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A STUDY ON PATIENTS' SATISFACTION TOWARDS SERVICES PROVIDED BY PRIVATE HOSPITALS IN ERODE TALUK, ERODE DISTRICT

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ABSTRACT

Healthcare service quality is even more difficult to define and measure than in other sectors. A critical challenge for health services in developing countries is to find ways to make them more client-oriented. The present study aims at analyzing the satisfaction of the patients in private general hospital services. In the present study 150 patients were selected from 21 private hospitals in Erode taluk. Data were collected with validity and reliability questionnaire which were analyzed using chi-square test and weighted score ranking analysis. In this study, 56 % of participants were female. 64% of the respondents were married and they are under the age group of above 45 years. There was a statistically significant relationship between educational qualification of the respondents and patient's satisfaction on expert in diagnosing the diseases and also between monthly family income and level of satisfaction on fees charged. Majority of the respondents are satisfied with Doctors Experience, Doctors punctuality at all times and Expert in diagnosing diseases. From the study it was observed that patient's recommendations regarding Limited time spent for each patient, Intensive care unit (ICU) & lab facilities and Heavy dosage has strongest effect on the satisfaction level of the patients.

KEYWORDS

patients satisfaction, private hospitals, Erode district.

INTRODUCTION

ervice industry has played increasingly important role in the economy. In emerging countries, it has become one of the fastest growing sectors. The rapid growth of this sector has been accompanied by dramatic changes in the environment, challenging health care managers and administrators to find alternative ways of remaining viable.

Healthcare service quality is even more difficult to define and measure than in other sectors. Distinct healthcare industry characteristics such as intangibility, heterogeneity and simultaneity make it difficult to define and measure quality. Healthcare service is an intangible product and cannot physically be touched, felt, viewed, counted, or measured like manufactured goods. Producing tangible goods allows quantitative measures of quality, since they can be sampled and tested for quality throughout the production process and in later use. However, healthcare service quality depends on service process and customer and service provide interactions.

Healthcare services can differ between producers, customers, places, and daily. Healthcare outcomes cannot be guaranteed. Quality healthcare is a subjective, complex, and multi-dimensional concept. Issues related to healthcare quality are crucial to any health system anywhere in the world. Therefore, a survey of patients' opinions regarding the provided service is one of the main tools to measure the quality of healthcare services. There is a general agreement that patient satisfaction is an essential component of service.

Measuring the value of any healthcare resources level refers to healthcare quality. The main aim of healthcare is to provide medical resources of high quality to all. Most people would define healthcare quality as receiving best care possible for one's illness or condition, and for many, it also includes the entire experience of receiving care-including the avoidance of errors or mistakes.

Services can be regarded or disregarded by patients depending on the ratings they base on. Patients' satisfaction is basic. Dissatisfied patients tend to launch complaints to the establishment or seek redress from it more often and dissuade others from seeking health care services from the system if the systems do not favour them. All healthcare providers should realize the fact, that the main beneficiary of healthcare- system is clearly the patient.

A critical challenge for health services in developing countries is to find ways to make them more client-oriented. Indifferent treatment of patients, unofficial payments to providers, lack of patient privacy, and inadequate provision of medicines and supplies are common, yet are rarely acknowledged by traditional quality assessment methods. Hospitals have expanded in terms of availability of specialties, improved technologies, facilities and increased competition and the expectations of patients and their relatives have increased many fold. Consumer expectation in any medical experience influences whether how soon and how often they seek care from which medical facility. Previously, there were very few government hospitals with no charge to the patients. Hence, the expectations were also very minimal. But now, the scenario has changed. The hospitals (even Govt.) have started charging the patient in the name of user charges. Private hospital care cost has gone very high. With the advent of Consumer Protection Act (1986), the patient's expectation has also gone very high. Now hospitals have to be very careful about patient dissatisfaction to avoid any unnecessary litigation.

LITERATURE REVIEW

Mst. JoynabSiddiqua, Md. Ariful HaqueChoudhury (2014) Service quality has been viewed as a determinant of patient satisfaction. Different dimensions of service quality have been considered by various researchers. This study identifies components of service quality of private Hospitals in Dhaka city. Data are collected from seventeen private hospitals. For gathering data, a questionnaire is designed by closed ended 29 questions and the respondents were 110 patients of different hospitals. The study is exploratory in nature and uses chi-square test to find out the relationship between different variables to identify the most important factors of customer satisfaction with service quality. The research methodology is empirical and a survey of patients (customers) was conducted. The findings reveal that the overall service quality regarding private hospitals are providing satisfactory service to the patients without discriminating by income or occupation. It requires government attention to formulate regulation regarding private midicare sysem to ensure providing better quality services.

