The home care clients' values for satisfaction: Assessing the values of frail older adults with home care services.

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26 August 2020
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Keywords
Client satisfaction, perceived quality of care, value-in-use, home care.

1. Introduction

Client satisfaction could be an outcome indicator of the quality of perceived care, yet there is a paucity of literature and research describing client satisfaction values within the home care. This descriptive study explores the domain of client satisfaction with home care. The first reason for involving the client in the evaluation of program, is when the client's perspective is not taken into account the evaluation of the program is incomplete and it will be biased toward the provider's perspective(Larsen et al., 1979).

Geron (1998) stated assessing client opinions is always challenging, but it is especially problematic in the home setting. This is because home care is multidimensional; clients consider several different dimensions of health care services. A person may be completely dependent on care providers or it may be that the care provider provides light support for certain care tasks.

1.1 Problem statement

According to Szymanski & Henard (2001) there are mixed findings on the antecedents and outcomes of customer satisfaction and these point to the value of empirically synthesizing the evidence on customer satisfaction to assess current knowledge. This study discuss the implications surrounding client satisfaction and offer several directions for future research.
Research in other settings have identified a variety of factors that may drive satisfaction. The finding have varied depending on type of setting, population etc., leaving a gap in knowledge as to what drive satisfaction for clients in a home care setting. Scientifically there is only little known about measurement of client satisfaction in health care organizations, therefore there is academic relevance for this study. Existing literature mainly responses to several problems and issues that currently cloud the measurement of client satisfaction in health care organizations (Larsen et al., 1979).

The core of this paper is the understanding of the concept of customer (client) value. According to Vargo & Lusch's (2004) is a customer always a co-creator of value who co-creates value 'in use'. Value-in-use is the opposite to value being embedded in tangible goods. Value delivery include all activities involved in delivering the service attributes that are regarded to be necessary to create customer satisfaction and to maintain an long-term relationship with customers. In this way companies can build an competitive advantage (Walters & Jones, 2001).

The practical relevance of this study is that health care organizations nowadays are more and more focused on the perceived quality of clients, because this will increase clients' loyalty and future visitation, it will increase the organization's reputation and it will attract new clients. According to Bannerman, Offei, Acquah & Tweneboa (2002) poor quality of health care results in loss of customers, revenue, lives, time, staff, material resources, recognition, respect and trust. It is important to get the opinions of the clients in addition to their degree of satisfaction with available services (Newman et al., 1998). According to Ferris LE and the Health Services Research Group (1992) satisfied and dissatisfied clients behave differently. Satisfied clients seem more probable to collaborate with their treatments, maintain a relationship with their provider, pursue using medical care services and cooperate with their health care providers by reveal important medical information (Aharony & Strasser, 1993).

According to Fitzpatrick (1991) there are several reasons why health care organizations should measure client satisfaction seriously. Besides the external pressures from professional bodies, health authorities and governments there are three reasons; first the evidence is convinced that satisfaction is an important outcome measure. It is related to whether patients attend again for treatment and whether they change their provider of health care. Second reason, is that patient satisfaction is an more and more useful measurement in estimating patterns of communication and consultations (such as involving the client in decisions about care). Third reason is using systematically client feedback to choose between alternative methods of providing or organizing health care.

According to Spicer J. (2002) positive client satisfaction impacts both the quality of the healthcare provider and the business results in a couple of ways; satisfied clients refer other and return to the provider for future care. This will therefore increase the volume and market share of the provider. Clients with a good feeling about their healthcare provider are less likely to complain.

Vavra (1997) argued ''*If organizations take the time and effort to assess their current customers' satisfactions, they take a major step towards running a business that is customer-oriented, both for today's current customers and for future customers.''*

More information on the factors affecting satisfaction will assist healthcare providers and their employees to improve quality of the service they deliver to their clients.

1.2 Research question

The goal of this study is to identify important values for the client that are related to satisfaction and value-in-use, in order to improve client perceived quality. This information could be useful in achieving better client outcomes. The research question is;

What are important values for the client in a home care setting that affect satisfaction?

In order to answer the research question, this paper will start with a literature review on the characteristics of client satisfaction, value-in-use and measuring satisfaction. Additionally, several interviews will be conducted to find out what need to be measured to improve the clients' satisfaction.

2. Theoretical framework

This theoretical framework will provide essential information that contributes to answering the research question.

2.1. Satisfaction

Rust & Oliver (1994) argued *''a client's determination of satisfaction (or dissatisfaction) with a service derives from (a) a judgment or cognitive evaluation of the consumer's actual experience of the service compared to his or her expectations about the service and (b) an emotional reaction to the evaluation.''*

Ross, Steward & Sinacore, (1993) stated that satisfaction could influence client compliance, use of health services, probably health status and continuity of care. Client satisfaction contains a number of dimensions. For example, access to care, quality of care (technical competence) and professional staff (interpersonal interaction), have been found to account for part of overall client satisfaction.

The lack of good information on quality or performance is a problem in several areas of public policy and evaluation. An example is the difficulty of developing reliable information on the quality of health care providers for guiding public policies. According to Saila et al. (2008) patient satisfaction is considered to be a important indicator in the evaluation and improvement of quality in health care. It is a widely used instrument by health care organizations all over the world in order to capture the clients' personal evaluation of care (Westaway, 2003). These clients will recommend the health service to others (Drain, 2001). Clients' personal evaluation can feed information back to the management and staff with the aim to improve quality.

Donabedian (1980) argued that '*client satisfaction is of fundamental importance as a measure of the quality of care because it gives information on the provider's success at meeting those client values and expectations which are matters on which the client is the ultimate authority. The measurement of satisfaction is, therefore, an important tool for research, administration and planning*.'

Baker & Crompton (2000) argued that when higher quality of service and levels of satisfaction are perceived, this will result in future visitation and will increase loyalty. But according to them it will also increase reputation. An organization's reputation is critical for attracting new clients through positive word-of-mouth and media and for enhancing or retaining contracts with government agencies, like municipalities and health insurers. The client's evaluations of their experiences could be used to improve the quality of care.

The term quality has been defined in many ways and contexts. Quality attributes could been viewed from the perspective of the product or from the perspective of the consumer (Nwankwo, 1993). The product orientation views quality as a bundle of attributes that are inherent in a product. Batalden & Davidoff (2007) defined quality improvement as: '*'the combined and unceasing efforts of everyone – healthcare professionals, patients and their families, researchers, payers, planners and educators- to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development*''.

