RevistaEconomică
Journal of economic-financial theory and practice

Vol. 75, issue 1 Year 2023
DOI: 10.56043/reveco-2023-0002

CHARACTERISTICS OF CONSUMER BEHAVIOUR IN SERVICES SECTOR

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Abstract:
The science of marketing has had a dynamic evolution, being influenced, over time, by the diversity of socio-economic and political contexts. Regardless of the geographical space to which we refer, reality has showed that marketing was concerned with satisfying the needs of citizens, seen in the key as consumers of goods and services.
Therefore, this diversification also needed the emergence of new paradigms in what the area of health care services means. As the socio-economic context experienced major changes and the tools used experienced a diversification. Recently, the COVID-19 pandemic has generated a change in approach, especially in what the doctor-patient relationship means. In other words, what needles, 4 years ago seemed to be perfectly valid, today must be repositioned.
In this context, in this article we have carried out research about the paradigm shift of the doctor-patient relationship in diabetic conditions.

Keywords: *Healthcare, Patient, Customer Satisfaction*

JEL classification: *M31*

1. Introduction

Most major patient satisfaction models were published in the 1980s, and succeeding theories stands for reinterpretations of some ideas. In this regard, Donabedian's (1980) healthcare quality theory asserts that satisfaction was the main predictor of the interpersonal process of treatment. He claimed that the patient's expression of satisfaction or dissatisfaction is a value judgement on the quality of care provided in all dimensions, but particularly in connection to the interpersonal component of care. On the other hand, Fox and Storms (1981) claimed that although patients' healthcare orientations range and provider conditions of care varied, if directions and conditions were congruent, patients were satisfied; if not, they were unsatisfied.

Linder-Pelz's (1982) Expectancy-value argument states that satisfaction was controlled by personal values and beliefs about care, as well as earlier expectations about care. Linder-Pelz found significant correlation between expectations and variability in satisfaction ratings and suggested an operational definition of patient satisfaction as "*positive evaluations of different characteristics of healthcare*" (p.578). Starting from this point, Pascoe (1983) enhanced the Linder-Pelz approach to account for the influence of aspirations on satisfaction while Strasser et al. (1993) enlarged it to generate a six-factor psychological design: cognitive and emotional perceiving configuration; multifaceted construct; complex process; attitudinal reply; repetitive; and rectified by personal characteristics.

Fitzpatrick and Hopkins' (1983) multiple models theory proposed that aspirations were socially controlled, showing the patient's health aims and the amount to which illness and treatment violated the patient's personal sense of self.

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Components and determinants Ware's et al. (1983) theory proposed that patient satisfaction was a consequence of patients' subjective responses to provided care, that were mediated by their own preferences and expectations.

The underlying politics of "new public management" (Hood, 1995) and the simultaneous increase in the healthcare system sector, with patient satisfaction being one of the declared goals of healthcare system, have significantly driven the need for patient satisfaction measurement. The debate over the correlation between patient satisfaction as a value of the treatment procedure vs the degree of technical care was well established with the birth of the patient rights movement (Williams, 1994). As a consequence, the application of patient satisfaction indicators in the healthcare sector has become more common. For example, since 1998, French hospitals have been required to evaluate patient satisfaction, which is used to improve the hospital climate, patient amenities, and facilities in a consumerist perspective, but not always to improve quality of care (Boyer et al., 2006).

Fishbein and Azjen (1975) defined attitude as the "*overall assessment or impression of desirability toward the item in question.*" Jessie L. Tucker (2000) claimed that patient satisfaction must be "*moderated by socio-demographic characteristics such as environmental, individual, physical, psychological, and sociological characteristics*" based on the Social Identity Theory's claim that "*attitudes are mediated by environmental, individual, physical, psychological, or sociological variables*" (pp. 72).

Despite numerous studies, it is obvious that the comprehensive conceptualisation of patient satisfaction with healthcare has yet to be acquired, and that understanding the process by which a patient becomes satisfied or dissatisfied remains unanswered. They claim that satisfaction is a relative concept, suggesting only quality services.