Dhyana Sharon Ross, Dr. R. Venkatesh (2015) Patient satisfaction on healthcare quality plays a vital part on the assessment of healthcare frequently. Measuring the value of any healthcare resources level refers to healthcare quality. The main objectives are 1.To analyze factors influencing quality in healthcare and patient satisfaction, 2.To study patient perception towards factors influencing quality, and 3.To assess the role of hospital administrators towards quality and patient satisfaction. The study adopted a questionnaire survey amongst patient/attendants and administrators. The hospital chosen for study were all corporate hospitals in the capital city of Tamil Nadu, India. Totally 272 samples were collected, 208 from patients/ attendants and 64 from hospital administrators using simple random sampling technique. Friedman test and chi-square test were used for statistical analysis. The study concludes that physical facilities is the most important factor on healthcare quality, followed by food and behavior of staff and admission procedure from patient perspective. Based on the years of experience of staff the level of understanding on healthcare quality differs widely with high experienced staff with more knowledge on healthcare quality.

STATEMENT OF THE PROBLEM

Health care sector, like other service organizations has become a highly competitive and rapidly growing service industry around the world. Not only the diseased, even the healthy people visit doctor for a checkup, since prevention is better than cure. It's because of people move far away from natural life, changing food habit, mechanical life, pollution, and western culture. In health care, patients' attitude and satisfaction are considered to be the major indicator to assess the performance of health care organization. The real progress of health care organization lies in how best it can deliver service with respect to health care consumer's needs and wishes.

The private hospitals, on the other hand, enter the health industry for both profit and social enterprises. It already plays and will continue to play a pivotal role in improving the health of the people. This service encourages the customers to visit the hospital repeatedly. Dissatisfaction with public health care sector is also shifting demand toward private health care sector. Hence research is made to conduct the study on patients satisfaction towards services provided by private general hospitals in Erode Taluk.

OBJECTIVES OF THE STUDY

MAIN OBJECTIVE

A study on patients' satisfaction towards services provided by private general hospitals in Erode Taluk, Erode district. Tamilnadu, India.

SECONDARY OBJECTIVES

- To know the socio-economic profile of the respondents.
- To identify the factors that influence the patients to select the hospital.
- To analyze the level of Satisfaction regarding the services offered by the private general hospitals.
- To ascertain the grievances faced by the respondents.
- To offer suggestions to improve the services rendered in the hospitals.

HYPOTHESES

- Ho: There is a no significant relationship between independent and dependent variable.
- Ha: There is a significant relationship between independent and dependent variable.

Independent variable taken for the study includes Age group, Occupational status, Educational qualification and Monthly income of the respondents. Patients satisfaction was taken as Dependent variable.

RESEARCH METHODOLOGY

Methodology is the way to solve the research problems systematically. It may be understood as a science of studying how research is done scientifically. The researcher has selected a particular place randomly for survey. The researcher obtained information on the patient (outpatient) Attitude and satisfaction with the services offered by private general hospitals in Erode Taluk, Tamilnadu, India.

SAMPLING METHOD: The study samples were collected from private General hospitals in Erode taluk. Erode taluk comprises of only one block named Erode town. There are 21 private general hospitals in Erode taluk. All the hospitals were taken for the study purpose.

DATA COLLECTION PROCEDURES: The researcher used a self-administered questionnaire to collect data for the research. Self-administered questionnaire is the survey in which respondents take responsibility for reading and answering the questions. It is considered as a superior mode for minimizing bias and improving response rates. The effects of independent variables on the dependable variable are assessed by the 3-point Likert attitude scale.

Secondary information was gathered from different secondary sources such as books, magazines, journals, newspapers and online databases via internet etc. These data are usually available, can be obtained quickly and inexpensive. Sample survey or cross-sectional survey was the main method to explore attitudes of patients' and satisfaction with private general hospitals in Erode Taluk. This is a method of primary data collection in which information is based on communication with a representative sample of target population at a point in time. In this research, a total of 160 questionnaires were distributed to the patients visiting private hospitals, who met the sampling requirements. A total of 150 questionnaires were returned to the researcher so the response rate is approximately 93.75%. Data collection took nearly 2 weeks from May 20th to May30th, 2016.

