Review Article

Patient Satisfaction in clinical practice in India - A Review Article

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Abstract

Introduction: Patient satisfaction is also an essential and most common indicator of quality measurement in the healthcare system. The primary purpose of this report is to undertake an in-depth study of a number of studies that critically explore the elements that influence overall patient satisfaction and their impact on the quality improvement process within healthcare facilities. It would also assist us in reviewing the research on patient satisfaction methods in Indian health care settings, highlighting any gaps. Study also emphasizes on why patient satisfaction measurement is a cognitive assessment, issues that deserve further investigation and recommendations regarding research strategies are presented here in this paper.

Methodology: This review included 50 articles available on different sources such as PubMed, CINAHL, Cochrane, Google Scholar and Scopus in last 10 years and a manual search of the reference lists of the identified studies. Data from included studies were extracted, analyzed. Applying all inclusion and exclusion criteria 50 articles was included. The paper is organized so that definitions, importance, determinants, benefits, and drawbacks, patient satisfaction measurement procedure, barriers, challenges, and models of patient satisfaction, emotional intelligence, and surface acting effects are discussed first, followed by various health challenges in India and the need for patient satisfaction practice, and finally, empirical work done.

Result: The study found a number of weaknesses in clinical practice in India, including a lack of emphasis on documentary evidence in hospitals, a homogeneous policy for health care workers and patients, illiterate population ease of access, patient satisfaction awareness, and a lack of empirical data on medical tourists.

Conclusion: Patient satisfaction is a representation of the discrepancy between a patient's ideal care expectations and perceived care provided in the hospital, whether during a hospital stay or an outpatient visit.

Key-words: Patient satisfaction, Cognitive Evaluation, Psychosis, Emotional Intelligence, Surface Acting.
Introduction

As evidenced by allusions to accounts of the Indus valley culture that identify “Arogya” as expressing “comprehensive and integrated quality of life,” our country began with a wonderful tradition of public health.\(^1\) In India, we have both national and international patients who seek medical treatment. Also, India has vast cultural diversity so, the demand, behavior; attitude of each patient will be different. Patient’s requirements vary depending on their spirituality and cultural customs. The fact that a patient likes the doctor has a great to do with the patient's care is very true, it not only makes the doctor happy but also makes patient happy. Currently, we have a good flow of International medical tourist who is undergoing treatment in India.\(^2\) Medical tourists come from both highly developed and less developed countries such as the UK, USA, Bangladesh, Sri Lanka, and China.\(^3\) Medical tourists are coming for surgical procedures and other specialties such as Unani, Homeopathy, Naturopathy, Siddha, Ayurveda, etc.

One of the most essential instruments for evaluating patient care and a sense of satisfaction among patients is patient satisfaction. During the last 20 years, patient satisfaction surveys have received considerable attention as a helpful and vital source of data for identifying major gaps and developing an effective plan of action for quality improvement in healthcare organization in terms of services offered to patients. The health care industry is nowadays developing around the globe and one of the leading sectors for GDP of the country.\(^4\) Quality of health care services is better understood from the patient's perspective, and patient satisfaction is considered one of the essential quality determinants in the healthcare industry. Patient satisfaction is a reflection of their healthcare experience and a subjective for every other patient. Now a day’s patient wasn’t both medical treatment and emotional care. Hence, we can say that it is the patient's or caregiver's cognitive evaluation and emotional reaction.\(^5\) since 1990, the healthcare industry has been evolving in the direction of continual quality improvement. Healthcare managers integrate patient-centered care as their key component in the healthcare mission.\(^6\) Patient satisfaction can be categorized into modifiable and less-modifiable factors. Modifiable factors mean which can be changed to improve the patient’s satisfaction. It includes communication between patient or patient’s family member with the doctor, nursing, paramedical or housekeeping staff, patient expectations, minimization of waiting times, and provision of continuity of care. If patient satisfaction increases then it means that there are fewer gaps between patient’s expectation and service provided to the patient and if patient satisfaction decreases then it indicates that there is a huge gap between expectation and care given.\(^7\)
The concept of patient satisfaction is gaining importance nowadays as the data obtained from the survey is being used by healthcare facilities for their self-assessment of services, reputation, sustainability, accreditation requirements, and compensation. Patients are getting aware about their rights.

