

Do Hospital Quality Signals Align? Evidence from Accreditation, Google-Based Patient Satisfaction and Occupancy Rates

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Abstract

This study examines whether widely used hospital quality signals provide convergent or divergent information about performance within a public healthcare system. It aims to assess the degree of alignment among publicly visible indicators and to determine whether they represent coherent or fragmented dimensions of institutional quality. An exploratory cross-sectional analysis was conducted using data from 91 Romanian public hospitals. Accreditation classifications were obtained from the national authority, patient experience was proxied through average Google star ratings, and operational performance was measured by bed occupancy rates. Descriptive and complementary statistical analyses were applied to explore associations without assuming causality. The results reveal no statistically significant or substantively meaningful relationship between accreditation status and Google-based patient satisfaction scores. Associations between patient satisfaction and occupancy were likewise weak, with only limited evidence of a modest positive relationship among highly utilized hospitals. Overall, the findings indicate that accreditation outcomes, digital patient feedback, and utilization metrics capture distinct and only weakly aligned dimensions of hospital performance. These results highlight the need for cautious interpretation of public quality indicators and support the development of multidimensional evaluation frameworks. The study contributes to ongoing debates in healthcare quality, governance, and performance measurement by providing empirical evidence on the coherence or fragmentation of contemporary hospital quality signals within a national public health context.

Keywords

Hospital accreditation, patient satisfaction, online hospital rating, healthcare quality signals, bed occupancy rate.

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Introduction

Hospital performance has become increasingly visible to the public through a growing array of formal and informal quality signals. Accreditation systems, public reporting initiatives, inspection regimes, and online rating platforms now coexist as parallel mechanisms of transparency and accountability. While these instruments are often assumed to convey coherent information about hospital quality, their proliferation raises important questions about whether they offer consistent, complementary, or even comparable assessments of performance.

Hospital accreditation remains one of the most institutionalized approaches to quality assurance in healthcare systems. Accreditation frameworks are designed to assess organizational capacity, clinical processes, and governance through standardized external review. In parallel, digital platforms have introduced new forms of publicly visible performance evaluation. Online patient ratings, particularly Google star scores, are increasingly consulted by patients and are frequently interpreted as indicators of patient satisfaction and experiential quality. Empirical evidence suggests that such ratings capture meaningful aspects of patient experience and exhibit moderate associations with conventional survey-based measures (Greaves et al., 2012). Recent large-scale analyses further demonstrate that Google ratings are widely available for hospitals and display substantial variation across institutions, underscoring their growing salience within public healthcare systems (Tse et al., 2024).

Despite their simultaneous prominence, the relationship between accreditation and digital patient ratings remains poorly understood. Accreditation is rooted in professional and regulatory logics, whereas online ratings emerge from patient-driven and market-oriented evaluations. Prior research indicates that these logics may not align. Evidence from Romania suggests that accreditation classifications may only weakly reflect patient and professional perceptions of quality (Druică et al., 2020), while international studies highlight organizational tensions and conflicting institutional demands that can dilute the signaling function of accreditation outcomes (da Silva & Rossoni, 2024; Robbins et al., 2022).

Hospital performance is also assessed through operational indicators such as bed occupancy rates which reflects both demand-side behavior and managerial efficiency and is often interpreted as proxies for hospital attractiveness and utilization. However, empirical evidence linking patient-generated digital satisfaction metrics to operational performance remains limited, particularly in public healthcare systems (Rajan et al., 2022).

Against this background, the present study adopts an exploratory approach to examine how formal and informal hospital performance signals relate to one another. Specifically, it investigates: (1) the extent to which hospital accreditation classification is associated with Google-based patient satisfaction scores, and (2) the extent to which Google-based patient satisfaction scores are associated with hospital occupancy rates. By examining these relationships, the study contributes to a more nuanced understanding of how hospital performance is measured and interpreted in practice.

The existing literature highlights persistent ambiguity about whether commonly used hospital performance indicators convey consistent information about quality and performance. Accreditation classifications, patient-generated digital ratings, and operational indicators such as occupancy rates are frequently treated as complementary signals; however, evidence suggests they often reflect distinct dimensions shaped by institutional, behavioral, and structural factors. Accreditation reflects compliance with formal standards and internal processes, whereas Google-based ratings reflect patient perceptions, and occupancy rates are influenced by demand, capacity, and system-level constraints.

