Client Satisfaction

In a group of Students in Medical Center in

Faculty of Law, Ain Shams University

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Introduction

Client Satisfaction is an important tool that measures performance of health care providers.

Definition:

- Client Satisfaction is defined as the extent to which client's expectations or needs are adequately met by the service offered**.** [1]
- Client Satisfaction measures our client's opinion of the quality of customer service, which we provide to the clients during the visit to the clinic. There are many important factors that contribute to the client experience. Our Client satisfaction survey designed to measure these factors in detail, so we can ensure that all of their needs are being met. [2]
- Other definition: how patients value and regard their care. [14]

Client Satisfaction Surveys are important to find out how clients really think as it can help the practices, make improvements and used to strengthen the process and the flow.

Client Satisfaction surveys help to reduce turn over as help to improve customer service and reduce mal practice risk**.** [3]

Surveys of client satisfaction usually done for two purposes:

- First is data used to evaluate providers' service and facilities, so used as indicator of structure, process and outcome.
- Second is data used to predict on consumer behavior on the assumption that differences in client satisfaction reaches influences what people do. [4]

Factors affecting client satisfaction:

Make eye contact, break ice, smile, call people by first name, say polite words, encourage client to tell his problem and listen and understand, explain illness, see beyond it, treat client with respect and respect client rights**.** [6]

Factors causing client dissatisfaction:

Physicians dominate interview by talking more than listening, drug unavailability, inaccessibility of service, long waiting time, uncomfortable waiting place, and lack of information.

Aim of Work

1. To measure client satisfaction among attending students at the medical center of faculty of law, Ain Shams University.
2. To identify some client needs aiming to improve the health service.

Literature Review

Experts have struggled for decades to formulate a concise, meaningful, and generally applicable definition of the quality of health care.

In **1980, Donabedian** [10] defined care of high quality as "that kind of care which is expected to maximize an inclusive measure of patient welfare, after one has taken account of the balance of expected gains and losses that attend the process of care in all its parts."

In 1984, the **American Medical Association** [11] defined high-quality care as care "which consistently contributes to the improvement or maintenance of quality and/or duration of life".

Therefore, the association identified specific attributes of care that should be examined in determining its quality, including an emphasis on health promotion and disease prevention, timeliness, the informed participation of patients, attention to the scientific basis of medicine, and the efficient use of resources.

One of the most widely cited recent definitions, formulated by the **Institute of Medicine** in 1990, holds that quality consists of the "degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge".

The complexity and variability of these and many other definitions of quality can be confusing even to experts, let alone physicians who are not versed in the technicalities of debates about quality. With characteristic wisdom, **Donabedian**[12] a leading figure in the theory and management of quality of care, has suggested that "several formulations are both possible and legitimate, depending on where we are located in the system of care and on what the nature and extent of our responsibilities are".

Different perspectives on and definitions of quality will logically call for different approaches to its measurement and management.

Health care professionals naturally tend to define quality in term of the attributes and results of care provided by practitioners and received by patients. [13]

As other authors in this series will note, these definitions of quality emphasize the technical excellence with which care is provided and the characteristics of interactions between provider and patient.

The technical quality of care is thought to have two dimensions: the appropriateness of the services provided and the skill with which appropriate care is performed. High technical quality consists of "doing the right thing right." To do the right thing requires that physicians make the right decisions about care for each patient (high-

quality decision making), and to do it right requires skill, judgment, and timeliness of execution (high-quality performance).

The quality of the interaction between physician and patient depends on several elements in their relationship: the quality of their communication, the physician's ability to maintain the patient's trust, and the physician's ability to treat the patient with "concern, empathy, honesty, tact and sensitivity.

Although the perspective of health care professionals is widely acknowledged to be important and useful, other perspectives on quality have been emphasized in recent years.

Perhaps the most important change has been a growing recognition and insistence that care must be responsive to the preferences and values of the consumers of health care services, especially individual patients, [14] and that their opinions about care are important indicators of its quality.

Thus, the Institute of Medicine's definition of quality includes the extent to which health care results in "desired health outcomes," and other recent definitions refer to care that meets the "expectations" of patients and other customers of health care services. [14]

What is patient/client satisfaction?

Satisfaction, like many other psychological concepts, is easy to understand but hard to define.

The concept of satisfaction overlaps with similar themes such as happiness contentment and quality of life.

Satisfaction is not some pre-existing phenomenon waiting to be measured, but a judgment people form over time as they reflect on their experience.

