

Measuring patient satisfaction in outpatient care, focusing on private healthcare: a systematic literature review

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Abstract

The evolution of private healthcare has brought to light an increasingly pressing issue regarding the management of asymmetry between service providers and consumers. Despite ongoing international research focused on measuring patient satisfaction in healthcare settings, there remains a lack of specifically validated measurement tools tailored to the private healthcare sector. This systematic literature review, conducted using the PRISMA protocol and TCCM framework, aims to explore what is known about patient satisfaction measurement methods in private healthcare, how this knowledge has been obtained, and the future directions research should take in this field. The study evaluates the highest-quality international articles from the past 15 years, considering the theories, contexts, variables, and methodologies utilized to gain insights into previous satisfaction measurement opportunities and assess their strengths and weaknesses.

Keywords: patient satisfaction, systematic literature review, TCCM framework

Marketing Strategy and Marketing Mix

1. Introduction

With the strengthening of the private sector in countries where we can find public and private healthcare systems as well, the examination of patients' attitudes towards healthcare services and the measurement of their opinions are receiving increasing emphasis. Although I assume that the measurement methodologies of public and private healthcare services cannot be sharply distinguished from each other, several researchers have attempted to measure patient satisfaction exclusively with regard to private providers (Arab, Tabatabaei, Rashidian, Rahimi Forushani and Zarei, 2012; Rahman & Osmangani, 2015; Kondasani & Panda, 2016; Karasan, Erdogan and Cinar, 2022). In this study, I also focus on private healthcare, but I also give space to those studies that only partially dealt with measuring patient satisfaction in privately funded services.

2. The methodology of systematic literature review

The aim of the study is to provide a comprehensive analysis of the international literature on patient satisfaction measurement in private healthcare over the past fifteen years, focusing on articles published in the highest quality journals. It is important to highlight that in many cases, public health samples were also included in the studies, and the decision to retain or discard these studies was made based on how the two sectors were examined. To achieve the research objective, the TCCM framework was applied based on Islam, Muhamad and Leong (2023), which allows for answering the three research questions of the study and provides an opportunity to gain a deeper understanding of the topic and uncover the underlying connections (Sikó, 2023). In order to ensure that the literature review is reproducible and transparent, I applied the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) protocol (Liberati et al., 2009).

2.1. Search Strategy

The first phase of the PRISMA protocol (identification) focuses on gathering information (Liberati et al., 2009). In this section, I established the subject of the research: measuring patient satisfaction in private healthcare. Subsequently, based on Sikó (2023), the three main research questions were formulated: What do we know about the measurement methods of private healthcare patient satisfaction (RQ1), how did we acquire knowledge about this (RQ2), and in which direction should research in this area be heading (RQ3)?

I included only peer-reviewed publications in the review that appeared in journals ranked as Q1-Q3 by SCImago, as these ensure the appropriate quality for sources of this type of review (Paul, Lim, O'Cass, Hao and Bresciani, 2021). For the collection of studies, I used the Web of Science WoS Core Collection database, as it is one of the most important electronic databases for systematic reviews (Sikó, 2023). Using the keywords and their various variations from previous relevant literature reviews (Batbaatar, Dorjdagva, Luvsannyam, Savino, and Amenta, 2016; Ferreira, Vieira, Pedro, Caldas and Varela, 2023), I aimed to ensure the completeness and validity of the study. After conducting searches based on several keyword combinations, I compiled the final source list using the following keywords with the logical operator "AND" in the article titles, abstracts, author keywords, and additional keywords: "health service research," "satisfaction," "private," "service quality," "private hospital," "patient". The use of the AND operator was justified not only by the need to narrow down the results but also by the fact that numerous medical articles on the topic have been published, which omit the marketing perspective and are therefore not relevant for my review. At this stage of the research, the question of the institutional structure of individual countries arose, so I did not include in the analysis those countries where a private healthcare or individual insurance-based healthcare system predominates. At the end of this phase of the protocol, 288 articles were listed. At the end of this section of the protocol, 288 articles were listed.

2.2. Selection criteria

The inclusion of the collected studies in the analysis during the second phase (screening) was considered based on inclusion and exclusion criteria. The inclusion criteria were as follows: articles published in peer-reviewed journals; English-language publications; studies published between October 1995 and December 2024; studies that evaluated the factors influencing patient satisfaction; studies examining general patient satisfaction with outpatient care; literature reviews; and international studies for broader analysis.

I considered the studies based on the following criteria as outlined by Batbaatar et al. (2016): (1) The general patient satisfaction with healthcare services was evaluated. (2) They examined the determinants of healthcare services, the relationships between patient-related variables and patient satisfaction. (3) A theoretical framework related to patient satisfaction was tested. (4) They compared patient satisfaction or its determinants across different populations or settings. (5) A literature review, systematic review, or meta-analysis was conducted on the determinants of patient satisfaction. I excluded reports, books or book

chapters, conference materials, dissertations, theses, expert opinions, commentaries, editorial articles, and letters. During the process, I excluded 235 studies based on the abstracts because they did not meet any inclusion criteria or met at least one exclusion criterion.

