



## INTERNATIONAL JOURNAL OF RESEARCH IN COMMERCE, ECONOMICS AND MANAGEMENT

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## AN EVALUATION OF PATIENTS' SATISFACTION WITH HEALTH CARE SERVICES AT RALEIGH FITKIN MEMORIAL HOSPITAL IN SWAZILAND

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### ABSTRACT

*Patient satisfaction has long been considered an important component when measuring health outcomes and quality of care (Ware Jr, and Hays, 1988). The rising strength of consumerism in society highlights the central role patients' attitudes play in health planning and delivery (Baker, 1990). Furthermore, a satisfied patient is more likely to develop a deeper and longer lasting relationship with their medical provider, leading to improved compliance, continuity of care, and ultimately better health outcomes (Fitzpatrick, 1991). Health care recipients in developing and newly developed nations are particularly sensitive to perceptions of the quality of their health care delivery systems when compared with those in advanced economies (Haddad, Fournier, and Potvin, 1998). The study aimed to evaluate the level of satisfaction of patients with the healthcare services at Raleigh Fitkin Memorial (RFM) hospital in Swaziland. The study emanated from the fact that Swaziland being a developing poor country in the Sub Sahara region is facing healthcare service delivery challenges amongst them the HIV and AIDS pandemic, shortage of healthcare personnel, shortage of financial resources and shortage of medical equipment, drugs and machines. For the purpose of this study, a qualitative research strategy has been utilized through categorizing data which is non-numerical. Data was collected by administering a questionnaire to a randomly selected sample of fifty patients from different points of service delivery. The research was designed with more focus of patients' satisfaction therefore characteristics of services as being offered to patients were also examined to ascertain whether these services are exactly being offered according to the perception of the patients or are they variant to the patients' needs. The results of the study essentially showed that the patients were dissatisfied with the health care services being provided at RFM hospital as shown by low mean scores in the various indicators assessed. The information gathered from the research is of paramount importance to the management of the hospital to come up with strategies to improve health care service delivery and the patients will definitely benefit from this study.*

### KEYWORDS

Patient's Satisfaction, Health care services.

### INTRODUCTION

The goals for health systems, according to the World Health Organization, are good health, responsiveness to the expectations of the population, and fair financial contribution. Progress towards them depends on how systems carry out four vital functions: provision of health care services, resource generation, financing, and stewardship (<http://www.who.int/whr/2000/en/index.html>). Other dimensions for the evaluation of health care systems include quality, efficiency, acceptability, and equity (<http://www.liverpool-ha-org.uk/health-care-system.htm>). They have also been described in the United States as "the five C's": Cost, Coverage, Consistency, Complexity, and Chronic Illness (<http://web.jhu.edu/president/speaker/2007/health.html>). The health care services are just like any other services in the service industry with patients being the customers so in the literature review attention will be focused on general aspects of service and customer behavior and expectations.

### RESEARCH CONTEXT AND BACKGROUND

The research was basically meant to assess whether patients are aware of the services being offered by the hospital and how they perceive or view these services. Are they satisfied by the services? The study will go a long way in verifying what patients do need and it will also be used as an opportunity to assess the health care system in order to identify gaps which need rectification, strengthening and reinforcement within the system.

### RESEARCH PROBLEM

According to recent reports in the media there has been growing dissatisfaction of patients towards health care services in Swaziland particularly at RFM Hospital leading to some patients seeking medical services in neighboring South Africa where there are better health care services. The research aimed at assessing the patient satisfaction with health care services provided at RFM Hospital in Swaziland. The research created an entry point to explore the health system as a whole, it basically exposed some practices in the health care sector and the main purpose being to improve services in areas where the patients are dissatisfied and to maintain and strengthen service delivery in areas where patients are not satisfied.

### RATIONALE SIGNIFICANCE OF THE STUDY

The research discussed the patients' satisfaction with health care services offered at the hospital. The health care delivery system in Africa is still lagging behind as compared to that in western countries. The research also addressed some elements of poor health service delivery be it in terms of the health workers providing the service or the facilities and equipment. The research created an entry point for other areas of research in the health care system to improve quality of service.

### RESEARCH OBJECTIVES

The research objectives were:

1. To explore patients' views and opinions on the services provided at the hospital.
2. To identify the needs and expectations of patients' regarding to health care services.
3. To identify the strengths and weakness of RFM hospital in health care service delivery.
4. To provide information to the management to come up with strategies to improve health care service delivery.

