



Bernardo Oliber A. Arde, Jr., PhD, RN¹

Consonance Theory: A Proposed Theory of Patient Satisfaction

Abstract

Patient satisfaction with nursing care is an evolving concept and needs further definition and development within the nursing discipline. Consonance Theory of Patient Satisfaction is a proposed theory that was deductively derived through critical review of existing literature on patient satisfaction with nursing care. The basic tenet of this proposed theory states that patient satisfaction is the outcome of the consonance between the patients' expectations of care and actual care received from the nurse which eventually influences the patients' health-related outcomes and the institution's quality of care. This theory recognizes the active role of the patient and the nurse, as well as, their harmonious interaction to achieve their shared goal of none other than patient satisfaction. Hence, this suggested theory provides a pragmatic way of understanding and achieving patient satisfaction as it relates to nursing care.

Keywords: Patient satisfaction, institutional quality of care, health-related outcome, consonance theory

Introduction

Healthcare delivery is becoming increasingly competitive (Dozier et al., Howard, Kangas et al., Shore as cited in Wager & Bear, 2009). One of the identified critical strategies for drawing health care consumers to a certain health institution and enhancing its profit is the determination and gathering of information on what influences consumers of health services to perceive quality care and to be satisfied with the care received (Otani & Kurz; Liu & Wang mentioned in Wager & Bear, 2009).

Since the major service provided to hospitalized patients is nursing care, with nursing personnel comprising the largest proportion of the health service community, nursing care plays the key role in providing satisfaction in this arena. This case is the reason why patient satisfaction with nursing care becomes a trending priority for nursing research. The increasing interest in patients' perspective of health care delivery is part of the drive to find out how health systems can better respond to individuals' needs and preferences. Hence, patient satisfaction is believed as an important indicator of quality nursing care (Laschinger et al. noted in Findik, Unsar, & Sut, 2010).

¹ Instructor, University of Northern Philippines, Vigan City, Ilocos Sur

However, patient satisfaction with nursing care is part of the larger construct of patient satisfaction with the overall hospital experience (Niedz cited in Wager & Bear, 2009). O'Connell and his colleagues (cited in Maqsood, Oweis, & Hasna, 2012) highlighted that there are difficulties in dissociating patients' satisfaction with nursing care from their overall satisfaction with their hospital experience. Given the fact that nurses provide the primary service to patients, they, therefore, influence the overall level of patients' satisfaction. Satisfaction with nursing services is the only hospital service identified as having a direct relationship with overall patient satisfaction. This claim is strengthened by Rafii et al. (cited in Findik, et al., 2010) when they found a highly significant correlation between nursing care and satisfaction with nursing care.

Patient satisfaction with nursing care is an evolving concept and needs further definition and development within the discipline. A plethora of literature indicated that patient satisfaction is a multidimensional phenomenon, but there is no agreement concerning the number and types of dimensions. The multidimensional scope of nursing care and subjective character of satisfaction make the concept of patients' satisfaction with nursing care difficult to define and apply. Most definitions of patient satisfaction include the elements of subjectivity, expectations, and perceptions.

Generally, satisfaction is a psychological phenomenon, a subjective feeling of pleasure and content, which manifests itself in the form of certain significant characteristics (attitudes, behaviour, and reactions). Satisfaction levels form a continuum and can be assessed on a 'from-to' scale (complete lack of satisfaction – completely satisfied). The feeling of satisfaction, just as viewpoints, perceptions or knowledge, can change over time under the influence of internal or external factors (Gutysz-Wojnicka, Dyk, Cudak, & Ozga, 2013).

In the field of nursing, the most widely accepted definition of "satisfaction" is that of Risser (cited in Findik, et al., 2010), who defines patient satisfaction with nursing care as the degree of convergence between the expectations that patients have of ideal care and their perception of the care that they actually receive. Greeneich (cited in Julian, & Bott, 2012) defines patient satisfaction with nursing in terms similar to Risser, 'the match between patient expectations of nursing care and the care actually received' (p 64). Moreover, patient satisfaction was defined as 'the patient's opinion of the care received from nursing staff' (Hinshaw & Atwood cited in Wagner & Bear, 2009). Additionally, patients' satisfaction is of fundamental importance because it gives information on the provider's success at meeting those client values and expectations which are matters in which the client is the ultimate authority (Donabedian cited in Tesfaye, 2013).

