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## **PATIENT PERCEPTIONS AND SATISFACTION TOWARDS QUALITY OF HEALTH SERVICES PROVIDED IN INDIAN HOSPITALS: A STUDY**

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### *Abstract*

*Over the past two decades, Indian healthcare establishments (HCEs) have embraced service quality (SQ) and SQ dimensions in some way to their organization in order to improve the patient's satisfaction level. However, a recent report indicated that there is little evidence of leading Indian researchers working on healthcare quality and related areas in healthcare sector. Moreover, the perception is that whatever research has been conducted is fragmented, very specific in nature and specialized. In light of this, the purpose of the present study is to develop an extensive and systematic literature search on healthcare quality, SQ, development and application of SERVQUAL and to understand the link between SQ and patient satisfaction. The paper further identifies the healthcare quality dimensions and models for HCEs. Finally, it was concluded that further research is necessary to develop conceptual underpinning and analytical models based on quantitative studies. The outcome of this study will help Indian healthcare practitioners and quality experts to take initiative in implementing hospital SQ dimensions in their organizations as well as may propose a framework/model for enhanced performance.*

### **2.1 OVERVIEW**

The World Health Organization (WHO) in 1948 defined health as an “a condition of finish physical, mental, and social wellbeing not simply the nonappearance of disease or infirmity.” While this definition is far- reaching (however rather idealistic and aspiring), it obviously indicates what ought to be the objective of healthcare intervention. Medical experts, however,



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tend to centre all the more barely around a medical model of health care - a history and examination-trailed by investigation and treatment, lastly clinical measures of the successful result. This approach has been censured for producing a paternalistic specialist patientrelationship.

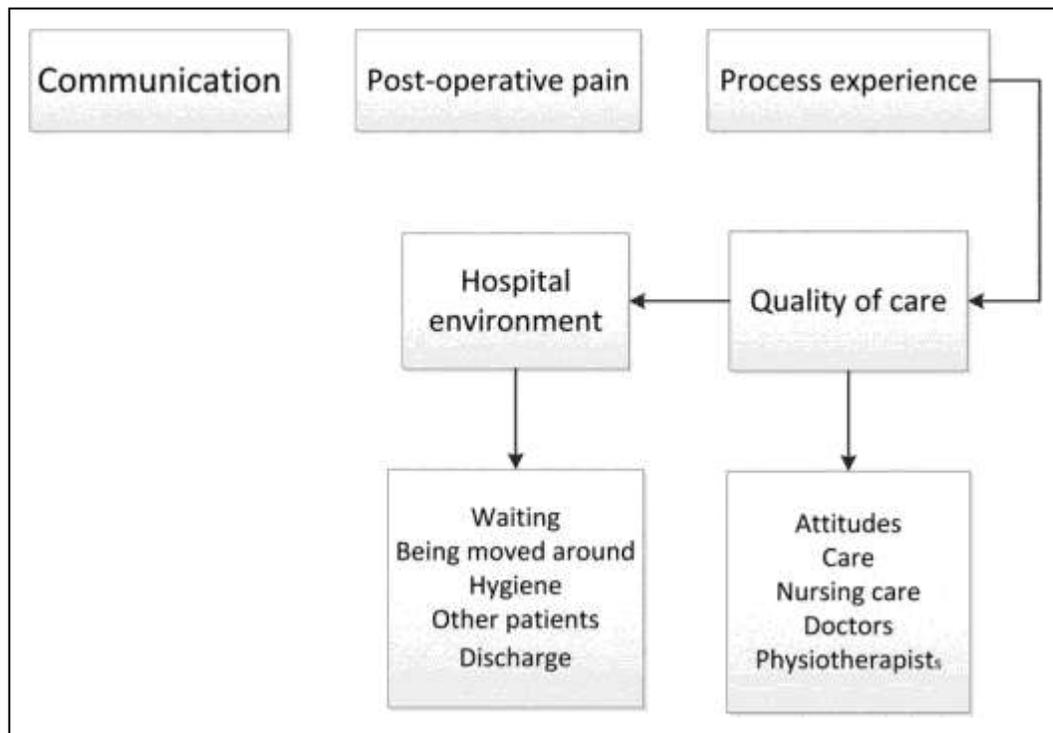
The nation was positioned by the World Bank to be the number one healthcare services provider in the district and among the main five in the world. There were 106 hospitals in India in 2013 with a total limit of 12,081 beds. MOH hospitals represented 38% of these (4618 beds). The private sector has a total of 3,998 beds (33% of the beds in India) (The National Strategy for Health Sector in India 2015-2019). India has seen advancement in the field of health, particularly in the foundation of public and privatehospitals.

