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## CROSS SECTIONAL BASED STUDY ON THE LEVEL OF PATIENT SATISFACTION IN HOSPITALS

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### ABSTRACT

An outpatient department (OPD) and inpatient department (IPD) of any hospital is the first service window for the patients and additionally acts as a load sharing and filtration point for indoor and emergency admission. The satisfaction level of the patient is a key tool for measuring the effectiveness of services and the needs of the patient. Patients carry certain expectations before their visit and the resultant satisfaction or dissatisfaction is the outcome of their experience. A cross-sectional based study has been performed to assess the level of the visiting patient satisfaction in the OPD& IPD. Random sampling was done to select the subjects and data has been collected using a validated structured questionnaire designed for this study. This study is about the services of OPD& IPD, staff behavior, waiting time spent for queue in registration, cost of prescriptions, utilization patterns of the drugs, waiting time in medicines queue, staff performance, support service, and patients' suggestions. Random feedback samples of 4356 were collected and statistically analyzed, which shows that the average waiting time is not less than 35 minutes for registration and consultations & waiting time in medicine queue is 30 to 35 minutes in government hospitals. The overall study reposts the global mean and stander divisions are 3.22 and 3.89 respectively. Dissatisfaction regarding the services incorporate hospitals about cost and formalities was registered. According to this study, government hospitals are more affordable. As a whole, more than 90 percent of patients have expressed satisfaction with the service provided in private hospitals.

**KEYWORD:** *Outpatient Department, Inpatient Department, Satisfaction, Performance*

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## INTRODUCTION

The unquenched thirst for excellence has always been the most important guiding force for humanity. The desire to do a process or produce a thing which is better than the previous one has been the major motivation for mankind, since time immemorial. This has led to redefining the word excellence so many times that now excellence is a milestone, waiting to be crossed. When there is a limitation of resources, economical or otherwise, the striving for excellence is compromised. When the resources are plentiful, the race towards perfection and excellence soars to newer unimaginable heights. This degree of 'excellence' which a thing possesses is defined as quality.

## GLOBAL FOCUS ON QUALITY HEALTH CARE

Over the years mankind has learnt many lessons through experiences and knowledge sharing. Yet the challenges faced by governments in both developed and developing countries is to decide which quality strategies would have the greatest impact on the outcomes delivered by their health systems. The strategies may be complemented by and integrated with existent strategic initiatives. The developed countries that already have well developed health care systems and adequate resources, still find themselves deficient on quality aspects, as the goals of outcomes are not successfully achieved and there are wide differences in the standards of healthcare. This is the reason why in the survey of Healthcare Access and Quality (HAQ) Index, developed and resourceful countries like the United Kingdom and United States of America are ranked behind, at 30th and 35th ranks. On the other hand, in developing countries, there is a need to optimize resource use and expand population coverage. The process of improvement needs to be based on sound local strategies for quality, so that the best possible results are achieved. India ranks at 154th position.

For much of mankind today, access to health care is severely limited and often financially out of reach. Governments have responded by formulating creative financing plans, human resource training, and implementing programs that increase a country's capacity to provide health care services while ensuring financial protection for its citizens. A puzzling issue confronting many governments is that even when formal public health care delivery systems are available and often provided free, patients pay out of pocket and get healthcare services from private providers. A quotation from the Institute of Medicine (USA) report, vividly summarizes the current state of affairs- "As medical science and technology has advanced at a rapid pace, the health care delivery system has floundered in its ability to provide consistently high quality care to all".

## **SIGNIFICANCE OF THE STUDY**

Patients are the important stake holders of a hospital. To stay ahead in competition, it is essential to keep the patients happy. Their views on every aspect of health care environment will have to be understood so that measures can be taken to satisfy them during their future encounters with the health environment. Therefore, hospitals today make efforts to determine what the customers need, tailoring their services to meet those needs and then attracting patients to use these services. Factors that influence subjective appraisal of the patients and in turn support the evaluation of the health care are the determinants of patients' satisfaction. An indepth analysis of the perception of patients on the service quality and level of satisfaction associated with every determinants of service quality of a hospital will further help the policy makers to understand if the patients were satisfied in the health environment provided to them.

