

Positive Experience and Patient Satisfaction – Determinants of Paradigm Shifts in Healthcare

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Abstract: Today's recognition of health as a fundamental value of humanity and the spectacular digital evolution of the environment dominated by permanent and dynamic changes has brought healthcare marketing to the forefront. The trends continuously affecting medical services have generated the need for increased involvement of marketing, with all current developments in healthcare having an indispensable marketing dimension. The successful implementation of a health marketing strategy aimed at enhancing patient satisfaction and fostering a positive care recipient experience, coupled with the cost-effectiveness of the health services offered, has necessitated the development of an adaptive marketing function that harmonizes the set objectives, addresses capability gaps, accommodates cultural realities, and considers individual mentalities and situational circumstances. The direct interaction with patients has made it possible to understand the need for a new paradigm of healthcare services, the demand to comprehend patient satisfaction and positive experience, the call for creating innovative models to address the patient experience, and, above all, the requirement to communicate with the patient continuously and effectively throughout the continuum of healthcare. The challenge for the management of future health systems and organizations is encapsulated in the words of Professor Drucker, who stated that the best way to predict the future is to create it. An exploratory research on the state-of-the-art of the literature was conducted with key references to the most important aspects captured by specialists on positive patient experience and satisfaction, which contributes by highlighting the determining factors that have led to the paradigm shift in healthcare.

Keywords: patient satisfaction, positive experience, new healthcare paradigm, adaptive healthcare marketing, management of healthcare, digital evolution

INTRODUCTION

Given the crucial role of a positive patient experience and satisfaction in enabling individuals who require medical care to make informed treatment choices and prioritize their own needs, the demand for innovative models to address this aspect is evident. These models must reflect the patient-centeredness of healthcare, rather than focusing on the doctor, procedure, or healthcare institution. Also, the models have to consider the medical condition which needs to be seen over the full cycle of care, reflecting the empathy and respect given to patients, the way communication with staff is carried out, the methods by which the information-communication binomial works during the hospitalization period and, of course, confirm the moral values of the hospital unit.

Experience is a core strategy in modern marketing, defined as "the perceptions, emotions and thoughts that consumers have when they come into contact with market services and engage in consumption activities" [1,2]; therefore, the experience is deeply personal and subjective in nature, requires learning and is based on human senses and is persistent over time [3].

Experience is used to influence consumers and is directly related to their level of satisfaction [4]. Four possible strategies are used for its planning:

- designing compelling experiences that stimulate the consumer's interest, attention, and desire to retain information about the service;
- engagement, which is achieved when the consumer feels that they resonate with the service, which they find relevant and necessary;
- emotion induction, which stimulates attention and learning,

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- creating temporary memories, which over time become permanent memories and define new experiences.

The ultimate strategy is to interconnect all these experiences in a holistic, intensive approach, designed to improve the life of the healthcare consumer significantly.

One innovative model for approaching the patient experience is the seven-step model, which includes the following processes: define, research, conceptualize, prototype, choose, implement, and learn. At Stanford University, students took a two-day course offered by the Hasso Plattner Institute of Design, seeking ways to enhance the patient experience in the Stanford Hospital Emergency Department. For the exercise, they role-played patients and their family members to get a sense of what it's actually like to be in the often chaotic atmosphere of an emergency department [5]. The following, among others, were highlighted in this context:

- empathy is a key element of design thinking, a step-by-step approach to problem solving that involves observing and interviewing patients as they go through an experience and then using this information to realize both a prototype and reliable ways to improve the product or process.
- patients wanted a regular flow of information to help them better understand what was happening and how their care providers communicated with each other;
- coordinated and clear communication, in the patients' view, is most helpful in calming anxiety and natural feelings of fear [5].

As is well known, the patient experience, one of the three activities that drive outcomes, along with diagnosis and safe, error-free execution, can be improved by coordinating the patient journey, reducing handoff time, focusing on the audiences of interest, the Disney management approach (every team member is trained to be an effective communicator), and building on traditional health systems (such as the holistic Ayurveda, which emphasizes the unbreakable connections between body, mind and spirit), progressing touchpoints and reforming interactions.

