a proxy, yet it appears to be an effective indicator in assessing the success of health care professionals' interventions and the hospital's input as a whole. [4]. Therefore, in plain language, patient satisfaction is an indicator of how well the patient is being treated and this does not necessarily refer to the quality of care but to how content a patient is with the care received.

As mentioned above, patient satisfaction has been linked to quality of care, quality assurance, self esteem and even more broadly, to life satisfaction and general health. It has been explored through various questionnaires such as The McMaster Health Index Questionnaire, the Life Satisfaction Index (A & B) or the The Quality of Well Being Scale. However, once having acquired the data, the next problem arises when an attempt is made to rank satisfaction on a scale. [5]. Moreover, patient satisfaction should not be used as a sole indicator for the quality of care and vice versa, as research findings suggest that satisfied patients also express many reasons for also being dissatisfied [6].

The use of surveys in patients' satisfaction measurements, providing that appropriate and specific questions are asked, has been advocated by many scholars [7,8]. Yet, others argue that patient satisfaction questionnaires do not access an independent phenomenon but actively construct to it, as respondents are forced to express themselves in alien terms [9,10]. Thus, due to their rigid format, questionnaires can be very leading and limiting, for example by focusing attention on aspects the researcher thinks is important and therefore limiting the responses. That is, answers are only as good as the questions asked. Therefore, if only specific questions are asked, one may miss out on what people really think is important [11, 12].

There is a danger however of relying too heavily on standard instruments of 'satisfaction' when also assessing the quality of care that people receives. In this context, studies have indicated that reported levels of satisfaction with health care are almost always misleadingly high as patients are often reluctant to appear critical of services [13]. These services may be seen to be supplied by 'dedicated' professionals or underpaid health care staff; professionals who 'deserve every penny they get'. In most countries health care services are usually free at the point of delivery, but may be in short supply.

Generally speaking there is also an underlying fear that any criticism might be construed as a unconstructive criticism or negative complaint, depending on the wider underlying cultural context. Thus, in interpreting high mean scores of patient's satisfaction levels which are measured by means of scales of highly structured questionnaires one should keep in mind the tendency of most people to be biased toward the 'very satisfied' end of the scale. This bias is primarily associated with people's hesitancy to give negative or socially unacceptable answers [15, 16].

Thus, a mean satisfaction score of 6 on a 7 point Likert scale (where 1 = extremely dissatisfied and 7 = extremely satisfied) may not necessarily imply that the majority of patients were satisfied with the various aspects of their hospital stay. To give a practical example, in some parts of the world, an underprivileged patient may be highly satisfied (and appreciative) just by the fact that they were simply offered a hospital bed without having grasped the key health parameters of treatment options, patient involvement and /or quality aspects of care provided [16,17].

### 3. CONCLUSIONS

Although there are a number of both generic and specific measures for assessing patient satisfaction, nevertheless, these usually provide a partial insight into the real experience of patients and therefore should not be used alone and exclusively to guide the implementation of future health policies.

A health care event comprises of several aspects and attributes. Thus, if patient satisfaction studies are to be more useful they need to produce global and overall measures of satisfaction as well as specific information on characteristic components of a service.

Moreover, it should be stressed that research which is properly designed to assess patient's satisfaction could not only aim to provide feedback to the health care system but it should also attempt to make the patient see that the questions are asked by a caring health care professional who is wishing to satisfy his clients.

Overall, a better understanding of patient satisfaction calls for a more intense theoretical and methodological input rather than a further increase of the global, overwhelming accumulation of healthcare statistics. Here, as elsewhere, data without insights are often sterile and sometimes even misleading.

### 4. RECOMMENDATIONS

Based on this position paper a call for further elaboration and discussion amongst scholars on the concept of patient satisfaction is warranted. More specifically, it is supported that close examination of questions such as: "what is the core meaning of patient satisfaction?" and/or "what is a patient really satisfied with?" can potentially form the basis for greater insights into this complex phenomenon.

### COMPETING INTERESTS

The authors would like to declare that there are no competing interests.

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