

# A Review of Customer Satisfaction with a Special Emphasis on Healthcare

**Laran Chetty**

Senior Physiotherapist, National Health Service, London,  
United Kingdom

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**Abstract:** *Customer satisfaction is an important construct to enhance the quality of healthcare services. The purpose of assessing customer satisfaction is to analyse the multidimensional interactions from the perspective of the customer so that such information can be used to enhance quality of healthcare. The aim of this paper was to review the literature and the theoretical frameworks of customer satisfaction with a special emphasis on healthcare. This review focussed on the concept of satisfaction, explained the models of satisfaction, types of satisfaction, dimensions and determinants of satisfaction and predictors of satisfaction.*

**Keywords:** customer satisfaction, healthcare, review

## INTRODUCTION

The literature is unclear in distinguishing between customer satisfaction, consumer satisfaction and client satisfaction (Giese and Cote, 2000). However, all these studies tend to focus on the end users (i.e., those that use a product or service). In keeping with the literature, this review will focus on the end users of the service and will be called the 'customer'. Although customer satisfaction is often related to marketing literature, it is also important in healthcare, as patients are often seen as customers, clients or consumers (Hudak et al., 2003). In healthcare the end user can also be the purchaser of the service (Hudak et al., 2003).

## LITERATURE REVIEW

### Models of Satisfaction

In order to understand the concept of satisfaction, it is important to begin with a review of the various satisfaction models. For the purpose of this review, two levels of models will be described, namely the macro-models of customer satisfaction and the micro-models of customer satisfaction.

## **Macro-Models**

### **(a) Traditional macro-model of customer satisfaction**

In this model the perceived performance often differs from objective or technical performance, especially when the product or service is complex, intangible or when the customer is unfamiliar with the product or service. The comparison standards can come from different sources that can vary widely by individual or product or service type. This model also views the feelings of satisfaction as a state of mind or attitude. The concept of mixed feelings applies here as a customer may have different levels of satisfaction for different parts of a product or service experience. The outcomes of satisfaction feelings influence intent to repurchase, loyalty, word-of-mouth approval or disapproval of the product or service or even complaints (Rawson et al., 2013).

### **(b) Model of linkage of customer value chain to customer satisfaction**

This model highlights the concept of value as a driving force in product choice and its relationship to satisfaction as a brief psychological reaction to a component of a value chain (Payne and Holt, 2001).

### **(c) Model of link between satisfaction and value**

This model is a revised version of the linkage model. The traits of this model are that customer value models are the use of gross benefit-cost judgements by customers and excellence criteria lead to quality and sacrifices lead to cost-based values (Gallarza et al., 2013).

### **(d) Model of two levels of satisfaction and perceived service quality**

In this model there is a linkage of overall service satisfaction, encounter satisfaction and perceived service quality. This model supports the conceptualisation of perceived quality as a separate construct, distinct from satisfaction. Furthermore, it highlights the construct of a global level of satisfaction (the overall service satisfaction) in contrast to the construct of a component level of satisfaction (the encounter service satisfaction). This model helps to explain survey results that indicate different levels of satisfaction for a service that one individual may experience (Lee et al., 2000).

### **(e) Model of sources of customer satisfaction**

This model shows how satisfaction results from a comparison between expected service and perceived service. This model is explicit about the cyclical feedback loop that affects satisfaction. The customer's prior experience joins their other experiences to shape current satisfaction with a service (Angelova and Zekiri, 2011).

## **Micro-Models**

### **(a) The expectations disconfirmation model**

This model has been the dominant model in satisfaction research. In this model, pre-consumption expectations are in comparison with post-consumption experiences of a product or service to form an attitude of satisfaction or dissatisfaction with the product or service. The expectations originate from beliefs about the level of performance that a product or service will provide (Van Ryzin, 2006).

**(b) The perceived performance model**

In this model expectations play a less significant role in satisfaction formulation. This model performs especially well in situations where the product or service performs so positively that the customer's expectations get discounted in his or her pre-consumption reaction to the product or service (Vigoda-Gadot and Kapun, 2005).

