IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

"A STUDY TO ASSESS THE PATIENT SATISFACTION WITH HEALTH CARE SERVICES DELIVERED AT THE INPATIENT DEPARTMENT OF GENERAL MEDICINE WARDS OF SMHS HOSPITAL, SRINAGAR, J&K".

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ABSTRACT

Introduction:

Patient satisfaction is a subjective phenomenon and many factors contribute directly or indirectly. In today's competitive healthcare market, patients expect more than just satisfaction. So, patient satisfaction has become a high priority to hospitals and health plans across the country and is the strongest determinant of the hospital. A patient's satisfaction may not be totally influenced by the quality of physician available, but it reflects how medical care has been delivered. Although, their main expectation is getting cured and going back to their work, but there are other factors, which affect their satisfaction. It is an important and commonly used indicator for measuring the quality of healthcare. Hospitals have evolved from being an isolated sanatorium to a place with five star facilities. The patients and their relatives coming to the hospital not only expect world-class treatment, but also other facilities to make their stay comfortable in the hospital. This change in attitude and expectation has come due to tremendous growth of media and its exposure, as well as commercialization and improvement in the facilities. The aim of this study was to evaluate the level of satisfaction among the IPD-

patients at SMHS hospital Srinagar and feedback from them for improvement of the same. The study was conducted by distributing structured questionnaires amongst 100 IPD-patients of general medical wards of SMHS Hospital to find out the factors, which satisfy them in a multi-specialty teaching hospital.

Methods:

A cross-sectional study was conducted on patient satisfaction with health care services using pretested structured interview questionnaire among 100 inpatients at the In- Patient Department of medical wards of SMHS Hospital Srinagar (J&K), with the aim to determine the level of patient satisfaction with health care services and to find out the relationship between patient satisfaction with selected demographic variables. Systematic random sampling was used. Verbal consent was taken from the study participants during data collection time. Using a pretested structured interview questionnaire, data were derived from 100 inpatients using the IPD services. Descriptive statistics were used to describe satisfaction level and independent variables while the relationships between these factors with selected demographic variables were determined by Chi-square test.

Results:

Patients were highly satisfied with courtesy (46%), quality of care (44%), physical environment (42%) and were less satisfied with convenience (25%), and out of pocket cost (23.5%). Regarding the relationship between predisposing factors with selected demographic variables were not significantly associated with level of satisfaction (t-value at 0.05 level of significance).

Conclusion:

It was found in the present study that most of the patients are satisfied with most of the services provided in this multispecialty teaching hospital and the courtesy has the highest satisfaction level, followed by quality of care and physical environment. Dis-satisfiers were out- of pocket cost and convenience. To conclude, Patients were generally satisfied with the hospital facilities. Patients input on various deficiencies needs to be addressed by the hospital leadership as early as possible in order to achieve universal patient satisfaction at our hospital.

Keywords: Patient Satisfaction; In patient department; Health Care Services.

Introduction :

Measuring patients' satisfaction has become an integral part of hospital management strategies for quality assurance and accreditation process in most countries, distinguishing that lack of sufficient data can severely inhibit an organization's ability to understand its strengths and to target areas in which performance can be improved. Measuring patient satisfaction is a way of assessing the process of care, describing the patient's viewpoint, and evaluating care by reflecting patient views back into the system and through comparing facilities. [1]

It can be defined as fulfillment or meeting of expectations of a person from a service or product. When a patient comes to a hospital, he has a preset image of the various aspects of the hospital as per the reputation and cost involved. Although, their main expectation is getting cured and going back to their work, but there are other factors, which affect their satisfaction. Sometimes, they might have rated a hospital very low on the basis of information, they have got from different sources, but they find it above their expectation and they are satisfied.[1]

Similarly, if they have got a very high expectation from a hospital, but if they find it below their expectation, they will not be satisfied. Hospitals have expanded in terms of availability of specialties, improved technologies, facilities and increased competition and the expectations of patients and their relatives have increased many fold. Consumer expectation in any medical experience influences whether how soon and how often they seek care from which medical facility. High expectation from a medical organization is a positive indicator of its reputation in the society and is very important for attracting patients, whereas low expectation deters patients from taking timely medical help, thus negatively affecting himself as well as the medical care provider. However, a very high and unrealistic expectation may lead to dissatisfaction despite reasonable good standards of medical practice. Previously, there were very few government hospitals with no charge to the patients. Hence, the expectations were also very minimal. But now, the scenario has changed. The hospitals (even Govt.) have started charging the patient in the name of user charges. Private hospital care cost has gone very high. With the advent of Consumer Protection Act (1986), the patient's expectation has also gone very high. Now hospitals have to be very careful about patient dissatisfaction to avoid any unnecessary litigation.[2]

Hospitals have evolved from being an isolated sanatorium to five star facilities. The patients and their relatives coming to the hospital not only expect world-class treatment, but also other facilities to make their stay comfortable in the hospital. This change in expectation has come due to tremendous growth of media and its exposure, as well as improvement in the facilities.

Knowledge of expectation and the factors affecting them, combined with knowledge of actual and perceived healthcare quality, provides the necessary information for designing and implementing programs to satisfy patients.

