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## PATIENT SATISFACTION: A VITAL RISING INDICATOR OF QUALITY HEALTH CARE

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### ABSTRACT

Measuring patient satisfaction is an important way to assess the effectiveness of healthcare services. Patient satisfaction is a subjective experience that takes into account a patient's needs, expectations, and interactions with the healthcare system. It is essential to healthcare providers, patients, and third-party stakeholders in the healthcare industry. The relationship between service quality and satisfaction in medical service research is influenced by treatment effectiveness. Improving service delivery to the community is an essential component of the healthcare system. High patient satisfaction is crucial to maintaining a hospital's quality of service and patient attendance. In the healthcare industry, patients are the consumers, so customer satisfaction is referred to as patient satisfaction. Patients' satisfaction is their value judgment and consequent response to the stimuli they receive in the healthcare environment before, during, and after their inpatient or clinic visit. This text aims to help healthcare providers improve patient satisfaction. The importance of rising patient satisfaction in the AYUSH system of health care system.

**Keywords: Patient satisfaction, AYUSH, Unani medicine, quality of medical care, and health care system**

## INTRODUCTION

Patient satisfaction has been researched actively since the late 1970s and early 1980s, despite being a relative concept dating back to the 1960s. This resulted in a shift from 'quantity of life' to 'quality of life', a patient-centered [1]. Numerous theories regarding patient satisfaction in healthcare have been published. Two prominent theories are the expectancy-value theory, which suggests that patients' beliefs, values, and prior expectations concerning patient-centered care influence their satisfaction, and the healthcare quality theory, which emphasizes the importance of the interpersonal process of care in ensuring patient satisfaction [2].

Literature has shown that satisfied patients are more likely to establish a good relationship with the healthcare system. This leads to improved compliance, continuity of care, and ultimately better health outcomes [3].

**Definition:** Patient satisfaction, which is viewed as a significant indicator of quality of care, can be defined as fulfilment or meeting of expectation of a person from a service or product and has been receiving greater attention as a result of the rise in pay for performance (P4P). It is a personal evaluation of health care services and providers [4].

It has been proven through studies that there is a direct relationship between the quality

of healthcare provided and the satisfaction levels of patients. Patient satisfaction is not only an important, effective, and commonly used indicator for measuring healthcare quality, but also evaluates the performance of physicians and hospitals [5].

## THE CONCEPT OF PATIENT SATISFACTION

Numerous theories have been proposed to explain patient satisfaction in healthcare. These theories approach the concept of patient satisfaction from different perspectives. Below are some theories that highlight the relationship between patient satisfaction, treatment outcomes, healthcare environment, and healthcare providers.

### Performance Theory

Based on this theory, patient satisfaction is solely influenced by the actual performance and the treatment outcome, and is not affected by prior patient expectations. This means that any psychological reactions related to expectations are overridden by the actual performance. Therefore, higher patient satisfaction can result in better clinical outcomes [6].

### Fulfilment Theory

According to the Fulfilment theory, patient satisfaction is not just based on their treatment outcomes but also on their expectations. This theory suggests that patient satisfaction depends on the difference between the actual outcome and

the desired or ideal outcome. The theory further suggests that patient satisfaction is likely to increase if their perceived outcomes match their pre-treatment expectations [7].

#### **Expectancy-Disconfirmation Theory**

The expectancy-disconfirmation theory is similar to the Fulfilment theory in that it suggests patients have expectations about the outcomes of their treatment before the treatment even begins. This theory proposes that patients compare their perception of a healthcare product or service to a pre-established standard or expectation. As a result, patients tend to compare the actual outcomes of their treatment to their perceived outcomes [8].

#### **Social-Equity Theory**

This theory proposes that a patient's satisfaction with their treatment outcome is based on a comparison of their results to those of their peers and the service provider. Patients tend to compare their treatment results with those of others undergoing similar treatment for the same condition in the same or different healthcare settings. If a patient perceives that their treatment outcome is comparatively and fairly the same as their peers, they are more likely to be satisfied. However, if another patient receives better treatment services and has a superior outcome, the first patient is more likely to be dissatisfied [9].