For evaluating health care it is a desire to identify, measure and value how health care is delivered (the process and structure of care) and what it achieves (the outcomes of care). An important aspect is to understand the client's perspective on the processes and outcomes of care (Haas, 1998). Client's opinions about the care they received are important for a number of reasons: for example to identify deficiencies, to raise the quality of care, to improve responsiveness to consumers and to improve client permission with care and outcomes of care (Williams, 1994). In this qualitative research we are focusing on the underlying opinions of people. It is about substantiating, supplementing, exploring these opinions.

2.2. Value-in-use

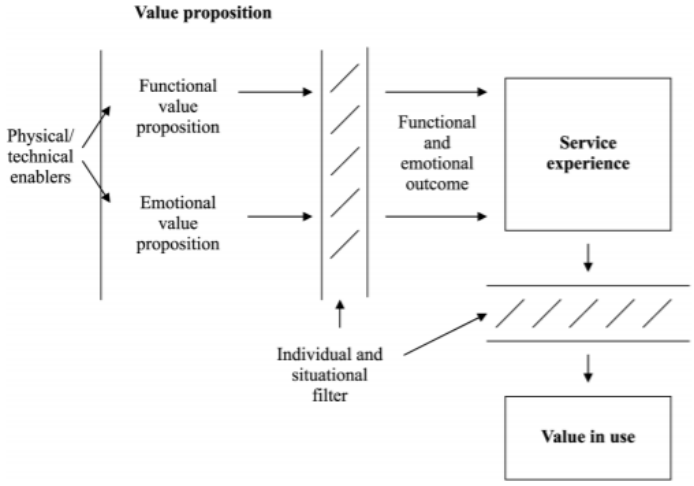
The focus of organizations was mainly on internal processes and structure, but the major transformation is about organizations turn more of their attention toward markets and customers. Healthcare organizations also has customers – their patients. In this paper these designations will used interchangeable. Deciding how to increase clients value raises difficult questions; what exactly do clients value? On which aspects should we focus to achieve advantage and increase perceived quality? The organization's internal processes for delivering value must be brought in line with what clients value, that's what this paper is all about. Client value becomes an important management tool only when it is shared within an organization. Those involved in creating and implementing client value need a common thinking about customer value.

Companies are looking for different ways to deliver superior customer value. Knowing what customers value drivers are, has become important because this results in higher customer satisfaction and this impacts different aspects: positive word-of-mouth, competitive position, customer loyalty (Ulaga & Chacour, 2001).

Woodruff (1997) stated value through the perspective of the customer as a subjective assessment of negative and positive consequences of using a service or a product. According to Grönroos (1988) value means that ‘*’a customer/user ‘’feels better off”, after being supported by a given service provider”.*

Because of the shift to a more understanding and recognition that value is created through value drivers of customers, Vargo and Lusch (2004) developed value-in-use, a new perspective. They state that “*value is perceived and determined by the consumer on the basis of “value in use*”. *Value results from the beneficial application of operant resources sometimes transmitted through operand resources*”. Value-in-use is defined by Martinez et al (2011) as *“Value-in-use is the value customers get through the experience, consumption and the use of the product or service. It determines the real value a customer receives and the key reasons why the customer is or could be retained”.* Another definition comes from Sandström et al (2008) *“Value-in-use is the evaluation of the service experience, i.e. the individual judgment of the sum of all the functional and emotional experience outcomes. Value cannot be predefined by the service provider, but is defined by the user of a service during the user consumption”.*

According to Vargo and Lusch (2004) value in use is co-created with the client, so it is individual to every single client.



A framework for how the service experience is linked to value in use (by Sandström, Edvardsson, Kristensson and Magnusson, 2008)

Any organization need to have a set of core competences, assets and processes to be successful. And an organization need to possess as well the key success factors necessary to compete with competitors in the market.
Customer satisfaction measurement (CSM) determines what customers/clients wants of requires. It involves identifying the key criteria which are operationalized as clients' desired or preferred quality (Gale & Wood, 1994). Care providers need to identify and analyze unfavorable and favorable service experiences. In this way they could gain knowledge on services that deliver value to the client.

2.3 Measuring satisfaction

Within literature there are different perspectives on measuring client satisfaction. Currently, healthcare organizations tend to measure client satisfaction by using periodic satisfaction surveys.

Woodruff and Gardial (1996) describes an customer value and satisfaction leaning process, called customer value determination. This framework is designed to obtain care providers with answers to questions that should help them learn about their clients.

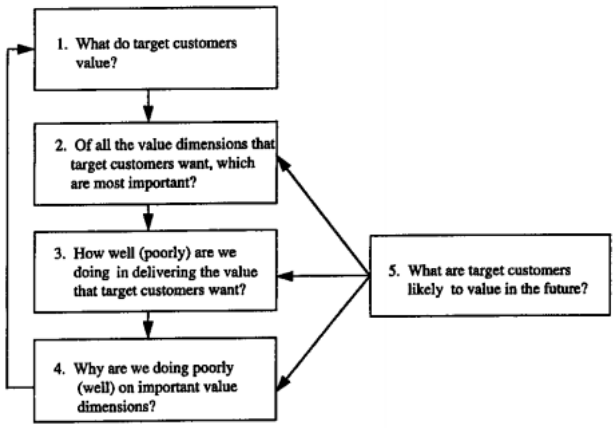


Figure Customer Value Determination Process. Woodruff & Gardial (1996)

A part of the focus of this study is on the first and the second part of the figure: what do target clients value and which are most important? To examine what important values are of clients in home care setting. In addition, it is examined how these values influences satisfaction. According to Berry et al (2002) satisfaction could be gained by functional qualities and emotional dimensions. Functional qualities are the tangible cues to judge quality like color, style, transportation, feel, package, fit, hardness. Services also fulfill the emotional dimensions e.g. happiness, social acceptance, independency. The value is judged differently for each person. A service experience consist of both positive and negative emotions. A service experience is either positive, if the experience overbid expectations, or negative, if the experience does not concur the expectations.

All this makes it important to co-create with clients in order that the value proposition is experienced in a way which brings highly value to the client, thus more satisfaction.

3. Methods

In the previous chapters the problem is identified and the theoretical framework was explained. This chapter describes the methodology used for the study. Procedures will be described that were used to collect the data. This chapter also describes the reasons for certain choices made.

Research design

This field research will be a qualitative research. If particular words are used instead of numbers than the study called qualitative. Qualitative research is about gaining insights. The results are described

particularly in words and not numbers. ‘*’This kind of research produces large amounts of textual data in the form of transcripts and observational fieldnotes”* (Pope et al., 2000). Examples of qualitative research are interviews or observations. After the data collection, a thematic analysis will take place. Thematic analysis is a method of analyzing qualitative data. Data conducted from the interviews. We will closely examines the data to identify common themes – topics, ideas and patterns of meaning that come up repeatedly.

