

FEATERS ON PACIENT SATISFACTION

Abstract

Satisfaction depends on the perceived performance of the product and the buyer's expectations. Patients' satisfaction is the trust built between doctor and patient and is perceived by the patient as a demonstration of skills in the field of health care provider. The concept of patients' satisfaction involves a series of limitations, especially in that the patients' satisfaction is subjective, taking less than concrete results. Thus appear the concept of patient dissatisfaction and dissatisfaction sources differ on the national and global levels.

Keywords: Patients' satisfaction, patient dissatisfaction, limitations.

1. Introduction

In any organization the most important principle of marketing is the customer satisfaction. The relationship with customers has become a central concern of the marketing activities since the time of marketing optics development (Pricop, 2011).

Customer satisfaction is a consequence of purchasing activities, consumption or use of goods and services and represents both an emotional response and a cognitive response, whose intensity varies according to situation (Lache, 2010).

To some extent, all the firms aimed the satisfaction of the customers needs, but not all are focused on the customer satisfaction and does not place the customer at the centre of its concerns. Satisfaction is the feeling of a person, resulting from the comparison performance (results) of a product with the person's expectations (Kotler, 1997).

The concept of customer satisfaction is characterized by (Wilson, 2007):

- can change over time;
- can be both complex, but also the result of a combination of experience, before, during and after the point at which they are measured;
- can occur in different social context that may be invisible or inexpressible for the user of the services;
- the reasons for satisfaction may be hard to express, especially when they are considered less tangible aspects of the services,
- the reasons for dissatisfaction may be more easily expressed than those of satisfaction.

In the case of goods or products, the satisfaction can be quantified by means of clear characteristic, a special problem raises the customer satisfaction for services.

2. The patients' satisfaction

The patients' satisfaction is the trust built between doctor and patient and is perceived by the patient as a demonstration of skills in the field of services provider. This demonstration is to show the ability, compassion, friendship, sincere communication and courtesy.

The patients present two forms of satisfaction (Ciurea, Cooper, Avram, 2010):

- satisfaction as a customer;
- satisfaction as a patient.

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Brodeur and Kehansky (2001) have determined 10 values of quality and 16 quality characteristics in the patients' satisfaction.

Table 1

The values and characteristics of the quality of patient satisfaction

Values of the quality	Characteristics of quality
1. Quality	1A. Subject Matter Expert
	1B. General Systems Knowledge
	1C. Right the First Time
2. Value	
3. Efficiency	
4. Aspects of time	4A. Timely delivery
	4B. Strictly to the time it takes
	4C. Total necessary time
5. Access	
6. Own administration	6A. Professional Appearance.
	6B. The Organization of its own
	6C. Helpful behavior
7. Environment	7A. Protective environment
	7B. Support systems
	7C. Administration support
8. Team work	
	9A. Interpersonal relations
	9B. Information and involvement
	9C. Notification
	9D. Responsibility
10. Innovation	

According to this conception the values and quality of the characteristics are the premises for creating a linked set of indicators which measures the total range of consumer-provider relationship of health services. So the satisfaction of patients can be measured, quantified and examined by detailed analysis and mathematical formulas

Synthesizing the above elements, the concept of patient satisfaction includes a number of factors which have a particularly great importance in influencing perceptions of the service: access to the service, the patient-physician communication, medical competence, courtesy of the office staff, reliability, service credibility, prompt response, financial and physical safety, the aspect of material goods, understanding the client needs.

The main factors of satisfaction were divided into four main categories (Ware, Snyder, Wright, Davies, 1983):

- **dissatisfaction factors** – these can be designed as existing on two levels: inadequate and adequate. If these factors appear as adequate, then the results are dissatisfaction, but any increase in quality over the appropriate limit has little effect on perceptions;

- **satisfaction factors** - those factors which, when are improved, have a positive effect on perceptions. However, when these factors are not well presented, does not diminish the impression of the customer's satisfaction;

- **critical factors** - these are factors which can produce both satisfaction and dissatisfaction;

- **neutral factors** - these factors are least sensitive to changes in performance.

In a more tangible way, Rakel (1977) has summarized some of the variables that influence the degree of patients satisfaction:

- the existence of a good relationship with the doctor;
- possession by the customer of a knowledge about the pathology of affection/suffering;
- the patient accuracy regarding the severity of his illness;
- past experience with the same disease;
- the availability of medical advice;
- simple and accurate communication;

- the exposure of a realistic model of the expected results after treatment;
- the existence of a continuous involvement of the doctor in the patient quality of life.

3. The patient dissatisfaction

The concept of patient's satisfaction involves a number of limitations (Crow, Gage, Hampson, Hart, Kimber, Storey, Thomas, 2002):

- this concept is not static, but change over time;
- can be complex and a combination of experiences, before, during and after the point at which they are measured;
- takes place in different social contexts that can be invisible or ineffable for service users;
- the reasons for satisfaction may be hard to express, especially when they are considered less tangible aspects of the services (such as medical or dental services);
- the reasons for the dissatisfaction may be more easily expressed, especially if the state is exceptional.

Some studies show that patient satisfaction is subjective, taking less than concrete results. Patients want to recover, and by this desire they tend to expect their doctors to be the best. Most of the patients rank the physicians according to their tariffs and not by training, skills or experience.

Another factor influencing the patients' opinion about physicians is linked to time, both the waiting time for an appointment with the doctor and the time that the doctor spends with the patient during consultation (Brodeur, Kehansky, 2001).

Worldwide the main sources of patient dissatisfaction are (Ciurea, Cooper, Abram, 2010): pessimism, inconvenience, discomfort, the power of selection.

Pessimism - some patients know that staff who have to do is often distant from those who take decisions that can make the difference. These patients do not believe in their own ability to have an impact and do not think the doctor is especially motivated to know their needs.

Inconvenience - some patients are rushed most of the time and feel they have better things to do than worry about how a health provider conducts its business. Make time and energy consuming complaints, they usually do when a patient is really irritated by a particular experience that included bad service. Making complaints consumes much time and energy, usually when a patient is really irritated by a particular experience that included bad service.

Discomfort - with the role to complain - sharing a supplier deficit can cause a defensive reaction that develops a conflict. Sometimes patients are not so clear in saying their dissatisfaction and may be contradicted by the suppliers (a disappointing experience for patients).

The power of selection - customers have power of selection and often make use of it rather than share their dissatisfaction with the supplier and enter into a potentially uncomfortable situation, patients simply go to another doctor. Although the choice is a commendable work in this mode, the provider does not receive information about what is wrong and thus does not have the opportunity to correct a bad situation.

At national level the sources of patients' dissatisfaction are more concrete and refer, generally to (Armean, 2002):

- striking inequality of opportunity for patients according to their respective resources;
- limited access or lack of access to drugs, small quantities or the appearance of the tails (or "waiting lists") for the chronically ill;
- overworked hospitals which has led to some units that schedules for interventions to reach a few years after the diagnosis;
- informal payments in the public health system.

4. Conclusions

The patients' dissatisfaction come from, especially, by the lack of medical facilities, lack of medical knowledge from medical misinformation and by the increased level of expectations compared to what is offered in the health system. The lack of equity in health is a major one of the main gripes of patients: there is a huge discrepancy between the health status, access to health services and health care use, dictated mainly by the economic situation of each individual patient and the economic situation is worse this discrepancy is even greater.

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