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CUSTOMER EXPECTATIONS & HEALTHCARE PROFESSIONALS PERCEPTION OF CUSTOMER EXPECTATION OF SERVICE QUALITY: A GAP ANALYSIS

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ABSTRACT

The demand for quality has gained importance & is growing immensely in the healthcare sector. Quality of service is now regarded as one of the critical success factors of any service organizations. Understanding the customer & providing what they need will sustain & help the organization to maintain its competitive position. The purpose of the study was to measure & compare the customer's expectations regarding service quality and the perception of healthcare professionals regarding customer's expectations . The level of satisfaction among the customers was also assessed. The study is conducted in a tertiary care teaching hospital. The sample included patients (customers) admitted in the surgical ward & the healthcare professionals in the surgical ward. Expectations in the physical, functional, procedural, outcome dimensions of quality were assessed. The results indicate that a gap existed between the customers' expectations & perception of healthcare professionals regarding customer's expectations in all dimensions of service quality.

KEYWORDS
customer expectations, healthcare professionals, service quality.

INTRODUCTION

Healthcare industry has developed in the last few years to a market - sensitive entity. The rapid economic and technological changes taking place in healthcare are forcing a revaluation of the values that shape the healthcare system and demand a re-examination on how quality is being defined. The rising literacy rate, higher levels of income and increasing awareness through deeper penetration of the media, has brought the Indian healthcare consumer closer to demand quality health care. The study of service quality perceptions from the patient viewpoint provides a basic feedback to the hospitals in the light of their patient-oriented and patient-centric efforts in attracting and satisfying the patients. Patient's opinion provides valuable information about the functioning of the health care system which should be taken into account while assessing the quality of hospital services.[1]. These benefits not only improve patient outcomes and increase staff effectiveness and morale, they also help administrators meet key safety goals, reduce costs, and increase market share.

In the competitive world of health care it becomes more difficult to satisfy a customer (patient). In a situation like this, it is necessary to understand that one of the key factors satisfying a patient in a hospital is its service quality. Quality is one of the prime factors, which affect satisfaction. There is a strong connection between health service quality perceptions and customer satisfaction. When the health service providers understand what exactly the customer wants when they ask for quality, they will be able to satisfy their patients and only then the hospital will be successful. Hence it is essential to understand the dimensions of quality that affects patient satisfaction. Functional components are the ways in which consumers evaluate quality; on the other hand health professionals would pay more attention on the technical components as a measurement of quality. Here there is a difference of opinion between medical professionals and customers.

Customers are precious to any business; it is necessary that they are satisfied. The department of surgery is one such place in the hospital where a patient is most vulnerable and needs maximum quality care. The customer or their relatives who accompany them in the hospital always come in a state of unwellness, and here their mental, emotional and physical condition is very unstable. The patient who is undergoing surgery is prone to all sorts of complications; he is most vulnerable and requires utmost attention. In such a place the customer expects the caregiver to pay attention to the minutest details & give him the best quality in every possible way. Hence it is important to know what are the dimensions of quality that affect the satisfaction of a customer in the department of surgery.

REVIEW OF LITERATURE

Quality is the single most effective and sustainable means of differentiation between competing companies. Service quality can be achieved by measuring customer satisfaction, handling customer complaints, creating and managing a customer loyalty program, managing relations between service quality and customer expectations & building an effective customer retention strategy. Quality can be improved by enhanced value of customers through new and improved services, reducing of errors, defects and wastes, opportunities to do better, effectiveness in the use of all resources, fulfilling the role of all public responsibilities. The determinants of quality are reliability, responsiveness, communication, security, understanding, access, and tangibles. (Dixon [2])

In a service setting such as a hospital, care quality depends on many factors. The physical infrastructure is important; there should be adequate space, with good protection from the elements and a conducive, quite atmosphere for the patient. The personnel attending the patient, ie doctors, nurses and all others, should be sufficient in number and adequately trained. The material supplies should also be adequate; good quality treatment cannot be provided if there are shortages of drugs, bandages and other necessities. In the healthcare setting, beyond all these, there are two other aspects, which are difficult to capture but are crucial are the patients trust in the system's ability and competence of the healthcare personnel to work together or click together as a team The optimum quality of care is not necessarily the most expensive care, neither is it required to be the cheapest care available, it is that which maximizes the net benefit to the patient.(Kutty [3])

According to Verma & Agarwal [4] services cannot be compared side by side on the basis of their intrinsic cues because of their distinct char, consumer rely more on extrinsic cues to evaluate service quality. Example: In evaluating doctors services the quality of the office and the examining room furnishings, the number of frames on the wall, the professionalization of nurses, human behavior of doctor – all contribute to the overall evaluation of the quality of the service of a doctor.

