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DETERMINANTS OF PATIENT CONTENTMENT LEVEL IN HOSPITALS

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Abstract

Patient satisfaction is very much important in healthcare sector because of the reason that a satisfied patient becomes a brand ambassador for your hospital. He will recommend the hospital to his family and peers also. But if he is dissatisfied at any single point of time, he will also spread negative image about the hospital. Therefore, hospital authorities should be very much careful in satisfying the patients. Patient satisfaction remains as a crouch factor in developing strong relationship with patients, thereby enhancing their goodwill. Hospitals should make sure that not only they provide excellent treatment but also other services like admission, discharge process, billing, etc should be easy. Healthcare professionals should be educated for providing quality services as well as maintaining a strong bond with the patients. Hospital authorities should evaluate the patient care services in regular basis and should aim to improve the services rendered. The present study focuses on various factors that influence patients contentment level leading to patient satisfaction.

Keywords: Patient Satisfaction, Healthcare Sector, Dissatisfaction, Relationship, Healthcare Professionals, Quality Services, Patient Contentment Level.

Introduction

Hospitals mainly aim to provide utmost care to patients. Assessment of every hospital is done mainly through the care they provide to patients. Therefore, hospital authorities always see to that patient centered care is rendered. In order to fulfil this the administrators continuously work on strategies and methods to improve the quality of care they deliver to their patients. But the ways they choose to improve the quality will always be subjected to debate. Hospitals should make sure that the quality improvement efforts they take must encompass patient - centric care. Most of the times, the pathway they choose to improve quality in hospitals is complex and much difficult to achieve. The improvements must facilitate improvement in the care they deliver to patients in all ways. To achieve this, hospitals may combine multiple approaches to enhance performance of hospitals and thereby upgrading the quality of service they deliver. Bradley et al. (2004) explained about the fundamental concept that are taken for improvement of quality. The present study illustrates about the impact of hospital diversity in

successfully implementing quality improvement strategies in various departments. The common pitfalls that happens in implementing and designing quality measures should be analysed carefully to avoid confusions. This can also include performance based programs for the healthcare professionals. While discussing about quality, the first point we should be aware is that healthcare professionals are the direct point of contact for providing service to patients. Therefore, it is very much essential for the hospital authorities to educate their employees about the importance of rendering quality service and the outcomes of the same. Although, there exists limitations in implementing this, the results will yield better brand image. The outcomes will lead to feasible improvement in the patient satisfaction level and improved inter departmental communication, thereby leading to a holistic level of advancement at all levels. The present research helps hospitals to make improved quality decisions based on the structured framework for measurement as well as the implementation of these facilities among the healthcare professionals.

Review of Literature

Parker et al. (1999) advocated about the quality improvement measures that should be taken in hospitals. They strongly recommend that there is direct association between the leadership followed in hospitals and culture existing in hospitals. This relationship should be positive in order to achieve excellent quality improvement initiatives in the hospitals. This includes the teamwork concept also.

Ng et al. (2013) depicted about the various factors that affects implementation of quality accreditation programs in hospitals and thereby the impact of these improvement programs on the patient satisfaction level. This research also recommends for implementation of electronic database in order to improve the accuracy and efficiency of patient records. This can be achieved through enhanced staff engagement, improved communication, holistic team building approach, positive hospital culture, improved leadership as well as awareness about quality service among healthcare professionals.

Groene et al. (2008) evaluated the quality assessment tool in order to improve quality in hospitals. The present research explains about the hospital performance assessment using semi structured interviews. The sample taken was hospital coordinators and was conducted using semi structured interviews. The interview was conducted in 37 hospitals. The results show that performance measurement initiatives will remain as the essence for hospital's success.

Mazur et al. (2012) elucidated about improving the performance in hospitals. The authors strongly agree that implementation of quality processes in hospitals remain complicated always. This process improvement involves complex behavioural changes also. This can be achieved through learning theory encompassing single and double loop concepts. In this research two phased model was implemented to collect data.

Alexander et al. (2010) demonstrated about quality improvement measures which involves organised approach in order to plan and implement continuous improvement through improved performance. Quality improvement measures holds assurance for quality care for patients, patient safety, etc. The authors also focus on four important criteria such as financial support, integrated data systems, infrastructural resources and capability of information system.

Solomons et al. (2011) expounded about the evidence based practical barriers as well as facilitators implementing continuous quality improvement measures as a holistic approach.

Evidence based approach should be implemented in hospitals to improve quality measures in hospitals. The databases include knowledge sources, decision making, utilisation of resources, information tracking behaviour as well as nursing practice. The common barriers involved in implementation of quality were lack of autonomy and time.