In the present health-care condition where quality of care and accountability are focused on, patient satisfaction has turned into a generally surveyed result for quality improvement. Satisfaction has been found to influence patient consistence, utilization of health services, continuity of care and apparently health status. Patient satisfaction with health care has been examined broadly in various settings and among unique populaces, for example, those with disabilities or constant disease. Patient satisfaction incorporates a number of measurements.

Various examinations have investigated the influence of patient-and organization-related factors on PCNC. According to Suhonen and associates, age, sexualorientation, educational level, length of stay, and kind of admission affect how patients see care as individualized. These outcomes are in line with those evaluating influencing factors on patient satisfaction with care, which can be viewed as a result of individualized care. Higher age, sex (male), bring down an educational or financial level and better health status or quality of life are factors related to better patient satisfaction with nursing care[1-7].

On the organizational level, the number of wards in a hospital and the number of beds per ward, and additionally nurses "work commitment and the ward"sservice atmosphere,

appear to influence individualized care. Also, surgical units, primary nursing, better nurse-doctor joint effort and higher work commitment anticipate higher satisfaction levels. To the best of our insight, no examination has investigated influencing factors on individualized nursing care in hospitals within the German healthcare setting. We hence led an examination aiming to investigate factors that influence patients' view of individualized care. The following research question constituted the premise of the examination: which individual and organizational components influence patients' impression of individualized nursing care?



**Figure 2.1: Factors That Shape the Patient's Hospital Experience and Satisfaction**

## 2.2 RESEARCH METHOD

Qualitative analysis highlighted three interrelated codes. The remaining responses could be grouped as „process experience“. This comprised two further subthemes: the quality of care



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received (staff attitudes, doctors, nursing care and physiotherapy) and the hospital environment (patient logistics, discharge processes and ward cleanliness). Analysis was conducted for the hip and knee responses separately. As the thematic responses were coded equally, we amalgamate these for reporting purposes.

In this survey, the primary point is to complete a top to a bottom investigation into a number of research ponders that fundamentally talk about the relationship of reliant and independent influential credits to general patient satisfaction in addition to its effect on the quality improvement process within healthcare organizations. The writing likewise centres on estimation devices of patient satisfaction. There is no accord between the written works on the most proficient method to define the idea of patient satisfaction in healthcare. In Donabedian's quality estimation show, patient satisfaction is defined as patient- announced result measure while the structures and processes of care can be estimated by patient-detailed encounters.

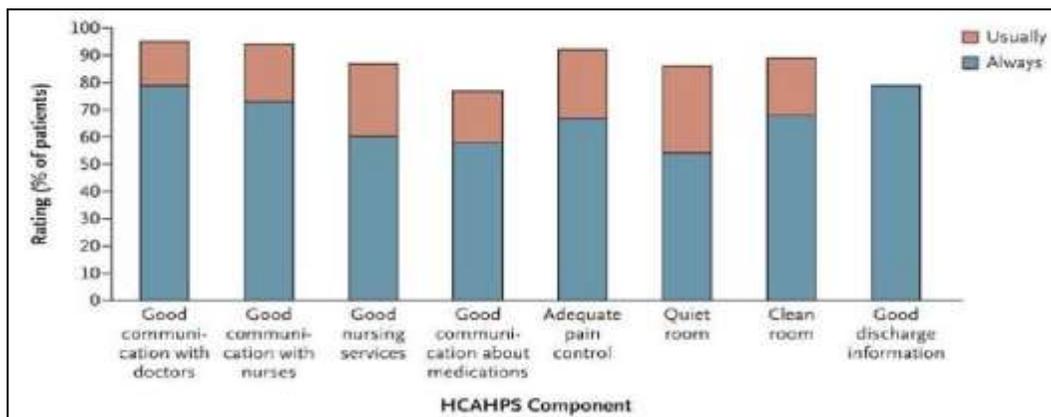
The assessed writing concurred on the way that there is an effect of measuring patient satisfaction on quality improvement of care. Patients' assessment of care is a sensitive instrument to provide an open door for improvement, upgrade strategic decision making, diminish cost, live up to patients' desires, outline techniques for effective management, screen healthcare performance of health plans and provide benchmarking over the healthcare institutions. Also, because of the propensity of healthcare industries to focus on patient-centred care; patient satisfaction reflects patients' involvement in decision making and their part as partners in improving the quality of healthcare services.

