International Journal of Academic Research
ISSN: 2348-7666 Vol.1 Issue-3(1), October-December, 2014

A Study on Patient Satisfaction in Telangana Hospitals
-A Study on three Urban Hospitals in Hyderabad, Telangana

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Abstract: *1. to study the satisfaction levels of the patient in sample hospitals. 2. To suggest measures to strengthen the administrative practices that improves patient satisfaction in hospitals in India.* ***Settings:*** *Gandhi Hospital (GH), St. Theresa's Hospital (STH) and Apollo Hospital (AH) in the state of Telangana in South India.* ***Results:*** *38 – Items scales having good reliability and validity was developed. Seven dimensions of perceived quality were identified—Admission Procedure, Physical Facilities, Diagnostic Services, Behaviour of the staff, Cleanliness, Dietary Services and Discharge procedure. The researcher observed that patient satisfaction is high in the case of STH and followed by AH and GH.* ***Conclusion:*** *The developed scale is used to measure perceived quality at a range of facility types for patients. Perceived quality at public facilities is only marginally favorable, leaving much scope for improvement. Better staff and physician relations, interpersonal skills, infrastructure, and availability of drugs have the largest effect in improving patient satisfaction. In this study patient refer to inpatient.*

Keywords: *Health care system, Quality of services, Inpatient satisfaction*

1. Introduction

A critical challenge for health service providers in developing countries is to find ways to make them more client-oriented. Indifferent treatment of patients, unofficial payments to providers, lack of patient privacy, and inadequate provision of medicines and supplies are common, yet are rarely acknowledged by traditional quality assessment methods. Assessing patient perspectives give users a voice, which, if given systematic attention, offers the potential to make services more responsive to people's needs and expectations, important elements of making health systems more effective (Krishna Dipankar Rao *et al*., 2006). The long-term survival of hospitals depends on loyal patients who come back or recommend the hospital to others (Yogesh Pai *et al*., 2011). The concept of patient satisfaction is rapidly changing to customers' delight which means the patient is not only cured of his ailment during the hospital stay (Akoijam *et al*., 2007). The degree of patient satisfaction can be used as a means of assessing the quality of health care and the personnel. It reflects the ability of the provider to meet the patients' needs. Satisfied patients are more likely than the unsatisfied ones to continue using the health care services, maintaining their relationships with specific health care providers and complying with the care regimens (Yousef Hamoud Aldebasi and

Mohamed Issa Ahmed, 2011). A very important aspect on which patient satisfaction depends is 'nursing care' because nurses are involved in almost every aspect of client's care in hospital (Mufti Samina *et al*., 2008). It is assumed that these patients have formed a positive attitude with regard to the service performance of the provider based on prior use of services (Sharma and Hardeep Chahal, 1999).Patients carry certain expectations before their visit and the resultant satisfaction or dissatisfaction is the outcome of their actual experience (Andrabi Syed Arshad *et al*., 2012). Health care is changing rapidly. Customers are educated and are demanding that we meet their needs. In the ideal service environment, we do not want to just meet the customers' needs, we want to "delight" the customer. It is important, then, to identify all of our customers (Marni Reisberg, 1996). PatientCentered Care can improve treatment outcomes, and its implementation has become the focus of national and local efforts to optimize health and health care delivery. Patients' satisfaction with care is one of the pillars of patient-centered care.

As such, results from patient satisfaction surveys (ie, patient experience of care measures) can be a driving force behind changes in health care delivery—with institutions and individual clinicians hoping for and actively seeking optimal survey scores. Although such initiatives generally promote improvements in practice that are responsive to patients' expressed needs, they may paradoxically promote prescribing of opioids and other addictive medications (Aleksandra Zgierska *et al*., 2012). The quality of service—both technical and functional—is a key ingredient in the success of service organizations (Grönroos, 1984).

2. Patient Satisfaction

It is essential to have an overview of theoretical notions of satisfactions and expectations of the customers, generalities in planning intensive care units, social system, doctor patient relationships, physician role and behavior, nurse behavior patient role and opinions. An organization exists to achieve its goal, the goal of hospital, whatever one may say, is always primarily to provide highest quality of patient care and other objectives are secondary.

There are various factors which influence customer's expectations of services. They include efficiency, confidence, helpfulness, personal interest reliability. These are intrinsic factors. They influence the response of the hospital staff to the patient and his relatives. Intrinsic factors are susceptible to training. They can be improved by training when the performance does not reach the set standards.

Accordingly, external factors exist. These are the outside reasons given by the employee. They include media influence, experience of others and contributes to customers' expectations.

3. Methodology

Collection of Data: The data is collected from both sources i.e. primary and secondary. For collection of data from primary sources, efforts were made to elicit the opinions of almost all key personnel in the organisations through observation, personal interviews, questionnaire and schedules. The data for the study was collected by administering the questionnaire schedules and through observation method. Observation method

is one of the most important and extensively used methods.