Patients' satisfaction studies help the hospitals to evaluate the health care system, the quality of care provided and hospital-patient relationships. Results of patients' satisfaction studies can reveal the strength and weakness of the health care environment perceived by customers and what factors influenced or will influence their level of satisfaction. It serves as an indicator of overall success in terms of how well the organization is meeting the needs of its target population. There exists very few theoretical or conceptual development of the patients' satisfaction. Patients' satisfaction is conceptually different and a superior construct. There is a practice of using patient satisfaction to evaluate the patients' perception on the quality of health service, which is seriously followed by the scholars. There is an urgent need for differentiation and standardisation of satisfaction and service quality definitions and constructs.

Quality of service can be ascertained only through specially designed surveys. These surveys may be conducted both by persons inside the organisation and outside the organisation to locate the problems and suggest remedies for its future performance. There are limited studies available in this field, though the studies carried out by NIHFW on different aspect of hospital administration throw light on various issues. It is the duty of research institutions and universities to take interest in this and help the management to improve their service (Goel and Kumar, 2008). An in depth study on the service quality assessment can be acknowledged by its stakeholders, who have responsibility to identify, understand, and correct specific shortcomings in health care delivery.

As the health care services becomes more competitive, health care practitioners and academic researchers are increasingly interested in exploring how patients perceive quality before building up their satisfaction levels and

generating behavioural intentions. This study examines the relationship between Perceived Service Quality, Patients' Satisfaction and Behavioural Intentions among Medical College Hospitals in West Bengal. This study would provide valuable information for the management which can help them to improve the quality of services provided and can lead to better functioning of the hospital. The study would also provide them with insights into components of service quality which are related to satisfaction. The results obtained from this study can be used by the Medical College Hospitals to develop actions or plans and enhance service offered to patients.

## **SCOPE OF THE STUDY**

Medical College Hospitals are the major players in health care industry of West Bengal; the present study examines the perception of patients on the service quality and their satisfaction in Government and Private Medical College Hospitals in West Bengal. It also studies the relationship between Perceived Service Quality, Patients' Satisfaction and Behavioural Intentions. The scope of the study is confined to those Medical College Hospitals in Government and Private sector which are dealing with the allopathic system of medicine. The study was done in inpatients of Medical College Hospitals in West Bengal. Study covered only those patients admitted in Orthopaedic ward, General Medicine ward, Gynaecology ward, General Surgery ward, Paediatrics ward, Urology ward, Neurology ward and Nephrology wards. The study was based on the perception of inpatients during their hospital stay in the Medical College Hospitals.

## **STATEMENT OF THE PROBLEM**

It is critical for any service organization to fully meet its clients' needs, as disappointed customers result in sales loss, putting the organization's long-term viability at risk. Hospitals are no exception. Hospitals are the core institutional provider in health care. As the cost of providing treatment increases, hospitals will be in an increasingly vulnerable position within the health care market. Health is an indispensable one and all achievement of life depends on it. A customer will not take risk by opting service from any hospitals; rather choose a hospital which can provide him quality service. He may sometimes opt for another hospital if he is not satisfied with the present hospital. Hospital which wins in identifying the patient requirements can be frequently selected by patients. Nowadays many hospitals are struggling to gain the confidence of patient and do some temporary solutions also. There is a need to formulate a permanent solution to provide better treatment supported by quality services to the patient.

With changing socio-economic conditions, the number of people using hospital facilities in West Bengal has risen dramatically. As a publicly financed healthcare institution, government hospitals are not at risk of going bankrupt due to a lack of customers. Since they have nowhere else to go, it will hold the customers they can't please. Disrespect, inconvenience, poor communication, and fragmentation are some of the most frequently visible failures.

Patients at both government and private medical colleges face a variety of quality problems. As a result, the researcher assessed the current rate of service quality in West Bengal Medical College Hospitals.

The financial and other services available to government hospitals in West Bengal have not kept up with the increase in people seeking assistance. Medical College Hospitals in the public sector also suffer from poor quality due to their scale and complexity. Overcrowding in these hospitals is caused by increased demand for the facility. There aren't enough beds in the wards, and there aren't enough housekeepers. As a large-scale enterprise, Medical College Hospital needs more efficient staff and more medical equipment and aids to provide high-quality care. Private practitioners refer complex cases to government medical colleges. As a result, for those with serious illnesses, Government Medical College Hospitals are the last resort. There is also a need to improve Medical College Hospitals' performance quality, which is supposed to serve as a model for other hospitals by offering appropriate, dependable, safe, and cost-effective facilities.

