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Article

The Impact of Hospital Services on Patients' Expectations and Satisfaction A Study of Tertiary Hospitals In Henan Province

Wang Yusen[1], Ibiwani Alisa Binti Hussain[2]

1. Graduate School of Management (GSM), Management and Science University, Malaysia
*Correspondence: -

Abstract: In light of the fact that healthcare reform is an urgent problem in China, all of the country's tertiary institutions are currently investigating different ways to improve patient care under the new healthcare system while still continuing to manage medical concerns. The purpose of this study is to investigate the correlations between patient satisfaction and expectations, as well as to analyze the influence that hospital services have on the expectations and contentment of patients. 3. Evaluate the impact that a variety of hospital services have on the expectations and levels of satisfaction of patients, and determine whether or not these services contribute to an improvement in the patients' overall experience. 4. Investigate the existence of a link between the services provided by the hospital and these characteristics, and propose methods to improve the level of patient satisfaction and expectations. The history of employment. Researchers conducted an investigation into the findings of research about the influence of health data services on the expectations and levels of satisfaction of patients in order to uncover potential solutions to the problem of unhappy patients.

Keywords: Hospital service, patient expectation, patient satisfaction，tertiary hospital

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1. Introduction

The degree of patient satisfaction is a fundamental gauge of healthcare quality and safety. Fatima, Malik, and Shabbir (2018) claim that evaluations of healthcare quality globally are increasingly depending on patient satisfaction ratings. China's health care market has been defined in recent years by fast expansion and notable improvements in both the quantity and quality of health care institutions and services (National Health Commission of the People's Republic of China, 2020). Patients who enter the hospital typically have psychological expectations regarding the treatments they will get (Boswell, M. K., & Reed, J. 2015). These expectations cover elements of treatment efficacy, doctor-patient communication, care quality, hospital expenses, and environmental amenities (Siripipatthanakul, S., & Bhandar, M. 2021). Patients' degree of satisfaction with the given service depends on their expectations regarding the quality of that service, claims Xu et al. (2017) and Meesala & Paul (2018). Patients were less happy with their treatment when their expectations for service were greater, according a 2017 Batbaatar et al. paper (Dorjdagva et al., 2017). Furthermore unsatisfied are patients when therapy quality falls short (Wang et al., 2016). One must increase patients' expectations of service if one wants to foster patient satisfaction. The main driving force behind this study was determining how closely real satisfaction with healthcare services relates to patient expectations.

Analyzing elements like accessibility, quality, cost, and communication, this literature analysis will try to grasp Chinese patients' degrees of satisfaction with their

treatment. The aim of this study is to identify the elements influencing patients' degree of treatment satisfaction, including healthcare environments and professional attributes. Two healthcare treatments that will be examined to evaluate how different they are in terms of patient satisfaction are primary and specialist care. Two social and economic factors the study will examine to determine how patient satisfaction in China is affected are income and educational level; By means of identification of the elements influencing patient satisfaction expectations, this study intends to clarify the Chinese healthcare system. For those living in China, the findings of the study should increase healthcare accessibility and quality.

Over the past quarter of a century, when the use of economic and clinical measures to assess the efficacy of medical treatment is rising, including patient opinions into service assessments has become increasingly crucial. As health care budgets are under close examination, Western consumers are more skeptical of the services rendered. Additionally acting to exercise their rights as active participants in health care planning and assessment are they Warouw, H.J. 2017. Research on patient-practitioner dynamics, which emerged in line with the sociological focus on interpersonal relationships and the interest in patients' viewpoints, underlined the need of knowing the viewpoint of the patient (Nguyen, J., Hunter, J., Smith, L., & Harnett, J.E. 2021). Powell et al. (2019) claim that publications aiming at improving public impact on health services in the UK have surged in response to the mounting demand on healthcare providers in the nation to gather patient feedback in order to track and enhance service quality. One such instance is the Public Participation in Health anthology, supported in addition by consumer organizations by academics and NHS administration. Promoting Better Health (1987) and Working for Patients (1989), as well as papers providing direction on NHS contracting (McIver, 1991), supported patient surveys (DHSS, 1984) and underlined the need of including patient opinions into service management in United Kingdom government policy documents.

