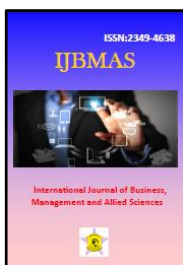# INTERNATIONAL JOURNAL OF BUSINESS, MANAGEMENT AND ALLIED SCIENCES (IJBMAS)

A Peer Reviewed International Research Journal

PATIENT SATISFACTION TOWARDS MULTI SPECIALITY HOSPITAL - A CASE STUDY OF RAMESH HOSPITALS, VIJAYAWADA

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ABSTRACT

Healthcare service scenario is evolving day by day, more focus and emphasis has been given to the patient satisfaction and it is considered as an important yardstick to measure the quality of services provided by the hospital.Hospitals are always faced with the challenge of providing the quality of care that meets the expectation of its clients. As a service industry, hospitals are expected to provide its customers with quality of care they need. Satisfaction is a function of the discrepancy between what is expected and what is perceived to be actually occurring. Therefore, it is imperative for hospital managers and administrators to identify patient's perceptions and expectations of the quality of care, from time to time and to assess the extent to which these ideals are met by their institutions. The study was carried out in Ramesh Hospitals to measure the quality of healthcare delivery and its impact on patient. According to patient's opinion, the study revealed that the degree of satisfaction was mild to moderate with respect to facilities and availability of multi specialist hospital, which need to be further explored and corrected.

Keywords: Patient Satisfaction, Healthcare services, Medical services, Quality care, Facilities.

INTRODUCTION

Health care quality has become a global issue. The health care industry is undergoing a rapid transformation to meet the ever-increasing needs and demand of its patient population. Patient satisfaction is one of the established yardsticks to socioeconomic status and easier access to medical care has led to high expectations and demands from consumers of hospital services.

Measuring the quality of intangible service products has become a great challenge for managers and administrators in the health services industry. In general, patient satisfaction has been defined as an evaluation that reflects the perceived differences between expectations of the patient to what is actually received during the process of care. A Patient's experience within a hospital environment is based on numerous encounters with a wide variety of individuals and locations. The

first encounter is with the facilities parking lot followed by physically accessing the facility, the admissions process encounters with physicians, nurses lab personal and service providers and their respective physical locations, patient rooms and they receive while in their room, the discharge process and finally the billing/payment process.

The main beneficiary of a good health-care system is clearly the patient. As a customer of health care, the patient is the focus of the health care delivery system. Customers who are merely satisfied often do not come back and organisation operating ender this discipline of this satisfaction outperformed the firms that did not provide satisfaction. The long term survival of hospitals depends on loyal patients who come back or recommend the hospital to others.

REVIEW OF LITERATURE

Chahal Hardeep (2013) in his study revealed that patient satisfaction is a multi dimensional construct comprised of four dimensions, namely: physical maintenance, physician care, nursing care and internal facilities. Among the four hypothesized models, only model 2 depicting the impact of dimensions on satisfaction showed a good fit while the other three models showed either average(model 4) or poor (models 1 and 3) fit. The analysis of the models indicates that all patient satisfaction dimensions positively and significantly contributes to patient satisfaction and which also act as an important mediating factor between the satisfaction dimensions and patient loyalty. Joshi (2013) opined that Patient satisfaction is deemed to be one of the important factors which determine the success of health care facility. The real challenge is not getting ready with mere requirements, but also delivers services ensuring good quality. A need is felt to assess the health care systems regarding patient satisfaction as often as possible. Currently available national and international literature was reviewed to understand the concept of patient satisfaction. Jonathan Chun and Andrea Chao Bafford (2014) in their article reviewed the evolution of surgical quality measurement and improvement from its infancy in the 1850s to the vast efforts being undertaken today. They explored Codmans' 'Assessment of the outcomes of care' investigated four aspects of care for each case received: The physicians' or surgeons' input; the hospital's contribution; The patients' disease or condition' and The factors which deterred patient's co-operation. From the study they identified the new levels of health care as safety, efficiency, and quality should be achieved. Patient satisfaction is related to the extent to which general healthcare and condition-specific needs are meet. Patient satisfaction is a multidimensional constructs that includes the degree of patient's positive feeling on general satisfaction, technical quality, interpersonal manner, communication, financial aspects, time spend with doctors, nurses, registration, pharmacist service, accessibility to health care service, convenience, availability of care and condition of facilities during their health care services (Kumari et al., 2009; Abramowtitz et al., 1987). Patient satisfaction is an instrument to monitoring hospital's quality of care and reducing administrative complexity. In a study of Pgimer (2011) it was found that average time spent by respondents for registration was 33.20 minutes. The overall satisfaction regarding the doctor patient professional and behavioural communication was more than 80 per cent at almost all the levels of health care facilities. In total, 55 per cent of respondents opined that doctors have shown little interest to listen to their problem while 2/3 opined that doctors used medical and technical terms to explain their illness and its consequences. The present study focus upon single hospital and conduct in depth study for identifying factors influencing patient satisfaction towards hospitals with special reference to Ramesh Hospitals.

