

Patients' and Professionals' Differing Perspectives on Healthcare Management

Mansour Aali AlMaghthawi¹, Hashim Abdullah A Al Sayed², Abdul Karim Awad Al-Nafai³, Yahya Ahmed Hawbani⁴, Afaf Durhum Alharthi⁵, Emad Awadh Salameh Alhejaili⁶

1. Health administration, Human Resources in Madinah cluster
2. Health Administration, Al-Ahsa Health Cluster
3. Health Services Administration, King Abdulaziz Specialist Hospital
4. Public health, Environmental health department, Jazan
5. public Health Specialist, Environmental Health, and Occupational Health management
6. King of Saudi Arabia Medina Health Cluster King Salman bin Abdul-Aziz Medical City Psychiatric Hospital

ABSTRACT

Background: Patient satisfaction, acknowledged as a key quality measure since the 1960s, impacts adherence, healthcare use, and outcomes. In parallel, healthcare professional satisfaction has gained importance in quality care frameworks, especially with the Institute for Healthcare Improvement's quadruple aim. While patients and professionals share the goal of high-quality care, their perceptions often differ due to contrasting experiences and expectations. In Spain, Mutual Collaborators with Social Security (MCSS) provide a unique healthcare model covering work-related risks, where insights into satisfaction and quality perceptions can reveal areas for improvement in occupational healthcare services.

Methods: A routine patient satisfaction and professional quality evaluations within MCSS-affiliated facilities, including hospitals and outpatient centers. Annual surveys from patients and professionals covered multiple quality categories, including treatment, care coordination, and diagnostics. Concordance between patient and professional assessments was analyzed using Kendall's W, while category scores were standardized for comparison. External experts validated survey categories for consistency in cross-group analysis.

Results: Response rates for professional and patient surveys varied by month, with professionals consistently reporting moderate agreement levels (Kendall's W ranging from 0.361 to 0.622). Comparative analysis showed that patients rated all categories more favorably than professionals, with treatment and trust-based healthcare rated highest by both groups. Over time, professionals' scores for facility resources increased, reflecting perceived improvements. Some categories, such as care continuity, demonstrated variable alignment between patients and professionals, highlighting areas for targeted improvement.

Conclusion: Differences in patient and professional perspectives within MCSS indicate strengths in patient satisfaction but underscore a need for better alignment in

perceived healthcare quality aspects, particularly regarding treatment continuity and facility resources. Addressing these perception gaps through integrated quality improvement initiatives can enhance patient-centered care in occupational healthcare settings. This study highlights the value of systematic feedback from both patients and professionals to drive healthcare improvements.

KEYWORDS: Healthcare, Patient satisfaction, professional satisfaction.

1. Introduction

Since the 1960s, patient satisfaction has been acknowledged as an essential indirect measure of healthcare quality and is now a core element in all quality assessment frameworks [1, 2]. High patient satisfaction often leads to improved treatment adherence, reduced healthcare utilization, and better health outcomes [3, 4]. Factors influencing patient satisfaction range from socio-demographic elements to institutional characteristics and patient expectations [5].

Additionally, the healthcare work environment, along with the organizational and safety cultures within it, strongly influences care quality [6]. Although professional satisfaction has long been regarded as a key contributor to healthcare quality, it was only with the development of the Institute for Healthcare Improvement's quadruple-aim framework—encompassing patient, community, cost, and professional well-being—that professional satisfaction gained a prominent role in quality care strategies [7]. Both individual factors, such as age and personal outlook, and organizational factors, such as structural organization, impact the well-being of healthcare professionals [8].