TOOLS FOR ANALYSIS: Data collected through questionnaire were presented in a master table. From the master table, sub-tables were prepared. In order to analyze and interpret the data simple statistical tools were followed like,

- Simple Percentage analysis.
- Chi-Square analysis.
- Weighted score ranking analysis.

RESULTS AND RECOMMENDATIONS

TABLE 1: PERCENTAGE ANALYSIS (N=150)

s. no	variables	No. of respondents	Percentage(%)
Gender	Male	84	56
	Female	66	44
Age group	Below 25 years	42	28
	25to 35 years	34	22
	36 to 45 years	26	17
	Above 45 years	48	30
Marital status	Married	96	64
	Unmarried	54	36
Educational qualification	Illiterate	28	18
	Primary level	38	25
	Secondary level	48	32
	College level	36	24
Occupational status	Agriculture	32	21
	Student	19	12
	Employed	33	22
	Business	40	26
	Housewife	26	17
Monthly family income	Rs.10,001 to Rs.20,000	34	22
	Rs.20,001 to Rs.30,000	41	27
	Rs.30001 to Rs.40000	50	33
	Above Rs.40,000	25	16

Source: Primary data

Among the Demographic and socio-economic factors, 56% were males as against 44% females. 64% of the respondents were married, 30% of respondents were comes under the age group of above 45 years. and 32% of the respondents have secondary level of education. 26% were doing business and their monthly family income is between Rs.30001 to Rs.40000.

TABLE 2: LEVEL OF SATISFACTION WITH REGARD TO DIFFERENT TYPE OF SERVICES RENDERED IN PRIVATE HOSPITALS

s.no	Factors	Level of satisfaction			
		Highly satisfied	Satisfied	Dissatisfied	Total
1	Experience Doctors	26 (17%)	90 (60%)	34 (23%)	150
2	Doctors are punctual at all times,	19 (13%)	104 (69%)	27 (18%)	150
3	Expert in diagnosing diseases.	46 (31%)	72 (48%)	32 (21%)	150
4	Immediate cure	38 (25%)	82 (55%)	30 (20%)	150
5	Providing proper treatment	51 (34%)	78 (52%)	21 (14%)	150
6	Waiting time of patients.	18 (12%)	76 (51%)	56 (37%)	150
7	ICU & lab facilities.	31 (21%)	39 (26%)	80 (53%)	150
8	Fees charged	15 (10%)	72 (48%)	63 (42%)	150
9	Prescribing more medicine	11 (7%)	63 (42%)	76 (51%)	150
10	Efficiently respond to the patients.	50 (33%)	57 (38%)	43 (29%)	150

Source: Primary data

The above table reveals that, respondents are satisfied with Doctors Experience, Doctors punctuality at all times, Expert in diagnosing diseases. Immediate cure, proper treatment, waiting time. But still some of the factors like ICU & lab facilities., fees charged by the doctors Prescribing more medicine provide dissatisfaction to the respondents for which they need some modifications.

CHI-SQUARE ANALYSIS

TABLE 3.1: AGE GROUP OF THE RESPONDENTS AND OVERALL SATISFACTION (Two-way table)

S.No	Age group	Level of satisfaction			Total
		Highly satisfied	Satisfied	Dissatisfied	
1	Below 25 years	8 (22%)	14 (19%)	12 (29%)	34
2	25-35 years	10 (27%)	22 (30%)	10 (24%)	42
3	36-45 years	7 (19%)	13 (18%)	6 (15%)	26
4	Above 45 years	12 (32%)	23 (32%)	13 (32%)	48
	Total	37	72	41	150

Source: Primary data

TABLE 3.2: AGE GROUP OF THE RESPONDENTS AND OVERALL SATISFACTION (Chi-Square test)

Factors	Calculated value (χ^2)	Table value	Degree of freedom	Significant level
Age group	5.00	12.592	6	5%

The above table shows that the calculated chi-square value (5.00) is less than the table value (12.592). So null hypothesis is accepted. Hence there is a no relationship between age group of the respondents and overall satisfaction.

