International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Review Article on Patient Satisfaction in Out Patient Department

Karan[1], Sakshi Kaushik[2]

[1]Hospital Administration, School of Allied Health Sciences, Datta Meghe Institute of Medical Sciences, Wardha, Maharashtra, India
[2]Medical Law Ethics, National Law School of India University, Bengaluru, Karnataka, India

ABSTRACT
The healthcare landscape is rapidly evolving on a global scale. Over the past few decades, health has gained acceptance as a fundamental right and transformed into a societal objective. One of the fundamental criteria for evaluating the effectiveness of the healthcare services offered in hospitals is patient satisfaction. Given their higher socioeconomic standing and easier access to healthcare, consumers have high expectations and demands. Successful customer impression monitoring has evolved into a straightforward yet crucial business approach. An essential tool for organising an essential tool for organising, managing, and conducting research is patient satisfaction measurement.

Keywords: patient satisfaction, out patient department

INTRODUCTION

The global healthcare landscape is undergoing rapid transformation (Verma A, Sarma RK. 2014). In recent decades, there has been growing recognition of health as a fundamental right and societal objective. Patient satisfaction (PS) has become a standard criterion for assessing the effectiveness of medical treatments provided in hospitals. Due to their higher socioeconomic status and easier access to healthcare, consumers have heightened expectations and demands. Monitoring customer impressions has evolved into a straightforward yet essential business strategy (Sreenivas T, Prasad G, 2003).

The distressed patient seeking relief, treatment, and care constitutes the ultimate consumer of a hospital. Before their appointment, patients harbor specific expectations, and after utilizing hospital services, they may experience either contentment or dissatisfaction (Kulkarni MV, Deoke N. 2011). The patient holds the authority to determine quality, endorse services, influence others to accept them, provide precise feedback on hospital performance, and shape the success of the overall quality management program. Consequently, gauging patient satisfaction plays a pivotal role in planning, management, and research (Bhattacharya A, Menon P, Koushal, 2003).

Healthcare administrators in underdeveloped nations have often overlooked patients' opinions of the healthcare system. Human satisfaction is intricate and influenced by diverse elements including lifestyle, past experiences, current expectations, individual and societal values. Quality of clinical services, medication availability, healthcare personnel conduct, service cost, hospital infrastructure, physical comfort, emotional support, and respect for patient preferences are all contributory aspects. By soliciting patient perspectives, public health services can better respond to the needs and expectations of the populace.

According to an article (Indian Express 2001), patients can assess treatment quality by considering all aspects of service provision including care quality, medical expertise, and ancillary facilities. Patient satisfaction reflects the consumer's perception of high-quality care elements. As it influences a patient's decision to follow prescriptions and seek professional advice in the future, it's a prerequisite for healthcare excellence.

Patient satisfaction measurement serves as a vital tool for research, management, and planning (WHO 1984). It stands as a crucial quality indicator as it gauges the caliber of services provided by healthcare teams. Key factors shaping overall patient satisfaction among hospitalised patients include their experience with doctor consultations, nursing care, housekeeping, equipment, billing, and in-house food services (Donabedian A, 1980).

The evolving global healthcare industry aims to meet the requirements of its expanding patient population. Patients are no longer viewed as uninformed individuals but as well informed decision makers exercising their legal rights. A patient-centered healthcare system must prioritise patient requirements and preferences (Deva SA, 2010). While clinical care and performance improvement have traditionally relied on professional standards, patient perception of services has emerged as a significant gauge of healthcare quality in recent years (Woodring S, 2004).

The primary goal of any hospital is to provide high-quality services that ensure patient satisfaction and happiness. Analysing the quality of patient care is essential in assessing the effectiveness of a hospital's services. Meeting the needs of each patient is imperative, as they are the primary beneficiaries of the facilities' offerings. Patient happiness serves as a prime indicator of effective hospital management. With unique thoughts, feelings, and expectations, patients' needs differ, underscoring the importance of catering to diverse expectations.

