

Understanding Patient Satisfaction in Public Health Clinics in Malaysia: A Conceptual Analysis

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Abstract

Patient satisfaction is a key measure of healthcare quality, encompassing both the effectiveness of care and service efficiency. In Malaysia, public health clinics serve a significant portion of the population, with the government striving to improve the quality and accessibility of these services. However, patient satisfaction in these clinics varies due to factors such as demographic, socio-economic, and service-related variables. This conceptual paper explores the determinants of patient satisfaction in Malaysian public health clinics, drawing on existing literature to develop a comprehensive framework. The review of 20 journals reveals that factors like waiting time, service quality, communication, and patient expectations are critical drivers of satisfaction, while demographic influences such as age, gender, and income yield mixed results. Using theoretical models such as the expectancy-value theory, perceived service quality model, and SERVQUAL, this paper provides a holistic understanding of how patient satisfaction is formed and suggests ways to improve it. The findings emphasize the importance of managing patient expectations and enhancing communication to deliver a more patient-centered healthcare experience. Future research should address gaps related to policy impacts, regional disparities, clinical outcomes, and the growing role of digital health technologies in improving patient satisfaction.

Keywords: Patient Satisfaction, Healthcare Quality, Service Efficiency, Public Health Clinic

Introduction

Patient satisfaction is a fundamental component in assessing healthcare quality, as it reflects not only the effectiveness of care but also the efficiency of service delivery. In Malaysia, public health clinics serve a crucial role by providing accessible healthcare services to diverse populations. As the government continues to invest in improving the accessibility and quality of healthcare through its extensive network of public health clinics, understanding patient satisfaction within these facilities becomes increasingly important.

Levels of patient satisfaction in public health clinics can vary due to a multitude of factors, such as demographic influences, socio-economic status, and service-related variables. These

variations can significantly impact healthcare outcomes and the overall patient experience. It is crucial to comprehend these determinants to enhance service delivery, foster patient trust, and improve health outcomes, which ultimately contributes to the overall effectiveness of the healthcare system.

Despite the clear significance of patient satisfaction, research examining this phenomenon within Malaysian public health clinics is limited. This gap in the literature highlights the need for targeted studies to better understand the unique factors influencing patient satisfaction in this context. By conceptualizing the determinants of patient satisfaction, this research aims to provide healthcare providers, policymakers, and stakeholders with actionable insights that can lead to enhanced patient experiences and improved healthcare quality.

The findings of this study will be beneficial not only for healthcare practitioners seeking to optimize service delivery but also for policymakers focused on enhancing public health initiatives. By developing a comprehensive conceptual framework through an extensive literature review, this paper aspires to offer significant contributions to the understanding of patient satisfaction in Malaysian public health clinics, ultimately supporting efforts to improve the quality of care provided to the population.

Literature Review

A total of 20 journals and articles were reviewed to examine the issues, challenges, and factors influencing patient satisfaction in healthcare clinics, particularly primary care settings. Key factors contributing to patient satisfaction include demographic characteristics, socio-economic factors, waiting time, health status, frequency of clinic visits, personality traits, communication skills, and patient expectations.

Demographic and Socio-Economic Factors

Studies show mixed results regarding the impact of demographic factors such as age, gender, and race on patient satisfaction. While some studies, such as Rabley et al. (2022), found significant associations between these factors and patient satisfaction, others like John et al. (2011) found no significant relationship. Socio-economic factors, including education and income levels, have been shown to affect patient expectations and satisfaction levels. Patients with higher socio-economic status may have different expectations and may be more critical of services that do not meet their standards (Quyen et al., 2021).

Demographic factors such as age, gender, education, and socio-economic status have been widely discussed in the literature. According to Quyen et al. (2021), patient satisfaction is influenced by age, gender, education, marital status, socio-economic standing, and geographic location. Rabley et al. (2022) reported that 52% of their cohort expressed dissatisfaction when their expectations were unmet, indicating that demographic variables can significantly impact satisfaction. However, studies like John et al. (2011) found no significant relationship between patient satisfaction and age, gender, or personal income.

Education levels have been shown to impact patient satisfaction, but the findings are conflicting. John et al. (2011) reported higher dissatisfaction among patients with higher education, while Sim et al. (2021) found that patients with tertiary education reported higher

satisfaction. In contrast, Suhail & Srinivasulu (2022) found that socio-economic variables, excluding education, affected patient satisfaction.

Manaf (2006) and other studies highlight the role of socio-economic factors in shaping patient satisfaction. For example, non-income earners tend to report higher satisfaction levels compared to those with higher incomes, possibly due to differing expectations (Hazilah Abd Manaf et al., 2010). Generation Y patients, with their higher expectations, have been found to express lower satisfaction levels, particularly in relation to doctor-patient interactions (Hazilah Abd Manaf et al., 2010).

