

The Mediating Effect of Patient Satisfaction on the Patient's Perception of Healthcare Quality and Patient Trust

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Abstract

Background: Patients' experiences with quality of care and patient satisfaction in hospital are considered to be important elements in quality improvement of work in hospitals, and are also seen as indicators of quality of healthcare. **The Aim of this study** was to investigate the impact of patient satisfaction in the patients' perceptions of healthcare quality and patient trust **Research design:** A descriptive study was used. **Setting:** the study conducted in Minia General Hospital. **Subjects:** Includes all patients (200 patients) admitted to general Medical and Surgical Departments. **Tools of study:** three tools were used include personal characteristics data, SERVQUAL questionnaire, patient satisfaction questionnaire, and patient trust questionnaire. **Results:** more than half of the studied subjects strongly disagree toward prompt services (no waiting time), services provided as expected, efficiency of admitting procedure, friendly and courteous staff/doctors, and healthy, neat and clean environment. Also, there were positive correlations between patient satisfaction, patient trust and healthcare quality items with highly statistically significant differences. **Conclusion:** the patients are not satisfied about healthcare quality and they haven't trust and satisfaction about their services. **Recommendation:** Hospitals have to running a study on managers/doctors/staff perceptions of hospitals' services.

Key words: *Patient Perception of Healthcare Quality, Patient Satisfaction & Patient Trust.*

Introduction

Healthcare have placed a responsibility on healthcare institutions to involve patients in their care and to establish systems for feedback from patients to healthcare personnel and hospital wards, so that the feedback can be utilized in the work in the wards (Geraedts, et al., 2007 & Ministry of Health & Care Services, 2011).

Patients' experiences with quality of care and patient satisfaction in hospital are considered to be important elements in quality improvement of work in hospitals, and are also seen as indicators of quality of healthcare (Oltedal et al., 2007). The quality of service, patient satisfaction and level of trust can be increased. In the health-care industry, service environment is not determined only by technology and new facility support, but also by the performance of employees. To provide high quality of the service in a better way different methods and tools are used by medical administrators, scholars, and health-care policy makers (Lee et al., 2012) The technology, facilities and additional support are not sufficient in the health-care industry but the health-care organizations need to focus on every aspect and dimension of service quality.

Chang, et al., (2013) have conducted their studies on the service quality and the relationship of quality with trust, satisfaction and commitment. They concluded that service quality is positively and significantly affect the trust as well as satisfaction and

commitment. The meaning of quality may differ from person to person but generally it is the thing that meets the customer's expectations that is helpful in gaining and retaining customers (Ijaz & Ali, 2013).

According to Kotler, (2009) service quality is how far the difference between reality and expectations of customers for the services they received or acquired. Meanwhile, according Tjiptono & Chandra, (2016) stated that the service quality is the expected benefits and control over the level of excellence to meet customer desires. Thus the service quality of health care is an effort to fulfill the needs and desires of the customer as well as the accuracy of delivery according to customer expectations. Customer satisfaction is considered as the essence of success (Siddiqi, 2011).

According to Kotler & Keller, (2012) satisfaction of the consumers' feelings on the results of the product or service he felt. Consumer satisfaction is a function of performance and expectations. If performance meets expectations, consumers satisfied. Vice versa; satisfied or dissatisfied customers can also be interpreted as a judgment between the expectations of buyers with perceived performance on after purchasing the product or service.

Significance of the study

Hospitals should deliver quality and 'zero defect' service to their customers. So patient satisfaction

become the most important indicators because satisfying patients can save hospitals money by reducing the amount of time spent resolving patient complaints. The annual cost of dissatisfaction with hospital services for a hospital with 5000 annual discharges has been estimated at more than \$750,000 **Pakdil & Harwood, (2005)** Moreover, negative word of mouth can cost hospitals \$6,000-\$400,000 in lost revenues over one patient's lifetime (**Naidu, 2009**).

The researcher suggest in this study, that service quality should be one patient satisfaction antecedent and patient satisfaction acts as an antecedent to trust **Sanzo et al., (2003)**. We strongly believe that patient satisfaction should also find its way into the design of services in developing countries. So, the researcher decided to study the mediating effect of patient satisfaction on the patient's perception of healthcare quality and patient trust.

Aim of the study

Study the mediating influence of patient satisfaction in the patients' perceptions of healthcare quality and patient trust .

Research Question

Is there association between patient perception of healthcare quality, patient satisfaction and patient trust?

Subject & Method:

Research design

Descriptive study design was used in the conduction of this study.