The expectations and attitudes of both patients and healthcare professionals, as well as their communication, can significantly affect healthcare delivery outcomes [9]. Consequently, policies aimed at enhancing healthcare quality must consider the experiences of patients, organizational culture, and the welfare of healthcare professionals. Organizational and socio-professional indicators help assess how effectively healthcare institutions implement quality and safety policies and the extent to which they meet their intended goals [7]. Research indicates that patients and healthcare professionals often perceive healthcare quality differently, and that professional satisfaction does not always directly correlate with patient satisfaction [10, 11]. Discrepancies in their perceptions may arise due to their differing roles and levels of knowledge. For example, patients tend to view appointment systems as barriers to accessing care, often feeling that wait times are excessive, whereas professionals may not see this as an issue [13]. Similarly, in terms of phone consultations, professionals express a desire for clear protocols, whereas patients and providers have differing opinions on this type of access [14].

In the case of home consultations, patients generally perceive them as providing added comfort and safety, yet healthcare professionals often see this service as less necessary [15, 16]. Differences also exist in perceptions of teamwork in healthcare; for instance, Pullon et al. [17] found that healthcare providers view themselves as part of well-defined teams, while patients remain unaware of the team members' roles. Patients typically see doctors as leaders, but may not fully recognize nurses'

professional qualifications or decision-making authority [17].

Conducting surveys among patients and professionals can help deepen the analysis of these perceptions. Specifically, data on PREMS (patient-reported experience measures) and PROMS (patient-reported outcome measures) provide essential insights for delivering patient-centered care, bridging the perception gap between patients and providers, and enabling tailored treatment plans that better align with patients' needs [18, 19].

In Spain, Mutual Collaborators with Social Security (MCSS) offer a range of healthcare services that predate the public health system. These services cover risks related to occupational diseases, disabilities, and work-related injuries and fatalities [20]. MCSS manages all aspects of professional contingencies, including prevention, rehabilitation, and reintegration programs for injured workers, and administers economic benefits for workers affected by work-related injuries or illnesses. Disability coverage is comprehensive, extending from minor impairments to full disability, and also includes benefits for worker fatalities, such as survivor benefits [20].

To maintain high standards of care, MCSS adheres to several quality certification frameworks, including ISO 9001, the European Foundation for Quality Management (EFQM) model, and the Quality Health (QH) accreditation. In 2010, Spain implemented the UNE 179003 standard, which prioritizes patient safety in healthcare services. This standard paved the way for the development of new safety protocols and quality standards within occupational healthcare [21, 22]. Quality programs in healthcare insurance should prioritize patient satisfaction evaluations and also consider healthcare professionals' perspectives, as their opinions provide a foundation for quality improvement initiatives [23]. Within MCSS, these evaluations are conducted systematically through patient feedback and safety culture assessments of professionals [24, 25]. Healthcare insurance settings present unique challenges compared to conventional healthcare, as decisions directly impact a worker's economic stability, potentially influencing both patient perceptions and care outcomes.

Identifying areas of agreement and difference between professional and patient evaluations of care within an MCSS organization can provide valuable insights into the strengths and areas for improvement in patient safety and quality of care. This study aims to explore these perspectives by analyzing from occupational health insurance companies in Saudi Arabia. By using shared assessment tools—patient and professional culture surveys—the study will examine commonalities and differences in perspectives to identify actionable strategies for quality improvement.

2. Materials and Methods

This study is a secondary analysis of routine data drawn from databases on patient satisfaction and professional evaluations of care quality

The healthcare organization involved in this study is a non-profit entity supported by a social security system, providing care for a large number of companies and their

workers. The study included professional consultations, 2,983 surgical procedures, and involved 857 health professionals across hospitals with a total of 75 beds, and outpatient centers.

The organization has operated under a Health Quality Plan focused on patient safety since 2013. This plan prioritizes patients as the center of care and quality assessment, while health professionals are regarded as essential to ensuring high standards. Patient and professional feedback has been systematically gathered through surveys and quality programs designed to support ongoing quality initiatives.

