

Inpatient Satisfaction Rate based on Composite Measured in Hospital Consumer Assessment Healthcare Providers and Systems (HCAHPS)

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INDEXING

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ABSTRACT

Aim This study aimed to describe the findings of studies that reviewed the rating of patient perspective experiences during hospitalization with four composites measured in Hospital Consumer Assessment Healthcare Providers and Systems (HCAHPS). *Background* Hospitalized patients can give useful insights into the quality of care that can be used to determine the level of health services and also for improvement. Every composite measured in HCAHPS can provide different levels of patient satisfaction. *Methods* Four electronic databases were used as part of the search strategy: PubMed, Cochrane Library, Scopus, and JMMR. Via bibliographic database searches, 2047 studies were found. Through manual journal search, 33 papers were identified with the following key words. *Results* Our inclusion requirements were met by a total of 25 studies and were retained. Current research indicates that there are good rates from inpatient satisfaction assessed from four composite measured in HCAHPS. *Conclusion* In summary, the results of this study illustrate the essential role surveys of patient experience during specifically measure the degree of patient-centre treatment and hence measuring a fundamentally relevant dimension of the quality of treatment.

Tujuan Penelitian ini bertujuan untuk mendeskripsikan temuan penelitian yang mereview rating pengalaman perspektif pasien selama menjadi pasien rawat inap dengan empat komponen yang diukur dalam Hospital Consumer Assessment Healthcare Providers and Systems (HCAHPS). Latar belakang Pasien rawat inap dapat memberikan perspektif yang berguna tentang kualitas pelayanan yang dapat digunakan untuk menentukan tingkat layanan kesehatan dan dapat digunakan sebagai peningkatan pelayanan kesehatan. Dimana setiap komponen yang diukur dalam HCAHPS dapat memberikan tingkat kepuasan pasien yang berbeda. Metode Empat database elektronik yang digunakan sebagai bagian dari strategi pencarian: PubMed, Cochrane Library, Scopus, dan JMMR. Melalui pencarian database bibliografi, 2047 studi ditemukan. Melalui pencarian jurnal manual, 33 makalah diidentifikasi dengan kata-kata kunci kepuasan pasien, komponen pengukuran dalam HCAHPS, dan HCAHPS. Hasil Dari kriteria inklusi diperoleh total 25 studi. Penelitian saat ini menunjukkan bahwa ada skor yang baik dari kepuasan rawat inap yang dinilai dari empat komposit yang diukur dalam HCAHPS. Kesimpulan Hasil penelitian ini menggambarkan survei peran penting dari pengalaman pasien selama di rawat di rumah sakit. Mengukur dimensi kualitas pelayanan kesehatan merupakan hal yang fundamental dan sangat relevan untuk dilakukan demi peningkatan kualitas pelayanan dan kesehatan pasien.

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INTRODUCTION

Much remains scientifically unclear about the effect of different approaches on improving patient satisfaction, and the successful background of improvement efforts (Davidson et al., 2017a). Patients that have been hospitalized may provide valuable insights into the quality of care that can be used for change. However, the opinions of patients on the standard of treatment are not often included in assessment plans for hospitals. When data on patient experience is to be used to enhance the quality of hospital care, it needs to be accurate and valid, and technically available (Beattie et al., 2015). Given the reach of the Hospital Assessment Consumer Healthcare Providers and Systems (HCAHPS, pronounced “*H-caps*”) are one of instrument to measure patient experience of healthcare.

HCAHPS will enhance patient satisfaction in different healthcare environments, a clearer evaluation of which strategies are successful would be crucial. HCAHPS is a 29-item survey instrument and data collection methodology for measuring patients’ perceptions of their hospital experience. The HCAHPS survey is an instrument used by the Centers for Medicare & Medicaid Services (CMS) to assess patient perceptions about overall hospitalized experience.(Horton et al., 2017). Patient satisfaction has been integrated into the healthcare mission, with the introduction of pay-for-performance programs in America focused on patient satisfaction and patient complaint avoidance, as well as in the United Kingdom. In a study of 202 American hospitals, healthcare productivity should be at least as important in predicting patient satisfaction compared to professional skills and clinical outcome. Customer satisfaction surveys may help to build actionable strategies for quality improvement(Chia & Ekladius, 2020).