Selection & sample

The research population consisted of seven clients of a healthcare organization and seven employees of the same healthcare organization. Participants are selected who can best inform the research question and increase understanding of this study. The clients which are selected, are suggested by the team leader. This choice has been made because she knows which clients are best able to provide answers. Not all elderly are able to answer these questions. Clients were between 68 and 87 years old. One male and the other six were female, participants are randomly assigned by team leader.

These clients were chosen because they were able to think sufficiently about the care they receive. They demonstrate a clear understanding of the research's purpose and can clearly define his or her opinion. Whether these clients met the criteria was judged by professional judgement of the team leader. Sufficient thinking requires the respondent possess skills like analyzing, explaining and open-mindedness. The team leader has chosen the clients who have received care for at least a number of months and who have demonstrated the sufficient thinking skills in practice. They represent a wide range of clients within this home care organization. They can look deeper on the topics in this study. These respondents are also able to explain relevant points of view. Clients selected receive partial ADL care, but have no cognitive problems. These clients have no memory problems (like dementia). This emerged from medical records, assessed by the team leader. They all speak Dutch so that no language barriers arise.

The interviews took place at home of the client and mostly lasted around 60 min. After the interview participants were thanked for their time and effort.

All these respondents were motivated to think along about the research questions and are able to communicate well about how they experience the perceived care. On the other hand, it was difficult for most clients to answer the question whether the expectation of care was different from the care actually received.

To get different inputs, employees in different functions have been approached to cooperate: employees who were interviewed were two managers of home care, two customer advisers and three district nurses. These employees are in fact those who have the most contact with clients. Interviews took place at the organization. Also these respondents were motivated to think along about the research question, are able to look deeper and are representing a wide range of employees within this home care organization. The employees are chosen by the team leader on the basis of their long term work experience with various target groups in elderly care. They can empathize with the client and these employees know the process well and also know how it works in practice. They are all Dutch speaking.

Interviews took place in a separate room, the only way interviews could be disturbed was when someone came in the room or when a mobile phone went off. The employees were recruited by the team leader, she proposed some employees to interview, on her professional judgement. This choice has been made because this person has the best view of which employees could contribute to this study.

Client characteristics:	Employees characteristics
Between 68 and 87 years old	Two home care managers
One male and six female	Two customer advisers
Partial receiving daily living activities	Three district nurses
No cognitive problems	All female
Ability to think beyond the care they receive	Ability to think deeper on certain topics
No memory problems (like dementia)	Knows both practice and process
Living independently (but receive care)	Empathize
Dutch speaking	Dutch speaking

Study design

The field study is conducted at a home health care organization. This home care organization provides home nursing care. They provide all forms of support, care and assistance to seniors who want to live independently at home. Participants were recruited at this organization. Participants are employees who work at this organization and clients who receive care form this organization. Selected clients and employees received an invitation for participation. A week later the researcher plans a meeting with each of them for the interview. All selected clients and employees agreed to an interview (N=14). The interviews will be conducted face-to-face. The interviews were processed within a week after collection of the interview. The elaborated interviews were analyzed.

Measurement

Semi-structured interviews were conducted. The advantage of open interviewing is that you get information on many topics pretty quickly and you can do it right away. Another reason is the possibility to be able to respond flexible to the information provided by the participants. A number of questions have been deliberately formulated, but otherwise a lot of space has been left for the respondent. Explicit space has been left for the participant's own interpretation. Exploring what's going on in people's mind. But it is semi-structured because in this way it was possible to give direction to the conversation. It was possible to steer on important themes.

Another reason for semi-structured interviews is the fact that there might be participants who are not really used to talk about their expectations and experiences. Or maybe they've never even thought about it. In semi-structured interview they have the space to think about their answers. In addition, the researcher can check whether they have understood the question correctly.
When a certain topic is much more important among the participants, the researcher can expand the number of questions about it. If another topic turns out to be irrelevant, stop asking about this topic.

In a semi-structured interview, the questions and answers lie not predetermined, but the subjects. Pre-selected topics were: communication, professionals, experience, perceived quality and satisfaction. These topics are partly based on the CQI index. CQI is the abbreviation for Consumer Quality Index. This is a measuring instrument that healthcare providers can use to map out clients' experiences. It is a measuring instrument that measures the opinion of the recipients about the quality of the care within healthcare (Wiegers et al., 2007). This instrument is applied on a national scale and overlaps with Grönroos (1988)

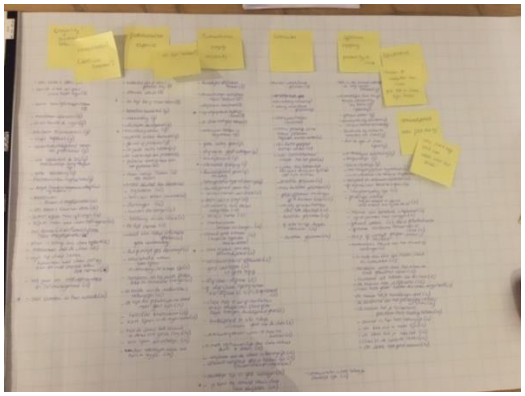
Open questions are asked so that respondent can talk through on points that are important for him/her. This choice has been made so any potential bias originating from the researcher being the interviewer is reduced by those interviews. This interview focused on the chosen topics.
These interviews were held at the clients' home and for the employees at the organization. The purpose of the interviews is to gain qualitative data on the satisfaction of clients at the home care organization and what employees think of wat client satisfaction is and how this can be increased. The interviews were recorded to enable a reliable transcription for the analysis. Firstly, participants were asked to clarify what they value on perceived care and how this affects their satisfaction. Secondly values that can increased clients' satisfaction were discussed. At the end, the interview has been closed by the researcher.

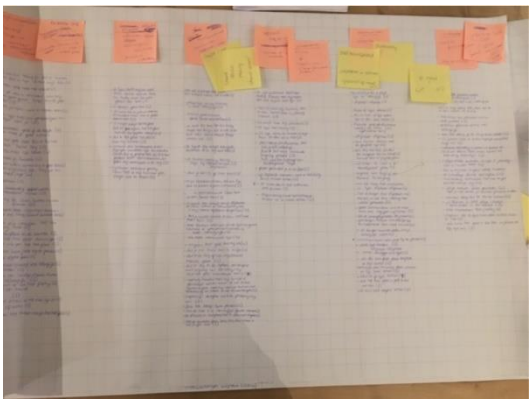
Data analyses
The first step was to order and prepare research material for analysis. It consisted of transcribing and sorting data gathered in the interviews. The second step was to get a view of the research material. The researcher read the gathered material to get a general impression in light of answering the research question. The third part starts the detailed analysis.