Since the actual quality of the service can vary from day to day, customer to customer, employee to employee, marketers try to standardize their services in order to provide consistency of quality A group of researchers devoted themselves to the study of how consumers evaluate service quality, they concluded that the service quality that the customer perceives is a function of the magnitude and direction of the gap between the customers expectation of service and the customers assessment (perception) of the service delivered,. If the service falls below expectations the consumer considers it to be of poor quality and if it exceeds consumer expectations, it is delighted and if it's only up to its expectations, he treats it a good quality.

What people expect from their health care compared with their experiences may influence their satisfaction with it. There is also some evidence that patients who receive the health care they expect may recover better than patients who do not. However, there are many definitions of what patients expect from health services, relating, for example, to health-care structures (e.g. buildings, equipment, staff), processes (e.g. waiting lists, the way that staff and patients interact) and health outcomes (e.g. the effects of the health service on patients' health, including patients' assessments of their health) and different visit types/episodes. (Bowling et. al[5]).

As quality improves, expectations increase. As consumers become more quality conscious, service firms not only need to satisfy their expectations, but to exceed them. The consequences of not meeting expectations received some attention. Researchers identify managing negative reactions, which come from unmet expectations, as strategic method for ensuring patient satisfaction. Not to do so, is to loose market share and customer loyalty. (Moore and Berry [6])

According to Woodrufe [7] service quality is of crucial importance to both customers and service providers. Quality should be functional, not restrictive and should reflect the overall business or business like activities of the organization. Quality in service organizations is largely inseparable from the service delivery; so the key focus in service quality is on people. Quality results from a team effort, a customer consciousness, which permeates all levels of the organization, from top management down. The most relevant approach in defining and measuring service is the user-based approach. The idea that quality is subjective and will be strongly linked to the individual needs and expectations recognizes that consumers have different criteria for judging service quality These can be broadly classified as follows : PEOPLE (Credibility, Professionalism, Efficiency, Courtesy, Approachability, Accessibility, Good Communication, Identifying and understanding customer needs), PROCESS (Timekeeping, Dependability, Trusted Performance level, Promptness, Efficiency), PHYSICAL EVIDENCE (Appearance of tangible aspects of the service, Physical surroundings, smartness)

Donabedian [8] developed seven attributes of healthcare quality: Efficacy (the best result or benchmark for a particular diagnosis), Effectiveness (ordinary machine or the industry average), Efficiency (a measure of cost, or the least costly of 2 identically effective treatments), Optimality (cost benefit evaluation, or the point at which further resources do not add benefit), Acceptability (adaptation of care to the wishes, expectations and values of the patients and their families), Legitimacy (the community's view of care), Equity (the principle by which one determines what is just or fair in the distribution of care and its benefits among the members of the population

Zifko-Baliga,[9] found 15 perceived quality dimensions to quality in the following manner:

Structure (building / Technological Environment, Amenities, Parking, Billing Procedures), Process(physician) –(Professional expertise, Validation of Patient beliefs, Interactive communication, Image), Process(nurse)- (Interactive caring, Professional Efficiency, Individual Reliability, Process(Staff)- (Perspicacity, Skills), Outcome (Physical / Emotional Care)

Zwelling [10] summed up that technical quality tends to focus on Donabedians 1st four attributes- efficacy, effectiveness, efficiency and optimality (bringing about wellness with the best possible result) thus excellence in technical quality is the attainment of the best clinical outcome. While these attributes seem quantifiable, a problem emerges, as these attributes converge with such considerations as quality of life, cost effectiveness and appropriateness. Functional quality involves the process of how a patient receives a service. Administrators, nurses and other medical staff members frequently determine how services are delivered in the healthcare. Patients can better understand the functional aspects by linking them to their own experiences. Examples of functional quality include, the quality of the nurse & patient interaction and the condition of the environment

O' Brien [11] elaborated on the physician attributes, identifying the following as technical aspects of quality – Accessibility, Appropriateness, Effectiveness, Continuity, Efficiency. He adds patient satisfaction, which results from meeting patients' informed expectations about the outcomes of care with compassion and concern. This last attribute- satisfaction- relates to the functional aspect of quality.