Alexander et al. (2022) explored about the integrative review of limitations and mediators involving nurses engagement in improving quality. Nurse engagement plays an important role in improving health care quality & results in clinical settings. A complete review was done to analyse the rate of quality and evidence level. Top determinants include leadership, culture, education, training, champions and mentors.

Tappen et al. (2017) elucidated about the implementation of organisational change presenting a challenge in long term leadership. Implementation of acute care transfers is essential for improving the management of changes in hospital culture. This serves as an import tent tool in illustrating barriers and facilitators for implementing change in care for long term diseases. This includes call hospitalisations and ED visits also.

Mills et al. (2019) deciphered about the staff perceptions at nursing homes and how it stands as a barrier as well as a facilitator for implementing improved quality interventions in hospitals. According to this research improved quality remains as a promising approach in hospitals and they have adopted a method called LOCK which explains four stages for quality such as observing bright spots, learning them, collaborating the hurdles and keeping it minimised.

Biertnaes et al. (2004) explored about the factors affecting patient satisfaction in hospitals through patient experiences that was reported by the hospital authorities. This research makes it evident that patient experiences and corresponding satisfaction together plays a vital role in implementing better healthcare quality. The sample were collected from around 63 hospitals throughout the year.

Sreenivas and Babu (2012) advocated about the critical challenges that remain as a limitation for health service providers employed in developing countries. The outcomes are usually vulnerable such as biased patient treatments, payment problems, lack of confidentiality, lack of quality medications, etc. Therefor, it is very much essential for the providers in developing countries to make health systems more effective.

Marley et al. (2004) annotated about the struggles managers face during service delivery in hospitals. The authors mention it as a complex process. They also advocated about two important aspects such as clinical care to patients and the process performance that occurs in hospitals. It is evident from this research that both the aspects should be taken care for a patient to be satisfied.

Quintana et al. (2006) illustrated about the various determinants and underlying factors that influence patient satisfaction in health care setting. The sample was collected from patients staying in inpatient department. Some of the variables taken were socio demographic factors, admission process as well as survey logistics. Six domains were identified - hygiene, information accuracy, patient care, confidentiality, visiting and comfortability.

Urden (2002) demonstrated about the challenges healthcare consumers face due to demanding improvement in care as well as the service provided to them. Hospitals should evaluate and plan the level of service they will render to patients. Therefor, the present research explains about the various instruments that contribute towards patient satisfaction, measurement factors, research instruments and survey programs.

Andaleeb (2001) strongly advocated that patient experiences in hospitals make them feel that health care providers in developing countries ignore the patient satisfaction concept completely. In order to overcome this type of problems hospitals should take up measurements at regular intervals and educate the health care professionals, thereby problem detection can be done and rectified easily.

Cheng et al. (2003) explored about the various factors that influence patient satisfaction and hospital recommendations which will include both interpersonal as well as technical aspects in patient care services. The results show that high levels of patient satisfaction does not always necessarily lead to high levels of recommendation factors as measurement and examination is important.

Aiken et al. (2021) illustrated about the importance of achieving patients satisfaction in hospitals. This research makes it evident that patient perceptions are very much essential for health care providers to determine the confidence level in the treatment they provide. Around 66348 patients were taken as sample for this research. The results show that patient perception is highly associated with the healthcare professionals confidence level.

Clever et al. (2008) demonstrated about the communication between doctor and patient and how this influences patient satisfaction level. The behaviour of healthcare professionals have greater impact on patients satisfying which determines correlation effect. This includes discussion of patients attires also. Hospital care is considered as a primary component followed by communication aspects.

Hendriks et al. (2006) elucidated that personality should be considered as a construct for determining patient satisfaction. The big five dimensions of personality is also taken as a critical component in this research. The outcomes of this research show that agreeableness variable show a strong affirmative relationship with patients satisfaction compared to bother variables. Also this construct is marginally associated with personality.

Quality Improvement Measures

The ultimate purpose of the present study is to investigate the determinants of quality in hospital setting which will lead to higher patient satisfaction. This comprises of various factors. This is carried out by using a questionnaire which includes numerous aspects pertaining to determinants of hospital quality leading to patient satisfaction. The respondents for this study are 397 healthcare professionals and patients. The responses were collected from healthcare professionals and patients of three different hospitals. The following analysis is done to examine the perception of healthcare professionals towards quality improvement measures followed in hospitals with the help of seven variables such as Creativity, Feedback, Tools, Reengineering, Punctual, Usefulness and Restructuring.

