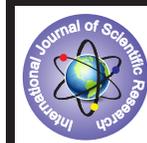


## An Analytical Study of “Customer Satisfaction in Private Hospital”, Hyderabad



### Management

**KEYWORDS :** Customer Satisfaction, Quality, Healthcare, Evaluation

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### ABSTRACT

*In health care, consumer satisfaction is an important evaluation instrument to determine the quality of services. In recent years, the concept has assumed much greater significance particularly in market based health systems. Also, in World Health Organization's framework for health care assessment, the customer satisfaction is given due consideration. On the contrary, in developing countries particularly, the concept is one of the most ignored elements in evaluation of health care systems. This present study – which is cross-sectional – is designed on the ground that there is a need to incorporate consumer satisfaction in health care evaluation. This study, presents a scientific analysis using the Patient Survey Questionnaire technique, the most universal approach used by international studies to evaluate consumer satisfaction with health services. Based on study results, generally, we conclude that consumers have expressed high level of satisfaction for various quality assessment scales. Despite these findings, it has also been noted that significant proportion of patients have also expressed medium as well as satisfaction for certain scales. It tends to suggest that quality of services needs to be improved for specific items as well as certain scales including communication, general satisfaction, and interpersonal aspects for improvements in provision of certain services at the hospital.*

### Introduction

Services are becoming an increasingly important element of national economies and it is crucial to appreciate the distinguishing qualities of services and resulting management implications with specific focus on healthcare services. The delivery of quality healthcare services and the integration of thereof in healthcare policies is a concern in various health organizations across the world. In the past decade in particular, patient satisfaction has become an important performance measure and outcome of healthcare. Research on healthcare satisfaction is vital to ensure a high quality of care and patient satisfaction and to maximize the benefits of scarce resources. Thus determining the factors associated with patient's satisfaction is critical for public healthcare providers in order to understand what is valued by patients, how the quality of care is perceived by the patients and to know where, when and how service changes and improvements could be made. Over the years, quality of services has assumed far greater importance in health systems of both developed and developing countries. In WHO's framework for health system performance assessment; health, responsiveness and fairness of financing are three major goals of a health system.

With each component having particular importance, the responsiveness element entails safeguarding the rights of patients to adequate and timely care. With numerous assessment measures, consumer satisfaction – which overlaps responsiveness in various dimensions – is one important evaluation measure of quality and performance of any health system.

Similarly, 'legitimate' expectations about service quality also serve as key tool in understanding patients' aspirations and needs for better health care. The evaluation of services vis-à-vis consumer satisfaction is, therefore, a dynamic rather than a static process. It provides time continuous information regarding relative improvements (or shortfalls) in health care standards. Generally, in the case of developing countries, it has been noted that patient satisfaction is not given much importance. It is a self explanatory fact that formal evaluation mechanisms including consumer satisfaction are absent in the health systems of most developing countries.

It has been argued that consumer perceptions on health care are largely ignored by health care providers in low income countries. Moreover, it is also noted that health being the exclusive industry – unlike others – which ignores its clients.

### Literature review

#### 1. Patient as Consumer

The importance of 'patient' perceptions also referred as consumer, in health care systems from the fact that consumer assessment not only identifies pitfalls in quality but their ex-

pectations also provide a way forward to improve the existent status of a health care services. Usually in market-based health systems, among various factors, patients' satisfaction is considered as an important indicator which enhances the reputation of hospitals and medical establishments in health provision. Therefore, it is argued in the literature that traditional term 'patient' needs to be replaced with customer or client for service improvements and also to develop a respectful relationship. It has been stated that term 'consumer' dignifies professional-patient relationship whereas the traditional term represents powerlessness against the medical establishment. In addition, reinventing the term strengthens the importance of patient, consumer rights, and protection.

**Consumer Perceptions: Influences and Variations** With complex nature of human perceptions, patient satisfaction is rather a complex phenomenon. Consumer perceptions represent a diverse mixture of perceived needs, expectations, and experience of health care. They seem to be influenced by various and

often diverse factors. For instance socio-demographic factors, economic status, gender, and culture have been found to be significant in influencing perceptions. It is stated: 'The clients' perspective is not simply a matter of individual preferences but is mediated through the social and cultural environment. Therefore, with influence of multiple factors, patients' perceptions have the tendency to vary drastically across individuals, hospitals, regions, or countries.