It is a noteworthy connection between measuring patient satisfaction and continuity of care where the fulfilled patients tend to consent to the treatment and hold fast to similar healthcare providers. Patient satisfaction speaks to a key marker of communication and health-related conduct. Interestingly, a portion of the writing rejects patients' perspectives as an entirely subjective assessment and a problematic judgment of the quality of care. Fundamentally, there are two methodologies for evaluating patient satisfaction-subjective and quantitative.

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The quantitative approach provides precise techniques to quantify patient satisfaction. Institutionalized polls (either self-revealed or interviewer-administrated or byphone) have been the most widely recognized assessment device for conducting patient satisfaction ponders. There is an extraordinary variety of surveys as instruments of measuring patient satisfaction. The range includes: instruments provided by private merchants, which are normally not distributed and their reliability and legitimacy are not clear. Also, there are a significant number of publically and institutionalized instruments, for example, patient satisfaction polls; PSQ-18 and consumer assessment health plans(CAHPS).

The following segment audits existing information, basically from an assortment of patient experience or potentially satisfaction surveys, to provide a diagram of how health plans, hospitals, physicians, and healthcare all in all are seen as of now by patients. Next, we examine research that has dissected whether, how, and in what course scratch demographic qualities of survey respondents, and their health statuses, are identified with their reports and ratings of health care. Over the span of these dialogs, we point out the attribution challenges and other interpretative issues inherent in such examinations. We end with a general assessment of the field and point out regions where further, or all the more properly planned, research is required on this critical subject.



**Figure 2.2: Patients' Perception of Hospital Care**



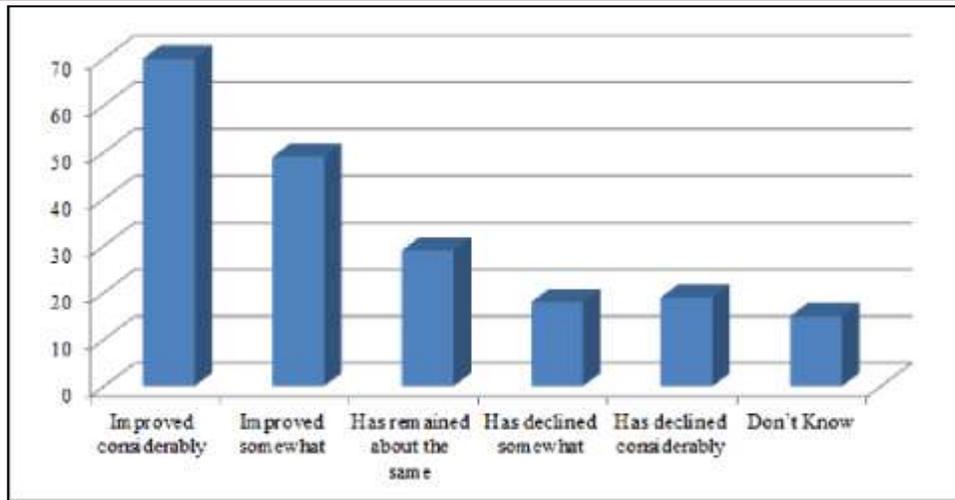
Patients' impression of their care, particularly in the hospital setting, is not notable. Information from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey provide a picture of patients' encounters in Indian hospitals. This representation of patients' encounters in Indian hospitals offers insights into territories that need improvement, proposes that similar attributes of hospitals that prompt high nurse-staffing levels might be related with better encounters for patients, and offers confirm that hospitals can provide both a high quality of clinical care and a good ordeal for the patient.