Waiting Time and Service Quality

Waiting time is consistently one of the most influential factors affecting patient satisfaction. Patients experiencing longer waiting times tend to report lower satisfaction (Quyen et al., 2021; Azizam & Shamsuddin, 2015). Patients who experience excessive delays are more likely to report dissatisfaction with the quality of care, regardless of the quality of medical services provided (Giovanis et al., 2018). Numerous studies (Zandbelt et al., 2004; Hazilah Abd Manaf et al., 2010; Ofei-Dodoo, 2019) have established a significant relationship between longer waiting times and lower patient satisfaction. Patients often prioritize quick access to healthcare services, and delays negatively impact their overall perception of service quality (Rabley et al., 2022).

Communication and Expectations

Effective communication between healthcare providers and patients significantly contributes to satisfaction. Patients who feel heard and involved in decision-making are more likely to express higher satisfaction (Ofei-Dodoo, 2019). Effective communication between healthcare providers and patients is crucial for satisfaction. Patients who feel heard and understood are more likely to be satisfied with their overall experience (Giovanis et al., 2018). Additionally, regular visits with the same healthcare provider tend to reduce dissatisfaction, as familiarity and trust improve the patient experience (Magnan et al., 2020). Patients' health status and their frequency of visits to the clinic also influence satisfaction levels. Those with chronic conditions or frequent visitors may develop higher expectations for personalized care, while first-time patients may have different perspectives (Quyen et al., 2021).

Expectations are also key drivers of satisfaction. According to Rabley et al. (2022), a mismatch between patient expectations and the actual service received leads to dissatisfaction. This is particularly true in terms of the quality of care, responsiveness of staff, and service reliability (John et al., 2011).

Service Environment and Physical Aspects

The quality of administrative services, nursing care, and the condition of facilities can significantly impact how patients perceive the overall service (Giovanis et al., 2018). The physical environment of healthcare clinics plays a role in shaping patient satisfaction. Patients often express higher satisfaction with the cleanliness, organization, and physical appearance of the clinic compared to the actual clinical services provided (Manaf, 2006). John et al. (2011) further emphasized that factors such as polite and well-presented staff contribute positively to patient satisfaction, while low expectations for physical amenities such as restrooms still require improvement.

Discussion

The review of existing literature highlights the multifaceted nature of patient satisfaction in healthcare settings. While demographic and socio-economic factors such as age, gender, race, and income levels may contribute to variations in satisfaction, these factors are not universally significant across all studies. For example, John et al. (2011) found no significant relationship between patient satisfaction and demographic factors, while Rabley et al. (2022) reported significant associations between variables like age and race.

Waiting time emerged as one of the most consistent factors influencing patient satisfaction. Prolonged waiting times tend to lower satisfaction, regardless of the quality of care provided during the visit. Similarly, the quality of communication between healthcare providers and patients is a crucial determinant of satisfaction. Patients who perceive that their concerns are being listened to and addressed appropriately are more likely to express higher levels of satisfaction.

Furthermore, patients' expectations play a vital role in determining satisfaction. Patients who enter the clinic with high expectations are more likely to be dissatisfied if their expectations are not met, as noted by Rabley et al. (2022). These findings underscore the importance of managing patient expectations and providing clear communication to mitigate dissatisfaction.

Conceptual Framework

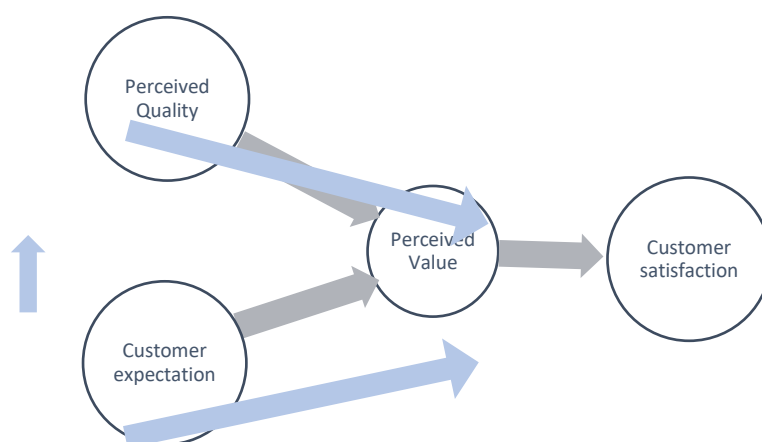


Figure 1: Conceptual framework or model for customer satisfaction

Based on figure 1, explained the theoretical framework or model for customer satisfaction. The conceptual framework of this study is grounded in several well-established theories developed since 1964, focusing on customer satisfaction measurement, particularly in healthcare services. Measuring intangibles, like healthcare service quality, poses challenges due to the subjective nature of patient experiences.

Expectancy-Value Theory

The expectancy-value theory, developed by Vroom (1964), forms the foundation for understanding the motivational factors influencing patient satisfaction. This theory posits that

motivation is driven by two key components, that is expectancy, the belief that a specific behaviour will lead to a desired outcome and value, the significance or importance an individual places on the expected outcome.

This theory suggests that patients' satisfaction levels are directly linked to their expectations and how much they value the service outcome. High patient satisfaction occurs when both expectancy and value are high, but satisfaction declines when either factor is absent. Subsequent research by Eccles et al. and Lawler and Porter (1967) expanded on Vroom's model by incorporating factors like security, esteem, and self-actualization into the value component.