Caring, empathy, trustworthiness, and responsiveness are all factors that contribute to patient satisfaction (Tucker and Adams, 2001). Ware et al. (1978) proposed patient assessment aspects such as physician conduct, availability of service, consistency, trust, efficiency, and outcomes. Other dimensions, such as core services, customization, professional credibility, competence, and communications, have been proposed to capture patients' healthcare assessments (Fowdar, 2005).

The literature also takes into account involvement in clinical settings with emotions that are comparable to affection for the patient and positive health outcomes such pain reduction, lifesaving, and coping with anger or unhappiness afterwards surgical treatments (Bowers et al., 1994). Other important factors that affect patient satisfaction were admissions, dismissals nursing care, food, cleaning, and technical services (Woodside et al., 1989).

Significant satisfaction determinants contain patient perceptions, especially regarding physician communications skills. Butler et al. (1996) analysis revealed both staff performance and facility quality combined explained for 66% of the heterogeneity in patients' perceptions of service quality.

Other authors noted that there is only a foggy, or perhaps at least inconsistent, correlation between expectations and satisfaction, in contradiction to marketing and consumer theories (Batbaatar et. al, 2015). Since customer and patient satisfaction are likely different concepts, the noncritical use of marketing theories underscores their true applicability to the health industry. The authors reached the conclusion that the idea of patient satisfaction needed to be properly defined and differentiated from other viewpoints, preferably congruent with how patients judge their experiences instead of adopting consumerist theories.

The correlations between expectations and perceptions as outlined in the consumer or user's satisfaction theory are significantly integrated into conceptualizations of patient satisfaction (Mahon, 1996). On the other hand, because expectation theories were first developed in psychology, marketing research has also integrated psychological themes (Pascoe, 1983).

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2. Methodology

Based on the theories presented above, we conducted a study having the following key goals: a) identifying the degree of patients' satisfaction with the doctor's attitude, b) identifying the degree of patient satisfaction regarding the medical unit in general, c) satisfaction regarding accessibility to medical services, and d) satisfaction regarding the treatment received following the consultation.

Starting from these four main objectives, four hypothesis were defined, meaning:

- H1 – the doctor's attitude directly and positively influences the patient's satisfaction regarding medical services in the field of nutrition and diabetology.
- H2 – the medical unit directly and positively influences the overall satisfaction of the patient regarding medical services in the field of nutrition and diabetology.
- H3 – accessibility to medical services directly and positively influences the patient's global satisfaction on medical services in the field of nutrition and diabetology.
- H4 – the treatment received following the consultation directly and positively influences the overall satisfaction of the patient regarding the medical services in the field of nutrition and diabetology.

For the development of the proposed model, we started from the premise of the existence of several factors that influence the satisfaction of patients with diabetes. Therefore, we consider the attitude towards the doctor, the environment in which medical services are carried out, the accessibility of medical services, the treatment received following the consultation and the perception of medical services.

We also note that overall patient satisfaction is the dependent variable, while the attitude towards the doctor, the environment of medical services, accessibility to medical services, the treatment received following the consultation and the perception of medical services.

From the total number of participants (N=356, M=4.35, SD=1.057), 226 are over 55 years old, representing 63.48% of the total sample. In second place are those aged between 46 and 55, who represent 20.22% of the total. Furthermore, 57.3% are represented by men (204 participants), and 42.70% are women, which represents 152 of the total number.

3. Results

We also proposed a multiple regression model between global patient satisfaction, which is the dependent variable, and the five independent variables:

- Attitude towards the doctor;
- The environment for the development of medical services;
- Accessibility to medical services;
- The treatment received after the consultation;
- Personal perception of medical services.