In Asia, hospitals realize the benefits of patient satisfaction as an interactive and a key determinant of long-term survival and success. The patient population is also aware of hospital workstyle, and their hospital selection is based on reviews, blogs, social media, oral feedback, etc. The health care industry monitors patient satisfaction and, depending on the results, updates their qualifications for better services. (Table 2, [IOM’s Six Aims for Improving Health Care Quality], 2008) As per the Institute of Medicine (IOM), a quality health care system and patient safety have six main aims: safe, equitable, evidence-based, timely, efficient, and patient-centered. (Bhanu, 2010) Out of these six aims, last three aims influence patient satisfaction significantly.

Patients can be considered as consumers. The word “consumer” is a Latin word “consumer” which means one who acquires commodities or services. In other words, it can say that the word customer can also be defined as a person who purchases goods or services. In the health care delivery system, patients are consuming health services from the hospital, and hence they can be called consumers in the health care system.

Patient satisfaction is described as a patient's assessment of the quality of care in various dimensions, with a focus on interpersonal processes.

In the health-care industry, high patient satisfaction is linked to increasing market share, financial advantages, fewer malpractice lawsuits, and maintain profitability rates. Researchers suggest that patient satisfaction benefits the health industry in many ways: First is that it increases customer (patient) loyalty, second is that it improves patient retention in hospital, third is that it enhances hospital’s profit, fourth is increased personal and professional satisfaction of health care workers, the fifth is the risk of malpractice suits will reduce, sixth is that it will be beneficial for accreditation with health care boards such as JCI and NABH and last is that it will also motivate the staff for a better health care facility.
Patients seek treatment both in OPD (Outpatient department Services) and IPD (Inpatient department Servicers). India has both Public and Private clinical setups for treatment. The nature and character of commercial clinical practice will likely be determined by supply variables such as input market circumstances and government laws, as well as demand elements such as financing systems and utilization patterns.

Although our health care services have improved compared to the past, we still lack to emphasize patient satisfaction, which is a crucial tool for better service quality. The gap is explained by tabulating researches done in the last ten years in India.

**Objectives**

1. The primary purpose of this report is to undertake an in-depth study of a number of studies that critically explore the elements that influence overall patient satisfaction and their impact on the quality improvement process within healthcare facilities.

2. It would also assist us in reviewing the research on patient satisfaction methods in Indian health care settings, highlighting any gaps.

3. Study also emphasizes on why patient satisfaction measurement is a cognitive assessment, issues that deserve further investigation and recommendations regarding research strategies are presented here in this paper.

**Methodology**

The rapid review was guided by five steps of Evidence-informed decision making (EIDM) approach recommended by Dr. Dobbin, Rapid Review Guidebook Steps for conducting a rapid review. Health Evidence™ tool was utilized for 1) searching for and access relevant research evidence; 2) appraising the methodological quality of research evidence; 3) synthesizing the evidence.

**Search Strategies**

The following key search terms were defined based on the rapid review research questions and a combination of different research domains namely “Patient Satisfaction” & “clinical practice”. Search terms have been expanded by keywords and synonyms of Patient Satisfaction. To improve the quality and unbiasedness of the search, wildcards have been used.

**The final search string is as below:**
("Patient Satisfaction “OR “clinical practice in hospital” OR” Factors associated with patient satisfaction.

Five databases namely PubMed, CINAHL, Cochrane, Google Scholar and Scopus library have been adopted for systematic search of publication. PubMed, CINAHL and Cochrane library offered a good coverage of peer-reviewed articles, while Google Scholar & Scopus has been included to have a broader coverage of the grey literature in view of the scarcity of publication in Patient Satisfaction. The literature search was also supplemented with a snowball searching to pursue references of reference involving the review papers.

Eligibility criteria

Literature search covered all Patient Satisfaction articles, theses and review papers published before July 2021; studies conducted in developing countries based on the World Bank check-list and were restricted to English language publications. Publications that describe the development of the conceptual framework of Patient Satisfaction, policy development, and determinants of the usage, issues and challenges of using Patient Satisfaction have been excluded from data extraction.