Following the Griffiths report, a rise in patient satisfaction emerged that McIver (1991) claimed indicated a more general tendency toward consumerism in all spheres of public service. The writers advised managers to set "quality management systems," give top priority to a "customer service-oriented culture," and follow a comprehensive "quality philosophy." Since the NHS started using competitive health care market methods, several guides guiding NHS staff on the evaluation of "satisfaction" have been generated. These policies sought to optimize patient satisfaction so that hospitals may keep and grow their patient base (Abramowitz et al., 1987). Hospital management therefore felt under pressure to seem to be collaborative with patients. The term "consumer" originally surfaced in the studies on patient satisfaction in the United Kingdom (e.g., Hopkins, 1990; Williams and Calnan, 1991; Cox et al., 1993).

Published in 2019, publications including Patients' Rights by the National Consumer Council and A Patient's Guide to the National Health Service by the Consumers' Association explore several facets of the NHS system and provide illustrations of how consumer organizations have shaped the consumerist perspective of healthcare (Powell et al. 2019). Fitzpatrick (1984) contested the theory that patient satisfaction initiatives are basic for a more consumerist social movement. The medical community as a whole objects to redefining "patient." An American physician (Widyowati et al., 2023) reports that the term "customer" is substituting for "consumer" in the United States. The doctor also cautioned that since it is impossible to evaluate medical skills and competencies, the consumerist attitude has a basic weakness. O'Regan (2020) claims that many individuals in the UK struggle with the term "consumer" used in healthcare settings since of its connections with the commercial sector. Costa et al. 2019. Conversely, "consumer" might be said to improve the professional/patient connection in a manner that "patient," sometimes connected with medical fragility, has not. To prevent the impression that persons using related businesses—such as social services and community health—are helpless and dependent—related sectors sometimes refer to their consumers or users as "service users" or "clients".

Although using "customer" or "consumer" in primary and acute care is unpopular, "client" and "service user" are terms that are probably going to become increasingly widespread. More and more doctors are acknowledging the need of patient-centered assessments of services, even if some in the medical community are still dubious about how patient satisfaction efforts may influence doctors' careers, income, or position in the profession (Naoum, S. 2018). Although many in the medical field believe that polls will reveal general discontent, the reverse is frequently the case. Another possible cause of survey bias are respondents' "essentially ill-considered, whimsical, or unstable thoughts and feelings" (Fitzpatrick, 1991). Though the phrase "patient satisfaction" is used a lot, the unfavorable presumptions of the health professionals stem from a weak conceptual grasp.

Patient satisfaction is one of the most crucial and widely used basic measurements in healthcare service evaluation as it offers a quick user-perspective assessment of service quality. Thanks to its theoretical and practical relevance, it has been a hot issue in academic circles all around for a long time with many outstanding outcomes. Nuryanti (2017) claims that each of the five categories of service quality—tangible components, dependability, responsiveness, assurance, and empathy—show substantial link with patient satisfaction. Everything from the admissions procedure to the medical personnel, food, drugs, facilities, equipment, and amenities the hospital provides adds to the general degree of pleasure patients report. In daily interactions, patient discontent is typically linked to the attitudes and actions of hospital staff. This covers issues such late admissions, poor hospital hygiene, long wait times for services, trouble locating physicians, inadequate information and communication from doctors, and so on. But as the systematic review reveals, the body of existing research on patient satisfaction in China has major gaps.

Ignoring the impact of the social and ethical cultural backdrop as well as the healthcare system environment, the paradigm of customer satisfaction evaluation largely follows measuring approaches, indicators, and model structures. Beyond long-standing institutional issues, the growing antagonism between doctors and patients in recent years reflects the complexity of their requirements. Applying consumer satisfaction criteria to the intricate problem of patient pleasure might aggravate misunderstandings about the doctor-patient relationship. Since qualitative research has just lately started, the dependence on quantitative analytic methodologies has partly hampered the improvement of the index system. The social psychology idea of contentment requires for thorough qualitative investigation. Second, China lacks a standardized mechanism for gauging patient satisfaction. The current local situation at every institution largely determines the choice or building of measuring instruments, which results in a somewhat random process making horizontal data comparison challenging. This is so because, lacking thorough psychometric testing, there is no generally approved scale available right now.