A simple and practical definition of satisfaction would be the degree to which desired goals have been achieved.

Patient /Client satisfaction is an attitude – a person's general orientation towards a total experience of health care. Satisfaction comprises both cognitive and emotional facets and relates to previous experiences, expectations and social networks. [15] **Meredith and Wood** [16] have described patient satisfaction as 'emergent and fluid'. It also has described as a particularly passive form of establishing customers' views.

The Joint Commission on Accreditation of Health Care Organizations (**JACHO, 1994**) has embraced patient/client satisfaction as a valid indicator and mandated in its 1994 standards for accreditation that "the organization gathers, assesses, and takes appropriate action on information that relates to patient/client's satisfaction with service provided".

Major Satisfaction Dimensions

According to John E. Ware. Jr 1977 [4]

Art of Care: The most frequently measured dimension of satisfaction pertains to the amount of "caring" shown toward patients , which is one aspect of provider contact. On the positive end of this satisfaction continuum, questionnaire items focus on such provider characteristics as concern , consideration, friendliness with art of care is measured in items of abruptness ,disrespect and the extent of which providers embarrass, hurt, insult or unnecessarily worry their patients.

Technical quality of care: this dimension ,which also pertains to provider contact , focuses on the competence of providers and their adherence to high standards of diagnosis and treatment . Items assess patient perceptions regarding technical quality in terms of skills and abilities of providers and technical soundness and modernisms of equipment and facilities.

On the positive end of the continuum , questionnaire items refer to ability ,accuracy , experience , thoroughness and training of providers as well as the extent to which the pay attention to details , avoid mistakes , give good examination , and clearly explain what is expected of their patients . In addition to many of plausible opposites of these characteristics, the negative and facilities,

overprescribing, outdated regimens and the tendency to take unnecessary risks.

Accessibility/Convenience: Include in this dimension for the entire factor involved in arranging to receive medical care. Among the more frequently studied accessibility /convenience variable are time and effort required to get an appointment, distance or proximity to site of care, time and effort required to get to the place where care is delivered, convenience of location, hours during which care can be obtained, waiting time at the place where care is received, whether help is available over the telephone, and whether care can be obtained at home.

Finances: Ability to pay for services or to arrange for payment is an important factor in the receipt of care. financial aspects of access to care are a separate dimension of patient satisfaction and are defined as the dollar costs treatment (fees in the free-for –services system and amount of premiums in prepaid health care), flexibility of payment mechanisms (e.g., arranging delayed payments , credit card acceptance),and the comprehensiveness of insurance coverage. Opportunity costs as viewed as nonfinancial aspects of access (see definition of accessibility /convenience above).

Physical Environment: Satisfaction with the physical environment in which care is delivered has usually been studied in inpatient settings. This dimension can also be measured with regard to outpatient care if particular

facilities and services are specified. sources of satisfaction with the environment of care include general pleasantness of the atmosphere ,comfort of seating , attractiveness of waiting rooms ,clarity of signs and directions , good lighting, quiet and clean, neat and orderly facilities and equipment .

Availability: satisfaction with the availability of health and medical care services and providers has rarely been measured in published surveys. Measures of this dimension usually focus on whether there are enough physicians, nurses, and other provides, and such facilities as clinics and hospitals in the area.

Continuity of care: Continuity of care, or regularity of care source, is another infrequently measured dimension of patient satisfaction. It is generally defined in terms regularity of care from the facility, location, or provider, or (least frequently) in term of availability of a continuous medical record on all visits for care.

Efficacy/outcomes of care: Satisfaction with efficacy and outcomes of care measured in terms of perception regarding the usefulness or helpfulness of medical care providers and specific treatment regimes in improving or maintaining health status. In “locus of control’ terminology (**Rotter, 1954**), a favorable perception regarding efficacy indicates a belief that desirable health status outcomes are under the control and influence of providers, e.g. , the doctors help their patients by curing them, relieving

suffering, and/or preventing disease. This dimension has been infrequently measured in patient satisfaction survey.

Support for the proposed taxonomy: other than the logic of face validity that items appearing to measure the same or different dimensions of patient satisfaction actually do so- what evidence is there to support the assumptions underlining this taxonomy. The taxonomy assumes that the characteristics of providers and services within each major dimension are logically and empirically interrelated. Additional dimensions have been added to taxonomy when they contribute unique information about satisfaction and dissatisfaction. Thus, the second assumption is that the major dimensions are not redundant. In empirical terms, associations among measures of the same dimensions, and the dimensions should not overlap completely with each other.