In the present, patients are increasingly aware of their rights and healthcare needs. They seek healthcare institutions that deliver exceptional and high-quality medical services. Failing to achieve this results in the healthcare institutions not fulfilling their duties. A fully satisfied patient signifies an institution's ability to comprehend patient healthcare demands and needs. Measuring patient satisfaction enriches an organisation’s overall quality management by providing invaluable insights into system performance. Beginning in the late 1970s, studies have explored patient satisfaction with medical care. Over the last thirty years, numerous publications on the subject have emerged. While initial research emphasised patient satisfaction as a precondition for desired clinical outcomes, focus shifted towards the dependent variable of patient satisfaction. Today, virtually all hospitals assess care while considering patient satisfaction.

CONCEPT OF PATIENT SATISFACTION

Patients have specific expectations before going to the hospital, and their actual experience determines whether they are satisfied or not (Andrabi Syed Arshad et al., 2012). Based on prior service usage, it can also be argued that these patients have a favourable opinion of the provider's service delivery (Sharma and Hardeep Chahal, 1999). Because nurses are involved in practically every area of a patient's care at a hospital, nursing care is a crucial factor in determining patient satisfaction (Mufti Samina et al., 2008).

Patient satisfaction is generally understood to be a measurement of how satisfied a patient is with the health care they receive from their health care provider. Patients visiting hospitals nowadays are more informed and knowledgeable about the illnesses, types of treatments, and healthcare resources accessible. As a result, people have higher expectations of the healthcare system. Additionally, due to the constantly expanding healthcare market, there is an enormous increase in rivalry among healthcare providers.

Therefore, it is even more crucial for healthcare professionals to concentrate on achieving good results in terms of both patient happiness and treatment.

The likelihood that a patient will return to the hospital facility in the future is significantly increased by a positive patient assessment of the service provider. It aids in preserving a patient-based base of loyalty. Similar to this, happy patients would spread the word about the quality of the hospital's services, bringing in a lot of new patients who hoped to receive the same care as the others.

FACTORS AFFECTING PATIENT SATISFACTION

Patient satisfaction encompasses a multitude of dimensions, and its high levels are not driven by a single isolated factor. Both the patient's and provider's perspectives contribute to this complex equation, which can be broadly categorised into four key areas:

1. **Accessibility to Services:** Ensuring patient accessibility to healthcare services is paramount. A patient's frustration may escalate if reaching the care facility proves challenging when they are unwell. It is crucial for hospitals to be strategically located for easy patient access. In rural settings or areas with limited transportation options, patients would prefer providers with better accessibility. The appointment scheduling process should be streamlined, courteous, and informative. Embracing online appointment booking can enhance patient-hospital interaction. Adequate signage within hospital premises and parking facilities should guide patients, with staff present to provide assistance. Architectural designs should incorporate patient accessibility considerations.
2. **Interpersonal Components of Care:** The concept of "Hospital as a center of cure and healing" underscores the holistic nature of care. Medical treatment should encompass emotional well-being, addressing not only the patients but also their caregivers' needs. Timely consultations, empathetic approaches, detailed procedure and medication explanations, effective nurse-patient communication, and frequent doctor visits during hospital stays are vital. These interpersonal aspects significantly shape patients' perceptions of healthcare institutions. Positive patient-provider interactions, even through simple gestures like offering a seat during conversations, can markedly elevate satisfaction levels.
3. **Technical Aspects of Care:** Technical facets encompass proper medical history documentation, obtaining informed consent, accurate diagnostics and procedures, appropriate medication administration, absence of malpractice, and provision of comprehensive post-care instructions. Surgical procedures must strictly adhere to patient, site, and procedure specifications. For nurses, accurate techniques for blood sampling, needle safety, hand hygiene, and medication administration are pivotal. These technicalities form the foundation of patient treatment and directly impact clinical outcomes. Errors in this domain can lead to decreased patient satisfaction.
4. **Education, Information, and Attitude:** Providers contribute significantly to patient satisfaction through education, information sharing, and their attitude. However, patient attributes also shape satisfaction levels. Factors such as patient knowledge about treatments, educational and socioeconomic status, background, prior hospital experiences, and personal attitudes influence expectations towards healthcare services.