TABLE 4.1: EDUCATIONAL QUALIFICATION AND LEVEL OF SATISFACTION ON EXPERT IN DIAGNOSING DISEASES (Two-way table)

S.No	Educational Qualification	Level of satisfaction			Total
		Highly satisfied	Satisfied	Dissatisfied	
1	Illiterate	10 (22%)	8 (11%)	10 (31%)	28
2	Primary level	14 (30%)	18 (25%)	6 (19%)	38
3	Secondary level	12 (26%)	26 (36%)	10 (31%)	48
4	College level	10 (22%)	20 (28%)	6 (19%)	36
	Total	46	72	32	150

Source: Primary data

TABLE 4.2: EDUCATIONAL QUALIFICATION AND LEVEL OF SATISFACTION ON EXPERT IN DIAGNOSING DISEASES (Chi-Square test)

Factors	Calculated value (χ^2)	Table value	Degree of freedom	Significant level
Educational qualification	16.73	12.592	6	5%

The above table shows that the calculated chi-square value (16.73) is greater than the table value (12.592). So null hypothesis is rejected. Hence there is a close relationship between educational qualification of the respondents and level of satisfaction on expert in diagnosing the diseases.

TABLE 5.1: OCCUPATIONAL STATUS OF THE RESPONDENTS AND OVER ALL SATISFACTION (Two-way table)

S.No	Occupational Status	Level of satisfaction			Total
		Highly satisfied	Satisfied	Dissatisfied	
1	Agriculture	8 (22%)	14 (19%)	10 (24%)	32
2	Student	6 (16%)	8 (11%)	5 (12%)	19
3	Employed	7 (19%)	17 (24%)	9 (22%)	33
4	Business	11 (30%)	19 (26%)	10 (24%)	40
5	Home maker	5 (13%)	14 (19%)	7 (17%)	26
	Total	37	72	41	150

Source: Primary data

TABLE 5.2: OCCUPATIONAL STATUS AND OVERALL SATISFACTION (Chi-Square test)

Factors	Calculated value (χ^2)	Table value	Degree of freedom	Significant level
Occupational status	29.99	15.507	8	5%

The above table shows that the calculated chi-square value (29.99) is greater than the table value (15.507). So null hypothesis is rejected. Hence there is a close relationship between the Occupational status of the respondents and overall satisfaction.

TABLE 6.1: MONTHLY FAMILY INCOME AND LEVEL OF SATISFACTION ON FEES CHARGED (Two-way table)

S.No	Monthly income	Level of satisfaction			Total
		Highly satisfied	Satisfied	Dissatisfied	
1	Rs.10000-Rs.20000	12 (27%)	14 (19%)	8 (25%)	34
2	Rs.20001-Rs.30000	10 (23%)	25 (34%)	6 (19%)	41
3	Rs.30002-Rs.40000	10 (23%)	30 (40%)	10 (31%)	50
4	Above Rs.40000	12 (27%)	5 (7%)	8 (25%)	25
	Total	44	74	32	150

Source: Primary data

TABLE 6.2: MONTHLY FAMILY INCOME AND LEVEL OF SATISFACTION ON FEES CHARGED (Chi-Square test)

Factors	Calculated value (χ^2)	Table value	Degree of freedom	Significant level
Monthly income	20.15	12.592	6	5%

The above table shows that the calculated chi-square value (20.15) is greater than the table value (12.592). So null hypothesis is rejected. Hence there is a close relationship between monthly family income and level of satisfaction on fees charged.

TABLE 7.1: EDUCATIONAL QUALIFICATION AND OVER ALL SATISFACTION (Two-way table)

S.No	Educational Qualification	Level of satisfaction			Total
		Highly satisfied	satisfied	Dissatisfied	
1	Illiterate	10 (27%)	12 (17%)	6 (15%)	28
2	Primary level	10 (27%)	22 (30%)	6 (14%)	38
3	Secondary level	8 (23%)	25 (35%)	15 (37%)	48
4	College	9 (24%)	13 (18%)	14 (34%)	36
	Total	37	72	41	150

Source: Primary data

TABLE 7.2: EDUCATIONAL QUALIFICATION AND OVERALL SATISFACTION (Chi-Square test)

Factors	Calculated value (χ^2)	Table value	Degree of freedom	Significant level
Educational qualification	10.68	12.5	6	5%

The above table shows that the calculated chi-square value (10.68) is less than the table value (12.5). So null hypothesis is accepted. Hence there is no significant relationship between educational qualification of the respondents and overall satisfactions.

