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Research Article

Assessing Patient Experience Management as A Determinant of Patient Satisfaction and Patient Value Creation: Preliminary Evidence from Hospitals of Ahmedabad

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Abstract

Introduction: Patient Experience Management is a vital area for measuring patient satisfaction, patient value creation and a measurable area of focus.

Purpose: The objective is to define the patients' experiences of care excellence and the family member to their fulfilment throughout hospital stay. Design/methodology/approach: Anonymous patient knowledge questionnaires were given to affected role who had experienced treatment in a hospital and remained more than 3 days in a hospital. Patients were requested to reply 56 inquiries about their involvement throughout their hospital break by means of a five-point Likert scale. Data were calm finished structured talks using the Rigorous Care Knowledge Questionnaire with 60 patient respondents.

Results: Primary data were collected through face-to-face interviews and individual conferences with aimlessly designated patient role from the designated hospitals, counting 39 males and 21 females. Most of the responses fell within the "satisfied" to "very satisfied" variety, representative an optimistic patient knowledge for greatest of the items spoke. Findings: Good Health illness is of countless rank to patients' knowledges of quality care and their satisfaction in relative to infirmary break. The findings reveal that effective Patient Experience Management contributes to patient value creation by enhancing patients perceived quality of care, increasing Relationship Value, Service value, economic value, emotional comfort, trust, and overall healthcare experience. The survey findings suggest that patients generally reported positive experiences throughout their infirmary stay.

Originality: This study has exposed areas for development and places of interest the importance of patient knowledge when measuring a patient-centred facility.

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KEYWORDS: Patient Experience Management, Patient Satisfaction, Patient Value Creation, Healthcare Sector, Private Hospital, Patient-Centered Care, Healthcare Quality care.

1. INTRODUCTION

“WHO Constitution states”, “Health is considered a state of complete physical, social, and social well-being for human safety and non-purely the absence of disease or illness. **D. Lee (2019)** suggested that Patients, just like any individual customer, are unique because of their differing diseases and treatments.

Patient Experience

There is no extended a question that persistent knowledge matters in health care today (**Wolf, 2016**). Patient experience is the heartbeat and core function of effective medical care and healthcare services. The main determination of nationwide patient-experience studies is connected to superiority development, healthcare organization, public responsibility and patient excellent of infirmaries (**Bjertnaes et al., 2011**). With the quick growing in research, a varied and increasing global public, and a communal promise to results, patient knowledge has now demanded its place at the emotion of health care (**Wolf, 2016**).

Patient Satisfaction

Measuring patient satisfaction has been more vital in recent years (**Cosma et al., 2020**). The second most often cited indicator, patient satisfaction, is a gauge of satisfaction based on the perceived calibre of medical care received (**Jha et al., 2017**). The entire patient experience is prejudiced by patient gratification as well as other rudiments of treatment, counting clinical efficacy, patient safety, and healthcare excellence (**Jha et al., 2017**). In today's healthcare industry, healthcare breadwinners must always struggle to recover patient knowledges, win over patients' loyalty and serenity, and maintain their lowness (**Purcarea, 2016**).

Relationship between Patient Experience and Patient Satisfaction

Kumah (2017) explored the link among patient involvement and fulfilment in healthcare organizations and quantified that Patient involvement and patient fulfilment, the two documented pointers for assessing the quality of health care, are related, but different thoughts. **J. A. Wolf (2016)** stressed that patient involvement is central to refining healthcare results and general service quality. An optimistic patient knowledge is of supreme importance when bringing a patient-driven service (**Sagi et al., 2016**). Measure the persistent knowledge can highlight potential answers, chances to recover hospital care (**Beattie et al., 2015**).

1.1 Aim

This pilot survey meant to find patient feedback on their knowledges of care excellence and the relative to their gratification throughout their hospital stay.

1.2 Research Gaps

An extensive review of the existing literature indicates that patient satisfaction has been widely studied in healthcare

settings across developed and developing countries, using various structured models of service quality and a preference-based model of patient satisfaction. There is an absence of integrated studies examining multiple dimensions of patient experience simultaneously. It has been observed, learned and revealed that the studies in the area of different dimensions of patients' experiences and patient satisfaction with respect to available hospitals in Ahmedabad are less explored or not implemented. Consequently, the study goals to speech this research gap by investigating the impact of patient experience management on patient satisfaction in hospitals in Ahmedabad.

1.3 Statement of Problem

The study examines the dimensions of patient experience that influence patient satisfaction and evaluates the association between “patient experience management” and “patient satisfaction” in hospitals. It also provides managerial recommendations for improving patient experience management practices and enhancing overall patient satisfaction.

