

Patients And Their Families Satisfaction In Healthcare Services: A Conceptual Framework

Neha Bansal¹, Dr. Mahabir Narwal²

¹Research Scholar, Department of Commerce, Kurukshetra University, Kurukshetra. (Corresponding Author),
Institutional Address: Kurukshetra University, Kurukshetra, Haryana-136119, Email id: nehabansalpd@kuk.ac.in

²Professor, Department of Commerce, Kurukshetra University, Kurukshetra

ABSTRACT

Healthcare is very crucial and growing industry where the patients and their families are the direct consumers of the services. The objective is to construct a conceptual and comprehensive model which is inclusive to comprehend and to determine factors affecting satisfaction of patients and their families in healthcare services. A total of 30 articles were studied for finding out the factors affecting satisfaction. Apart from the various medical, paramedical, pathological and administrative services it has been found that communication plays an imperative role, which in turn gear up the positive behaviors such as loyalty. The healthcare services need a continuous and regular monitoring for finding out the problematic areas and consequently initiating service delivery refinement to uphold elevated levels of patient and their families' satisfaction. The originality of this study lies in the fact that apart from the satisfaction of patients, satisfaction of families is also reviewed.

Keywords: Patients satisfaction, Families satisfaction, Healthcare services, Literature Review, Communication.

Introduction

Conventionally, quality of care has been measured in the context of health professionals instead of considering about patients (Donabedian, 1998). The Indian economy has been considered as an agrarian economy but due to increased demand and increased awareness among people and undergoing structural changes, there is an increased emphasis on service economy (Khan and Muhammad, 2012). Healthcare services have been the major contributor to the service industry in India (Itumalla and Acharyulu, 2012; Bisht et al., 2012; Rao, 2012).

In developing country like India, it was hard to imagine "Customer is the King" philosophy. At present the practice of providing more expedient and tailored

services to the customers is initiated by the practitioners. A better marketing mix is developed instead of providing just the core healthcare services of sheer prevention or cure from diseases (Itumalla and Acharyulu, 2012). They have started studying and measuring patient's satisfaction level and then implementing the same for the improvement of healthcare services and marketing strategies. For evaluating the quality of healthcare services, patient experiences and satisfaction are acknowledged as indicators (Zastowny, 1995; Padma, 2010; Naidu, 2009). The customer, rather patient in case of healthcare services are different from customers of other service sectors (Wadhwa, 2002). They are different as they are physically or mentally unfit, the illness involved leads to the seriousness of health. Patients and their families

have the direct provider- client interaction and hence healthcare services are regarded as high involvement service. Due to the lack of technical knowledge, patient is unaware of what he/she is getting from the doctor. Good communication skills of the hospital staff result in more satisfied customer.

To ensure patient satisfaction, much emphasis is put on quality of service. Researchers consider the patient satisfaction as an indicator of service quality and the quality of service as an antecedent of satisfaction of patients (Zastowny, 1995; Padma, 2010; Naidu, 2009). Different models and techniques have been suggested for measuring patient satisfaction where the key issues are the determination of parameters and magnitude of service quality as important measures of patient satisfaction (Parasuraman et al., 1988; Sachdev and Verma, 2004).

In the context of India, patients' families stay with patients in most of the phases of hospital visit. They support patients and interact with staff in the entire cycle of hospitalization that is from admission until discharge (Panchapakesan et al., 2015). The outstanding role of attendants and the wide range of services offered by them to the patients cannot neglect and diluted (Seetharam and Zanotti, 2008). The direct dealing with the hospital staff- doctors, nurses, administrative staff, etc is done by the family member rather than the patient himself because of the poor health condition (Duggirala et al., 2008). So there arises a need to study the satisfaction of the family of patients to get the true feedback of the hospital and healthcare providers.

Several components of patient satisfaction have been studied. Medical and paramedical services being the

major predictors of satisfaction, the studies reveal communication as one of the most important component (Banka et al., 2015; Boyle, 2015; Forternberry, 2016). Owing to the cut throat competition, it becomes imperative for hospitals to adopt novel and attractive promotion strategies.

Literature review

The studies revealed that there is remarkable difference in the behavior of the consumers dealing with the professional and personal services. In healthcare services, patients cannot form their own choices in selection of the treatment that has to be imparted because they use these services out of the need. Most of the patients are the silent and passive receivers and completely rely on the decisions taken by their doctors and nurses (Gandjour, 2007; Shortell et al., 2007). A patient does not have enough time for searching all the alternatives and finding the best out of all especially at the time of emergency. Thus, it can be stated that healthcare services have low search attributes. Similarly, healthcare is also low in experience attributes that means that only after experiencing and availing the services of the hospital a patient can assess it (Budd et al., 1996; Lilford et al., 2007).