Human satisfaction is a very complex concept that is affected by a number of factors like lifestyle, past experience, future expectation and the values of individual and society in terms of ethical and economical standings.[3]

PATIENT EXPECTATION AND SATISFACTION

The satisfaction of patients coming to hospitals depends on the structure and function of the medical care system. The functioning of medical care system is based on the various social, technical and physical aspects. The structure of the medical care system is guided by the policies of the government and the type of government set-up prevailing in the country, whereas the functioning mainly depends on those who manage the system.

In a welfare state like India, where the government takes up the responsibility of providing free medical care to those who are unable to afford it, free consultation, medicines and treatment facilities have to be provided.

Those receiving these kinds of services may be satisfied with whatever services are being provided to them in the hospitals because they are free of cost. But, as soon as they come to realize that it is their right to receive these services and it is the responsibility of government to look after their well-being, when they cannot afford, rise in their level of expectations is incontrollable.[4]

PATIENT AS A CONSUMER

Marketing experts are aware that consumers make their decision about utilization of services on the basis of their perception of the service rather than the reality and hence marketing and patient satisfaction have become of paramount importance as mouth-to-mouth publicity and personal referral is the most common and influential cause of using a particular health facility.

Healthcare facility is very difficult to measure; hence, it is a challenge to a healthcare provider to influence a patient's perception of quality of care.

A patient's satisfaction may not be totally influenced by the quality of care. A patient's satisfaction may not be totally influenced by the quality of physician available, but it reflects how the medical care has been delivered. To provide highest level of satisfaction that is profitable to both the patient and the provider, management must control both the perception of expectation and the quality of delivery of the healthcare services.

Knowledge of expectation and the factors affecting them, combined with knowledge of actual and perceived healthcare quality, provides the necessary information for designing and implementing programs to satisfy patients.[5]

QUALITY

It is defined as an inherent and distinctive attribute of a product or service. Common measures of quality are still structural measures - The condition of physical structure, floor space per bed, facilities for emergency power and lighting in operating rooms, inspection and cleaning of air intake sources, facilities for disposal of infectious waste, fire control and many more. Additional standards for facilities and equipment have been established by the Joint Commission on Accreditation of the Hospitals and by state licensing boards, etc.

These measures are concerned with personnel staffing pattern, educational background of the personnel, safety and cleanliness of facilities and equipment.

THE MEASUREMENT OF QUALITY

Steps involved are:

- Specification of attributes to be measured
- Choice of an approach to measurement
- Choice of phenomenon to be measured
- Formulation of criteria and standards
- Obtaining information about care.

Patient satisfaction depends primarily on outcome of care; since it is ultimate well-being that results from acceptable care. But satisfaction or dissatisfaction can also result from patient's judgment on certain aspects of care, calibrating the degree of their acceptability. Satisfaction also contributes to the success of future care.[6]

MEASURING THE QUALITY OF HEALTHCARE

Attributes of Quality of Healthcare- **Donabedin Avedis** has described the key properties of healthcare that constitute quality as: Effectiveness, efficiency, optimality, acceptability, legitimacy and equity.

- **Effectiveness-** is the degree to which the care proposed or received has achieved or can be expected to achieve, the greatest improvement in health possible now, given the patient's condition and the current state of science and technology of healthcare.
- **Efficiency-** is expressed as a ratio of actual or expected improvement in health to the cost of care responsible for these improvements. Thus, efficiency can be enhanced by either improving care, reducing cost or both.
- **Optimality-** is a ratio of the effects of care on health or the financial benefits of these, or of the financial benefits of these effects to the cost of care.
- **Acceptability- depends on following factors:**

i. Accessibility
ii. The patient-practitioner relationship
iii. Amenities
iv. Patient preference as to the effect of care
v. Patient preference as to the cost of care.

- **Legitimacy-** means conformity to social preference as expressed in ethical principles, values, norms, laws and regulations.

- **Equity-** is the principle of fairness or justice in the distribution of care and of its benefit among the members of its population.[7]

PATIENT SATISFACTION BENCHMARKING

People involved with a relatively large hospital may have already put into place a patient satisfaction tracking mechanism. If not, chances are that they have at least thought about such a survey. Regardless of whether they currently are monitoring their patients' satisfaction, it is important to note that a patient satisfaction tracking program, by itself, will not give them a full picture of satisfaction in the marketplace. The often- asked question is "how satisfied are my patients." Framing the question a little differently, it becomes "how satisfied are all hospitals' patients?" If you can answer this question, you know your hospital's relative strengths and weaknesses at satisfying patients, and you are well positioned to exploit your knowledge.

One excellent way to benchmark is to periodically touch base with your competitors' patients. A random survey of the market will reach these patients. Many people use their extensive network to find from people who recently have been in the hospital and to ask them about their experiences.

With the advancement in technology and stiff competition, hospitals are always striving for improvement in their services. Patient expectations are constantly changing, so what satisfies a patient at one point in time may not satisfy him at some later date. As you improve your service levels on some patient satisfaction 'attributes,' you will change patient expectations on the remaining attributes. This is akin to saying that when you fix something, something else that did not look too bad to start with, suddenly doesn't look so good. You may need more detail on the 'new' items in need of improvement to properly measure progress toward improvement. If you offer new products, services or delivery channels, you will need to measure satisfaction with those areas. If you change your training program to encourage specific employee behaviors, you will want to consider adding questions to the tracking questionnaire to measure the extent to which patients perceive these desired behaviors. You may think of something you should

have been measuring in the first place, but just forgot.