HCAHPS as a survey instrument has 10 components, of which 6 components consist of communication with nurses, communication with doctors, hospital environmental conditions, communication about administering medication to patients, information on discharge, and patient understanding of information obtained for their return. Although the other items, including the general ranking of hospital facilities and recommendations (HCAHPS, 2019). Based on each of these HCAHPS elements, it is very interesting to know what standard of patient satisfaction is obtained. Since a survey method must essentially have a context as to why the survey questions are asked and become the indicator of satisfaction in HCAHPS. Periodically, it is possible to perform a survey to track how these criteria are met(Prakash, 2010).

In the background of the above, one of the main information gaps is what inpatient satisfaction rate on composite measured in HCAHPS. The purpose of this study is to let readers and medical personnel know how to targeting the effort of increasing patient satisfaction with each domain of HCAHPS, which is written briefly and concisely in this study. It might encourage healthcare professionals to strengthen and enhance the patient satisfaction to maintain a high level of health care.

RESEARCH METHOD

The methodology used in this analysis by the author is to compare the latest study of literature. This research is validated by the literature and fits the existing population. Certain sources have been referenced and reviewed. The author searched the following electronic bibliographic databases: PubMed, Cochrane Library, Scopus, and JMMR. There were no date restrictions. In the process, complete articles and abstracts were considered. Searches were conducted in January 2021, just before the final analyses, and further results were collected. The following inclusion criteria for studies were applied: (1) peer reviewed, (2) written in the

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English language, and (3) examines patient satisfaction and every composite measure in HCAHPS. A total of 25 publications that met the inclusion criteria resulted in this study.

RESULT AND DISCUSSION

Via bibliographic database searches, 2047 studies were found. Through manual journal search, 33 papers were identified with the following key words. In the database searches, eight of the papers found by manual checking were not detected but were consequently excluded because they did not fulfill inclusion criteria. Finally, 25 studies underwent a full abstract, report and systematic review after inclusion and exclusion criteria were applied in this study.

Communication with nurses

Six studies in this literature review give information about communication with nurses different rate in patient satisfaction. Agustina (2018) use a cross-sectional study with 142 people to know the patient safety information given by nurses to patient. The score is primarily at the constructive stage in dimension 7 on communication on patient safety issues from the view point of patient safety communication to patient, e.g patient safety communication to caregiver or hospital visitor communication is accurately defined (Agustina, 2018). Afterwards, using the mix-method study by Dahyanto and Arofiati in the same year with Agustina, the inpatients at Respira Yogyakarta Hospital are satisfied and the health service quality team has been active in the growth of patient satisfaction. This result comes from quantitative sample which is questioner filled out by 9 patient in Respira Yogyakarta Hospital (Dahyanto & Arofiati, 2018a). Communication with nurse's studies from 34 samples showed that most respondents (BPJS patients) expressed more dissatisfaction than satisfaction regarding reliability, empathy, and tangibles characteristics from the nurses, otherwise in general patient (non-BPJS patient) they are satisfied with those characteristics from nurses. There is a substantial gap about nurses services between the satisfaction of BPJS patients and general patients from inpatient class 3 RSUD X (Fitriyanah et al., 2017).

In an in-depth interview with 4 patients and 2 health workers, Wau and Purba (2019) learned about the impact of the reliability dimension on patient satisfaction in public health centers. It can be seen from the informant's comment that the patient's reaction to the health care worker presenting specific data is very positive. Patients reported that health care workers were professional in presenting vague details and also some details about the patient's diseases, which led to the belief that health care workers delivered specific patient satisfaction information. We also found the nurses' survey viewpoint, 37 in-patient nurses, 6 ward heads, and 2 supervisors are involved to analyze the nurse's communication skills. The result is there are 32 nurses with a strong ability to communicate effectively (Puspita Dewi, 2018). A systematic review by Davidson et al (2017) that found some strategies to enhance hospital patient intervention showed that there were comparatively small high-quality designs and/or assessment found in the systematic review, with many other showing outcomes that were limited in scope and limited in variance. There is no proof either by national or global effective strategies for the HCAHPS topic throughout the heterogeneous domains examined through the HCAHPS survey among 5 studies targeted communication with nurses (Davidson et al., 2017a).