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satisfaction (Parasuraman et al., 1988; Sachdev and Verma, 2004).

Patient and their families' satisfaction in healthcare services

The various studies have been conducted to measure the satisfaction of patients in healthcare services. Previous studies highlighted that how the patient satisfaction surveys can be employed to measure health care quality and present the measurement system that helps in finding the specific impact of patient experiences on overall patient satisfaction with healthcare services (Zastowny et al., 1995; Jenkinson et al., 2002; Padma et al., 2010). Zastowny et al. (1995) used PES (patient satisfaction survey) which was developed in 1882 and it was concluded that the assessment of patient experience and satisfaction has a great impact on healthcare quality. These assessments are the link between the perception of treatment and structure process and are the outcome indicators of care. They critically analyzed that these surveys should grow because of increased consumerism, emergence of TQM in healthcare settings.

Picker survey of patient experience questionnaire was developed through studying various literature reviews. Through survey the different facets of hospital facilities that are expected to influence patient satisfaction were reviewed. Consequently satisfaction related to care and willingness to recommend hospital services to others were highlighted. It was revealed that particular dimensions of patient satisfaction and experiences are more fruitful for the improvements of the services in specific departments (Jenkinson et al., 2002).

Groene (2011) found the reasons behind embracement of patient centeredness for

quality improvement efforts). The broad perspective of the study was that how the measurement of patient satisfaction could be conducted and therefore responses collected can be applied for improving patient centered care. Implication of standardized questionnaires, qualitative research such as in-depth interviews and focus groups were used for the patient centeredness assessment. However, it was accomplished to be a complex and difficult task to establish a relation between patient centeredness and quality improvement process as this stands beyond the rights of the patients.

CAHPS data gathering, analysis and reporting can improve patient's satisfaction together with producing substantial benefits to healthcare system (Browne et al., 2010; Banka et al., 2015; Kumah, 2017). For revolutionary makeover of the existing system, a significant approach was found to be the gathering and analyzing the patients experience information. However, it is not always possible to conduct a structured survey, in absence of which consumers may rely on user- review Web sites such as Yelp and Angie's List, and on rating organizations such as Zagat (Browne et al., 2010). Banka et al., (2015) analyzed before and after responses on HCAHP survey and it were found that patient satisfaction improved with patient – physician communication and overall recommendation of the hospital. Patient satisfaction is patient's evaluation of experience. Measuring patient's satisfaction with experience provides intentional evaluation of whether care was delivered in a patient centeredness manner or not (Kumah, 2017).

It is important to understand patients and their family's needs in hospital environment. The primary aim of any

hospital is to satisfy their patients at the foremost priority as the dissatisfied patients act as liability for the hospitals (Baalbaki et al., 2008; Padma et al., 2010). It is suggested that to increase consumer satisfaction, employees should be made more customer-focused and interactive. This would add to enhance the compatibility and self-esteem of the staff (Baalbaki et al., 2008). Since the technical quality of healthcare services could not be completely evaluated as it was revealed in the study that patients and attendants rate relational aspects of care highest on the scale (Padma et al., 2010). The review also highlighted that employee training should more prominently focus on strengthening employees' communication skills and not only on building up employees' medical and technical skills. Their skills ought to be shaped in such a way so as to treat customers as human beings that have needs rather than taking them for granted. Employees should be trained towards achieving one common goal of customer satisfaction (Baalbaki et al., 2008).

A plethora of literature is available to find out the factors responsible for improving quality of care at health facilities thus affecting the satisfaction of patients and their families (Sodani et al., 2010; Puri et al., 2012; Sharma et al., 2014; Suresh et al., 2015; Panchapakesan et al., 2015). It was found that the basic amenities for patients and attendants were adequate but attendants were dissatisfied with the services at registration counters and dressing rooms as these were overcrowded. The overall experience rate was high but when asked in segregated manner it was low (Sodani et al., 2010). Most of the patients stated that they were explained their diagnosis clearly and doctors spent more time than