In establishing a patient satisfaction, some of the usual goals are to:

- ✓ Measure patient satisfaction
- ✓ Monitor changes in satisfaction
- ✓ Measure performance on attributes (product and service characteristics) that affect satisfaction
- ✓ Monitor changes in performance. [8]

In 1989, the Robert Wood Johnson Foundation launched a project to test a consortium approach to quality improvement in which four hospitals consortia in various parts of the United States were sharing quality resources (e.g. Training) and collaborating on various improvement efforts. It was observed that collaborators in quality improvement gain important resources, such as better information, more relevant reference data

base, colleagues and support for quality improvement specialists and economy in education programs, training materials and interaction with vendors.[9]

Need for the study:

Patient satisfaction is a very important aspect of medical care. We may have the most renowned medical professionals and infrastructure available, but there are many factors that affect patient satisfaction. We may not be aware of all of them. In modern times when expectation from healthcare institutions are increasing and level of satisfaction is decreasing, leading to increased number of legal suits and physical manhandling of medical professionals, it is very important to know the variables affecting patient satisfaction. Hence it was decided to take up the present study.

OBJECTIVES OF THE STUDY:

1. To estimate the assessment of level of satisfaction of patients who have utilized the IPD services at the SMHS hospital Srinagar.
2. To determine the relationship between Patient satisfaction with selected Demographic variables.

REVIEW OF LITERATURE

Currently available national and international literature was reviewed to understand the concept of patient satisfaction.

A. INTERNATIONAL STUDIES

Codmans' 'Assessment of the outcomes of care' investigated four aspects of care for each case received:

1) The physicians' or surgeons' input;

2) The hospital's contribution;

3) The patients' disease or condition' and

4) The factors which deterred patient's co-operation.[10]

Doyle J.C Pathology reports helped determine whether surgery was indicated in a case of appendectomy or not. They have had a wide application in the evaluation of quality of care. Ovariectomies and hysterectomies were examined by Doyle. Because many of these outcome measures do not assess the overall performance of the organization, Roemer had developed a method to adjust hospital death rates (which were calculated for all patients and all conditions), so that they could be used as an overall measure of the quality of care. He called his index as 'Surgery adjusted Death Rate' (SADR). SADR tried to overcome the distortion when hospital death rates are compared which are not adjusted for patient mix and particularly severity of illness of the hospital's patient population. [11]

Hendrickson examined effects of implementing nursing information computer system in 17 Hospitals in New Jersey, USA. They observed that staff impression of the effects of system was positive; documentation was better (more readable). [12]

Bregan MA et al "Effects of a hospital-based managed care on the cost and quality of care" was studied on women delivered by cesarean in the maternity unit at a tertiary level university hospital of Iowa, USA. They found decrease in average length of stay (ALS) by 13.5% and the average cost decreased by 13.1%; patients' perception quality of care increased from 4.26 to 4.41 on a 1-5 scale. [13]

Cock et al conducted a 'continuous quality improvement study' in their medicine department of McMaster University, Faculty of Health Sciences, Ontario by monitoring patterns in medical teaching ward. They found that in 68% of cases, oxygen therapy was initiated by house staff, nurse initiated therapy in 18% of cases, but discontinued it more often than any other health worker. About 30% of patients on oxygen did not meet the criteria set by American College of Chest Physicians. This showed that practice guidelines based on best available evidence are needed to increase the efficiency of oxygen use. [14]

Houston and Pasanen employed a patient satisfaction questionnaire with patients recently discharged after at least 2 days stay at a large hospital. Care was evaluated extremely favorable with the highest rating given to physician and nursing care. Most dissatisfaction was due to the fact that the physicians did not disclose details of their illness. Nearly 17.1% were reluctant to return to the medical care facility. [15]

B. INDIAN STUDIES

Khosla, Linda Powel et al found in their study, emphasis by the patients of two Delhi hospitals on varying needs according to their income groups:

Low Income Group- improved physical facilities, improved diet and relaxation of visiting hours, better service by Class IV staff, human and sympathetic behavior and transport facilities after discharge. Middle and High Income group- personal and prompt attention of doctors, better behavior by Class IV staff, improved physical facilities, relaxation of visiting hours.[15]

Jain and Prasad, adopting interview techniques, studied the opinions of 400 patients admitted to medical wards of Gandhi Memorial College and associated hospitals and reported about patient satisfaction as shown in Table 1. [16]

Table 1. Level of Patients Satisfaction as Reported in the Study by Jain and Prasad

S.No.	Factor	Satisfied (%)	Unsatisfied (%)
1	Diet .	66.4	33.6
2	Doctor-patient relationship	70	30
3	Nurse-patient relationship	78.3	21.7
4	Ward boys and sweeper	43	57
5	Reaction towards medical treatment	61.15	38.5

Bhatia, in his study among orthopedic patients, found that the dissatisfaction was usually with food, entertainment, visiting hours and lack of proper interaction with the staff, i.e. doctors, nurses, etc. The patients also complained of lack of privacy. [17]