Procedure: First of all permission was sought from the selected three hospitals. Then the researcher went to them as and when time was given. Questionnaire was distributed to personnel who were selected as sample and in some cases researcher explained the implications of the questions. Respondents were asked to fill up the set of questions as per instructions mentioned on them. They were specifically requested not to read all the items at once but to go throw each individual statement and answer it and then only move the next. Respondents were assured of the confidentiality of their responses. All respondents were encouraged to express their opinion freely and fairly. Precautions were also taken to obtained unbiased results. Schedules are explained by the researcher personally in a vernacular language and were filled by him personally.

Data Analysis: The questionnaire, which was intended to diagnose the administrative problems contain twenty two statements in total. The count of responses is considered and for each type of response (Strongly Agree, Agree, Can't say, Disagree and strongly disagree) and for each hospital the percentage are calculated.

Selection of Sample size and its justification: There are more than 800 hospitals in HYD. It is difficult for a researcher to take up all the hospitals and study the existing management patterns. For this reason a detailed study of three hospitals that run on direct lines were taken up for study. The sample respondents were drawn through stratified random sampling. The Inpatients were taken based on final number of the sample was taken based on the bed capacity of each hospital. It was observed that there are approximately 1177 beds in GH, 250 beds in STH and 550 beds in AH. The following Table 1 gives the information relating to the respondents in sample hospitals.

Table -1. Elected Hospitals –Respondents

Table 1: S		Elected Hospitals – Respondents (Patient)	
Public/Govt.	Autonomous	Autonomous	Private/ Corporate
GH – 120	STH – 35	STH – 35	AH – 75

The schedules were distributed to 125 patients in GH and 120 respondents were selected for final analysis. In case of AH, out of 90 respondents 75 respondents opinion were taken for final analysis. In STH, out of 50, 35 respondents opinion were taken for final analysis.

Findings and Suggestions to improve the patient Satisfaction in Sample Units

1. Improving Stewardship and Oversight: The organizational structure of the government at both the central and the state levels— currently lacks a strong unit that can analyse health system performance and key health system strategies. An organizational locus for monitoring and evaluation of health system development and consequent use of that information in policy design are also lacking. Along with this lack of organizational structure as a base for the government's stewardship role, limited training and technical capacity exist among senior and mid-level officers to design, plan, implement, and evaluate major health system innovations such as health financing reform or engagement of

private providers in the provision of essential services. Strategic planning and stewardship over the whole sector are non-existent.

2. Consider Partnerships with the Private Sector: Because the private sector is the entry point to health care for most illnesses, an effective public health system must incorporate the private sector. At the very least, the government should consider methods for exchanging records on the most important communicable diseases. The government should consider bringing in private sector representatives to take part in the design and implementation of national health programs and priorities. The government can also build capacity to purchase primary health care from the private sector where appropriate, as discussed previously.

3. Review Pertinent Legislation: In some cases, the current legal framework is not conducive to private sector participation in health. For instance, high minimum-capital requirements for private insurance companies effectively protect the sector from competition. In some states, outdated regulations constrict the ability of the formal private sector or drive it into informality. Any attempt to partner with the private sector should be based on a sound and up-to-date legal framework.

4. Improving Responsiveness: The current health system is not meeting the needs of the poor, especially for low-cost, high-impact primary health care. The private sector is either focused on providing expensive tertiary care for the rich or providing poor-quality informal services for the poor. Meanwhile, the public sector has failed to deliver even basic primary health care, such as immunization, antenatal care, and improved nutrition. Confronted with such a situation, government can either improve the performance

5. Conduct Public Education Campaigns: This of the public sector or contract with the private review points out a huge need for the government sector to provide primary health care. To invest in better knowledge for patients and their health care providers. In addition to training Registered Medical Practitioners (RMPs), a public education campaign would play a useful role in health care delivery. A health awareness campaign could cover the potential hazards of visiting RMPs as well as general information on illnesses that the rural poor are likely to experience and their appropriate treatment. Such a program, if successful, could create a demand for improved needle protocols and reduced use of drips, steroids, and antibiotics.

6. Use Social Franchising: Franchising is traditionally used in the private sector to expand outreach of a certain product and to capture economies of scale while ensuring a high product quality. Those characteristics make it particularly suitable for improving access to health care, especially health care that can be packaged as a product. Involving RMPs in a franchise scheme has a number of advantages. It can train the RMPs to provide useful services such as family planning products and advice.

7. Comprehensive Human Power Plan for the Health Sector: The first element of such a plan would be a clear demarcation of the number and skills mix of the health workforce required to provide essential healthcare (including important non-clinical

personnel) with a focus on primary healthcare and under-served areas.

8. Standard Protocols for the Entire Medical Profession: There is an urgent need to eliminate widespread irrational medical practices including unnecessary medications and procedures, which would considerably cut down costs in the health system. This should be done for the entire medical profession, both in private and public sector, through standard treatment protocols and management guidelines whose adherence could be monitored by prescription audit and other means. These guidelines would specify indications from various investigations, surgeries and procedures. Various low-cost yet effective, innovative healthcare methods and techniques developed in the voluntary sector also need to be encouraged and generalized by the public health system.