In summary, patient satisfaction is a multifaceted construct, intricately influenced by a variety of factors on both the provider's and patient's sides. Embracing patient-centered strategies, focusing on effective communication, and diligently managing technical aspects contribute to fostering high levels of patient satisfaction.

REVIEW OF LITERATURE

Prahlad Rai Sodani, Rajeev K Kumar, Jayati Srivastava, and Laxman Sharma conducted a study in 2015 within public health facilities, revealing that higher-level health facilities garnered greater patient satisfaction with basic amenities compared to their lower-level counterparts. Intriguingly, the study also unveiled that patients exhibited higher contentment with the conduct of doctors and staff at lower-level facilities when contrasted with higher-level ones. This aligns with Jones's 1978 perspective, emphasising that patient satisfaction surveys not only furnish healthcare organisations with invaluable feedback for decision-making but also facilitate recommendations for service delivery enhancement and policy evaluation.

In 1991, Riser characterised understanding satisfaction as a delicate equilibrium between a patient's ideal perception of a nursing home and their actual experience of nursing care. A study by Sanjib Gogoi and Bhaben Choudhury in 2015 underscored that, on the whole, patient satisfaction was favourable across dimensions like clinical care, physical facilities, diagnostic services, doctor and nurse behavior, and treatment costs. Nonetheless, a significant concern surfaced with low patient satisfaction (38.6%) regarding the conduct of ward boys, sweepers, and ayas. Swan's 1985 conceptualisation defined patient satisfaction as a positive emotional response stemming from cognitive processes where patients juxtapose their personal experiences against subjective benchmarks.

Kashinath KR's 2010 study assessed factors influencing patient satisfaction in a Dental College in Tumkur City, offering remedies such as signboards, transparent treatment procedures, and rapportbuilding to address shortfalls. However, merely curtailing complaints does not signify improvement; meaningful enhancements necessitate evaluating procedure accessibility, implementing tangible actions, and fostering an environment conducive to voicing concerns.

By 1996, patient satisfaction became a prerequisite in all French hospitals. A study by Laurent et al. in 2006 within a tertiary hospital disclosed that 94% of respondents believed patients could competently evaluate hospital services and quality, particularly in organisational, relational, and environmental dimensions.

Swan's 1985 viewpoint encapsulates patient satisfaction as a positive emotional response originating from cognitive processes where patients evaluate personal experiences against subjective standards. Lender and Pelz (1982) introduced the notion that patient satisfaction embodies an affective response intertwined with an attitude toward healthcare, linked to both perceived attributes and patient evaluations of those attributes. Their definition emerged from diverse satisfaction study analyses, factoring in five socio-physiological variables as potential determinants of health care satisfaction:

actual occurrences, perceived occurrences, value assessment of attributes, expectations, and entitlement perceptions.

In summation, these studies highlight the multifaceted nature of patient satisfaction, its correlation with healthcare attributes, and its pivotal role in shaping service quality and policy enhancements.

Components of satisfaction

Several classifications of components have been put forth, although only a limited number of them prove relevant within specific healthcare contexts. Abdellah and Levine (1965) established a classification encompassing adequacy of facilities, organisational structure effectiveness, personnel competency, and the impact of care on consumers with professional education. In the context of reviewing patient satisfaction research in the United States, Riser (1975) observed the emergence of four distinct

components: cost, convenience, the personal qualities of the provider and the nature of the interpersonal relationship, as well as the provider's competency and the perceived quality of care provided.

Determinants of satisfaction

1. Expectation

Effective communication heavily relies on the articulation of satisfaction. Pioneering this concept, Stimson and Webb (1975) proposed that satisfaction is intricately tied to the perception of care benefits and the extent to which they fulfil patient expectations. Riser (1975) and Fitzpatrick (1984) contended that a particular definition of satisfaction mirrors the notion of expectations. Notably, Abramowitz et al. (1987) uncovered the diversity of patient expectations and corresponding satisfaction levels across specific care dimensions. They also concluded that anticipating patient satisfaction necessitates recognising expectations and contentment with particular care elements. The presence of expectations adds intricate layers to the interpretation of satisfaction.

