



ROLE OF HOSPITAL ADMINISTRATION IN PATIENT SATISFACTION BY THE NURSING, LABORATORY AND PHYSIOTHERAPY SERVICES: REVIEW ARTICLE

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Abstract:

In the past few decades patient satisfaction has gained prevalent acknowledgment as a measure of quality in many healthcare sectors. Patient satisfaction affects treatment and clinical outcomes, patient retention, and medical malpractice and abusing claims. Patient satisfaction surveys and studies had gained more attention in recent years as expressive and crucial sources of data for detecting gaps and developing effective strategies and plans for quality improvement in healthcare organizations. By time the importance of patient satisfaction increases on many aspects and levels especially for private healthcare businesses and managers should exert more efforts to gain satisfaction, as patients nowadays are aware of their rights, and patient satisfaction profoundly affect the business growing and success. The problem is that patient satisfactions is not measurable and varies greatly due to personal variations; so, efforts should be done to accurately and frequently measure patient satisfaction and always try to resolve any uprising complaints.

Keywords: Patient satisfaction, Quality, Surveys and questionnaires, Health care, Improvement, Outcomes.

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DOI: 10.53555/ecb/2022.11.11.205

Introduction:

Quality care control and patient satisfaction is now being of great importance as it is the main parameter for judging the quality of the service being delivered. Positive response from the patient leads to the goodwill of the service providers, which consequently will expand their business, improve communication and delivery of healthcare, while negative feedback causes deterioration [1]. Satisfaction can be defined as fulfillment of the requirements and desires of the patients to a rational degree, and is evaluated differently by different individuals [2].

Patient satisfaction is the main measurement for quality in health care system [3]. Measures and reports on patient satisfaction of the health care system had become a major practice. The total number of medline articles presenting "patient satisfaction" as a key word has risen up to more than 10-fold over the past twenty years, from 761 in the time of the 1975th through the 1979th to 8,505 in 1993 through 1997 [4, 5]. Competition is the trigger that motivates health-care-providing institutions to improve the quality and service, thereby improving patient satisfaction, as patients nowadays are aware of their rights and the quality of health care service being provided to them [6]. As healthcare industries are growing, managers integrate patient centered-care as a major factor in the healthcare mission. The healthcare managers that strive to achieve superiority take patient satisfaction into account when outlining the strategies for quality development of care, and consequently turning patient satisfaction surveys into a quality improvement tool for overall organizational performance [7, 8]. Patient satisfaction affects treatment and clinical outcomes, patient retention, and medical malpractice and abusing claims. If patient satisfaction is achieved, the health care service offered would be time saving, efficient, and patient-centered. Patient satisfaction is secondary but a very effective indicator to measure the success of doctors and hospitals. The Institute of Medicine (IOM) had set six aims for a quality health care system patient safety, and influence patient satisfaction: (1) safe, (2) equitable, (3) evidence based, (4) timely, (5) efficient, and (6) patient centered [9]. Unfortunately, patient satisfaction is somehow difficult to measure precisely, so more than one approach that combines patient inputs as well as expert judgment are used to measure the patient satisfaction [10].

Importance of Patient satisfaction:

Because of the progressively growing competitions in the market of healthcare industries, nowadays patient satisfaction has acted as both a potent motivator and stressor. Patient satisfaction is the main measurement for quality in health care system. Quality care control and patient satisfaction is now being of great importance as it is the main parameter for judging the quality of the service being delivered. Positive response from the patient leads to the goodwill of the service providers, which consequently will expand their business, improve communication and delivery of healthcare, while negative feedback causes deterioration. Patient feedback had made health-care institutions and hospital administrators' agendas dedicated to improving and refining the facilities and providing superior luxury to patients, and even health care providers started to overlook the sound of medical judgment by accepting patient requests to rise the satisfaction scores [11]. Besides, helping patients to achieve their goals and needs is an essential ethic in medicine.

From the patient's point of view, general satisfaction is a worthy and important indicator of self-apparent health condition after surgeries [12-14]. Patient satisfaction is multifactorial and offers the means to recognize individual problem areas in the hospital and improve tactics for their solution [15].