**(c) Norms model**

This model resembles the Expectations Disconfirmation Model in that the consumer compares perceived performance with some standard for performance. However, in this model the standard is not a predictive expectation. Instead of considering what will happen in the consumption experience, the consumer uses what should happen as the comparison standard (Kaiser et al., 2005).

**(d) Multiple process model**

This model is characterised as multidimensional as it incorporates the satisfaction formation process. That is, customers use more than one standard of comparison in forming a confirmation or disconfirmation judgment about an experience with a product or service (Elliott et al., 2017).

**(e) Attribution model**

This model integrates the concept of perceived causality for a product or service performance into the satisfaction process. Customers use three factors to determine attribution's effect in satisfaction. These are locus of causality, stability and controllability. The locus of causality can be external (i.e., the service provider gets the credit or blame) or internal (i.e., the customer is responsible for the product or service performance). Stable causes tend to have more impact on satisfaction because consumers tend to be more forgiving of a product or service failures that appear to be rare events. Finally, controllability affects attribution in that a poor outcome in a consumption experience may mean that the customer will be unsatisfied with the product or service provider if the customer believes the provider had the capacity or control to perform in a better fashion (Ghose and Todri-Adamopoulos, 2016).

**(f) Affective model**

This model differs from previous models in that it goes beyond rational processes. In this model, emotion, liking and mood influence satisfaction or dissatisfaction feelings following the consumption experience (Makransky and Petersen, 2021).

**(g) Equity model**

This model emphasises the customer's attitude about fair treatment in the consumption process. Fair treatment can use the concept of the equity ratio (i.e., the amount of her/his return for his/her effort made) or the concept of social comparison (i.e., the perceived, relative level of product or service performance that other customers experience). Equity is broken down further into three categories, namely, procedural fairness; interactional fairness and distributional fairness (Rojas et al., 2022).

### **Types of satisfaction**

There are two distinct types of customer satisfaction, namely, transaction specific and overall satisfaction. Transaction specific satisfaction is related to a specific encounter with an organisation, whereas overall interaction is a cumulative construct summing satisfaction with services of the organisation. Transaction specific satisfaction is a measure of satisfaction as an outcome, whereas overall satisfaction is a measure of satisfaction as a process of care. Overall satisfaction is more a general attitude the customer has towards a particular service provided by an organisation. It is relatively stable over time and less sensitive to question order effects compared to transactional satisfaction (Jones and Suh, 2000).

### **Dimensions of customer satisfaction from service quality**

Service quality dimensions are conceptualised frameworks of customer satisfaction, which are broken down into constructs known as determinants of service quality, as perceived by the service provider and customer. Several service quality dimensions for customer satisfaction have been proposed namely, interactive, physical, corporate quality, technical, functional, reputational quality, willingness and ability to serve and physical and psychological access to the service (Al-Azzam, 2015).

### **Determinants of service quality for customer satisfaction – general**

Customer satisfaction is usually evaluated in terms of determinants of service quality. Most research agree that customer satisfaction is rarely concerned with a single determinant of the service provision but rather many determinants (Chetty, 2012, 2019, 2022). Parasuraman et al. (1985) provided a list of ten determinants, namely, access; communication; competence; courtesy; credibility; reliability; responsiveness; security; tangibles and understanding the customer. Johnston et al. (1990) carried out similar research using data from ten UK organisations which resulted in twelve determinants. Some of these determinants were similar to the original set of Parasuramen et al. (1985) and included access; appearance; availability; cleanliness; comfort; communication; competence; courtesy; friendliness; reliability; responsiveness and security (Johnston et al., 1990). The limitation in the work of Johnston et al. (1990) was that the empirical research carried out was only on management perceptions of customer satisfaction and not based on the customer's perspective. Therefore, Silvestro et al. (1990) carried out further research considering the latter and added five more determinants, namely, attentiveness; care; commitment; functionality and integrity. Johnston (1995) added another determinant, namely, flexibility, after carrying out further research into customer satisfaction. This was used to describe the willingness and ability of a service provider to amend or alter the nature of the service or product to meet the needs of the customer (Johnson, 1995).