There remains considerable debate about which measures should be used to reflect surgical quality. Structural measures include a broad list of variables reflecting the setting or system in which care is delivered. These may include hospital's physical plant and resources, staff expertise or staff coordination, resource availability and may be an important determinant of surgical outcomes. Process variables describe the care that patients actually receive and are routinely used as quality indicators in nonsurgical specialties. These include practices related to central venous line management, critical care, and minimizing risks of postoperative cardiac events, venous thromboembolism, and other complications. For outcome measures, although operative mortality is most commonly used, other measures that could be considered quality indicators include complication rates, length of stay, readmission rates, patient satisfaction, functional health status, and other measures of health-related quality of life(Birkmeyer et.al, [12])

A statewide patient survey project designed to meet the dual goals of supporting internal hospital quality improvements and advancing public accountability through public reporting on comparative information on patient care experiences was undertaken by The Massachusette Health Quality Partnership [13]. 52 institutions participated in this study, which accounts for about 80 percept of the sates medical / surgical inpatient discharges and 90 percent of the child birth patients. The picker institute administered the surveys, which focused on dimensions of care which patients themselves identified as important. Dimensions measured by the included: Respect for patient preferences, Physical comfort, Involvement of family & friends, Continuity and transition, Co-ordination of care, Information and Education, Emotional Support

Bowling et.al [14], conducted an exploratory study and surveys of GP patients and hospital outpatients immediately before and after their surgery/clinic visit to measure their pre-visit expectations for their health care and their post-visit experiences. Descriptive findings revealed that most patients ideally expected cleanliness, information about where to go, convenient and punctual appointments and helpful reception staff, the doctor to be knowledgeable, clear and easy to understand, to be involved in treatment decisions and to experience a reduction in symptoms/problems. Previous consultations/experiences of health services and health-care staff/professionals most commonly influenced expectations. Generally, GP patients reported higher pre-visit expectations and post-visit met expectations. Correlations between subscale domains were strongest between the structure and process of health care, doctor–patient communication style and doctor's approach to giving information, all common indicators of the quality of health care, supporting the validity of the measures.

From a management perspective, patient satisfaction with health care is important for several reasons. First, satisfied patients are more likely to maintain a consistent relationship with a specific provider. Second, by identifying sources of patient dissatisfaction, an organization can address system weaknesses, thus improving its risk management. Third, satisfied patients are more likely to follow specific medical regimens and treatment plans. Finally, patient satisfaction measurement adds important information on system performance, thus contributing to the organization's total quality management .(Braunsberger, & Gates[15])

Ahsan et .al [16] conducted a cross-sectional study at a major tertiary care hospital, questions were asked regarding admission procedure, referral, clinical and lab investigation services, attitude of doctors and nurses, nursing services, cleanliness condition of the wards and overall level of satisfaction. Satisfaction level was high among females than males. Most of the patients having low level of education and unemployed patients were satisfied. Cleanliness condition of wards and bathrooms was highly criticised. Attitude of doctors and nurses was much appreciated. About 70% of the patients were satisfied with explanation regarding their disease. More than half (59%) were not aware of post-surgical complications, and 67% were not aware of the use and possible side-effects of medication. About half of the patients couldn't utilise hospital lab. Overall satisfaction level was 68% in medical wards and 77% in surgical wards.

Aldaqal et. al[17] determine the factors that affect patient satisfaction in the surgical ward of a university hospital. There was a strong relation between the patient dissatisfaction and patient's age (P value: 0.003), gender (P value: 0.001, with more female satisfaction), and duration of hospital stay (P value: 0). In a studied area, the factors that influence patient satisfaction are old age (> 50 years old), male gender, waiting time in emergency department and out-patient department (clinic), quality of food, quick response of consulting doctors of other departments, explanation of surgical team about lifestyle after surgery (eating habits, wound management, having shower and exercise), and length of hospital stay

OBJECTIVES

1. To measure the customer's expectation regarding service quality and the perception of healthcare professionals regarding customer's expectation in the department of surgery
2. To compare the expectations of customers & perception of healthcare professionals regarding customers expectation
3. To assess the level of satisfaction among the customers of the department of surgery.