TABLE 1: MEAN ANALYSIS FOR QUALITY IMPROVEMENT MEASURES

S.No	Quality Improvement Measures	Mean	Rank
1	To what extent is creativity encouraged in your hospital? (Creativity)	2.1108	7
2	To what extent does your health care unit measure satisfaction of various stakeholders? (Feedback)	2.5995	6

3	To what extent do the health care professionals use tools of quality improvement to improve the patients care? (Tools)	2.7506	3
4	To what extent is job and business process reengineering done in your hospital? (Reengineering)	2.9244	1
5	To what extent is the information from quality department timely? (Punctual)	2.7506	3
6	To what extent is the information from quality department useful in refining day to day activities? (Usefulness)	2.9018	2
7	To what extent do the hospitals go for organizational restructuring? (Restructuring)	2.7280	5

The above mentioned table explains the mean values of seven variables. It is evident from the above mentioned table, that the reengineering variable possess highest mean value (2.9244) followed by other variables such as Usage of information from quality department in refining day to day activities (2.9018); Timeliness of information from quality department (2.7506); Health care professionals use quality improvement tools to improve the quality of service rendered to patients (2.7506); Restructuring of organisation structure in hospitals (2.7280); Measuring the satisfaction level of stakeholders to improve quality (2.5995) and Creativity is encouraged in the hospitals so that healthcare professionals can bring in their creative way to improve quality services (2.1108). Therefore, it is clear that healthcare professional feel that they their job and business processes are reengineering and modified in order to provide quality services to patients.

The following analysis is done to examine the contentment level of patients towards the services provided in the hospital during their stay in that hospital. This is done with the help of five constructs such as Doctors care, Nursing care, Hospital environment, Experience and Discharge process.

TABLE 2: MEAN ANALYSIS FOR PATIENT SATISFACTION

S.No	Contentment about your stay at this hospital	Mean	Rank
	Your Care from Nurses		
1	Respect from Nurses	4.1125	4
2	Attention from Nurses	4.1650	2
3	Explanation by Nurses	4.1250	3
4	Response	4.4000	1

S.No	Your Care from Doctors	Rank	
1	Respect from Doctors	4.4075	3
2	Attention from Doctors	4.6050	1
3	Explanation by Doctors	4.5225	2
S.No	The Hospital Environment	Mean	Rank
1	Cleanliness	4.2450	2
2	Silent	4.3575	1
S.No	Your experience in this Hospital	Mean	Rank
1	Results	4.2175	4
2	Staff Involvement	4.1800	5
3	Medicine	4.3550	3
4	Information about Medicines	4.3650	2
5	Explanation about Medicines	4.4610	1
S.No	When You discharge from the Hospital	Mean	Rank
1	Discharge	3.9975	1
2	Post Discharge	3.9075	2
3	Discharge Summary	3.4975	3

The above mentioned table clearly depicts that patients feel that nurses respond quickly and properly to patients followed by explanation they give, attention they give and respect they give. It is evident from the table that doctors give utmost attention to patients followed by the way they explain and the way how they treat their patients. Most of the patients feel that silent hospital environment help in speedy recovery followed by hygienic hospital environment. Patients feel that medicines are explained clearly followed by giving information about those medicines, accuracy of medicine, results of the treatment and staff involvement. During discharge most of the patients are satisfied with the processes.

TABLE 3: REGRESSION ANALYSIS - MODEL SUMMARY

Model Summary					
Model R		R Square	Adjusted R Square	Std. Error of the Estimate	
1	0.643	0.743	0.374	10.32680	

The above table provides the R and R^2 values. The R value represents the simple correlation and is 0.643, which indicates the degree of correlation. The R^2 value how much of the total variation can be explained by the independent variable. In this case 74.3% can be explained, which is average.

TABLE 4: REGRESSION ANALYSIS - COEFFICIENTS

Model			ndardized Standardize Ficients Coefficient		t	Sig.
		В	Std. Error	Beta		
1	(Constant)	14.220	4.062		67.630	.000
	To what extent is creativity encouraged in your hospital? (Creativity)	.222	.491	.762	10.441	.000
	To what extent does your health care unit measure satisfaction of various stakeholders? (Feedback)	.401	.011	.602	1.008	.004
	To what extent do the health care professionals use tools of quality improvement to improve the patients care? (Tools)	.214	.068	.443	1.212	.032
	To what extent is job and business process reengineering done in your hospital? (Reengineering)	.233	.040	.189	1.842	.400
	To what extent is the information from quality department timely? (Punctual)	.132	.044	.126	1.235	.044

To what extent is the	.148	.031	.142	1.365	.323
information from					
quality department					
useful in refining day					
to day activities?					
(Usefulness)					

The above table indicates regression analysis with B and beta value for the independent and dependent variable which are assumed from the analysis it is found that all the 6 factors such as Creativity, Feedback, Tools, Reengineering, Punctual and Usefulness. It is evident from regression analysis that Creativity, Feedback, Tools and Punctual factors have a significant impact on patient contentment level, thereby leading to patient satisfaction. Factors such as Reengineering and Usefulness does not possess any significant impact on patient contentment level.