The HealthLeaders Media Intelligence Unit is a division of HealthLeaders Media and has for many years been considered a premier source for health care management research, providing analysis and forecasts through digital platforms, customized reports, customized reports, printed books, conferences, roundtables, peer-to-peer networking technology opportunities (where each computer has equal rights and responsibilities, with network devices sharing resources and communicating directly with each other), and various presentations for senior management [6].

The measurement of patient satisfaction is the application in health care of the concept of customer satisfaction, a concept that comes from both quality management and marketing [6].

As specialists argue, patient satisfaction has an impact on: retaining existing patients and gaining potential ones; the perceived quality of healthcare services by patients as a result of both the interaction with medical staff and the communication through which care recipients are informed about solutions to the medical problems they face, solutions offered by the healthcare facility in comparison to its competitors; compliance with doctors' recommendations; patients seeking a second medical opinion; health outcomes achieved by the health facility in question; satisfaction of the health facility's medical staff; patients not resorting to malpractice lawsuits; patients becoming promoters of the health facility's brand [7].

Several different types of satisfaction questionnaires exist in the medical literature, an established benchmark being, for example, the PSQ-III Patient Satisfaction Questionnaire (a more recent version of the PSQ), a survey of global satisfaction with health care, as well as satisfaction with six aspects of care: technical quality, interpersonal manner, communication, financial aspects of care, time spent with the doctor and accessibility of care [8].

On the other hand, as a short-form version of a hospital patient satisfaction questionnaire, we can consider a combination of a myriad of variants, including the one used by St. Joseph's General Hospital, Elliot Lake [9].

The constant concern about the satisfaction of patients receiving health care services in one of the health care organizations allows resorting to a questionnaire that would allow to objectively assess the degree of patient satisfaction (a significant indicator of health care) treated in a health care facility, and based on the interpretation of the results, to recommend to practitioners solutions to improve this experience, with the effect of optimizing health outcomes and increasing brand awareness in the relevant market.

OBJECTIVES AND METHODS

The main objectives of this study are twofold. First, it aims to examine the key determinants of the emerging patient-centered paradigm in healthcare, with particular emphasis on how positive patient experiences and high levels of patient satisfaction catalyze this paradigm shift. Second, the study evaluates the role of adaptive and innovative marketing strategies in healthcare, including experiential marketing approaches to enhance patient satisfaction and align healthcare delivery with patient needs and expectations. Taken together, these objectives underscore that patient satisfaction and positive patient experiences are central pillars of contemporary healthcare marketing, highlighting the necessity of adopting patient-centered strategies and illustrating how such approaches can drive the transformation of healthcare systems toward more empathetic, responsive, and digitally integrated services.

To accomplish these objectives, an exploratory review of relevant literature was conducted, complemented by a theoretical analysis of key sources. This bibliographic research focused on existing studies addressing the patient-provider service paradigm, experiential marketing in healthcare, and established tools for measuring patient satisfaction, thereby grounding the discussion in well-founded concepts and evidence. Through the synthesis of these sources, the study provides a comprehensive theoretical perspective on the factors driving the patient-centric shift and on the evolution of marketing practices tailored to patient expectations.

RESULTS AND DISCUSSIONS

Paradigm shift in healthcare: patient as healthcare provider

It is well known that paradigms are fundamental frameworks around which disciplines and schools of thought are generated, and most of the paradigms associated with service management have, according to numerous studies, originated from the marketing discipline and perspective. Inevitably, given the generous perspectives that marketing offers, many paradigms associated with services have emerged, with a particular focus on the management sphere.

Given that certain paradigms within service marketing may diverge from traditional operations management principles, leading scholars in both domains have advocated for the development of a renewed and integrative service paradigm.

The review of paradigms in the literature led to the proposal of a customer-supplier service paradigm superior to alternative service paradigms. Thus, the client-provider paradigm (patient-provider of health care services, in the case of health care services) is considered a useful and justified basis for the present and future study of (health care, in our case) services.

The service operations paradigm considered to be prominent is the customer contact model, introduced in the late eighties by R.B. Chase, whose fundamental argument is that the potential efficiency of service operations is limited by the amount of customer contact with the service provider's employees [9].