### **2.3 ANALYSIS AND ITS INTERPRETATION**

A few investigations have demonstrated that units with higher nurse-staffing levels have brought down intricacy and death rates; however others have not demonstrated this relationship. The hospitals in states with nursing deficiencies had bring down levels of patient satisfaction than hospitals in states with no nursing deficiencies, and others have additionally discovered a relationship between the nurse-staffing levels and patient satisfaction, despite the fact that the information are generally gotten from few providers or from hospitals outside offers preliminary proof that a higher proportion of nurses to patient-days might be related with to some degree better performance as for certain interpersonal parts of patient care.

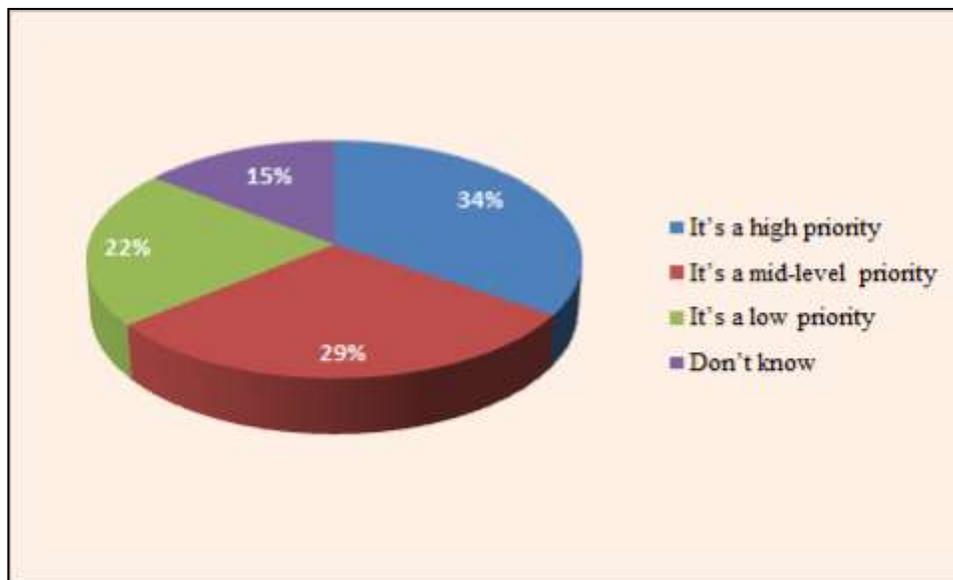
#### **2.3.1 Patient Satisfaction Ratings**

Patient feedback about hospitals, 70 patient feel improved considerably, 49 patient imparted somewhat, 29 patient says about the same remained, 18 patient going to declined somewhat, and rest of 15 patient don't know.



