

Factors Influencing The Patients in Attaining Satisfaction By The Services Provided in The Hospitals

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ABSTRACT

The need for quality improvement in healthcare has become universal. Although patients demand quality in the services provided to them, achieving overall success in quality healthcare is not well understood. The poor understanding level, on the quality by the healthcare professionals has put performance far below the acceptable level, in spite of the rapid expansion of knowledge and technology in healthcare system. Improvement in quality reflects on the satisfaction level of the patients.

KEY WORDS: Patient satisfaction, improving quality, quality care, healthcare quality.

1. INTRODUCTION

Quality care has become an important aspect in the development of healthcare services. Patient satisfaction on healthcare quality plays a vital part on the assessment of healthcare frequently. A critical challenge for health service providers in India is to find ways to make them more client-oriented. All healthcare providers should realize the fact, that the main beneficiary of healthcare-system is clearly the patient. Patients who are satisfied stay with the hospital for long term, and also come back or recommend the hospital for others. The term "patient satisfaction" is rapidly changing to "customer delight". The degree of patient satisfaction play like a vital tool in the assessment of quality care provided. Since healthcare is growing rapidly and patients' knowledge level about their rights is increased, they are demanding that hospitals meet their needs. The key factors that influence a patient's satisfaction are admission procedure, diagnostic services, employees' behavior towards them, cleanliness, nursing care, food, communication, interpersonal manner of the physicians, housekeeping, technical services, accessibility and convenience.

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 ones illness or condition, and for many, it also includes the entire experience of receiving care-including the avoidance of errors or mistakes. Quality measures enable us to see how we perform against benchmark.

BEHAVIOR OF STAFF

This dimension measures patients' experience in respect to the quality of care delivered by doctors, nurses, paramedical staff and support staff. The medical encounter between a doctor and a patient requires intensive levels of interaction where it has a greater impact on patient satisfaction. The doctor and patient with the doctor having a significant discretion in meeting patient needs. Many studies have highlighted the vital contribution of nurses to the quality of patient care. Skills and behavior of the para-medical and support staff also plays a major role in measuring quality, with regard to the behavior of staff that influences patient satisfaction.

PHYSICAL ENVIRONMENT

A patient/attendant judges a hospital, the moment they lay eyes on it. Before a service experience even begins, the patient usually has already decided whether they will be returning to the hospital again. On understanding the connection between the quality in physical facilities and patient satisfaction, one can know that, it can have lasting impact on both hospitals performance and its ability to provide quality care. Quality in lobby, out-patient clinics, inpatient rooms, operating rooms, exam/procedure rooms, support areas, reception counters, administrative areas contributes to patient satisfaction.

DIAGNOSTIC SERVICES

Delay in diagnostic services leads to dissatisfaction amongst patients. Diagnostic facilities include laboratory and radiology services.

FOOD

Hospital administrators say the focus on food has gained extra importance among patients. There are many food management companies that specialize in healthcare facilities since they are getting more requests from hospitals. Food plays a vital role of game changer in the hospitals. Many patients hate dietary food style in hospitals. So management has taken steps along with dietary counselors in order to satisfy the patient taste without disturbing their nutritious diet.

CLEANLINESS

One area that has greater impact on hospital quality is patient perception towards cleanliness. Cleanliness includes environmental cleanliness, hygiene, hand washing techniques and everything. Interaction by administrators to patients will make them understand the efforts taken by staff to keep their hospital clean. This helps in boosting the satisfaction of patients on cleanliness which serves as a key element in attaining quality services.

OBJECTIVES OF THE STUDY

- To analyze factors influencing quality in healthcare and patient satisfaction
- To study patient perception towards factors influencing quality

- To assess the role of hospital administrators towards quality and patient satisfaction

THEORETICAL CONCEPT & PREVIOUS STUDIES

SERVICE CONCEPT

The service defined as "activity or benefit provided by one party to another and are basically intangible (notentailing of any ownership) and its production might be associated or not with a material commodity.

INTANGIBILITY

Means that it doesn't have a material and tangible recipient can judge through their known senses of smell ortouch or taste, hearing and watching it prior to purchase and see the result precisely. Therefore, some offer theservice through an attractive formula that gives intangibility on the service.

INSEPARABILITY

Means to produce and consume the service at the same time, some services is considered for the consumer anintegral part of the production of the service, and therefore the consumer of the service must be in the samelocation of the service production.This also applies to the health service, where its presentation requires a recipient in the same place of production.

VARIABILITY

Here it means the inability to produce the same service every time, it is difficult to homogenize particularservices that rely on human, and therefore difficult to maintain a certain quality level.

PERISHABILITY

The oscillation problem of service request, the demand for service is irregular, which gives the enterprise theopportunity to arrange their capacity and the size of the staff on this basis, but there is high demand periods thatrequire significant capacity and staff, and there are periods of low demand where the large staff becomes anexpendive burden on the Organization, that the work process in hospitals is fluctuating by seasons, social andgeneral conditions of the people.