expected. One of the study highlighted that the patient satisfaction was high despite long waiting times and difficulties in securing consultation. It can be argued that it met patients' expectations as they perceived a good doctor-patient interaction (Puri et al., 2012). Feddock et al. (2005) stated that patient dissatisfaction can be reduced even if the waiting time is more but the consultation time is high. In contradiction to these studies, it was found that a large amount of the respondents were satisfied with the accessibility of services, waiting time and professional care and behavior of hospital staff but were dissatisfied with toilet and drinking facilities (Sharma et al., 2014; Suresh et al., 2015). Literature review is also found to be suggestive of the difference in the satisfaction of patients in private and general wards (Suresh et al., 2015). It was analytically found that patients of private wards were more satisfied and willing to recommend the hospital to others. They were also satisfied regarding timeliness of treatment, regular evaluation by doctor, behavior of nurses etc. Reputation and the consumer recommendation are the major factors while choosing the hospital (Prasad et al., 2013)

Impact of communication on patient and their families' satisfaction

Communication helps to review information regarding the hospital and to form bridge in order to develop a sense of trust. Good communication between doctors and patients/attendants leads to higher satisfaction (Prasad et al., 2013; Boyle and Brian, 2015; Kumah, 2017). It was noticed that the communication of doctors, nurses and other staff with family, friends and patients has a very positive impact. It not only creates a caring bridge to share information

regarding the patient with family and friends but it also provides realistic expectations and forms a connection to build a sense of trust (Boyle and Brian, 2015). The problem is quickly and clearly identified and explained by the good communication between patients and is regarded as the key component of excellent medical practice (Prasad et al., 2013). A successful, understandable and adequate time consultation proves to be significant and is recognized as a therapeutic effect. In contrast, most of the patients are found to be dissatisfied with terrible communication, particularly, when the doctor appears unresponsive, uncaring and with shortage of time (Bush et al., 1993).

Involvement of patient influences outcome quality through compliance. Patient loyalty results in positive behavior like recommendation, compliance and higher service use (Naidu, 2009; Banka et al., 2015; Fortenberry and McGoldrick, 2016; Prasad et al., 2013). In the study conducted by Banka et al. (2015), it was postulated that the patient satisfaction improved with physician – patient communication which was a consequence of physician’s education, and feedback and incentives. This resulted in overall recommendation of hospital. Through the presentation of various demonstrative cases, a framework for execution of internal marketing in healthcare facilities was provided outlining the key benefits emerging from excellence in this area (Fortenberry and McGoldrick, 2016). Their study was in context with every patient from arrival to admission to discharge. The study stated that with internal marketing, improvements were noticed in positive word of mouth communication, higher retention rates and hence greater satisfaction.

Patients’ family as a determinant in influencing the Patient Satisfaction

The studies highlighted the critical role played by family in determination of patient satisfaction (Rosland et al., 2011; Panchapakesan et al., 2015; Jazieh et al., 2018; Slowther, 2006). Rosland et al. (2011) performed a study titled “Family and friend participation in primary care visits of patients with diabetes or heart failure: Patient and Physician Determinants and experiences.” The objective was to know the impact on the physicians and patients experience through the participation of the family. They conducted a written survey of diabetic adults who were functionally independent and their Primary care physicians wherein it was found that patient’s companions represent an important source of impending physical and moral support for the care of functionally independent patients. A research was conducted “to investigate moderators and mediators in the context of healthcare service quality from perspective of patients and attendants” through a separate structured questionnaire for both patients and attendants. It was found that attendants are co-creators of healthcare services. Attendants provide physical and mental support to patients which influence patients’ satisfaction with hospital services. They also harmonize hospital activities (Panchapakesan et al., 2015). The different aspects and patterns of the involvement of family members in patients’ satisfaction were studied (Jazieh et al., 2018). Gaps were identified in communication with families by reviewing patient’s complaints. The most responsible family member was found out and by keeping patient in the center, a communication model was developed. It was found that

family member plays an important role in decision making of patients treatment. The proposed model explained the importance of communication with the family in a structured way. Patients are in a state of physical or mental illness therefore lacks the power of taking decisions for them. At this point of time it is the family that provides the hospital staff with all the necessary knowledge about the patients' preferences which are in their best interest (Slowther, 2006). Families are found to be the source of providing information which is helpful to the healthcare providers (Prasad et al., 2013; Boyle, 2015; Bellou and Gerogianni; Bhalla et al., 2014). In a study performed by Prasad et al. (2013) an instrument for measuring the satisfaction of patients with traumatic brain injuries was developed. This tool collected the responses of the attendants who accompanied patients to the hospitals. The study revealed that attendants are the best source for providing information regarding the respect and dignity with which they were treated and hence help in overall improvement of patient satisfaction. It was further postulated in another study that family helps to review information regarding the hospital and also tries to form a liaison in order to build a sense of trust (Boyle, 2015). It is significant on the part of hospital staff to provide updated and accurate information about patient's condition for the effective participation of family. There should also be a provision for educating family members by medical and nursing staff in order to provide patients with helpful psychological support (Bellou and Gerogianni).