We can conduct the importance of patient satisfaction in some main points. Patient satisfaction always influence the quality of the service provided by the hospital or health care personnel as we mentioned before, which in turn helps in designing the strategies and techniques for quality improvement of care, upgrading of service provided and cost-effectiveness, which makes satisfaction an important tool in health care improvement [8]. Patient satisfaction has progressively been used as a method to rate, rank, and compare hospitals according to hospital quality and rate hospital performance [16-18].

Patient satisfaction influences clinical outcomes, patient retention, and medical malpractice and abusing assertions. If patient satisfaction is achieved, the health care service offered would be time saving, efficient, and patient-centered. Patient satisfaction is secondary but a very effective indicator to measure the success of doctors and hospitals. The Institute of Medicine (IOM) had set six aims for a quality health care system patient safety, and influence patient satisfaction: (1) safe, (2) equitable, (3) evidence based, (4) timely, (5) efficient, and (6) patient centered [9, 19].

There are few researches on developments resulting from feedback surveys of patient satisfaction, but unfortunately the results of these studies are contradictory. A survey made in a teaching hospital in France set that reported data from patient satisfaction surveys led to the employment of some development and improvement initiatives chiefly in a hospital environment but no important change in care providers' behavior such as personal skills [20]. Similarly, a survey evaluated patients' satisfaction feedback in 50 hospitals in Massachusetts, which resulted in an extensive range of successful improvement projects and initiatives [21].

On the other hand, the main outcome of a survey made in Victoria, Australia, over a 5-year period revealed that very limited development and improvement initiatives had been launched [22].

Determinants of patient satisfaction:

As patient satisfaction is an important tool for measuring the quality of the health care provided, health care managers should pay more attention to the factors affecting patient satisfaction and work on them to achieve high ratings and compete in the market with other competitors. Marley et al. identified that evaluating satisfaction should "incorporate dimensions of technical, interpersonal, social, and moral aspects of care" [8].

Most of the studies examined the association between demographic factors such as age, gender, health condition and educational level with patient satisfaction. Results are contradictory, two studies, one made in Scotland whereby 650 patients discharged from four acute care general hospitals during the period from February to March 2002, and the second study was made in 32 different large tertiary hospitals in the USA; both studies revealed that male patients, patients older than 50 years old, patients who had a shorter length of accommodation or better health condition and patients with primary level education had higher scores related to variable health service-related domains [23-25]. While on the contrary, a survey conducted in Taiwan different accredited hospitals revealed that patient demographics such as age, gender and educational level only slightly affected patient satisfaction, but also the health condition of patients is an important indicator of a patient's general satisfaction [26]. Nguyen et al. and Jenkinson et al. affirmed from their study results that the two most consistent determinants of higher satisfaction are old age and better health condition [27, 28]. While two studies

reported conflicting results concerning the significant effect of the two variables (age and gender) on overall patient satisfaction in different aspects of healthcare services [29, 30]. On the contrary, a national survey conducted in 2006 of 63 hospitals in the five health regions in Norway revealed that age, gender, health condition and educational level were not important indicators of patient satisfaction [31].

Patient satisfaction is multifactorial and multidimensional; it can be anticipated by factors related to caring, empathy, reliability, and responsiveness; recognized dimensions influencing patient assessments, include physician conduct, availability of service, continuity and stability, confidence, efficiency, core services, customization, professional credibility, competence, outcomes, and communications [32]. Communications involving humans in the service situation with emotions pending love for the patient and good patient outcomes such as pain relief, life-saving, and dealing with anger or disappointment with life after critical medical are also considered. Other main patient satisfaction determinants are admissions in the hospital, discharge, nursing care, food, technical services, physician communication skills, and housekeeping [33]. According to Butler *et al.*'s, two dimensions expressed about 66 percent of the variance in patients' service quality discernments, which are the quality of the facility and staff performance [34].

Health service availability is the service available when it is needed, and is defined as the number of patient-physician contacts, waiting durations, convenience. Whereas communication is defined as the level to which the patient is heard, kept informed and updated through clear terms, afforded social interaction and time during consultation and provided psychological and non-technical data. When communication is admirable, it includes information from the service giver to the patient on the type of care he or she need, thus improving uncertainty that increases his or her awareness and sensitivity about what to expect, then patient satisfaction will be higher. Defining outcomes, they are simply the change in physical health condition directly attributable to the healthcare experience and efforts. Service quality is defined as the level to which care was humane and competent, the higher the perceived service provider's competence, the higher the levels of satisfaction. Competence also strongly affects patients' service quality valuations. Staff behavior also has a substantial influence on patient satisfaction.