Thematic Analysis (Braun and Clarke, 2006) was used to analyze the data. After recording, the interviews were transcribed verbatim. The main goal of coding was to organize data in fragments, before giving them meanings.
Following transcription, the interviews were read to familiarize themselves with the data. The transcribed data (stage 1 in the figure below) has been coded, counted and assembled into research results. This means list key ideas/topics and recurrent themes. Identifying all the key concepts, topics and themes by which the data can be examined, to get meaningful data. Then applying the thematic framework systematically to all the data by annotating the transcripts with numerical codes. This encompass a large number of different themes (stage 2 and 3). In the last two stages we came to a conclusion by rearranging the data according to which they relate and forming charts. Last interpret to map the range (stage 4 and 5).

Figure of Ritchie & Spencer (2002) five stages of data analysis

In this study, the interviews were open coded by the researcher. These codes were written onto paper cards and were sorted into categories and overarching themes. See the pictures below.





This procedure was repeated at the end of the coding process. The labels are made by the researcher. All codes, categories and themes were defined. Some codes were combined and several categories were integrated resulting in six themes for clients and five themes for employees. An overview of the aspects that determine the values of perceived quality of care is created. The final stage is to link structures and come with conclusions.

4. Results

To have a as complete as possible solution, two different groups were interviewed; clients and employees of the health care organization.

Results of clients

Theme	Categories	No. of times coded	No. of participants
Professionalism	Expertise	9	5
	Listening well / well informed	5	4
	Diligent	2	1
Involvement	More time	6	4
	Extra attention to what the client wants / takes into account with client	6	3
	Thinking along	3	2
	Giving advice	2	2
Empathy	Feeling heard	11	5
	Personal interest/contact / knowing someone well	9	5
	Build a personal relationship	6	4
	Kindness	5	3
Integrity	Keep appointments	5	5
	Discuss impossibilities	3	2
	Explaining	3	3
	Come in time	3	3
Autonomy	Fit into clients life / structure	8	5
	Certain dependence	4	3
	Shared decision making	3	3
Continuity	Few different nurses	7	6
	Help at the moment when it is needed	7	6
	Short lines / info to the right person	2	2

Professionalism

Participants described a couple of characteristics of professionalism, necessary to provide care as perceived good by them. According to the majority of patients (n=5) The care that clients receive must be given with expertise: ‘’*Care professionals keep track of my medication use. I don't have to worry about that at all.*’’ (P6) ‘’*The doctor will come because I have more pain. So when needed a nurse or doctor comes to check*.’’ (P7). The majority of participants (n=5) emphasized professionalism to be an important category theme related to perceived satisfaction. One participant indicated care must be given carefully and that work must be done properly.

Four out of seven participants mentioned a certain need for listening by the care professional. They indicated the importance of listening well and for the care professional to be aware of what is going on in the situation of the client. ‘’ *Listen carefully, be well informed. The care professional must know the client well*.’’ (P3). ‘’*The care professional should listen carefully*’’ (P4). An important point of attention for some participants (n=2) is the competence of further questioning: ‘’*Asking whether something has changed in terms of care or whether it is going well. Stay on top of these things*.’’ (P2).

Involvement

The theme ‘’Involvement’’ consists of four categories, i.e. thinking along, giving advice, more care time, extra attention to what clients wants. In the last category taking client into account is important.

More time is the category considered most important. Followed by extra attention given to what client wants.

In this theme the category ‘’more time’’ was mentioned the most to be related to increased levels of satisfaction. ‘’*She washes me and she has a chat with me. She listens to me and gives me advice. They would have more time.*’’ (P3). Four out of seven participants wish more time in the received care. They are then talking about more time for actual care but also, for example, time for a cup of coffee with the care professional or a pleasant conversation.

‘’*A care professional noted something at my feet, that I had not noticed myself. That gives me confidence in the care I receive.’’* (P5). This shows the care professionals involvement. She therefore looks further than just the action she actually comes for.

Some participants (e.g. P2) mentioned the activities proposed by and executed together with their care professional was personalised, which was important and meaningful to them. For example a participant appointed the importance of receiving advice from the professional: ‘’*The physiotherapist also taught me to travel by train again. And he also taught me everything outside, for example how to walk safely in the street. This in combination with being unable to see much.*’’ (P2).
‘*A care professional who comes in and says: ‘’gosh your feet are also swollen again’’, without me noticing she looked at it, gives me confidence in healthcare*.’’ (P5). Participant 5 also mentioned the need to have an ear and an eye for what a client wants and personalized to their desires and needs. Received care should not be a something standard.

Family being well informed was also indicated in an interview: ‘’*That my family is well informed through ‘Caren’ is important for me. There they can see everything care professionals do in reports. In this way they are always well informed.*’’ (P3).

Empathy

Four categories were found, related to soft skills of care professional. A care professional need to ‘’Know the client well/have personal interest in the client’’, ‘’build a personal relationship with the client’’, ‘’be kind’’. And the client need to feel heard by the care professional. This has been mentioned 11 times. Most participants (n=5) mentioned the relationship with their care professional as very important. The client must feel heard (P2, P3 and P5): ‘’*I need to have the feeling that they are listening to me*’’ (P5), ‘’*I think it’s very important that they listen to me, so I can tell my story*.’’ (P2).

To maintain trust between client and care professional participants also displayed kindness as an important factor. Participant no.4: ‘’*The care professionals treat me very well. The care in a respectful way*.’’ Participant no. 3: ‘’*All the care professionals are very kind*.’’

Integrity

The theme integrity consists of four categories, namely ‘’keep appointments’’, ‘’discuss impossibilities’’, ‘’explaining’’ and ‘’come in time’’.

Keeping appointments is de indicator who was mentioned the most. Participants indicate that they wants to be able to rely on the care professional. Participants (P1, P5, P6 and P7) also mentioned that care professionals need to arrive at the agreed time. A number of them indicate that it is also important when a care professional arrives on a different time, the care professional need to inform the client in advance. Participant no.6 described it as follows: ‘’*I would like to have an explanation when the care professional will not be on time*.’’ This answer is actually two-fold. It’s about being well informed about the agreed arriving time of the care professional and an explanation about the reason for arriving at a different time. Participant no. 1.: ‘’*Most important for me is the care professional to get here in time’’*.