2. METHODS

2.1 Research Objectives

- 1) To Study Different Variables of patients' experience management and its impact on patient satisfaction levels from selected Hospitals in Ahmedabad
 - ✓ To Examine and Evaluate the Association among **Hospital Environment & Facilitation** besides Patient Satisfaction Level from selected Hospitals in Ahmedabad
 - ✓ To Examine and Evaluate the Relationship among **Quality of Relationship & Facilitation** besides Patient Satisfaction Level from selected Hospitals in Ahmedabad
 - ✓ To Examine and Evaluate the Relationship among **Patient Safety & Facilitation** besides Patient Satisfaction Level from selected Hospitals in Ahmedabad
 - ✓ To Examine and Evaluate the Relationship among **Patients Personalization & Facilitation** and Patients satisfaction level from selected Hospitals in Ahmedabad
 - ✓ To Examine and Evaluate the Relationship among **Quality of Health Care Services & Facilitation** besides Patient Satisfaction Level from Selected Hospitals in Ahmedabad
- 2) To determine the Impact of **moderating variables** and their effectiveness on the level of Patients Satisfaction from selected Hospitals in Ahmedabad
 - ✓ To examine the different **Socio-demographic factors** as controlling variable that inspirations the level of satisfaction of patients

2.2 Research Hypothesis

Hypothesis:1

H01: No significant relationship among Hospital Environment & Facilitation Services besides its Effectiveness on Patient Satisfaction

H11: A significant relationship among Hospital Environment & Facilitation Services besides its Effectiveness on Patient Satisfaction

H02: No significant relationship among the Quality of Relationship besides Effectiveness on Patients Satisfaction

H12: A significant relationship among the Quality of Relationship besides its Effectiveness on Patients Satisfaction

H03: No significant relationship among Patient Safety besides its effectiveness on Patient Satisfaction

H13: A significant relationship among Patient Safety besides its effectiveness on Patients Satisfaction

H04: No significant relationship among Patient Personalisation and its effectiveness on Patient Satisfaction

H14: A significant relationship among patients' personalization besides its effectiveness on Patients Satisfaction

H05: No significant relationship among the quality of Healthcare Services beside its effectiveness on Patient Satisfaction

H15: A significant relationship among the quality of Healthcare Services besides its effectiveness on Patient Satisfaction

Hypothesis:2

H06: Socio-Demographic factors do not impact the close of satisfaction of patients in Selected Private sector Hospitals in Ahmedabad city of Gujarat.

H16: Socio-Demographic factors impact the close of satisfaction of patients in Selected Private sector Hospitals in Ahmedabad city of Gujarat.

2.3 Research Design

A “descriptive research” design was adopted for this particular research because it aims to systematically identify, analyze, and describe various dimensions of patient experience management and their influence on patient satisfaction in hospitals. The design facilitated the analysis of relationships between demographic factors and patient satisfaction using structured questionnaires administered to patients in selected hospitals of Ahmedabad.

2.4 Sample Population

The Present study adopted the convenience-purposive, a non-probability sampling method, with 60 patients as a sample from 3 different hospitals. This technique was considered appropriate and acceptable as the study focused on a defined set of patients who have direct experience with healthcare facilities and services in selected private hospitals in Ahmedabad city.

2.5 Additive & Deductive Parameters for Variables

Additive Criteria	Deductive Criteria
Private Hospitals	Public Hospitals
Inpatients spent more than 3 days in the hospital	PHC's & CHC's

Patients with a hospital stay of more than three days were included to ensure adequate exposure to hospital services and care processes. The study focused on private hospitals due to their emphasis on patient experience and service quality, while public hospitals, PHCs, and CHCs were excluded to maintain uniformity in healthcare service delivery.

Constructs casing various variable star of patient involvement that effect patients' level of gratification in the “healthcare system”. The additional share has other queries secondhand to generate the socio-demographic profile of the accused (Age of Patients, Gender of Patients, Education of Patients, Marital Status of Patients, Occupation of Patients, Monthly income and Ethnicity of Patients).