Given the mixed and context-dependent evidence, this study adopts an exploratory and evaluative approach rather than a confirmatory one. It does not assume alignment or causal relationships among accreditation, patient satisfaction, and operational performance. Instead, examines their empirically associations at the hospital level.

The first research question examines the relationship between formal accreditation outcomes and patient-perceived quality:

To what extent is hospital accreditation classification associated with Google-based patient satisfaction scores?

The second research question examines whether satisfaction is related to hospital utilization:

To what extent are Google-based patient satisfaction scores associated with hospital occupancy rates?

These research questions aim to clarify how formal accreditation signals, informal digital reputation, and operational performance relate in practice, without presupposing alignment among them.

The remainder of the paper is organized as follows. The next section presents the theoretical background on accreditation, online patient ratings, and hospital utilization. The methodology section describes the study design, data sources, variables, and analytical approach. The results section reports the descriptive and statistical findings related to the two research questions. The discussion interprets these findings in relation to existing literature and their managerial and policy implications. The paper concludes by summarizing the main contributions, limitations, and directions for future research.

1. Theoretical background

The relationship between hospital quality signals and operational outcomes such as utilization, demand, and bed occupancy remains insufficiently understood. Although quality indicators are often assumed to influence patient choice and hospital performance, empirical evidence suggests that their translation into observable operational effects is neither direct nor consistent. Economic analyses indicate that patients respond selectively to different dimensions of quality, with clinical performance, patient experience, and reputational cues exerting heterogeneous and context-dependent effects on hospital demand. Gutacker et al. (2016) show that no single type of quality indicator consistently dominates patient choice, underscoring the complexity of demand responses.

Within this context, hospital accreditation has become a central formal mechanism for assessing and signaling quality. Accreditation systems evaluate organizational structures, clinical processes, and governance practices through standardized external review. Systematic reviews report positive associations between accreditation and selected process measures, safety practices, and organizational learning outcomes (Alhawajreh et al., 2023; Araujo et al., 2020; Hussein et al., 2021). However, these reviews emphasize substantial heterogeneity in study designs and limited evidence of consistent effects on clinical outcomes or system-level performance. Umbrella reviews further highlight that accreditation effects are highly context-dependent and sensitive to implementation and institutional maturity (Lewis & Hinchcliff, 2023). As a result, accreditation classifications may function more as indicators of compliance than precise measures of patient-relevant quality.

The empirical relationship between accreditation and patient-perceived quality remains similarly inconclusive. Evidence suggests weak or inconsistent association with patient satisfaction and experience (Hussein et al., 2021; Lewis & Hinchcliff, 2023). While accreditation may improve internal processes and safety culture, these changes are not always visible to patients. Some studies suggest indirect effects through patient trust or loyalty (Swain et al., 2025) though such effects depend on contextual factors and patient awareness. Evidence from international accreditation programs similarly shows improvements in safety and organizational practices but inconsistent impacts on patient satisfaction (Vuohijoki et al., 2025).

A key limitation of accreditation as a public signal is low patient awareness. In Romania, patients often lack knowledge of hospital accreditation status and do not consistently interpret accreditation classifications as indicators of care quality (Druică et al., 2020). When awareness is limited, the signaling function of accreditation weakens, reducing its influence on patient choice, satisfaction, and utilization. Consequently, classifications may carry greater significance for regulators and professionals than for patients.

In contrast, digital platforms have introduced highly visible and easily interpretable indicators of patient experience. Online hospital ratings, particularly Google star scores, represent informal, patient generated quality signal that are increasingly consulted in healthcare decision-making. Large-scale analyses show that these ratings are widely available and vary substantially across institutions (Tse, Dhalla & Nayyar, 2024). Unlike accreditation, these ratings directly reflect patient perceptions and are immediately accessible at the point of care choice.

However, alignment between digital ratings and formal quality mechanisms remains contested. Research indicates that online ratings capture experiential aspects of care that are not fully reflected in accreditation standards. Sentiment analyses show that patient satisfaction may diverge from accreditation status, emphasizing experiential rather than structural dimensions (Aini & Sari, 2025). This raises questions about whether formal and informal quality signals operate as complementary or competing sources of information.

Organizational research further highlights systematic “decoupling” between formal quality signals and patient experience. Accreditation operates within complex institutional environments shaped by competing professional, regulatory, and market logics, which may encourage symbolic compliance rather than substantive improvements in care delivery (Robbins et al., 2022). Qualitative evidence suggests that hospitals

may prioritize documentation and procedural conformity to meet accreditation requirements without necessarily improving patient-facing outcomes.