In addition, a number of participants (n=3) also think it is important that impossibilities are indicated. That no promises are made, that cannot be done afterwards. Participant 5: ‘*’Impossibilities must be discussed. If something is not possible, the client must be informed about it. The care professional and the client need to discuss this together.*’’ Participant no.2 mentioned: ‘*’That I can count on them*’’.

Three of seven participants indicate explaining. Participants no. 6: ‘*’If something goes wrong, discuss it immediately with the client.”* Clients need to deal with a certain dependence of care professionals. Therefore it is very important care professionals explain their actions and when something deviates from the agreement. Clarity gives the client confidence that it will be alright.

Autonomy

Health professionals should realize they are entering a client personal life. So 5 of the participants indicated that professionals must treat the privacy of clients with respect. Participant no 5.: ‘*’Care professionals sometimes suddenly enter my home and I don't want that.*’’ Participant no. 1 mentioned that care has to fit into her own schedule.

Participants saw shared decision making as an important indicator, because the want to be able to decide about the care they receive (P3. P4 and P5). ‘*’Together we look at what is possible and to clarify the expectations from both sides.*’’ (P5).

Almost all participants mentioned that all the actions care professional do, must fit into the clients life. Participant no.3: ‘*’A part of me has been taken and that makes me nervous*.’’ In here, there is also a kind of client dependence.

Shared decision making is the category that was mentioned least, but was mentioned by 3 participants. These participants wants shared decision for example on time of receive care.

Continuity of care

The most important category is for the client to have a few different nurses and to receive care when needed. Both categories are mentioned by 6 participants. Participants no.1: ‘*’I think it is very important that the same care professionals come. For me it’s important to know the care professional*.’’

‘*’When necessary they come immediately and if I want them to come later they come back. Very nice.*’’ (P3).

‘*’You call and you have immediate contact. Sometimes they also come right a way*. (P6).

‘*’A few care professionals is pleasant because I do not always have to tell my story*’’. (P5).

Short lines are mentioned as least important. 2 participants described the importance for professional consultation if deemed necessary between care professionals. (P4, P7).
If the client wants another time for the care to be provided, care professionals should be flexible and must be able to adjust. Participants no. 7: ‘*’If I have another appointment, the care needs to fit into my schedule.’’*

Results of employees

Theme	Categories	No. of times coded	No. of participants
Client centeredness	Directed by client	9	6
	Thinking along/giving advice	5	4
	Looking for solutions/possibilities together	4	4
	Look at what client can still do	2	2
Professionalism	Expertise	5	4
	Perceived quality	4	4
	More time	4	4
	Dug deeper/Ask questions	4	2
	Signal and deposit with the right person	3	3
	Historical client information	2	2
Integrity / Trustworthiness	Provide clarity / explanation (communication)	10	5
	Record and keep agreements/appointments	9	5
	Trust in care professional	5	4
	Express expectations	4	4
	Know the client well	3	3
	Take client seriously / stand up for the client.	3	2
Continuity of care	Few different nurses	6	6
	Immediately action / Provide continuity	6	5
	Continuous contact / continuous know how it's going.	3	2
Soft skills / empathy	Cordiality / approach/appearance is decisive	14	5
	Connect with client / interest in client	8	4
	Feel heard / taken seriously	6	4
	Connection between care professional and client	2	2

Client centeredness

The theme client centeredness is mentioned several times by employees. Employees described several aspects about keeping control by the client itself. Most times they mentioned that the client determines, client keeps control in the received care (n = 9). Participant 8: '' *you have to start from the client perspective, the client is in control*". Also participant 9 mentioned: ''*the client is in charge''* illustrating the importance of client centeredness.
Participant no. 10 described it as follows: ''*Step into the world of the resident. Personal interest. How does someone feel? Does someone live the way he wants?*''

''*Ownership belongs with the client''* (P10). This also means the importance of a client is in control. The client decides in everything, according to the employees. ''*Customer comes first, so client determines''*. (P12).

Four out of seven participants replied the importance of a care professional to find out how to which degree they can be able to meet the specific needs and desires of client. Participant 8: '' *Care professionals must think along and advise*''. Advice about the care we give, but it also can be advice about general things. Participant 9: ''*We should give advice and intervene. Good advice is very important*.''

The previous category also includes the category of searching for solutions and possibilities together with the client. This concerns the interaction between the care professional and the client. Four participants indicated this category as important. ‘’*Searching for solutions together is very important. Together with the client.*’’ (P8). ‘’*We should search for possibilities together, the client and me.”* (P9). Participant 12 mentioned also family to be involved in searching for solutions and possibilities.

Another category indicated was signalling. Participant 11 stated: ‘’*Identifying changes and for example problems by the client and bring it to the right person's attention.*’’

Finally, it was mentioned, by two participants, the importance to look at what the client can still do. And to let the client do what he/she can do.

Professionalism

Participants described several characteristics of professionalism, important for provision of highly perceived quality of care. According to them the most important aspect is professional expertise. ‘’*Care professionals must be experts*.’’ ‘’*And you should have expertise in dementia*.’’ (P9). ‘’Y*ou must have the right skills, as care professional.”* (P10). ‘’*The skills of employees are important*.’’ (P12). And also participant 8 mentioned: ‘’*Quality of your work/care provided*.’’

After that, 3 categories were mentioned equally, namely; time, short lines and perceived quality. Employee emphasized the time they have to spend care with their clients. Participants (P8, P10, P11 and P12) all said: ‘’*It’s about the time you take related to the time allowed*.’’
‘’*The time you take for the care you provide to the client should be good and enough*.’’ (P12).
Due to cutbacks, the time a care professional is allowed to spend with a client has been decreased.

The majority of employees (n = 4) consider the importance of taking rest and time for the client. Short lines is about small scale in healthcare. Participant 13: ‘’*Short lines in the organization matters*.’’ ‘’*Short lines are important, it’s more transparent*.’’ (P14). Participant 11: ‘’ *Working on a small scale, short lines. The connection should be there*.’’
Then the category ‘’perceived quality’’ was mentioned by 4 participants. It’s about how de client experiences the perceived care . Participant 14 stated: ‘’*It’s about how the client experiences it and how he thinks of good care.”*
‘’ *For example, when I go to the dentist, I trust his expertise. While I cannot judge it substantively*.’’

Deep questioning is also a category mentioned (n=4). Participant 10: ‘’ *You have to ask questions until you get to the real cause of the problem. The care professional must ask further.’’*
Participants 11: ‘’*The care professional should dug deeper*.’’

Last mentioned was historical client information, by two participants. Participant 11: ‘’*Good preparation is important. Retrieve all necessary information in advance.”* Participant 9 indicated also the importance of prior information.