In literature, perceptions on satisfaction have been identified as relative judgments, based on comparison of perceived performance and patient aspiration, a proposition referred as the 'multiple discrepancy theory'. It is noted that patient's aspirations can be unrealistic in view of available financial and non-financial resources and performance evaluation can differ significantly. Therefore, it is argued that legitimate rather than individual expectations needs to be accounted for which could assist in reducing measurement discrepancies in patient satisfaction.

**Dimensions of Quality in Consumer Satisfaction** Interestingly, patient satisfaction with quality cannot be examined unless the multidimensionality of quality should be taken into context. It not only entails the technical aspects of health care but also involve non-technical dimensions including physical environment, access to information, courtesy of medical professionals, inter-personal relationships, responsive behavior, time cost involved, and other miscellaneous aspects. In health care literature, 'structural quality' is defined as dimensions related to continuity of care, costs, accommodation and accessibility. Process quality has been defined to include aspects of courtesy, information, autonomy and competence. Similarly, service quality is

referred as a set of aspects which include communication, sign posting, information provision and staff interaction with patients. Interpersonal aspects of quality, amenities of care, with technical aspects comprise the three components of health care quality. Interpersonal aspect is defined as the quality of interaction between the patient and the service provider concerning responsiveness, friendliness, and attentiveness. In the literature, various studies therefore have examined quality specific contexts and dimensions.

#### **Socio-demographic factors Influencing Consumer Satisfaction:**

Most studies examining relationship of patient characteristics with hospital satisfaction scores have found certain variables to be significantly related. Most prominently, patient age along with self-reported health status are been noted to be statistically significant. It has been examined in almost every study that these two factors are strongly correlated with hospital satisfaction. Whether these variables have been analyzed for obstetrical patients, for various patient satisfaction measures, and across different countries. Moreover, it has also been noted that there is greater tendency of research studies to concentrate on older patients. It seems to be based on the presumption that old people are the major recipients of health care services. Generally, it has been found that older patients have the tendency to report greater satisfaction while sicker patients tend to be less satisfied. Other patient characteristics that have been noted to be significantly related to patient satisfaction include race/ethnicity, gender, education, insurance status, income, and past consumer experience in the hospital.

#### **Measurement of Consumer Satisfaction:**

Similar to multidimensional nature of quality, its measurement through patient satisfaction also has varied approaches. One factor which account for variation in patient perceptions of hospital care is differences in measures of satisfaction. Certain measures focus on 'experience of care' while examining problem-oriented approach scrutinizing questions concerning what did or did not happen while receiving health care regarding numerous aspects of care. Other patient satisfaction measures take into account the 'satisfaction with care' approach which involves patients to rate satisfaction with various aspects of care they received. These two approaches to assess patients' views on hospital experiences reflect two complementary but often conflicting goals for developing information i.e. quality improvement by hospitals and public reporting for use by consumers. To assist hospitals in quality improvement measures, specific questions identifying problem areas needs to be used.

#### **PSQ – Global Approach in Measuring Consumer Satisfaction:**

In developed countries, interest in measuring patient satisfaction assumed more importance during the mid 1980s, the first health questionnaire was developed almost forty years ago.

Some thirty years back Ware et al. developed a multifaceted and universally applicable approach to measure patient satisfaction through Patient Satisfaction Questionnaire (PSQ). The goal was to develop a short, self-administered satisfaction survey having application to general population studies yielding reliable and valid measures. These measures should have both theoretical and practical significance for planning, administration, and evaluation of health service programs. Importantly, the salient feature of PSQ approach is its development of taxonomy of characteristics of health care providers and services which can influence patients' attitudes towards satisfaction with medical care. Since its development, the modified PSQ method has been extensively used by studies to evaluate health care services in specific contexts in various countries. Its validity has been supported by empirical findings since its development.