The inconsistencies raise important methodological considerations. Research on healthcare quality is vulnerable to inflated effect sizes, selective reporting, and overinterpretation of statistical significance. Ioannidis (2008) highlights the likelihood of exaggerated associations in observational studies, while Rothman (2014) identifies persistent misconceptions in statistical interpretation. These concerns are especially prominent when examining complex relationships between institutional signals, patient perceptions, and operational outcomes.

In response, exploratory and evaluative approaches are increasingly recommended. Rather than assuming alignment between accreditation, patient ratings, and utilization, the literature supports empirical examination without presupposed causal relationships. Persistent mixed findings, limited patient awareness, and evidence of decoupling indicate that the informational value of both formal and informal quality signals remains uncertain. This provides a strong rationale for examining how accreditation classifications, Google-based patient satisfaction scores, and hospital occupancy rates relate in practice, without assuming confirmatory relationships.

2. Methodology

This study adopts an observational, cross-sectional design to examine the relationships between hospital accreditation classification, Google-based patient satisfaction, and hospital occupancy rates. The analysis takes an exploratory approach, focusing on the direction and strength of associations between formal quality signals (accreditation), digital reputation (Google ratings), and operational performance (occupancy) without testing predefined causal hypotheses.

This study uses secondary hospital-level data for 91 hospitals, collected during May–June 2022, with each observation corresponding to an individual hospital. Accreditation status was obtained from the official public database of Romania’s National Authority for Quality Management in Health (ANMCS) (National Authority of Quality Management in Health, 2025). Patient satisfaction was proxied by the average Google review score (1–5), derived from user-generated ratings. Hospital occupancy rates were obtained from publicly available national and institutional sources and, where necessary, calculated using inpatient days and authorized bed capacity. To avoid temporal ambiguity, occupancy is treated as a hospital-level operational indicator derived from the most recent publicly available utilization data, rather than as a patient-level measure collected simultaneously with Google ratings and accreditation status.

For a subset of 28 public hospitals, bed occupancy rates were manually computed using the following formula:

$$BOR = \frac{D}{B} \times 100 \quad (1)$$

where:

BOR represents the Bed Occupancy Rate,

D denotes the total number of inpatient days,

B represents the number of authorized beds according to the hospital’s organizational structure.

Inpatient data were obtained from the Diagnosis Related Groups Romania platform (National Authority of Quality Management in Health, 2025). For five hospitals, occupancy rates were sourced directly from institutional websites, while for the remaining hospitals were drawn from national analyses (National Authority of Quality Management in Health, 2025). Additional covariates included number of beds, administrative unit, region, and accreditation category.

Three primary variables were analyzed: accreditation status (ordinal, Category I–VI), patient satisfaction (Google rating, 1–5), and operational performance (occupancy rate, %). When direct computation was not feasible, occupancy values were obtained from publicly available institutional or national sources.

The analytical strategy followed a structured exploratory approach. Descriptive statistics and graphical analyses were used to assess the distribution of key variables. Bivariate association analyses examined the relationships between accreditation and patient satisfaction, and between satisfaction and occupancy using nonparametric trend tests, group comparisons, and correlation and regression models. Heterogeneity in the satisfaction-occupancy relationship was further examined using quantile regression at selected percentile.

3. Results

The analytical sample comprised 92 hospitals. Google-based patient satisfaction scores were available for 91 hospitals (98.9%), with one missing observation, while hospital occupancy rates were complete for all facilities. Consequently, 91 hospitals had complete paired data for Google-based satisfaction and occupancy and were retained for subsequent analyses.

The mean Google rating was 3.67 (SD = 0.60), with a median of 3.60, indicating that overall patient evaluations clustered around the mid-to-upper range of the five-point scale. Ratings ranged from 2.30 to 5.00, reflecting substantial heterogeneity in perceived patient experience. The interquartile range further illustrates this dispersion, with 25% of hospitals receiving ratings below 3.30 and 75% scoring below 4.10, suggesting that most hospitals were concentrated within a relatively narrow satisfaction band.

Google ratings clustered around mid-to-upper range (mean = 3.67), while occupancy rates showed greater variability (mean = 55.66). Detailed distributions are reported in Table 1.