RESEARCH METHODOLOGY

The research approach adopted in the study is descriptive cross sectional type. The study is conducted in a multi-specialty, tertiary care teaching hospital, which has more than 1000 beds. A sample of size 384 patients(customers) admitted in the surgical ward was estimated, assuming 50% of the patients were satisfied with the services and allowable error e=5%, using the formula $n= Z_{\alpha} \cdot P(1-P)/e^2$. 26 healthcare professionals (15 doctors & 11 nurses) were included in the study. Healthcare professionals were the doctors who perform the surgeries in the OT's & the nurses who were working in the OT complex.

The tool selected for the collection of data included 2 structured questionnaires (one for the healthcare professionals & the other for the customers). The structured questionnaires for the customers was designed to study the expectations of the customers in the physical, functional, procedural, outcome dimensions of quality and to evaluate the level of their satisfaction. The tool for the healthcare professionals was designed to rate their perception of customer expectation. A comparison was then made to identify the gap in customer's expectation and health care professional's perception. The data was analyzed in terms of frequency & percentage.

RESULTS

The data was analysed and presented as follows: - Section 1 – Demographic data of medical professionals & customers; Section 2 – Expectations of customers about the dimensions of quality & Healthcare professionals perception of customer expectation about the dimensions of quality; Section 3 – Customer satisfaction & Perception of customer satisfaction by the medical professionals.

SECTION I: DEMOGRAPHIC DATA OF HEALTHCARE PROFESSIONALS & CUSTOMERS

TABLE 1: DEMOGRAPHIC DATA OF HEALTHCARE PROFESSIONALS

Characteristic	Percentage
Age	
Male	53%
Female	47%
Age (years)	
20-29	50%
30-39	10%
40-49	18%
50-59	15%
➢ 60	7%
Designations	
Associate professors	19%
Asst. professors	39%
Staff Nurse	42%
Experience	
6mth- 1yr	27%
1yr – 5yr	50%
5yr -10yr	15%
➢ 10yr	8%

TABLE 2: DEMOGRAPHIC DATA OF CUSTOMERS (SURGICAL PATIENTS)

Characteristic	Percentage
Age	
Male	60%
Female	40%
Age (years)	
20-29	7%
30-39	11%
40-49	57%
50-59	11%
➢ 60	14%
Education	
Illiterate	15%
SSLC	47%
Diploma/ PUC	25%
Graduate	13%
Occupation	
Unemployed	17%
Manual laborer	15%
Class IV/ agriculturist	15%
Clerical	43%
Professional	10%
Frequency of visiting the hospital	
Once a fortnight	20%
Once a month	70%
Once a quarter	5%

In the sample of customers, it was observed that 60% were males & 40% were females. 7% of the patient respondents were in the age group 20 – 29 years, 11% were in the age group 30 – 39 years, 57% were in the age group 40 – 49 years, 11% were in the age group 50- 59 years & 14% of the respondents were above 60 years of age. 15% of the customers were Illiterate, 47% of them were educated till SSLC, 25% till Diploma / PUC & 13% of them were graduates. 43% of the patient

respondents were occupied in clerical jobs, 17% unemployed, 15% each in manual laborers & agriculturists & 10% of them were professionals. 75% of the customers (patients) visit the hospital once a month, 20% of them visit it once every fortnight, 5% of them visit the hospital once in every quarter.

In the sample of medical professionals, 50% of the medical professionals were in the age group of 20-29 years, 10% in 30-39 years of age, 18% in 40 – 49 years of age, 15% between 50- 59 years of age & 7% above 60 years of age. 53% of the doctors were males & 47% females, while 100% of nurses were females. Of the entire distribution of medical professionals 19% were associate professors, 42% were staff nurses & 39% were surgeons / doctors. 50% of these doctors had experience of 1-5 years, 27% had experience of 6 months – 1 year, 15% from 5-10 years & 8% > 10 years.

SECTION II: CUSTOMER (PATIENT) EXPECTATION & HEALTHCARE PROFESSIONALS PERCEPTION OF CUSTOMER EXPECTATION: Expectations of the customers in the physical, functional, procedural and outcome dimensions of quality was assessed. The customers ranked the expectation sheet in order of their preference. The healthcare professionals also ranked their perception regarding customer expectation. The gap between the customer expectation &healthcare professionals' perception is also presented in the Table 5.