Likewise, Pascoe (1983) defines patient satisfaction 'as a comparative process involving both a cognitive evaluation and an effective response to the structure, process and outcome of services'. He believed that patient satisfaction is a recipient's reaction to salient aspects of the context, process, and result of the service experienced. Hinshaw (cited in Munro, Jacobsen, & Brooten, 1994) cited patient satisfaction as more appropriate for capturing the results of nursing interventions than the more traditional outcomes of mortality and morbidity. Mrayyan (2006) gave an operational definition of patient satisfaction as 'the degree to which nursing care meets patients' expectations in terms of art of care, technical quality, physical environment, availability and continuity of care, and the efficacy/outcomes of care' (p. 226). Furthermore, Schmidt (2007) defines patient satisfaction as the patients' subjective evaluation of their cognitive and emotional reactions as a result of the interaction between their expectations regarding the ideal nursing care and their perceptions of the actual nursing care.

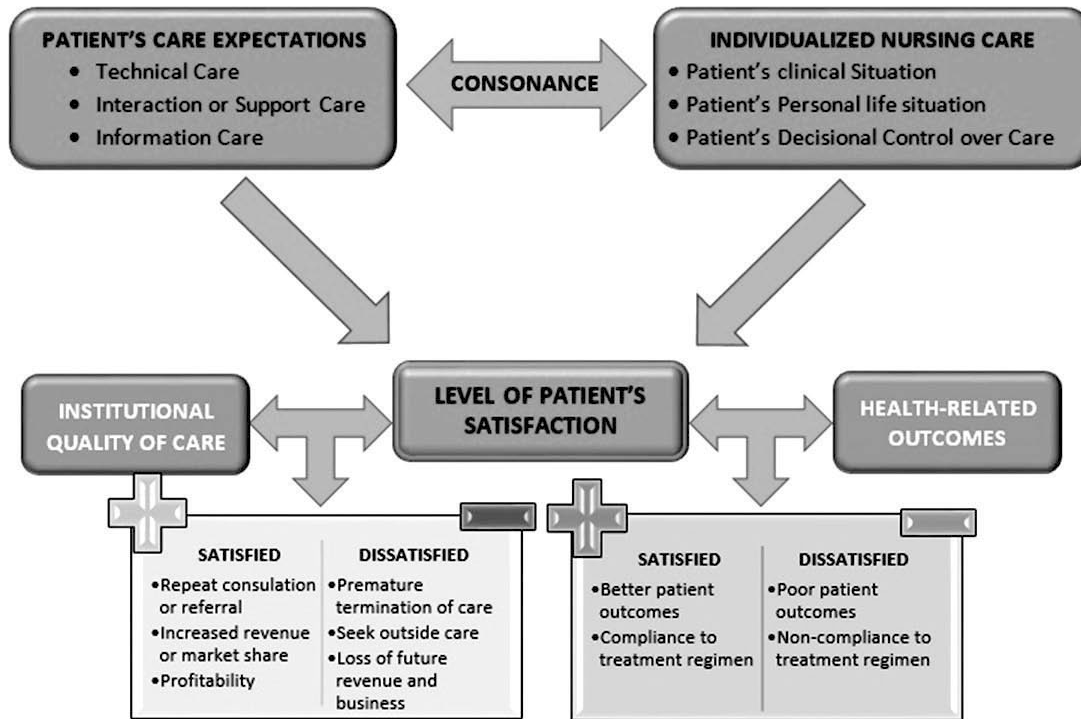
Meanwhile, Wagner and Bear (2009) employed Cox's Interaction Model of Client Health Behaviour (IMCHB) to analyze the concept of patient satisfaction with nursing care. This nursing model identifies four key variables that influence the effect of nursing care on patients' satisfaction: effective support, health information, decision control and professional/technical competencies.