The best means of distributing a survey depends on whether it is a transactional or relationship survey. A transactional survey is conducted at the point of customer contact. Depending on the nature of the customer contact, an in-person, telephone or online survey may be appropriate. Relationship survey, on the

other hand is most cost-effectively conducted online.

#### **Research methodology**

To investigate the research model, the study conducted a survey study. Questionnaire was developed using a 5-point Likert scale from the literature, and questions were designed for each single construct. The reliability of each measurement was confirmed by means of the pretest.

A service satisfaction survey is to be conducted amongst patients treated at a Private Hospital. The attitudes of the patients were tested regarding pre-identified service quality aspects related to healthcare. A total of 100 patients (50 in- and 50 outpatients) are to be personally interviewed during the research. Although an attempt is to be made to select the patients randomly it is not always possible due to patients that are not able and/or willing to complete the questionnaires. In such cases substitutes is selected to overcome the problem of no-responses.

The expectations and perceptions of in- and out-patients with regard to the hospital's responsiveness services are reported in this paper. The two dimensions represented a mirror-image of each other.

A five - point Linker type scale is used to measure the levels of perceived performance of the hospitals as well as the expectation levels of the patients. Respondents are to be asked to indicate their evaluation on the scales in which 1 = Very important (Excellent) and 5 = Not important at all (Not good at all.)

A total of 6 items were used to measure the responsiveness related variables as offered by the hospital. An item analysis is to be carried out to test the validity and the reliability of the questionnaire and an overall coefficient Alpha to be measured for expectations and performance respectively.

#### **Objectives of the Research**

The purpose of this paper is to examine responsiveness as determinant of service quality in Private Hospital, Hyderabad city.

#### **The objectives of this study are:**

- To determine if equality exists between in- patients and out-patients for the service responsiveness provided to patients in Private Hospital, Hyderabad city.
- To determine whether the expectations of in- and out-patients on how hospital staff responds to their needs in terms of the responsiveness variables, are met (satisfaction).
- Propose recommendations for improvement in health care services at the hospital.

In- patients refer to patients admitted in the hospital and out-patients refer to patients who receive medical consultation and/or treatment without being admitted. The service responsiveness content under investigation includes the constructs: Prompt service during registration/admission, Reasonable waiting time for treatment, Reasonable waiting time for receiving medicine, Responsiveness to complaints, Speediness of services by medical staff, Proper explaining of hospital procedure (what to do and where).

#### **Research Methodology**

Study Design, Sample Selection and Size, and Data Collection Methodology, Data Reliability, Ethical Consideration in Data Collection and Limitation of the Study

#### **1. Study Design**

This cross-sectional study is designed on the basis of PSQ approach. It represents a relatively shorter version of the approach comprising 10 questions. These related to different aspects of health care services provided at the on the basis of these questions (or items); seven broad scales have been constructed representing key dimensions of services provided by the hospital. These broad scales are: (I) general satisfaction (ii) technical quality (iii) interpersonal aspects (IV) communication (v) financial aspects (VI) time spent with the doctor and (vii) access and availability aspects. In each scale, consumer responses

on items have been captured through five relative scores (Linker scales) which represent consumers' relative judgments on quality of health care service received at the hospital.

The pre-coded responses were recorded to attain higher item scores for favorably worded items i.e. indicating greater satisfaction in numeric values. For example, numeric value of 'Excellent' in the questionnaire was recorded from 1 to 5. Likewise, similar procedure of recoding was adopted for the remaining three Likert scales.

In consumer satisfaction studies, categorization of numeric values of scales measuring quality has been extensively used in various studies for relative analysis of satisfaction. To facilitate comparative analysis of consumer perceptions, aggregate scale scores have been classified into three broad categories which are: (I) High level of satisfaction (ii) Medium level of satisfaction, and (iii) Low level of satisfaction. Distinction between these categories (or satisfaction ranges), for instance in low satisfaction, is calculated by taking average point of minimum cumulated value of dissatisfaction score and minimum cumulated value of neither agree nor disagree scale.