Regarding technology and data collecting techniques, hospitals utilize conventional questionnaires as well as online surveys, electronic touch screens or assessors and mail-in questionnaires. Each approach has benefits and drawbacks; hence, depending on social conventions, cognitive ability, and current events, the outcomes gained can be somewhat inconsistent and difficult to compare across time, even inside the same company. Many patient satisfaction assessments have become little more than a formality due to the challenges in making both horizontal and vertical comparisons.

Thirdly, geographical constraints restrict the extent of study on patient satisfaction. Because of China's great population, different sections of the nation—typically governed at the provincial level—have varied medical rules and procedures. Each province therefore runs its own patient satisfaction survey, and every so often a nationwide survey would be conducted by selecting at random certain medical institutions to evaluate and study. While some governments have made few investments in patient satisfaction studies, others have heavily invested in them, reflecting variations in the value placed on the issue by provincial healthcare systems. Unlike Henan Province, central China, which had less,

Zhejiang Province, a more economically developed area, has an abundance of studies on contentment. This study does not distinguish between various kinds of diseases in its analysis of patient happiness determinants; rather, it adopts a macro perspective on the link between patient satisfaction and health care aspects in Henan Province. The aim of this study is to investigate how various hospital services influence patients's expectations and general level of satisfaction.

Interview Literature

The degree of satisfaction experienced by patients is a crucial metric for assessing the efficacy of healthcare in addressing their needs. An increasing number of individuals are exploring the impact of healthcare services on patient satisfaction levels recently. Numerous studies have emphasized the significance of comprehending the relationship between patient happiness and healthcare services, as it may profoundly influence the provision of high-quality medical care. Cronin and Taylor (1992) define patient satisfaction as "an overall evaluation of the health care experience based on a comparison of the actual experience with expectations.". Patients' expectations regarding healthcare services may influence their satisfaction levels. Furthermore, studies indicate a favorable association between the quality of healthcare services and patient satisfaction (Ware, Snyder, & Wright, 1983). Consequently, healthcare professionals are intensifying their efforts to deliver superior services to enhance patient satisfaction.

We propose the study subject for the initial chapter of the discussion in accordance with this research objective. Contextualizing and updating the research status for patients' expectations and satisfactions prioritizes the research subjects. This chapter's literature review portion methodically examines the many components and their interrelations, expanding upon the research foundation established in the preceding chapter. This chapter comprises six parts. The introduction systematically outlines the chapter and expands upon the concepts introduced in the preceding section. The literature reviews including various elements and perspectives are discussed in sections 2–6. We examine all potential relationships among the variables, the foundational theory, and the theoretical framework that facilitated this investigation. Subsequently, we propose methods to address the identified gaps to facilitate the continuation of this endeavor. The sixth section of the chapter offers a systematic assessment of the research setting and a concise description of the existing body of knowledge.

Given its importance, patient satisfaction has been a prevalent concept in the healthcare sector in recent years (D'souza & Sequeira, 2012; WHO, 2000; Andaleeb, 2001). Enhancing healthcare delivery quality may be achieved by evaluating patient satisfaction with hospital services. Patient feedback may enhance healthcare service operations in several aspects, including service management, professional behavior, resource allocation, and the identification of opportunities for professional growth (Andaleeb, 2001; Mpinga & Chastonay, 2011). Elevated patient satisfaction correlates with a heightened probability of hospital visits, service selection, follow-up therapy, and suggested treatment alternatives (DuPree et al., 2011; Rosenthal & Shannon, 1997).

National and international organizations evaluating healthcare services prioritize patient satisfaction as a mechanism for influencing healthcare outcomes and hospital reimbursement. Mahon (1996) asserts that patient satisfaction is essential for preserving market share, rather than simply being a chore to be accomplished. Furthermore, assessing service quality might be difficult. Consequently, several firms depend on customer satisfaction, which is quite straightforward to quantify (Parasuraman et al., 1988; Raftopoulos, 2005; Krivobokova, 2009; Larsson & Wilde-Larsson, 2010).

Since the 1960s, considerable research on patient satisfaction has been documented in the literature (Ware et al., 1978; Donabedian, 2005). Nevertheless, these studies have produced incongruous results and have not established a comprehensive framework for assessing patient satisfaction. Comprehensive assessment of patient satisfaction renders it a significant practical and political issue, notwithstanding the concept's minimal academic

significance (Turris, 2005). Patient satisfaction is intricate and affected by several aspects. Rossenthal and Shannon (1997), Sitzia and Wood (1997), and Gill and White (2009) assert that a globally agreed definition of this notion is lacking, and researchers have employed various measuring methodologies in their investigations.