The behavior in which staff interacts with the patient and staff sensitivity to the patient's personal experience appears to be significant.

Another study revealed that hospital cost is also of great impact as a determinant, if hospital costs are high then the patient satisfaction lowers [35]. In addition, if the physical facilities of the hospital are good (including cleanliness, modern equipment, and the general feeling that the hospital is in a good physical condition) patient satisfaction increases.

Patient as a consumer:

Patients in the market of health care are addressed as consumers. The word "consumer" is derived from a Latin word "consumere" which means the one who acquires services. Likewise, the word customer also means "a person who purchases services or goods"[36]. Today the patient sees himself as a person purchasing services from the health care institutions as hospitals, and with the patients now knowing their rights, special emphasis should be exerted on the delivery of quality health care to satisfy the patient. This explains why hospitals now began to function like a service industry, and began to employ HR professionals and management graduates. For this reason they realized that patient satisfaction leads to benefits for the health industry in a number of ways, which have been reinforced by different studies [37]. Of these benefits: 1- Patient satisfaction leads to patient loyalty, 2- Developed patient retention - according to Technical Assistant Research Programs (TARPs), states that if we satisfy one patient, the information reaches four others. If we push away one customer, it spreads to 10 others, or even more if the problem is serious. So, if we lose one patient, we will have to satisfy three other patients just to stay equal, 3- They are less susceptible to the war of prices, in a study made in Voluntary Hospitals of America, almost 70% of patients were ready to pay more money if they had to consult a quality physician who satisfy their choice; there is enough data proving the fact that institutions and hospitals with high patient satisfaction level thus having high level of patient loyalty can command a higher price without dropping their profit or market share [38], 4- Constant profitability - in USA, it is expected that loss of a patient due to dissatisfaction, can result in the loss of over \$200,000 in profits of the practice over the lifetime [39]. 5- Increased staff spirits with decreased staff turnover also leads to increased productivity, 6- decreased risk of abusing and malpractice suits; there is an inverse correlation reported between patient satisfaction rates and medical malpractice [40], 7-

Accreditation concerns – now it is universally accepted that numerous accreditation agencies as International Organization for Standardization (ISO), National Accreditation Board for Hospitals (NABH), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), etc., all focus on quality service matters [41], 8- Improved personal and professional satisfaction, patients who improve with our care definitely make us happier, as we can say that the happier the doctor, the happier will be the patients [42].

The problem with patient satisfaction and method of measuring scores:

As the importance of patient satisfaction increases the problems facing patient satisfaction scores and correctly calculating them also increases. Patient satisfaction scores are a serious matter, as it affects the reputation of the hospital or even the physician. A study revealed that seventy eight percent of clinicians said that patient satisfaction scores moderately or severely affected their job satisfaction negatively, where 28 percent said that the scores made them consider quitting [43], therefore correctly evaluating patient satisfaction scores is of great importance.

In most recent studies patient satisfaction has been treated as a "black box" that anticipates certain outcomes and is sequentially anticipated by certain antecedents as practice size [44].

A validated questionnaires or surveys are classically used to measure patient satisfaction. The questions are carefully designed to access the reliable data to be obtained, and because patient satisfaction is more or less non-measurable so questionnaires and surveys are constructed and administered in different ways to cope with the patients' variations. What the questions are and when and how they are asked can significantly affect results. As an example, phone surveys tend to gather results different than results of written surveys. Surveys completed at the end of a patient visit provide different data than surveys sent out and completed a few weeks after the visit. Then, when designing a survey questionnaire, aim for three things: briefness, clarity and consistency.

There are two methods for calculating patient satisfaction: 1- qualitative, and 2- quantitative. The quantitative method offers accurate methods to measure patient satisfaction. Standardized questionnaires (self-reported or interviewer-administrated or by telephone) have been the most common measurement tool for showing patient satisfaction studies [23, 45].

