

AN EXPLORATORY STUDY OF PATIENTS SATISFACTION WITHIN THE HEALTH CARE SECTORE: SPECIAL REFERENCE OF SELECTED CITIES'

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Abstract:

Aim of this paper is to distinguish the potential components which are contributing in deciding Patient Satisfaction, which thus may give Health Care Sector an approach to patch up their Hospital Services and assets for conveying the better help and care to the Patients. For the current examination 301 Indoor patients were taken as respondents. The chose populace test size from Government District Health Care focuses from various locale of Madhya Pradesh was drawn and advantageous examining was favored for this examination.

Keywords: Patient Satisfaction, Hospitals, Health Care Services, Quality of Care, Nutritional Care, Ambient Condition, Physician Attitude

INTRODUCTION

Conveyance of value administration to patients is on high need of medical services climate (Edura and Kamaruzaman, 2009; Dabholkar, 2015). Patients can be resource for care focuses, by inside and out perception and investigation, emergency clinic organization and medical care suppliers can comprehend the genuine necessities of their patients. Prior it is was accepted that fulling proficient principles and their review/evaluation are sufficient adequate to comprehend the need of the patients (Bader, 1988), however human longings are difficult to perceive and see, hence estimating fulfillment of patients turns into an extreme assignment for overseers and medical care suppliers. Quiet Satisfaction is considered as broad thought however it is a mind boggling, multidimensional and multifaceted idea installed with many contributing variables (Batbaatar et al., 2017, for example, patients comprehensive positive assessment (Kessler and Mylod, 2011); assessment of medical care administration (Pascoe, 1983), quality as quality affirmation utilizing a few boundaries, for example, Quality of Care (Vuori, 1987; Cleary and McNeil, 1988), Patient consideration, Hospital encompassing condition (Harris et. al., 2002; Vieira et. al., 2003; Medina-Mirapeix et. al., 2013), Staff Attitude (Sitzia & Wood, 1997; Taylor and Bengier, 2004; Alfredson & Annerstedt, 1994), Facilities (Kumari et. al., 2009; Sodani, 2010), and so forth Accentuating quality measure likewise helps in distinguishing more assistance

quality factors and further may assist with improving existing ones. Tolerant fulfillment is a compensating path by which the staff individuals, wellbeing facilitator just as executive progressively move and center towards greater consideration (Kessler and Mylod, 2011) which lead to the course of better and powerful conveyance of value administrations (Batbaataret al., 2017).

OBJECTIVE OF THE STUDY

Patient Satisfaction is a vital aspect on which Health Care Providers and Administrators should focus, although it is multifaceted and multi-dimensional phenomena; and plays crucial part in accomplishing purposes of the Health Care Organizations. Commitment, Loyalty, Views and Satisfaction of Patients. Hence this study focuses on exploration of the potential factors contributing in generating Patient Satisfaction.

LITERATURE REVIEW

Brings an image of by and large fulfillment among patients utilizing medical clinic care benefits and reflects upon reuse goal of medical care administrations as proposals to the clinic administrations (Drachman, 1996; Otani et al., 2003; Abramowitz et al., 1987) which may lead towards impromptu creation of the board practices of association just as their way of life of medical care settings (Giaedi, 2012) based on patient results. Another investigation led by Schneider and Bowen (1993) certifies that view of patient related nature of care invigorates work culture, hierarchical help emphatically, this may lead corresponding to decrease day by day stressors of work life among medical care staff (Aiken et al., 2002) sticking for staff fulfillment, (Naidu, 2009; Gray and Boshoff, 2004; Andaleeb, 1998) their presentation and authoritative execution (Butler et al., 1996; Abramowitz et al., 1987). Exhaust (2002) clarifies some more boundaries as contributing elements which influences patient's encounters as accessibility and comfort of assets just as staff individuals. Disappointment of patients powers them for exchanging Health Care Centers (Ho et al., 1998). Fulfilled Patients mirrors their positive signal towards hospitals. (Elder et al., 2004; Stroupe et al., 2005) which progressively reinforce emergency clinic picture, eventually profiting medical care area.