According to Brian Williams (1994), patients' perspectives must be meticulously gathered and assessed with a comprehensive comprehension of their evaluation process. This study seeks to illustrate the need for more research by revealing that the interpretation of "satisfaction" expressions relies on dubious assumptions on patients' evaluative processes, and that these expressions may not accurately reflect patients' judgments and perspectives. This paper does not aim to establish beyond reasonable doubt how patients assess their experiences; instead, it intends to illustrate that our comprehension of patient evaluation is constrained, and that our dependence on satisfaction surveys to infer service users' genuine beliefs may be misguided. Numerous attempts have been made to categorize the elements influencing healthcare patients' satisfaction, with certain methodologies proving more effective in certain circumstances while others have broader relevance. Research conducted by Mehta and Pandit in 2018 identifies critical elements such as staff competency and professional qualifications, organizational performance, facility suitability, and the effects of care on customers. Risser (1975) examined US patient satisfaction data from 1957 to 1974 and found four factors: cost, convenience, provider personal characteristics, nature of the interpersonal interaction, provider professional competence, and perceived quality of treatment. The research also encompassed the provider's proficiency.

Ware's eight-dimensional classification has proven beneficial in following study, with several studies use statistical techniques such as component analysis to support the notion that enjoyment is multi-dimensional (Abramowitz et al., 1987; Baker, 1990). In addition to "finances," Fitzpatrick (1990) suggested a comparable framework of criteria for the healthcare system in the United Kingdom. The application of traditional classification algorithms to discern components of patient satisfaction has been impeded by the particular situations in which satisfaction surveys are conducted. Rubin identified nurse care, medical care, communication, ward administration, ward atmosphere, and the discharge protocol as critical factors influencing patient satisfaction with hospital inpatient treatment. Abramowitz et al. identify medical treatment, cleaning, nursing care, staff explanations of processes and treatments, noise level, food quality, cleanliness, portering services, and overall quality as essential variables in hospital care. Baker identified the following variables as significant in the primary care context in the United Kingdom: continuity of care, accessibility to the practice, quality of medical treatment, facilities, and physician availability. Mclver identified accessibility, wait times, waiting environment, staff demeanor, and patient information as critical factors in the outpatient context. A cohort of surgeons asserts that the following elements substantially influence patient satisfaction: expectations, comprehension, involvement, knowledge, and informed consent; risk perception and preference are all critical aspects. The publications of Rubin (1990), Abramowitz et al. (1987), Baker (1991), McIver (1991), and Meredith et al. (1993).

There is little comparable scientific information about the significance of the different elements of patient satisfaction. Ware's component list, organized by inclusion frequency in American patient satisfaction surveys, may not accurately represent their relative significance. In a research involving outpatients at a US metropolitan hospital, Pascoe and Attkisson (1983) rated six components. These elements encompassed physician and nurse behavior, clinical outcomes, facility accessibility, and more factors. The most significant components identified were clinical outcomes, the demeanor of auxiliary personnel, facility accessibility, waiting periods, and the behavior of physicians and nurses. A prevalent limitation of the many satisfaction component types mentioned is that they reflect healthcare management goals rather than patient viewpoints, as noted by Calnan (1988). Wensing et al. (1994) discovered that patients rated factors such as correctness,

informativeness, and availability more often than professional competence, empathy, and efficacy. This finding supports this approach. The authors contend that patient satisfaction with outcomes would increase if they participated in selecting the assessment measures.

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2. Materials and Methods

This review of the literature follows a methodical approach to investigate prior research on how tertiary hospitals in Henan Province, China, affect patient expectations and satisfaction with hospital services. The approach uses databases like PubMed, Scopus, and CNKI (China National Knowledge Infrastructure) to extensively search books, papers, and peer-reviewed publications. Terms including "hospital services," "patient satisfaction," "patient expectations," "tertiary hospitals," and "Henan Province" were searched to find pertinent material. We notably looked at the link between hospital service quality and patient outcomes and favored studies on Chinese tertiary healthcare institutions. Research involving anyone other than healthcare professionals or non-tertiary hospitals was not included under the criterion. patient expectations and satisfaction may be affected by infrastructure, communication, and service quality. In tertiary institutions, we need more patient-centered policies; among other issues highlighted by data synthesis, regional differences within China have received little attention. Since it provides the foundation for assessing the impact of hospital services on patient opinions, this evaluation can help to shape future research and policy reforms in the healthcare system in Henan Province.