Sampling methods also affects accuracy of measuring patient satisfaction and validity of comparisons. Range of error is commonly undervalued and increases because scores are based on small groups of patients, for this when a sample size is small the range of error in fact exceeds the range of scores for the individuals. To expressively increase the confidence level and accuracy of a survey, a large increase in sample size is required, which is expensive and is normally not done for the purpose of calculating an individual's score [46]. If for each physician different numbers of patients are questioned, the resulting scores are misleading and confusing. Variances in sample size may not be obvious because patient satisfaction is usually presented as a percentage. The same problem happens when comparing scores resulting from surveys with different numbers of patients. Physicians who have less patients to survey, tend to obtain the highest or lowest scores, reflecting the higher effect of ratings of excellent and poor performance in a brief and small data set. Physicians with more respondents, and more variation of patient experience, are more probable to have average scores. This is a role of statistics, not quality.

Sending out a number of surveys and questionnaires and then following up until receiving a definite percentage will get us one type of results, and sending out a big number of surveys and hoping that enough are returned to meet the definite percentage will get us another type of results. In the latter, the sample is not random; relatively, self-selected patients have chosen to fill out the survey. So sample size and survey methods must be consistent and in turn making accurate comparisons. [47]

How the results are used?

As patient satisfaction is important so utilizing the results is, as the main goal is to improve quality and this is obtained by using the collected results as it is the only way to know the items of dissatisfaction. In a survey data, the patients' complaint was waiting time in the office. To resolve this problem, the practice developed a "time-analysis worksheet," which follows patients' visits by minute for the time a patient arrived at the office, entered the examination room, welcomed by the doctor and etc. This data permits the physicians and staff to see how they're spending their time and detect possible reasons of waitings and delays. [48]

Conclusion:

Patient satisfaction is a critical quality indicator to evaluate success of the services system. Patient evaluation of service provided is important to offer a chance for improvement by setting appropriate strategic plans, which luckily sometimes exceed patient expectations. The benefits of patient satisfaction surveys rely heavily on using standardized, brief, clear, and consistent approaches. Consequently, a standardized tool needs to be established and developed in order to positively influence the main goals of patient satisfaction survey outcomes.

Managers should center their efforts on achieving excellent ratings to distinguish their organization from others, and this is the first step toward having loyal patients, so organization that struggle to ensure their patients are completely satisfied are more likely to grow. Although, measurement tools need to be developed and upgraded frequently to cope with changes and to resolve uprising problems facing accurate measurement.

References:

- 1- Gupta, Khushboo Sabharwal, and Varsha Rokade. "Importance of Quality in Health Care Sector: A Review." *Journal of Health Management*, vol. 18, no. 1, Mar. 2016, pp. 84–94, doi:[10.1177/0972063415625527](https://doi.org/10.1177/0972063415625527).
- 2- Crow R, Gage H, Hampson S, Hart J, Kimber A, Storey L, et al. The measurement of satisfaction with healthcare: implications for practice from a systematic review of the literature. *Health Technol Assess*. 2002;**6**:1–244. doi: 10.3310/hta6320
- 3- Dobska M, Dobski P. *Systemy zarządzania ja kością w podmiotach leczniczych*. Warszawa: Wolters Kluwer; 2016.
- 4- Rosenthal GE, Harper DL. Cleveland health quality choice: a model for collaborative community-based outcomes assessment. *Joint Comm J Qual Improv*. 1994;**20**(8):425–42.
- 5- Spoeri RK, Ullman R. Measuring and reporting managed care performance: lessons learned and new initiatives. *Ann Intern Med*. 1997;**127**(8 pt 2):726–32.
- 6- Chari F, Jelastopulu E, Sapountzi-Krepia D, et al. Patient Satisfaction in Public and Private Hospitals in Cyprus. *Int J Caring Sci* 2016;**9**:781-91.
- 7- Aerlyn GD, Paul P. L. (2003). Patient Satisfaction Instruments used at Academic Medical Centers: Results of a Survey. *American Journal of Quality*, Vol: 18, NO. 6 [online],