**Figure 2.3: Patient Satisfaction Ratings Been Changed at Your Hospital in the Past year**

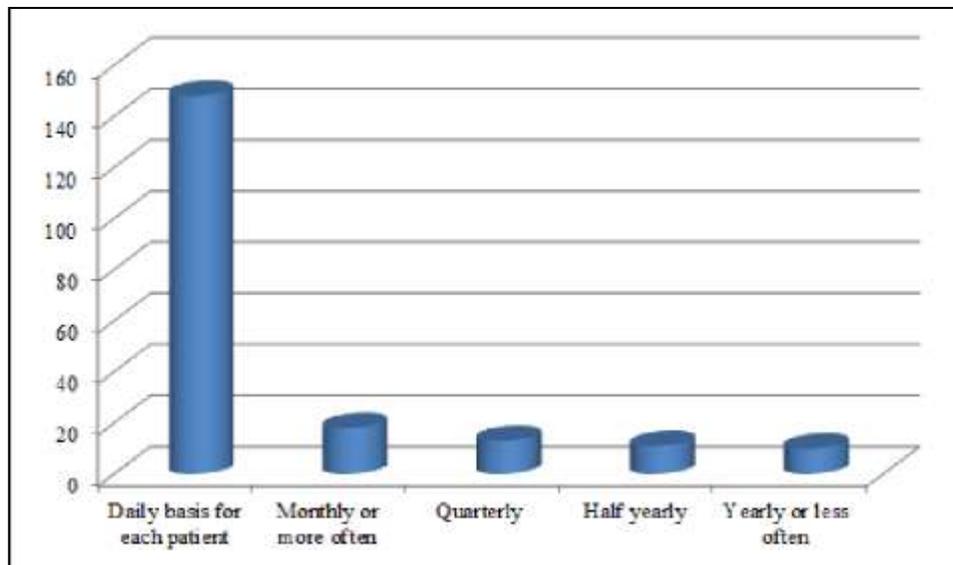
The patient satisfaction important in hospitals, 70 patient says it is high priority, 59 patient says it's a mid-level priority, 43 patient says it's a low priority, and 29 patient says don't know.



**Figure 2.4: Patient Satisfaction Important In Hospitals**

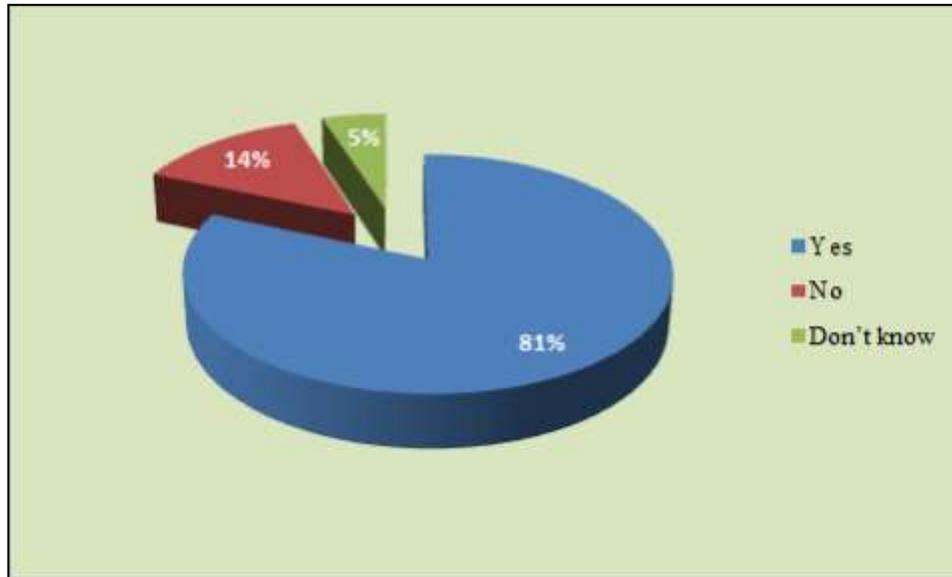


The patient satisfaction tracks in hospital, 148 patient want daily basis for treatment for each patient, 18 patient want monthly or more often, 13 patient want that it process should be quarterly, 11 patient want this process should be half yearly and 10 patient want this process should be yearly or less than.



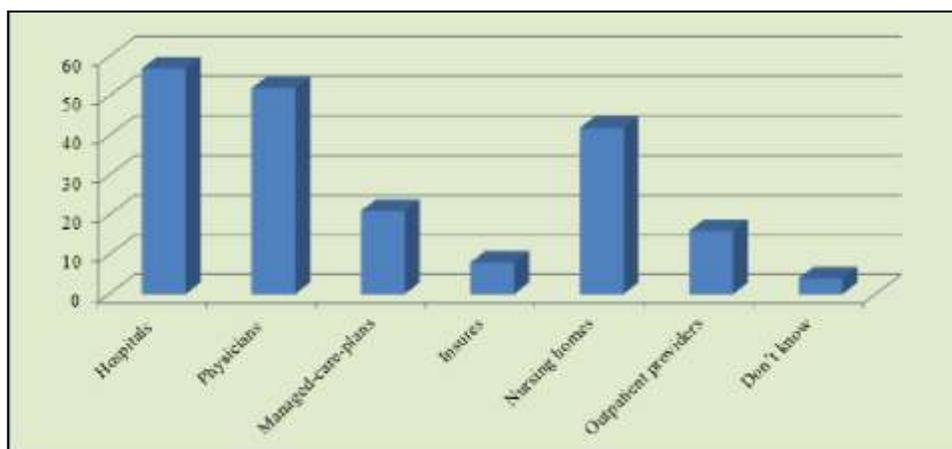
**Figure 2.5: Patient Satisfaction Track in Hospitals**