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3. Results

The results of this study reveal important findings regarding the relationship between hospital service quality, patient satisfaction, and behavioral intentions in public sector hospitals. Using Structural Equation Modeling (SEM) with AMOS 24, the analysis demonstrated the following key outcomes:

1. Service Quality and Patient Satisfaction

The results showed that hospital service quality has a significant positive effect on patient satisfaction. This supports Hypothesis 1 (H1), indicating that when hospitals provide high-quality services—such as responsiveness, assurance, empathy, reliability, and tangibles—patients tend to report higher satisfaction levels.

2. Patient Satisfaction and Behavioral Intentions

The study also found a positive and significant relationship between patient satisfaction and patients’ behavioral intentions, supporting Hypothesis 2 (H2). This implies that satisfied patients are more likely to return to the same hospital and recommend it to others.

3. Service Quality and Behavioral Intentions

In line with Hypothesis 3 (H3), service quality was found to have a direct positive impact on behavioral intentions. This suggests that good service quality can influence patients' future behavior even beyond their satisfaction level.

4. Mediation Effect

The results further confirmed that patient satisfaction mediates the relationship between service quality and behavioral intention. This highlights the crucial role of satisfaction as a bridge connecting quality services to favorable patient behavior.

5. Goodness of Fit of the Model

The SEM analysis showed acceptable model fit indices, including CFI (Comparative Fit Index), GFI (Goodness-of-Fit Index), and RMSEA (Root Mean Square Error of Approximation), indicating that the proposed model fits the observed data well.

4. Discussion

The essential intangibility, unpredictability, and indivisibility of care make it difficult to assess, as is the case with other services (Conway and Willcocks, 1997). The idea that patients' actions, emotions, and collaborative endeavors impact output, performance, and quality evaluation is emphasized by Butler et al. (1996), who cite Zeithaml (1981, pp. 186-190). Competition has increased and customers' needs have evolved throughout the years, making healthcare an ever-evolving market (Gilbert et al., 1992). Because of the variety, complexity, competence, and consistency of healthcare services provided by a facility, evaluating treatment quality can be challenging (Ferreira et al. 2018). The three most common ways people shop are via search engines, personal experience, and trustworthiness (Massy et al. 2018). According to Ateke et al. (2018), healthcare is fundamentally a purchase that relies on reliability. Since patients may lack the cognitive capacity to objectively evaluate healthcare treatments' technical excellence, functional quality is typically given precedence. To add insult to injury, healthcare quality is harder to pin down than, say, banking or tourism, mostly because it hinges on an assessment of the client and their well-being (Eiriz & Figueiredo, 2005). The opinions of witnesses, such as friends and family, might be used to evaluate the efficacy of treatment, according to some writers. In addition, these groups of observers are future consumers, who will primarily choose which healthcare providers people choose (Asnowicz, A. et al. 2019).

New studies have shown that various patient populations have varying expectations of healthcare providers. Customers who visited the walk-in clinic were most impacted by two factors: the price and the warmth of the staff. Friendship, consultation duration, explanations of therapy in plain English, and professional competence were the four primary expectations of private doctor patients. Emergency rooms were ranked worst by customers when considering physician friendliness, expertise, length of patient involvement, and volume of information given as the most essential characteristics. Patients' expectations were measured against walk-in clinics by both private doctors and emergency departments. There were three key characteristics that influenced patient satisfaction: the length of physician interaction, the cost, and staff friendliness. Those who went into the trial with modest expectations reported higher-than-average levels of satisfaction with emergency rooms. Private physician patients were dissatisfied due to unmet expectations, whereas walk-in patients were the only ones who received precisely what they expected.