9. Ensure Quality Improvement through Standards and Accreditations: The government should set up standards for hospitals and health centres at various levels. It should analyse the development of a system of accreditation of health facilities in the public as well as in private sector. The accreditation status of the hospitals should be widely disseminated. Quality improvement efforts should also include non-clinical and support services.

10. Staff Behaviour: Healthcare is a high involvement service as it concerns the person's health and well-being. Healthcare providers should manage quality through continuously redesigning process and understanding the factors that are highly associated with patient satisfaction. Staff behaviour has the largest effect on inpatients satisfaction in hospitals. Because, inpatients associated with the hospital staff, they are provide not only a treatment but also mercy and concerned.

11. Medicine Availability: Patients in are suffering due to non-availability of emergency drugs/ lifesaving drugs. The emergency drugs/lifesaving drugs is defined as drugs which require immediate administration within minutes post or during a medical emergency. These medicines have the potential to sustain life and/or prevent further complications and are prescribed for both out-patients and in-patients. The non-availability of these drugs in government hospitals has posed serious problems forcing patients to buy these drugs from outside.

12. More Attention to Patients: Efforts should be made to reduce the patients load at the higher level facilities that doctors and other staff can give more attention to the patients.

13. Hospital Infrastructure: The efforts also needed to strengthen infrastructure and human resources at lower level health facilities.

14. Food Arrangements needed to be Strengthen: The dietary units stand as the second major department of a hospital from the point of view of expenditure. Except the well-established hospitals, patients are not happy with the quality of food supplied to them. That is why most of them get food from their houses or from relatives. There is a problem of excess diet consumption when compared to the number of in-patients in the hospital resulting huge expenditure.

15. Interpersonal Skills of the Medical Personnel: The importance of patients' feedback in hospital settings. The findings indicate areas for improvement including removal of poor interpersonal relationships between

providers and patients. These skills are improved among the medical personnel.

References

1. Akoijam B S, Konjengbam K, Biswalatha R and Singh T A (2007), "Patient's Satisfaction with Hospital Care in a Referral Institutes in Manipal", *Indian Journal of Public Health,* Vol. 51, No. 4.
2. Aleksandra Zgierska, Michael Miller and David Rabago (2012), "Patient Satisfaction, Prescription Drug Abuse, and Potential Unintended Consequences", *Journal of American Medical Association*, Vol. 307, No. 13.
3. Andrabi Syed Arshad, Hamid Shamila,Rohul and Jabeen Anjum Fazli (2012), "Measuring Patient Satisfaction: A Cross Sectional Study to Improve Quality of Care at a Tertiary Care Hospital", *Health Line*, Vol. 3, No. 1.
4. Bopp K D (1990), "How Patients Evaluate The Quality of Ambulatory Medical Encounters: A Marketing Perspective", *Journal of Health Care Marketing,* Vol. 10, No. 1, pp. 6-15.
5. Devlin S J and Dong H K (1994), "Service Quality from Customer's Pperspective", *Marketing Research*, Vol. 6, No. 1, pp. 5-13.
6. Friedenberg R M (1997), "The Next Medical Revolution Should be Quality", *Radiology*, Vol. 204, No. 1, pp. 31A-34A.
7. Grönroos C (1984), "A Service Quality Model and its Marketing Implication", *European Journal of Marketing,* Vol. 18, No. 4, pp. 36-44.
8. Krishna Dipankar Rao, David H Peters and Karen Bandeen Roche (2006), "Towards Patient Centered Health Services in India: A Scale to Measure Patient Perceptions of Quality", *International Journal for Quality in Health Care*, Vol. 18, No. 6, pp. 414-442.
9. Marni Reisberg (1996), "Customer Satisfaction in Health Care", *Perspectives on Administration and Supervision*. Vol. 6, No. 2, pp. 12-15.
10. Mufti Samina, Qadri G J, Tabish S A, Mufti Samiya and Riyaz R (2008), "Patient's Perception of Nursing Care at a Large Teaching Hospital in India", *International Journal of Health Sciences,* Vol. 2, No. 2.
11. Richard Grol (2000), "Between Evidencebased practice and Total Quality Management: the implementation of cost effective care", *International Journal for Quality in Health Care*, Vol. 12, No. 4, pp. 297-304.
12. Sharma R D and Hardeep Chahal (1999), "A Study of Patient Satisfaction in Outdoor Services of Private Health Care Facilities", *Vikalpa*, Vol. 24, No. 4.
13. Sadiq Sohail M (2003), "Service Quality in Hospitals: More Favourable Than You Might Think", *Managing Service Quality (EmeraldMCB)*, Vol. 13, No. 3. pp 197-206.
14. Yogesh Pai P, Gaurav Ravi and Satyanarayana Chary (2011), "Factors Affecting in-Patient Satisfaction in Hospital: A Case Study", *International Conference on Technology and Business Management* March 28-30.
15. Yousef Hamoud Aldebasi and Mohamed Issa Ahmed (2011), "Patients' Satisfaction with Medical Services in the Qassim Area", *Journal of Clinical and Diagnostic Research,* Vol. 5, No. 4, pp. 813-817.