TABLE 3 : CUSTOMER EXPECTATON IN THE PHYSICAL & FUNCTIONAL DIMENSION OF QUALITY

	Physical dimension of quality							
SL NO	**ITEM**	**RANKS**						**TOTAL**
		1	**2**	**3**	**4**	**5**	**6**	
1.	Seating	19%	33%	38%	10%)	-	-	100%
2.	Toilet facilities	62%	19%	16%	3%	-	-	100%
3.	Cleanliness	17%	42%	34%	7%	-	-	100%
4.	Ambience	-	-	3%	17%	82%	-	100%
5.	Staff Neatness	-	5%	13%	63%	19%	-	100%
	Functional dimension of quality							
1.	Time for pre-op diagnosis	10%	25%	35%	17%	13%	-	100%
2.	Doctor – Patient relationship	38%	13%	10%	10%	19%	10%	100%
3.	Doctors case explanation	40%	10%	7%	13%	15%	15%	100%
4.	Courteousness of staff	3%	5%	10%	15%	17%	50%	100%
5.	Nursing care	10%	17%	13%	25%	17%	17%	100%
6.	Updating of relatives about the patient condition	10%	30%	25%	17.5%	17.5	-	100%
	Procedures & outcome dimension of quality							
1.	Healthcare is a team effort	20%	17%	50%	13%			100%
2.	Length of stay of patient	43%	35%	15%	7%			100%
3.	Charges payable	37%	46%	17%	-			100%
4.	Continuity if care	-	3%	17%	80%			100%

In the physical dimension of quality the customer expects & ranks 1st the Toilet facilities provided to the patient party (62%), ranks 2nd the Cleanliness of the post-operative wards (42%), 3rd the seating arrangements for the patient party (38%) , 4th rank to the Neatness of the clothing of the staff(63%) & 5th rank to the Ambience of the waiting lounge (82%)

40% of the customers have rated 1st to doctor explaining the case, 30% of them have ranked 2nd to updating of relatives about patient condition, 3rd they ranked time taken for pre-operative diagnosis, 25% ranked 4th to nursing care, 19% of them ranked 5th to doctor-patient relationship whereas 50% of them ranked 6th to courteousness of staff.

43% of the customers expect their length of stay to be shortest, 46% of them the charges of the hospital affect them the most, 50% of them said healthcare is a team effort & 80% of them said they expect continuity of care.

These all have implications for the quality of health services and their improvement. Awareness of patients' expectations, and unmet expectations, among health service staff should enable staff to understand the patients' perspective and improve communication and unmet expectations.

TABLE 4: HEALTHCARE PROFESSIONALS PERCEPTION OF CUSTOMER EXPECTATION ABOUT THE PHYSICAL & FUNCTIONAL DIMENSIONS OF QUALITY

	Physical dimension of quality							
SL NO	**ITEM**	**RANKS**						**TOTAL**
		1	**2**	**3**	**4**	**5**	**6**	
1.	Seating	3%	58%	15%	12%	12%	-	100%
2.	Toilet facilities	32%	6%	24%	19%	19%	-	100%
3.	Cleanliness	53%	6%	35%	6%	-	-	100%
4.	Ambience	-	3%	12%	50%	35%	-	100%
5.	Staff Neatness	15%	23%	12%	15%	35%	-	100%
	Functional dimension of quality							
1.	Time for pre-op diagnosis	12%	12%	20%	35%	15%	6%	100%
2.	Doctor – Patient relationship	15%	31%	27%	27%	-		100%
3.	Doctors case explanation	28%	28%	15%	6%	20%	3%	100%
4.	Courteousness of staff	15%	6%	15%	12%	32%	20%	100%
5.	Nursing care	28%	3%	15%	3%	23%	28%	100%
6.	Updating relatives about the patient condition	3%	20%	12%	15%	12%	38%	100%
	Procedures & outcome dimension of quality							
1.	Healthcare is a team effort	62%	8%	20%	10%			100%
2.	Length of stay of patient	8%	58%	31%	3%			100%
3.	Charges payable	27%	15%	38%	20%			100%
4.	Continuity if care	3%	23%	8%	66%			100%

In the physical dimension of quality, 53% of the healthcare professionals rank 1st to cleanliness in the post-operative wards & they expect this to be affecting the patients level of satisfaction, 2nd on the rank they expect seating arrangements for the patient party (58%), 3rd on the rank are the toilet facilities for the patient party (35%), 4th is Ambience of the waiting lounge (50%)& 5th is the Neatness of the staff (35%).