Data Extraction

Two independent reviewers from the university fraternity have been involved in reviewing the articles to ensure the non-bias of the selection. Both reviewers have reached eighty per cent in agreement on the finalized list of articles for further data extraction .Given the limited publication and diversity in the methodology as studies were done by various field experts .The grading of the quality was based on Level of Evidence.13

Results of the literature search

After the preliminary screening process, non-relevant articles were screened based on non-English language, title, abstract and chapter of a book, a total of 198 articles have been reduced to potentially relevant articles of 50 articles. Based on the inclusion criteria, a total of 50 studies have been conducted in developed countries and 50 papers from developing countries were included for final extraction of the data (Figure 3: Health Evidence™ tools: Literature search results).

Inclusion criteria

Inclusion criteria were original articles focusing on for patient satisfaction: no language restrictions, any period, regardless of study sites

Exclusion criteria
Exclusion criteria were studies using combinations of interventions (multiple intervention studies); non-trial studies; efficacy studies. Abstracts, conference posters, short communications, and letters to the editor, studies with not enough information on community effectiveness and surveillance data or reviews.

Fig. 1: Health Evidence™ tools: Literature search results

**Result & Discussion**

5 major challenging issues in health care system

*Table 1.1 List of last 10 years studies in India on Patient Satisfaction*

<table>
<thead>
<tr>
<th>SNo.</th>
<th>Challenge</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Lack of Health care</td>
<td>In our country, knowledge gaps appear to affect people of all ages.</td>
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</table>
Barriers to access the health care facility should be focused for better health statistics.

In healthcare, there is a shortage of people or a human resource crisis. (Rao M, Rao KD, Shiva Kumar AK, Chatterjee M, Sundararaman T. Human resources for health in India. The Lancet. 2011; 377:, 2011) As per a 2011 survey, India has almost 20 health workers per 10,000 people, with allopathic doctors accounting for 31% of the profession, nursing assistants for 30%, pharmacies for 11%, AYUSH specialists for 9%, and many others for 9%.

Health care Cost

No uniform pricing policy, difference in public and private costings.

Affordability

Transparency, responsibility, liability issues have been major concern.

Although our health care services have improved comparing from past but still, we are lacking to emphasize on patient satisfaction which is key tool for better service quality. Gaps are explained by tabulating researches done last 10 years in India. (16-27)