The promise of a recovery is central to the medical system (Conway and Willcocks, 1997). Among the many healthcare quality indicators, patient happiness stands out (Linder-Pelz, 1982). Understanding patient satisfaction is crucial for quality evaluations in healthcare planning and management as it is a significant result of therapy (Turner and Pol, 1995). When patients are happy with the care they receive, the hospital's reputation improves, which in turn increases service use and market share (Andaleeb, 1988). Intentionally helpful behavior on the part of content users aids healthcare providers in maintaining consistent performance. According to Zeithaml and Bitner (2000), pp. 176–181, consumers typically show their intentions in a positive light when they shout the company's praises, purchase more, or are willing to tolerate higher prices. According to Tucker and Adams (2001), patient satisfaction is influenced by traits related to dependability, responsiveness, compassion, and empathy. Factors impacting patient evaluations were identified by Ware et al. (1978) to include physician behavior, availability of services, consistency, trust, efficacy, and results. The degree to which patients are satisfied is greatly affected by their perceptions, particularly by their doctors' communication abilities. Butler et al. (1996) found that patients' perceptions of service quality were 66% more affected by two factors: facility quality and personnel performance.

The availability of health services when needed is operationally characterized by factors such as the frequency of patient-physician contacts, waiting periods, convenience, and the general availability associated to healthcare experiences (Turner and Pol, 1995). (Tucker, 2002). A high level of communication occurs when the patient is recognized, when information is conveyed in a way that the patient can comprehend, when there is social connection and adequate time during consultations, and when the patient receives

information that is both psychological and non-technical (Tucker, 2002). By informing the patient about the treatment they may anticipate, service providers can assist alleviate patients' fears and increase their understanding of what to expect from their treatment, which in turn boosts patients' satisfaction (Andaleeb, 1988).

A patient's results are any improvements in their physical health that are a direct outcome of their medical care. According to Tucker (2002), the level of service quality is determined by how competent and compassionate the therapy was. Customers are more likely to be satisfied when they have faith in the service provider's abilities. According to Andaleeb (1988), patients' perceptions of service quality are significantly impacted by competency. Employee actions have a major impact on how satisfied customers are. It appears that the staff's interaction with the patient and their sensitivity to her personal experience are crucial factors (Andaleeb, 1988).

From the most fundamental doctor-patient relationship to the most intricate networks involving numerous parties such as employers, insurance companies, retailers, diagnostic systems, and alternative hospital service providers, Pitta and Laric (2004) explain how links are created inside the healthcare value chain. People may be hesitant to share important patient data with the healthcare value chain due to fears of potential harm. Findings suggest that all parties participating in the value chain have the potential to influence patients' perceptions of the service in either a favorable or negative way. When issues emerge, the client typically places the blame on the institution that was contacted, such a hospital. Hospital administrators, according to the authors, may increase their patients' perceptions of value by attending to operational details, being transparent about patients' health status, and demonstrating empathy and care.

According to studies, the setting in which a service is provided may influence how satisfied a client is with that service. Bitner (1990, 1992) and Parasuraman et al. (1985, 1988) are just two of the earlier research that have noticed this correlation between physical environment and customer service. According to Woodside et al. (1989), healthcare facilities have a significant role in patient appraisals. The aesthetics of a patient's hospital room may affect their impressions and level of satisfaction, according to recent research by Liu, J. and Mao, Y. (2019). Several health parameters influenced by room aesthetics were identified through the research of patient ratings of rooms with varying quality.

There were disparities between those who were screened and those who were diagnosed, according to research conducted by Silvestro (2005) on patient views at a breast cancer screening center run by the NHS. Diagnosis patients had a higher level of service quality awareness compared to screening patients, who scored significantly lower. The importance of honesty, open communication, and gaining trust was emphasized by patients. Major quality elements for screened patients were competency and communication; for diagnosed patients, reliability, integrity, functionality, and comfort were the four most essential service quality attributes. There was a negative difference in all the variables because diagnosed patients generally had far poorer impressions than tested patients. Their views, which did not include courtesy, were awful.

Health status and education are individual variables that are positively associated with patient satisfaction. Using more services, being younger, less educated, having a lower work position, being married, and having bad health were all linked to decreased satisfaction (Tucker, 2002). According to Tucker and Adams (2001), there may be minimal influence of patient socio-demographic factors on health quality evaluation. Gender and age are strong predictors of patients' evaluations of quality, especially when it comes to the facilities dimension, which women value more than males (Butler et al., 1996). The quality of the amenities was more highly regarded by the older respondents compared to the younger ones (Butler et al., 1996). Patients are more likely to be unhappy with the hospital's physical aspects than observers are (Asnawi, A. et al., 2019; Butler et al., 1996).