In the functional dimension of quality the healthcare professionals (28%) perceive that doctor explaining the case to the patient party affects the customer satisfaction most. 2nd they rank Doctor-patient relationship (31%), 3rd is the Time spent for the pre-operative diagnosis (27%), 4th they ranked the updating of the relatives about the patient condition & 5th they ranked Courteousness of the staff of the OT complex (32%) & 6th they ranked Nursing care given to the patient (38%)

In the Dimension of quality where procedures & outcomes are considered, the healthcare professionals perceive that the customers rank healthcare as a team effort as 1st (62%), 2nd they rank The length of stay in the hospital affects the satisfaction of the customer (58%), 3rd they rank the charges that the customer pays for the service (38%) & 4th they ranked the continuity of care from the hospital to home (66%)

TABLE 5: COMPARISONS OF EXPECTATIONS

RANK	MEDICAL PROFESSIONALS	CUSTOMERS
PHYSICAL DIMENSION OF QUALITY		
1ST	Cleanliness in the post-operative wards	Toilet facilities for the patient party
2ND	Seating arrangements for the relatives of the patient party.	Cleanliness in the post-operative wards
3RD	Toilet facilities for the patient party	Seating arrangements for the relatives of the patient party.
4TH	Ambience of the waiting lounge	Neatness of the clothing of the staff
5TH	Neatness of the clothing of the staff	Ambience of the waiting lounge
FUNCTIONAL DIMENSION OF QUALITY		
1ST	Doctor explaining the case to the patient party	Doctor – patient relationship
2ND	Doctor – patient relationship	Relatives should be updated about the patient condition
3RD	Time spent for the pre-operative diagnosis	Time spent for the pre-operative diagnosis
4TH	Relatives should be updated about the patient condition	Nursing Care to the patient
5TH	Courteousness of the OT complex staff	Doctor explaining the case to the patient party
6TH	Nursing Care to the patient	Courteousness of the OT complex staff
PROCEDURE & OUTCOME DIMENSION OF QUALITY		
1ST	Healthcare is a team effort	Length of the stay in the hospital
2ND	Length of the stay in the hospital	Charges of the hospital
3RD	Charges of the hospital	Healthcare is a team effort
4TH	Continuity of care from the hospital to home	Continuity of care from the hospital to home

In the selected hospital Medical professionals ranked 1st to the cleanliness of the post-operative wards, whereas customers said toilet facilities is what they expect. Medical professionals ranked 2nd the seating arrangements for the patient party, whereas customers said cleanliness of post-operative wards. The toilet facilities for patient party was ranked 3rd by medical professionals, and customers said seating arrangements for patient party. There was a gap in givers perspective and recieviers perspective. Customers, when it comes to the physical facilities they still expect the same basic essentials to be satisfied. Customer have basic expectations like toilet & drinking water facilities, unlike posh ambience of waiting lounges; that would be added luxury to them & gives a customer a surplus of satisfaction; but doesn't affect him directly. Medical professionals may have given more importance to cleanliness in post operative ward as it has a direct relation to quick recovery of patients.

SECTION III: CUSTOMER SATISFACTION: An assessment of customers satisfaction was carried out on the 4 dimensions- physical, functional, procedural & outcomes**.** Customers were asked to rate on a five point rating scale

TABLE 6: CUSTOMER SATISFACTION ABOUT THE PHYSICAL DIMENSION OF QUALITY

SL NO	ITEM	Highly Satisfied	Satisfied	Neutral	Dissatisfied	Highly Dissatisfied	Total
1.	Seating Arrangement in the waiting area	-	95%	-	5%	-	100%
2.	Drinking water facilities for the patient party	-	68%	-	32%	-	100%
3.	Cleanliness in the post – operative wards	5%	95%	-	-	-	100%
4.	Hygiene of the linen being used	-	70%	-	22%	8%	100%
5.	Cleanliness & hygiene in the dept	-	87%	-	10%	3%	100%
6.	Kindness & sympathetic nature of the staff of the OT complex	50%	50%	-	-	-	100%
7.	Neatness & Tidiness of the dress of the staff	87%	8%	-	5%	-	100%
8.	Toilet facilities for the patient party	3%	19%	-	75%	3%	100%
	OVERALL	20%	50%	-	25%	5%	100%

