A Study on Patient Satisfaction: with Special Reference to Government Hospital Patients of Bundi in Rajasthan

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Abstract

In this study researchers analyse the satisfaction level of patients regard to facilities available in government hospitals. A sample of 100 patients is taken from Pandit Brij Sundar Shama Government General Hospital (GGH) at Bundi District in the state of Rajasthan in India. Four dimensions of perceived quality were identified—Admission Procedure, Diagnostic Services, Behaviour of the staff, Cleanliness. The developed scale is used to evaluate perceived quality at a range of various types of facilities for patients. Perceived quality at public facilities is only marginally favourable, leaving much scope for improvement. Better staff and physician relations, interpersonal skills, good diagnostic and cleanliness service can improve the level of satisfaction among employees.

Keywords: Patient satisfaction, health care facilities, quality of service.

Introduction

The service quality in healthcare explains an easy on the concise type of service with minimum side effects that can cure or minimise the health problems of the patients. It is easier to evaluate their satisfaction towards the service than evaluate the quality of medical services that they get. Therefore, a research on patient satisfaction can be an essential tool to acquire better the quality of services.

Today, the health care consumers are more sophisticated than in the past and now demand increasingly more accurate and suitable evidence of health plan quality. Patient-centered outcomes have taken center stage as the primary means of measuring the effectiveness delivery of health care. It is commonly acknowledged those patients’ reports of their satisfaction

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with the quality of care and services are as important like many clinical health measures. Health care organisations are operating in an extremely competitive environment, and patient satisfaction has become a key to gaining and maintaining market share.

Rajasthan, a state with a relatively higher infant mortality rate (IMR; 63/1000 live births), maternal mortality ratio (MMR; 388/100,000 live births) year and total fertility rate (TFR; 3.3) in the country. State Programme Implementation Plan (PIP) by strategically focusing on reduction in neonatal mortality rate (NMR), population stabilisation and quality maternal care in the facilities with assured referral. The goal by 2012 (11th Five-Year Plan goals) is to bring the IMR to 32, MMR to 148 and TFR to 2.1. These bench-marks on IMR, MMR, and TFR set for 11th Five-Year Plan period have become the basis for refining objectives of RCH-II in 2010-11. Arresting gender imbalance, restructuring of health care delivery system, human resource development and capacity building and decreasing burden of diseases and promoting healthy life style are at the heart of formulating objectives for the RCH-II 2010-11.

Satisfaction level of patients with the healthcare services majorly determines their fulfillment with the treatment thus contributes to the positive influence on health. So, this study was therefore undertaken with the aim to find out the level of patient satisfaction related to different parameters of quality health care including the prescription at public health facilities in the Bundi district. Bundi is a historic place which is famous for its world class painting in Garh palace, its known as small kasha which is full of natural spots and bells of city also. It has various health care facilities providing different levels of health care.

Review of Literature

A critical challenge for health service providers 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. Assessing patient perspectives give users a voice, which, if given systematic attention, offers the potential to make services more responsive to people’s needs and expectations, important elements of making health systems more effective (Krishna Dipankar Rao et al., 2006). The main beneficiary of a good health-care system is clearly the patient. As a customer of health care, the patient is the focus of the health care delivery system. Customers who are merely satisfied often do not come back and organisation operating under this discipline of satisfaction outperformed the firms that did not provide satisfaction. The long-term survival of hospitals depends on loyal patients who come back or recommend the hospital to others (Yogesh Pai et al., 2011). The concept of patient satisfaction is rapidly changing to customers’ delight which means the patient is not only cured of his ailment during the hospital stay (Akoijam et al., 2007).
Health care is changing rapidly. Customers are educated and are demanding that we meet their needs. In the ideal service environment, we do not want to just meet the customers’ needs; we want to “delight” the customer. It is important, then, to identify all of our customers (Marni Reisberg, 1996). The quality of service—both technical and functional—is a key ingredient in the success of service organisations (Grönroos, 1984). Technical quality in health care is defined primarily on the basis of the technical accuracy of the diagnosis and procedures. Several techniques for measuring technical quality have been proposed and are currently in use in healthcare organisations. Information relating to this is not generally available to the public, and remains within the purview of health-care professionals and administrators (Bopp, 1990). Functional quality, in contrast, relates to the manner of delivery of healthcare services. Numerous studies have shown that provision of high-quality services is directly related to increase in profits, market share, and cost savings (Devlin and Dong, 1994). With competitive pressures and the increasing necessity to deliver patient satisfaction, the elements of quality control, quality of service, and effectiveness of medical treatment have become vitally important (Friedenberg, 1997). Despite the consensus that patient satisfaction in services is important for quality assurance in medical services and hospitals, there is a dearth of empirical information on consumers’ acceptance of health-care practices (Sadiq Sohail, 2003).

Scope of the Study
The geographical scope of the present study is restricted only to Bundi district of hadoti region in Rajasthan, which has only Government hospital (Pandit Brij Sundar Sharma Government General Hospital) of Bundi. It is situated in middle of the Bundi and at front of the bus stand its more convenient to the patients. The study focuses on patients’ perceptions about health care systems should be given due importance by health care managers in developing countries. Patient satisfaction depends up on many factors such as: admission procedure, diagnostic services, behaviour of the staff and cleanliness.

