



A STUDY OF FRAMEWORK FOR MEASURING PATIENT AND FAMILY SATISFACTION WITH HEALTHCARE SERVICES

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ABSTRACT

Patients and their families are the direct customers of healthcare services, which is a vital and expanding sector of the economy. The goal is to build a conceptual and complete model that is inclusive to understand and identify variables influencing patient and family satisfaction with healthcare services. Thirty publications in all were examined to determine the variables influencing satisfaction. It has been discovered that communication plays a crucial role in addition to the numerous medical, paramedical, pathological, and administrative services, which in turn fuels good behaviors like loyalty. To maintain high levels of patient and their families' satisfaction, healthcare services require constant and routine monitoring to identify issue areas and subsequently start service delivery improvement. The uniqueness of this survey resides in the fact that in addition to patient happiness, family satisfaction is also examined.

Keywords: Healthcare services, communication, and patient and family satisfaction.

Introduction

Traditionally, rather of taking into account the needs of patients, the quality of treatment has been assessed in the context of health professionals (Donabedian, 1998). The Indian economy was formerly thought to be mostly agricultural, but owing to rising demand, more public awareness, and structural changes, there is now a greater focus on the service sector (Khan and Muhammad, 2012). In India, the largest contribution to the service sector has been the provision of healthcare services (Itumalla and Acharyulu, 2012; Bisht et al., 2012; Rao, 2012).

It was challenging to picture the "Customer is the King" mentality in a developing nation like India. Nowadays, practitioners are starting the practice of offering consumers quicker and more customized services. Instead of only offering the essential healthcare services of illness prevention or treatment, a better marketing mix is created (Itumalla and Acharyulu, 2012). In order to enhance healthcare services and marketing efforts, they have begun researching and monitoring patient satisfaction levels. Patient happiness and experiences are recognized as indices for assessing the quality of healthcare treatments (Zastowny, 1995; Padma, 2010; Naidu, 2009). Customers of healthcare services, or patients, vary from those of other service industries in a number of ways (Wadhwa, 2002). They vary from one another because they are either physically or psychologically unfit, and the disease they are dealing with is significant. Healthcare services are thought of as high involvement services due to the direct provider-client connection between patients and their families. Because of a lack of technical understanding, the patient is oblivious to what the doctor is giving him or her. More happy patients are the outcome of the hospital staff's effective communication abilities.

Quality of service is highly valued in order to guarantee patient happiness. Researchers believe that customer satisfaction is a good predictor of service quality and that customer satisfaction is a function of service quality (Zastowny, 1995; Padma, 2010; Naidu, 2009). The major concerns are the definition of parameters and the magnitude of service quality as significant indicators of patient satisfaction, and a variety of models and methodologies have been proposed for assessing patient satisfaction (Parasuraman et al., 1988; Sachdev and Verma, 2004).

Families of patients remain with patients during the majority of hospital visits in India. During the whole hospitalization cycle, from admission to discharge, they assist patients and engage with staff (Panchapakesan et al., 2015). It is impossible to overlook or downplay the exceptional importance of attendants and the variety of services they provide to patients (Seetharam and Zanotti, 2008). Due to the patient's bad health, the family member deals directly with the hospital personnel (doctors, nurses, administrative staff, etc.) instead of the patient (Duggirala et al., 2008). So, it becomes necessary to investigate patient family satisfaction in order to get accurate feedback on the hospital and healthcare staff.

There have been studies on a number of patient satisfaction factors. Studies show that communication is one of the most crucial elements when evaluating the importance of medical and paramedical services as key indicators of satisfaction (Banka et al., 2015; Boyle, 2015; Forternberry, 2016). Because of the fierce competition, hospitals must use creative and alluring advertising techniques.

Literature review

According to the findings, customers behave quite differently when interacting with professional and personal services. Since they receive healthcare services out of necessity, individuals are unable to make their own decisions on the therapy that must be administered. Most patients are mute, passive recipients who entirely defer to the judgments of their physicians and nurses (Gandjour, 2007; Shortell et al., 2007). Particularly during an emergency, a patient does not have enough time to investigate all of the options and choose the best one. Healthcare services have poor search qualities, it may thus be said. In a similar vein, healthcare has poor experience qualities, making it difficult for patients to evaluate hospitals before using their services (Budd et al., 1996; Lilford et al., 2007).

Quality of service is highly valued in order to guarantee patient happiness. Researchers see patient satisfaction as a barometer of service quality and the standard of care as a predictor of patient satisfaction (Zastowny, 1995; Padma, 2010; Naidu, 2009) The major concerns are the definition of parameters and the magnitude of service quality as significant indicators of patient satisfaction, and a variety of models and methodologies have been proposed for assessing patient satisfaction (Parasuraman et al., 1988; Sachdev and Verma, 2004).