Perceived Service Quality Model

Gronroos' perceived service quality model emphasizes that service quality is defined by the customer's perception rather than by the provider's standards. The theory asserts that the total perceived quality are the results from the comparison between a patient's expectations and their actual experiences. If the patient's experience exceeds their expectations, perceived quality is positive, and if it falls short, perceived quality is negative. This model is critical in healthcare settings, where patient expectations play a central role in satisfaction.

Servqual Model

The SERVQUAL Model is one of the most widely applied models in service quality research. Initially introduced by Parasuraman, Zeithaml, and Berry in 1985, the model identifies five dimensions crucial to assessing service quality. That is tangibles, the physical appearance of facilities, equipment, and personnel. Second is reliability that is the ability to perform promised services dependably and accurately. Third is responsiveness, the willingness to help customers and provide prompt services. Fourth is assurance that is the knowledge and courtesy of employees and their ability to inspire trust and confidence. The last but most important is empathy that is the provision of caring, individualized attention to customers.

The SERVQUAL model operates on the idea that service quality is the gap between customer expectations and their perceptions of the actual service received. It has been widely used in various industries, including healthcare, to measure patient satisfaction and service quality by assessing these five dimensions.

All these models are interconnected through their shared emphasis on understanding how expectations, perceptions, and outcomes shape customer satisfaction. Each model contributes a different perspective on how satisfaction is formed, particularly in the context of intangible services like healthcare. Across all three models, expectations are central. The expectancy-value theory explains how expectations influence motivation to pursue a service, the perceived service quality model focuses on how expectations affect the perceived quality of service, and the SERVQUAL model provides a structured way to measure whether those expectations were met across specific dimensions. In healthcare, this means that patient satisfaction is largely dependent on how well the service they receive matches their pre-service expectations, which can be assessed and improved using the SERVQUAL model's tools. The connection between these theoretical models lies in their shared focus on expectations and perceptions as the driving forces behind customer satisfaction. Expectancy-value theory provides a foundational understanding of how expectations are formed, while the perceived

service quality and SERVQUAL models build on this by explaining how these expectations translate into perceived service quality. Together, they offer a comprehensive framework for understanding and measuring patient satisfaction, especially in the context of healthcare services.

These theories collectively inform the study's exploration of patient satisfaction in healthcare clinics. They highlight the importance of aligning patient expectations with service delivery and suggest that both the technical and emotional aspects of care contribute significantly to overall satisfaction.

Conclusion

This paper provides a comprehensive exploration of the factors influencing patient satisfaction in Malaysian public health clinics. The review of 20 journals and articles highlights the complex, multifaceted nature of patient satisfaction, emphasizing that it is shaped by a variety of demographic, socio-economic, and service-related variables. The findings demonstrate that while factors such as age, gender, and income play a role, waiting time, service quality, communication, and expectations are among the most critical determinants of satisfaction in healthcare settings.

Demographic and socio-economic factors produce mixed results in terms of their impact on patient satisfaction. Some studies suggest that higher expectations, especially among more educated and wealthier patients, can lead to dissatisfaction if these expectations are unmet. However, other studies found no significant link between demographics and satisfaction. The role of waiting time stands out as one of the most consistent factors, with prolonged waits leading to dissatisfaction regardless of service quality. Additionally, effective communication between healthcare providers and patients where patients feel heard and involved in decision-making, emerges as a key contributor to higher satisfaction levels. Patient expectations, which vary based on prior experiences and personal circumstances, further influence satisfaction, especially when they align or conflict with the actual service delivered. In conclusion, patient satisfaction is shaped by a dynamic interplay of factors, with some being more impactful than others in public health settings. Expectancy-Value Theory provides a useful theoretical lens for understanding these dynamics, as it explains how patient motivation and satisfaction stem from the interplay between their expectations and the perceived value of the services received.

Future Studies

Future research should focus on several key areas to deepen understanding of patient satisfaction in Malaysian public health clinics. Longitudinal studies could track satisfaction over time, offering insights into the impact of healthcare policy changes and service improvements across diverse patient demographics. Additionally, a more in-depth analysis of communication practices between healthcare providers and patients is needed, particularly regarding cultural sensitivities, language barriers, and trust-building. Despite the contributions of this study, several gaps remain in the understanding of patient satisfaction in Malaysian public health clinics. First, there is a lack of in-depth analysis of how specific healthcare policies and reforms impact patient satisfaction over time. While the study explores key determinants like waiting time, communication, and service quality, the role of healthcare infrastructure and policy changes is not fully examined. Second, more research is

needed to understand regional disparities in satisfaction levels, particularly between urban and rural clinics. The study primarily focuses on general factors but does not delve deeply into how geographic location may influence patient expectations and experiences. Third, the relationship between patient satisfaction and clinical outcomes, such as health improvements or treatment adherence, is underexplored. Understanding how satisfaction correlates with tangible health results could provide more comprehensive insights into healthcare service effectiveness. Finally, the study does not fully explore the role of digital health technologies, such as telemedicine, which are becoming increasingly important in healthcare delivery and may influence patient satisfaction. Future research should aim to fill these gaps by incorporating these overlooked areas into the analysis.

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