With the strong emphasis on the outcome of patient satisfaction in the healthcare market today, it is imperative that nurses continue to find ways to measure and to improve patient satisfaction, and to demonstrate the impact nurses have on satisfaction with the hospital experience because of their care. The measurement of patient satisfaction with nursing care is important to determine and to meet patients' needs in terms of care and to evaluate the quality of the care provided (Merkouris et al.; Akin & Erdogan cited in Findik, et al., 2010). Evaluation of the provision of care will be of benefit to patients, individual nurses, and the whole nursing profession.

DESCRIPTION OF THE THEORY

Consonance Theory of Patient Satisfaction is a proposed theory that was deductively derived through critical review of existing literature on patient satisfaction with nursing care. Based on the literature search, this theory holds that patient satisfaction is the outcome of the consonance between the patients' expectations of care and actual care received from the nurse which eventually influence the patients' health-related outcomes and the institution's quality of care. This theory recognizes the active role of the patient and the nurse, as well as, their harmonious interaction to achieve their shared goal – patient satisfaction. Hence, this suggested theory provides a pragmatic way of

Figure 1. Theoretical model of Consonance Theory of Patient Satisfaction



understanding and achieving patient satisfaction as it relates to nursing care.

This theory was developed based on the following assumptions of the author:

1. The patient plays an active role in his/her care.
2. Patient's expectations of care dictate his/her level of satisfaction to actual care received.
3. Individualized Nursing Care is based on the patient's health care needs and is a precursor of patient satisfaction.
4. Patient satisfaction is both an outcome of care and a precursor of the patient's health-related behaviours and the institution's quality of care.

The Consonance Theory of Patient Satisfaction is composed of key concepts that are at a low level of abstraction and are limited in number. They are hereby operationally defined:

- **Care Expectation** is the patient's personal standard of nursing care (technical care, interaction or support care, and information care) based on his/her health care needs, perception of ideal care, and previous care experience.
- **Individualized Nursing Care** is what nurses provide based on his/her assessment of patient's needs and preference. It has three components: (i) the clinical situation, the patient's individual reaction to the clinical aspects of their care; (ii) the

personal life situation, the background and personal issues the patient may have and; (iii) the level of decisional control over care that the patient is able and willing to achieve. These aspects of individualized care vary among patients, and so information must be collected and be used so that patients feel their individuality is genuinely recognised and taken into account in their care.

- **Patient Satisfaction** is the outcome of the consonance between the patient's expectation of care and actual care received from the nurse and also as a precursor of his/her health-related outcomes and the institution's quality of care.
- **Institutional Quality of Care** refers to the efficiency of services and systems of a health care institution. It is composed of variety of services such as nursing care, medical care, etc.
- **Health-related Outcomes** refer to positive and negative behaviours that the patient obtained from nurse-patient interaction influenced by their satisfaction of the actual experience of individualized nursing care.

The above-defined concepts are the building blocks of this theory and are hereby linked together by the following propositions consequently represented in the preceding graphical presentation (Figure 1).

1. **The nurse identifies individual patient's health care needs and his/her expectations of care in order to**

provide individualized nursing care. In order to achieve patient's satisfaction consistently, data about what the patient prefers should be obtained before care is delivered, not at the end of a care episode, in an attempt to bridge the gap between patient's perceptions of quality of care and those of the nurses. Assessing patient's preferences should be a major component of the nursing assessment.