Timmappaya et al, through a hypothesized model, studied the relationship between patient satisfaction, hospital status, employee satisfaction and service. This model assumes that the performance of the hospital will depend upon proper functioning of its social system, because practically every person working in the hospital depends upon some other person, since there is extensive diversion of labor and highly specialized work of each person. Doctors, nurses and others cannot function separately or independent of one another. Their work is mutually supplementary, interlocking and interdependent. If the system has to function properly and has to attain its objectives, its members and departments have to be highly co-ordinate. Job satisfaction is one of the conditions for better patient co-ordination and workers morale. Better co-ordination and job satisfaction of the employees will result into better patient care and satisfaction and consequently it will earn a better reputation for the hospital in the community. Good reputation of the hospital improves the status of its employees, which also contributes to their job satisfaction. Job satisfaction again, via services, leads to patient satisfaction to hospital reputation, etc. [18]

Chopra et al carried out participant's observation in patient role in a hospital and confirmed through a flow chart that the aforesaid two factors led to better output i.e., recovery, which in turn led to patient satisfaction. In their report, hospital food, communication, discharge policy, use of influence, nursing orderly and sweepers were identified as dissatisfying factors. However, it was concluded that best possible hospital services might take care of patient dissatisfaction but to attain positive satisfaction, patients must have a good medical care.[19]

RESEARCH METHODOLOGY:

This was a cross sectional study. SMHS hospital Srinagar was the study setting and their IPD service is the main area of focusing. SMHS hospital Srinagar is the main multi-specialty secondary care hospital in central city province and approximately 400-500 beds is its intake patient capacity for treatment. Patients aged from 16 to 65 and who are admitted at medical wards for the treatment during their hospitalization stay were taken as study sample required for this study was at least 2 weeks. The required sample for this study was 100 IPD patients of medical wards. Stratified sampling was applied to draw the patients in order to get information about the IPD units mentioned in this study. In this type of sampling technique the researcher identifies the relevant stratums and their actual representation in the population. Simple Random sampling technique was used to select a sufficient number of subjects from identified wards.

The research instrument planned for this study was an interviewer administrated questionnaire. Data collection was carried out by the researcher from the IPD-Patients of medical wards. After the data collection was completed, it was entered by using MS-Excel program for the statistical analysis. Frequency and percentage were calculated for demographic factors (gender, age, marital status, and family income) were analyzed. For the level of patient satisfaction Mean, Median Standard Deviation were calculated for quantitative data's. Chi-square test were performed to determine the relationship between the satisfaction level and age, gender, marital status and family income of patients. Significant level was set at 0.05.

Analysis and Interpretation: (RESULTS)

Analysis is the process of organizing and synthesizing the data so as to answer the research question and test hypothesis. Analysis is described as "Categorizing, ordering, manipulating and summarizing the data to obtain answer to research questions. The purpose of analysis is to reduce the data to an intelligible and interpretable form so that the relation of research can be studied". Interpretation of data is an activity of critical thinking, which is done carefully through brain storming to infer the condensed and statistically computed data so that the research question is answered and hypothesis are tested. [20]

The analysis and interpretation of data in this study is based on the data collected through Using a structured questionnaire on patient satisfaction with health care services delivered at the out patients department The sample consists of 100 patients (from in-pateint department of general medicine wards of SMHS Hospital) in selected medical wards of SMHS hospital Srinagar, Kashmir. The results are computed by using descriptive and inferential statistics based on objectives and hypotheses of the study.

Descriptive statistics:-

- Frequency and percentage was used to describe the sample characteristics.

Inferential statistics:-

- Chi-square test was used to determine the association of patient satisfaction with health care services with selected demographic variables.

Organization and Presentation of data

- The collected data was edited, tabulated, analysed, interpreted and findings obtained were presented in the form of tables and diagrams which were represented under the following sections.

Section I: Description of demographic variables of study subjects (age, place of residence, family income per month & source of information).

Section II: Description of IPD (in patient department) patients satisfaction with health care services.

Section III: Association of patient satisfaction with health care services with selected demographic variables.

Section 1: Description of demographic variables of study subjects.

This section describes the characteristics of the study subjects in terms of demographic variables (i.e. Gender, Age, Marital Status and Monthly income) which provides the back ground information of the study subjects and has been presented in the form of frequency and percentage in following tables and figures:

Table 1: Classification of study Subjects (patients) by their demographic variables:

N= 100

Socio-demographic factors	Frequency (N=100)	Percent (%)
1.Gender		
Male	63	63%
Female	37	37%
2.Age		
16-32	32	32%
33-49	46	46%
50-66	22	22%
3.Marital status		
Single	35	35%
Married	57	57%
Divorced/Separated	5	5%
widowed	3	3%
4.Monthly income (Rs)		
5000-10,000	79	79%
10,001-15,000	13	13%
15,001-20,000	8	8%

Table 2: Reveals classification of study subjects by demographic variables according to gender, age, marital status, Monthly income.

Table No 3: Frequency and percentage distribution of study subjects by their Gender .