Organization wellness programs improve for patient satisfaction within the past year, 163 patient says yes, 27 patient says no, and 10 patient says don't know.



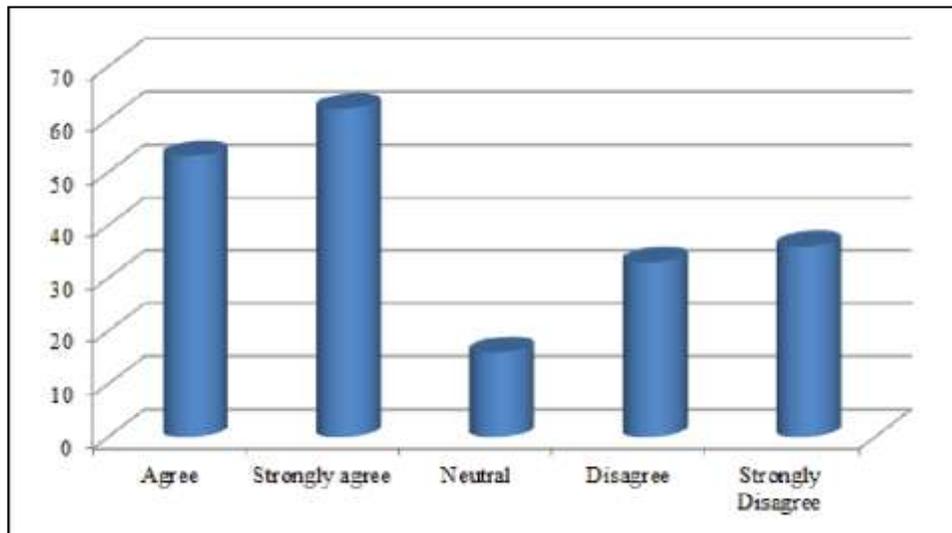
**Figure 2.6: Organization wellness programs improve for patient satisfaction within the past year**

The Health Sector Needs the Most Improvement in Patient Satisfaction, 57 patient preferred to hospitals, 52 patient preferred to physicians, 21 patient going to managed care plans, 8 patient preferred to insures, 42 patient preferred outpatient provider, and 4 patient says don't know.



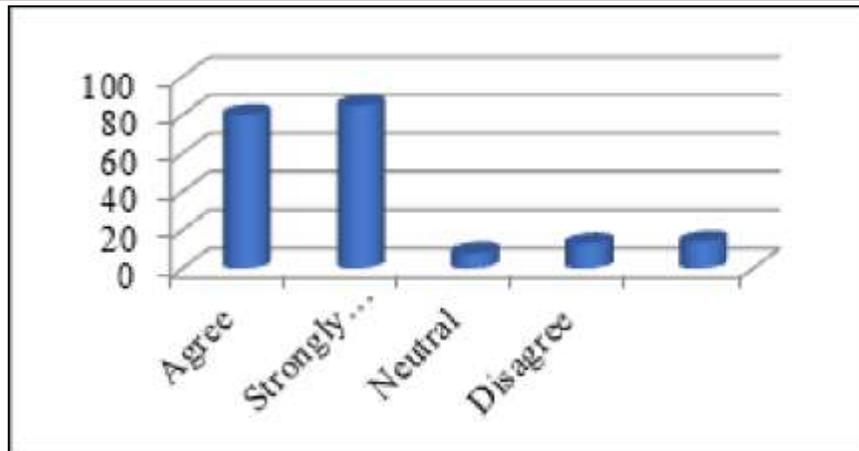
**Figure 2.7: Health Sector Needs the Most Improvement in Patient Satisfaction**

There is regular communication between staff and the authority concerned, 62 employee and authority concerned are agree, 53 employee and authority concerned are strongly agree, 16 employee and authority concerned are neutral, 33 employee and authority concerned are disagree and 36 employee and authority concerned are strongly disagree.