Communication with doctors

The standard of service required by patients involves rapid processing, good attitudes and behavior of employees (including doctors and other staff), and explanation of the information presented. In order to deliver a standard of service that is in line with the standards of patients, human resource competencies, in particular those of physicians who are directly linked to the treatment process, should be developed. From an explanatory study by Choirul

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Afif and Suwandari (2019) with the unit analysis were 100 BPJS patients, the competence of the doctors had a significant impact on the satisfaction of the patients, and the competence of the doctors had a significant effect on the loyalty of the patients (Choirul Afif & Suwandari, 2019). We found 10 studies analyses the patient satisfaction rate in communication with doctor measure.

There are 4 cross-sectional study about communication with doctors and all of the represent a good rate. The Hayek et al (2020) research evaluated the satisfaction of patients in a multicultural population related to the success of primary care physicians (PCP). The analyses about general satisfaction and communication between multicultural community Jews and Arabs was very concerned with the performance of PCPs. There are, however, ethnic variations in the way of the level of satisfaction associated with PCP results (Hayek et al., 2020). Intervention studies by Hitawala et al (2020) where initial surveys were given to nurses and patients on admission in the standard nursing floor to assess current satisfaction rates. Afterwards, brochure was given that provided information about the members of the existing medical staff and the role of each team member along with the medical plan, which has been revised every day. Meanwhile the surveys were then given out at the time of patient discharge from hospital to the patients and their nurses. All surveys were anonymously conducted. The results of pre- and post-intervention surveys found that patients were satisfied with the communication with doctors. This research also analyzes the HCAHPS patient satisfaction levels and it indicates an increase in doctors-patient communication from a year ago (Hitawala et al., 2020).

In HCAHPS findings from Mann et al (2016) demonstrated significant increase in patient satisfaction scores between 2007 and 2013 with physician communication. (Mann et al., 2016). The association between communication skills and HCAHPS scores was specifically tested in one study and the result was not related with HCAHPS scores as widely published, suggesting that HCAHPS can assess a wider domain than just physician communication skills. The Four Habits Coding Scheme (4HCS) used on the HCAHPS in communication with doctors as a validated method that analyses the communication skills of bedside doctors turn out did not reflect the rate of the aspect communication skills in HCAHPS. However, after the act of eliminating patients cared for by more than 1 hospitalist, showing empathy correlated with doctor communication and respect HCAHPS scores (Velez et al., 2017). Meanwhile Belasen et al (2020) using the public available hospital-level HCAHPS data for the United States assessed the relationship between the composite measures in the result between communication with doctors and the overall rating in HCAHPS are highly correlated (A. T. Belasen et al., 2020). The effort for keeping up the patient satisfaction has been done from the healthcare facilities. A Boissy et al (2016) observational study and a retrospective study by Lau (2020) and Horton (2017) found that the HCAHPS analysis communication with doctors had greater average post-course date ratings, but the difference was not statistically important in Boissy et al. The workshop in both studies dramatically increased physician self-efficacy related to the performance of basic communication skills such as the explanation and giving advice based on relationships that have already been shown to enhance the experience of patients and providers (Horton et al., 2017) (Boissy et al., 2016) (Lau, 2000).

Discharge Information/Planning

As important measures to improve health, discharge planning schemes have been adopted and encouraged as a way to improve the quality of care, smooth the movement from hospital to home, and ensure that patients can perform at an optimal level. According to Phillips et al, unanticipated hospital readmissions can be attributed to a number of factors and may indicate suboptimal inpatient discharge preparedness assessment, fragmented discharge

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preparation and breakdown between hospital and neighborhood doctors in coordination and information sharing, also insufficient post-discharge treatment and follow-up, or a combination of these processes. More specifically, some of the factors contributing to high readmission rates, such as non-adherence to therapy and inability to detect signs of decompensation, have been indicated to be preventable and steps have been advocated to rectify these causes.

The point of the satisfaction in discharge planning is a decrease number of hospital readmissions(Phillips et al., 2004). To assess the degree of patient satisfaction of the participant, a randomized control study was used in the Philippines using the Short-Form Patient Satisfaction Questionnaire (SFPSQ-18). Patients in the intervention group had significant improvements in patient satisfaction ratings at initiation and at follow-up, compared with the control participants. In comparison, the intervention group participants received fewer overall hospital admissions relative to those getting only standard treatment.(Cajanding, 2017). Another research by Forster et al (2005) did not find that the duration of hospital stay was shortened by clinical nurse specialists, and this finding may also indicate that patient satisfaction does not reflect the true standard of care consistently. The result raises questions about the relationship between satisfaction and conventional results in health services. But Forster et al conclude that they agree that both measurements are important to assess the impact of interventions in health care services(Forster et al., 2005).