- available at:<http://ajm.sagepub.com/content/18/6/265>
- 8- Kathryn, A.,M., David A., C., Susan, M., G.(2004). The Role of Clinical and Process Quality in Achieving Patient Satisfaction in Hospitals, *Decision Sciences*, Vol: 35, NO.3, pp.349-369.
 - 9- Washington: DC: National Academy Press; 2001. Committee on Quality of Health Care in America, IOM; pp. 39–40. *Crossing the Quality Chasm: A New Health System for the 21st Century*.
 - 10- Naidu, Aditi. "Factors affecting patient satisfaction and healthcare quality." *International journal of health care quality assurance* (2009).
 - 11- Cohen, Justin B. M.D., M.S.; Myckatyn, Terence M. M.D.; Brandt, Keith M.D. The Importance of Patient Satisfaction: A Blessing, a Curse, or Simply Irrelevant?, *Plastic and Reconstructive Surgery*: January 2017 - Volume 139 - Issue 1 - p 257-261 doi: 10.1097/PRS.0000000000002848
 - 12- Baumann C, Rat AC, Osnowycz G, Mainard D, Cuny C, Guillemin F. Satisfaction with care after total hip or knee replacement predicts self-perceived health status after surgery. *BMC Musculoskelet Disord*. 2009;**10**:150. doi: 10.1186/1471-2474-10-150
 - 13- Mancuso CA, Salvati EA. Patients' satisfaction with the process of total hip arthroplasty. *J Healthc Qual*. 2009;**25**:12–9. doi: 10.1111/j.1945-1474.2003.tb01039.x.
 - 14- Lau RL, Gandhi R, Mahomed S, Mahomed N. Patient satisfaction after total knee and hip arthroplasty. *Clin GeriatrMed*. 2012;**28**:349–65. doi: 10.1016/j.cger.2012.05.001.
 - 15- Sitzia J, Wood N. Patient satisfaction: A review of issues and concepts. *Soc Sci Med*. 1997;**45**:1829–43. doi: 10.1016/S0277-9536(97)00128-7
 - 16- Kennedy GD, Tevis SE, Kent KC. Is there a relationship between patient satisfaction and favorable outcomes? *Ann Surg*. 2014;**260**:592–8; discussion 8–600. PubMed PMID:25203875. PMCID: PMC4159721. eng.
 - 17- Fenton JJ, Jerant AF, Bertakis KD, Franks P. The cost of satisfaction: a national study of patient satisfaction, health care utilization, expenditures, and mortality. *Arch Intern Med*. 2012;**172**:405–11. PubMed PMID: 22331982
 - 18- Kane RL, Maciejewski M, Finch M. The relationship of patient satisfaction with care and clinical outcomes. *Med Care*. 1997;**35**:714–30. PubMed PMID: 9219498. eng.
 - 19- Prakash, Bhanu. "Patient satisfaction." *Journal of cutaneous and aesthetic surgery* vol. 3,3 (2010): 151-5. doi:10.4103/0974-2077.74491
 - 20- Laurent, B., Patrice, F., Elisabeth D., Georges, W. & Jose, L.(2006). Perception and use of the results of patient satisfaction surveys by care providers in a French teaching hospital, *International Journal for Quality in Health Care* 2006; Vol:18, NO. 5, pp. 359–364.
 - 21- Rogers G.& Smith D. (1999) Reporting comparative results from hospital patient surveys. *International Journal Quality Health Care*, Vol, 11pp. 251–259.
 - 22- Mary D., Phil C. & Heather B. (2001). Seeking consumer views: what use are results of hospital patient satisfaction surveys? *International Journal for Quality in Health Care*, Vol.:13, NO.6, PP.463-468.
 - 23- José MQ, Nerea G, Amaia B, Felipe A, Antonio E, Cristóbal E, et al. S., Emilio, S. and Andrew, T. (2006). Predictors of patient satisfaction with hospital health care, *Health Services Research*, Vol: 6, NO.102 [online], available at: <http://www.biomedcentral.com/1472-6963/6/102>
 - 24- William E. K., Jo Ann D., Michael D. & George G. (2004). The applicability of SERVQUAL in cross-national measurements of health-care quality, *Journal of Services Marketing*, Vol 18 NO.; 7 pp. 524-533 [online], available at<http://dx..org/10.1108/08876040410561857>
 - 25- Otani K, Herrmann PA, Kurz RS. Improving patient satisfaction in hospital care settings. *Health Serv Manage Res* 2011. Nov;**24**(4):163-169
10.1258/hsmr.2011.011008
 - 26- Shou-Hisa C, Ming-Chin Y, Tung-uang C. Patient satisfaction with and recommendation of a hospital: effects of interpersonal and technical aspects of hospital care. *International Journal for Quality in Health Care*, Vol 2003;**15**(4):345-355
.10.1093/intqhc/mzg045
 - 27- Jenkinson C, Coulter A, Bruster S, Richards N, Chandola T. Patients' experience and satisfaction with Health Care: Results of a