#### **Primary Provider Theory**

The Primary Provider theory contends that patient satisfaction occurs at the nexus of provider power and patient expectations. It is principally the function of an underlying network of interrelated satisfaction constructs, satisfaction with the primary provider, the amount of time a patient has to wait for the provider, and satisfaction with the provider's assistants. According to this theory, primary providers offer the greatest clinical utility to patient. The theory is mainly operated by patient centred measures exclusively, where only patients judge the quality of service and other judgments are totally irrelevant [10].

#### **IMPORTANCE OF MEASURING THE PATIENT SATISFACTION**

The assessment of patient satisfaction as 'evaluation index' is important because it helps in understanding their expectations as 'client' and to provide an opportunity in improving the care, meet patients' expectations, effectively manage and monitor health care performance, enhance strategic decision making and document benchmarks for health care organizations [11]. Satisfaction is achieved when patient/client perception of quality of care & services that they receive in health care settings has been positive, satisfactory & meets their expectation. The high patient satisfaction is certainly indicative of good treatment [12]. A patient with positive

perception has a greater chance of translating it into positive outcomes. Whereas, negative attitudes in the patient and dissatisfaction with health care provider leads to poor compliance and, in extreme cases, patient restore to negative word-of-mouth that discourages others from seeking health care from the system. Thus, the reason for laying great emphasis on patient satisfaction is that it is linked to improve compliance of doctors' instructions, timely care seeking by the patient, and greater comprehension and retention of information provided by the health care provider. All of these factors ensure a favourable health outcome [13].

#### **METHODS OF MEASURING THE PATIENT SATISFACTION**

Basically, there are two approaches for evaluating patient satisfaction qualitative and quantitative. The quantitative approach provides accurate methods to measure patient satisfaction. Standardized questionnaires (either self-reported or interviewer administrated or by telephone) have been the most common assessment tool for conducting patient satisfaction studies. There is a great variation in questionnaires as instruments of measuring patient satisfaction. The range includes: instruments provide by private vendors, which are usually not published and their reliability and validity are not clear. Secondly, there are quite a number of publicly and standardized

instruments such as patient satisfaction questionnaires (PSQ-18) and consumer assessment health plan (CAHPS). Such instruments have the advantage of good reliability and validity; however, offer limited scope of survey questions. Thirdly, internally developed instruments which are mainly generated entirely *de nova* or import questions from other existing standardized instruments [11].

#### **Patient Satisfaction questionnaires (PSQ-18)**

Patient satisfaction measurement tools should be reliable and valid to precisely function and to realize the main goal of collecting patients' feedback. Therefore, selection of an appropriate Patient satisfaction instruments is a critical challenge for researchers. Among the existing standard instruments, PSQ-18 is a valid, reproducible questionnaire with great potential for use in different settings. This was developed through rigorous research and abbreviated for much larger questionnaires maintaining internal consistency and reliability. The team behind this Likert scale questionnaire proposed seven dimension of patient satisfaction directed toward their doctors. These are general satisfaction, interpersonal manner, communication, time spent with doctor, technical quality, financial aspect, accessibility and convenience [14].

### **Consumer Assessment Health Plan (CAHPS)**

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) project has developed a standardized set of survey instruments that gather reliable feedback from patients about the healthcare services they have received. These assessments are crucial in understanding how well healthcare providers meet the needs of their patients. For instance, the CAHPS Clinician and Group (C&G) Surveys evaluate patients' experience with healthcare providers and staff in their doctor's offices. The CAHPS C&G core survey comprises 13 items that measure three performance domains - timeliness of care, provider communication, and staff helpfulness - in addition to one global rating for the provider [15]. CAHPS data have been used to assess racial/ethnic and language differences in patient experiences with care.8-12 However, there are concerns that the CAHPS instrument does not fully capture domains of care of particular relevance to diverse populations, such as trust, perceived discrimination, shared decision making, and access to language services [16]. To address this gap, the CAHPS team developed an item set to assess aspects of cultural competency not adequately addressed in the existing CAHPS surveys, which could serve as a supplemental item set to the CAHPS Clinician & Group surveys [15].

### **Donabedian's Model**

In accordance with Donabedian's model of quality of measurement, patient satisfaction is defined as a patient reported outcome measure which is influenced by structures and process measures of patient experiences. The determinants of satisfaction include evaluations of the quality of clinical service, medicine availability, behaviours of doctors and allied staff, the cost of care, hospital infrastructure, physical comfort, emotional support and respect for patient preference [17].