Numerous studies have demonstrated a direct correlation between high care quality and elevated satisfaction levels, signifying that "Quality Assurance" serves as a pivotal tool or component of satisfaction. Furthermore, it has been firmly established that satisfaction aligns closely with nursing care quality. Bond and Thomas (1992) concisely emphasised that distinct levels of satisfaction yield diverse perspectives on nursing care quality, transcending mere variations in satisfaction levels stemming from identical experiences. Larson and Rootman (1976) hypothesised that stronger alignment between physician performance and patient expectations would enhance patient satisfaction with medical services. However, subsequent studies, conducted a few years later, unveiled a more intricate connection between patient expectations and overall satisfaction.

Stimson and Webb (1975) categorised satisfaction into three pivotal groups: structure, interaction, and outcome. Structural expectations emanate from accumulated knowledge of the consultation/treatment process, varying with illness and circumstances. Common patterns and routines emerge, yet deviations from expectations tend to draw scrutiny. Interaction pertains to patient anticipation regarding doctor-provided information, encompassing questions and explanations about the illness and treatment. Action expectations cover steps taken by the doctor, including prescriptions, referrals, or advice. Stimson and Webb (1975) concluded that interaction ranks as the most pivotal expectation among these categories.

Filton and Acheston (1979) delved into patient satisfaction concerning five routine service actions by General Practitioners, further subdividing action expectations into Ideal and Actual categories. The Ideal category aligns with patient expectations, while the Actual category pertains to the actions the patient believes will be implemented.

2. Patient characteristics

Patient satisfaction is significantly influenced by enduring traits like socio-economic status, gender, and age. Researchers exploring these factors have recognised the pivotal role of social, economic, and demographic considerations in shaping satisfaction levels. Scholars such as Fitzpatrick (1990) and Fox and Storm (1981) have highlighted the lack of uniform impact from these variables on satisfaction. Notably, among these factors, patient age stands out as particularly influential.

Extensive cross-country data reveals that older individuals tend to exhibit higher satisfaction levels compared to their younger counterparts. An examination conducted by Cartwright and Anderson (1981) unveiled that older respondents had lower information expectations from their healthcare providers.

Additionally, educational attainment or literacy level is also considered a determinant of satisfaction. Several studies have found a direct relationship between greater satisfaction and lower education levels. Anderson and Zimmerman (1993), conducting surveys in two Michigan facilities, demonstrated that patients with limited education reported heightened satisfaction. Correspondingly, Schutz et al. (1994) identified a strong link between higher educational satisfaction and dissatisfaction among patients undergoing colonoscopies.

The connection between satisfaction and "social class" is less straightforward, partly due to often unaddressed economic factors. Hall and Dorman (1990) recognised socioeconomic status as having a notable yet somewhat inconsistent correlation with satisfaction. They observed that increased satisfaction was linked to greater economic well-being. Interestingly, outcomes diverged for economic well-being and education.

In relation to gender, limited studies suggest that a patient's gender does not significantly influence their sense of satisfaction. However, Khayat and Salter (1994) reported that men exhibited higher satisfaction levels than women with general healthcare services. Another UK based study indicated that female patients were more likely than their male counterparts to voice dissatisfaction with rigid schedules and privacy concerns.

Patient satisfaction pertains to individuals utilising the outpatient division of a healthcare facility or those seeking healthcare services within the hospital environment. Satisfaction refers to the assessments made by the patient or the factors that bring them a sense of contentment and fulfilment. Satisfaction, in this context, signifies the level of approval expressed by a customer when comparing the perceived performance of a product or service with their initial expectations. The indicators of patient contentment examined in this study encompass several facets, including accessibility, the interpersonal demeanor of the service provider, the physical environment, availability of medical resources, and the quality of healthcare services. The interpersonal approach of healthcare providers refers to their personal interactions with patients. This encompasses the conduct of staff members at the reception counter during patient interactions, physician-patient interactions in the outpatient department, and the demeanor exhibited by Physicians, Nurses, Assistants, and other staff members, such as courtesy, support, concern for well-being, and consistency in treatment.