## RATIONALE FOR RESEARCH METHODOLOGY

The research was intensively based on the collection of primary data and analysis of both primary and secondary data. Quantitative Research Methods were used. The major reliance of the research design was the collection of primary data via the questionnaire method. The research was designed with more focus on the patients' satisfaction thus characteristics of services as being offered to patients were also examined to establish whether these services are exactly being offered according to the patients perception or if there are variant to patients' needs.

## LIMITATIONS OF THE STUDY

The study was carried out in English and it had a disadvantage to those who cannot read and understand it well and those who are completely illiterate were not able to participate. The study also left out some patients who were critically ill and could not afford to participate so the results may not be totally reflective of what all patients feel about the services.

## THE 7 PS OF MARKETING AND RELEVANCE TO PATIENT SATISFACTION

The analysis of the customers' satisfaction involves many characteristics to study. While analyzing the customers' behavior and satisfaction, one has to study 7 P's of marketing in order to assess which factors can attract and keep loyal the customers' with a certain service provider. Just like in any service delivery system the customers are the users of the services and in this review the patients are actually the customers who make use of health care services.

The study reviewed the literature on seven factors on customers' satisfaction in the context of the health care services offered by RFM Hospital:-

1. **Product:** the health care service which the patients receive.
2. **Price:** the amount which they pay for consultation the, drugs, the medical investigations to mention but a few.
3. **Place:** the point or location where the service is delivered.
4. **Promotion:** The communication of health care services in other words the marketing of the health services.
5. **People:** the patients themselves.
6. **Physical Evidence:** the evidence of service delivery may be in the form of testimonies by the patients themselves.
7. **Process:** the ways of service delivery.

## SERVICE

Customer service is the provision of service to customers before, during and after a purchase. According to Turban (2002), "Customer service is a series of activities designed to enhance the level of customer satisfaction – that is, the feeling that a product or service has met the customer expectation."

The study of customers' satisfaction in the field of general marketing has evolved into important parameters that need to be identified and understood in order to satisfy the needs and wants of customers (Paraguayan, Zenithal, and Berry, 1988). Since the success of a business has been linked to providing high levels of customers' satisfaction, a substantial amount of effort has been focused on identifying how consumers perceive service quality in various settings. Gronroos (1982) defined service quality as "the outcome of an evaluation process where the consumer compares his expectations with the service he perceived he has received." In other words, perceived service is measured against expected service. Service quality has been seen as the result of comparing a customer's expectations prior to receiving the service with the customer's experiences with the service. Wyckoff (1984) defined the concept of service quality from the company's perspective. Service quality is the degree of excellence for meeting the customer's requirements, and control over the variability in achieving that excellence.

## CUSTOMER EXPECTATIONS

In general customers compare the perceived service with the expected service (Glenn, Voss, Parasuraman and Grewal, 1998:46).

If the perceived service falls below the expected service, customers are disappointed. Successful companies add benefits to their offering that not only satisfy customers but surprise and delight them. Delighting customers is a matter of exceeding expectations (Roland, Rust and Richard, 2002:86).

The service quality model highlights the main requirements for delivering the high service quality (Parasuraman, Zeithaml, and Berry, 1985:41).

## QUALITY IN CUSTOMER SERVICE

For the assessment of customer satisfaction to the quality of service, the model bases the customer recent experiences in comparison of the customers' perception or expectations (Storbacka, Strandvik and Gronroos, 1994:21).

The customer satisfaction is the right standard for the quality of service. A quality of service determines the business relationship and obviously the customer retention, as well. If the customer is dissatisfied with the service quality then it may end with adverse behaviors, where a customer may move away or no longer need the service or may end with weaker relationship. Thus it is pivotal that in-order to retain customer loyalty, then quality focus service needs consistent measurement and follow-up.

## PATIENT SATISFACTION

Surveying the literature on the assessment of quality of care from patient's perspective, the concept has often been operationalized as patient satisfaction. Some authors consider patient satisfaction as an indicator of quality of care from a patient's perspective. There is need for reliable and valid instruments to measure quality of care from the patient's perspective. The assessment of patients' satisfaction with medical services has been a rapidly developing area of research for almost 20 years (Nelson-Wernick, Currey and Taylor, 1981: 65).

According to Glass (1995:83) several specific measures have been developed for evaluating patients' satisfaction in a variety of psychiatric settings, including inpatient and outpatient clinics. Furthermore, satisfaction has been shown to be associated with improved clinical outcomes and administrative measures of quality at the individual level (Ware and Hays, 1988: 393), although it is not clear whether patients' satisfaction is a cause or an effect of changes in symptoms.

In addition, clinics have the goal of expanding a practice, particularly in a managed care environment, should measure patients' satisfaction to identify opportunities for improvement and to remain competitive.