N=100

Demographic Variable	Options	Frequency	Percentage
Gender	Male	63	63
	Female	37	37

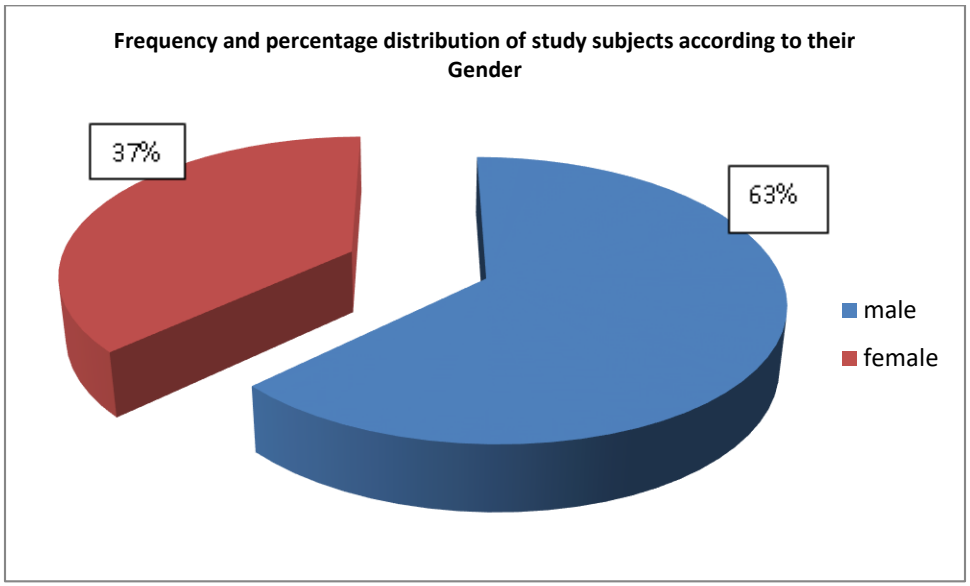

Figure 2: Pie diagram showing percentage distribution of subjects by their Gender

Table 2 & Figure 2 revealed that out of 100 study subjects, most of the subjects 63 (63%) were males from overall respondents and 37 (37%) were females.

Table No 3: Frequency and percentage distribution of study subjects by their Age.

N=100

Demographic variable	Options	Frequency	Percentage
Age	16-32	32	32%
	33-49	46	46%
	50-66	22	22%

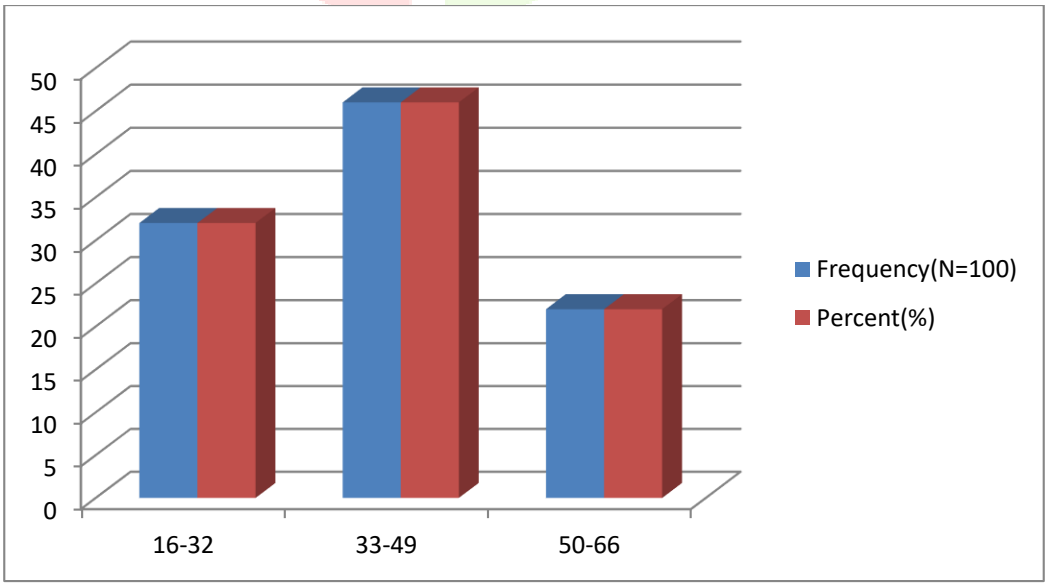

Figure 3: Bar diagram showing percentage distribution of subjects by their Age

Table 3 & Figure 3 revealed that out of 100 study subjects, most of the study subjects 46 (46%) were in the age group of 33-49 years, followed by 32 (32%) were in the age group of 16-32 years and 22 (22%) in the age group of 50-66 years . Out of 100 study subjects (patients), the youngest patient was 16 years and oldest was 65 years old. The median score was 31.00 years.

Table No 4: Frequency and percentage distribution of study subjects by their Marital Status.

N=100

Demographic variable	Options	Frequency	Percentage
Marital Status	Single	35	35%
	Married	57	57%
	Divorced	5	5%
	Widowed	3	3%