Phase 1: Data Collection

Patient Feedback:

patient satisfaction surveys have been conducted annually, capturing patient perspectives on their care experiences. Inpatients completed these surveys upon discharge, while outpatients participated via telephone shortly after their appointments. Surveyed areas included information provided, quality of treatment, waiting times, and facility comfort. For outpatient centers, additional aspects like the flexibility and adaptability of information, satisfaction with diagnoses, accessibility of centers, and efficiency between locations were assessed. For clinic services—covering hospitalization, surgery, rehabilitation, consultations, and psychological services—patients evaluated the same dimensions as for outpatient services. Survey responses ranged from 1 (very dissatisfied) to 10 (very satisfied). The study reviewed patient feedback from healthcare centers

Professional Feedback:

Professional evaluations began using two approaches: the "Quality Antenna" for specific topics and the "Quality Culture" for broader assessments. The Quality Antenna approach evaluated professional opinions on patient care, continuity, diagnostic and therapeutic adequacy, technical skills, job satisfaction, accessibility, clinical safety, and equity.

3. Results

The survey response rates among professionals were 40% (171 responses) in first month, 51% (154 responses) in second month, and 37% (150 responses) in third month. For healthcare quality referents, the response rates were 70% (89 responses), 87% (87 responses), and 67% (87 responses) across the respective months. Patient surveys conducted annually received responses from 2.7% (2,950), 2.4% (2,674), and 2.3% (2,646) of the total outpatient population (107,468; 110,683; and 115,069 patients, respectively).

Expert evaluations showed moderate to strong agreement. In first month, the Kendall's W coefficient was 0.361, reflecting a moderate level of agreement. This increased to 0.622 in second month, indicating a good level of consensus, while third month score of 0.529 represented a moderate agreement. Despite some variability, these findings suggest a stable expert consensus across the categories defined by the research team. Some specific categories, such as treatment referrals, care continuity

issues, and information overload, were removed due to lower expert agreement.

Table 1 illustrates the mean scores for each category across time periods for the three groups. Both professionals and referents rated categories similarly, with an average score near 3.5 points, while patients generally rated all categories more favorably. The referents' ratings remained stable over time, with the notable exception of facilities, which showed an upward trend.

Table 1. Scoring of the categories in the study period of referents, professionals, and patients.

Categories	First month			Second month			Third month		
	Referents (n = 62)	Professionals (n = 69)	Patients (n = 2950)	Referents (n = 76)	Professionals (n = 78)	Patients (n = 2674)	Referents (n = 58)	Professionals (n = 55)	Patients (n = 2646)
Treatment results	3.6	3.6	4.5	4.0	3.7	4.4	3.9	3.8	4
Coordination between professionals	3.4	3.2	4.5	3.5	3.5	4.3	3.6	3.5	4.2
Trust based healthcare	3.6	3.7	4.6	3.6	3.6	4.5	3.5	3.5	4.8
Clinical and administrative process	4.3	4.3	4.5	4.3	4.2	4.4	-	-	4.2
Installations and technical resources	2.8	3.7	4.5	3.3	3.2	4.5	3.5	3.4	4.4
Confidence in the diagnostics	3.8	3.7	4.6	3.5	3.5	4.4	3.5	3.5	4
Respect	3.8	3.5	4.6	3.6	3.5	4.5	-	-	4.4
Confidence in the treatment	3.7	4.0	4.6	3.8	3.6	4.5	3.9	3.7	4.4

n = referents, professionals, and patients surveyed. The “-” markings indicate that data were not available because they had been removed from the survey for its stability.

Table 2 presents the averaged scores across the three months, showing a high correlation between the assessments of professionals and referents (Spearman’s Rho 0.84, $p < 0.01$). Accordingly, Table 2 combines these scores into an overall average for referents and professionals. Statistical analysis revealed no significant differences between these groups (Spearman’s Rho 0.09, $p > 0.05$). However, discrepancies appeared in specific categories, with the largest differences noted in care results, confidence in care, facilities, treatment, and medical information. Both professionals

(including referents) and patients rated coordination and diagnosis negatively, while both gave high scores to treatment. In areas such as trust and treatment, professionals rated these aspects higher than patients, while patients gave higher scores for facilities, care outcomes, and the information received from professionals. Overall, the results show that, while the existing measures for assessing perceptions of care from both patients and professionals are effective, patients tend to rate subjective factors like trust and treatment more critically than professionals. Conversely, patients rated more technical aspects—such as facilities, care results, and the information provided by professionals—more positively. Both groups agreed on high treatment ratings and low ratings for coordination and diagnosis.