2.6 Questionnaires and Administrations

The survey had two parts. The primary part appraises the main

2.7 Scale Development

A Five-point Likert Scale involving 5 Options:

Strongly Disagree/ Very Dissatisfied:	1
Moderately Disagree/ Dissatisfied:	2
Neither Satisfied nor Dissatisfied:	3
Moderately Agree/ Satisfied:	4
Strongly Agree/ Very Satisfied:	5

2.8 Research Model



Source: Author's Own Elaboration

2.9 Variables of Patient Experience Management and Patient Satisfaction

Sr. No.	Variable	Paper
1	Hospital Type	(Ramez, 2012)
2	Hospital Name	
3	Length of Stay	(Abo-Hamad & Arisha, 2013), (Bjertnaes et al., 2011)
4	Insurance	(McHugh et al., 2016)
5	Distance of Hospital	(Solanki et al., 2017)
6	Appointment Schedule	
7	Infrastructural Facilities	(Asamrew et al., 2020), (Solanki et al., 2017), (Taner & Antony, 2006) and (Alijanzadeh et al., 2016)
8	Clinical Guidelines & Health Information Systems	(Jenkinson et al., 2002), (Bjertnaes et al., 2011) and (Ross & Venkatesh, 2016)
9	Payment Charges	(Solanki et al., 2017)
10	Response to Request	(Jenkinson et al., 2002)
11	Pharmacy or Medication Services	(Peltzer, 2009) and (Asamrew et al., 2020)
12	Communication with Doctor	(Cosma et al., 2020), (Guler, 2017), (Sagi et al., 2016) and (Bjertnaes et al., 2011)
13	Communication with Nurse	(Cosma et al., 2020), (Guler, 2017), (Sagi et al., 2016) and (Bjertnaes et al., 2011)
14	Hospital Staff Communication and Response	(Guler, 2017), (Sagi et al., 2016)
15	Timeliness of Care (TOC)	(Jenkinson et al., 2002) and (Ross & Venkatesh, 2016)
16	Clarity of Information Provided	(Ross & Venkatesh, 2016)
17	Interaction with the physician	(Asamrew et al., 2020)
18	Discharge Information	(Jha et al., 2017) and (Guler, 2017)
19	Physical comfort	(Jenkinson et al., 2002) and (Ross & Venkatesh, 2016)
20	Emotional Support	(Jenkinson et al., 2002) and (Ross & Venkatesh, 2016)
21	Level of Comfort and Privacy	(Peltzer, 2009) and (Asamrew et al., 2020)
22	Hygiene Standards	(Taner & Antony, 2006)
23	Food Services offered	(Sagi et al., 2016)
24	Safety Standards	(Jha et al., 2017)
25	Cleanliness of hospital	(Guler, 2017)
26	Medical Equipment	(Cosma et al., 2020) and (Bjertnaes et al., 2011)
27	Public Health Services	
28	Feedback Facility	(Alijanzadeh et al., 2016)
29	Complaint and their Re-Solution	(Peltzer, 2009)
30	Communication & Language	(Guler, 2017), (Sagi et al., 2016)
31	Health Literacy	(Groene et al., 2015)
32	Patients Cantered Care Services	(Jenkinson et al., 2002)

33	Effect of Treatment & Care Transition	(Jenkinson et al., 2002) and (Guler, 2017)
34	Previous Hospital Experience	
35	Patient Involvement in Decision-Making (PIDM)	(Peltzer, 2009)
36	Willingness to Recommend	(Guler, 2017), (Ross & Venkatesh, 2016)
37	Support from Family & Friends	(Jenkinson et al., 2002) and (Sagi et al., 2016)
38	Self-reported health status	(Sagi et al., 2016)
39	Waiting Time Management	(Abo-Hamad & Arisha, 2013)
40	Regulatory Health Standards	
41	Confidence and Trust	(Asamrew et al., 2020)
42	Treatment Planning and Co-ordination	
43	Pain Management	(Asamrew et al., 2020)
44	After Treatment Facilities	(Taner & Antony, 2006)
45	Overall Hospital Ratings	(Jha et al., 2017), (Guler, 2017) & (Ross & Venkatesh, 2016)
46	Patients Name	
47	Patients Location	
48	Mobile No.	
49	Age	(Jenkinson et al., 2002), (Cosma et al., 2020), (Ramez, 2012), (Grondahl et al., 2013), (Bjertnaes et al., 2011), (Ross & Venkatesh, 2016) and (Alumran et al., 2021)
50	Gender	(Cosma et al., 2020), (Ramez, 2012), (Grondahl et al., 2013), (Ross & Venkatesh, 2016) and (Alumran et al., 2021)
51	Education	(Jenkinson et al., 2002), (Cosma et al., 2020), (Ramez, 2012), (Grondahl et al., 2013), (Bjertnaes et al., 2011) and (Alumran et al., 2021)
52	Marital Status	(Alumran et al., 2021)
53	Occupation	(Ramez, 2012)
54	Monthly Income	(Cosma et al., 2020)
55	Ethnicity	(Asamrew et al., 2020)

2.10 Ethical Consideration

Principled approval was found from the applicable recognized and hospital committees. Contribution was unpaid, and written knowledgeable agreement was gotten from all patients previous to data group. Members were knowledgeable around the education objectives, and confidentiality, privacy, and data protection were ensured thru the investigation process.