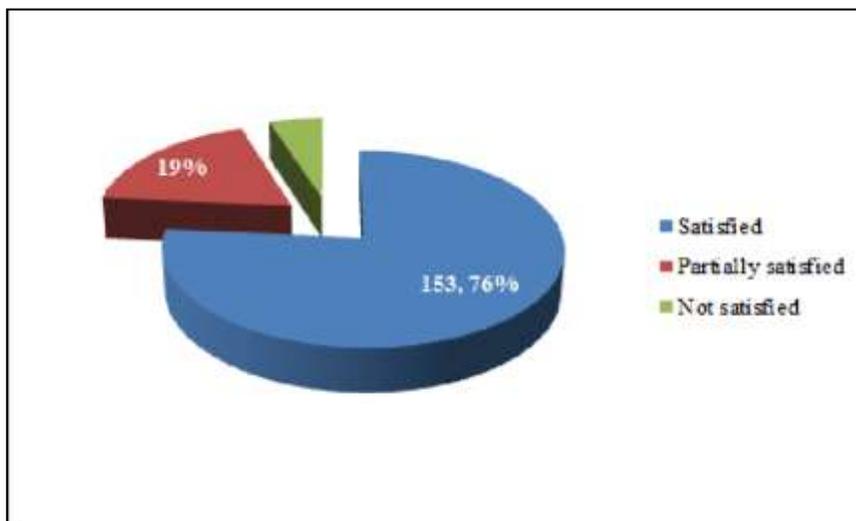
**Figure 2.8: There is regular communication between staff and the authority concerned**

The periodically performance of the hospital measured and compared with set standards, 85 patient are agree, 80 patient are strongly agree, 8 patient are neutral, 13 patient are disagree and 14 are strongly disagree.



**Figure 2.9: Periodically performance of the hospital is measured and compared with set standards**

Attitude of the hospital staffs at waiting area towards patients" problems, 153 patients are satisfied and 37 patients are partially satisfied and 10 patients are not satisfied.



**Figure 2.10: Attitude of the hospital staffs at waiting area towards patients' problems**

Laboratory Tests done on time, 163 patients are satisfied and 30 patients are partially satisfied and 7 patients are not satisfied.



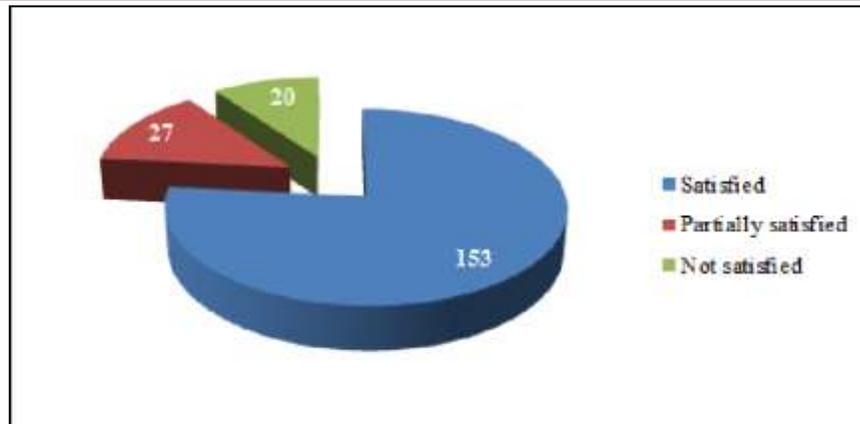
**Figure 2.11: Laboratory Tests done on time**

Timings and Performance of the outpatient department, 171 patients are satisfied and 25 patients are partially satisfied and 4 patients are not satisfied.