METHODOLOGY

Exploratory Factor Analysis is utilized to find out the different affecting and associated factors with Patient Satisfaction. A structured questionnaire was developed with use of available literature for measuring Patient Satisfaction, while construction of scale, 30 items were developed but gradually on the basis of extraction value lower than 0.3, 18 items were removed from initial questionnaire and finally 13 items were retained as a final instrument for collecting data from respondents. Three-sectional questionnaire was administered, introducing the research with an opening paragraph and stating the purpose of the study, with anonymity assurance and

complete secrecy of individual responses. Data set in term of survey questionnaire were collected through the use of 5 point scale (1 = strongly disagree; 5 = strongly agree).The second part of questionnaire consists of personal demographic profile of the participants like age, gender, designation, experience, etc.; and Last part of the questionnaire reflects Patient satisfaction dimension measured on a 5 point Likert Scale. The demographic profile of respondents is shown in Table-2. This patient satisfaction Scale was personally administered to 400 indoor patients' of various Government district hospitals from Madhya Pradesh. At the time of analyzing the data 301 questionnaires were found suitable for the study, with the response rate of 75.2%.Study designed to find out potential factors causing Patient Satisfaction, and for testing the reliability of scale, Cronbach's Alpha method was used. Its Alpha coefficient value should be ranging from 0 to 1, where 0.6 or more is considered to be quite good in researches conducted in the area of social sciences (Cronbach, 1990). As per the result shown in Table-1, it is concluded that the Alpha Value is pretty satisfactory i.e. 0.859 for total 13 items.

Table 1: Reliability Statistics

Cronbach's Alpha	No. of Items
.859	13

Subsequently for validating the appropriateness and adequacy of the data, (KMO) Kaiser Meyer Olkin- Bartlett's Test of Sphericity is conducted for this data set. Suggested KMO value should be between the range of 0 to 1 the more the value is near to 1, the more the data is supposed to be adequate, significance level of Bartlett's Test of Sphericity should be ($p < 0.001$). The data shown in Table-3 indicates about data sufficiency and strong for factor analysis as test value is quite significant, i.e., 0.815 (which is more than .6 and near to 1) and 0.000 (which is $p < 0.001$) respectively.

Table 3: KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.	.815
Bartlett's Test of Approx. Sphericity	Chi-Square
	Df
	Sig.
	2293.718
	78
	.000

Factor Analysis was performed with the help of use of SPSS 17 version, to pinpoint the factors affecting the Patient Satisfaction, by using principal axis factoring method followed by varimax rotation.

Table 2: Demographic characteristics of the participants			
Characteristics		%	F
Place	Ujjain	19.9	60
	Indore	19.9	60
	Bhopal	20.3	61
	Gwalior	19.9	60
	Jabalpur	19.9	60
Gender	Male	37.2	112
	Female	62.8	189
Age	18-25	18.9	57
	26-35	25.9	78
	36-45	19.6	59
	46-59	15.0	45
	Above 59	20.6	62
Marital Status	Single	32.5	98
	Married	67.4	203
Occupation	Unemployed	36.2	109
	Self-employed	11.0	33
	Private	49.5	149
	Government	3.3	10
Monthly Income	Below 5,000	50.8	153
	5,001-10,000	38.2	115
	Above 10,000	10.9	33
Education	Uneducated	42.2	127
	Under Graduate	49.1	148
	Graduate	6.6	20
	Post-Graduation	2.0	6
Frequency to visit this	First Visit	55.5	167
	More than	18.3	55

Hospital preferred	as	Once		
Hospital		More than	12.0	36
		twice		
		More than	6.3	19
		thrice		
		More than	8.0	24
		five times		