2.3. Evaluating the Information

In the third phase (eligibility), I conducted a full-text analysis to assess the suitability of the remaining 53 studies. I excluded studies focusing on diseases that did not examine the general aspects of patient satisfaction. I also excluded articles where the data collection method was not clear, as well as those that reported uncertain results. Furthermore, studies that exclusively examined public health or primarily inpatient care were also excluded. Due to the interdisciplinary nature of the topic, I also had to consider the areas examined in each study, thus sources that dealt with chronic or specific diseases/treatments, or long-term healthcare (diabetes, psychiatric diseases, palliative care, oncology, etc.) were also excluded (Batbaatar, 2016). At this stage, I excluded a total of 30 studies. According to the final selection, 23 studies met the inclusion criteria.

During the analysis of the full texts, I entered the data into a table that was previously prepared using the TCCM framework. Based on this, in addition to the characteristics of the studies (authors' names, year and place of publication, country), (1) their theoretical background, (2) their contexts (objectives, examined area), (3) their sampling and data collection methods, and (4) their evaluation and analysis methods were also compiled.

2.4. Data Analysis

I have prepared and will present a summary description of the characteristics of the studies included in the analysis in the following chapters. Due to the heterogeneity of the theoretical foundations, methods, measurement tools, and results of the studies, I was unable to combine the data using statistical methods. Because of the differing country and institutional backgrounds, various population characteristics, and diverse data collection methods, I did not conduct a meta-analysis.

3. What do we know about measuring patient satisfaction in healthcare?

My study analyzed publications from 2010 to 2024 and identified 38 different factors (TCCM - characteristics) that can influence patient satisfaction. My study analyzed research published between 2010 and 2024 and identified 38 different factors (TCCM - characteristics) that can influence patient satisfaction. For the sake of transparency, I categorized the

identified factors into two main categories (Batbaatar, 2016): (1) Factors related to healthcare providers and (2) Factors related to the characteristics of the patient's background. Within these, I synthesized the consistent and contradictory results. In the various studies, I standardized differently named but similarly defined factors and present those among them that appeared in at least two studies.

3.1. Factors Related to Healthcare Providers

In the reviewed literature sources, researchers primarily used the elements of the SERVQUAL model (Parasuraman, Zeithaml and Berry, 1988) for measuring patient satisfaction (physical environment, empathy, reliability, responsiveness, assurance).

Additionally, it can be observed that to address the shortcomings of the model, researchers primarily used accessibility, communication, staff competence, costs, and waiting time as separate factors, thereby breaking down the effectiveness of the original measurement tool and improving its efficiency.

3.2. Factors Related to Patients

International literature pays less attention to the impact of service users' characteristics on satisfaction. In addition to basic sociodemographic variables, client-specific variables are closely dependent on the research topic and objective. However, it is worth mentioning three factors: (1) whether the patient's own doctor treated them during the given care, (2) how long they have been visiting the provider, and (3) how often they use the given service. These factors can likely be incorporated into research conducted on the topic and may influence patient satisfaction, yet they are rarely considered by the authors of the processed studies.

4. How did we acquire our current knowledge about measuring patient satisfaction?

To answer this question, I will present and analyze the research conducted on the topic along the three additional elements of the analytical framework – Theory, Context, Methodology.

4.1. Theories, Models

The summary of the theories collected from the examined studies indicated that although the SERVQUAL theory is dominant and guiding in the literature, it is evident that the theoretical background for measuring patient satisfaction in healthcare has become fragmented due to the diverse research areas and the institutional structures of individual countries and does not form a coherent picture. Out of the 23 articles examined, 6 did not rely

on any theory, while 4 were based on more than one theory. In the examined articles, a total of 10 theories were referenced, among which the theory by Parasuraman and his co-authors was the most frequently accepted ($n=10$), followed by the SERVPERF model (Cronin & Taylor, 1992) ($n=2$) – however, this also relies on the SERVQUAL model. Donabedian's (1988) Structure–Process–Outcome model also appeared in the studies as a theoretical background ($n=2$). I consider the theoretical background of Chang's (2014) research noteworthy, in which the author describes healthcare services as a fuzzy environment. Chang, applying fuzzy multi-criteria decision-making set theory (FMCDM), aims to address the problem of evaluating the quality of hospital services supplemented by the VIKOR method, which uniquely attempts to correct the methodological weaknesses of Likert-scale questionnaires among the studies.