There are 4 studies using questionnaire to analyses the patient satisfaction about discharge planning. From questionnaires with face-to-face interview which is conducted by Negarandeh et al (2012) the level of patient satisfaction with nursing care and the willingness to take self-care in the intervention group was higher than in the control group(Negarandeh et al., 2012). Using pre and post-test Simbolon et al (2019) also has good patient satisfaction in discharge planning for patient with hypertension complication. Discharge planning is performed to achieve success in carrying out medication and therapy(Simbolon et al., 2019). Information about what to do to improve patients' experience of their admission experiences specifically for discharge planning showed in the study from Chia and Ekladius (2020). The information are The implications of verifying with patients to obtain additional information which is not collected directly during early history-taking, patient-centered communication to allow informed consent and decision-making, the use language quickly and easily understood by laypersons, and trying to check for the understanding of messages by patients as communicated by the clinician. The author used a patient satisfaction questionnaire after the intervention and the result was that patients perceived the advantages of beginning communication regarding discharge destination planning and written discharge summaries(Chia & Ekladius, 2020). The discharge planning for ICU patient also very important, moreover in ICU patient that can direct discharge to home (DDH). The validated FS-ICU 24 questionnaire survey technique was used by Lam et al (2020) just before ICU's patient discharge. Most patients and families were pleased or very satisfied with DDH. Seventy percent of patients thought that the ICU nurses were good at reminding them of what and why they were undergoing medical procedures.

In the home discharge decision and planning, most patients thought they were well represented; they were prepared by the nurses for discharge and given detailed discharge instructions to them(Lam et al., 2020). Zhao and Wong (2009) were trying to test the effects of a post discharge transitional care program among patients with coronary heart disease. The subject past through the post discharge transitional care program, which consisted of pre-discharge assessment, structured home visits and telephone follow-ups within four weeks after discharge. The study group was very satisfied with discharge care program(Zhao & Wong, 2009). There is one a meta-analysis study that we found in concerned about discharged planning. Several previous research in adult populations support the efficacy of centered *Inpatient Satisfaction Rate based on Composite Measured in Hospital Consumer Assessment Healthcare Providers and Systems (HCAHPS)*

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discharge planning, which showed that a designated discharge planner improved patient satisfaction, usage rates, and general performance of hospital discharge (Hamline et al., 2018).

The Hospital Environment

We already had two studies that showed the hospital environment can affect the patient satisfaction. In the New Parkland Hospital (NPH) in Dallas, USA, Rich et al (2020) used impressive design to build NPH-acuity-adaptive and the same single-patient rooms, a clustered nursing station model, an off-stage inpatient unit configuration on stage, and access to nature is frequently advertised as advantageous to patients and is similar to the often cited guidelines for new hospital designs in the Fable Hospital 2.0 business case. This study showed that the new hospital improved patient experience indicators related to the environment, including convenience, noise, temperature and visuals (Rich et al., 2020). Currently unnecessary noise is a global issue concerning hospitals. Noise was found to be harmful to the degree of employee satisfaction and patient well-being and the environment of the hospital. There was a dimension of quietness in HCAHPS, in NPH they build on-stage offstage designs that separate staff-only areas from patient and visitor areas (often in the central center of a raceway floor, as at NPH) to reduce the noise in patient rooms and enhance patient comfort and have recently become popular design. Other studies from Walker and Karl (2019) used an experimental study directly through and next to the main nursing station in five patient rooms. The intervention intended for staff and patient perception of the noise environment have been taken to minimize excess noise such as by shifting conversations away from the central nursing station, minimizing the use of cell phones in corridors around patient rooms, decreasing voice notifications, then using a visual warning alert light that activates when the noise level reaches certain decibels (Yacker Tracker). The following pre-implementation result found that increasing noise was reported from staff interactions that induced sleep disturbance and post-implementation results from patient satisfaction surveys noted that 8/10 patient found the unit "quiet/mostly quiet" and only for two (male/female) still finding the unit noisy with sleep disturbance from staff conversations at the station(Walker & Karl, 2019).