Integrity / Trustworthiness

Trustworthiness describes what a client can believe, the client should be able to believe the care professional she’ll keep her promises. It means the care professional is reliable: she does what she says she is going to do.

Six categories were found, related to integrity and trustworthiness: communication is very important in this theme and has three facets: link language with the level of the client, explain your work for the client, be clear about what you will do and why (transparency) The client must be able to trust the care professional. But it is also important that expectations are expressed to each other. The professionals must know the client well and stand up for the client. Expressing expectations played a role in the context of providing good care by four participants, this was labelled express expectations. Participants find it important that you know what the other expects. So there will be no misunderstanding. They all said: ‘’*You have to express expectations to each other.*’’

Provide clarity/explanation describes how participants consider communication important.

According to the majority of employees (n=5) the care professional must communicate well. As mentioned before she should provide clarity to the client and must provide a good explanation. Communication is therefore very important. Participant no. 9 mentioned: ‘’*You have to give a good explanation. And you have to be transparent. It is about giving clarity and explaining.*’’

Participant no. 10 also indicated how important the aforementioned is, indicating that you should check and secure with communication. Participant no. 11 mentioned that explaining ensures understanding: ‘’*It prefers to be spoken in childlike terms.*’’ Among others participant no. 12 describes the communication as follows: ‘’*As a care professional you must provide clarity and all necessary information to the client*.’’

Record and keep appointments is also a category what was mentioned often (n=9). Five participants indicated the importance of this category. Several participants mentioned the importance of making appointments (P8, P9, P10, P12, P14). All these participants reported to make clear agreements, honour existing agreements and record these properly. An appointment = an appointment. Participant no 12: ‘’*If you deviate from an appointment, you need to inform the client, provide clarity.*’’ Here comes the explanation for a client again.
‘’*We’ve got to practice what we preach*’’ was stated by participant no. 14.

More than half of the participants (n=4) mentioned the relationship between care professional and client should be good. In this relationship there must be confidence in the care professional. As participant no. 8 put it: ‘’*The client must have confidence in the care professional.*’’ And participant no. 11 stated: ‘’*The client sometimes experiences a dependence. It is important that you build a relationship of trust with the client*.’’
Participant no. 12 has also mentioned the importance of confidence: ‘’*There must be confidence that the client dares to share his story.*’’
‘’*Distance and proximity should be well balanced, between client and care professional.*’’ (P13). The care professionals enters the client’s private life must match with the wishes en needs of the client.
A minority of employees (n=3) reported that care professionals should know the client well. All clients are different and have their own story, their own situation and their own problems. Participant no.10 felt that care professionals ‘’*should read between the lines”*. These participants find ‘’knowing the client well’’ also an important role in the care they provide.

‘’*Take client seriously/stand up for the client*” describes the dilemma participants experienced in maintaining the independence for the client. Participant no. 9 described it as follows: ‘’*We must be the client’s advocate.*’’
In some cases, the client depends on the care he receives, therefore the care professional must stand up for the client. The care professionals should take the client seriously and need to listen to him.

Continuity of care

The theme continuity of care consists of three categories, namely ‘’few different nurses’’, ‘’immediately action/provide continuity’’, ‘’continuous contact/continuous know how it’s going’’.
Almost all participants (n=6) reported the positive experience of few nurses for a client. They mentioned the frustration clients had when many care professionals came to provide care. ‘’*Less different faces is important”* (P8). ‘’*More the same nurses ensures greater client satisfaction*.’’ (P12).

Participants (n=5) also mentioned clients have an interest in immediately action by the care professional, which provides continuity. For example when they need help, they receive it immediately. This is illustrated by the quote of employee no. 12 reported: ‘’ *Pick up right away to solve things’*.
‘’*Realizing things in the short term.*’’ (P13) Participant no 10: ‘’ *Something can be picked up immediately*.’’ In all these reactions, the continuous availability and reachability of care professionals emerges.

Other participants (n=2) show the importance of continuity in contact. Continuously ask the client how it goes. ‘’*Check how things are going during care. After the end of care also ask for tips and triqs.*’’ (P11). Participant no. 10 mentioned: ‘’*Continuous personal contact in which problems can be discussed. And ask every contact moment how it goes.”*

Soft skills/empathy

Four categories were found, related to soft skills a care professional needs. The general expectations and beliefs were mainly about the attitude and approach (n=14).
The category most mentioned (n=14) was cordiality. The care professional's approach is decisive. And in this the appearance of a care professional is also very important. ‘*’It is the way in which care is provided. A friendly tone and at the pace appropriate to the client”* (P9). Participant no. 9 also mentioned that a care professional should be accessible and client-friendly.
For instance, participant no. 10 indicated ‘*’provide care with dedication/passion”*.
Participant no. 11 described it as follows: ‘*’Care professionals must be aware of how and what they propagate*.’’
Participant no. 13 and 14 also mentioned the importance the care professionals' attitude. ‘*’The way you come across*.’’ (P13). ‘*’The way you enter. You shouldn't have an authoritarian attitude*.’’
The image you present to the clients should convey friendly, safe and confident. It also must be accessible, openness in contact and communication. These category also impacted the significance for a client to feel heard. Clients want to be taken seriously.
Participant no. 11: ‘’*That the client is listened to. You must have genuine attention to the client.*’’ This was also mentioned by participant no. 12: ‘’*Attention to the client. That the client is listened to*. *The care professional must show a readiness to listen to the clients and for example for concerns on this matter*.’’

Four participants believed a care professional should connect with client. You must be interested in the client.
This describes the importance of stepping into the world of the client. The care professional must adapt to this.
‘’*Connect to the client. Connect to the standards and values the client complies with. Look through the eyes of the client.*’’ (P9). ‘’*Attention to the client's personal story*.’’ (P14).

Lastly, connection between care professional and client was mentioned twice. In addition to the trust relationship between client and care professional, there must also be a match between them. According to two participants there must be a good match between the client and his care professional.

5. Similarities and differences

The outcomes of important themes of the clients and care professionals, that came out of this research, in an overview:

Clients	**Employees**
Professionalism	Professionalism
Empathy	Soft skills / empathy
Integrity	Integrity / Trustworthiness
Continuity	Continuity of care
Autonomy	Client centeredness
Involvement	

There are many similarities and there is sometimes some overlap in the categories associated with a particular theme.

<u>Similarities</u>
Clients and employees feel the same way about professionalism, empathy (soft skills), integrity (trustworthiness) and continuity.