Objectives of the Study
- To know about the facilities availability in government hospital.
- The primary aim of the study is to analyse the satisfaction level of patients with government hospitals.

Methodology of the Study
The particulars of sample design are:
1. Type of Universe : Patients of Government hospital.
2. Sampling Unit : Bundi.
4. Size of Sample : 100.
Tools of Data Collection

A survey was conducted on 100 patients. The information was collected in the hospital from selected respondents. Interviews were conducted with the patients for gathering information on their perception about hospital and the problems which they face. The respondents were questioned on the issues affecting the satisfaction levels of the patients.

Sources of Data

The study consist of both primary and secondary data. The primary data was collected direct interview through questionnaire which was distributed at the patients in hospital of Bundi city. The secondary data was collected by direct interview from publications, journals, newspapers, websites and also referring to the people of the Government hospitals employees.

Analysis of Data

The data was analysed to determine the difference between satisfaction level of patients and ways to improve. This study also includes an analysis of data collection by representing it in a tabular form along with interpretations. The information collected was analysed for arriving at a conclusion.

Table 1: Patient Satisfaction with Admission Procedure

<table>
<thead>
<tr>
<th>Category</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied</td>
<td>68%</td>
</tr>
<tr>
<td>Not Satisfied</td>
<td>32%</td>
</tr>
</tbody>
</table>

From Table 1, it is indicated that 68% of the total respondents is satisfied, whereas 38% not satisfied with admission procedure which actually shows favourable view towards the admitting procedure of patients.

Table 2: Perception of Patient towards Diagnostic Services

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully satisfied</td>
<td>28%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>37%</td>
</tr>
<tr>
<td>Not satisfied</td>
<td>35%</td>
</tr>
</tbody>
</table>

Table 2, showed that 28% patients are fully satisfied, 37% are satisfied and 35% are not satisfied with the diagnostic services in government hospital. It means 65% said diagnostic services are good in Government hospital.
Table 3: Perception of patient towards Behavior of the staff

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully satisfied</td>
<td>25%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>35%</td>
</tr>
<tr>
<td>Not satisfied</td>
<td>40%</td>
</tr>
</tbody>
</table>

From table 3, it is indicated that 25% patients are fully satisfied, 35% are satisfied and 40% are not satisfied with the patient towards behaviour of the staff diagnostic in government hospital. It means 60% patients says staff behaviour is good.

Table 4: Perception of Respondents Towards Cleanliness

<table>
<thead>
<tr>
<th>Level of satisfaction</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully satisfied</td>
<td>22%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>35%</td>
</tr>
<tr>
<td>Not satisfied</td>
<td>43%</td>
</tr>
</tbody>
</table>

From table 4, it is indicated that 22% patients are fully satisfied, 35% are satisfied and 43% are not satisfied with the patient towards behaviour of the staff diagnostic in government hospital. It means patients say overall cleanliness is good.

Limitations

- The study has been conducted only on the patients who availed the services of the hospitals.
- The study has not been concentrated on those who were ignorant or unwilling to co-operate.
- The study was also suffered by certain limitations, as data was collected from selected samples only.
- Sample is a lesser amount of as compared to the total number of patients availing services in hospitals.

Discussion

The findings reveal that in case of health care facilities, admission procedure, diagnostic services, behaviour of the staff, interpersonal aspects and cleanliness in government hospital have maintained status in providing services to patients.
The results of the study shows that government hospital has better function regarding to delivery of health care services, admission procedure, cleanliness, diagnostic services, staff behaviour with patients that’s all are satisfied.

Besides dissatisfaction of some patients with admission procedure just because of waiting line is so much long so they get admission ticket too much late.

Dissatisfaction of some patients with diagnostic services just because of there is some technical error or some other specific reasons they cannot get timely diagnostic reports or other things.

Some patients are dissatisfied with the staff behaviour because more burden of gathering of patients and also misbehave of patients.

Dissatisfaction of some patients with cleanliness just because of work in progress like some rooms are more added and work done by plumber or so many specific reasons are there.

**Conclusion**

An effort to assess the patient satisfaction level related to different parameters of qualitative health care at health facilities has provided to researcher. No programme can be successful without the whole hearted participation of patients and government hospital staff. Co-operation, participation with hospital administrators and other staff members including management. Therefore, this is to conclude that all services in health care have improved the quality of administration in the hospital to meet raising expectations of the people. There are new needs and demands apart from the quality of staff, equipments, feeling and image carried by the patients about hospitals mainly depends on human aspects the concern, sympathy and understanding shown by hospital staff can add up to a feeling high satisfaction.

**Suggestions**

Improvement in staff behaviour, the emergency drugs/life saving drugs is defined as drugs which require immediate administration within minutes post or during a medical emergency, more attention to patients, needed to strengthen infrastructure and human resources at lower level health facilities through all of it by which satisfaction level of patients can be increased.

**References**


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