Table 1.2 List of last 10 years studies in India on Patient Satisfaction

<table>
<thead>
<tr>
<th>S.No</th>
<th>Year</th>
<th>Author’s Name</th>
<th>Aim and Objective of study</th>
<th>Findings</th>
<th>Gaps and Limit</th>
</tr>
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<tr>
<td>1</td>
<td>2009</td>
<td>(Kumari Ranjeeta, 2009)(^{16})</td>
<td>The study aimed to identify the areas and causes of low patient satisfaction, including different parameters of quality health care, and offer constructive suggestions in several districts of Lucknow.</td>
<td>Study reported that level of satisfaction in patient was severely low in several districts.</td>
<td>Small sample size, no open-ended questions for individual problems.</td>
</tr>
<tr>
<td>2</td>
<td>2011</td>
<td>(Sharma</td>
<td>The aim of the study</td>
<td>Results showed that</td>
<td>This was the first</td>
</tr>
<tr>
<td>Year</td>
<td>Study Conducted</td>
<td>Description</td>
<td></td>
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<tr>
<td>2017</td>
<td>(Patel Ravikant, 2017)&lt;sup&gt;18&lt;/sup&gt;</td>
<td>The aim of the study conducted at The Gujarat Medical Education Research Society hospital in Valsad in Gujarat, was to estimate the level of Outpatient services satisfaction in terms of accessibility, waiting time, behavior, and cost-effectiveness. Patients had low satisfaction in terms of long waiting periods, access to different departments. The study did not include all parameters of patient satisfaction.</td>
<td></td>
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<tr>
<td>2016</td>
<td>(Jain Aanchal, 2015)&lt;sup&gt;19&lt;/sup&gt;</td>
<td>The aim of this research was to look into the socio-demographic profile, patient satisfaction with hospital services, and facilitation of outdoor patients visiting Sanjay Gandhi Post Graduate Institute of Medical Sciences in Lucknow, India. Patients were not satisfied by the infrastructure of the hospital and canteen, transport facility, pharmacy services but highly satisfied by the doctor's professional treatment approach. The study did not include a waiting period, sanitation, and toilet facilities. Also, the study included tertiary-level care. Primary and secondary care was not taken into account. The study was with a fewer</td>
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Raman, 2011)<sup>17</sup> was to estimate the level of patient satisfaction study in a multispecialty hospital, Chandigarh, India. satisfaction level was high in terms of communication aspects, medical facility but less satisfied for financial factors. Thus, till now, all issues were unaddressed. |
<table>
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<tr>
<th></th>
<th>2013</th>
<th>(Singh Sumeet, 2013)²⁰</th>
<th>The aim of the study was to evaluate the satisfaction of indoor patients with respect to patient care, medical personnel behavior, and the provision of basic services and amenities in the hospital.</th>
<th>Results show need of improvement in terms of medicine availability, drinking water, lavatories hand washing facilities in the wards, sanitation in the toilets and wards, fans, lighting in the departments, and bed linen. All these come under the hospital's basic amenities.</th>
<th>Discharge oriented aspects not taken in account, Small sample size, financial stress, emotional intelligence and labour aspects not taken in account,</th>
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<tr>
<td>5</td>
<td>2014</td>
<td>(Goel Sonu, 2014)²¹</td>
<td>The aim of this study is to assess the level of satisfaction among clients visiting the OPD (Outpatient Department) in public health services in a city in northern India.</td>
<td>According to this survey, the majority of patients (87.8%) were satisfied with the OPD services provided by health care institutions.</td>
<td>Only OPD was focused on study. This study also not included emotional intelligence and surface acting aspects. Financial stress was also not targeted.</td>
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<td>6</td>
<td>2011</td>
<td>(N. Devadasan, 2011)²²</td>
<td>The study aimed to assess patient satisfaction in two CHI schemes in India, between insured and uninsured patients.</td>
<td>Patient satisfaction was less in insured in-patients than uninsured.</td>
<td>The patient satisfaction measures were gathered from literature and fine-tuned through focus group conversations with patients. The study's key flaw was</td>
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<td>8</td>
<td>2011</td>
<td>(Pai P. Yogesh, Ravi GAurav, 2011)</td>
<td>The aim of the study was to determine the major characteristics that influence patient satisfaction in non-clinical services inpatients.</td>
<td>Nursing and sanitation services, healthcare facilities, front desk staff, catering services, hospital facilities, and the discharge process have all emerged as significant factors for patient satisfaction, as per the results of this study. This research highlights some of the major determinants of patient satisfaction. But these factors are subjective for different customers.</td>
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<td>9</td>
<td>2010</td>
<td>(Dayasiri M.B.K.C, Dayasiri Kavinda Chandimal, 2010)</td>
<td>This review study aims to figure out various factors that influence patients’ satisfaction in Asian hospitals. The study reviewed 31 articles.</td>
<td>In Asian hospitals, various demographic factors such as age, level of education, and SES were not well observed. Low salary of health care professionals is the cause of low service quality in some Asian countries. Lack of trained and experienced staff may be the cause of poor health service quality. Lack of data on international patients who are coming to...</td>
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<td>10</td>
<td>2010</td>
<td>(Kovai Vilas, Rao Gullapalli N, Holden Brien, Sannapaneni Krishnaiah, Bhattacharya Shubhra K, Khanna Rohit, 2010)</td>
<td>This study aimed to evaluate differences in small and large village patient’s satisfaction levels who seek primary eye care vision centers.</td>
<td>Patients treated in small village vision centers had low satisfaction than patients treated in a large village.</td>
</tr>
<tr>
<td>11</td>
<td>2015</td>
<td>(Rhenkupar Lyngkhoi, G. Brindha, 2015)</td>
<td>The study aimed to assess out patient’s satisfaction: study assessed behavior, patient interactions of doctors, nurses, and other hospital staff.</td>
<td>The satisfaction level was low in terms of the waiting period, nursing staff service.</td>
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<td>12</td>
<td>2017</td>
<td>(Rao Vidya Priya, Choudhury Raja Roy, 2017)</td>
<td>The goal of this research was to find out what characteristics influence customer satisfaction amongst persons seeking medical care in India, and how these aspects might help the country prosper. This could also help with policy development in India to encourage medical</td>
<td>Results shoed that out 4 factors they assessed cultural factors, location and government factors did not affect patient satisfaction significantly</td>
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Patient satisfaction determinants