The physical environment refers to the elements of the surroundings within which healthcare services are delivered. This entails aspects such as the aesthetic appeal of the surroundings, the clarity of signage and directions, and the perceived cleanliness of the outpatient department as experienced by patients. The waiting room facilities encompass amenities like water availability, seating arrangements, availability of charging points for electronic devices, functioning air conditioning, and more.

Measuring patient satisfaction

Assessing patient satisfaction serves as a valuable gauge for healthcare quality, necessitating regular evaluation (Athar Mohd, 2014). Patient satisfaction encapsulates a comprehensive understanding of the patient's perceived requirements, expectations from the healthcare system, and their healthcare journey. This multifaceted concept encompasses both clinical and non-clinical dimensions of healthcare (Fatima Mukhtar, 2013). The evaluation of intangible service offerings has posed a significant challenge for managers and administrators in the healthcare sector (Athar Mohd, 2014). Patient satisfaction surveys have undergone continuous refinement and are increasingly acknowledged as benchmarks for measuring the effectiveness of service delivery systems within hospital settings.

3. Patient Satisfaction and Patient Experience

Patient satisfaction and patient experience, while often used interchangeably, hold distinct meanings. Evaluating patient experience involves ascertaining whether specific expectations for healthcare interactions, such as clear communication with a provider, were realised and to what extent they occurred (AHRQ, 2016). In contrast, satisfaction revolves around whether a patient's anticipations regarding a healthcare encounter were fulfilled. Even if two individuals receive identical care, varying satisfaction ratings can emerge due to their individual expectations for the care process (AHRQ, 2016). Patient satisfaction relates to the degree of contentment a patient feels across one or more care aspects. While inquiring about hospital room satisfaction is pertinent, it encompasses only a fraction of the services provided to the patient.

The patient experience commences from the initial touchpoint between a patient and caregivers, encompassing interactions such as phone calls, access to the hospital's website, parking facilities, signage, and overall amenities. The amalgamation of these factors, their cohesion, defines the patient experience. Crafting an experience aligned with patient preferences and needs can yield positive impacts on patient satisfaction levels. Focusing on patient experience is a valuable objective in itself, with payers increasingly emphasising it as a facet of care quality. Patient experience scores encapsulate diverse elements, from nocturnal noise levels on a hospital floor to the quality of communication between medical staff and patients – all integral measures of hospital performance.

However, measuring patient experience is a nuanced endeavour, unlike the more quantifiable assessment of patient satisfaction through a rating scale. Patient experience necessitates personal narratives, articulated by patients and their families in their own terms. The healthcare industry is progressively shifting towards accentuating patient experience, recognising its intrinsic value. Strong physician-patient communication, empathy, and patient comfort, fundamental to patient satisfaction, warrant little justification. Moreover, patient satisfaction is linked to improved health outcomes and heightened compliance.

Outpatient Department

The Outpatient Department (OPD) functions as the initial point of interaction between the hospital and patients, essentially serving as the public face of the healthcare services offered to the community. The quality of care provided within the OPD is regarded as a reflection of the overall service excellence of the hospital, a sentiment often gauged through patient satisfaction levels (Athar Mohd, 2014). For individuals falling ill, their first recourse is typically either the Emergency Department or the OPD of a hospital. Following consultations at these entry junctures, patients may be discharged for home care, referred for diagnostic assessments or laboratory tests, admitted for inpatient care, or directed to the ICU, contingent on the severity of their condition. Consequently, all other hospital departments are encountered during subsequent phases of treatment, whereas the OPD functions as the primary point of entry and garners the highest patient traffic.

In this context, ensuring the delivery of exceptional quality services within the outpatient department assumes paramount importance. When patients experience satisfaction with the OPD services, encompassing factors such as a comfortable waiting environment, minimal wait times, thorough consultations with medical professionals, easy access to information, and a hygienic atmosphere, they are more inclined to revisit the hospital for any future healthcare needs. Additionally, positive feedback from

the patient often prompts their family members and acquaintances to also choose the hospital. Furthermore, attending the OPD forms the basis upon which patients formulate opinions and perceptions about the hospital's other services and departments.