Furthermore, Chase recommended the famous equation below [10]:

$$\text{Operational potential efficiency} = \frac{1}{1 - \frac{\text{Client time contact}}{\text{Service time creation}}}$$

To understand the customer-supplier paradigm, it is necessary to realize that the customer-supplier paradigm does not focus on what customers do but on what they provide as inputs to service processes. This paradigm shift is that customer-provided inputs are the defining characteristic of services, as long as the customer is identified and the process being analyzed is specified. Also, processes rarely occur in isolation; rather, they exist within supply (value) chains, where one process feeds into another process. Thus, the customer-supplier service paradigm clarifies service supply chains, showing how they involve customers both as providers of inputs and as consumers of outputs [10].

For a correct understanding of this paradigm in the sphere of health services, two essential aspects must be taken into account, according to the rich literature [10]:

- Supply Chain Management: the patient-provider paradigm of health care services identifies the complexity of the supply of health care services and shows how to involve patients in their dual roles, those of input providers and output consumers.
- The universal input-output model: the patient-provider paradigm focuses on the patient's needs and wants, which is the defining characteristic of health services.

The primary paradigm in health services has been naturally generated by the interaction between the patient and the healthcare provider and has proven superior to alternative service paradigms, thus providing a viable basis for studying health services.

Examples of adaptive marketing in healthcare

The exponential developments in healthcare necessitate a continuous search for innovative solutions to meet the needs of existing patients, retain them, and attract new ones, while providing high-quality services that take into account the diverse perceptions of all patients. This requires dynamic and creative management strategies, as well as specific patient-centered marketing actions.

The service revolution continues, always presenting new challenges for marketing management, new rules of competition, new methods of organization, new commitments regarding the communication process and interpersonal relationships, as well as new approaches to economy and intelligence [11]. Dynamism, innovation, and technology are now considered essential tools in a scientific approach [11].

Professor Richard K. Thomas argued that "health professionals, especially physicians, fall into a special category, and the fact that they make most of the decisions about patients creates a unique dynamic to health care." [12]

Kotler recommended the development of stronger marketing (i.e., making it more important than production), replacing old marketing with new marketing, the latter of which should be holistic, strategic, technologically oriented, and financially focused [13].

The strong development and affirmation of marketing in the health sector are due to the rapid and diverse evolution of marketing tools, the marketing mix, and especially the various types of marketing that have adapted quickly and effectively in the health sector. One of these is experience marketing, also known as experiential marketing, a specific strategy through which organizations target different categories of consumers with varying cultural values, satisfying their wants and needs by offering emotionally triggering experiences that stimulate their senses and facilitate the formation of personalized bonds [14].

Experiential marketing can include five types of experiences [4]:

1. *Sensory experiences*: occur when human senses are stimulated:

- sight, through attractive colors and shapes, which are part of the brand identity and intended to be memorized by consumers;
- hearing, through music and sounds used as positioning elements;
- sense of touch, to which men are more sensitive than women;
- the sense of smell, which can trigger certain emotions.

Marketing strategies aim to differentiate an organization and its services from other similar organizations and to add value to services through their sensory appeal.

2. *Affective experiences*: These are determined by the inner feelings of the consumer, to whom the use of the service triggers certain emotions, feelings and moods. Marketing strategies are geared towards increasing the intensity of emotions and developing a sense of anticipation of the pleasant feelings that will follow after using the service.

3. *Experiences through thinking*: stimulates the consumer's creativity and challenges them to solve problems, actually encouraging them to get involved in evaluating the service received and the organization. The marketing strategy works in several directions, designed to surprise the consumer, arouse their curiosity, and create controversy by breaking conventional boundaries - actions that address both convergent, rigorous, and systematic problem analysis thinking and divergent, free thinking.

4. *Experiences through action*: involves the consumer in direct interaction with the health care service, towards which he or she takes an attitude and changes some of his or her lifestyle habits. Strategic directions refer to either physical reactions (such as reflex actions or body signals) or changes in mindset and lifestyle.

5. *Relational experiences*: They provide the consumer with the opportunity to learn about entities as a result of the buying and consuming process.

Marketing strategies also have multiple directions:

- public awareness of a particular social category and its advantages;
- identification of the consumer with an established reference group, so that he/she is convinced that he/she has the same needs as the members of the reference group;
- highlighting, whereby membership of the reference group is perceived as beneficial.