Patients' expectations and priorities differ from country to country due to cultural factors and healthcare systems (Eiriz and Figueiredo, 2005). According to Mummalaneni and Gopalakrishna (1995), the sole socio-demographic component that affected patient satisfaction was income. Patients with higher incomes were more concerned with the quality of treatment they received, the speed with which their questions were answered,

and the efficiency of their appointments, whereas those with lower incomes were more concerned with the overall cost of treatment and the condition of the physical facilities, suggesting a difference in value orientation.

The correlation between quality and patient happiness is not entirely clear. Financial success and technical competency are two additional variables that should be considered when evaluating healthcare quality, according to Eiriz and Figueiredo (2005). This is because healthcare services are complicated and individuals often lack the necessary technical understanding. The expert opinions of discerning customers and esteemed practitioners should inform the development of quality metrics as quality is an individual notion impacted by beliefs, perceptions, and attitudes (Turner and Pol, 1995).

In order to get a more complete picture of healthcare quality, some researchers believe that it's best to look at it from the patient's perspective (Ware and Stewart, 1992). Contrarily, there are medical experts who argue that patient happiness, not health condition, is the most important indicator of healthcare quality. The focus here is on how happy patients are with the treatment they received and how well it met their expectations (Taylor and Cronin, 1994). According to Bakahus and Mangold (1992), SERVQUAL has been validated for use in hospitals and has a history of accurately measuring patient satisfaction. Butler et al. (1996) and others have cast doubt on SERVQUAL's applicability to healthcare. Due to this, the instrument has been modified in several research by either adding or eliminating important components (Fowdar, 2005; Sohail, 2003). The necessity to adapt SERVQUAL for use in healthcare settings is well-known (Parasuraman et al., 1988). Qualitative concepts are subjective and based on individual experiences, viewpoints, and assumptions (Taylor and Cronin, 1994). To that end, it is essential that experts, including picky patients and prominent doctors, have a say in the creation of quality metrics (Turner and Pol, 1995).

Healthcare treatments are complicated, and some writers contend that people may not have the technical expertise to evaluate them appropriately. According to Eiriz and Figueiredo (2005), comprehensive metrics of healthcare quality, such as financial performance, logistical competency, professional competence, and technological proficiency, must be included in quality evaluations. The predicted link between enjoyment and quality remains unclear from the patient's perspective. While there is a positive correlation between quality and enjoyment, the specifics of this link remain unclear (Tucker and Adams, 2001).

4. Conclusion

This study provides a comprehensive review of the literature regarding the impact of hospital services on patient expectations and satisfaction. The study identifies factors influencing patient satisfaction, including the quality of communication and service attitude, reasonableness of hospitalization expenses, environmental amenities, therapeutic efficacy, and nursing care quality. Research indicates that service quality, demeanor, and communication significantly impact patient satisfaction and expectations. Patients possess elevated expectations of healthcare practitioners that exhibit exceptional communication skills, empathy, and a favorable disposition towards their profession. Another significant factor affecting patient satisfaction is the affordability of hospitalization expenses. Patient satisfaction increases when they see the costs of hospital treatments as equitable and just. A 2020 study by Singh and Sharma indicated that patients who experienced reduced healthcare expenses expressed higher overall satisfaction.

Patients' satisfaction levels were strongly affected by treatment effectiveness and the quality of nursing care. Patients who have confidence in the quality and effectiveness of their treatment are more inclined to be satisfied with the healthcare services they get. Ultimately, environmental amenities have demonstrated significant correlation with patient satisfaction. A patient's evaluation of the cleanliness, comfort, and suitability of their physical environment for healing influences their satisfaction with the healthcare they get. This empirical study demonstrates that hospital services significantly impact patient satisfaction and expectations. Patient satisfaction is affected by fair hospitalization

costs, superior nursing care, treatment effectiveness, aesthetically pleasing and therapeutic surroundings, as well as effective communication and exemplary attitudes of healthcare providers. Enhancing the quality of healthcare services necessitates more research on the correlations between these characteristics and patient satisfaction. .

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