2.11 Data Analysis

The information was collected from patients using a structured and validated questionnaire, which was thoroughly examined to ensure completeness, accuracy, and consistency. However, raw data collected from respondents cannot be directly used; this needs to be tabulated and aggregated for arithmetical examination.

3.3 Patients' characteristics

3. RESULTS

3.1 Sample Description

A “descriptive research design” was accepted to check patients’ experiences and to scrutinize the associations amongst socio-demographic variables.

3.2 Response to Questions

Sixty PEQs were analyzed. The study participants comprised 39 male (65%) and 21 female (35%) patients. The delivery of members by health subdivision displayed that patients were known to a “private hospital”. Most respondents reported high satisfaction across hospital environment variables, with over 80% selecting ‘satisfied’ or ‘very satisfied’.

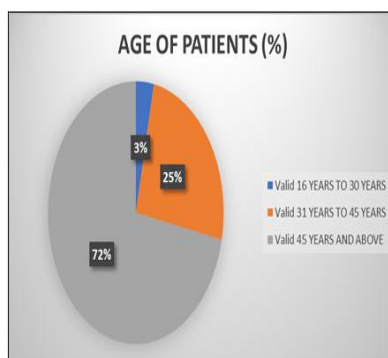


Figure 1 - Age

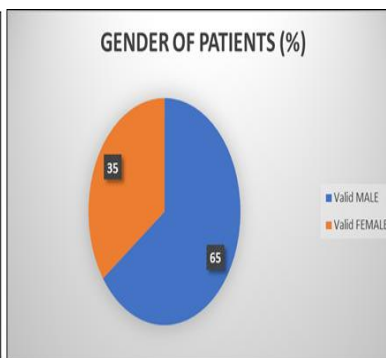


Figure 2 – Gender

Figure 1 – Age: shows the distribution of the Age of Patients, which indicates that the majority of patients (71.7%) are 45 Years and Above.

Figure 2- Gender: shows the distribution of the gender of patients, which indicates that 65% of the patients are male, and 35% are female.

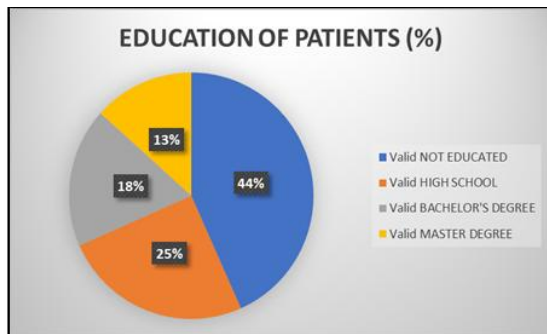


Figure 3 - Education

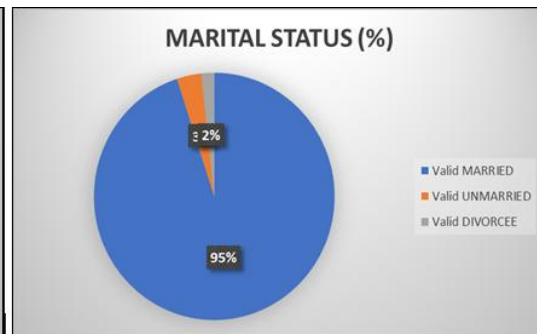


Figure 4 – Marital Status

Figure 3 – Education: displays the dispersal of the education of patients, which describes that the majority (43.3%) of patients are not educated.

Figure 4 – Marital Status: displays the dispersal of Marital Status of Patients, which shows that the majority (95%) of patients are not Married.