Table 2. Average scores of referents, professionals, and patients and ordinal data.

Categories	Referents first month vs third month (n = 196)	Professionals first month vs third month (n = 202)	Patients first month vs third month (n = 8270)	Ordinal for Referents	Ordinal for Professionals	Ordinal for Patients
Treatment results	3.8	3.7	4.3	2.5	3	6.5
Coordination between professionals	3.5	3.4	4.3	7	7.5	6.5
Trust based healthcare	3.6	3.6	4.6	5.5	4.5	1
Clinical and administrative process	4.3	4.3	4.3	1	1	6.5
Installations and technical resources	3.2	3.4	4.5	8	7.5	3
Confidence in the diagnostics	3.6	3.6	4.3	5.5	4.5	6.5
Respect	3.7	3.5	4.5	4	6	3
Confidence in the treatment	3.8	3.8	4.5	2.5	2	3

For the ordinals, the best quality perceived is represented by lower numbers (green), and those ordered as higher numbers represented the worse perceived quality (orange or red). Green: order between first and third. Orange: order between fourth and fifth. Red: order between sixth and higher.

For the ordinals, the best quality perceived is represented by lower numbers (green), and those ordered as higher numbers represented the worse perceived quality (orange or red). Green: order between first and third. Orange: order between fourth and fifth. Red: order between sixth and higher. The compilation of the data from the different rounds and surveys related to patients and professionals is shown in Table 4. The average ratings indicated a favorable opinion among professionals (ranging from 3.3 to 4.3) and patients (4.3 and 4.6) (Table 4).

4. Discussion

Health initiatives that prioritize value orientation are fundamentally driven by the clinical improvement goals of healthcare professionals, anchored within the supportive frameworks of healthcare institutions. However, realizing these goals requires tailored analysis and evaluation methodologies. Improving quality care often involves aligning guidelines and protocols with patient needs and organizing services for homogeneous patient groups, all within the clinical leadership of management units. A paradigm shift is essential—from viewing patients as mere recipients of care to recognizing them as active participants whose perceptions of health interventions are integral to validating the quality and outcomes of these interventions [29].

In our study, satisfaction perceptions across multiple health quality dimensions appeared to be aligned between healthcare professionals and quality referents, indicating that additional emphasis on training and engagement strategies is essential for quality referents in healthcare centers. These individuals should act as local facilitators, working to enhance their colleagues' perceptions of patient care and thereby elevating the overall professional perspective on quality improvement.

Several studies have explored ways to integrate patient and professional preferences in the design of outpatient care [30], in communication practices during consultations [31], and in elderly care [32]. These works are foundational examples of efforts to blend patient and professional preferences in enhancing patient-centered care. Professionals may grow more attuned to Health Quality Plan goals when they observe that patients often need greater confidence in healthcare providers and more personalized treatment, even if they do not necessarily find current services lacking.

In contrast, findings show that patients often rated the information provided by professionals and the facilities available more positively than the professionals did themselves. Healthcare providers seem particularly aware of their workloads and any existing technological limitations.

Studies have identified critical elements affecting patients' perceptions, such as waiting times and capacity for resolution, which are especially vital in emergency settings. Key factors include in-person interactions, patient location, attentiveness to emotional distress, and consistent telephone support, all of which are recognized as essential components of care [33].

While "coordination" is a complex concept to assess through patient perception, it likely manifests as work surges (often unforeseen), along with a general feeling of insufficient time or lack of confidence among providers. These aspects were rated lower in our study, indicating a need for a more proactive approach in these dimensions within the Quality Plan.