Table no. 1. Google rating by occupancy rate

	count	mean	std	min	25%	50%	75%	max
GoogleRating	91	3.67	0.6012	2.30	3.30	3.60	4.10	5.0
OccupancyRate	91	55.66	18.8903	22.87	42.885	51.59	66.30	118.6

Descriptive comparisons across accreditations reveal substantial overlap in Google-based patient satisfaction scores. Table 2 presents the distribution of ratings by accreditation category. Means satisfaction varied modestly across accreditation levels, with no consistent pattern.

Table no. 2. Google rating by accreditation level

Accreditation	count	mean	median	SD	q25	q75	IQR
II	32	3.553125	3.45	0.595675	3.15	4.025	0.875
III	31	3.825806	3.70	0.596080	3.45	4.350	0.900
IV	19	3.536842	3.40	0.660985	3.10	3.900	0.800
V	5	3.860000	3.60	0.456070	3.60	4.300	0.700
VI	4	3.700000	3.65	0.391578	3.45	3.900	0.450

A one-way analysis of variance showed no statistically significant differences in mean Google ratings across accreditation categories ($F(4,86) = 1.19, p = 0.320$). Regression analysis yielded similarly negligible and non-significant effects ($p = 0.522$).

The relationship between patient satisfaction and hospital occupancy is illustrated in Figure no. 1, which shows no strong or consistent association.

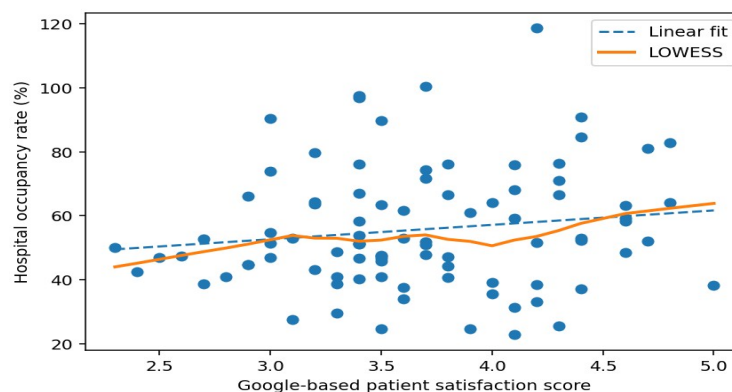


Figure no. 1. Occupancy rate vs Google rating

To explore potential heterogeneity, quantile regression models were estimated at the 25th, 50th, and 75th percentiles. No statistically significant association was observed at the lower or median quantiles. However, a positive and statistically significant relationship emerged at the upper quartile ($\beta = 11.15$, $p = 0.020$), indicating a potential association between higher patient satisfaction and occupancy among highly utilized hospitals.

Figure 2 illustrates this pattern, showing higher median occupancy among hospitals in the highest satisfaction quartile, alongside substantial within-group variability. Group-based comparisons did not yield statistically significant differences in mean occupancy.

Overall, the results provide limited empirical support for a systematic association between Google-based patient satisfaction and hospital occupancy rates. While patient satisfaction may play a reinforcing role in high-utilization settings, its influence on hospital occupancy appears weak rather than generalizable across the system.

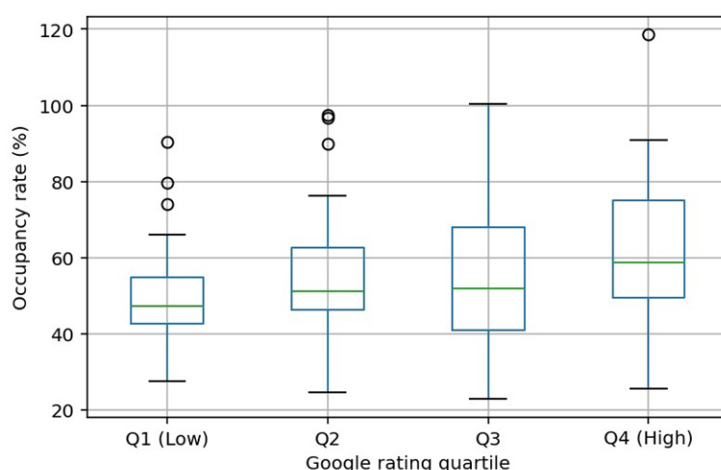


Figure no. 2. Occupancy rate by Google rating quartile

4. Discussion

The findings for Research Question 1 indicate no statistically significant or substantively meaningful association between hospital accreditation classification and Google-based patient satisfaction scores. This suggests that higher accreditation status does not systematically translate into more favourable online patient evaluations.