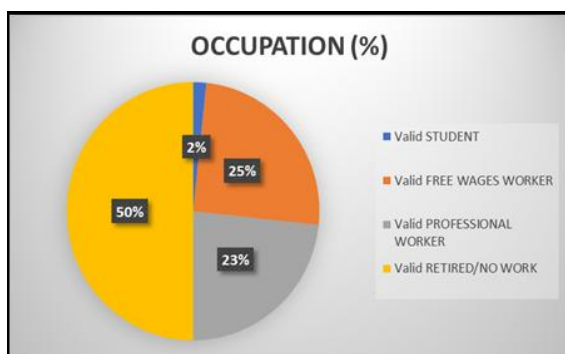


Figure 5 - Occupation

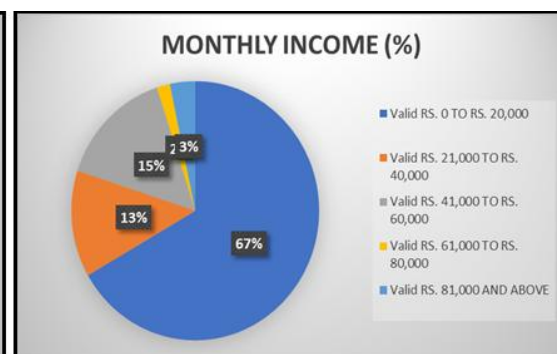


Figure 6 – Monthly Income

Figure 5 Occupation: displays the dispersal of the Occupation of Patients, which shows that the majority (50%) of patients are retired and have no work.

Figure 6 Monthly Income: displays the dispersal of Monthly Income of Patients, which shows that the majority (67%) of patients' monthly income falls under the range of Rs. 0 to Rs. 20,000.

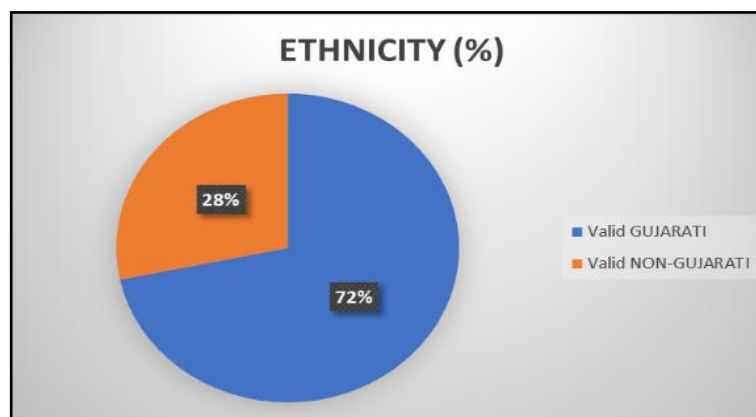


Figure: 7

Figure 7 Ethnicity: displays the dispersal of Ethnicity of Patients, which describes that the majority (71.7%) of patients are Gujarati

3.4 Reliability statistics of the studied Variables (Internal Consistency)

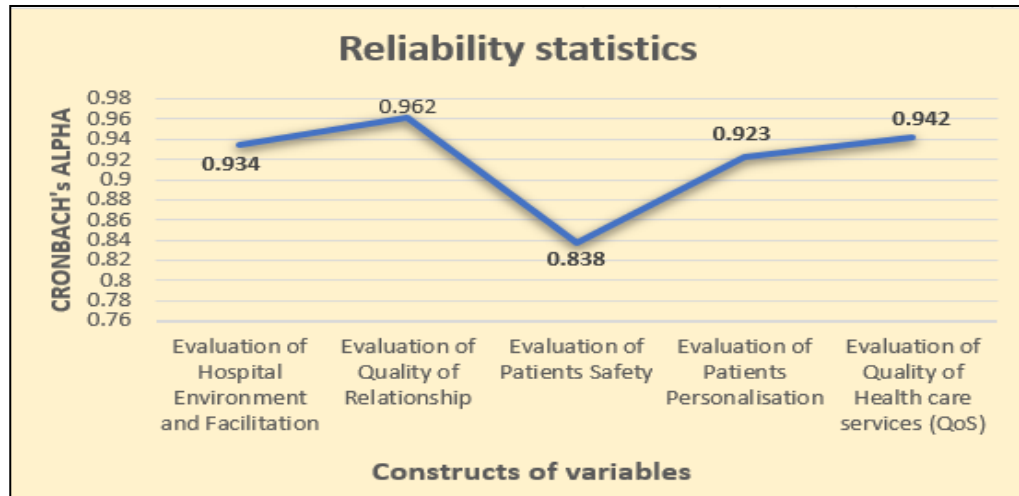


Figure: 8

Sr.	Constructs of Variables	Cronbach's alpha value	Result
1	Evaluation of Hospital Environment and Facilitation	0.934	Reliable
2	Evaluation of Quality of Relationship	0.962	Reliable
3	Evaluation of Patient Safety	0.838	Reliable
4	Evaluation of Patients' Personalisation	0.923	Reliable
5	Evaluation of Quality of Health Care Services (QoS)	0.942	Reliable

Description: - The above-mentioned Figure 8 covers the Variables of constructs achieving a Cronbach's alpha value indicating excellent internal consistency ($\alpha \geq 0.70$). Hence, the

measurement instrument used in the study was found to be **Reliable** for further analysis.