**Sample Selection and Size**

At Private Hospital; around 125 workers are registered under the health protection scheme. Based on hospital estimates, on average, -30-50customers visit the premises each day. Broadly, there are two types of patients: (I) OPD patients and (iii) Inpatients. As an inclusion criterion, the survey exclusively involves interviews with the first type of patients. Inpatient perceptions of care, therefore, are not under the purview of the study.

In addition, respondents with minimum age of 18 years (i.e. adults) were selected for the study sample. It is based on the presumption that children possess little comprehension about complex medical procedures and quality of hospital services.

The purpose of excluding children from the survey, therefore, was to increase the response rate. The sample, however, makes no distinction on the basis of registration status of respondents i.e. whether if they are employed workers or dependents of registered workers.

Of total OPD patients who represent the sampling frame, following formula has been used to select sample size.

$$\text{Sample size} = p(1-p)/e^2$$

Where

p = proportion

e = required size of standard error

It is assumed that p = 0.5 whereas e = 0.05 (at 95 % confidence interval). The total sample size was estimated to be 100 patients (or respondents). To adjust for non-participation (or non-responsiveness) factor of consumers, 120 individuals were interviewed in total.

**Data Collection Methodology**

Data collection was done by a structured questionnaire comprised of ten questions (or items) related to different aspects of hospital services. As mentioned previously, the questionnaire was designed using PSQ as a reference point. A pilot survey of ten respondents was conducted before carrying out the complete hospital survey. To overcome difficulties in identifying OPD patients from the consumer list, respondents were identified through 'random selection' process on days when data was collected. Since consumers were interviewed in hospital's premises, the data collection procedure was time-efficient and convenient while keeping all the survey requirements of the study.

**Reliability and validity of data**

In psychometric studies, estimation of data reliability is a req-

uisite procedure. In literature on perception studies (including consumer satisfaction), it is indicated that multi-item scales generally meet the reliability criteria when exceeds the 0.50 value for group comparisons, among various techniques. For levels of consumer satisfaction for remaining scales the response rate of the sample is estimated to be 97 % However, some studies have estimated less than 0.40 reliability values which do not infer insignificance. Such data estimates are reliable but relatively weak at high confidence intervals.

International studies. Item reliability is estimated at 0.80 whereas scales reliability comes to 0.790.

**Limitations of the Study:-**

Despite the fact that the present study is a benchmark on estimating patient satisfaction at the Private Hospital, it has certain limitations. These are as following:

It exclusively examines the perceptions of patients to evaluate the quality of health services at the hospital. It has not incorporated the views of the medical staff.

It is a particular case study of patient satisfaction at the Private Hospital.

It exclusively takes into account perceptions provided by OPD patients at the hospital. The findings do not apply to perceptions of inpatients who are admitted at the hospital.

**Research methodology**

The research methodology that was followed for the investigation is consequently explained. The data analysis illustrates the levels of importance, perceived performance and consequently satisfaction of one dimension of service quality dimensions for patients of the hospital namely, responsiveness.

The sample framework, measuring instrument and data collection and analysis

A service satisfaction survey was conducted in 2013 amongst patients treated at Private Hospital, Hyderabad city .The attitudes of the patients were tested regarding patients satisfaction in healthcare. A total of 100 patients were personally interviewed during the research. Although an attempt was made to select the patients randomly it was not always possible due to patients that were not able and/or willing to complete the questionnaires.

The expectations and perceptions of patients with regard to the hospital's responsiveness services are reported in this paper. A five - point Likert type scale was used to measure the levels of perceived performance of the hospitals as well as the expectation levels of the patients. Respondents were asked to indicate their evaluation on the scales in which 1 = (Excellent) and 5 = Not important at all (Not good at all.)

A total of 8 items were used to measure the responsiveness related variables as offered by the hospital. An item analysis was carried out to test the validity and the reliability of the questionnaire and an overall Cronbach coefficient Alpha of 0.975 were measured for satisfaction respectively. Data was captured by a trained assistant and analyzed using the SPSS version 15 statistical.