Patient and their families satisfaction in healthcare services

Many studies have been carried out to gauge people' satisfaction with medical treatments. Prior research has shown how patient satisfaction surveys may be used to assess the quality of

healthcare and have presented a measuring framework for determining the precise influence of individual patient experiences on overall satisfaction with healthcare services. (Jenkinson et al., 2002; Padma et al., 2010; Zastowny et al., 1995). PES (patient satisfaction survey), created in 1882, was employed by Zastowny et al. (1995), who came to the conclusion that it had a significant influence on healthcare quality. These evaluations serve as a connection between the framework of the treatment process and perception of it, as well as outcome indicators of care. They concluded from a critical analysis that these surveys will rise as a result of rising consumerism and the introduction of TQM in healthcare settings.

The development of the Picker survey's patient experience questionnaire included reading several research studies. The various hospital facilities' features that are thought to affect patient satisfaction were examined using a survey. As a result, care-related satisfaction and readiness to endorse hospital services to others were emphasized. It was discovered that some aspects of patient happiness and experiences are more productive for enhancing the services in various areas (Jenkinson et al., 2002).

Groene (2011) identified the justifications for adopting a patient-centered approach to quality improvement initiatives. The study's main focus was on how patient happiness might be measured, and how the data gathered from the replies could be used to enhance patient-centered treatment. The evaluation of patient centeredness included the use of standardized questionnaires, qualitative research methods such in-depth interviews, and focus groups. Yet, since this goes beyond the patients' rights, it was found to be a complicated and challenging undertaking to develop a link between patient centeredness and the quality improvement process.

The collection, analysis, and reporting of CAHPS data may significantly help the healthcare system while also increasing patient satisfaction (Browne et al., 2010; Banka et al., 2015; Kumah, 2017). The collecting and analysis of patient experience data was discovered to be a key technique for a revolutionary makeover of the current system. Unfortunately, conducting a systematic study is not always practicable. In this case, customers may depend on user-review websites like Yelp and Angie's List as well as rating agencies like Zagat (Browne et al., 2010). According to Banka et al (2015) 's analysis of before-and-after answers to the HCAHP survey, patient satisfaction increased as a result of better patient-physician communication and overall hospital recommendation. Patient appraisal of the event is known as patient satisfaction. The deliberate assessment of whether treatment was provided in a patient-centered way is made possible by measuring patient satisfaction with experience (Kumah, 2017).

It's critical to comprehend the demands of patients and their families in a hospital setting. Every hospital's first responsibility is to make sure all of its patients are pleased since unhappy patients may bring the facility into disrepute (Baalbaki et al., 2008; Padma et al., 2010). It is believed that in order to boost customer satisfaction, personnel should become more participatory and customer-focused.

This would improve the staff's self-confidence and compatibility (Baalbaki et al., 2008).

Although the technical quality of healthcare services could not be fully assessed since the research found that patients and attendants place the most value on relational elements of care (Padma et al., 2010). The evaluation also made clear that employee training should place a stronger emphasis on enhancing workers' communication skills than only on honing their technical and medical knowledge. Their abilities should be developed in a manner that allows them to approach clients as human beings with needs rather than as a commodity. A common objective of employee training should be client pleasure (Baalbaki et al., 2008).

There is a ton of material accessible to learn the elements influencing the happiness of patients and their families through enhancing the quality of treatment at healthcare institutions (Sodani et al., 2010; Puri et al., 2012; Sharma et al., 2014; Suresh et al., 2015; Panchapakesan et al., 2015). The basic facilities for patients and caregivers were determined to be satisfactory, although caregivers expressed dissatisfaction with the services at registration desks and dressing rooms due to their congested nature. While the overall experience rate was high, it was low when questioned in a selective way (Sodani et al., 2010).

The majority of patients said that their diagnoses were well communicated to them and that physicians stayed longer than anticipated. Despite lengthy wait periods and challenges in getting a consultation, one research showed that patient satisfaction was high. It may be claimed that patients' expectations were satisfied since they felt there was a positive doctor-patient relationship (Puri et al., 2012). According to Feddock et al. (2005), even if the waiting time is longer but the consultation duration is longer, patient discontent may be decreased. Contrary to these research, it was shown that a significant portion of respondents were unsatisfied with restroom and drinking facilities but content with service accessibility, waiting times, and the professional care and demeanor of hospital employees (Sharma et al., 2014; Suresh et al., 2015). The results of the literature research also point to a difference in patients' satisfaction on private and general wards (Suresh et al., 2015). Analysis revealed that patients on private wards were happier and more likely to speak well about the hospital. Also, they expressed satisfaction with the promptness of the care, the frequent doctor checkups, the nurses' conduct, etc. While selecting a hospital, reputation and customer recommendations are crucial considerations (Prasad et al., 2013)