## TOTAL QUALITY MANAGEMENT IN HEALTH CARE

Outside of the health care, quality is defined as exceeding customer expectations. In applying TQM in health care it can be viewed as customer satisfaction as one of the three dimensions of quality.

1. **Patient quality:** Whether the service give patients what they want.
2. **Professional Quality:** Professionals' view of whether the service the patients needs as assessed and whether personnel correctly select and carry out procedures which are believed to be necessary to meet patients needs.
3. **Management Quality:** The most efficient and productive use of resources to meet patients needs without waste and within limits and directives set by higher authorities (Ovretveit, 1992).

## CORE COMPETENCIES FOR PHYSICIANS

The evaluation is based on six core competencies defined by the ACGME- Accreditation Council for Graduate Medical Education

(Healthquasar.blogspot.com/.../6-core-competencies-for-physicians.html) is as follows:

1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (for example epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
3. **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
4. **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.
5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

**STATEMENT OF RESULTS, DISCUSSION AND INTERPRETATION**

The survey included 50 (10%) of the almost 500 patients seen on daily basis in all the departments at the hospital. The mean age of the respondents was 35 years. The most common age group was between 30 and 40 years. Most respondents were African (88%), female (64%), widowed (30%) and having attained secondary level education (28%).

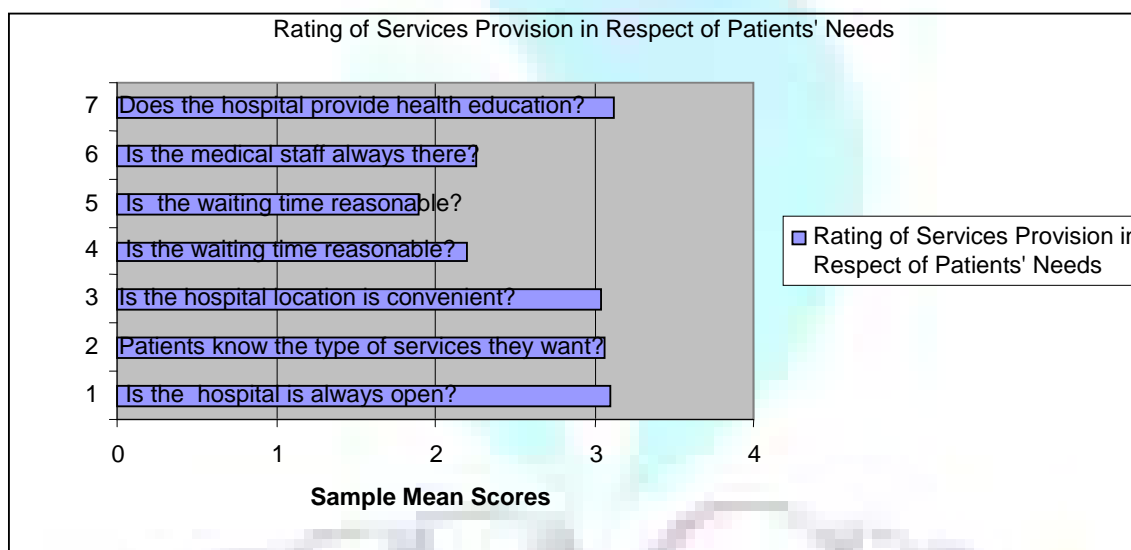
The participants responded differently to various indicators which they were being assessed against. Since the quality of services depends on who provides them, when, where, and to whom, services are highly variable. Some doctors have an excellent bedside manner; others are less empathetic Kotler (2009:390). A service is any act or performance that one party can offer to another that is essentially intangible and does not result in ownership of anything (Kotler, 2009:386). Services have four distinctive characteristics that greatly affect the design and marketing programs: intangibility, inseparability, variability, and perish ability.

The research findings were consistent with the literature review findings on services as the responses generated by the participants did not have any particular pattern were hence services were perceived differently by the participants.

Customer satisfaction means that the customer is satisfied with a product or service which meets the customer’s needs, expectations and wants (Customer Service and Satisfaction, 2007). The research findings also supported the literature review as the participants had different needs, expectations and wants hence the responses varied.

**SERVICES PROVISION IN RESPECT OF PATIENTS’ NEEDS**

**FIGURE 1: RATING OF SERVICES PROVISION IN RESPECT OF PATIENTS’ NEEDS**



Note: The note scale is based on: 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree.

As illustrated in Figure 1, summarized rating mean scores were calculated and the data showed that the majority of the patients agreed that the hospital is always open to provide services, is easily accessible to them and that there were health education materials provided. The majority of the patients also indicated that waiting time was not reasonable, the reception was not welcome and the doctors and nurses are not always available to help as evidenced by very low mean.