Since entrepreneurs and technocrats see enormous profit potential in this field, private sector involvement in providing medical education and health care increases in West Bengal, many corporate hospitals and nursing homes are springing up alongside medical, educational institutions. To provide reliable and tailored services to patients, these organizations follow various governance models. Many private hospitals cut costs by sacrificing service quality because they are profit-driven. Managers have been driven to try to exert more control over what doctors do in the name of institutional survival and cost containment. This has resulted in unethical practices by doctors, a loss of treatment efficiency, and in many cases, the insistence on unnecessary procedures. For the sake of maximizing sales, hospitals often extend patient stays excessively.

Sometimes the consumers may not be in a position to eliminate those hospitals which are of poor quality. Due to the urgency of need, the customers will be compelled to accept the services with poor quality. Thus, the quality of services rendered by Private Medical College Hospitals and Government Medical College Hospitals are to be measured and compared. It should be judged from the patients' point of view how well the needs of the inpatients

are met both by Government and Private Medical College Hospitals. The purpose of this research work is to study in depth the perception of inpatients on the hospital services and thereby know the shortcomings of services rendered and recommend measures to overcome the shortcomings for infusing quality care in these hospitals.

A number of studies on Patients' Perception and Service Quality had been conducted by different scholars. But the significance of Perceived Waiting Time and Perceived Value for Money in Patients' Satisfaction is least studied. Obviously service quality is an important factor in determining the patients' satisfaction. But in some cases monetary value of service and waiting time perception can be form as a basis for deciding the level of satisfaction. While studying the relationship of Service Quality and Patients' Satisfaction, it is important to know the mediating role of Perceived Value for money and Perceived Waiting Time. Confronted with the rapid growth of the hospital industry and increasing demand for Medical College Hospitals, it is necessary to understand how patients perceive the quality of services they receive from Medical College Hospitals.

## **RESEARCH METHDOLOGY**

The total number of samples collected from government hospitals were 3313 and from the corporate hospital were 1043. A pre-tested interviewer administrated directly on the sport questionnaire was used to ensure a complete response. Informed Consent was obtained before interviewing the patients. Persons seeking treatment were chosen at random from each of the hospitals and health facilities to represent the surgical and nonsurgical departments, including emergency, using a simple random sampling technique. In the case of paediatric patients, adult caregivers were asked about their hospital experiences. Clients who were mentally challenged, under the influence of any substance or alcohol, hearing impaired or unable to communicate for any other purpose was not permitted to participate. Users or clients accessing health care at public institutions such as district hospitals (DHs), sub district hospitals (SDHs), community health centres (CHCs), and primary health centres (PHCs) provided information (PHCs). Exit interviews were performed using a standardised research tool/interview schedule at each chosen hospital/health facility from people seeking outpatient and inpatient health care. Each district usually has one DH and one SDH for secondary care institutions, as well as several CHCs and PHCs for primary care institutions. As a result, the sample included both DHs and SDHs, and two CHCs and six PHCs were chosen at random from a list of CHCs and PHCs in each of the 22 districts. West Bengal and Punjab make up the specified target population. A total of 12 Medical College hospitals in West Bengal that were established before 2018 are included in the sample frame. The research included five medical college hospitals from the public sector and seven from the private sector. The Statistical Package for Social Sciences (SPSS) version 14.1

was used to analyse the data. The collected data were analyzed by Matlab and MS Excel, using t-test and regression and the level of patient satisfaction was determined using descriptive analysis.

## RESULTS AND DATA INTERPRETATION

For the research, 3278 patients or their caregivers from the OPD and 1614 from the IPD were interviewed. The majority of patients were female and from rural areas (58.7% of IPD participants and 58.3% of OPD participants) (57.4 percent for IPD and 50.1 percent for OPD). Except for professionals, who used IPD more often than OPD, various occupational classes tended to use public health facilities in comparable proportions for IPD and OPD. IPD appeared to be used more frequently by younger age groups, while OPD appeared to be used more frequently by older age groups (Table 1).