2. **Individualised nursing care is designed in consonance to the needs and preferences of a particular patient at a particular time recognizing the context in which the care is provided.** Such care requires nurses to take account of patient's beliefs, values, hopes, needs and desires and their differing states of health and demographic status (Suhonen et al., 2012). Suhonen and colleagues (2012) defined the perception of individualized care from the patient's perspective as the provision of support for individuality during specific nursing interventions and care delivery generally. Individualized nursing care increases patient satisfaction and promotes positive patient outcomes.
3. **Health-related outcomes are influenced by patient's satisfaction and the actual experience of individualized nursing care that is in consonance to his/her expectations of care.** Patients who are satisfied with nursing care are important for the hospital as they will more likely comply with instruction and advice of health professionals and will most likely obtain better treatment results. Whereas an unsatisfied patient does not cooperate during the care and treatment process.
4. **Institutional quality of care is represented by the actual nursing care the patient received and is determined by patient satisfaction.** Patient satisfaction with nursing care is the most important predictor of patient's overall satisfaction with their hospital care. Quality of health care usually is defined by health care providers from a technical perspective; however, recent literature has emphasized the importance of the patient's perspective in assessing quality of health care. Moreover, other researchers reported that the patient's perspective is increasingly being viewed as the meaningful indicator of health services quality and may represent the most important perspective. Patients' opinions about the care they receive are highly influenced by their experiences during hospitalization. Their opinions about the nursing care they receive have been found to be an important outcome indicator for quality nursing care. Furthermore, the assessments of quality of health care represent a complex mixture of needs, expectations of care and the experience of care. A satisfied patient is loyal to his healthcare provider, will use the services of the given healthcare facility if a need arises in the future, and will recommend the facility to other

customers. An unsatisfied patient prematurely ends treatment and looks for help elsewhere. The healthcare facility then must bear costs linked with the loss of an unsatisfied patient and with obtaining new patients.

5. **Patient satisfaction is the outcome of the consonance between the patient's expected of care and actual care received from the nurse; as well as a precursor of patient's health-related outcomes and the institution's quality of care.** Patient satisfaction is viewed as both a dependent variable of quality of care, as well as, a predictor of subsequent health related behaviour. It represents a complex mixture of perceived need, expectations of care, and the experience of care (Wilkin et al. cited in Abusalem, Myers, & Aljeesh, 2012). Patient satisfaction is mainly determined by the patients' expectations regarding the nursing care they should receive and their perception of delivered nursing care. Thus, the patient, who experiences the quality of nursing service and care provided better than expected, reports higher level of satisfaction with his hospitalization, and dissatisfaction arose when patients' expectations were not fulfilled. Moreover, since patient satisfaction is an indicator of institutions' quality of care, it is then necessary to evaluate patient satisfaction in order to determine the quality of nursing care practices in particular and the hospital quality of care in general. When the patient has a positive experience with the nursing care, this will be positive for the nurse and the entire health organization as well.
6. **The harmonious relationship between the patient and the nurse provides an avenue for both of them to achieve their shared goal – patient satisfaction.** The goal of the nurse is the patient's well-being, and this is realized through the interaction between them, an experience transpiring in whatever cultural context or healthcare setting in the world. The bonding between nurse and patient directly affects patient satisfaction, thus pointing to the importance of the nurse–patient relationship in bringing about outcomes of care. Nurse–patient bonding should be fostered and strengthened in every nurse–patient interaction to enhance patient satisfaction (Tejero, 2012).

The Consonance Theory of Patient Satisfaction evolved on the metaparadigm of nursing and has viewed the elements in the following manner:

Person. This theory viewed a person as patient with specific health care expectations based on his health needs, perceptions, and previous care experience. A patient assesses care based on his or her own subjective criteria. His needs, expectations and requirements should be the nurse's main concern and should be viewed as an active and accountable participant in nursing care.

He has the right to co-decide about the treatment and care process, and the right to assess and to make decisions concerning health care. Patients can best define the quality of the service they receive. Maqsood et al. (2012) reiterated that patients' opinions are important because they are the best source that can tell the providers of what is important, that is why this information can be used in health-care planning and evaluation. The perception that patients have about nursing care they receive is considered an important attribute of this nursing theory.

Environment. Environment typically refers to the external elements that affect the person; including internal and external conditions that influence the organism; an open system with boundaries that permit the exchange of matter, energy, and information with human beings (Wagner as cited by McEwen, 2007). The human being lives in a context that includes all that is within him or her and within the external environment which is constantly in process both externally and internally (Erickson, 2010). Hence, any health care institutions like hospitals, clinics and the like are the natural setting where nurse interacts with the patient and eventually the place where nursing occurs.