The role of OPD Department

- Offering the community access to specialised diagnostic medical expertise, combining the proficiency and capabilities of experts with the hospital's resources.
- Providing essential physical assets, machinery, and materials that enable early diagnosis, assisted by paramedical staff and other allied healthcare professionals. • Administering ambulatory and domiciliary care for cases suitable for treatment within the OPD, including procedures like hernia and varicose vein surgeries.
- Facilitating referrals for hospital admission of patients requiring inpatient care, with approximately 80% of total admissions originating from the OPD.
- Promoting the health and well-being of individuals in the OPD through health education initiatives.
- Undertaking post-treatment care and medical rehabilitation as needed, ensuring proper discharge from the hospital.
- Offering training opportunities for medical students, house physicians, and other professionals like nurses and technicians, providing them with valuable and diverse clinical experiences.

SERVICES OF OPD

- Enrollment of patients
- Medical consultations with doctors
- Implementation of diagnostic protocols
- Administration of immunisations
- Dedicated services for infant care
- Provisions for physiotherapy and rehabilitation
- Specialised speech therapy services
- Designated waiting zones for patients and accompanying individuals

Patient flow in OPD

- Upon arriving at the OPD, patients undergo a registration process during which they are provided with a unique identification number. All pertinent patient details are meticulously recorded in the hospital's official register.
- Subsequently, in accordance with the scheduled appointment, patients proceed to receive a consultation and initial examination by the attending physician. • Should there be a requirement for diagnostic or laboratory procedures, patients are directed to the relevant department for the necessary tests or sample collection.
- Following the medical evaluation, patients proceed to the billing counter for payment processing.
- In cases necessitating hospital admission, patients are seamlessly transferred to the IPD (Inpatient Department) after consultation, with the coordination facilitated by the admission in-charge. • For patients who only require prescribed medications, a visit to the pharmacy follows, where they acquire their prescribed medicines before departing.

Challenges of creating a high patient satisfaction: (Sara Heath, 2017)

Achieving elevated patient satisfaction levels within hospital settings poses a formidable challenge. Each patient is intricate and distinct, characterised by a unique set of preferences and requirements. This task is further complicated by the expanding responsibilities faced by contemporary clinicians, adding to their already demanding to-do lists. Consequently, the endeavour to enhance patient satisfaction becomes progressively more intricate. Hospitals and healthcare systems are also evolving to emphasise the prioritisation of patients, evident in the shift from pay-for-performance models to value-based care approaches. Central to this transformation are principles like the "patient need approach," "patient-centricity," and "patient comes first," which are gaining prominence within emerging healthcare facilities. To succeed in this pursuit, healthcare providers must not only recognise the primary obstacles that hinder the attainment of heightened patient satisfaction but also craft tailored strategies to effectively overcome these challenges, yielding optimal outcomes.

1. Providers and patients not on the same page

The alignment of a provider's perception of patient expectations might not necessarily coincide with the actual expectations held by the patient. Hospitals may prioritise factors such as amiable and helpful staff, enhanced patient-provider communication, and streamlined appointment scheduling. However, the patient's foremost concerns could revolve around minimising appointment wait times, receiving estimates for out-of pocket expenses, and avoiding a sense of rushed appointments. Identifying and addressing this disparity is crucial to bridging the gap and ensuring that patient expectations are met.

2. Time constraints limit patient- provider communication

Establishing a profound and empathetic connection with the patient constitutes a crucial approach to fostering patient satisfaction. Regrettably, the development of such relationships is hindered by the escalating time constraints faced by nurses and physicians. The increasing influx of patients across all hospitals, coupled with the substantial documentation responsibilities borne by medical professionals, results in a scarcity of time. Nonetheless, a constructive rapport can be cultivated in just a matter of minutes by employing uncomplicated empathetic gestures when attending to the patient.