**Overall Satisfaction (No of Respondents & Percentage %):- Table - 1**

Particulars	1.excellet	2.Very good	3.Good	4.Poor	5.Not good at all
Wating Time	12 (12.0%)	67 (67.0%)	19 (19.0.07%)	2 (2.0%)	0
Reception patient co-ordination	17 (17.0%)	70 (70.0%)	13 (13.0%)	0	0

Service of Doctors	15 (15.0%)	80 (80.0%)	5 (5.0%)	0	0
Service of Nursing staff	20 (20.0%)	65 (65.0%)	13 (13.0%)	2(2.0%)	0
Radiological & pathological Services	20 (20.0%)	78 (78.0%)	2 (2.0%)	0	0
Billing and Pharmacy	5 (5.0%)	70 (70.0%)	20 (20.0%)	5 (5%)	0
Administrative Dept	11 (11.0%)	65 (65.0%)	20 (20.0%)	4(4.0%)	0
Quality of Hospital	15 (15.0%)	78 (78.0%)	7 (7.0%)	0	0
Total	115 (14.37%)	573 (71.62%)	99 (12.37%)	13 (1.62%)	0

### Data analysis

In this study the total number of respondents is 116. The majority of the respondents belong to the age group of 20 – 22 as shown in the below table, while very less and minimum among all belong to the age group of 18 – 20.

The patients reported fairly high Satisfaction on all the responsiveness variables (table 1). This clearly signals that all patients were shown excellent responsive levels. The two most important issues (in terms of their expectations) for patients in general were: Proper explaining of hospital procedure (what to do and where to go) and speediness of services by medical staff. Interesting to note is that the perceived performance of the hospitals services was in the same sequence, implying that satisfaction was met in terms of the rank. However if the mean is used as indication, satisfaction was not met as the means of expectations were lower than the perceived performance.

**Table - 2**

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Waiting Time	100	1	4	2.11	.618
Reception co-ordination	100	1	3	1.96	.549
Service of Doctors	100	1	3	1.90	.438
Service of Nurses	100	1	4	1.97	.643
Billing & Pharmacy Department	100	1	4	2.25	.626
Radiological & Pathological Services	100	1	3	1.82	.435
Administration Department	100	1	4	2.17	.667
Quality of Hospital	100	1	3	1.92	.464
Valid N (listwise)	100				

\*Significant on 0.95 level

### Descriptive Statistics of Scale Items

#### Waiting Time for Appointment :- (Table – 2)

The GS scale primarily entails Waiting Time for Appointment

of the hospital. It includes items related to consumers' level of comfort in diverse hospital premises. In terms of consumer satisfaction, Waiting Time for Appointment was ranked (mean = 2.11). Waiting Time for Appointment was also found to be skewed towards relatively higher satisfaction (mean= 2.11.).

#### Reception co-ordination:-

The GS scale primarily entails Reception co-ordination of the hospital. It includes items related to consumers' level of comfort in diverse hospital premises. In terms of consumer satisfaction, Reception co-ordination was ranked (mean = 1.96). Reception co-ordination was also found to be skewed towards relatively higher satisfaction (mean= 1.96.).

#### Service of Doctors:-

Customers s evaluated highest satisfaction with service of Doctors (mean= 1.90). Majority of patients were satisfied with the doctor prescriptions of drugs at the hospital. Service of Doctors was also found to be skewed towards relatively higher satisfaction.

#### Service of Nurses:-

Customers s evaluated highest satisfaction with service of Nurses (mean= 1.97). Majority of patients were satisfied with the services of nurses at the hospital. Service of Doctors was also found to be skewed towards relatively higher satisfaction.

#### Billing & Pharmacy Department:-

Customers was evaluated highest satisfaction with service of Billing & Pharmacy Department (mean= 2.25). Simply, this suggests that majority of patients were satisfied with the services of nurses at the hospital. Billing & Pharmacy Department was also found to be skewed towards relatively higher satisfaction.

#### Radiological & Pathological Services:-

Customers s evaluated very good satisfaction with (mean= 1.82). Simply, this suggests that majority of patients were satisfied with the services of radiology & pathology at the hospital. Radiology & pathology Department was also found to be skewed towards relatively good satisfaction.

#### Administration Department:-

Customers s evaluated very good satisfaction with (mean= 2.17), with administrative services. Majority of patients were satisfied with the administrative services of at the hospital. Administrative Department was also found to be skewed towards relatively good satisfaction.