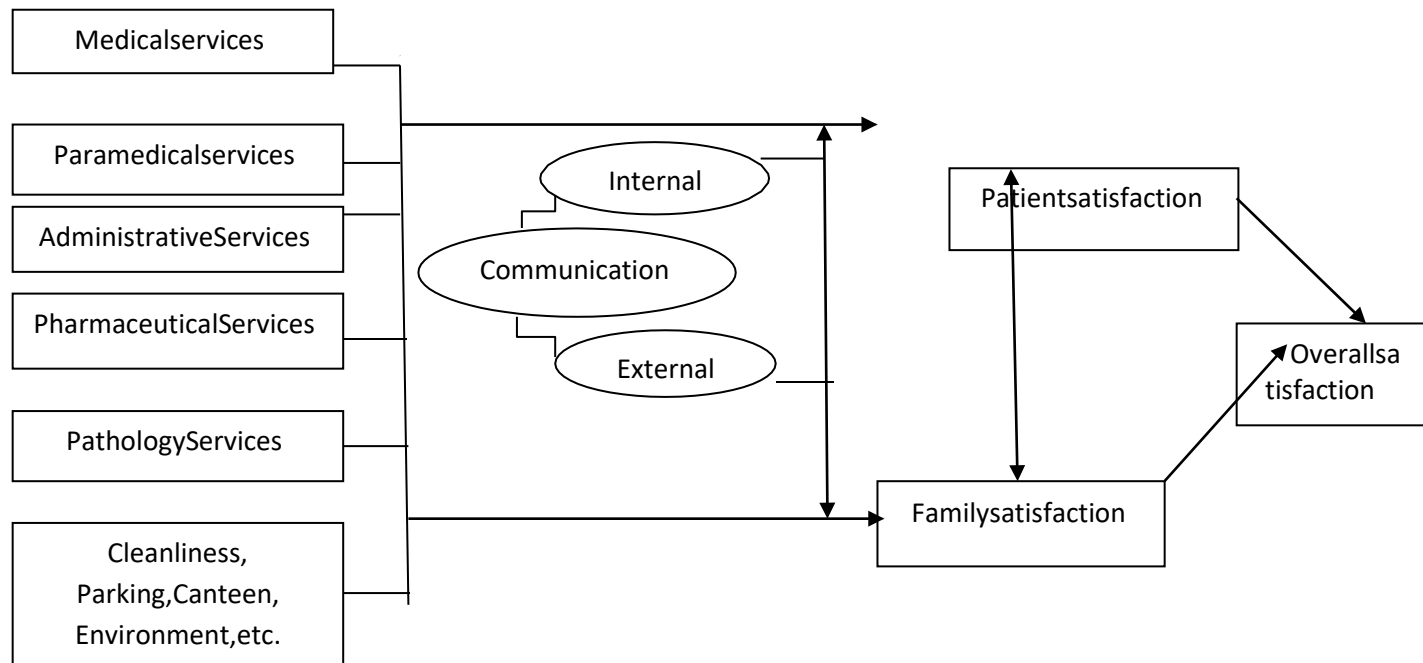
Bhalla et al. (2014) conducted a cross sectional study "to find out the role of family members for the patients admitted in emergency unit of a tertiary

hospital." A structured questionnaire was filled by 400 respondents (only one member from each family was interviewed). It was found that in acute care set up family members are the central part of the team of a sick patient. They act as the heart of the system. Comfortable care given by relatives reduces the load and pressure on the formal care givers leading to trouble free shift from acute care set up to home care setting.

Conceptual framework

On the basis of the review of literature a conceptual model is prepared. This conceptual model defines the impact of different factors on the satisfaction of patients and their families. The following model is prepared on the basis of previous researches.

Fig 1: Proposed model of the study



Source: Authors Compilation based on Literature Review

Discussion

In the globalized and liberalized India, the rapid and radical changes in all service sectors including healthcare sector can be witnessed (Khan and Muhammad, 2012; Lashmi and Kumar, 2012; Singh, 2012). In present scenario, private entrepreneurs and corporate houses play a dominant role in Indian health sector (Shah and Mohanty, 2010; Rao, 2012; ILO, 2009).