Setting:

The study was carried out at Minia General Hospital in Minia city.

Subject

The subject included convenient number of the patients who admitted to the hospital during collecting data (two months) in general Medical, Surgical, Pediatric and Obstetric department in Minia General Hospital. Convenient numbers of patients' were (200).

Tools of data collection

The study tools consisted of three tools, which included:

Tool one: included two parts

Part I: Personal characteristics data: it included personal characteristics data as educational status and hospital's departments. It translated into Arabic language by the researcher.

Part II: SERVQUAL questionnaire: It developed by **Parasuraman, Zeithaml & Berry (1988)**, to assess healthcare quality. It included 32 items in five dimensions: tangibility (6 items), reliability (7 items), responsiveness (8 items), assurance (5 items), and empathy (6 items). It translated into Arabic language

by the researcher. The Scoring system done by used five-point Likert-scale extending from "strongly disagree" (1) to "strongly agree" (5). The total scores ranged between 32 to 160 scores. The highest scores refer to good health care quality.

Tool two: Patient satisfaction questionnaire: It developed by **Ware, Snyder & Wright (1976)** which included nine items. It translated into Arabic language by the researcher. The Scoring system done by used five-point Likert-scale extending from "strongly disagree" (1) to "strongly agree" (5). The total scores ranged between 9 to 45 scores. The highest scores refer to high level of patient satisfaction.

Tool three: Patient trust questionnaire: It developed by **Yamagishi & Sato's (1986)** which included nine items. It translated into Arabic language by the researcher. The Scoring system done by used five-point Likert-scale extending from "strongly disagree" (1) to "strongly agree" (5). The total scores ranged between 9 to 45 scores. The highest scores refer to high level of patient trust.

Ethical Considerations:

Research proposal approved from ethical committee in the Faculty of Nursing, Assiut University. An official permission was obtained to collect necessary data from director of Minia General Hospital and head of each department. There is no risk for study subjects during application of the research. Oral agreement was obtained from study subjects that are willing to participate in the study. Confidentiality was assured. Study subjects had the right to refuse to participate from the study without any rational at any time.

Pilot study

A pilot study was carried out to assess clarity and applicability of the tools (healthcare quality , patient satisfaction, patient trust) and to identify the problems that may be encountered during the actual data collection. It was applied on 20 patients from the hospital. Departments and patients for pilot study were selected randomly. Departments included in pilot study were (General Medical dept, General surgical dept, Pediatric and Obstetric). Data collected from the pilot study was analyzed, their reliability was assessed in a pilot study by measuring their internal consistency using Cronbach's alpha coefficient method. This turned to be ($\alpha = 0.84$) for patient satisfaction tool; and ($\alpha = 0.88$) for patient trust tool; and ($\alpha = 0.91$) for healthcare quality tool. Thus indicates a high degree of reliability for the study tools. The sample of the pilot study was included in the total sample because no modifications had been made.

Filed work

The researcher met with each subject to explain the purpose of the study and to ask for participation. After obtaining verbal consent, the study tools were handled to participating patients to be filled. As well as met with each mothers of the children in the study or relative sample to explain for them the purpose of tool items and how to complete it. Each questionnaire took about twenty minutes from each participant. The present study carried out within about two months starting from the beginning of April 2016 to the end of May 2016.

Statistical analysis

Data entry and analysis were done using SPSS version 19 (Statistical Package for Social Science). Data were presented by using descriptive statistics in the form of frequencies and percentages, mean, standard deviation and chi-square. Pearson correlation analysis was used for assessment of the interrelation among quantitative variables. It considered significant when P-values were less than 0.05. ($p \leq .05$).

Results**Table (1): Distribution of personal characteristics among studied patients (no=200)**

Items	No.	%
1) Gender		
Male	105	52.5
Female	95	47.5
2) Age		
< 25	10	5.0
25-35	80	40.0
36- 45	20	10.0
> 46	90	45.0
Mean \pm SD(range)	40.41 \pm 10.73(20-55 years)	
3)Educational status		
Illiterate	80	40.0
Secondary	60	30.0
Above average	40	20.0
University	20	10.0
4)Marital status:		
Single	30	15.0
Married	100	50.0
Widows	20	10.0
Divorced	50	25.0
5)Hospital's Sector:		
Public	200	100.0

Table (2): Distribution of patient satisfaction as reported by studied patients (no= 200).