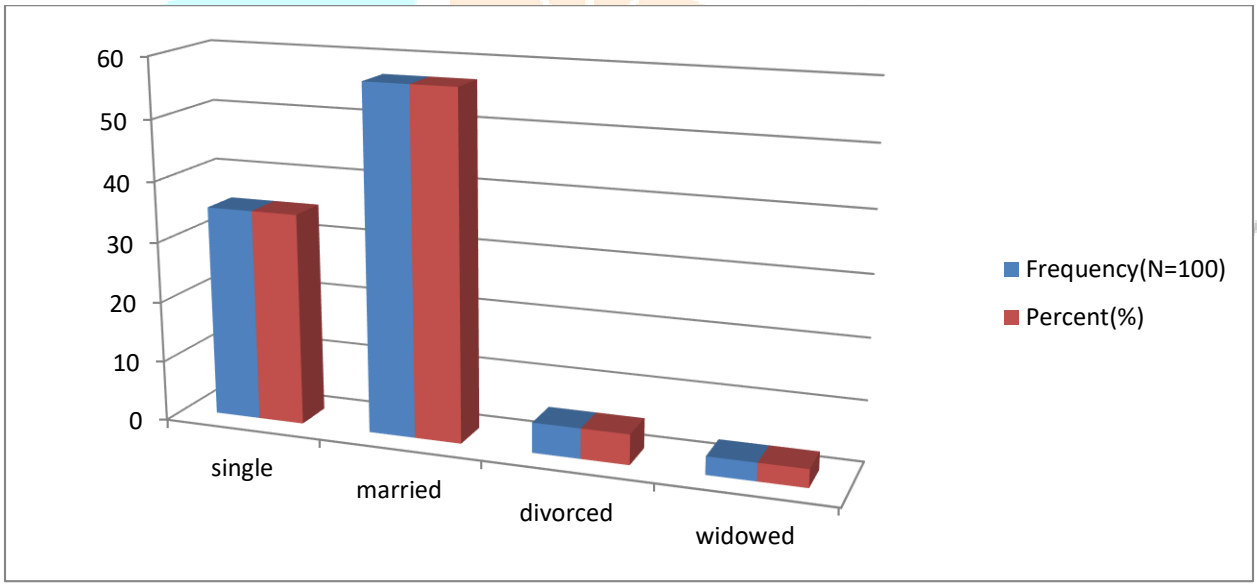

Figure 4: Bar diagram showing percentage distribution of subjects by their Marital Status.

Table 4 & Figure 4 revealed that out of 100 study subjects, most of the study subjects 57 (57%) were Married, followed by 35 (35%) were single, 5 (5%) were only divorced and 3 (3%) were widowed.

Table No 5: Frequency and percentage distribution of study subjects by their Monthly Income.

N=100

Demographic variable	Options	Frequency	Percentage
Monthly Income	5,000 – 10,000 (Low Income)	79	79%
	10,001 -15,000 (Moderate Income)	13	13%
	15,001 – 20,000 (High Income)	8	8%

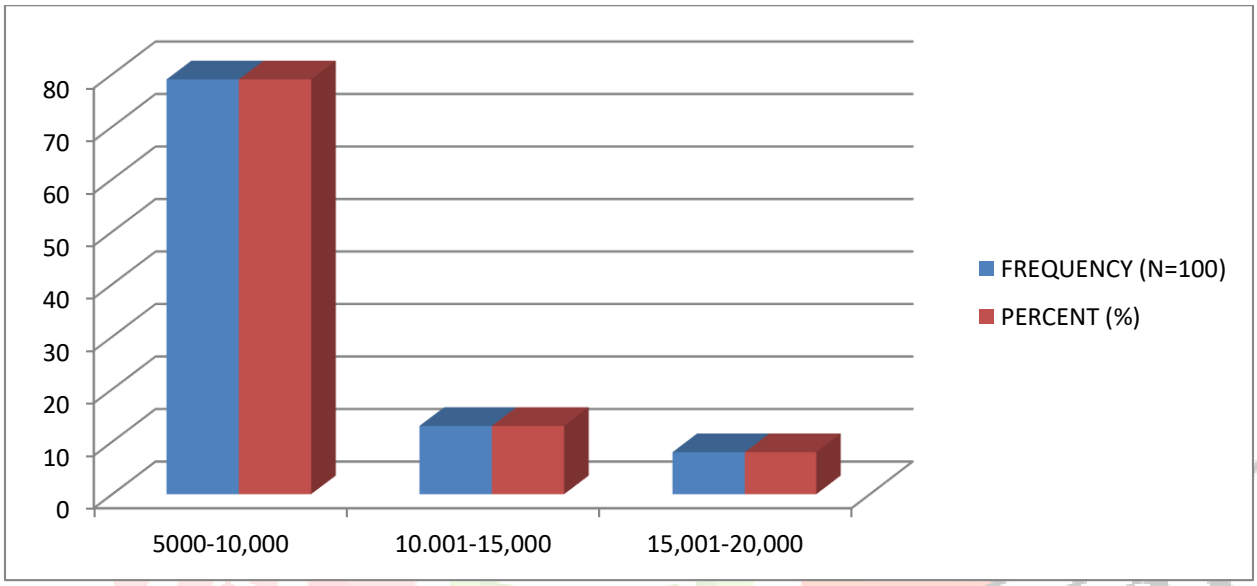

Figure 4: Bar diagram showing percentage distribution of subjects by their Monthly Income.

Table 4 & Figure 5 revealed that out of 100 study subjects most of the subjects 79 (79%) had monthly income in between 5000-10000, followed by 13(13%) had monthly income in-between 10,001-15,000 and 8 (8%) had monthly income in-between 15001-20,000. family income/month and 2(7%) had between 15000-20000 family income/month.

With regard to the average family income per month in Rupees, the lowest amount that earns was Rs. 5000 and highest amount that earns were Rs. 20,000. The median of family income was 8000 and a quartile deviation was 16,333. The patients with low income were 79%, moderate income was 13% and high incomes were 8% (Table 4 and Fig 3).

Section II: Description of IPD (in patient department) patients satisfaction with health care services.

Table 5: Frequency & percentage distribution of IPD (in patient department) patients satisfaction with health care services.