4.2. Context

To fully analyze the context of the studies examined, it is worth considering the providers involved in the research. Among the processed studies, 15 dealt with both private and public healthcare providers, while 8 examined purely private healthcare institutions. In one study (Bergh, Bishu and Taddese, 2022), the examination of a church-operated healthcare institution was mentioned, but this did not distort the results. As I mentioned earlier, the examination of public and private healthcare is difficult to separate, which is also supported by the research areas of the studies processed. It is worth noting the concession of the Ethiopian healthcare system, which allows public hospitals to open and operate private wings in most regions and at the federal level with the primary aim of preventing the migration of healthcare workers, providing options for those seeking private healthcare services, and generating additional revenue for healthcare institutions. The literature review included studies from 20 countries, among which there are several cases from India ($n=3$), Iran ($n=2$), and Nigeria ($n=2$), as well as one study (Bergh et al., 2022) that collected data from 3 countries. The geographical coverage of the studies shows that research in this area mainly focuses on the Middle Eastern and African regions, but Italian, Swedish, and Romanian studies have also been included in the review.

4.3. Methodology

The studies examined can be considered diverse in terms of the methodologies applied, as both quantitative ($n=18$) and qualitative ($n=5$) methodologies are present, and in one case, a mixed method was applied. Based on this, it can be said that quantitative methods dominate this research area. In the studies, researchers employed two main data collection

techniques among the quantitative methods: (1) self-administered questionnaires and (2) interviewer-assisted questionnaires. In qualitative surveys, exit interviews (n=2) and certain forms of in-depth interviews (n=3) were typically employed.

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Based on the processed studies, further research directions can be simply presented along the units of the TCCM framework (Sikó, 2023).

5.1. Theories

In the reviewed literature sources, the SERVQUAL model received significant emphasis, which is not surprising due to its ease of applicability. Nevertheless, it is evident that the basic model cannot be applied to all service areas on its own; researchers strive to adapt it to fit their specific fields. These revisions also make more significant changes, as many questions are not well adaptable to healthcare services. Donabedian's model, which describes the dimensions of healthcare quality as factors affecting satisfaction in a structure-process-outcome triad, also provides opportunities for deeper development in the field of healthcare patient satisfaction research.

5.2. Variables

The aforementioned model also needs to be supplemented at the variable level; primarily, the inclusion/supplementation of factors such as price, availability, communication, supplementary staff, and waiting time seems necessary. In private healthcare services, price stands out more as a factor affecting satisfaction; however, the time factor often forms its own dimension in research (appointment distance, waiting time, accessibility, time allocated to patients). Therefore, it is worth paying special attention to this and examining it in detail.

In the context of private healthcare services, price stands out more as a factor affecting satisfaction. However, in many cases, the time factor appears as a separate dimension in research (distance of the appointment, waiting time, accessibility, time spent with patients), so it is worth paying special attention to it and examining it in detail.

5.3. Contexts

The analysis of the reviewed studies highlighted that over the past 15 years, there have been numerous efforts to develop methodological solutions for measuring patient satisfaction. However, due to the diverse structures of healthcare systems operating in different countries, these solutions are not suitable for comparison; rather, they serve as guidelines for researchers to implement methods adapted to their own environments. The measurement of patient satisfaction in private and public healthcare cannot be sharply distinguished based on the processed studies. The two concurrently operating service areas are often intertwined, and their operations impact each other's patient perceptions. Therefore, ignoring either sector can lead to false results in patient satisfaction research.

5.4. Methodologies

In terms of methodologies, the quantitative approach can be considered characteristic in the research of the subject area; however, exit and narrative interview methodologies have also appeared in the reviewed studies. Quantitative methods primarily work with Likert scales, which fundamentally function well; however, they overlook the uncertainty, vagueness, and subjectivity characteristic of healthcare services, making it difficult to apply sharp boundaries. To address this, a development proposal was formulated during the review, suggesting that by incorporating linguistic variables (fuzzy numbers), the limitations of scaling inquiry forms can be overcome, allowing for a deeper quantitative understanding of the service users.

6. Summary and Limitations

Using the PRISMA protocol, 25 international studies conducted between 2010 and 2024 were selected and processed with the enhanced TCCM framework. The aim of the research was to explore what we know about the measurement methods of patient satisfaction in private healthcare, how we acquired this knowledge, and what direction research in this area should take. Since patient satisfaction varies significantly by country, specialty, and numerous other influencing factors, meaning it is situation-specific, it is worth thinking on a micro level and moving away from comprehensive theories and methodologies. Additionally, it is worth noting that differentiated care profiles also influence the measurement methodology used. By applying a mixed-method approach, I encountered only one instance among the processed studies, so the application of such methodologies in future research could further expand the literature. Qualitative research provides a good foundation for establishing narrow, field-specific surveys, and these results can then be validated using

quantitative methods. Even with the application of the PRISMA protocol and the TCCM framework, limitations of the literature review still arise. By increasing the number of databases, a larger volume of data can be extracted, thus the use of a single database proved to be an excessively restrictive research decision and serves as a point of development for expanding the research. Moreover, the application of strict exclusion criteria led to the rejection of significant studies, the inclusion of which in the procedure may be recommended in the future. Another limitation of the research is that the healthcare systems operating in the United States and China were not included in the study, as their functioning significantly differs from the structure of the Hungarian healthcare system.

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