WEIGHTED SCORE RANKING ANALYSIS

TABLE 8: REASONS TO CHOOSE THE HOSPITAL

s.no	Reason	Score	Rank
1	Nearby residence /location.	431	V
2	Hospital reputation.	482	IV
3	Guidance given by the doctors regarding treatment.	513	III
4	Good treatment.	577	I
5	Experienced doctors.	538	II
6	Lower fees charged.	412	VI
7	Lab facilities.	389	VII

Source: Primary data

In this study, the respondents were asked to rank the various attributes which induces them to visit the hospitals for getting treatment. The factors were given 1 to 7 ranks in which the respondents rank 1 for the most important factor and 7 for the least important factor. In our study the respondents ranked Good treatment, Experienced doctors. Guidance given by the doctors regarding treatment are the most important factors with the highest score. The other factors such as fees charged and lab facilities with least score resist the patients to visit the hospitals.

TABLE 9: GRIEVANCES REGARDING THE SERVICES

s.no	Grievances	Score	Rank
1	High fees charged.	500	VI
2	Limited time spent for each patients	625	I
3	ICU & lab facilities	608	II
4	To intake more medicine.	532	IV
5	No proper treatment	375	IX
6	Heavy dosage	553	III
7	Side effects	514	V
8	Waiting time	414	VII
9	No politeness	392	VIII

Source: Primary data

It is highlighted from the above table that maximum of the respondents feel that doctors are spending only Limited time for each patient. The second problem ranked by the respondents is un satisfactory ICU & lab facilities with the score of 608 points, Heavy dosage is the Third problem ranked by the respondents with the score of 553 points, The fourth problem ranked by the respondents is Doctors advice to intake more medicine with the score of 532 points, The fifth problem ranked by the respondents is "Side effects" with the score of 514 points and the sixth problem ranked by the respondents is "High fees charged" with the score of 500 points. The factor "waiting time occupies seventh place with the score of 414 points, "No politeness" occupies eighth place with the score of 392 points, and the last factor which does not affect the respondents is "No proper treatment" with the score of 375 points.

RECOMMENDATIONS

- From the study it was seen that with regards to the time spent by the doctors during consultation, patients were not satisfied and they were rated as the first grievance. Hence the doctors are asked to spend more time to discuss with the patients and there by the doctors could know the details of the patients which in turn create trust among them.
- As regards the ICU & lab facilities, 53% of the patients are not having any good opinion. This shows that general hospitals are not possessing well equipped ICU and lab facilities. patients feel inconvenient if they are asked to get their lab test from outside laboratories. So it is recommended to maintain well versed ICU& laboratories in the hospital campus itself.
- According to the respondents, medicines provided by the doctors should cure the patients from the disease. It seems that patients are instructed to more medicine and heavy dosage cause side effects to the patients. The doctors are suggested to give guidelines to the patients regarding the reasons for in taking the medicine, food habits to be followed, preventive measures to safeguard themselves etc. while prescribing the medicine.
- The study results showed that there is a close relationship between monthly family income of the respondents and the fees charged by the doctors. Income is the most hesitating factor which restricts majority of the respondents to take treatment in multi -speciality hospitals and the like. Doctors foremost aim is to render service to the society and considering the income level of the patients, the fees is to be charged to the patients.

CONCLUSION

From the study findings, it was concluded that patients were generally satisfied with good treatment, experienced doctors guidance given by the doctors to the patients, but with some factors like ICU and lab facilities, time spent for patients they were not satisfied. Dissatisfied patient never visits further and also not recommend others to get treatment. Now a day's hospitals are emerging with latest technologies in order to meet out the needs of the patients, and also to become leading hospitals in the surroundings. It is known to the general hospitals that they should also update the infrastructure as well as technological forces for the benefit of both. Hence more concentration is to be made by the doctors regarding the above factors in order to win the confidence of the respondents.

LIMITATIONS OF THE STUDY

- Due to time constraints sample size has been restricted to 150 respondents only.
- As this study contained the respondents at Erode taluk alone, this findings and suggestions are applicable only to Erode taluk, Erode District.

SCOPE FOR FUTURE REFERENCE

This study used the sample of patients in 21 private hospitals in Erode taluk. A study using a more representative sample including hospitals in other parts of Erode District would be useful to further verify and compare the findings across regions. The current research, however, presents some limitations that future studies could address, and also suggests several areas in which this research could be further extended.

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