DATA ANALYSIS AND INTERPRETATION

As information spoke to in Table-2 shows that information is gathered similarly from various urban areas for example Ujjain, Indore, Bhopal, Gwalior, Jabalpur followed by 19.9 % (60), 19.9 % (60), 20.3 % (61), 19.9 % (60), 19.9 % (60) individually. The information shows the pattern in regards to sexual orientation, i.e., generally ladies with 62.8% (189) are conceded in the medical clinic as contrast with men with 37.2% (112). Patients of the Hospitals has a place with all age gatherings, the most noteworthy number of patients which is 25.9% (78) spoke to from 26-35 years old gathering followed by 20.6% (62) from Above 59 Age Group class, 19.6% (59) were from 36-45 Age Group Category, 18.9% (57) were from 18-25 Age Group Category, 15.0% (45) were from 46-59 years old gathering. Taking everything into account a large portion of the patients are hitched with comprising 67.4% (203) and 32.5% (98) respondents were single. Occupation shrewd the greater part of the respondents with 49.5% (149) has a place with private possessed association, shadowed by 36.2% (109) who were jobless, 11.0% (33) are Self Employed, and just 3.3% (10) were found related with government establishment. The significant part of respondents' acquire under Rs.5000 which comes around 50.8% (153), while 38.2% (115) respondents were running their pay between Rs. 5001 to 10000 and only 10.9% (33) respondents were procuring more than Rs.10000. As per the investigated informational index 42.2% (127) respondents were uninformed though 49.1% (148) were under alumni, 6.6% (20) were graduates, and simply 2.0% (6) respondents finished their post-graduation. The segment information identified with patients recurrence of visit to the Health Care Centers uncovers that about 55.5% (167) respondents visited communities unexpectedly, 18.3% (55) visited more than once, 12.0% (36) visited more than twice, 8.0% (24) visited in excess of multiple times and just 6.3% (19) visited the focuses multiple occasions, demonstrating a diminishing pattern.

The factor extraction is displayed below:

F1 Quality of Care: The Quality of Care is a significant factor for patient satisfaction as it individually explains variance of 27.915% with eigen value 5.215. After a thorough investigation of all the items, the marked items associated with the factor explicitly are *"I'll consider this*

healthcare center again due its services; I would like to recommend this healthcare center to others due its services; I liked the services provided by the staff members; I liked the overall facilities of this health care centers; Nursing staff of this hospital is enough competent in their work; and All the medical equipment's employed here are up to date, with latest techniques". According to the nature of items, factor has been named as 'Quality of Care' as of mention in Table-5.

F2 Nutritional Care: The second factor Nutritional Care is clubbed on the basis of three items "*Quality of food served to patient is good; The food served here is tasty and hygienic; and Patient's meal is as per prescribed diet chart*". This factor explained total variance 15.898% with eigen value 2.253 which affect Patient Satisfaction as well as their decision, thus it is a significant factor. Keeping the tendency of the statements in the mind 'Nutritional Care' suits as their name as factor shown in Table-5.

F3 Ambient Condition: The third factor as Ambient Condition opinions about importance of the surroundings of Health Care Centers. As a factor Ambient Condition embedded with two items "*Patients Wardrobe and bedding are changed daily; and I am happy with the number and placement of beds in the wards*" is a contributing factor revealed through its total variance explained with 11.338% and eigen value 1.230 (Table-5).

F4 Physician Attitude: The last factor carries total explained variance of 11.227% and eigen value 1.121, act as a significant determinant in Patient Satisfaction, explained in Table-5. The factor accommodates two items namely "*Physician listens to patients carefully before their treatment; & Physicians answer the queries of the patients normally*", here Physician Attitude suits better as a factor name with these two items.

DISCUSSION

After information investigation, four determinants of Health Care administrations were investigated that has huge job in patient fulfillment: Quality of Care, Nutritional Care, Ambient Condition and Physician Attitude.