### **Previous research has been conducted on patient satisfaction in hospitals:**

Even though there are plenty of research studies on patient satisfaction related to allopathic services, there is limited literature describing patient satisfaction with AYUSH systems. A summary of prior research on patient satisfaction with medical care services in Hospitals.

In April-May 2018, A study was conducted to evaluate the utilization of medical services by patients at AYUSH Hospital and to determine their satisfaction levels towards the medical care provided by Farah Naaz in a state-level AYUSH Hospital. This study was carried out in the OPD of Ayurvedic and Unani Tibbia College, located in Karol Bagh, New Delhi, India. It was a descriptive cross-sectional survey in which 100 patients were studied for a duration of 15 working days. The data was collected through direct

patient interviews, as well as hospital records. A time-motion study was conducted to calculate the average waiting time of patients at various counters in the OPD. Among the services offered, ayurvedic treatment was the most sought after by the patients (43.6%). Neurological ailments were the most common reason for seeking Ayurvedic treatment (22.3%), while musculoskeletal disorders were the most common reason for seeking Unani treatment (22.3%). Skin disorders were the most common reason for seeking Homeopathic treatment (46.9%), and gastrointestinal disorders were the most common reason for seeking Siddha treatment (50.2%). Overall, 43% of the patients were satisfied and 38% were very much satisfied with the AYUSH services provided in the AYUSH Hospital [18].

In February-March 2014, Anandaraj R. conducted a cross-sectional study on 335 patients who attended the district AYUSH Hospital in Davangere. The aim of the study was to examine how patients utilized the services offered by the hospital and to determine their satisfaction level with the AYUSH services provided. Data was collected through direct patient interviews and hospital records. Ayurvedic treatment was the most commonly sought-after service by the patients (45%). Neurological ailments were the primary reason for seeking treatment in Ayurveda (48%), while

musculoskeletal disorders were the primary reason in Unani (20%), gastrointestinal disorders in homeopathy (22%), and non-communicable diseases in yoga (30%). In terms of overall satisfaction, 41.8% of the patients were satisfied and 50.7% were very much satisfied with the AYUSH services provided by the district AYUSH hospital [19].

From January to December 2019, A study was conducted by Chitra Boovaragasamy's to evaluate the satisfaction level of patients regarding the facilities, healthcare providers, and treatment at AYUSH attached PHCs in Rural Puducherry. The study was facility-based cross-sectional research that was performed among the patients who visited the AYUSH clinics at four selected PHCs of Puducherry during a period of one year. The study involved personal interviews through a semi-structured pre-tested proforma that captured information on socio-demographic variables and satisfaction levels regarding the facilities and healthcare providers. Moreover, telephonic interviews were conducted two weeks after the centre-based personal interviews to assess patients' satisfaction levels with their treatment. Out of the 584 patients interviewed, 71.23% rated their interactions with the healthcare providers as very good/excellent. With regards to satisfaction levels about the infrastructure facilities, the proportion rated

as very good/excellent ranged from 64.47% to 93.93% across different AYUSH PHCs [20].

From April to October of 2019, a cross-sectional study was conducted by Ejaz Ahmed to assess patient satisfaction towards the medical care services provided at the National Institute of Unani Medicine (NIUM) in Bengaluru. The study surveyed 500 patients through face-to-face interviews using a pretested questionnaire on patient satisfaction (PSQ-18). The study found that patients were highly satisfied with the medical services provided by the facility. The overall satisfaction score was  $4.82 \pm 0.23$ , with the highest mean satisfaction recorded in interpersonal manner and communication (4.94), followed by time spent with the doctor (4.91) and technical quality (4.87). Financial aspect and accessibility and convenience scored 4.87 and 4.65 respectively, while general satisfaction scored the lowest at 4.54. The study also found that treatment effectiveness had a significant effect on patients' satisfaction compared to other factors. No sociodemographic variables were found to correlate significantly with satisfaction scores [21].

