

Editorial

Patient Satisfaction and Quality of Care

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In recent years, taking account of the views of the consumer has permeated all public services and other organisations which have a consumer-provider interface (Hall et al., 2018). Moreover, the concept of delivering care in a way which aims to meet the expressed wishes of patients was first introduced in the UK three decades ago in a 1989 official white paper 'Working for Patients' with the aim to enable the consumer's voice to be heard in a more focused manner. Under this light, emphasis was also placed on measuring patient satisfaction with health care as a direct indicator of overall health service quality.

Despite a well established interest in the quality of care that patients receive, it is worthwhile to look at issues such as whose care is being evaluated and by whom. Studies have demonstrated that the largest volume of nursing quality assurance studies, between 2000-2020, focused on the nursing care of hospitalised young adults (Naidoo & Sibiyi, 2019). However, one should not ignore the more recent speciality of gerontological nursing which has had less quality-assurance research attention. This is inappropriate for the simple reason that the elderly populations are rising worldwide. Therefore, quality of care studies should be more inclusive in nature (Theofanidis & Diktapanidou, 2006).

In addition, there is much debate around the issue of meeting patients' needs. Nobile (2014), examined the meaning of 'Health' among consumers, and compared it with the one given by nursing models. The study's findings suggest that the consumer may view health in much broader terms than just clinical measurements per se. Rios-Zertuche et al., (2019) point out that the auditing tools used tend to reflect the 'standards' set by the authors rather than those of the users making research more holistic.

The above studies indicate that aspects of care quality that warrant more attention especially under the light of the following the current global pandemic, are privacy and safety, prompt and flexible service responses, increased doctor consistency, improved communication with nurses, and greater prevention of post-hospital health deterioration.

Quality control can often be improved with remarkably simple, practical and cost-effective solutions and these concepts are more likely to be provided by patient input because they are on the receiving end and are not just focused on expensive, state-of-the-art solutions which, although important, may not provide an improved care quality for the majority.

Likewise, healthcare providers generally want their clients to be satisfied when receiving their services for their healthcare problems. In this context, patient satisfaction is an essential ingredient when assessing healthcare quality as it provides insights into the factors that patients would appreciate and gain greater satisfaction with healthcare services overall. Patient satisfaction is affected by the attitude of healthcare professionals toward patients, their ability to offer prompt attention, shorter waiting times and a greater tolerance and clarity when explaining procedures to the patient. Greater care needs also to be taken to clarify a diagnosis before giving feedback on treatments and medications.

Aikins et al., (2014) states that when patients achieve fulfilled expectations when they visit a clinic they are more likely to adhere to recommendations from hospital staff thus, reducing patient complaints and increasing patient independence (Raposo et al., 2009).

It is also noteworthy that more recently patients have shifted to become increasingly demanding in their right to receive better and more prompt

services. This may be due to increased access to the internet or other media resources. In this context, 'consumerism' may have penetrated all domains of health service delivery although it still tends to focus on younger patients in general or the acute sector of health care delivery. This leads long term patients i.e. the old or the more vulnerable and less articulate groups, with little or no representation in terms of both a political or social voice in relation to receiving high quality healthcare. The current pandemic has revealed these shortcomings more starkly, as the old and more frail have been amongst the first victims of Covid-19, worldwide.

Conclusions

For most countries, studies on patient satisfaction are an integrated part of hospital assessment yet the feedback received is not regularly made available to the public. This is a shortcoming because public opinion of services provided may constitute a valuable and realistic feedback. At present, in most countries, there are many efforts to assess patient satisfaction. Yet, these have not lead to official policy on auditing patient satisfaction, together with other indicators of healthcare quality, in a seamless and systematic manner within public healthcare systems.

Overall, the patient's voice must be listened to when designing health care services in order to foster confidence, trust and a greater promotion of user-friendly healthcare equipment and facilities within healthcare organizations that really care! Nevertheless, questions are often raised with

regard to the usefulness of data in patient satisfaction and quality assurance, when these focus mainly on certain but limited aspects on hospitalization. Under this light, more emphasis should be placed on restructuring, improvements, and adaptations suggested directly by the users themselves.

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