items	Strongly Disagree		Disagree		Neutral		Agree	
	No.	%	No.	%	No.	%	No.	%
Affordable charges for services rendered	95	47.5	55	27.5	30	15.0	20	10.0
Lower Service cost	25	12.5	25	12.5	50	25.0	100	50.0
Sense of wellbeing you felt in the hospital	100	50.0	50	25.0	25	12.5	25	12.5
Prompt services(no waiting time)	110	55.0	50	25.0	25	12.5	15	7.5
Services provided as expected	105	52.5	50	25.0	25	12.5	20	10.0
Location easily accessible	95	47.5	55	27.5	20	10.0	30	15.0
Efficiency of admitting procedure	111	55.5	54	27.0	30	15.0	5	2.5
Friendly and courteous staff/doctors	120	60.0	30	15.0	20	10.0	30	15.0
Healthy, neat and clean environment	120	60.0	30	15.0	35	17.5	15	7.5

Table (3): Distribution of patient trust as reported by studied patients (no= 200).

items	Strongly Disagree		Disagree		Neutral		Agree	
	No.	%	No.	%	No.	%	No.	%
Provides high quality service	120	60.0	50	25.0	20	10.0	10	5.0
Patients treated with equality	110	55.0	40	20.0	30	15.0	20	10.0
Feel safe in my relationship with doctor /staff.	95	47.5	65	32.5	30	15.0	10	5.0
Services carried out error free.	120	60.0	55	27.5	15	7.5	10	5.0
This hospital can be trusted	110	55.0	60	30.0	20	10.0	10	5.0
Services were provided efficiently	120	60.0	50	25.0	20	10.0	10	5.0
Feel physician /staff looking out for my satisfaction	130	65.0	50	25.0	15	7.5	5	2.5
Physician /staff are well qualified (can be relied on).	110	55.0	40	20.0	30	15.0	20	10.0
Ethical services among physician /staff	105	52.5	55	27.5	30	15.0	10	5.0

Table (4): Distribution of healthcare quality items as reported by studied patients (no= 200)

Items	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
	No.	%	No.	%	No.	%	No.	%	No.	%
Tangibility										
The staff was disciplined.	40	20.0	110	55.0	40	20.0	10	5.0	0	0.0
Materials are visually appealing.	55	27.5	105	52.5	30	15.0	10	5.0	0	0.0
Employees are neat in appearance.	40	20.0	80	40.0	40	20.0	35	17.5	5	2.5
Visually attractive and comfortable Physical Facilities.	55	27.5	95	47.5	30	15.0	20	10.0	0	0.0
Convenient Clinic Location.	50	25.0	30	15.0	50	25.0	70	35.0	0	0.0
Good directional Signs.	30	15.0	50	25.0	50	25.0	70	35.0	0	0.0
Reliability										
Provides services at the time it promises	50	25.0	95	47.5	25	12.5	30	15.0	0	0.0
Availability of sufficient staff.	40	20.0	100	50.0	40	20.0	20	10.0	0	0.0
Ability of Employees to inspire trust and confidence in patient.	85	42.5	65	32.5	30	15.0	20	10.0	0	0.0
Employees willingness to listen carefully and help patients.	70	35.0	90	45.0	25	12.5	15	7.5	0	0.0
Reliability in handling the patient's problems.	60	30.0	100	50.0	20	10.0	20	10.0	0	0.0
Speed and ease of admissions (procedures).	40	20.0	90	45.0	40	20.0	30	15.0	0	0.0
Staff responded immediately when called.	80	40.0	90	45.0	25	12.5	5	2.5	0	0.0
Responsiveness										
Prompt service without an appointment.	60	30.0	90	45.0	30	15.0	20	10.0	0	0.0
Given adequate information about health condition.	50	25.0	100	50.0	30	15.0	20	10.0	0	0.0
Employees are sympathetic and reassuring.	60	30.0	90	45.0	25	12.5	25	12.5	0	0.0
.prescription of affordable medicines.	30	15.0	70	35.0	50	25.0	50	25.0	0	0.0
Gives prompt services.	60	30.0	90	45.0	30	15.0	20	10.0	0	0.0
Responsiveness of the staff to needs.	50	25.0	90	45.0	35	17.5	25	12.5	0	0.0
Hospital's staff always willing to help.	60	30.0	90	45.0	30	15.0	20	10.0	0	0.0
The admissions staff was friendly and courteous.	50	25.0	100	50.0	25	12.5	25	12.5	0	0.0