3. Difficulty incorporating family members in care

When patients seek treatment at a hospital, they are seldom alone; typically, a family member or relative accompanies them during the care process. These individuals hold a significant role in terms of patient satisfaction and their importance parallels that of the patients themselves. Unfortunately, many hospitals struggle to adequately support these companions. In numerous instances, these family members wield substantial influence over patient satisfaction, rivaling that of the patients themselves. Factors such as proactive communication prior to surgery, timely and clear treatment instructions, and facilitating their accommodation during the patient's inpatient stay are pivotal. A robust engagement with families involves effective communication strategies, comprehensive education, and readiness for post discharge patient care, especially since most patients are ultimately entrusted to the care of a family member upon leaving the hospital. A promising approach involves designating family engagement leaders or individuals who are tasked with instructing family members on matters such as medication management or wound dressing to ensure proper at-home patient care.

4. Separating quality care from hospital amenities

Enhancing patient satisfaction centres around delivering high-caliber care that ensures patients are shielded from any potential negative occurrences. Simply having an aesthetically pleasing hospital infrastructure isn't sufficient to generate satisfaction. What truly matters to patients primarily is the caliber of care and the assurance of their safety. Certain healthcare professionals prioritise the delivery of top-quality care and the treatment of patients with dignity and respect over aiming for a luxurious, five-star ambiance.

CONCLUSION

Patient satisfaction is an important and commonly used indicator for measuring the quality in healthcare. Patient satisfaction affects clinical outcomes, patient retention, and medical malpractice claims. It affects the timely, efficient, and patient-centered delivery of quality health care.

REFERENCES

1. Abdellah F.G., Levine E. Better patient care through nursing research. New York Macmillan. 1965
2. Anderson L.A. Zimmerman M. A. Patient and Physician perception of their relationship and patient satisfaction: A study of chronic disease management. Patient education and counseling. 1993; 20: 36.
3. Cartwright A, Anderson R. General practice revised. London: Tavistock; 1981.
4. Fitzpatrick R. Satisfaction with health care. In: The Experience of illness, ed. R. Fitzpatric.
5. London: Tavistock, 1984. pp 154-175.
6. Fitzpatrick R. Measurement of patient satisfaction. In: Measuring the outcomes of medical care.
7. eds D. Hopkins, D. Constain. London: royal College of Physician King's Fund Center; 1990. p. 19-26.
8. Fitzpatrick J M., While A E., Roberts J D. The role of nurse in high quality patient care: a review of literature. Journal of advance nursing. 1992; 17: 1210- 19. [7] Fitzpatric R., Hopkins A, Harward-Watts O. Social dimensions of healing: a longitudinal outcome of medical management of headaches. Social Sciences and Medicine. 1983; 17: 501-10.
9. Fox J G, Storms D M. A different approach to socio demographic predictors of satisfaction with health care. Social Science and Medicine. 1981; 58: 2355- 2361.
10. Guadagnino C. Role of patient satisfaction. [S.1]: Press Ganey associates Robert Wolosin; 2003. [10] Hall J A., Dornan M C. Patient socio demographic characteristics as predictors of satisfaction with medical care: A Meta analysis. Social Science and medicine. 1990; 30: 811818.
11. Hopton J. L., Howie J.G .R. Porter M.D. The need for another look at patient in general practice satisfaction surveys. Journal of family practice. 1993; 10: 82-87.
12. Linder- Pelz S. Toward a theory of patient satisfaction. Social Science and Medicine. 1982; 16:577-582.
13. Riser N. Development of an instrument to measure patient satisfaction with nurses and nursing care in primary care setting. Nursing research. 1975; 24:45-52.
14. Riser, Panchansky R., Thomas J W. The concept of access definition and relationship to customer satisfaction. Med Care. 1991; 19(2): 127-40.
15. Schutz S. M., Lee J.G., Schmitt C.M., Almon M. and Baillie J. Clues to patient dissatisfaction with conscious sedation for colonoscopy. American Journal of Gastroenterology. 1994; 89: 1476- 1479.

16. Stephen S, Andrew B, Marie J. The sage handbook health psychology. Great Britain: Cromwell Press, Trowbridge Wiltshire; 2004.
17. Stimson G, Webb B. Going to see the doctor: Consultation process in general practice.
18. London: Rutlege and Kegal Paul ; 1975