**TABLE: 1 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE STUDY PARTICIPANTS**  
(N=4928)

Serial No.	Variables	Socio demographic characteristics	IPD(N=1614) N(%)	OPD(N = 3278)N(%)
1	Place of residence	Rural	947(58.7)	1911(58.3)
		Urban	667(41.3)	1367(41.7)
2	Age(yrs.)	18-30	632(39.2)	143(4.4)
		31-40	454(28.1)	893(27.2)
		41-50	244(15.2)	880(26.8)
		51-60	188(11.6)	517(15.8)
		Above60	96(5.9)	513(15.6)
3	Gender	Female	924(57.2)	1644(50.1)
		Male	690 (42.8)	1634 (49.9)
4	Marital status	Married	1412 (87.5)	2557 (78.0)
		Single	202 (12.5)	721 (22.0)
5	Educational	Below primary	381 (23.6)	846 (25.8)

	level	Up to middle	254 (15.7)	501 (15.3)
		Secondary	358 (22.2)	648 (19.8)
		Higher secondary	407 (25.2)	751 (22.9)
		Diploma/graduation and above	214 (13.3)	532 (16.2)
6	Occupation	Professional	286 (17.7)	235 (7.2)
		Farmer	156 (9.7)	428 (13.1)
		Skilled worker	258 (16.0)	470 (14.3)
		House wife	731 (45.3)	1159 (35.4)
		Retired	24 (1.5)	56 (1.7)
		Business person	153 (9.5)	400 (12.2)
		Unemployed	0 (0.0)	154 (4.7)
		Student	6 (0.3)	376 (11.5)
7	Religion	Hindu	624 (38.7)	1247 (38.0)
		Sikh	944 (58.5)	1906 (58.1)
		Others	46 (2.8)	125 (3.8)

**Table -2 The Regression Coefficients –PSQ of Government Medical College Hospitals**

<i>Path</i>	<i>Estimate</i>	<i>Variance Explained</i>	<i>CR</i>	<i>p</i>	<i>Rank</i>
Reliability → Perceived Service Quality	0.747	55.8	17.633	<0.001	11
Assurance → Perceived Service Quality	0.802	64.3	18.87	<0.001	9
Empathy → Perceived Service Quality	0.810	65.6	20.059	<0.001	8
Physical environment → Perceived Service Quality	0.798	63.6	17.683	<0.001	10



Responsiveness → Perceived Service Quality	0.922	85.0	23.131	<0.001	4
Interaction → Perceived Service Quality	0.924	85.4	17.633	<0.001	3
Communication → Perceived Service Quality	0.943	88.9	20.674	<0.001	2
Availability → Perceived Service Quality	0.835	69.7	23.438	<0.001	7
Technical quality → Perceived Service Quality	0.979	95.9	20.186	<0.001	1
Efficiency → Perceived Service Quality	0.903	81.6	19.215	<0.001	5
Professionalism → Perceived Service Quality	0.845	71.5	20.324	<0.001	6
Accessibility → Perceived Service Quality	0.692	47.8	15.896	<0.001	12

(Source: Primary data set-2)

Table- 2, illustrates the Regression Coefficient Estimates and Variance Explained of Perceived Service Quality of Government Medical College Hospitals. The p values for all Estimated values are <0.001 and they are found significant. Ranks are assigned to each dimension on the basis of Estimates. It is noted from the table that in the case of Government Medical college hospitals, Technical Quality ranked 1 as it has the highest Regression Coefficient Estimate of 0.979. Communication ranked 2 with an estimate value 0.943 and Interaction ranked 3 with an Estimate value 0.924 followed by Responsiveness (0.922), Efficiency (0.903), Professionalism (0.845), Availability (0.835), Empathy (0.810), Assurance (0.802), Physical Environment (0.798), Reliability (0.747) and Accessibility (0.692).

## CONCLUSION

In the growing competitive world service managers face a number of challenges which raise the significance of research in service marketing. Health care sector is one of the major areas in service sector which contribute to

social and economic welfare of society. The health care industry in India is reckoned to be the engine of the economy in the years to come as it is worth \$17 billion and is anticipated to grow by 13% every year. Hospital is a unique service industry which deals with the services like diagnosis, treatment and preventing diseases, illness and injuries, physical and mental impairments in humans. The growth of hospitals as profit motive business entities and extensive competition with many new players in the field resulted in poor service quality as perceived by the customer. This situation made Service Quality a key differentiating factor for hospital service providers to improve their market and profit positions.

Hospitals are operating in an extremely competitive world where patient satisfaction has become key in gaining and maintaining market share. The patients of today expect personal attention, explanation of problems, assurances of relief and satisfaction of complaints. Patients' perception on services has a significant influence on their level of satisfaction. Thus, it is important for a hospital to provide quality services to its customers and also assess patients' satisfaction. Patient satisfaction studies help the hospitals to evaluate the health care system, the quality of care provided and hospital-patient relationships and to make positive changes in the services up to the patients' satisfaction to retain them as loyal customers. Results of patient satisfaction studies can even reveal the strength and weakness of the health care environment perceived by customers.

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