This misalignment reflects fundamental differences between the dimensions of quality captured by accreditation systems and those expressed through patient-generated ratings. Accreditation is primarily a structural and process-oriented instrument, focusing on governance, safety, and organizational capacity (Hussein et al., 2021; Lewis & Hinchcliff, 2023), whereas Google-based ratings reflect experiential aspects of care such as communication, interpersonal interactions, and waiting times (Greaves, et al., 2012; Tse et al., 2024). Limited patient awareness of accreditation status further weakens its role as a public signal (Druică et al., 2020).

These findings are consistent with research documenting decoupling between formal quality mechanisms and patient experience, whereby accreditation compliance does not necessarily produce changes perceptible to patients (Robbins et al., 2022; Van Wilder et al., 2021). Patient satisfaction often reflects factors not directly targeted by accreditation standards (Aini & Sari, 2025).

From a policy perspective, these findings caution against interpreting accreditation classifications as proxies for patient-perceived quality. Accreditation and online ratings capture distinct dimensions of hospital performance, supporting the need for multidimensional evaluation frameworks (Lewis & Hinchcliff, 2023).

The analysis addressing Research Question 2 reveals a weak association between Google-based patient satisfaction scores and hospital occupancy rates. Patient satisfaction explains only a small proportion of the observed variation in occupancy, with limited evidence of a positive relationship at higher utilization levels.

Hospital occupancy is shaped by a range of structural and institutional factors that constrain the influence of patient experience on utilization. Health system performance frameworks emphasize that utilization metrics reflect interactions between supply constraints and population health needs rather than patient choice

alone. This pattern reflects the dominant role of structural and institutional factors in shaping hospital utilization, including capacity constraints and system-level organization (Rajan et al., 2022).

The conditional association at higher utilization levels suggests a potential reinforcing role of patient satisfaction in near capacity settings. However, this relationship may be confounded by underlying hospital characteristics that influence both occupancy and patient satisfaction. The observed association may therefore reflect shared institutional factors rather than a direct effect. This interpretation is consistent with evidence that patient-generated ratings function as reputational cues in high-demand environments (Gutacker et al., 2016; Tse et al., 2024).

For hospital managers, improving patient satisfaction alone is unlikely to substantially influence occupancy in most public settings. Patient experience initiatives may yield greater operational benefits in high-utilization environments. Satisfaction and occupancy should therefore be interpreted as complementary rather than substitutable indicators.

This study has several limitations that should be considered when interpreting the findings. First, the cross-sectional design limits the ability to assess causal relationships or dynamic effects over time. Second, Google-based ratings may be subject to selection bias, polarization, and unequal representation of patient experiences. Third, the analysis does not fully account for case-mix differences, specialty profiles, or service complexity, which may influence both patient satisfaction and occupancy.

Future research could address these limitations through longitudinal designs, mixed methods approach, or the integration of clinical outcome measures and patient survey data. It may also examine how patient awareness of accreditation status influences satisfaction and how digital reputation interacts with utilization across contexts.

Conclusions

This study examined the relationships between formal hospital accreditation classifications, Google-based patient satisfaction scores, and hospital occupancy rates to assess how commonly used performance signals relate in practice.

Hospital accreditation classification was not systematically associated with Google-based patient satisfaction. This reflects a distinction between the structural and process-oriented quality dimensions assessed by accreditation systems and the experiential quality captured by patient-generated ratings.

The analysis also revealed a weak relationship between patient satisfaction and hospital occupancy rates with limited evidence of a positive association in high-utilization settings.

The findings caution against treating accreditation outcomes as proxies for patient-perceived quality and support a multidimensional perspective in which accreditation, patient satisfaction, and operational metrics capture distinct aspects of hospital performance.

Performance assessment should not rely on a single indicator. Integrating structural, experiential, and operational perspectives provides a more comprehensive basis for evaluating hospital performance and designing quality improvement strategies in increasingly data-rich healthcare systems.

Generative Artificial Intelligence (GenAI) usage statement:

ChatGPT (version 5.0) was responsibly used for language improvement. After this process, the authors reviewed and edited the content as needed and take full responsibility for the content of the present article.

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