#### Quality of Hospital:-

Customers were evaluated very good satisfaction with (mean= 1.92), with Quality of hospital.. Majority of patients were satisfied with the quality of at the hospital. Administrative Quality of hospital was also found to be skewed towards relatively good satisfaction. A non-parametric test procedure was used to compare the patient's satisfaction with regard to the responsiveness variables with their perceived performance of the hospital, as experienced by the sample as a whole. The test computes the differences between the mean values of two variables for each case and tests whether the average differs significantly from 0.

This test could be used as the observations for each variable pair was made under the same conditions. The aim was to determine whether performance on responsiveness matches the expectations of patients or not.

This variable was rated first in terms of expectations as well as their perceived performance of the hospitals services. The overall second smallest deviation between expectations and perceived performance is the speediness of services provided by medical staff. This variable was rated relatively important in terms of expectations.

(Table - 3)

Factor Analysis:- Communalities		
	Initial	Extraction
Waiting Time	1.000	.852
Reception co-ordination	1.000	.715
Service of Doctors	1.000	.818
Service of Nurses	1.000	.872
Billing & Pharmacy Dept	1.000	.696
Radiological & Pathological Services	1.000	.683
Quality of Hospital	1.000	.840
Administration Department	1.000	.841

Extraction Method: Principal Component Analysis.

(Table-3) According to factor analysis, extraction of Billing & Pharmacy department and Radiological Department were found as 0.696 and 0.683 respectively, (Magnitude of difference is .137) which shows that there is a need For area of improvement for these two department of Private Hospital, Hyderabad city .If we see factor analysis revealed that waiting time and reception co-ordination were having 0.852 and 0.715 respectively with a Magnitude of difference Of 0.10. This indicates both the variables are comparatively very good for hospital. While services of Doctors and nurses as well were having 0.818 and 0.872 respectively with Magnitude of difference is 0.054, also good for the hospital. Our aim is to sort out any two variables out of the total eight (08), whose area of improvement is to done and is imperative for betterment of the hospital.

The factor analysis table also indicated that Quality of hospital (in terms of infrastructure) And Administration Dept were found to be 0.840 and 0.841 respectively which is quiet good For Hospital.

Total Variance Explained						
Component	Initial Eigen values			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	6.318	78.972	78.972	6.318	78.972	78.972
2	.741	9.257	88.229			
3	.342	4.279	92.508			
4	.316	3.944	96.452			
5	.130	1.620	98.072			
6	.075	.939	99.012			
7	.042	.529	99.541			
8	.037	.459	100.000			

Extraction Method: Principal Component Analysis.

Component Matrix	
	Component
	1
Waiting Time	0.923
Reception co-ordination	0.846
Service of Doctors	0.904
Service of Nurses	0.934
Billing & Pharmacy Dept	0.835
Radiological & Pathological Services	0.826
Quality of Hospital	0.917
Administration Department	0.917

**Conclusion**

The results of the study show that the investigation holds important implications for future planning and development in the Private Hospital, Hyderabad city. Service managers should take cognizance of the most important service quality issues identified in this investigation. In this regard, (in terms of their expectations) for patients in general were: Proper explaining of hospital procedure (what to do and where to go) and services by medical staff. Coincidentally the order in which they perceived the performance of the hospitals services was in the same sequence. Further measurements however confirmed that satisfaction was met. Furthermore, the result shows that the importance of these findings lies incontrovertibly therein that they prospectively contribute towards a constructive paradigm shift that espouses the benefits of an improved perception of service delivery.

Based on the findings of this study it can be recommended in the private health sector should consist of investment in, firstly, an analysis of patients' perceptions of the performance of a hospital on ongoing and formalized basis and secondly, of proper staff and management training sessions.

In conclusion, the findings of this study clearly identifies important positive and negative perceptions regarding the healthcare services provided by the hospital under examination and substantiate the conclusion that it is imperative the hospital management take the necessary measures to improve the perceived performance of the hospital. A different approach should be considered and implemented to satisfy the needs of patients.

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