3.5 Chi-Square Analysis

The dependent variable is Overall Hospital Ratings.

Variables	Sig. Value	Result	Association Status
Length of Stay	0.558	Accepted	No significant association

Description: The Chi-square test exposed "no significant association between Length of Stay and Patient Satisfaction" ($p = 0.558 > 0.05$). Hence, the researcher has been forced to accept the null hypothesis (H_0) and to reject the alternative hypothesis (H_1).

Description: The Chi-square test designated "a significant association between Hospital Environment and Facilitation and Patient Satisfaction" ($p = 0.000 < 0.05$). Hence, the researcher has been failed to reject the null hypothesis (H_0) and to reject the alternative hypothesis (H_1).

Description: The Chi-square test exposed "a significant association between Quality of Relationship and Patient Satisfaction" ($p = 0.000 < 0.05$). Hence, the researcher has been

failed to reject the null hypothesis (H_0) and to reject the alternative hypothesis (H_1).

Description: The Chi-square test presented "a significant association between Patient Safety variables and Patient Satisfaction" ($p = 0.000 < 0.05$). Hence, the researcher has been forced to accept the null hypothesis (H_0) and to reject the alternative hypothesis (H_1). However, Hygiene Standards did not show a significant connotation with "Patient Satisfaction" ($p = 0.082 > 0.05$), leading to the acceptance of H_0 and rejection of H_1 for this variable.

Description: The Chi-square test consequences designate "a significant association between Patients' Personalization and Patient Satisfaction" ($p = 0.000 < 0.05$). Therefore, the null

hypothesis (H_0) is rejected, and the alternative hypothesis (H_1) is accepted.

Description: The Chi-square test revealed a significant

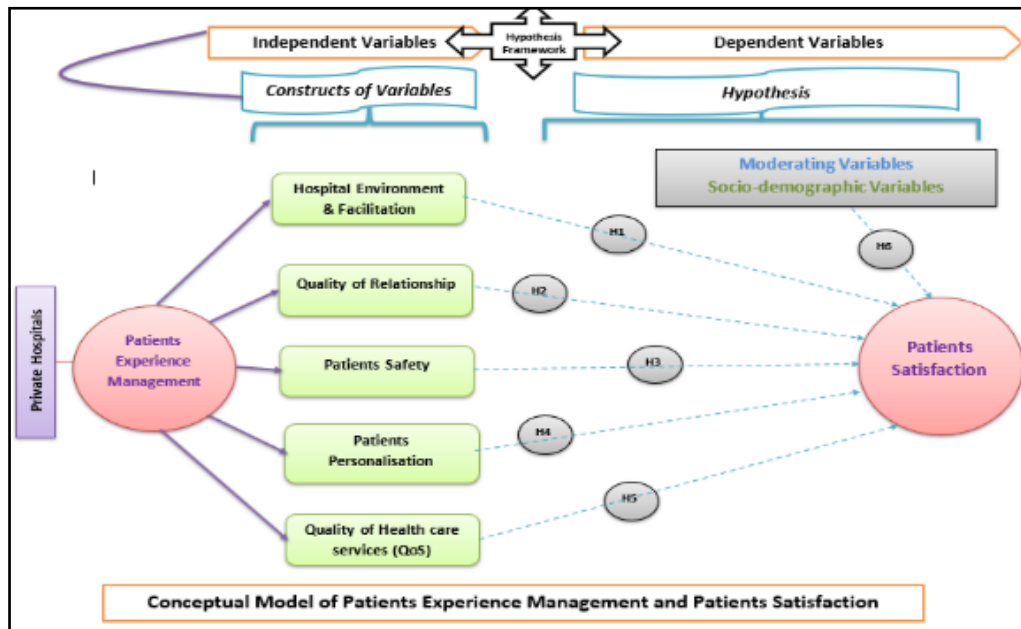
association between Quality of Health Care Services (QoS) and Patient Satisfaction ($p = 0.000 < 0.05$). Therefore, H_0 was rejected, and H_1 was accepted.