N=100

Patient Satisfaction variables	Level of Satisfaction	
	High Level N (%)	Low Level N (%)
Convenience	25	75
Courtesy	46	54
Quality Of Care	44	56
Out of Pocket Cost	24	76
Physical Environment	42	58

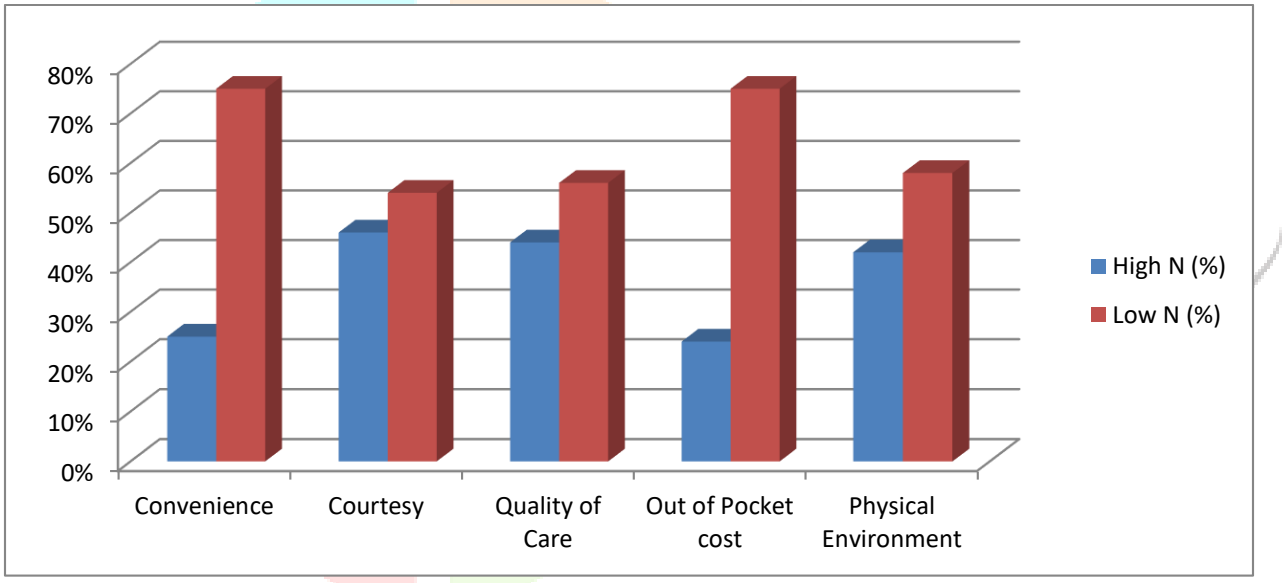

Figure 5: Bar Diagram showing percentage distribution of study subjects according to their satisfaction with health care services.

Table 5 & Figure 5 revealed that out of 100 study subjects, the expectation towards the health care services were that most of the subjects (patients) were not (75%) satisfied with the Convenience. The courtesy part had 4 questions about friendliness of doctors and nurses, their attentiveness, appropriate time spent for medical examination and privacy maintenance while examining patient. The patients had high 46% satisfaction courtesy and low 54% satisfaction.

The quality of care patients were asked about competency of doctors, quality of instrument, examination of patients and the way pharmacists dispensed drugs. The result showed that, 44% of patients were highly satisfied and 56% of patients were not happy with quality of care provided.

Two questions were asked for out of pocket cost for medical expense, affordable and any protection financially against medical problems. Most patients were not satisfied (76%) and 24% were happy with the cost out of pocket they spent for medical services.

The last part of satisfaction was asked about physical environment. It included clean and tidy, enough sitting chairs available in waiting area, availability of drinking water and clean toilets, clear signs and direction and ventilation. The overall scores shows that 42% of patients were highly satisfied and (58%) had low satisfaction towards environment.

Section III. Association of patient satisfaction with health care services with selected demographic variables.

This section deals with the findings related to the association between pre-test knowledge score and selected demographic variables. The chi-square test was used to determine the association between patient satisfaction with health care services with selected demographic variables.

.Association of pre-test knowledge score with selected demographic variables (Gender, Age, Marital status, Monthly Income).

Table 7: Association of patient satisfaction with health care services with their demographic variables:

N= 100

Demographic variables		Level of satisfaction		Chi Square test (X*)	P-Value	df	Table-value	Result
Variables	**Options**	**High N (%)**	**Low N (%)**					
Gender	Male	8	92	0.79	0.38	1	3.841	NS*
	Female	12	88					
Age	16-32 years	12	88	1.121	0.571	2	3.974	NS*
	33-49 years	7	93					
	50-66 years	10	90					
Marital Status	Single	8	92	0.982	0.612	2	3.974	NS*
	Married	11	89					
	Divorced + widowed	12	88					
Monthly Income in Rs.	5000-10,000	7	93	0.136	0.712	2	3.974	NS*
	10,001 - 15,000	10	90					
	15,001 - 20,000	12	88					

NS* = Not Significant

Table:7 shows that no association of patient satisfaction with health care services with their socio-demographic variables viz. Gender (p-value = 0.38), Age (p-value = 0.571), Marital status (p-value = 0.612) and Monthly Income (p-value = 0.712).

The calculated chi-square values were less than the table value at 0.05 level of significance.

Discussion

This chapter discusses the major findings of the study and reviews them in relation to findings from the results of the previous studies. The findings of the study were discussed as per the objectives.