CONCLUSION

We identified a large amount of research findings relating to the inpatient satisfaction rate on composite measured HCAHPS in this literature review. Specifically, patient experience surveys assess the degree of patient-center service and therefore identify an objectively essential component of the standard of care, rather than the correlation between patient satisfaction and other health care quality indicators. Our analysis showed that improved patient care or patient satisfaction interactions are associated with higher levels of compliance with recommended physician prevention and treatment procedures-patient contact and nurse communication for improving quality of care. In addition to the inherent benefit of assessing the quality of care from the patient's perspective and the medical staff itself, especially in the inpatient setting that is clean and quiet, improved patient safety culture within hospitals, and the decrease of readmission hospital.

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Apart from the authors, there are no contributions.

APPENDIX

This literature review using article synthesis to complete the data.

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Table.1 Article Synthesis

	Title, Author, Year	Study design	Sample Size & Setting	Composite Measure	Results
1	(Agustina, 2018)	Cross-sectional	142 employees, consisting of 5 staff, 111 staff (medical and paramedical staff) and 26 medical support staff, Hospital 'X' Palembang (Indonesia).	Communication with nurses and doctors. Patient Safety Culture using Mancheste Patient Safety (MaPSaF) in which there are also 24 forms of the question.	The score is mainly at the proactive stage (Likert scale is 4), which is 32 respondents or 54%, in dimension 7 on communication on patient safety issues from the perspective of communication about patient safety to patient, i.e. communication about patient safety to patient and family or hospital visitor is effectively done.
2	(Boissy et al., 2016)	Observational Study	Between 1 August 2013 and 30 April 2014, 1537 participants were used as an intervention group and 1951 as a control group as a result of communication skills training, USA.	Communication with nurses and doctors. Physicians' communication skills using Healthcare Providers and Systems Hospital Consumer Assessment (HCAHPS), Healthcare Providers and Systems Clinician and Community Consumer Assessment (CGCAHPS), Jefferson Scale of Empathy (JSE), Maslach Burnout Inventory (MBI), self-efficacy, and satisfaction after the course.	Physicians had higher average post-course date scores for the HCAHPS study intervention, but the difference was not statistically important (83.95 vs. 82.73, p = 0.24). However, intervention physicians demonstrated greater enhancement in the area of respect (91.08 vs. 88.79, p=0.02). The course substantially increased the self-efficacy of physicians due to the application of unique relationship-centered communication skills that have already been shown to enhance patient and provider experience..

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3	(Cajanding, 2017)	A randomized control study	The control (n = 68) or the intervention group (n = 75) were assigned as participants, Filipina.	Discharge planning. The Short-Form Patient Satisfaction Questionnaire (SFPSQ-18) was used to assess the degree of patient satisfaction from the participant.	In contrast with the control participants, participants in the intervention group had substantial increases in patient satisfaction ratings at baseline and at follow-up. In addition those who received only standard treatment, participants in the intervention group had substantially fewer hospital revisits.
4	(Forster et al., 2005)	A randomized control study	A total of 620 sequential patients were randomized (Intervention n = 307, control n = 313), of which 361 were followed after discharge from hospital (Intervention = 175, control = 186), Canada.	Discharge planning. Patient interview and medical record review.	The addition of a clinical nurse practitioner to a medical staff enhanced the satisfaction of patients but did not enhance the outcome of hospitals or patient safety.
5	(Negarandeh et al., 2012)	Quasi experimental study	83 patients (42 in intervention and 41 in control) were recruited in this study, Iran.	Discharge planning using questionnaires (face-to-face interviews) and studying the medical records.	Satisfaction levels with nursing care and the ability to take self-care were higher in intervention group comparing with control group.
6	(Zhao & Wong, 2009)	A randomized controlled trial	200 patients (100 in intervention and 100 in control), China	Discharge planning using pre-discharge assessment, structured home visits and telephone follow-ups within four weeks after discharge.	The study group was very satisfied with discharge care program.