Professionalism
All respondents think it is important that the care professional has expertise and that the client is well informed. It was reported by both, that caregiver's knowledge of care contributed to empowering. Clients and employees frequently commented on the professional expertise of the care provider and confidence in the latter's ability to provide a skilled nurse appeared to give clients peace of mind.

Clients want good quality of care, including aspects like having care providers with competence, knowledge and sufficient experience.

Empathy (soft skills)
There must be a connection between de client and the care professional, a personal interest and the client must feel heard by the care professional. A friendly attitude towards the client. The better care providers are able to empathize with their clients and the better clients can make it clear what they want, the greater the chance that satisfaction will be achieved.

Continuity
Another similarity was the wish for few different nurses, who can provide continuity. Clients appreciate a small group of nurses, and they do not want to adjust their lives to the care providers' schedule, but care providers need to arrive at fixed moments in time. Clients should not wait too long for them to arrive. A small team of care providers offers regularity and structure in clients' lives. It also reduces the intrusion into their privacy. Clients also feel more comfortable having the same care providers and they are better informed about their clients' situation.
It takes time to develop relationships between clients and care professionals, and having constantly new care professionals could be identified as a contributor to lack of satisfaction.

Differences
Clients and employees think differently about the aspects involvement, autonomy and client centeredness. Aspects of client centeredness are reflected in autonomy and involvement, but there are a few differences. Autonomy is just more about fitting into a client's life. Involvement is more about thinking along by professionals, but also, for example, family is involved and well informed.

According to employees ''client centeredness'' is the most important aspect. It comes close to the "autonomy" aspect indicated by clients. Clients mentioned the need to have the autonomy to direct their own care. If they are to make well-considered choices, clients need objective and understandable information. By doing so, clients will experience greater autonomy and self-determination. But the difference lies in the fact that in client centeredness the client determines everything and the theme autonomy is more focused on how it is adapted in the client's life. Where autonomy still has a certain dependence on the client, client centeredness is all driven by the client.
Clients want care that matches their own situation, preferences and way of life. Clients do not want to adjust their lives to the care providers' schedule. Care should support their individual way of life, not interfere with it. Homecare has an unpredictable nature, therefore it is not always possible for care providers to arrive at the agreed time. For clients, it would make a difference if smaller time margins can be indicated within which care providers can be expected to arrive.

According to the employees care providers need to clarify their clients' needs and the solutions the clients think are necessary. In this respect they try to support and motivate clients to make their own choices. This approach also affects the role of clients: clients are no longer mere objects of care, but are persons who actively shape the care themselves.

Clients mentioned also ''involvement'', this is about employees need to have more time and attention for clients and must give them advice and think along. The client need to feel like they are involved in the whole process. In this theme care professionals need to think along with de client and give him advice. Clients themselves talk more about how it should fit into their lives and how the care provider should advise and think along with this. Employees emphasize the involvement of clients in the entire care process even more.

6. Conclusion

Throughout this research, the values that affects client's satisfaction in home care setting are investigated. On the basis of this study, the following conclusions and recommendations can be made. These conclusions and recommendations give answer to the research question: "*What are important values for the client in a home care setting that affect satisfaction*?"

As mentioned before client satisfaction could be an outcome indicator of the quality of received care. Through this study, several indicators were identified as dimensions of client satisfaction. Healthcare quality and client satisfaction, though difficult to measure, can be operationalized using an approach which combines clients inputs as well as employees judgement.

The study concluded that received quality of care consist several indicators. These indicators should be maintained or even increase to improve perceived quality by clients. The results showed that among the indicators for perceived quality of care, communication as one of the most important determinant of client satisfaction, followed by empathy. Communication consists of several components: feeling heard by the care professional, being taken seriously by the care professional, interested in the client.

We found that when clients perceive lapses in communication among their care professionals and receive contradictory information about the time of the care they receive, they are more likely to be unsatisfied.

Generally, the clients in this study found expertise need to be good or very good. Services such as more time and extra attention to what clients wants are aspects often highly valued by clients. Overall, the findings suggest that efforts towards technical quality care alone will not only lead to better client-perceived quality of care. Good interpersonal relation establishes credibility and confident by showing respect, trust, courtesy, empathy and responsiveness.

The most powerful indicator for client satisfaction of care was provide behaviour or attitude of a care professional to the client, especially showing politeness, respect and interest in the client. This was more important than technical competence of the care professional.
A good relationship with care professionals was highly relevant for the clients. This is more important for client satisfaction than the treatment itself. The interpersonal relationship is clearly the most important factor in the care they receive, at least from the client's perspective. This was also shown by the high ranking of the employees.

Also important were specific items within several domains concerning rights, being well informed, and participation in various decisions. In future studies it would be worth it to lay out 'autonomy', since this represents a part that is obviously important to clients but has not yet been given sufficient attention in most studies.

The provision of clear information to clients about the disease, care they receive, the time the care will be given in every case are necessary. As is the inclusion of clients and their families in the decision-making process, according to the respondents this would improve satisfaction.

Clients reported that care professionals should ask more questions and clarify more concerns during the handoff of a clients.

Some themes improvement would have higher impact on client satisfaction. This regards the information and communication, in which communication and providing decent information plays an important role. Clients and employees find it to be important, that can be relatively easy improved by healthcare organizations. It is also important to make sure clients feel taken seriously and being helped when needed. At busy moments, this is difficult for care professionals. It is advisable the care professional inform the client immediately.

In general, it is about the people, the nurses. Clients order interaction with the nurses as superior in how they evaluate their health care experience. It is about communication and explanation from the nurses. If care professionals communicate well with clients and explain what is happening and what the client could expect, clients react rather opportunely. The care must be client-centred with effective communication.

The empirical findings that were revealed in the interviews suggest that most of the criteria of Gronroos (1988) were experienced as important for measuring perceived quality by clients and employees. Many of Gronroos' categories are consistent with the themes that emerged from this research. These findings could help health care organization to measure the perceived quality of their clients and how they could improve these perceived quality.

According to Gronroos (1988) there are six criteria of good perceived service quality. He stated that the list of determinants of good quality has to be short, but still provide a comprehensive list of aspects of good perceived quality. The six criteria are:

- Professionalism and skills: The health care organization and her employees need to have the knowledge and skills required to solve their problems/to take care in a professional way. This is an outcome-related criteria.
- Attitudes and behavior: The clients feel that the contact persons/carers are concerned about them and genuinely interested in taking care of them or solving their problems in a friendly and caring way. This is a process-related criteria.
- Accessibility and flexibility: The clients feel that the health care organization, her location(s), employees, operating hours and operational systems are designed and operate so that it is easy to gain access to the service/care needed. So the health care organization is prepared to adjust to the demands and wishes of the client in a flexible way. This is a process-related criteria.
- Reliability and trustworthiness: clients feel that they can rely on the health care organization and her employees and systems to keep promises and perform with the best interest of the clients at heart. The clients know that whatever has been agreed upon or takes place, they are confident. This is a process-related criteria.
- Recovery: Whenever something unpredictable unexpectedly happens or something goes wrong, the health care organization will immediately and actively take corrective action. This is a process-related criteria.
- Reputation and credibility: The clients believe that the service and operations of the health care organization can be trusted. And the organization stands for good performance and values which can be shared by them. This is a image-related criteria.