Major findings of the study:

Findings of the study subjects were organized as follows:

- According to the overall satisfaction pointed out by this study, three quarter of the patients were low (90.00%) satisfied and only (10.00%) were highly satisfied with the services provided by the SMHS hospital.
- When compared with all the components of satisfaction, courtesy gained highest percentage of high satisfaction (46%). Quality of care gained the second highest (44%) highly satisfied and 56% slowly satisfied.
- In physical environment 42% were highly satisfied and 58% was slowly satisfied.
- In cost out of pocket shows that only 24% patients were highly satisfied and 76% were having low satisfaction.
- While in convenience were 25% highly satisfied with services whereas 75% proves low satisfaction.

This shows that the cost that has to spend for medical treatment is costly for average income patients. These findings could reflect that patients were more concerned about out of pocket cost than other components. Overall satisfaction was reported by 60% of patients.

According to researchers, the most familiar insight about patient satisfaction is that higher is better. If market share and revenue are important to services, only patient loyalty will do. And if patient satisfaction is a ladder to climb, experts agree that you'll find loyalty only on the top of the range. Exceptionally satisfied customers were six times more likely to buy again as one who was just merely satisfied. Therefore health care system is basically a service based industry and customer satisfaction is at utmost importance just as in other service oriented sectors.

Conclusion:

Patient attending each hospital are responsible for spreading the good image of hospital and therefore satisfaction of patients attending the hospital is equally important for hospital management. The customer image of the hospital still desired better quality of services appropriately throughout whole country. In this study, dependent variable of concern was patient satisfaction towards the hospital services which were considered according to component of care such as convenience, courtesy, quality of care, out of pocket cost and physical environment. Independent variables included; predisposing factors such as age, gender, marital status, educational level, occupation, number of visits and state of attitude towards services. Enabling factors included family income and type of payment for this visit. And need factors were health problem and expectation towards services. When taking into consideration the overall satisfaction score for groups of all patients' satisfaction level was 10% highly satisfied and 90% lowly satisfied with services of SMHS hospital [22]. The low proportion of high satisfaction level might have resulted from, among other reasons, the high criteria (80% of total score) of classification of satisfaction level. Regarding the components of satisfaction, it was found that overall patient had low satisfaction with services except courtesy and quality of care. In terms of expectation was not significantly associated with satisfaction level. The patient with high expectation had nearly high (15%) satisfaction and moderate expectation with high satisfaction was 12% of the patient and low expectation was only 2% with high satisfaction. According to these results most of the patients was having low expectation with low satisfaction towards hospital. Among Socio demographic factors none were significantly associated with patient's satisfaction. The comments and suggestion resulting from respondents were related to convenience which was negative comments than positive. The complaints about inconvenience mostly stressed on long waiting time to consult doctor and access to pharmacy services, shortage of specialist doctors and health care providers.

RECOMMENDATIONS

On interaction with patients and their attendants, following suggestions came out for improvement:

Admission: There is procedure of issuing only one attendant's pass. However, if a patient is sick or attendant is a lady and the attendant has to go out to get any medicines, etc. then he has problem. The policy of issuing two passes may have to be reconsidered.

Ward preparation: There were many complaints of cockroaches and rodents in the ward. The pest control department should do regular sprays and take effective measures for controlling them. Room preparation should be improved by more cleaning, anti-pest and anti-rodent measures.

Toilets: The cleanliness of toilets should be improved. It may be done twice a day. Frequent and

surprise checks by sanitary inspectors and administrators will instill a sense of responsibility and alertness in sanitary attendants.

Explanation about disease and treatment by doctors: All tests to be carried out and treatment options and costs were not told at the time of admission, which caused frequent delay in treatment and procedures and delay in payment. Patients require more information about their disease and treatment. Patient should be explained in detail about the tests and procedures to be carried out and these should be pre planned There were inadequate guidance's for attendants about care of postoperative patients.

Food services have got 12% average and 10% poor response. It was the second major dissatisfier. The quality and quantity of food, especially quality of rice and vegetables and its presentation should be improved. There were also some complaints of normal diet being given to diabetic patients and insects in food. This needs careful monitoring.

Behavior of Nurses: Over the years, number of nurses has decreased due to high demand, low salary and hence low supply and number of working staff nurses have decreased. This is causing increased stress amongst them leading to some downfall in their services and behavior.

Behavior of Doctors: Although 90% of responses showed that the doctors at ISIC were above good level, yet 10% people felt that the doctors have become less sensitive and empathetic to their problems. The new generations of doctors should be trained and value of empathic care and soft skill must be re-emphasized

Behavior of Orderlies/Sweeper: Twenty-two percent of the patients were disturbed by frequency of visits by different staff at different time. The timing for activities like nursing, cleaning, ward rounds should be fixed, so that the patient is mentally prepared for the same and can take rest at other time. Some people complained about the bad behavior of hospital and sanitary attendants. There is less sensitivity about avoiding cross infection in staff like washing of hands. There were also 2 complaints of theft (Mobile) by the attendants.

They should be trained about the importance of hand washing and other universal precautions, before and after touching any patient. They should be regularly trained and sensitized about how to improve their image and behavior.

With the introduction of **consumer charges**, the hospital services have become costly for poor people. Being a Not-for-profit hospital, people expect it to be cheap. Cost should be explained well to the patient before getting admitted in the hospital. However, this policy of revising rates may be looked into.

There should be package charges for some procedures to avoid running around by patient's attendant for minor requirements.

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