The variable Attitude towards the doctor (ATIT) will have the following items:

- ATIT_1 Q14a The doctor has a polite attitude towards me.
- ATIT_2 Q14b The doctor takes my opinions into account.
- ATIT_3 Q14c The doctor understands my needs.
- ATIT_4 Q14d The doctor explains clearly and concisely what I have to do.
- ATIT_5 Q14e The doctor sends me a state of safety.
- ATIT_6 Q14f The doctor is willing to answer my questions.

The variable Environment for the development of medical services (MEDIU) will have the following items:

- MEDIU_1 Q14g - The services provided increase my chances of improving my health.
- ENVIRONMENT_2 Q14h - The environmental factors in the sanitary unit (temperature, lighting) are adequate.
- MEDIU_3 Q14i -The medical staff (doctors, nurses) is well trained, having excellent health knowledge and skills.

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- MEDIU_4 Q14j - The medical equipment of the health unit is suitable for the health specialty.

The Accessibility to medical services (ACCES) variable will have the following items:

- ACCES_1 Q14k - The accessibility of the health unit is high.
- ACCES_2 Q14l -The appointments made within the health unit are respected.
- ACCES_3 Q14m -The ratio between the charged rates and the quality of services is balanced.

The variable Treatment received after the consultation (TRAT) will have the following items:

- TRAT_1 Q15a - I am very satisfied with my current treatment.
- TRAT_2 Q15b - Recently, my blood sugar has been kept within normal limits.
- TRAT_3 Q15c - I think that the treatment followed is very convenient.
- TRAT_4 Q15d - The treatment I have been following lately is quite flexible.
- TRAT_5 Q15e - I am satisfied with the statements I know about diabetes from the doctor.
- TRAT_6 Q15g - I will follow the same form of treatment.

The variable Personal perception of medical services (PERS) will have the following items:

- PERS_1 Q16b - Based on the recommendations of friends and family, I used a certain health service provider.
- PERS_2 Q16d - My condition requires permanent medical care, having to request medical assistance.
- PERS_3 Q16e - My state of mind influences my perception of the services I benefit from.

In this context, we analyzed the accuracy and internal consistency of the latent variables corresponding to the sets of items or the assertions that go into the construction of each of them. In this stage, we monitor the values of the Cronbach's Alpha coefficients associated with each set of items.

Attitude towards the doctor (ATIT)

Regarding the Attitude towards the doctor variable, it is structured on six items. After calculating the Cronbach's Alpha coefficients, values between .329 and .716 were obtained.

Table 1: Attitude towards the doctor (ATIT)

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
ATIT_1	24.44	1.836	.502	.329	.819
ATIT_2	24.51	1.659	.543	.444	.816
ATIT_3	24.47	1.574	.795	.716	.755
ATIT_4	24.44	1.813	.610	.505	.798
ATIT_5	24.45	1.797	.593	.476	.801
ATIT_6	24.46	1.804	.572	.503	.805

Source: Authors

At the same time, the value of the Cronbach Alpha coefficient for the latent variable Attitude towards the doctor is 0.827, a value that ensures the accuracy of the measurements.

Environment for the development of medical services

As for the variable Environment for the development of medical services, it is structured on four items. After calculating the Cronbach's Alpha coefficients, values between .434 and .622 were obtained.

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Table 2: Environment for the development of medical services

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
MEDIU_1	13.99	2.535	.434	.233	.698
MEDIU_2	14.29	1.621	.569	.391	.614
MEDIU_3	14.03	2.340	.448	.259	.683
MEDIU_4	14.21	1.628	.622	.423	.568

Source: Authors

The value of the Cronbach Alpha coefficient for the latent variable The environment for the development of medical services is 0.713, a value that ensures the accuracy of the measurements.

Accessibility to medical services (ACCES)

Regarding the Accessibility to medical services variable, it is structured on three items. After calculating the Cronbach Alpha coefficients, values between .502 and .588 were obtained.