Most criteria are process-related and thus represent the functional quality dimension. The outcome-related is a technical quality dimension and the image-related criteria is fulfilling a filtering function (Gronroos, 1988). Therefore, nurses should not only improve their skills in providing care but also focus on the communication dimension and respond to the client.

Many categories of Gronroos are in line with the themes that emerged from this research. Similarities are professionalism and skills. Both Gronroos and this research stated that care professionals should have the knowledge and skills required to provide professional care.
Both show that attitudes and behavior (empathy / soft skills) are very important. Clients should feel that care professionals are concerned about them and are genuinely interested in caring for them or solving their problems in a friendly and caring way. Another comparison is accessibility and flexibility (continuity of care). Clients need to feel that they have easy access to the required service / care. For example, the healthcare professional is prepared to respond flexibly to the requirements and wishes of the client.

Reliability and trustworthiness are also an outcome in this study (integrity/trustworthiness). Clients should feel confident that the healthcare professional is delivering on promises and performing with the best interests of the client first.

A difference with the model of Gronroos is that in his model recovery and reputation & credibility are important. These were not highlighted in this research. In this research none of the participants mentioned any care failures. Failures are interesting to study, because the research of Spreng et. Al (1995) shows that ‘’*consumers who have service failures satisfactorily corrected demonstrate a strong propensity to share positive information about their experience*’’. The study of Spreng et. Al (1995) is partly based on the perspective of Zeithaml (2010). Zeithaml (2010) developed the gaps model of service quality. In this model, the customer gap is the heart of the model. It represents the difference between customer or client expectations and perceptions of the received service/received care. The model states that closing this gap by matching or exceeding customer or client expectations this will result in the achievement of service quality from the client’s perspective. For example, it is critical for an organization to understand the importance of service recovery. As mentioned above, in this research no cases of service recovery applied by the participants. In addition, clients found it difficult to express their expectations.

An aspect that emerged from this research, but not in Gronroos' model, is autonomy and client centeredness. This research shows the importance of client centeredness, care professionals should think along with the client and the care provided should fit into client life. There must be shared decision-making between the client and the care professional. It is therefore important that there is an active user participation in the service experience, thus in the care they receive. Clients are part in the co-creation of value.

Vandermerwe (1994) argued that the focus should be on the benefits of a service or product rather than on product characteristics. She mentioned that the core of any service or products is its ‘want-satisfaction capabilities’. The value (the true test of the appeal) of a product or service should not be what goes in (quality of the service or product), but rather what the product or service does for customers (the quality of the result).

A focus on customer satisfaction to current customers, and talking satisfaction to potential customers offered a new way to prove the quality of their product or service offerings. The success of a satisfaction survey depends on an organization identifying the current key issues by which to gauge organization’s satisfaction performance (Vavra, 1997). This can be investigated with the themes found in this study.

In this research, it was also discussed with the clients whether the expectation of care was the same as the actual care that clients received. 1 of 7 clients was able to give a more detailed answer. Zeithaml (2010) also developed a model that looks at the customer gap. This gap represents the difference between client expectations and perceptions of perceived service.

Discussion and limitations

Findings from this study should be interpreted in light of respondents' ability to appoint their health care experiences; putting it into words is sometimes difficult. Especially for the clients it was sometimes difficult to put it into words.

Results of this study are an exploratory step toward causality. Therefore, conclusions about the association between client satisfaction and the quality of care cannot be established. Few respondents limits the generalizability of findings. A research with more respondents provide deeper insights into the perceived quality of healthcare services and clients’ satisfaction about home care.

The results of the present study underlie several important implications for care professionals. Clients’ satisfaction is an important form of outcome of health care providers. This is because being satisfied

with the care offered to them, clients tend to develop positive behaviour towards health care provider, which comprise also a positive word of mouth and clients' willingness to recommend to other and reuse it. Providing clients with satisfactory care is an intrinsic goal of healthcare providers as well as a means of driving demand of care services.

It is necessary for policy makers in healthcare to make policies that emphasise the importance of directing perceived care by client itself.

This study, and also the literature review and the interviews, is limited due to time and resource resources. As mentioned in the paragraph selection and sample, this research was only conducted on clients who were able to think sufficiently about the care they receive. Within health care organisation there also are clients who don't have this ability (for example clients suffering dementia or other mental illness). Therefore the result cannot be generalized to all clients of home healthcare.

The sample existed of six female and one men. Because of the limited sample size of the category men this study could not elaborate on any gender analysis.

It cannot be stated that this research comprises all aspects for measuring perceived quality, also in order to improve the perceived quality. Although the interviews respondents were independent and diverse, it cannot be considered that this sample (seven clients and seven employees) is representative for all health care organizations as this sample size is relatively small.

Finally, this research was conducted within the Netherlands. Due to differences in demographic and health sector worldwide, results may not be representative in other countries.

Further research

For further research, a few recommendations can be made. The questionnaire selected for this study was fairly brief. So a more extensive questionnaire would be recommended for further research. As described in the previous section, it was sometimes difficult, for clients in particular, to be able to answer the questions, to think more deeply.

A standardized set of questions, more detailed, could be developed and distributed among clients. This questionnaire could be distributed to get more detailed information and recommendations, in order to gain more in depth results. Further research could include clients with cognitive problems (like dementia) in the sample. This would require a different research model.

The results of this study can be used in other healthcare organizations. Thereby, it offers starting points for further research regarding client satisfaction. The results are consistent with previous patient satisfaction research, but go further by indicating that more meaningful information is obtained when clients are asked to do so report on specific values of their experience with care.

The themes found in this study can be used as a basis for further research into client satisfaction. Organizations can use this to see how clients experience satisfaction in their organization, in the care they provide. This study gives some recommendations. To test if these recommendations are good enough, the findings in this research has to be used in further research. For testing in a larger, more representative samples of the population.

All considered, further research should be carried out in order to either confirm or deny the findings of this study. For instance, more research may provide more in-depth explanations about the criteria for measuring satisfaction and whether the results could be generalized when testes on a larger scale.

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