95% of the customers are satisfied with the seating arrangements, 68% satisfied with the drinking water facilities, 75% are dissatisfied with the toilet facilities, 95% satisfied with the cleanliness, 50% satisfied with the sympathetic nature of the staff, 70% are satisfied with the Hygiene of the linen being used , 87% are very satisfied with the neatness of the staff

The 1st impression of any dept is made just by what the customer can see. The physical facilities of any department should be visually appealing. The department should not lack certain facilities of a social nature like availability of waiting areas, facilities of seating, toilet facilities & drinking water facilities etc. Availability of good toilet facility is a must in any waiting area. As many of the patients are dissatisfied with the toilet facilities (patients have ranked it 1 in the expectation scale), management must pay immediate attention and improve the facilities.

TABLE 7: CUSTOMER SATISFACTION ABOUT THE FUNCTIONAL DIMENSION OF QUALITY

SL NO	ITEM	Highly Satisfied	Satisfied	Neutral	Dissatisfied	Highly Dissatisfied	Total
9.	Communication with OT staff	-	10%	-	62%	28%	100%
10.	Time taken for admission	-	23%	-	52%	25%	100%
11.	Time taken for Pre- Operative diagnosis	-	10%	-	50%	40%	100%
12.	Attention given by the doctor	-	92%	-	5%	3%	100%
13.	Information given to the patient about the surgery	-	90%	-	10%	-	100%
14.	Handling any complication in OT	3%	90%	-	7%	-	100%
15.	Nursing Care	82%	15%	-	3%	-	100%
16.	Post-Operative doctor visits	15%	85%	-	-	-	100%
17.	Information about the patient condition to the attenders	10%	10%	-	80%	-	100%
	OVERALL	20%	45%		20%	15%	100%

Patients are satisfied with certain aspects: 92% with the attention given by the doctor, 90% with the information given about the surgery, 90% by the way in which any complication was handled in the OT, 82% with the nursing care, 85% with the pot-operative doctors visit. Dissatisfaction is seen with following- 62% with communication with the staff, 52% with the time taken for admission, 50% with the time taken for pre-operative diagnosis, 80% by the way in which information about patients conditions is given to the attenders.

Satisfaction with hospital care is too often assessed on the basis of amenities that have little relationship to the clinical quality of care said Rees [18]. He feels that amenities do not indicate the quality of what happens to people while they are in the hospital and what happens to them after they discharge. He recommended the measure of respect for patient values, preferences and their needs, co-ordination of care (scheduling tests and procedures) : information & education provided: physical comfort(waiting time after call bell); emotional support and alleviation of fear and anxiety; opportunity for involvement of family and friends; provision for continuity transition to the home environment. The present study indicates there is dissatisfaction about communication aspect. Communication is a important indicator of service quality in any service organization. It is vital that OT staff give necessary information to the patients & also constantly update their attenders.

The attenders play an important role in choice of hospital as well helping them in recovery. They experience a lot of anxiety about their dear ones undergoing surgery and should be kept well informed as it will influence intention to recommend the hospital.

TABLE 8: CUSTOMERS SATISFACTION ABOUT THE QUALITY OF PROCEDURES

SL NO	ITEM	YES	NO	TOTAL
	Quality of procedures			
18.	Are the consent forms signed by the patients	100%	-	100%
19.	Are there delays in surgeries	85%	15%	100%
20.	Are the delays informed to the Patient	40%	60%	100%
21.	Was the operation a success	92%	8%	100%
22.	Any post operative complication	47%	53%	100%
23.	Any expected post-operative complications informed to the patient	85%	15%	100%
	OVERALL	62%	35%	100%
	Quality of outcomes			
24.	Satisfaction with the post surgical care	97%	3%	100%
25.	Satisfied with the hospital	100%	-	100%
26.	Did the care help the speedy recovery of the patient	100%	-	100%
27.	Does the design of the structure helps the fast movement of the patient	23%	77%	100%
28.	Does the hospital's monetary charges justified to the treatment given	97%	3%	100%
29.	Recommend the hospital to others	100%	-	100%
	OVERALL	85%	15%	100%

100% of the customers have signed the consent forms before surgery, in 92% of the cases the operation was a success, 53% of the customers did not have any post operative complication, 85% of them were informed of any expected post-operative complication prior to the surgery .