### **Determinants of service quality for customer satisfaction – occupational specific**

Eboli and Mazzulla (2007) provided a list of eight determinants for customer satisfaction in the bus service industry, namely, availability of shelters and benches at bus stops; cleanliness; overcrowding; information systems; safety; personal security; helpfulness of personnel and physical condition of bus stops. Jham and Khan (2008) proposed the following four determinants for the banking services industry, namely,

traditional (basic) facilities; convenience; behaviour of employees and the environment of the bank. Aggelidis et al. (2012) identified the following determinants for customer satisfaction for hospital information systems, namely, timeliness; accuracy and completeness. A slightly earlier study by Andaleeb and Simmonds (1998) looked at the determinants for customer satisfaction with hospital services and this included communication with customers; competence of staff; staff demeanour; quality of the facilities and perceived costs. A study on customer satisfaction with hospital consultants identified the following determinants, namely, perceived competence of the consultant and the attitude of the consultant towards the customer during the service provision process (Sonne, 1999).

### **Predictors of satisfaction**

#### **(a) Socio-demographic variables**

Socio-demographic variables are related both to the kinds of healthcare experiences that customers have and to the way that they interpret them. For instance, better educated customers may participate in the diagnosis and treatment decisions more than less educated customers but remain less satisfied with their degree of participation because the health professional is not meeting their higher expectations (Mohd Suki et al., 2011). Generally, older customers are more satisfied with their healthcare. This is probably due to the greater continuity of their care and the lower expectations about their involvement in the care pathway (Berendsen et al, 2009). Most studies find higher satisfaction among women (Jan and Masood, 2008). According to Brewster et al. (2022) white customers report higher satisfaction than non-white customers. Customers with lower incomes generally have poorer health, receive less healthcare, have less continuous relations with health professionals and have harder times getting appointments and consequently they tend to be less satisfied (Diener and Biswas-Diener, 2002).

#### **(b) Attitudes and expectations**

The sicker the customer, the less satisfied they tend to be with their healthcare (Hall et al., 1998). Customers that are generally happier with their life in general tend to be more satisfied with their healthcare, with the reverse also true (Diener and Chan, 2011). Customers who have a better opinion of the healthcare system are more satisfied with their care, though again the reverse is also true (Andaleeb, 2001).

#### **(c) Organisation of care**

The most consistent finding of satisfaction research is that the service provider and organisational characteristics which result in more personal care and better communication are associated with higher levels of satisfaction (Renzi et al., 2001).

#### **(d) Doctors, nurses and other healthcare staff**

Satisfaction with doctors has more to do with the quality of one's doctor. This quality can be broken into its two determinants of customer satisfaction, namely, satisfaction with perceived technical competence and satisfaction with interpersonal skills (Boquiren et al., 2015). In evaluating nurses and other healthcare staff, the customer

places much more emphasis of the interpersonal experiences than on perceptions of technical competence (Attree, 2001).

**(e) Continuity of care**

Having a continuous clinician-customer relationship is a strong predictor of overall satisfaction (Sharif, 2008). Prior clinician-customer relationships are a major predictor of engagement in managed care and the disruption of service provider relationships is a major cause of disengagement (Wasserman and Perez-Stable, 2018).

**(f) Waiting**

Customers waiting for an appointment or waiting for a long time in the waiting room when they show up for an appointment is associated with higher levels of dissatisfaction (Dansky and Miles, 1997).

**(g) Convenience**

Customers report more satisfaction in their experiences if they are able to park close to the facility, walk in through a safe neighbourhood and then find the appropriate room easily (Masango-Makgobela et al., 2013).

**(h) Cost**

Customers dislike out-of-pocket costs, co-payments and deductibles particularly if they have to pay at the site of care. When customers have payment questions, they like to have someone available to explain the procedures to them until they understand (Mohiuddin, 2020). However, satisfaction with payment tends to be a very independent determinant from satisfaction with care provided, contributing little to overall satisfaction (Mohiuddin, 2020).

**CONCLUSION**

The review of the literature has revealed that the constructs of customer satisfaction is complex. Understanding the needs of customers is essential to enhance healthcare delivery and could potentially impact on the compliance of customers attending the healthcare service. It is recommended that when evaluating customer satisfaction in healthcare, the main focus should be on the service quality determinants and on specific satisfaction models as offered by the literature.

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