**Figure 2.12: Timings and Performance of the outpatient department**

Toilet facilities and cleanliness of the hospital, 153 patients are satisfied and 27 patients are partially satisfied and 20 patients are not satisfied.



**Figure 2.13: Impression of the toilet facilities and cleanliness of the hospital**

Total Cost of the hospital services, 144 patients are satisfied and 33 patients are partially satisfied and 23 patients are not satisfied.

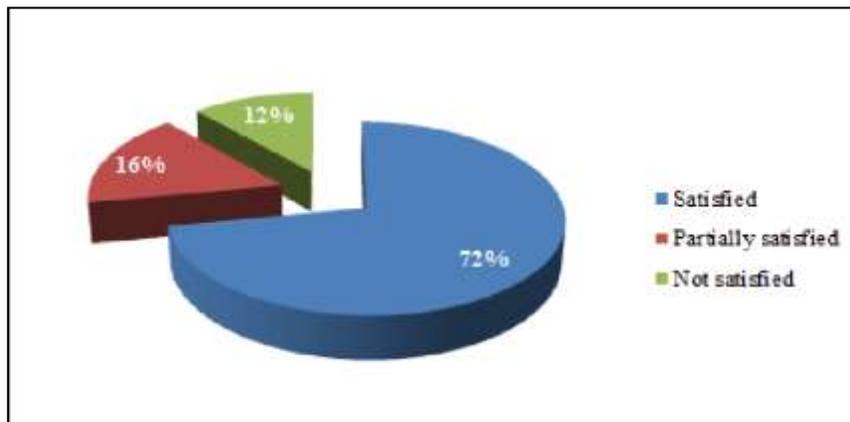


Figure 2.14: Total Cost of the hospital services

## 2.4 CONCLUSION

We propose a reasonable model as a framework to direct both our survey and our suggestions for additionally consider. We at that point audit a progression of subjective investigations that (dissimilar to most shut finished surveys) allow researchers to hear all the more straightforwardly from patients, in their languages, how they define quality and what is



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imperative to them about quality in health care. We quickly affirm that indeed patient points of view on quality are to some degree, however not by any means, distinct from those of clinicians and that little if any systematic consideration has been paid to the stability of patient observations and in this way to the criteria patients use in making assessments of quality.

We investigated relationship between health status and patient satisfaction yet couldn't set up the course of the causal impact. Second, investigators are constrained by the information accessible in an optional informational index. The inquiries asked may not catch the meaning intended by the researchers (e.g., asking about access to care for the family as opposed to for the respondent). In the event that we had gathered our own information, we would have utilized diverse inquiries that were more similar to the patient satisfaction writing relating to access to care, interpersonal interaction, and technical skill.

By examining what these hospitals have in like manner, what are their accepted procedures and quality formulas; one can indirectly find out what is what patients search for, as far as service quality in healthcare. Our investigation uncovered that the profile of the hospital (general versus specific) is related to the way the hospital is seen, regarding quality, and that there are contrasts, inside the groups, in the quality recognition, the sample of particular hospitals being more homogenous than the sample of general hospitals. Further scanning of the variables influencing quality in every one of the two classes will constitute the starting point of a future research. This examination introduces the broad literature survey on different view points about healthcare quality and its related issues.

## **2.5 RECOMMENDATIONS**

- Hospital administration is prescribed to continue their commitment to providing medical services to patients in a timely way. Besides, healthcare staff must do their most extreme to provide the patients with individual-centred care.
- Hospital administration is prescribed to build up a propelled appointment system to take care of the issues of stuffed clinics and long working hours.



- Hospital administration is prescribed to provide orderlies and patients with fitting waiting facilities and rest rooms.
- Hospital administration is prescribed to build up the employees' communication skills regarding dealing with patient and the level of response to their requirements, giving them sympathy and safety.
- Hospital administration is prescribed to routinely evaluate patient recognition and satisfaction through surveys, which could then be utilized to improve the quality of healthcare and general patient satisfaction.
- Hospital administration is prescribed to provide employees with incentives and training courses which will positively affect their job satisfaction and maintenance.

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