Items	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
	No.	%	No.	%	No.	%	No.	%	No.	%
Assurance										
Maintenance of patient confidentiality.	40	20.0	90	45.0	40	20.0	30	15.0	0	0.0
Feel confidence and trust in the doctor treating me.	50	25.0	100	50.0	25	12.5	25	12.5	0	0.0
Performs the service right the first time.	75	37.5	90	45.0	30	15.0	5	2.5	0	0.0
The behavior of staff build confidence in patient.	60	30.0	90	45.0	30	15.0	20	10.0	0	0.0
Feels safe in interaction with employees	50	25.0	90	45.0	35	17.5	25	12.5	0	0.0
Empathy										
Staffs are always willing to help.	40	20.0	80	40.0	45	22.5	35	17.5	0	0.0
Staff give personal attention.	70	35.0	80	40.0	25	12.5	25	12.5	0	0.0
Staff are consistently courteous.	40	20.0	90	45.0	35	17.5	35	17.5	0	0.0
Never too busy to respond to requests.	70	35.0	80	40.0	25	12.5	25	12.5	0	0.0
Staff has your best interest at heart.	60	30.0	90	45.0	30	15.0	20	10.0	0	0.0
Staff understand your specific need.	80	40.0	90	45.0	20	10.0	10	5.0	0	0.0

Table (5): Correlation between patient satisfaction, patient trust and healthcare quality items (no= 200)

Healthcare quality items	Patient Satisfaction	Patient Trust
-Tangibility	0.306**	0.328**
-Reliability	0.403**	0.298**
-Responsiveness	0.324**	0.308**
-Assurance	0.312**	0.320**
-Empathy	0.239**	0.244**

* Statistically significant correlation (p level <0.05) ** Statistically significant difference (p level <0.01)

Table (1): Showed that 52.5% of the studied subject were male, 50.0% of them were married, 45.0% of them aged more than 46 years, and 40.0% of them were illiterate(40%).

Table (2): Presented that more than half of the studied subjects strongly disagree toward prompt services (no waiting time), services provided as expected, efficiency of admitting procedure, friendly and courteous staff/doctors, and healthy, neat and clean environment.

Table (3): Revealed that more than half of the studied patients were strongly disagreed toward provides high quality service, patients treated with equality, services carried out error free, this hospital can be trusted, services were provided efficiently, feel physician /staff looking out for my satisfaction, physician /staff are well qualified (can be relied on), and ethical services among physician /staff

Table (4): Found that according to tangibility more than half of the studied patients were disagreed regard the staff was disciplined and materials are visually appealing. In addition, as regard to reliability, responsiveness and assurance more than half of the studied patients were disagreed regarding availability of sufficient staff, reliability in handling

the patient's problems, given adequate information about health condition, the admissions staff was friendly and courteous, and feel confidence and trust in the doctor treating me respectively.

Table (5): Revealed that that there were positive correlations between patient satisfaction, patient trust and healthcare quality items with highly statistically significant differences ($P = 0.000^{**}$).

Discussion

In healthcare sector, patients are customers, thus; satisfaction is a tool to evaluate the success of services delivered by healthcare organizations. It is difficult to measure the satisfaction in clinical perspectives. Patients are the main concern of healthcare institutions, but, managers pay less attention to patients in developing countries. There are various factors affecting patients' satisfaction such as behavior of staff & doctors, infrastructure of departments, tangible facilities, emotional favor, and understanding their preferences (Sodani, & Sharma, 2011).

Concerning to patient satisfaction more than half of the studied subjects strongly disagreed toward prompt services (no waiting time), services provided as

expected, efficiency of admitting procedure, friendly and courteous staff/doctors, and healthy, neat and clean environment. This due to the patients are dissatisfied with behavior of physicals', bad staff-patient relationship, the environment at public hospitals was also not clean and healthy, shortage of government investment. This might be attributed to the patients are dissatisfied with behavior of doctors, bad staff-patient relationship, in public hospitals, the environment at public hospitals was also not hygienic and healthy, shortage of government investment and lack of materials for providing the services; so, government should improve the conditions of these hospitals. This finding was consistent with **Wenzhi & colleagues, (2011)** who found that insufficient communication, inadequate medical services, and unsatisfactory care outcomes are major predictors of workplace violence.

In addition, this finding was consistent with **Jenaabadi et al., (2011)**, who reported that medical equipment's are one of the physical factors increasing patient's satisfaction. Therefore, it is recommended that healthcare managers pay more attention to physical environment and renovation of the equipment, which could positively affect the patient's mental evaluation of the quality of health services.