Table 3: Accessibility to medical services (ACCES)

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
ACCES_1	9.58	.588	.502	.256	.681
ACCES_2	9.58	.508	.588	.345	.577
ACCES_3	9.65	.460	.548	.308	.633

Source: Authors

And in this case, the total corrected correlations for each item are greater than 0.3. At the same time, the value of the CronbachAlpha coefficient for the latent variable Accessibility to medical services is 0.721, which ensures the accuracy of the measurements.

Treatment received after the consultation (TRAT)

Regarding the variable Treatment received following the consultation, it is structured on six items. After calculating the Cronbach Alpha coefficients, values between .437 and .840 were obtained.

Table 4: Treatment received after the consultation (TRAT)

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
TRAT_1	8.10	16.802	.823	.720	.833
TRAT_2	7.41	17.505	.437	.243	.906
TRAT_3	7.98	16.535	.840	.732	.829
TRAT_4	7.90	16.791	.715	.538	.848
TRAT_5	8.11	17.619	.675	.510	.855
TRAT_6	8.06	16.512	.703	.569	.850

Source: Authors

We note that the item TRAT_2 has a lower value. However, we appreciate that, being greater than the value of 0.3, it indicates that it could describe the latent variable. In this context, we decided to include it in the analysis.

The Cronbach's Alpha coefficient, for the latent variable Treatment received after the consultation, is 0.875, a value that ensures the accuracy of the measurements.

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Personal perception of medical services (PERS)

Regarding the variable Personal perception of medical services, it is structured on three items. After calculating the Cronbach Alpha coefficients, values between .629 and .770 were obtained.

Table 5: Personal perception of medical services (PERS)

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
PERS_1	4.94	7.278	.633	.449	.796
PERS_2	5.00	6.608	.770	.593	.656
PERS_3	5.03	7.360	.629	.441	.800

Source: Authors

And in this case, the total corrected correlations for each item are greater than 0.3. The value of the Cronbach Alpha coefficient for the latent variable Personal perception of medical services is 0.821, a value that ensures the accuracy of the measurements.

4. Discussions

In this context, starting from the data presented previously and correlating with the fact that there are no missing or random values, in order to create a model based on multiple linear regression, we consolidated the proposed items into five variables as follows:

- Variable Attitude towards the doctor (ATIT) - formed by consolidating the six items;
- The environment for the development of medical services variable (MEDIU) - formed by consolidating the four items;
- Variable Accessibility to medical services (ACCES) - formed by consolidating the three items;
- Variable Treatment received after the consultation (TRAT) - formed by consolidating the six items;
- The variable Personal perception of medical services (PERS) - formed by consolidating the three items.

The coefficient of determination (R^2) indicates that the independent variables (attitude, environment, access, treatment, staff) explain in a proportion of 61.2% the variation of the dependent variable (satisfaction). In other words, more than half of the data can be explained with the proposed model.

We find the existence of the regression relationship ($p< 0.05$, $F=110.280$, $Sig.< 0.001$). We can therefore appreciate that we have a solid regression model and consequently reject the null hypothesis.

Moreover, the coefficient of determination R^2 represents the proportion of the dependent variable SATISF that is explained by the variation of the independent variables. In other words, 61.2% of the variation of the SATISF variable is explained by the five variables (ATIT, MEDIU, ACCESS, TRAT and PERS).

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Table 6: Variables

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.782[a]	.612	.606	.697

a. Predictors: (Constant), PERS, ACCES, ATIT, TRAT, MEDIU

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	267.510	5	53.502	110.280	<.001[b]
	Residual	169.802	350	.485		
	Total	437.312	355			

a. Dependent Variable: SATISF

b. Predictors: (Constant), PERS, ACCES, ATIT, TRAT, MEDIU

Source: Authors

We notice that we have positive relationships between all the independent variables and the dependent variable.

Having p-value (Sig.) <0.05 we can consider that all the variables are good and therefore can be used in the proposed regression model. Regarding the variable PERS we find that it has a borderline flat value (Sig.=0.059). In this context, we will also accept this variable with the mention that, in future research, it must be defined by several items, and not just three as we structured this research.