Patient satisfaction evaluation can be done in two ways: qualitative and quantitative. The quantitative method gives precise ways for calculating patient satisfaction as a numerical value. Standardized questionnaires can be self-administered, interviewer-administered, or administered over the phone. Taking an interview is a tedious task and lengthy process. A wide variety of Questionnaires are currently used for taking the questionnaire. But its reliability and validity should be appropriately checked. We can use a private vendor's questionnaire or standardize questionnaire, such as PSQ18 and consumer assessment health plans (CAHPS). Measurement of patient satisfaction has three functions: It helps in understanding patients' experiences of health care, helps identify problems in health care, and helps in evaluation of health care. Evaluation of health care is one of the most important aspects.

Service Excellence is key factor for patient. Three elements influence service quality: the doctor, the patient, and the organisation.28

Table 1.3 Table 1 shows details of service excellence

<table>
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<tr>
<th>Service Excellence</th>
<th>Doctor</th>
<th>Patient</th>
<th>Organization</th>
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<td>Doctor is a care giver.</td>
<td>The doctor's primary goals are to provide the appropriate health care to the patient and to lead the team or organisation toward the objective of</td>
<td>Patient is customers for Health care givers. A patient's expectations of good treatment are governed by his or her age, gender, condition type, moment of day, attitude</td>
<td>In health care organization is hospital. In hospital we have different departments working in synchronization with each other for patient’s benefit.</td>
</tr>
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</table>
patient satisfaction.

- Communication of healthcare provider is essential as it can ensure patient satisfaction.29

  toward the illness, and circumstances.

- Housekeeping, nutritional services, pharmacy, laboratories, and several other distinct functional services such as lift operator, telephone operators, admin and billing etc. are available in hospitals.

Determinants of patient satisfaction

Patient satisfaction data demonstrates that a great number of research papers have aimed to identify patient satisfaction determinants; however the results are still unclear. Patient satisfaction is not the sole ending but it directly related to treatment satisfaction. According to a research, 30–45 percent of people with chronic conditions do not take their medications as prescribed.30

(Meghan I Dubina, Jenna L O’Neill, 2014) Studies available on relationship assessment are having conflicting results. Few are not able to establish the relationship and few are demonstrating causal relationship.31
As we know that patient satisfaction is a subjective response, hence is affected by many factors. However, to understand the factors influencing patient satisfaction, many types of research have been done in the past to explore various dimensions of the patient perception about healthcare services they receive. However, India has less empirical data for the same. Researchers should incorporate technical, interpersonal, social, and moral aspects of care for better accuracy while measuring patient satisfaction.

A research done by SA Ozsoy et.al stated that patient satisfaction is a personal behavior that will differ from one person to another. For example, during the hospital stay, a patient spends their maximum time with nursing staff and housekeeping staff, so if we see determinants of patient satisfaction with the perspective of nursing services, then it should include socio-demographic background of the patient, patient’s expectations of care, hospital organization’s environment, communication, hospitality and information, participation and involvement, interpersonal relationships, medical and technical skill.

In India, empirical data on the level of satisfaction is not well established. Most of the studies found related to patient satisfaction were correlational type of studies that focused on examine the correlation between patient satisfaction and various demographic factors such as age, gender, health status, and level of education; However, the results of these investigations are contradictory, necessitating more research to reach a judgement. The level of satisfaction will help policymakers in India for uniform pricing policy.
and also will help to improve current weaknesses in the health care system. Unfortunately, no study so far in India is done on the level of patient satisfaction of the international patient.

A research was done to see impact of age, health status, and other background factors on patient satisfaction. This study discovered that while gender has little bearing on patient satisfaction, age has a substantial impact. Patients in this study who were older reported higher levels of satisfaction than those who were younger. 

Race is found to be a vital, decisive social demographic factor in patient satisfaction in a research conducted by NgoMeyzger, Regedza, and Phillips et al. in 2004 show that racial disparities in care do exist across the wide range of disease areas, clinical services, and settings, and level of patient satisfaction and trust in the doctor was less in Asian-Americans.