Variables	Sig. Value	Result	Association Status
Age of Patients	0.502	Accepted	No significant association
Gender of Patients	0.499	Accepted	No significant association
Education of Patients	0.704	Accepted	No significant association
Marital Status of Patients	0.632	Accepted	No significant association
Occupation of Patients	0.863	Accepted	No significant association
Monthly Income of Patients	0.773	Accepted	No significant association
Ethnicity of Patients	0.791	Accepted	No significant association

Description: The Chi-square examination consequences indicated no significant connotation between Socio-Demographic Variables and Patient Satisfaction, as the p-values were better than 0.05. Therefore, H_0 was accepted and

the H_1 needs to reject by the researcher by looking at the patient's experience.

3.6 Hypothesis Testing – Predefined Conceptual Outline



Source: Author's Own Research

The theoretical model illustrates the hypothesised relationships amid “Patient Experience Management” variables and “Patient Satisfaction”. It examines the influence of key patient experience dimensions on satisfaction levels, while also

assessing the moderating effect of socio-demographic variables.

3.7 Hypothesis Testing Analysis (Summary Table for Pilot Testing Reference)

Hypothesis	Path	Type	Expected Sign
H01-H11	EHEF – PS	Direct	Positive (+)
H02-H12	EQR – PS	Direct	Positive (+)
H03-H13	EPS – PS	Direct	Positive (+)
H04-H14	EPP – PS	Direct	Positive (+)
H05-H15	EQHS – PS	Direct	Positive (+)
H06-H16	SDV – PS	Moderating	Negative (-)

The results indicate that Hospital Environment and Facilitation (EHEF), Quality of Relationship (EQR), Patient Safety (EPS),

Patient Personalization (EPP), and Quality of Healthcare Services (EQHS) have a straight positive effect on “patient

satisfaction". Improvements in these dimensions are expected to enhance general "patient satisfaction". The answers acme the position of cultivating "patient experience dimensions to enhance patient satisfaction".

The intangible outline further settles that "patient experience management" which theatres an important part in decisive to "general patient satisfaction".

3.8 Moderating Effects Analysis (Summary Table for Pilot Testing Reference) (ANOVA Testing)

Hypothesis	Relationship Tested	Sig. Value	Result	Association Status
H61	Age – Patients Satisfaction	0.336	Accepted	No significant association
H62	Gender–Patients Satisfaction	0.749	Accepted	No significant association
H63	Education – Patients Satisfaction	0.639	Accepted	No significant association
H64	Marital Status – Patients Satisfaction	0.491	Accepted	No significant association
H65	Occupation –Patients Satisfaction	0.719	Accepted	No significant association
H66	Monthly Income –Patients Satisfaction	0.593	Accepted	No significant association
H67	Ethnicity – Patients Satisfaction	0.573	Accepted	No significant association

The consequences indicate "no statistically significant association" amongst demographic variables i.e. age, gender, education, marital status, occupation, monthly income, and ethnicity and patient satisfaction, as all p-values exceeded the 0.05 significance level.

These findings suggest that patient satisfaction is independent of demographic characteristics, indicating relatively consistent perceptions of healthcare services across different patient groups. Therefore, "service-related factors" may consume a better effect on patient gratification than demographic variable star.

4. DISCUSSION

An analytical tactic was rummage-sale to define patients' experiences of maintenance quality and the family member to their fulfilment. Some trainings on patients' satisfaction and the cumulative attention in patients' experience mid gaging many scopes and consequence factors started when drug became sought-after in the "healthcare sector". In this deference, numerous educations at the nationwide and global level are completed by certified authorities and also by investigators. A confident patient knowledge is of dominant position when bringing a patient-centered facility. We measured patient knowledge throughout hospital break using a patient experience survey. The findings and consequences of this review designate that affected role usually had a positive knowledge during their hospital break in a hospital.

Healthcare access, Good and timely Food service offered, and Information regarding Discharge of patients are identified as priority areas for action to improve responsiveness and patient satisfaction in Ahmedabad.

The consequences of this survey have providing us with valued info, which will assistance us to recover our service in comparative to patients' wants and thus enhance patient experience in a hospital. **Initially**, this review established that patients touched that the coldness to the hospital is the major variable that impacted them, as there are some patients who travelled miles away from their hometown for medical surgery and treatment. This is an continuing subject with cumulative workload and incomplete resources obtainable in local hospitals, but this is existence spoke. **Then**, affected role

designated that they had not received food on time and not even of good quality. **Third**, approximately affected role felt they did not get sufficient info around the discharge and postoperative medications they were leaving the hospital with (e.g., side effects, what the medications were for, etc.) and danger signs to watch out for. With the teamwork of the administrative staff, nannies, surgeons, Healthcare workers then pharmacists, we are creating developments with this subject. **Fourth**, affected role required to be more complicated in their release preparation and to distinguish who to interaction with queries about their release.