- questionnaire study of specific aspects of care. *Quality Safety Health Care*, VOL 2003;11:335-339 .10.1136/qhc.11.4.335
- 28- Nguyen Thi PL, Briançon S, Empereur F, Guillemin F. Factors determining inpatient satisfaction with care. *Soc Sci Med* 2002. Feb;54(4):493-504 10.1016/S0277-9536(01)00045-4
- 29- Tonio S, Joerg K, Joachim K. Determinants of patient satisfaction: a study among 39 hospitals in an in-patient setting in Germany. *International Journal for Quality in Health Care*, Vol 2011;23(5):503-509 .10.1093/intqhc/mzr038
- 30- Rama M, Kanagaluru SK. (2011) A STUDY ON THE SATISFACTION OF PATIENTS WITH REFERENCE TO HOSPITAL SERVICES, *International Journal of Business Economics & Management Research*, Vol.:1, NO. 3 [online] available at: <http://zenithresearch.org.in/>
- 31- Oyvind AB, Ingeborg S. S., &Hilde, H., I. (2011). Overall patient satisfaction with hospitals: effects of patient-reported experiences and fulfillment of expectations, *British Medical Journal Quality Safety*, [online], available at: <http://qualitysafety.bmj.com>
- 32- Fowdar ,R. (2005), "Identifying health care attributes", *Journal of Health and Human Services Administration*, Vol. 27 No. 4, pp. 428-43.
- 33- Woodside, A.G., Frey, L.L. and Daly, R.T. (1989), "Linking service quality, customer satisfaction and behavior intention", *Journal of Health Care Marketing*, Vol. 9 No. 4, pp. 5-17.
- 34- Butler, D., Oswald, S. and Turner, D. (1996), "The effects of demographics on determinants of perceived health care service quality", *Journal of Management in Medicine*, Vol. 10 No. 5, pp. 8-20.
- 35- Andaleeb, S. (1988), "Determinants of customer satisfaction with hospitals: a managerial model", *International Journal of Health Care Quality Assurance*, Vol. 11 No. 6, pp. 181-7.
- 36- Brown SW, Nelson AM, Bronkesh SJ, Wood SD. *Quality service for practice success*. Maryland: Aspen Publication; 1993. Patient Satisfaction Pays.
- 37- Wendy L, Scott G. USA: AHA company; 1994. Service Quality Improvement. The customer satisfaction strategy for health care
- 38- Voluntary Hospitals of America, special report: Quality care. *Market Monitor*. 1988;11
- 39- Luecke RW, Rosselli VR, Moss JM. The economic ramifications of "client" dissatisfaction. *Group Pract J*. 1991;8-18.
- 40- Poulas GA, Brodell RT, Mostow EN. Improving quality and patient satisfaction in dermatology office practice. *Arch Dermatol*. 2008;144:263-5.
- 41- IL: JCAHO: Oak Brook Terrace; 1992. Joint commission Accreditation of Health care Organizations: Accreditation Manual for Hospitals.
- 42- Foot F. How to be a happy dermatologist. *Dermatol Psychosom*. 2004;5: 112-3.
- 43- Zgierska A, Rabago D, Miller MM. Impact of patient satisfaction ratings on physicians and clinical care. *Patient Prefer Adherence*. 2014;8:437-446.
- 44- Uhlmann RF, Inui TS, Carter WB. Patient requests and expectations. Definitions and clinical applications. *Med Care*. 1984;22(7):681-5.
- 45- Linda, D., U. (2002). Patient satisfaction measurement: current issues and implications. *Lippincott's Case Management*, Vol: 7, NO.5, pp.194-200.
- 46- Balestracci D Jr. *Data Sanity: A Quantum Leap to Unprecedented Results*. 1st ed. Englewood, CO: Medical Group Management Association; 2009.
- 47- Bachman JW. The Problem With Patient Satisfaction Scores. *Fam Pract Manag*. 2016 Jan-Feb;23(1):23-7. PMID: 26761300 White B. Measuring patient satisfaction: how to do it and why to bother. *Fam Pract Manag*. 1999 Jan;6(1):40-4. PMID: 10344931.