Therefore, all independent variables are associated with a value of the dependent variable.

Moreover, for the significance threshold $\alpha = 0.05$, the hypothesis of nullity of the ATIT, MEDIU, ACCESS, TRAT coefficients and, at the limit, of the PERS coefficient, which has a value of 0.059, can be rejected.

Table 7: Coefficients

Coefficients[a]

Model		Unstandardized Coefficients B	Unstandardized Coefficients Std. Error	Standardized Coefficients Beta	t	Sig.
1	(Constant)	-.038	.163		-.236	.814
	ATIT	.293	.045	.285	6.477	<.001
	MEDIU	.244	.045	.245	5.429	<.001
	ACCES	.247	.038	.266	6.589	<.001
	TRAT	.130	.037	.146	3.546	<.001
	PERS	.075	.040	.072	1.895	.059

a. Dependent Variable: SATISF

Source: Authors

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All independent variables are useful in predicting the dependent variable, so the regression model becomes:

SATISFACTION = -0.038 + 0.293*ATIT + 0.244*MEDIU + 0.247*ACCES + 0.130*TRAT + 0.075*PERS

We note the existence of some values between the independent variables ACCESS and ATIT (.430), between PERS and ENVIRONMENT (.411), but also between TRAT and ATIT (.489), as well as between TRAT and ACCESS (.461). We note slightly higher, but not very strong, correlations between the variables ATIT and SATISFACTION (.645) and between the variables MEDIU and SATISFACTION (.645).

Table 8: Correlations

Correlations

		SATISF	ATIT	MEDIU	ACCES	TRAT	PERS
Pearson Correlation	SATISF	1.000	.645	.644	.599	.551	.418
	ATIT	.645	1.000	.593	.430	.489	.390
	MEDIU	.644	.593	1.000	.489	.478	.411
	ACCES	.599	.430	.489	1.000	.461	.310
	TRAT	.551	.489	.478	.461	1.000	.352
	PERS	.418	.390	.411	.310	.352	1.000

Source: Authors

Therefore, we can conclude that there are no strong correlations between the variables of the model, and, consequently, we do not have multicollinearity. So that the variables of the model can bring significant information for the proposed model.

The result of the Durbin - Watson test has a value of 1.958, close to the value of 2; value that is translated by the lack of autocorrelation.

Table 9: Model Summary

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin–Watson
1	.782[a]	.612	.606	.697	1.958

a. Predictors: (Constant), PERS, ACCES, ATIT, TRAT, MEDIU

b. Dependent Variable: SATISF

Source: Authors

The graphic representation of the regression residuals in relation to each explanatory variable shows the homoscedastic model of the construct.

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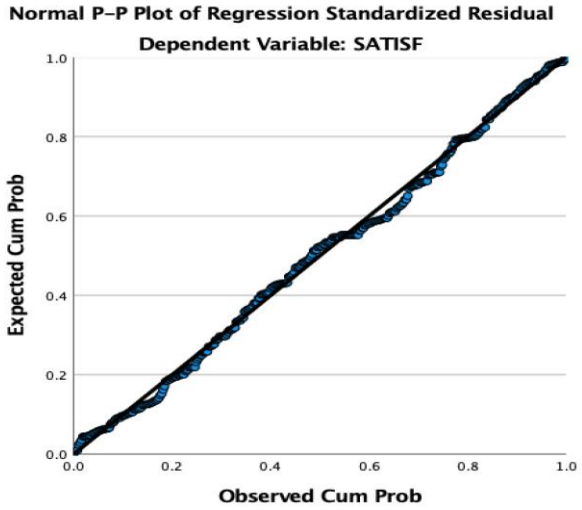

At the same time, the histogram confirms that we have homoscedasticity, and therefore the hypothesis of heteroscedasticity is rejected.

Source: Authors

At the same time, we analyzed both the standardized values of the PRE_1 errors and the unstandardized values of the ZPR_1 errors.