At a time when work is weak, you cannot store non-busy beds, disabled staff for peak workloads, therefore thereis a lost profit opportunity in that period, and this requires good and sensitive management in order to balancebetween high and low demand seasons of service.Through the above & dropping their service overall attributes to health service we find they also tended to be intangible, which cannot be discerned such as physical products and only judged by receiving, and cannot beowned by them. Its production is also at the same time as being received, thus the patient must be in the samelocation as the presence service, it cannot separate production from consumption, and the recipient is an integralpart of their production, they are heterogeneous with differing service provider and receiver, also it cannot bestored.

QUALITY CONCEPTS

We note that the idea of quality means excellence, clear standards and higher performance, quality factor can be measured, and the role of quality comes in achieving (Competitive Advantage) to the concerned institution, quality of health service is applied by medical science and technology in a manner to achieve the fullest possible public health without increasing risk, thus quality is determined by the best possible balance between risks and benefits.

QUALITY TYPES

TECHNICAL QUALITY

A service that is received by the client as a result of a process of interaction with the institutions providing the service or in other words, is the final benefit accruing to the recipient of the service and expressed in the question

FUNCTIONAL QUALITY

A method or a way of how the output is transferred to the beneficiary from the service and expressed in the question how is the service submitted.

MENTAL IMPRESSION ON THE ORGANIZATION

The image of the organization or institution in the mind of the customer or the customer's impression of what is a service organization and this dimension is the inevitable outcome of the technical and functional dimensions of quality and evaluation of clients.

SERVICE QUALITY MEASUREMENTS

There are two methods of measuring quality of service one attributed and based on customer expectations of service level and understanding of the level of service already provided, and then selecting the gap (or match) between these expectations and perceptions using quality of service five dimensions of which are intangibility, reliability, responsiveness, empathy, and certainty.

This method of service quality measurement was called measurement gap or SERVQUAL scale, the centerpiece in service quality measurement model is the gap between the perception of the actual performance level of client service and his expectations about the quality of this service. But this gap depends on the nature of the gaps related to design, market and delivery of the service.

DISCUSSION

The reform of the health care system in India was aimed at improving the financial situation of health care, as well as improvement in the access and quality of medical services. An important weakness of the system in question was the treatment of patients, and lack of connection between the salaries of health care workers and number, type and quality of medical services provided. The new economic situation which included health care facilities in India resulted in the fact that the patient began to be seen as an entity, which in case of economic terms is the source of funds for medical costs and hospitalization. Therefore, it became essential to strive for the patient who decides where and by whom he will be treated.

Detailed analysis of factors influencing patient satisfaction after treatment in departments enables to evaluate, whether the facility satisfies the needs and expectations, which factors influence the assessment made by the patient, and what medical areas should be improved. Patients in the analyzed health care units paid particular attention to the financial dimension, especially to available medical equipment, visual appearance and functionality of patient rooms. Patient expectations considering the above-mentioned were high in both groups.

Desirable to seek to increase employment of physicians and nurses to a level that will not impair the smooth functioning of the department, and at the same time improve the quality of hospital services. The number of physicians and nurses per patient, their behavior, and shortest therapy, significantly influence patient satisfaction with services received. In consequence, the above-mentioned has significant impact on patient satisfaction and affect the overall assessment of the quality of medical care, which is often the basis of recommendations of the department by the patient and can decide whether he will return for treatment when the need arises.

2. CONCLUSION

It is believed that a well-managed hospital, constantly wanting to improve its image should pay attention to the quality of medical services and effective functioning, maximizing efforts to obtain full patient satisfaction. Such management leads towards a positive image of the health care unit by the quality of proposed medical services. At the same time it is the guarantee of loyalty of the patient who should be treated as a reliable partner. In order to support the growing competition in the world the patient should be sought after, simultaneously creating a positive image of the medical facility.

3. REFERENCE:

- [1] Eckert H, Resch KL: Quality management – quo vadis? Perspectives for quality management in hospital. *Z Arztl Fortbild Qualitatssich* 2003; 97:219-26.
- [2] Bacon CT, Mark B: Organizational Effects on Patient Satisfaction in Hospital Medical-Surgical Units. *J Nurs Adm* 2009; 39: 220-27.
- [3] Ballem P: Guaranteeing accountability for quality care. *Health Pap*. 2007; 7: 61-65
- [4] Mark B, Salyer J, Wan T: Professional nursing practice: Impact on organizational and patient outcomes. *J Nurs Adm* 2003; 33: 224-34.
- [5] Wojtczak A: Kierunki Reformy opieki zdrowotnej w świetle uzgodnień „Podstolika Zdrowie” obrad Okrągłego Stołu (w XX rocznicę Obrad Okrągłego Stołu). *Prawo i Medycyna* 1/2009, 34 vol. 11, 23-32. 1