In February, 2013 in five outpatient clinics of Mahesh Bhattacharyya Homeopathic Medical College and Hospital, Govt. of West Bengal, Howrah, India. A study conducted by *Munmun Koley*, Evaluation of

Patient Satisfaction in a Government Homeopathic Hospital in West Bengal, India. In the study, the researchers evaluated the degree of patient satisfaction following medical encounters and re-examined the validity and reliability of the used questionnaire. An institutional, cross-sectional, observational study was carried out involving 390 participants. A 12-item Japanese short-form self-administered consultation satisfaction questionnaire translated into Bengali with a 5-point Likert scale was used. The questionnaire generated 5 subscales-overall satisfaction, complete examination, whole person care, examination time, and patient centeredness. The questionnaire appeared reliable and valid. Internal consistency scores Cronbach's  $\alpha$  was between 0.7-0.9 and test-retest reliability Cohen's Kappa was greater than 0.7 for each item. Comparison of mean scores of five different subscales for five different outpatient clinics yielded F ratios between 4.3-9/8 ( $p < 0.05$ ,  $df = 4, 95\%CL$ ) establishing discriminant validity. Overall, the patients' satisfaction appeared to be high [22].

Between February and March 2014, Venkatachalam D conducted a Patients Satisfaction Survey in a district of South India. The survey aimed to assess the satisfaction of outpatients attending selected Siddha hospitals in Tamil Nadu. The study found that the majority of patients were

satisfied with the infrastructure facilities (47-68%) and OPD timings (96.6%). However, some patients (32% and 23%) were dissatisfied with the seating facility and waiting time, respectively. On the other hand, almost all patients were satisfied with the competency and behaviour of Siddha doctors and pharmacists [23].

From January to April 2014, A study was conducted by Md. Mustofa Nabi on the Attitude and Satisfaction of Patients towards Unani and Ayurvedic Health Care Services within Medical Pluralism in the Context of Bangladesh. This cross-sectional study aimed to determine the level of patient satisfaction attending these health care systems. The study involved 240 respondents who were interviewed using a semi-structured questionnaire. The study found that the majority (79.6%) of the respondents were satisfied with the quality of care provided by the doctors of these systems. It was also found that more than 80% of the respondents rated the doctors' service as satisfactory and good. The study further revealed that over 80% of the respondents received satisfactory and good behaviour from the pharmacists and the hospital staff, with the majority (77.9%) rating their experience as satisfactory and good. When asked if they would return for health services, 42.1% of the respondents said they would come back if the need arises, while 35.4% were unsure [24].

A study conducted by Sumaiya Akter Snigdha aimed to evaluate the level of patient satisfaction at the Government Unani & Ayurvedic Medical College Hospital in Dhaka, Bangladesh. The study included 165 patients who attended the out-patient department. Patients who were 18 years or older and had a history of at least two referral visits were eligible to participate. The Patient Satisfaction Questionnaire (PSQ-18), which includes 18 items translated into Bangla, was used to measure patients' satisfaction. Out of 165 patients, 135 (81.8%) were satisfied and 30 (18.2%) were dissatisfied with the medical services. The mean and standard deviation of total patient satisfaction were 69.1 (+16.9). Patients were mostly dissatisfied with the financial aspects of Unani and Ayurvedic treatment, which accounted for 29 (17.6%) of the dissatisfaction. This was due to the lack of free medicine supply and high cost of medicine [25].

The study conducted by Thambirasa Sathiyaseelan aims to investigate the impact of service quality on patient satisfaction in government Ayurvedic medical institutions located in Jaffna district. The study used a questionnaire survey and purposive non-random sampling method to collect data from 591 respondents. To measure the service quality dimensions related to Ayurvedic hospitals, the five-dimensional SERVQUAL model proposed by

Parasuraman et al. was employed. The results indicate that the service quality of Ayurvedic medical institutions significantly contributes to patient satisfaction [26].