**PATIENTS’ SATISFACTION ON SERVICES PROVIDED BY DOCTORS**

**TABLE 1: ASSESSING PATIENTS’ SATISFACTION ON SERVICES PROVIDED BY DOCTORS**

No	Questions	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean Score
4.1	The doctor puts me at ease?	3	9	11	20	7	2.62
4.3	The doctor is very careful to check everything when examining me?	6	4	10	16	14	2.44
4.5	The doctor does have everything to arrive to a diagnosis?	12	9	7	10	12	2.98
4.7	I do not feel rushed when I am with the doctor?	3	4	13	17	13	2.34
4.9	The doctor respects my right to privacy and confidentiality?	15	6	7	13	9	3.1

Table shows that in general the patients are dissatisfied by the services provided by doctors as evidenced by very low scores with lowest scores being observed in question 2, 3, 4, 6; 7 and 10. However the doctors were recommended in some areas like upholding the patients’ privacy and confidentiality, gaining of patients’ trust and having appropriate tests to arrive to a diagnosis as evidenced by scores close to 3 for the questions 5, 8 and 9.



## FACILITY PROVISION

TABLE 2: FACILITY PROVISION

No	Questions	excellent	Very good	Good	fair	Poor	Mean Score
6.1	The facilities clean?	10	8	9	12	11	2.88
6.2	The facilities safe (no hazards like slippery floors)?	3	7	16	12	12	2.54
6.3	There adequate signage and directions in the facilities?	19	12	10	9	0	3.82
6.4	There enough space within the facilities?	0	2	8	18	22	1.8
6.5	The ventilation satisfactory within the facilities?	0	3	7	15	25	1.76
6.6	The waiting rooms and areas comfortable?	1	4	16	7	22	2.1
6.7	The medical equipment adequate?	0	7	13	13	17	2.2
6.8	The equipment clean and safe for every patient?	5	11	12	13	9	2.8

Table 2 shows that the facilities were rated as follows: there is enough provision of signage and directions in the hospital as it was rated close to very good. The space in, the ventilation, the waiting rooms and the medical equipment the facilities in were lowly rated with average scores close to fair. The cleanliness and safety of the facilities and the medical equipment were rated close to good.

## RECOMMENDATIONS

Several recommendations can be deduced from the study to address the observed deficiencies in the health care system.

**Human Resources:** The issue of shortage of staff can be addressed by the employment of more health workers. After having done a thorough staff audit in all departments, a proposal can be made to the responsible authorities like the Church of Nazarene, the Government of Swaziland and various other stake holders involved sponsoring for the recruitment of employees. This is done in line with the WHO health worker / patient ratio.

**Infrastructure:** The issue of limited space can be addressed from different points; one option is to source funds and erect more structures. With meaningful proposals it is always easy to lure various stake holders into sponsoring the projects. Another option is to redesign the layout of the existing infrastructure to suite the current needs for example temporary mini pharmacies can be opened close to clinics like Hypertension and Diabetic clinic this will ease congestion at the main pharmacy..

**Equipment:** There is need to source new and recent medical equipment. The old equipment need to be continuously repaired and maintained to ensure that it is safe and effective to use.

**Drugs:** Drugs should be used appropriately be used to avoid over and inappropriate usage. There should be proper and uniform treatment guidelines drafted. This will allow a stepwise and orderly prescription of drugs. There is need for constant checking of expiry date on the drugs in stock such that the inventory is managed in a First in First out (FIFO) manner.

**Long Queues:** Long queues can also be managed by increasing staff be it non medical especially in the card room where registration and payment happens. More points of service need to be open and there is need that these points are open all the time. On the medical side as already illustrated more nurses and doctors need to be employed. Some activities can also be combined so as to serve patients fast for example in each consultation room the history , the vital signs and the doctor's consultation are done at once instead of having one part done in the nurse's room and the other in the doctors room.

## CONCLUSION

The analysis produced three main groups of reason for dissatisfaction with medical care system. These three groups are:

**1. Systemic:** This refers to policy, socioeconomic, political medico-legal and health system context.

**2. Institutional:** This refers to the operations at the hospital .The presence or absence of an appropriate physical and operational context—that is, availability of materials and facilities to deliver services of acceptable quality, workload management, and organizational norms and practices.

**3 Individual:** This refers to the attitude, the behavior, the knowledge and skills of health workers.

Therefore there is need for a holistic approach in addressing these main reasons for patient dissatisfaction with health care services at RFM hospital. .

## NOTE

The article is based on research studies that were undertaken by Dr. Innocent Ngwarati for the Masters in Business Administration degree with Dr. Mohamed Sayeed Bayat having been the supervisor.

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