4.1 Optimistic Patients Practice

The survey findings specify that most patients had a confident involvement through their infirmary stay. The study included patients who underwent treatment or surgery and stayed in the hospital for more than three days. The fallouts climax the position of preserving tall values of patient care and using patient comment for incessant service upgrading.

4.2 Boundaries of the Study

The pilot schoolwork was grounded on a relatively small taster size and included only patients who stayed in the hospital for more than three days, which whitethorn boundary the generalizability of the answers. The experiences of same-day discharge affected role and family members were not considered, creating the potential for exclusion bias. Additionally, the study was restricted to selected private hospitals in Ahmedabad, excluding public hospitals, specialty hospitals, clinics, and diagnostic centres.

4.3 Managerial Implications

The answers climax the position of "patient experience management" in pretty "patient satisfaction" and "value creation" in healthcare facilities. The fallouts offer beneficial understandings for hospital managers, politicians, healthcare experts, and ethics groups in refining service quality and patient-centers care. Steady with preceding trainings, patient satisfaction leftovers a key pointer for gaging healthcare performance and decision-making healthcare policy growth (Cosma et al., 2020).

Firstly, the schoolwork divulges that major variable star has a noteworthy association with complete “patient satisfaction” and are completely linked with respectively. Consequently, hospital superintendents should emphasis on firming these working and service-related sizes to recover the complete patient involvement. **Then**, active communication arisen as one of the solidest funders to “patient satisfaction” and right stuck the level of “patient satisfaction”. Bosses should form regular communiqué and interactive training agendas for doctors, nurses, pharmacists, and hospital staff to recover relational communications, private and positive communication and clearness of information providing to patients. **Third**, the noteworthy association amongst patient safety variable star and patient satisfaction recommends that hospitals necessity unceasingly strengthen contagion control practices, sanitation values, safety protocols, and quality pledge instruments. **Fourth**, the education originates that socio-demographic variable star i.e. age, gender, education, occupation, marital status, income, and ethnicity did not significantly influence patient satisfaction. This designates that healthcare governments must emphasis additional on educating facility excellence and patient experience sizes consistently crosswise all patient clusters slightly than conniving highly discriminated satisfaction policies based on demographic factors unaccompanied. The education also delivers inferences for healthcare officials and ethical boards. Representatives can use these results to formulate strategies and healthcare morals directing on patient-centered care, photograph, receptiveness, and quality augmentation in private hospitals. Ethical groups can guarantee that infirmaries maintain justice, self-esteem, persistent privacy, and well-versed decision-making does through treatment procedures.

Finally, the study pays to healthcare management poetry by mixing multiple sizes of patient experience management interested in a single basis. The results may backing researchers, academicians, and healthcare practitioners in developing advanced models for patient satisfaction, patient loyalty, healthcare quality assessment, and patient value creation in future studies.

5. CONCLUSION

Health care outcome has a countless rank to patients' experiences of excellence of care and their gratification in family member to hospital stay. This schoolwork emphases on the patients' involvement through hospital stay, which determines that most of the people had a positive experience throughout their hospital break. As a consequence, it delivers a chance to upsurge our empathetic of the idea of “patient experience management” and “patient satisfaction”. **C. Jenkinson, A. Coulter, S. Bruster, N. Richards, and T. Chandola (2002)** suggest that a Detailed Study on patients' experience and its effects on patient satisfaction in the patient care unit is required. Therefore, this study has also established parts for development in the hospitals, which must be the goal when by means of patient experience surveys to assess patient-

centered care. It might be useful for hospital administration, policymakers, Doctors, Nurses, Hospital staff, the ethical committee, and the government to grow more actual interferences to recover subsequent consequences for persons patients through fast important facets of the “patient experience”. Extra research is desirable to inspect the mental influence on patients throughout hospital stay, to amount patients' experience and salvage, and to deliver a holistic method to the maintenance of patients.

Author Contributions

Mr Jignesh H. Rana conducted the study, collected data from patients, analysed the accuracy of data, and prepared the manuscript. Dr Belur O. Baxi contributed to the conceptualization, supervision, and critical revision of the manuscript. Both authors read and approved the final manuscript.

Conflict of Interest

The authors declare that there are no conflicts of interest regarding the publication of this study.

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Originality/value

The insight into various aspects of patients' experience and patient satisfaction was explored in general for a better and deeper understanding. The outcomes of the study may form a basis for deciding the direction of future research.

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