The health sector has some oddity or distinctiveness from other sectors considering its growth has been the fast and vast category of health care employees. Health care organizations often use different strategies for enhancing customer-employee quality of interactions. Employee's perception and their attitude while providing service is one of the critical factors. So, another critical determinant is Emotional labor, or we can say Emotional regulation of the Health care service provider. According to Hoch child, it means to regulate your emotions. A health care provider has to manage one’s emotions in some way while interacting or treating patients. If we relate it with a customer or patient satisfaction, emotional labors seem to positively impact the hospital’s success and negative impact on the wellness of health care providers.

Emotional labor is broadly conceptualized as emotional work in two ways: firstly, focusing on job characteristics and focusing on an employee's actions to manage their emotions.

Variety, frequency, duration, and intensity of emotional labor and their display rules are Job-oriented emotional labor factors include. In contrast, the second one, i.e., employee-oriented emotional labor, is an employee's technique for managing their emotion while interacting with customers. For example, in a health care setting Employee is a Health care provider (Doctor, Nurses, housekeeping staff et.), and the customer can be a patient or their care givers.

Emotional labor is not a simple process. It includes planning strategy followed by controlling and managing the process and displaying restricted emotions for meeting organizational goals. (Alicia A. Grandeya, Glenda M. Fiska, Anna S. Mattila, Karen J. Jansen, Lori A. Sideman, 2005) Customers also
possess the ability to sense an employee’s false or fake positive emotion, which might affect their satisfaction levels.

(Barron, 2007) Employees' surface acting predisposes them to stress and burnout, according to many types of research on emotional management and interpersonal relationships. Through surface acting, people can alter their behavior and expressions so that others will feel that the emotions and behavior are appropriate or expected. Deep acting occurs when people attempt to manipulate the feelings, they are genuinely feeling in the hopes of eliciting an appropriate emotional response.

Both faked and dissembled emotions had positive relationships with the burnout dimension. Individual self-awareness, flexibility, and the ability to show empathy are all linked to Emotional Intelligence, which is vital in high-stress situations. In a hospital stay, nurses spend more time with patients than doctors; thus, if nurses have high emotional intelligence, it could improve patient and interdisciplinary team results in the hospital context. Effective conflict management techniques and collaboration are becoming increasingly important in healthcare businesses. As a result, EI training is expected to raise inspirational motivation, a growing leadership style that prioritizes a clear vision and inspiration to motivate subordinates to improve.

Another factor of quality service indicator is communication. Successful emotion management requires a thorough understanding of what these sentiments are and how to express them correctly. Building good customer relationships requires a high level of human empathy during service; for organizations, the emotional climate of service is critical in retaining existing customers and attracting new ones. The success of personnel in face-to-face communication with consumers has an impact on service quality. When face-to-face communication is combined with genuine feelings; positive outcomes are achieved in terms of job satisfaction and customer satisfaction.

Conclusion and Suggestions

Patient satisfaction is a mirror that reflects the gap between a patient's ideal care expectation and the actual care provided in the hospital, whether during a hospital stay or an outpatient visit. Assessing patient satisfaction is not a difficult undertaking; rather, it is a straightforward and cost-effective method of
evaluating health-care services. The use of timely and meaningful feedback from clients is linked to quality assurance.

After reviewing articles in India, the following are important areas of weakness that should be addressed:

1. Lack of documentation in hospitals
2. Illiterate population is ignored and less work has been done on them.
3. Lack of awareness for patient satisfaction feedback in health workers and patient population. Proper use of social platforms, digital media can enhance better health care working and accessibility for patients.
4. Questionnaire should be easy to use, quick to fill, clear.
5. No uniform policy in hospitals for motivating health care workers, for better service to patient.
6. Very few researches on International Medical tourist which have great contribution in raising our GDP.
7. No uniform pricing policy for in-patient and out-patient services.
8. Patient satisfaction should be mandatory for all type of health care (Primary, secondary or tertiary).
9. Concept of emotional intelligence is not well established in India.
10. More primary data needs to establish in both public and private sector on patient satisfaction.

**Funding:** This research received no external funding.

**Conflicts of Interest:** The authors declare no conflict of interest.

**Ethics approval and consent to participate**

There's no need for ethical approval for this review since no patient data will be collected. In this study author has thoroughly analysed ethical issues including the plagiarism, confidentiality, malfeasance, data falsification and/or falsification, double publishing and/or submission, and duplication.

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