Research in Korean healthcare centers revealed perceptual differences between nurses and patients, with nurses rating the quality of care lower than patients did. These differences often stemmed from varied expectations, highlighting the importance of addressing expectations in quality assessments [34]. Similarly, studies in Swedish clinics on postoperative pain treatment found notable discrepancies between patient and nurse perceptions, with such differences illuminating pathways

for service improvement [35].

Our findings suggest that both patients and healthcare professionals generally agree on the adequacy and effectiveness of treatment. The Health Quality Plan, designed with participatory methods, emphasizes initiatives grounded in patient realities and clinical capacities. Patient-Reported Experience Measures (PREMS) and Patient-Reported Outcome Measures (PROMS) serve as effective tools for fostering communication and management collaboration between patients and professionals. Surveys provided a robust foundation for understanding the shared values between patients and providers regarding healthcare services.

In an evaluation of acute care in French hospitals, no differences were observed between professional and patient perspectives on information delivery [36]. By contrast, our study found areas of agreement—treatment was rated positively, while coordination and diagnosis were rated lower—and some areas of divergence, with patients valuing results and information more, and professionals valuing respect and trust more.

Primary care studies have demonstrated a strong correlation between patient and professional expectations regarding accessibility and continuity of care [37]. However, unlike specialized areas such as oncology or cardiology, primary care generally maintains a cautious approach to genetic care, often preferring discretion over generalized application [38]. In the U.S., studies reflect ongoing concerns around access and cost in primary care [39].

Collaboration between patients, healthcare providers, and administrators has been shown to improve patient-centered care through enhanced information flow and greater patient involvement, as evidenced in a Finnish district hospital study [40].

Certain conditions, such as fibromyalgia, present unique challenges in diagnosis and patient-provider relationships. Research on shared and differing perceptions among patients and providers has facilitated better professional support and allocation of health resources [41]. Similarly, for patients experiencing severe workplace injuries or those with genetic concerns, sensitivity to their specific needs is crucial, as seen in studies of hereditary colorectal cancer patients in primary care settings [42].

Although collaborative strategies initiated by organizations like the Institute for Clinical System Improvement may yield varied outcomes, they remain pivotal for fostering an organizational culture oriented toward quality improvement. Such strategies support patient satisfaction by addressing concerns related to waiting times, communication, and service recommendations [43]. Subsequent studies suggest that many patients, particularly those with severe illnesses or elderly individuals, still prefer that critical decisions rest with their physicians. General practitioners' perspectives alone do not seem to significantly enhance patient involvement in the clinical process [44].

The quadruple aim model [45] underscores the idea that professional well-being is essential to achieving high-quality care outcomes. Focusing on provider well-being serves as a foundation for better care quality, increased patient-provider communication, and shared decision-making, making it a critical guide for future strategic efforts.

5. Conclusions

Reviewing patient and professional feedback through surveys serves as a valuable tool for assessing and refining healthcare quality. Our approach emphasizes the importance of basing improvements on the priorities, perceptions, and needs of those involved in care.

Patients treated in the mutual insurance setting present unique characteristics, differing from typical healthcare settings. Here, professionals not only make clinical decisions but also decide on a patient's work status (active or on leave), directly impacting the patient's income. This study's comparison of perspectives provides unique insights into the dynamics of patient-professional interactions within this context.

A transparent assessment tool would be appreciated by stakeholders: the companies forming the mutual entity, the public social security entity, and worker representatives, including unions, which collectively support the mutual structure. The commitment of managers and healthcare providers to achieve the quadruple aim will strengthen this foundational tripod.

Healthcare managers should focus on reinforcing training and oversight to sustain the positively aligned areas (such as therapeutic effectiveness) and to address shared areas of concern (like coordination and diagnosis) for improved satisfaction on both sides.

The findings encourage reviewing PREMS and PROMS measures to focus on critical areas of misalignment. These include trust and treatment perceptions, where patients expressed greater concerns regarding their healthcare providers, and information-sharing aspects, which were rated higher by patients than by professionals. Additionally, the identified challenges in coordination and diagnosis warrant deeper exploration to guide future quality improvement efforts within our organization.

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