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7	(Chia & Ekladious, 2020)	A prospective study	50 inpatients, Australia.	Discharge planning. Using a questionnaire on patient satisfaction given to patients on the day of discharge.	The responses from inpatient was 52% to question number 10 about written discharge instructions.
8	(Choirul Afif & Suwandari, 2019)	An explanatory study	The units of analysis in this study were 100 BPJS patients, Central Java (Indonesia)	Communication with doctors	The doctors' competence had a significant effect on the patients' satisfaction and the doctors' competence had a significant effect on the patients' loyalty.
9	(Dahyanto & Arofiati, 2018b)	Mix method study	The quantitative samples are questionnaires (March - April 2017, n = 9 patients) and the qualitative samples are lung specialists, nurses, nutritionists and people who are involved in patient satisfaction (n = 30), D.I.Yogyakarta (Indonesia)	Communication with nurses, communication with doctors, the hospital environment	The inpatients in Respira Yogyakarta Hospital are satisfied and the development of patient satisfaction has involved the health service quality team.
10	(Davidson et al., 2017b)	A systematic review	Of the 15 studies that met the quality filter, New York (USA)	All of the 8 composites measured in HCAHPS	Few high-quality research, as measured by the HCAHPS report, evaluated the effectiveness of measures to increase patient satisfaction ratings.
11	(Fitriyanah et al., 2017)	A cross sectional study	68 sample (34 BPJS patient and 34 non-BPJS patient), Kendal (Indonesia)	Communication with nurses	<ul style="list-style-type: none"> The results showed that most respondents (BPJS patients) expressed dissatisfaction as much as 64.7%, satisfied as much as 32.4% and very satisfied as much as 2.9%

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					<p>regarding reliability characteristics.</p> <ul style="list-style-type: none"> • The results showed that most BPJS respondents expressed satisfaction as much as 32.4%, 64.7% dissatisfied, and very dissatisfied as much as 2.9% regarding the characteristics of tangibles. • Most of the respondents 58.8% expressed dissatisfaction, while 41.2% expressed satisfaction about the characteristics of empathy. • In the inpatient class 3 RSUD X, there is a substantial gap between the satisfaction level of patients with BPJS and general patients with nursing services.
12	(Hamline et al., 2018)	A systematic review	Seventy one articles, USA	Discharge planning	Several previous research in adult populations found that a dedicated discharge planning increased patient satisfaction, utilization rates, and overall efficiency of hospital discharge, supporting the efficacy of centered discharge planning.
13	(Hayek et al., 2020)	A cross-sectional study	The final sample included 827 Jews and 605 Arabs, Israel	Communication with doctor (General satisfaction This scale consists of 3 elements, including general	Jews and Arabs were very satisfied with the effectiveness of the PCPs. There are, however, ethnic differences in the degree of the level of satisfaction related to PCP

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				<p>satisfaction with the patients receiving medical treatment from the PCP, and whether the patient will refer a friend or family member to his/her doctor.</p> <p>Communication This scale consists of 5 elements, including questions relating to describing and demonstrating everything to the patient, addressing the medical case of the patient)</p>	<p>results. Satisfaction with the success of PCPs can be achieved by enhancing the PCP's communication skills, facilitating interpersonal contact between the PCP and the patient, and devoting more time during visits to the patient. Compared to Jews, Arabs showed less satisfaction with the interpersonal manners of their PCPs.</p>
14	<p>Hitawala et al, 2020 (Hitawala et al., 2020)</p>	<p>A cross-sectional study</p>	<p>A total of 26 respondents before intervention (13 patients, 13 nurses) and a total of 80 respondents (40 patients and 40 nurses) after intervention, USA.</p>	<p>Communication with doctor</p>	<ul style="list-style-type: none"> • Pre-intervention studies concluded that 68.8% of patients were satisfied with the communication between patient and doctors; similarly, 74.4% of nurses were satisfied with the communication between nurse and patient. • The results after the intervention showed that 93.3% of patients were pleased with the relationship between the patient and the provider, and 94.7% of nurses were satisfied with the communication between the nurse and the provider.

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					<ul style="list-style-type: none"> The Hospital Patient Evaluation of Healthcare Providers and Services (HCAHPS) reported a physician contact increase of 84.4 percent at the end of the project, up from 75 percent a year earlier.
15	(Lam et al., 2020)	A prospective study	100 patients	Discharge planning	A majority of patients (89%) and families (78%) were satisfied with DDH. Seventy percent patient felt that the ICU staff were great at educating them about what medical treatments they were undertaking and why. Most patients felt they were well represented in the DDH preparation; 62% strongly agreed and 25% agreed that they were well-prepared for discharge by the staff and provided them with specific discharge instructions.
16	(Lau, 2000)	A retrospective study	663 and 480 questionnaires collected before and after the workshops respectively in 9 hospitals, Hong Kong.	Communication with doctor	The satisfaction rate to explanation and advice provided by doctors increases from 79.8% to 93.8% before and after workshop.
17	(Mann et al., 2016)	A retrospective study	In 2007, 2273 hospitals registered HCAHPS had reported, USA.	Communication with doctor	Between 2007 and 2013, an increase in patient satisfaction ratings for physician contact. In hospitals that had satisfaction scores in the smallest quartiles, the rate of increase was slightly higher, whereas hospitals in the highest