NEED FOR THE STUDY

Quality of nursing care is vital to patient outcomes and safety. Patient satisfaction with nursing and physician care is strongly associated with patients overall satisfaction in hospital To improve the quality of care it is essential to know the factors influencing the patient satisfaction. The study helps to improve patient satisfaction in the wards.

India has increasingly developed its health care services in response to patient needs over decades. Key performance indicators are used to monitor and evaluate the effectiveness and efficiencies of organisations and their staff

Patient satisfaction is one of the essential indicators for health service improvement. The quality of care will indicate the quality of service of the hospital as perceived by the patients regarding various factors. In India, during the last decade, there was huge numbers of patients' complaints about poor health care delivery services. So the present study is carried out with reference to Ramesh Hospitals to explore the factors influencing patient satisfaction and to identify measures to be undertaken to enhance the level of satisfaction.

OBJECTIVES

1. To test the level of satisfaction of patients with respect to facilities and environment in Ramesh Hospital
2. To study the satisfaction levels of patients with respect to behaviour of medical doctors/nursing and supportive staff.
3. To test the satisfaction levels of patients towards doctors interpretation of illness.
4. To know Patient's perception towards cost of treatment.
5. To improve the patient satisfaction in Ramesh hospital.

HYPOTHESIS OF THE STUDY:

H1: Patients are satisfied with the facilities and environment in Ramesh Hospital.

H2: Patients are satisfied with respect to behavioural of medical doctors/nursing and supporting staff.

H3: Patients are satisfied towards doctors' interpretation of illness.

H4: Patients are satisfied with cost of treatment.

METHODOLOGY

Data was collected through questionnaire based on the factors affecting patient satisfaction. Questionnaire was given to the patients in the hospital and asked them to fill the questionnaire. The target population was both male and females admitted in wards. The samples were collected from nursing ward, surgical ward, medical wards and housekeeping wards. The survey was conducted in nursing wards and medical wards of Ramesh Hospitals at Vijayawada. Research is based on the data collected from 130 patients' satisfaction in multi speciality towards RAMESH hospital.

ANALYSIS

Table 1:Are you satisfied with the clinic environment of hospital

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Satisfactory	35	26.9	26.9	26.9
	very satisfactory	54	41.5	41.5	68.5
	Neutral	15	11.5	11.5	80.0
	Dissatisfactory	13	10.0	10.0	90.0
	very dissatisfactory	13	10.0	10.0	100.0
	Total	130	100.0	100.0	

Out of 130 respondents, 42% are very satisfactory & 10% are very dissatisfactory which means patients are more satisfied with the clinical environment in the hospital

Table 2:Availability of housekeeping staff in wards

	Frequency	Percent	Valid Percent	Cumulative Percent
very good	89	68.5	68.5	68.5
good	14	10.8	10.8	79.2
average	9	6.9	6.9	86.2

poor	10	7.7	7.7	93.8
very poor	8	6.2	6.2	100.0
Total	130	100.0	100.0	

35.38% felt that the house keeping staff in wards are excellent, 33.08% are felt very good and 6.15% felt housekeeping staff in wards are very poor.

Table 3:Incomelevel & Satisfaction of patients with respect to facilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	below5000	6	4.6	4.6	4.6
	5000-10000	3	2.3	2.3	6.9
	10000-15000	8	6.2	6.2	13.1
	15000-20000	28	21.5	21.5	34.6
	20000-25000	46	35.4	35.4	70.0
	above25000	39	30.0	30.0	100.0
	Total	130	100.0	100.0	

Table 4:Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	52.738a	28	.003
Likelihood Ratio	21.518	28	.803
Linear-by-Linear Association	.126	1	.722
N of Valid Cases	130		

a. 33 cells (82.5%) have expected count less than 5. The minimum expected count is .02.

H0: There is no significant difference between income level and the satisfaction of patients with respect to facilities and environment.

H1: There is significant difference between income level and the satisfaction of patients with respect to facilities and environment

INTERPRETATION

As the chi-square value of doctor's interpretation of test results is 0.003 which is less than or equal to 0.05 we accept H1 and reject H0. There is significant difference between income level and the satisfaction of patients with respect to facilities and environment. Majority of Patients are satisfied with the environment and facilities, provided by the Ramesh Hospital.

