

## The determinants of patients' satisfaction and loyalty in Tartu University Hospital

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### Objective:

The purpose of the study was to analyse the role of the different factors that influence patients' satisfaction and loyalty with the health care services in Tartu University Hospital (TUH) in Estonia.

### Theoretical Background:

Patients' satisfaction is interpreted as emotional attachment to the service and patients' loyalty as readiness for use TUH service in future. The combination of those factors forms four behavioural types of loyalty: premium, inertia, latent and disloyalty.

### Methods:

The levels of satisfaction and loyalty were measured by subjective opinion poll of in-patients, which included the evaluation of overall satisfaction and loyalty, as well as the assessment of the different aspects (32) of hospital care. Identical surveys were repeated from 2001 to 2004 ( $n_{\text{total}} = 2186$ ). To evaluate the relative importance of those indicators patients were asked to choose 7 the most essential items. The reliability was measured with Cronbach Alpha (0,95).

Behavioural groups were defined as four-fold combination of satisfaction and loyalty: premium (high satisfaction and high loyalty); inertia (low satisfaction and high loyalty); latent (high satisfaction and low loyalty) and disloyalty (low satisfaction and low loyalty).

To study the influence of the aspects the logistic regression analysis was performed. All indicators were recoded to dummy variables on the basis of their importance and satisfaction level (1= important and very much satisfied, else 0). There was used a conditional forward stepwise method.

### Results:

Both satisfaction and loyalty levels were quite high: general satisfaction "very much satisfied" 74,2%, patients' willingness to revisit TUH "certainly" 85,1%. Satisfaction levels with the particular factors of care varied from 83,6% (physicians' politeness) to 35,2% (possibility to be alone or separated in ward). The most important aspects selected by patients were physicians' trustworthiness and skills (39,2%), access to hospital services (28,3%) and information about treatment and disease related risks given by physicians (26,5%). Analysing different behavioural types the logistic regression analysis gave following results about statistically important determinants:

- **Satisfied patients:** access (B=0,422); information about treatment (0,594); physicians' trustability and skills (0,611); sufficiency of time (0,705).
- **Loyal patients:** information about treatment (0,794); information about medicines (1,402); physicians' trustability and skills (0,650); personnel's general attitude (0,710); sufficiency of time (1,540); physicians' willingness to understand patient (0,700).
- **Premium loyalty:** access (0,374); information about treatment (0,675); physicians' trustability and skills (0,563); personnel's general attitude (0,389); sufficiency of time (0,603); nurses' willingness to understand patients (0,407).
- **Disloyalty:** information about treatment (-1,222); explanations about procedures (-0,931); physicians' trustability and skills (-0,727); personnel's general attitude (-1,111); sufficiency of time (-1,226).
- **Inertia loyalty:** access (-0,455); information about medicines (0,821); nurses' trustability and skills (-0,450); relieving patient's symptoms (-0,587); neatness of WC and shower (0,633).
- **Latent loyalty:** information about procedures given by nurses (-1,018); physicians' trustability and skills (-0,599).

### Conclusions:

The authors conclude that if attention is paid to the level of satisfaction only, the results show the quality of medical care mostly. Focus expands by employing loyalty. This includes quality of customer service as well. The combination of satisfaction and loyalty allows the inclusion of the nursing and housing environment that are most important to the hesitating patients.

The availability of medical care, quality of treatment, sufficient information and attention paid to patients were the most important issues to premium loyal patients, not much attention was paid to environment by them. Latent loyal patients value environment and personnel's attitude but they are suspicious towards

treatment. Inertia loyal patients accept treatment but they find drawbacks in availability and nursing. Disloyal patients are not content with any of these important aspects.