The present study contributes to the emerging literature on patient and family satisfaction. Literature highlighted that there are medical (physician's role) and paramedical services (including nursing services, pathological services and pharmaceutical services) which have a significant role in affecting the satisfaction of patients and their families. The medical and paramedical services are supported by various researches (Zastowny et al., 1995; Jenkinson et al., 2002; Baalbaki et al., 2008; Sodani et al., 2010; Padma et al.,

2010; Browne et al., 2010; Puri et al., 2012; Sharma et al., 2014; Suresh et al., 2015; Jain et al., 2016; Kumah, 2017; Bhattacharya et al., 2018).

The novel contribution extends the findings of Padma et al. (2010) wherein they empirically compared the same services offered to patients and their family and clearly stated that patients are more related to clinical care where families are more attracted towards infrastructure, administrative and basic facilities provided by the hospitals. In contrast to this, the studies by Jain et al. (2016) and Bhattacharya et al. (2018) reflected the fact that most of the patients and their family members were dissatisfied with the basic amenities and the behavior of the administrative staff.

Patient involvement in the healthcare services in an in built trait where the resultant quality of care is propounded by compliance of the patient. Antecedents to patient satisfaction are the perceptions and experiences of the patients provided in healthcare services,

which instead decide whether patients are trustworthy to healthcare givers (Naidu, 2009; Banka et al., 2015; Fortenberry and McGoldrick, 2016; Prasad et al., 2013). The consequences of patient loyalty are positive behaviors such as recommending health services to others, compliance and repeated service use. Communication is found to be the most important moderating factor effecting the satisfaction of both patients and their families. Good and strong communication also leads to patient loyalty and hence affecting the overall satisfaction (Prasad et al., 2013; Boyle and Brian, 2015; Kumah, 2017). It has been analyzed by the reviews that the healthcare providers should be given a good communication training (Banka et al., 2015). At the same time external communication strategies should also be focused on. Fair and intensive promotion strategies should be adopted by the healthcare organizations. However, content reviewed highlights that communication strategy requires further research.

Practical implications

The study has unswerving implications for healthcare providers. It has been found in the research that customer switching can be minimized by developing effective relationship with the customers. To maintain long lasting relationship with the patients, healthcare service providers should not only focus on providing better facilities but also simplify the procedures of the treatment with quick service delivery. Patients and their families should be provided with the knowledge of the treatment procedure and their preferences and needs must also be considered.

The healthcare services need a

continuous and regular monitoring for finding out the problematic areas and consequently initiating improvements in service delivery to maintain increased levels of patient and their families' satisfaction. Firstly, the study identified the predictors of the patients and their families' satisfaction. The medical services, paramedical services, administrative services and other miscellaneous activities have the direct impact on the satisfaction. Healthcare providers are required to make necessary improvements in these services and enhance the quality of the services. Secondly, communication has been found to be the moderating factor which implies that hospital staff should be exceptionally good to ensure the patient loyalty. Thirdly and most importantly the research highlighted the role of the family which affects patient satisfaction and overall satisfaction rate. It is important to mention here that family provides emotional support, helps in decision making and is the first one to be in direct contact with service providers. So, it is indispensable for health service providers to measure the satisfaction of families of patients.

Conclusion

In the recent times, healthcare services have been found to be the foremost contributor to the service industry. Healthcare service providers (physicians, nurses, pathologist, pharmacist, etc.) and healthcare service receivers (patients and their families) are the main constituents of healthcare services. The proposed comprehensive model encompasses all the issues depicting the main and the moderating factors affecting the satisfaction of patients and their families, thus, the overall satisfaction. The satisfaction of patients and families is interdependent as both of them influence the decision

making process and the overall satisfaction. Patients have the direct dealing with the medical and paramedical staff hence these factors have more impact on patients. On the contrary, other factors (administrative services, cleanliness, parking, etc) have more effect on the satisfaction of family members. Communication being the moderating factor cannot be ignored. Whole of the satisfaction is entirely reliant on communication, thus, contributing in a major way. Providing good communication training to healthcare staff members results in better outcome in the form of compliance and patient loyalty. The external communication factors, the promotion strategies are not known by the healthcare workers. The hospital administration needs to employ a marketing professional for deciding the promotion and pricing strategies which would result in high patient turnover. Therefore, it is argued that hospital staff should be exposed

to good communication training program and taking the necessary corrective actions for making the improvements suggested by the patients and their families.

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