Socio-Demographic Characteristics

Patient's consistency to medical services has been a determinant factor of patient fulfillment (Kersnik, 2001). Besides, Qatari and Haran (1999) build up that the more frequently patients visiting a medical care place are more happy with offices and administrations. The recurrence of visit to the Health Care Centers in this investigation shows that 55.5% respondents visited place for first time and 44.5% respondents rehashed visits.

Nature of care

Nature of care is a determinant variables of patient fulfillment for an emergency clinic stay has been noted in past exploration of Fleming (1981) and Carey (1982). Batbaatar et. al. (2017) that has been reconfirmed in this investigation with factor named 'Nature of care' with fluctuation of 27.915% and Eigen estimation of 5.215.

Healthful Care

'Dietary consideration' found in this investigation with things identified with 'Nature of food served; taste and sterile; and Patient's dinner is according to endorsed diet graph' with complete fluctuation of 15.898% and Eigen esteem is 2.253.

Surrounding Condition

Albeit most patients can adjust or oppose negative surrounding conditions. Anyway if there should arise an occurrence of ICU patient or one who has had a genuine activity, it may not be so. 'Surrounding condition' is critical contributing component of this investigation with change 11.338% and Eigen esteem 1.230. The effect of Patients closet on patient fulfillment is less huge anyway their readiness to pay for lockable closet is fundamentally high. (Eckerlund& Nathorstböös, 2000).

Doctor Attitude

Relational abilities and listening aptitudes (Xiao& Barber, 2008), amplexness of data on sicknesses (Birhanu et. al., 2010), medicines (Bjertnaes, Sjetne& Iversen, 2012), and conceivable data on confusions after release (Wong et. al., 2011) by doctors are altogether connected with generally speaking patient fulfillment. The factor named 'Doctor Attitude' obliged with two things with their difference of 11.227% and Eigen esteem 1.121, to be specific

CONCLUSION:

The nature of administrations gave by medical care place can be estimated by quiet fulfillment. Nature of administrations has positive effects on patient fulfillment and can be viewed as Health administration quality markers. The examination discovered nature of care as most grounded determinant of patient fulfillment went with wholesome consideration, surrounding condition and doctor mentality among the administration pointers. There is a requirement for longitudinal investigations on the examination territory and other region to learn how tolerant fulfillment is influenced by conduct, social, and financial contrasts, with the goal that a normalized survey be accessible for the future specialist, which is versatile and vigorous enough for gatherings or nations for near investigation. The investigation empowers medical care managers, strategy creators, organizer and specialist to perceive patients' necessities and make key arrangement in

like manner for better quality administrations. Co-Creation of Value expectations in the Environment of Patient Health Care administrations will be the Mantra of the Day, Here it merits citing the commendable commitments of C.K. Prahlad who underlined Power of Co-creation for receiving joint rewards, works out in a good way.

REFERENCES:

Abramowitz, S., Cote, A. A., & Berry, E. (1987). Analyzing patient satisfaction: a multianalytic approach. *QRB. Quality review bulletin*, 13(4), 122-130.

Carey, R. G., & Posavac, E. J. (1982). Using patient information to identify areas for service improvement. *Health Care Management Review*, 7(2), 43-48.

Eckerlund, I., Eklöf, J. A., & Nathorstböös, J. (2000). Patient satisfaction and priority setting in ambulatory health care. *Total Quality Management*, 11(7), 967-978.

Helena Vinagre, M., & Neves, J. (2008). The influence of service quality and patients' emotions on satisfaction. *International journal of health care quality assurance*, 21(1), 87-103.

Tabachnick, B. G., & Fidell, L. S. (2001). Principal components and factor analysis. *Using multivariate statistics*, 4, 582-633.

Williams, S., Weinman, J., & Dale, J. (1998). Doctor-patient communication and patient satisfaction: a review. *Family Practice*, 15(5), 480-92.