Table 10: Tests of Normality

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Unstandardized Residual	.043	356	.195	.992	356	.063
Standardized Residual	.043	356	.195	.992	356	.063

a. Lilliefors Significance Correction

Source: Authors

We note that both for the standardized values of the values and for the non-standardized values of the errors we record the same value of p-value, respectively 0.063. This value is greater than 0.05, which means that the residuals are normally distributed.

The interaction between the doctor and the patient involves an initial phase of information, through which the doctor offers explanations regarding the disease the patient has, its effects on health and the existing treatment options, the time allotted for this discussion being between 15 and 30 minutes. An essential stage is represented by the motivation of patients diagnosed with conditions in the field of nutrition and diabetology in order to change their lifestyle. In this sense, doctors formulate a series of advice and recommendations for the patient, the most important being: highlighting the fact that it is scientifically proven that the effect of drug treatment is directly enhanced by optimizing lifestyle; explaining to the patient the benefits offered by physical exercise, as well as a healthy diet on better glycemic control; providing explanations regarding the importance of weight loss, following the diet and highlighting and clearly explaining the evolution of the disease, risks and possible long-term complications if these recommendations are not followed.

Through regular meetings and through the trust the patient gains from the medical act and the improvement of his health as a result of following the environment's advice, a doctor-patient bond

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develops. For an optimal connection, it is essential that the doctor resort to an adaptation of his therapeutic approach according to each individual patient and stimulate the interaction and informed involvement of the patient in the therapeutic decision.

According to the research results, the elements that are considered to cause the patient to be satisfied with the services received from the doctor are related in particular to the doctor's behavior and attitude, respectively to the professionalism and attention given to the patient. The patient must feel that he is listened to, understood in his problem and supported by the doctor, receiving clear explanations, in his understanding. It is important that the doctor takes into account the needs of the individual and realizes a personalization of the therapy, involving the patient in choosing the most suitable form of treatment. Also, a waiting time as low as possible, good organization, promptness and the time allocated by the doctor for explaining the diagnosis and therapeutic conduct play another very important role. The results of a correct treatment recommended by the doctor, the favorable evolution of the patient, the effectiveness of the treatment and the method of administration, a minimal negative impact of the medication, the effects of a diet optimized according to the patient's needs and achieving the desired results contribute to increasing patient satisfaction. Other important factors that can contribute to patient satisfaction are associated with attentive, respectful and calm auxiliary medical staff, but also the comfort of the salon and the cleanliness of the hospital and the salon.

In order to combat these problems, doctors would opt to make a series of changes at the level of the entire medical system in Romania, such as: increasing the financing of medical services, which will lead to an increase in the quality of the services offered; hiring additional medical personnel; ensuring optimal working conditions for doctors; intensifying the digitization of the medical system; the creation of a unique computer system, with a single national database, which provides real-time access to the patient's electronic medical file; relieving doctors of administrative duties; purchase of modern equipment; the patient's easier access to medicines in the pharmacy, without their prescription protocols; increasing prevention activities and organizing a nutritional medical education program or periodic therapeutic education courses for all patients diagnosed with diabetes, but also for the general population, so that they have an education that prevents obesity and diabetes in the long term type 2 sugar.

5. Conclusions

Following the research, we proposed the creation of a model based on multiple linear regression, consolidating the proposed items into five variables as follows:

- The variable Attitude towards the doctor will be formed by consolidating the six items;
- The variable Environment for carrying out medical services will be formed by consolidating the four items;
- The Accessibility to medical services variable will be formed by consolidating the three items;
- The variable Treatment received following the consultation will be formed by consolidating the six items;
- The variable Personal perception of medical services will be formed by consolidating the three items.

We can conclude that the independent variables (ATIT, MEDIU, ACCESS, TRAT and PERS) explain, in proportion to 61.2%, the proposed model and, therefore, all the specific hypotheses are confirmed.

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