Regarding to patient trust more than half of the studied patients were strongly disagreed toward provides high quality service, patients treated with equality, services carried out error free, this hospital can be trusted, services were provided efficiently, feel physician /staff looking out for my satisfaction, physician /staff are well qualified (can be relied on), and ethical services among physician /staff. This due to four major reasons: shame and humiliation, the power imbalance in the relationship, failure of understanding of how the patient is suffering from the illness. This might be attributed to inability of health care providers to maintain consistency in their performance due to lack of training, absence of nursing procedural manuals and absence of the culture of doing the service properly for the first time. This finding was consistent with **Chang et al., (2013)** who mentioned that trust is an important factor for the service organization to maintain customer satisfaction and have proposed in their basic model for customer loyalty that trust will positively influence satisfaction. Also, this finding was consistent with a number of studies have demonstrated that greater trust in physicians is associated with improved treatment adherence (**Anhang, et al., 2014**). In addition this finding was consistent with **Onyeonoro, et al., (2015)** & **Chen, et al. (2016)**, who mentioned that a wide range of factors complicates patient's distrust in health providers, hence, reinstating and maintaining patient trust is a great challenge.

From the finding of the current study, as regard to tangibility more than half of the studied patients were disagreed regarding the staff was disciplined and materials are visually appealing. This finding indicating that the hospital under study does not attach importance to the dimension of tangibility, where the hospital buildings are old and there are no physical facilities. In addition to the lack of medicines and investigation within the hospital and rejected dimensions of availability of quality health services related to tangibility in the hospital under study. This finding confirms studies by **Al-Hawary et al., (2011)** & **Senarath et al., (2014)** who mentioned that tangibility in terms of physical environment, cleanliness, seating and modern clinical equipment has a larger effect on perception of quality healthcare of hospital in Jordan and Turkey.

Concerning to responsiveness more than half of the studied patients were disagreed regarding given adequate information about health condition and the admissions staff was friendly and courteous. This findings indicating that the hospital under study is not recognized with rapid response to patients, where patients are not urged quickly when needed and there is no accuracy in the dates of operations, and the hospital administration does not give importance to knowing the patient opinion about quality of the service. This confirms that, the quality of health services related to the response is not available in the hospital. This finding confirms by **Devi and Muthuswamy, (2016)** who indicated that tangibility, reliability and responsiveness were the three most important factors of hospital service quality perceived by patients.

From the finding of the current study, as regard to empathy less than half of the studied patients were disagreed regarding staffs are always willing to help, staff give personal attention, staff are consistently courteous, never too busy to respond to requests, staff has your best interest at heart, and staff understand your specific need. This findings indicating that the medical and nursing staff were not characterized by kindness and courtesy and show a spirit of friendship and cooperation with patients, because the medical and nursing staff didn't have a time to maintain patients psychological need, increase number of patients so the nurses focused only to met basic care which the patients needed as well as few nurses numbers lead to overwork load. This confirms that, "The possibility of the quality of health services related to empathy in the hospital is limited.

This findings were consistent with **Ali, (2015)** who reported that employees and medical staff did not meet the patients 'needs and the staff did not respond immediately when they were called this can

be caused by several reason including poor management, lack of proper planning, ignoring the expectations and demands of recipients of services.

But this findings were inconsistent with **Raftopoulos, (2014)** who found that users of primary care services perceived more attention from health care providers as the physician respect them as human beings and nurses protect their personal dignity , privacy during physical examination and inform them in understanding language about the medication that prescribed for them

The study findings demonstrated that there were positive correlations between patient satisfaction, patient trust and healthcare quality perception items. These findings were consistent with **Coulter, Josep & Velilla, (2003)**,who confirmed that perceived service quality will significantly and positively influence and customer trust have proposed that service quality is an important preliminary factor to customer trust ,In their study on service quality and relationship quality, in addition **Chang & Chang, (2010)** have pointed out that service quality has positive, significant influence on relationship quality with trust, satisfaction, and commitment.

Conclusion

In the light of the study results, it was concluded that, the patients are not satisfied about healthcare quality and they haven't trust and satisfaction about their services. Also, there were positive correlations between patient satisfaction, patient trust and healthcare quality items with highly statistically significant differences.

Recommendations

Consequently based upon such results, the following recommendations are proposed

1. Ministry of Health should provide the governmental hospitals with sufficient supplies and equipment necessary for improving service quality.
2. Hospitals need to have a commonly held quality model to guide managers/doctors/staff in their continuous quality improvement efforts.
3. Hospital should adopt an information system to follow up the user of services in the governmental hospitals.
4. Hospitals need to conduct a study on managers/doctors/staff perceptions of hospitals' services.

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