

CHAPTER: 05

A STUDY ON PATIENT SATISFACTION AND MANAGERIAL ISSUES

¹Priyanka Maini

¹Student, IIHMR University

²Dr. Gautam Sadhu

²Professor, IIHMR University

DOI: <https://doi.org/10.52458/9788196919580.2024.eb.ch-05>

Ch.Id:- IIHMR/GRF/EB/AHMHM/2024/Ch-05

INTRODUCTION

Patient satisfaction can be described as the fulfillment or meeting of expectations regarding services or products. When a patient visits a hospital, they come with preconceived notions based on the institution's reputation and associated costs. Patient-centric service is a fundamental value in the healthcare industry. In the present scenario, hospitals not only deliver medical care but also need to prioritize increasing patient satisfaction. It is crucial for hospitals to understand how to assess service attributes from the patient's viewpoint to gain a better understanding of their needs and enhance satisfaction. Therefore, managers must adopt a patient-centric approach, listening to the voice of the customer (VOC), to stay competitive and foster growth in the healthcare business. Through the continual and dynamic adoption of methodologies aligned with patient requirements, organizations can develop and sustain long-term relationships [1].

In the highly competitive healthcare sector, success hinges on delivering high-quality services to patients. The amenities offered by hospitals play a crucial role in elevating service quality. In developing nations like India, there is a pressing need for both qualitative and quantitative enhancements in hospital services. The escalating number of hospitals in India has intensified competition, underscoring the significance of branding. A hospital's brand image directly influences patient loyalty and enhances satisfaction by improving service quality, thereby increasing patients' likelihood to revisit. Numerous studies have previously utilized patient satisfaction as a tool for quality improvement in healthcare. With heightened competition and a growing emphasis on consumerism, patient satisfaction has evolved into a pivotal metric for monitoring the performance of healthcare plans. This measurement now incorporates a novel aspect: the patient's perspective on the quality of care [2-3].

Patient satisfaction is determined by expectations and perceptions. Expectations are before being inside hospital and perceptions are after coming out of the hospital. With regards to healthcare delivery system majority of customer awareness of hospital are constituted by perception of patients. It determines the patient's preferences and reputation of the hospital.

Distinct facets of patient satisfaction have been pinpointed, encompassing services from admission to discharge and spanning medical care to interpersonal communication. Established criteria include responsiveness, communication, attitude, clinical skill, confrontation skill, amenities, food services, and more. Additionally, studies indicate that patients measure hospital care based on two distinct dimensions: the interpersonal and technical skills of healthcare providers [4].

RESEARCH AIM

To find out satisfaction level of patients and causes behind patient dissatisfaction.

RESEARCH OBJECTIVE

1. To assess the degree of patient satisfaction.
2. To identify the reasons for patient dissatisfaction.
3. To generate suggestions through patient feedback and data analysis.
4. To provide corrective recommendations to enhance patient satisfaction.

RESEARCH METHODOLOGY

The study was designed as a Comparative Observational research project conducted in the Inpatient and Outpatient Departments of Periwal Hospital. The sample size consisted of a total of 60 patients, with 30 selected from each unit (IPD and OPD). The selection process was prospective and analytical in nature. Convenient random sampling was employed to choose the target group for the study.

A structured questionnaire survey was employed for data collection. Questionnaires were administered to each patient in the presence of their attendants to gather the necessary information. Additionally, interviews were conducted to supplement the questionnaire data, and observation techniques were utilized to gather further insights.

RESULTS AND DISCUSSION

The study involved interviewing a total of 60 patients, with 30 from both the Inpatient Department (IPD) and Outpatient Department (OPD) of Periwai Hospital. The demographic profile of patients revealed that in the OPD, there were 21 males and 9 females, while in the IPD, there were 18 males and 12 females. The background distribution indicated that in the OPD, 8 patients were from rural areas and 22 from urban areas, whereas in the IPD, 10 were from rural areas and 20 from urban areas.

Patients were categorized into age groups, with the majority falling in the 40-50 age group, and the least in the 80-90 age group. Regarding education, most patients had primary-level education, and the least had graduate-level education. Occupation-wise, in the OPD, the majority were businesspersons, while in the IPD, most were also from the business class. The diseases profile revealed various health conditions, with cataracts (8%) being the most prevalent. In the OPD, 22 patients were married, and 8 were unmarried, with 21 patients referred and 9 not referred.

Regarding patient satisfaction, responses to questions about front office behaviour indicated that 2 were satisfied, 1 suggested improvement, and 16 were dissatisfied. Patients were satisfied with the time given by doctors for consultation (26 satisfied, 4 unsatisfied) and with privacy maintenance (18 satisfied, 12 partially satisfied). In terms of communication with the doctor, 28 in OPD and 24 in IPD were satisfied. Facilities in OPD, including cleanliness and X-ray availability, received mixed responses. IPD charges satisfaction

showed that 12 were fully satisfied, 2 somewhat satisfied, and 18 gave no response. For IPD security services, 13 were satisfied, 7 somewhat satisfied, and 18 gave no response.

CONCLUSION

The behaviour of the front office staff could have been enhanced by providing education to foster a more polite attitude towards patients and their attendants, recognizing them as customers to the hospital. Since the front office serves as the initial point of contact for customers, improving their demeanor is crucial. Maintaining greater privacy during examinations could be achieved by minimizing unnecessary staff movements within and outside the examination chambers. The nursing staff could have benefited from on-the-job training programs to enhance their skills.

Addressing the issue of prolonged waiting times in the Outpatient Department (OPD) necessitated ensuring doctors' timely availability. Improvements in facilities within the Inpatient Department (IPD) could involve enhancing the seating arrangements. There was a suggestion to reduce charges, emphasizing the hospital's service motive catering to individuals from all societal levels. The separation of the enquiry and admission counters was recommended to manage workload and overcrowding efficiently.

REFERENCES

1. Glasgow, R. E., Nelson, C. C., Strycker, L. A., & King, D. K. (2006). *Using RE-AIM metrics to evaluate diabetes self-management support interventions. American journal of preventive medicine*, 30(1), 67-73.
2. Fitzpatrick, R. (1991). *Surveys of patient's satisfaction: I--Important general considerations. BMJ: British Medical Journal*, 302(6781), 887.
3. Akao, Y. (2004). *Quality function deployment: integrating customer requirements into product design. SteinerBooks*.
4. Shohet, I. M. (2003). *Key performance indicators for maintenance of health-care facilities. Facilities*, 21(1/2), 5-12.