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Editorial

Measuring patient satisfaction

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A patient satisfied with the healthcare received is indicative of the effectiveness of a health care system. In this light, patient satisfaction is a performance indicator of the extent to which a patient is a content with the health care received and, at the same time, a reflection of health care quality. Patient satisfaction can be measured in several ways, using different satisfaction metrics (1). Nevertheless, no single method for measuring patient satisfaction has been accepted as the `gold standard.' Moreover, as patient satisfaction is somewhat subjective and depends largely on a patient's perceptions with regard to their expectations, it is therefore difficult to define and measure (2).

Since patient satisfaction is not a construct that can be observed directly, satisfaction surveys are commonly used instead as a measuring tool. Thus, patient satisfaction surveys are trying to 'translate' subjective accounts into quantifiable, meaningful, and actionable data. Under this light, assessing patient satisfaction and gathering constructive and relevant data involves the following: decide which aspects of patient satisfaction to measure; develop reliable and valid questions; random sample individuals from a wider patient population; use of standardized techniques, e.g., telephone/mail/e-mail surveys or face to face interviews (3).

The techniques employed to assess patient satisfaction range from indirect measures focusing on beliefs, attitudes, and expectations to direct satisfaction/ dissatisfaction rating on various scales and mixed satisfaction/dissatisfaction measures. There is a danger, however, of relying too heavily on standard instruments of 'satisfaction levels' when also assessing the quality of care that patients receive, as research has indicated that reported levels of satisfaction with health care are almost always misleadingly high as patients are often reluctant to appear to be critical of health care services (4). These services may be seen to be supplied by 'dedicated' professionals or 'underpaid health care staff,' professionals who 'deserve every penny they get.' These views have been enhanced lately with the COVID-19 pandemic, which glorified the hard-working health care personnel.

A health care situation comprises of several aspects and attributes. Thus, if a patient's satisfaction study is to be more useful, it needs to produce global and overall measures of satisfaction as well as specific information on characteristic components of the 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 should also attempt to make the patient see that the questions are asked by a caring health care professional wishing to meet their client's needs (5).

Generally speaking, there is a fear that any criticism might be construed as a complaint. Thus, in interpreting high mean scores of patient 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 (6). Thus, a mean satisfaction score of 6 on a 7 point Likert scale (where 1= extremely dissatisfied and 7= extremely satisfied) does not imply

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that the majority of patients were satisfied with various aspects of their hospital stay (7). Other researchers have argued that another operational measure for the patient satisfaction concept should include a Likert scale containing several basic factors: physician conduct; availability of service; delivery of essential medical care; treatments sought by patients and their families (which may or may not be favorable to good health); continuity/convenience of care; easy access to care; healthcare provider behaviors and activities that constitute compassionate care and finally the safeguarding of human dignity (8).

Another potential theoretical complexity in assessing patient satisfaction is that the concept is a cognitively based evaluation of a service's attribute. Yet, some theorists argue that satisfaction is primarily an emotional or affective response to the service provided. Thus, circumstances need to be taken into consideration as part of the assessment process (9).

Overall, the mere absence of a sound conceptual basis and consistent measuring tool for consumer satisfaction has led to an abundance of surveys focusing on patient experiences, including aspects of the care experience such as waiting times, communication with healthcare personnel, and quality of care amenities. These all help to identify tangible aspects of care that are in need of improvement (10). Moreover, it is considered that defining quality improvement from a patients' perspective is a better indicator of improved safety, equity, accessibility, continuity, and provision of holistic care. In contrast, a healthcare provider's viewpoint may focus more on offering services to a greater number of consumers with only a reasonable level of satisfaction, in line with basic quality improvement, cost-effectiveness, and increased efficiency (11).

Conclusion

Undoubtedly, for a variety of epistemological, theoretical, and empirical reasons, patient satisfaction is a concept with multiple foci. As yet, a universal patient satisfaction tool is yet to be agreed upon; thus, more research is needed in order to reconcile the diverse operational and classification systems currently offered to 'capture' and measure patient satisfaction. In this light, the international health and care community needs a robust and systematic evaluation of the competing definitions of patient satisfaction to agree upon a generic and empirically valid measurement tool for patient satisfaction.

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