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					quartile had a slight but statistically significant drop in patient satisfaction scores.
18	(Puspita Dewi, 2018)	Mix-method with cross-sectional design study	37 in-patient nurses, 6 ward chiefs and 2 supervisors were the number of samples in this study, Indonesia	Communication with nurse	Based on the results of the analysis to determine the capacity of the nurse to communicate effectively, more than 32 participants were nurses with a strong capacity for effective communication.
19	(Rich et al., 2020)	A comparison between cross sectional and longitudinal analysis	Medical and safety reports were collected from Parkland for adult inpatient experiences with admission dates between 1 January 2013, and 31 December 2017, USA.	Hospital environment	There was evidence that the new hospital enhanced environmental-related patient satisfaction outcomes, including comfort, noise, temperature, and aesthetics.
20	(Simbolon et al., 2019)	A quasi experimental	Pre-and post-test for control group and intervention group with 160 respondents (33 for pre-test and 33 for post-test respondents for control group, and 33 for pre-test and 37 for post-test intervention group respondents) then 24 patient observed starting from hospitalized to hospital discharge.	Discharge planning	In order to ensure consistency in the delivery of care and medication, discharge preparation for patients with hypertension complications is important. It definitely makes the patient and their families more satisfied as a result.
21	(Velez et al., 2017)	A cross-sectional design	Consenting hospitalist doctors (n = 28) and a total of 1003 responses to the HCAHPS survey were available.	Communication with doctor	This study shows that, as commonly reported, specifically assessed communication skills do not correlate with HCAHPS ratings, suggesting that HCAHPS can assess a

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					wider domain than just communication skills for doctors. Showing empathy associated with the communication of the doctor and valued HCAHPS scores after removing patients cared for by more than 1 hospitalist.
22	(Walker & Karl, 2019)	Experimental study	There are ten patient directly across and parallel to the central nursing station.	Hospital environment	<p>Pre implementation: Results showed that increased noise was recorded from staff discussions and 7/10 patients found the unit to be mostly noisy during the 5 a.m. until 8 a.m. with sleep disturbances.</p> <p>Post implementation: Ten patients (six female / four male) were nearest to the desk during this second phase. Patient survey results showed that 8/10 (5 female/3 male) now found the unit "quiet/mostly quiet" in these rooms and slept well during the night with only two (1 male/ 1female) still finding the unit noisy with sleep disturbance from staff conversations at the nursing station.</p>
23	(Wau & Purba, 2019)	Qualitative study (in-depth interview)	In this analysis, the sample was 4 patients and 2 health workers, with a total of 6 individuals, Indonesia.	Communication with nurse and Communication with doctor	It can be seen from the patient informant's comment that the response of the patient to the health worker offering specific information is very strong. In presenting vague details as well as information about

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					diseases that the patient experienced, patients said that health workers were friendly. Health workers provided clear information on patient satisfaction at the Padang Bulan Community Health Center in Medan.
24	(Horton et al., 2017)	Retrospective controlled interrupted time series study	Physicians in the intervention group consist of 22 board-certified hospitalists of internal medicine with 1 to 20 years of experience in inpatient internal medicine and 258 practitioners in the control group, covering all surgical facilities, as well as pulmonary, cardiology, hematology and oncology services to which residents of internal medicine rotate. The sample were all patients ages 18 years or older (6718 visits in the control group and 1021 visits in the intervention group), Utah.	Communication with doctor	The primary outcome was the percentage of patients who replied to all HCAHPS questions concerning doctor-patient contact with "Always." The primary outcome among the intervention group increased from 56% to 63% (P = .014, N = 1021) while remaining constant for the control group (65% to 66%, P = .6, N = 6718).
25	(A. Belasen et al., 2020)	A cross-sectional study	Available hospital-level HCAHPS data for the United States was used to assess the relationship between the composite measures. The data set contained HCAHPS results for 3,522 hospitals for the period from October 1, 2017 to September 30, 2018.	Communication with doctor	Both DPC and nurse-patient communication (NPC) are highly correlated with the overall rating.

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