The evolution of holistic organizational ecosystems in the context of the broad and ongoing process of digital transformation, as well as the importance of aligning external trends with internal strategic priorities in addressing the new digital transformation model - digital marketing and digital health- are evident [15].

The potential of digital technologies and data to enrich understanding and marketing as a cultural architect is huge. Digital transformation plays a crucial role in advancing healthcare ecosystems, particularly through the strategic use of digital marketing [16]. This has underscored the importance of adopting a strong human-centered approach, effectively managing digital marketing efforts, and integrating artificial intelligence (AI) with the Internet of Things (IoT). Additionally, leveraging AI-driven insights for diagnostics and other applications is becoming increasingly essential.

Nowadays digital technology has become more and more used in everyday activities, and its intensive use and in most areas of activity has brought changes in the structure of society, and even in the psychology of individuals, who are gradually changing their conceptions about life, work, health and education, the ideal way of spending leisure time and the attributes of an optimal work climate. In this general context, it is clear that conceptions of the healthcare process are also changing, and, naturally, they should keep pace with technological progress and incorporate new tools, new treatments, new procedures, and new medicines, in an attempt to simplify and streamline it. Some of the recent spectacular developments in digital marketing worldwide:

- Digital transformation is enabling a closer connection with customers, responding to the new demands of supply chain management (few business functions are as profoundly disrupted by digitization as marketing).
- In the context of an organization's greater interactivity with more empowered customers, amidst facing particular challenges, marketing is now obliged to offer something for each and every customer [17].

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- We live, today, in a much more complex world of digitally enabled smart customers, digital products, digital business operations, and digital competitors [18].
 - It is important to identify the most useful insights by understanding what is happening at the confluence of people and technology, taking into account the ability of marketing technologies to bridge different technologies [19].
 - Marketers need to enhance the customer experience by getting a complete picture of their customers and delivering real-time experiences [20].
 - Marketers now have a critical role in the process of continuously identifying digital opportunities along the entire value chain.
 - Marketers must first, and best, understand the difference between change and transformation.
 - Marketers must integrate people, technology, and best practices, given the accelerated social interaction of social media.
 - There are already new digital tools and new ways to drive change [9].

CONCLUSION

The beneficiaries of healthcare services, the patients, are people with fundamentally different lifestyles, varying ages, diverse social backgrounds, differing levels of education, diverse health conditions, and, of course, different expectations and conceptions.

To resonate with these characteristics, the portrait of the ideal doctor has also changed significantly: first and foremost, he must be an excellent professional, a good communicator, approachable and friendly, transparent, enthusiastic, passionate, able to draw realistic conclusions and objectives and provide immediate and effective feedback on health issues, willing to offer professional and emotional support to his patients.

In the midst of continuously identifying digital opportunities along the entire value chain, marketers need to understand the difference between change and transformation better, integrating people, technology and best practices, taking into account the accelerated social interaction of social media, enhancing the patient experience by improving knowledge of patients' needs, wants and attitudes, gaining a complete picture of them and delivering real-time experiences [20].

The transformation of economies into service economies - i.e., economies in which the production and consumption of services predominate - fundamentally changes the structure of society. This economic transformation is being significantly driven by rapid advances in technology, particularly in information and digital technology [21].

This new, highly topical paradigm in healthcare requires not only innovative models of approaching the patient experience and especially patient satisfaction, but also the obligation of permanent, accurate, and clear communication with the patient.

Conflicts of interest and sources of funding

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Authors' contribution

Conceptualization MCMS, ITS, ADS, DLDM, AGS, and VLP; methodology MCMS and ITS; software, MCMS and ITS; validation MCMS, ITS, ADS, DLDM, and VLP; formal analysis, MCMS; investigation, MCMS, and ITS; resources, ADS, DLDM, and MCMS; data curation, MCMS, and ITS; writing-original draft preparation, MCMS; writing-review and editing, MCMS; visualization, MCMS; supervision, ADS and DLDM; project administration, MCMS, and ITS. All authors have read and agreed to the published version of the manuscript.

Ethics approval and consent to participate

The study was conducted under the Declaration of Helsinki. The research was conducted under ethical guidelines and regulations, ensuring compliance with all necessary protocols.

Patient consent for publication

Not applicable.

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