Impact of communication on patient and their families'satisfaction

Reviewing medical information and building bridges to create a feeling of trust are made easier with communication. More satisfaction is a result of effective communication between physicians and patients or attendants (Prasad et al., 2013; Boyle and Brian, 2015; Kumah, 2017). Doctors, nurses, and other staff members' interactions with patients' loved ones, acquaintances, and social networks have been shown to be quite beneficial. It not only builds a trusting link to communicate information about the patient to family and friends, but it also sets reasonable expectations and establishes a bond (Boyle and Brian, 2015). The main element of outstanding medical practice is considered to be the patients' ability to communicate well with one another in order to immediately and clearly identify and describe the issue (Prasad et al., 2013). A successful, intelligible, and lengthy consultation demonstrates its value and is acknowledged as having therapeutic effects. Contrarily, it has

been shown that most patients are unhappy with poor communication, especially when the doctor comes out as indifferent, insensitive, and short on time (Bush et al., 1993).

Participation of the patient affects the quality of the result via compliance. Positive behavior including recommendations, compliance, and increased service usage are produced by patient loyalty (Naidu, 2009; Banka et al., 2015; Fortenberry and McGoldrick, 2016; Prasad et al., 2013). As a result of physician education, feedback, and incentives, it was hypothesized in the research by Banka et al. (2015) that patient satisfaction increased with physician-patient contact. As a consequence, the hospital was generally recommended. A framework for internal marketing in healthcare institutions was presented via the presentation of several demonstrative situations, illustrating the major advantages resulting from excellence in this field (Fortenberry and McGoldrick, 2016). Every patient was included in their research, from admission to discharge to arrival. According to the research, internal marketing has improved good word-of-mouth dissemination, led to better retention rates, and therefore increased customer satisfaction.

Patients' family as a determinant influencing the Patient Satisfaction

The research emphasized the vital role that families play in determining patient satisfaction (Rosland et al., 2011; Panchapakesan et al., 2015; Jazieh et al., 2018; Slowther, 2006). Family and friend involvement in primary care visits of patients with diabetes or heart failure: Patient and Physician Factors and Experiences was the subject of a research conducted by Rosland et al. (2011).

The goal was to determine how the involvement of the family affected the patients' and doctors' experiences. They performed a written survey of functionally independent diabetic persons and their primary care doctors and discovered that the companions of these patients are a major source of both physical and spiritual support for the treatment of these patients. By the use of a distinct, structured questionnaire for both patients and attendants, a study was undertaken "to explore moderators and mediators in the context of healthcare service quality from viewpoint of patients and attendants".

Attendants are co-creators of healthcare services, it has been discovered. Patients get emotional and physical support from attendants, which has an impact on how satisfied they are with hospital services. They also coordinate hospital operations (Panchapakesan et al., 2015). Researchers looked at the many facets and patterns of family members' participation in patients' happiness (Jazieh et al., 2018). By looking at patient concerns, gaps in contact with families were found. A communication model was created by keeping the patient at the center and identifying the family member who was the most accountable. Family members were shown to be crucial in the treatment decisions made for patients. The suggested model provided a formal explanation of the significance of family communication.

Patients lack the capacity to make choices because they are unable to do so due to physical or mental sickness. Right now, the family is the one that gives the medical personnel all the information they need about the patients' wishes that are in their best interests (Slowther, 2006). Families are discovered to be a source of knowledge that helps healthcare

professionals (Prasad et al., 2013; Boyle, 2015; Bellou and Gerogianni; Bhalla et al., 2014). An instrument for assessing the satisfaction of patients with traumatic brain injuries was created in a research conducted by Prasad et al. (2013). The answers of the attendants who accompanied patients to hospitals were gathered using this technique. The research found that attendants are the best people to ask about how they were treated with dignity and respect, which helps to increase patient satisfaction generally. It was further suggested in a different research that family members assist in reviewing hospital information and work to establish a link in an effort to foster trust (Boyle, 2015).

In order for family members to participate effectively, it is important for hospital personnel to offer current and accurate information regarding patients' conditions. In order to provide patients beneficial psychological support, doctors and nursing personnel should also make provisions for training family members (Bellou and Gerogianni).