Nursing. Nursing is actualized in every encounter with a patient. Dialogue takes place, and actions are exchanged between nurse and patient, a phenomenon that is consistent with symbolic interactionism, which is in turn a theory that views interaction between persons not as a stimulus-response connection, but as a meaningful and purposive action-reaction interchange (Shattell, 2004). The nurse and patient are free-thinking beings capable of responding to a behaviour, as they deem fit in relation to a goal in mind. The goal of any nurse-patient interaction is for it to be therapeutic. A therapeutic relationship involves the nurse's displaying competence, developing relationships, indicating availability, providing information and interacting verbally and non-verbally (Williams & Irurita, 2004).

The nurse is regarded as the central figure in the patients' health-care experience, it is particularly important that nurses are able to acknowledge and take into account patients' expectations when they provide patient-centred care (Maqsood et al., 2012). Hence, assessing patients' preferences should be a major component of the nursing assessment. Assessment is the first integral step of the nursing care process. Accurate patient assessment is imperative to determine the status and needs of the patient and the delivery of appropriate patient care. Findings resulting from patient assessment forms baseline data through which any changes in the patient's condition can be measured against and treatment needs determined (Munroe, Curtis, Considine, & Buckley, 2013).

Nurses must be highly skilled in conducting timely and accurate patient assessments to overcome environmental obstacles and

deliver quality and safe patient care (Munroe et al., 2013). Nurses can enhance patients' experiences with nursing care by taking advantage of the time they spend with patients by providing more information to them, empowering them to enhance their privacy and maintain their individuality, being aware of patients' needs and responding to such needs, and providing respect and support to patients' family and friends (Ahmad & Alasad, 2004).

Health. Health is viewed in the context of this theory being a state of a person's internal balance despite of its external instability. Even though the environment is dynamic, the person has the capability to cope with these changes and has ability to maintain its internal stability. In instances where internal instability sets in, health is achieved when nursing care rendered is in consonance with the patient's expectations, as well as, when individualized nursing care addresses the patient's preference of care. Donabedian (cited in Khan, Iqbal, & Waseem, 2012) identified the relationship of satisfaction to health by stating that 'achieving and producing health and satisfaction is the ultimate validator of the quality of care.'

SUMMARY AND CONCLUSION

Patient satisfaction is influenced by the degree to which care is in consonance or fulfils expectations. Patient satisfaction is an important quality outcome indicator of health care in the hospital setting, and nursing, i.e. patients' satisfaction with nursing service, is particularly important as a primary determinant of overall satisfaction during a hospital stay (Milutinovic' et al., 2012). It is the nurses' legal and ethical obligation to evaluate patient satisfaction and undertake actions to raise its levels. It is not desirable for health-care professionals to be the sole judges of the care provided. Consumers have become more critical of the health care provided and are being active participants in planning and evaluating health care services. It is vital to listen to patients if defects in nursing care are to be identified and improved. Understanding consumers' views are essential for any service to be developed or improved (Ahmad & Alasad, 2004). The importance that is assigned to activities aimed at raising patient satisfaction is due to the fact that a satisfied patient behaves differently than one who is not satisfied.

Clearly, the link between patient satisfaction with nursing care and overall satisfaction exists in the literature. The lack of consistent conceptualization of patients' satisfaction fostered the application of different approaches and models for defining the most important domains affecting patients' satisfaction with the provided nursing care (Milutinovic' et al., 2012). The Consonance Theory of Patient Satisfaction is set forward to provide a pragmatic way of attaining patient satisfaction. This theory holds that patient satisfaction is the outcome of the consonance between the patients' expectations of care and actual care received from nurses; as well as, it being a

precursor of patients' health-related outcomes and the institution's quality of care. This theory recognizes the active role of the patient and the nurse, as well as, their harmonious interaction to achieve their shared goal of realizing patient satisfaction.

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About the Author

Bernardo Oliber A. Arde, Jr. RN, PhD, is a full-time faculty of University of Northern Philippines (UNP) and presently holds an Instructor III position. He finished his Bachelor of Science in Nursing (2009) and his Master of Arts in Nursing (2012) at the College of Nursing of the University of Northern Philippines. He obtained his PhD degree in Nursing at Saint Louis University School of Nursing in 2017.