A study was conducted by Paras Wani from May 2021 to June 2021 to determine the level of patient satisfaction with the quality of medical care services provided by the AYUSH unit of GTB Covid Care Centre in Delhi for Covid-19 positive patients. The study also aimed to understand the patients' perception towards the integration of AYUSH services. GTB Hospital is a designated Covid hospital that provided AYUSH interventions to Covid positive patients. This was an observational study that collected data from 174 patients through exit interviews after obtaining their informed consent. The patients' perception and attitude were assessed using a pre-designed and pretested questionnaire. The majority of the patients believed that AYUSH services should be integrated with the conventional healthcare system. 160 out of 174 patients were in favour of the integration of AYUSH services with conventional medicines. 14 patients were against the integration. The study found that no sociodemographic variables such as age, gender, marital status, religion, residence, and socioeconomic status were significantly associated with satisfaction score. Overall, the patients were highly satisfied with the

AYUSH services provided by the facility [27].

The study conducted by P. Suhail aimed to understand the perception differences of healthcare consumers in Ayurveda. The study analysed the relationship between service quality, satisfaction, and behavioural intentions in Ayurveda. For the study, 404 samples were collected using convenient sampling technique through direct interviews with a structured questionnaire from the in-patients of 20 accredited Ayurveda hospitals from the northern part of Kerala, a southern state of India. Most of the respondents were women aged above 40. The study found that the perception of healthcare consumers varies for service quality and patient satisfaction according to socio-economic variables except for the education factor. The test on the impact of performance-based service quality on patient satisfaction and the mediation model showed a significant influence between the variables [28].

A study was conducted by Dr. S. Senthilvadi to determine the level of patient satisfaction towards Siddha hospitals in Erode City. The researchers gathered primary data using a structured questionnaire, which was collected from 100 patients using convenience sampling method. Additionally, the researchers collected secondary data from publications to support their analysis. The patients were

asked to rate their satisfaction with various aspects of the hospitals. The study found that the patients' most common complaint was the waiting time for treatment, with a total score of 14.83. The second most common complaint was the problem of being prescribed too many medicines, with a total score of 13.80. The lack of expert staff was ranked as the third problem with a total score of 13.38, while the unhygienic environment was ranked as the fourth problem with a total score of 12.91. The fifth and sixth most common complaints were the long waiting hours with a total score of 12.25, and high cost of consultation with side effects with a total score of 11.55 respectively [29].

## DISCUSSION

The studies have shown that there is a significant connection between the effectiveness of treatment and the level of patient satisfaction. The studies also highlighted that treatment effectiveness has a greater impact on patients' satisfaction, as compared to the facilities and hospital environment. However, there are very few studies available on patient satisfaction related to Unani medicine. One such study discovered that the majority of patients visiting AYUSH hospitals were suffering from Musculo-skeletal disorders, gastrointestinal diseases, neurological ailments, skin diseases, etc. Neurological ailments were the primary reason for seeking Ayurvedic treatment (48%), while

musculoskeletal disorders were the primary reason for seeking Unani treatment (20%), gastrointestinal disorders in homeopathy (22%), and non-communicable diseases in yoga (30%). The study also found that patients were mostly dissatisfied with the financial aspects of the treatment, which was due to the lack of free medicine supply and high cost of medicine. With regards to satisfaction levels about the infrastructure facilities, the proportion rated as very good/excellent. Treatment effectiveness had a significant effect on patients' satisfaction compared to other factors. The effectiveness of treatment had a significant impact on patients' satisfaction compared to other factors. No socio-demographic variables were found to correlate significantly with satisfaction scores. These studies also identified that interaction between the healthcare consumers, doctors, and other staff are essential to contribute a positive result on the service experience. Because, later this service experience is evidenced in the higher level of customer satisfaction and loyalty in healthcare services. Again, these studies has given more focus to address the dimensions which are unnoticed in performance-based service quality and patient satisfaction. In that list, the important factor that is to be considered by each service provider is 'an effective pricing strategy', where the majority of the healthcare consumers are demanding

affordable treatment packages based on their financial status. Easy accessibility with essential facilities to AYUSH is another important matter to be considered by the state.

## CONCLUSION

Overall findings showed that patients were highly satisfied with the integration of quality of medical care of AYUSH services. However, least satisfied services should be considered as point for improvement of overall satisfaction level. Patient satisfaction is an important indicator that reflects the service quality at any level of health services. It was found that the chronic diseases were most commonly consulted. In terms of overall satisfaction, the satisfaction level was good and satisfactory with the AYUSH services provided by the district AYUSH hospital which leads to the fact that AYUSH system of medicine has great scope to become one of the leading systems of medicine in the near future.

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