In order to determine the function of family members for patients admitted to the emergency unit of a tertiary hospital, Bhalla et al. (2014) performed a cross-sectional research. Four hundred responders filled out a detailed questionnaire (only one member from each family was interviewed). It was discovered that in an acute care setting, a patient's family is the most important component of the care team. They serve as the system's beating center. An easy transition from an acute care environment to a home care setting is made possible by the comfortable care provided by family members.

Discussion

India has undergone quick and drastic change as a result of globalization and liberalization, and this includes the healthcare industry (Khan and Muhammad, 2012; Lashmi and Kumar, 2012; Singh, 2012). In the current situation, the Indian health industry is dominated by private business owners and corporate entities (Shah and Mohanty, 2010; Rao, 2012; ILO, 2009).

The current research adds to the growing body of knowledge on patient and family satisfaction. Studies has shown that both medical (a physician's function) and paramedical services (such as nursing, pathology, and pharmaceutical services) play a big part in how satisfied patients and their families are with their care. Several studies support the medical and paramedical services (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 builds on the findings of Padma et al. (2010), who empirically compared the same services provided to patients and their families and concluded that while families are more drawn to infrastructure, administrative, and basic hospital facilities, patients are more interested in clinical care. The research by Jain et al. (2016) and Bhattacharya et al. (2018), in contrast, showed that the majority of patients and their family members were unhappy with the basic facilities and the administrative staff's conduct.

Patient compliance promotes the quality of treatment that ultimately results from patient engagement in healthcare services, which is an inherent attribute. The views and experiences of patients with regard to healthcare services operate as predictors of patient satisfaction

rather than determining whether or not patients can be trusted by healthcare providers (Naidu, 2009; Banka et al., 2015; Fortenberry and McGoldrick, 2016; Prasad et al., 2013). Positive actions like compliance and recurrent usage of services are results of patient loyalty, as are good behaviors like promoting medical services to others.

The most significant moderating element affecting patient and family happiness has been determined to be communication. Strong and effective communication also influences patient loyalty, which in turn affects overall satisfaction (Prasad et al., 2013; Boyle and Brian, 2015; Kumah, 2017). Reviews have shown that healthcare professionals need to have appropriate communication training (Banka et al., 2015). External communication techniques should also be prioritized at the same time. Healthcare firms should use aggressive and fair advertising techniques. Nonetheless, the content analysis shows that further study is needed on communication strategy.

Practical implications

The findings have clear consequences for medical professionals. According to studies, establishing strong relationships with consumers might reduce the likelihood of a customer switching. Healthcare service providers should not only concentrate on offering improved facilities but also streamline the treatment processes with swift service delivery in order to retain long-term relationships with the patients. Patients' preferences and wants should also be taken into account while explaining the treatment process to patients and their families.

To sustain higher levels of patient and their families' satisfaction, healthcare services need to be continuously and routinely monitored in order to identify problematic areas and, as a result, start implementing changes in service delivery. The research first determined the factors that predicted the satisfaction of the patients and their families. The satisfaction is directly impacted by the medical services, paramedical services, administrative services, and other unrelated activities. Healthcare providers must increase the quality of these services and make the necessary modifications. Second, it has been discovered that communication is the moderating element, suggesting that medical personnel must be extremely skilled to guarantee patient loyalty. Lastly, and perhaps most significantly, the study emphasized the family's involvement in influencing patient happiness and overall satisfaction rates. It is crucial to note that family serves as an emotional support system, aids in decision-making, and establishes first contact with service providers. Thus, it is essential for health care providers to gauge patient families' happiness.

Conclusion

The service industry's largest contribution in recent years has been discovered to be healthcare services. The two primary groups that make up healthcare services are healthcare service providers (physicians, nurses, pathologists, pharmacists, etc.) and healthcare service recipients (patients and their families). The suggested complete model covers every topic illustrating the key and moderating aspects influencing patients' and their families' happiness, as well as overall satisfaction.

Patients' and families' happiness is linked since both have an impact on how decisions are made and how satisfied people feel overall. Since patients interact directly with medical and

paramedical professionals, these variables have a greater effect on patients. On the other hand, other aspects (administrative services, cleanliness, parking, etc.) have a greater impact on family members' pleasure. It is impossible to overlook the moderating effect of communication. Communication is very necessary for pleasure, hence it plays a significant role. Giving healthcare staff employees effective communication training yields greater outcomes in the form of compliance and patient loyalty. The healthcare professionals are unaware of the promotion tactics and external communication variables.

The hospital management must hire a marketing expert to determine the pricing and advertising techniques that will lead to a high patient turnover rate. It is thus maintained that hospital staff members need to participate in a program on effective communication and take the appropriate corrective action in order to implement the changes indicated by the patients and their families.

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