97% of the customers were satisfied with the post surgical care, 100% of them are satisfied with the Hospital, 100% of them feel that the care given helped their speedy recovery, 97% feel their monetary charges justified, 100% said they would suggest this hospital to others. Certain areas of concern are : 85% of them agree that the surgeries were delayed, 60% of the delays were not informed to the patient party. 77% of them feel the structure of the hospital does not facilitate the fast movement of the patient.

DISCUSSION

A customer of a healthcare facility in addition to getting better health outcomes, also is influenced by many other factors during his/her stay in the hospital. They are some physical dimensions such as infrastructure, aesthetics etc, functional aspects such as nursing care, courtesy etc. These factors are seen to affect the overall assessment of quality of medical services, also significantly influence the decision whether a patient wants to go back to the same facility again when the need arises and form the basis of recommendation of the facility by the patient to his/her circle of family, and friends. Hence there is a need for every healthcare organization to constantly assess the expectations of the customers and measure their level of satisfaction. The present study is an effort to do so. There exists contrast between customers expectations & perception of healthcare professionals regarding customers expectations. Customers give more priority to basic amenities whereas healthcare professionals give importance to factors which influence outcome of care. Healthcare professionals paid attention to things like healthcare being a team effort & continuity of care from hospital to home whereas the customers are more worried about the length of stay in the hospital & the charges of hospital because these are the things that directly affect the customers. Longer the stay in hospital leads to more expenditure & more loss of productive time. Medical professionals should pay attentions to all this.

Hamilton, Lane, Gaston, et al[19] have mentioned in their review of surgical literature cite various factors such as meeting of expectations, staff politeness, the surgeon's communication skills and surgical waiting times have all been suggested as influencing eventual satisfaction. The present study showed that patients are dissatisfied with some aspects such as toilet facilities, time taken for admission, Communication with OT staff, information given to patient attenders. Caljouw, Beuzekom and Boer[20] in their study were assessing patient satisfaction with perioperative and anaesthesia care that included questions about information, professional competence, service, and staff–patient relationship. It was found that information provision and the relationship between staff and patient were the major determinants of patient satisfaction.

Mira et al[21] report 75% satisfaction in a large sample of patients (undergoing urology, traumatology, ophthalmology and general surgery) discharged in a 2-month period from multiple Spanish hospitals. They found that in addition to successful surgical procedure other facets relating to the experience of the surgical episode such as previous explanation of the procedure, provision of information at admission and at discharge, and quickness of response on the ward all substantially influenced the patient's overall satisfaction response. The present study highlighted certain areas of concern: the delay in surgeries, many said that the delays were not informed to them. Many reasons can be attributed to delay: surgeon being held up in another procedure, late arrival of surgeon, waiting for patient to be stabilized before starting procedure, operating room not being available as previous case is not over etc. Its important to update the patient attenders about the delay as they would be waiting with anxiety. Cleary[22] also mentions many studies emphasise that the patient's satisfaction following a surgical procedure is not limited to the outcomes of the intervention, but influenced by the experience of the event as a whole, from preoperative consultation to postoperative review.

CONCLUSION

Evaluation of medical care services in hospitals encompasses the evaluation of the organization; the physical, the functional, the procedures & the outcome dimensions of quality & its impact on healthcare users. Evaluation of hospitals is complicated by the multidisciplinary nature of activities, diversity of staff, variation in the intensity of care of each patient & the intangible outcomes of medical care, thereby forcing qualitative judgments on the evaluations. What one measures is therefore only certain dimensions from which inferences are drawn & corrective actions are taken.

If healthcare providers understand what expectations customers have and what attributes consumers use to judge healthcare quality, steps may be taken to monitor & enhance the performance of those attributes. The surgical ward is one such department in the hospital where the patient is in need of most care, concern. Their relatives are in a very anxious state; normally go through emotional shock, turmoil, etc. In a situation like this the hospital staff & atmosphere should be such that they should be comfortable, or at least the physical facilities available in the hospital, the functions of the department, their procedures should not cause more inconvenience to the patient party.

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