Table 5:Age and Perception towards Medication provided by doctors, nursing and supporting staff

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-25yrs	35	26.9	26.9	26.9
	26-35yrs	47	36.2	36.2	63.1
	36-45yrs	34	26.2	26.2	89.2
	46-55yrs	11	8.5	8.5	97.7
	56-65yrs	3	2.3	2.3	100.0
	Total	130	100.0	100.0	

Table 6: Medication provided by nursing staff

Chi-Square Test

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	61.482[a]	35	.004
Likelihood Ratio	47.083	35	.083
Linear-by-Linear Association	1.202	1	.273
N of Valid Cases	130		

a. 40 cells (83.3%) have expected count less than 5. The minimum expected count is .05.

H0: There is no significant difference between age and medication provided by doctors, nursing and supporting staff.

H1: There is significant difference between age and medication provided by doctors, nursing and supporting staff.

INTERPRETATION: As the chi-square value of medication provided by the nursing staff is 0.004 which is less than 0.05 we accept H1 and reject H0.There is significant difference between age and medication provided by doctors, nursing and supporting staff. Patients are satisfied with the medication provided by the doctors/ nurses

Table 7:Age & Perception towards Medical Expenses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-25yrs	35	26.9	26.9	26.9
	26-35yrs	47	36.2	36.2	63.1
	36-45yrs	34	26.2	26.2	89.2
	46-55yrs	11	8.5	8.5	97.7
	56-65yrs	3	2.3	2.3	100.0
	Total	130	100.0	100.0	

Table 8: Medication Expenses Chi-Square Test

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	22.655[a]	12	.031
Likelihood Ratio	25.855	12	.011
Linear-by-Linear Association	.268	1	.605
N of Valid Cases	130		

a. 10 cells (50.0%) have expected count less than 5. The minimum expected count is .28.

H0: There is no significant difference between age and medication expenses.

H1: There is significant difference between age and medication expenses.

INTERPRETATION

As the chi – square value of medication expenses is 0.03 which is less than or equal to 0.05 we accept H1 and reject H0. There is significant difference between age and medication expenses. Majority of Patients are satisfied with medication expenses in Ramesh Hospital.

RESULTS

1. Most of the patients are highly satisfied (83%) with the cleanliness in the hospital since most of them were from high –income group.
2. Also satisfaction levels are high with the nursing services (70%) in the Hospital.
3. Dissatisfaction was found with the dietary department regarding the quantity of food also regarding the recipies provided.

4. Patient's level of satisfaction was found better regarding the physicians care than the nursing care.
5. Dissatisfaction was found with treatment cost where 15% of patients feeling that it was very high however most of the cases are Arogyasri cases and free treatment are provided to them.
6. Some of the patients are feeling disturbed at vehicle sounds during the day times.
7. Patients were not satisfied with the availability of housekeeping staff and also not responding properly.
8. Nursing staff availability was sufficient especially in gynaecology ward and also nurses are satisfied with the patients.
9. Patients in orthopaedic ward were not satisfied with the availability of wheel chairs.

SUGGESTIONS

1. Regular quality assessment should be made and it should be ensured that quality services are provided to patients.
2. Management should conduct employee engagement activities so that they will work with more enthusiasm, which increases the care provided to patients.
3. Nursing staff should be made aware of their responsibilities in hospital.
4. Patient satisfaction has to be ensured while providing care to the patients.
5. Hospital must continue to improve services and/or introduce new services to adapt to be changing market demands
6. The price of services is not only the cost of the services but also the level of quality.
7. Hospital management must improve the communication and pay attention to use the multi channels such as post cards emails, and telephone and so on to inform the changes and the news of their services especially maters which require patient to cooperate.
8. It is necessary to clarify the contact points between service organization and patients and write down the procedures in documents.
9. Understand each and every patient expectation of the contact points and strive to make the patients happy by optimizing the services.

CONCLUSION

Patients pay an important role in the health care quality measure different demographical and other characteristic such as age, occupation, and payment form and different treatment experience would have different effect on patient satisfaction from these we can learn about the different levels of health care quality, in this hospital it is likely that patient satisfaction can be improved. After improving doctors' attitude and doctors' skill and treatment order other community hospitals can do the same thing to measure patient satisfaction is essential for patient involvement in definitions, development and management of quality of health care it focuses on patient – centeredness and is part of the continuum of political control. The uniqueness about health care services include long -term, duration of interaction, high tend emotional levels such as anxiety ,fear and pain ; wide and increasing gap between professional ,technical ,competence and patient understanding public and private values ,ambiguous out comes for patients and professionals, extraordinary experience such as intense emotions patient satisfaction is an attitude delivery of patient focussed care requires that will provide care in a particular way not just sometimes or usually ,but always .it must be every patient every time. The overall satisfaction of the patients in the hospital was high especially in cleanliness and nursing services provided by the hospital also most of the patients were satisfied with physician care, quality and quantity of food need to be improved.

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