Conclusion

Improving the quality of patient care in hospitals will help to achieve patient satisfaction thereby leading to patient loyalty. This type of loyalty will hep to improve patient retention. Health care sector is an industry where one patient's experience will bring in more patients. Referrals play a major role in health care sector. Price wars also play an important role in this. Healthcare costs should be affordable in order to reach more patients and have a profit margin in the market. Batbaatar et al. (2017) explored about the various components that determine patients satisfaction. This research delicts that formulation of strategies and measurement of the same is essential to determine the satisfaction le el of patients in the current scenario. They also suggest that a Standard measurement system is required to measure the level of satisfaction of patients in healthcare setting. If a patient gets dissatisfied because of the services it will result in greater loss because the hospital will not only loose one patient, more than that will be discontinued as it deals with lives of patients. To avoid this front line workers who are the healthcare professionals should treat the patients with high dedication level. Increased staff morale should be educated and also malpractices in all means should be controlled.

References

- 1. Parker, V. A., Wubbenhorst, W. H., Young, G. J., Desai, K. R., & Charns, M. P. (1999). Implementing quality improvement in hospitals: the role of leadership and culture. *American Journal of Medical Quality*, 14(1), 64-69.
- 2. Ng, K. B., Leung, G. K., Johnston, J. M., & Cowling, B. J. (2013). Factors affecting implementation of accreditation programmes and the impact of the accreditation process on quality improvement in hospitals: a SWOT analysis. *Hong Kong Medical Journal*.
- 3. Groene, O., Klazinga, N., Kazandjian, V., Lombrail, P., & Bartels, P. (2008). The World Health Organization Performance Assessment Tool for Quality Improvement in Hospitals (PATH): an analysis of the pilot implementation in 37 hospitals. *International Journal for Quality in Health Care*, 20(3), 155-161.

- 4. Bradley, E. H., Holmboe, E. S., Mattera, J. A., Roumanis, S. A., Radford, M. J., & Krumholz, H. M. (2004). Data feedback efforts in quality improvement: lessons learned from US hospitals. *BMJ Quality & Safety*, *13*(1), 26-31.
- 5. Mazur, L. M., McCreery, J. K., & Chen, S. J. G. (2012). Quality improvement in hospitals: Identifying and understanding behaviors. *Journal of Healthcare Engineering*, *3*(4), 621-648.
- 6. Alexander, J. A., Weiner, B. J., Shortell, S. M., Baker, L. C., & Becker, M. P. (2006). The role of organizational infrastructure in implementation of hospitals' quality improvement. *Hospital topics*, 84(1), 11-21.
- 7. Solomons, N. M., & Spross, J. A. (2011). Evidence-based practice barriers and facilitators from a continuous quality improvement perspective: an integrative review. *Journal of nursing management*, 19(1), 109-120.
- 8. Alexander, C. C., Tschannen, D., Hays, D., Clouse, M., Zellefrow, C., Amer, K. S., ... & Milner, K. A. (2022). An integrative review of the barriers and facilitators to nurse engagement in quality improvement in the clinical practice setting. *Journal of Nursing Care Quality*, 37(1), 94-100.
- 9. Tappen, R. M., Wolf, D. G., Rahemi, Z., Engstrom, G., Rojido, C., Shutes, J. M., & Ouslander, J. G. (2017). Barriers and facilitators to implementing a change initiative in long-term care utilizing the INTERACTTM quality improvement program. *The health care manager*, *36*(3), 219.
- 10. Mills, W. L., Pimentel, C. B., Snow, A. L., Allen, R. S., Wewiorski, N. J., Palmer, J. A., ... & Hartmann, C. W. (2019). Nursing home staff perceptions of barriers and facilitators to implementing a quality improvement intervention. *Journal of the American Medical Directors Association*, 20(7), 810-815.
- 11. Bjertnaes, O. A., Sjetne, I. S., & Iversen, H. H. (2012). Overall patient satisfaction with hospitals: effects of patient-reported experiences and fulfilment of expectations. *BMJ quality & safety*, 21(1), 39-46.
- 12. Sreenivas, T., & Babu, N. S. (2012). A study on patient satisfaction in hospitals. *Intl J Manag Res Busi Strat*, 1(1), 101-18.
- 13. Marley, K. A., Collier, D. A., & Meyer Goldstein, S. (2004). The role of clinical and process quality in achieving patient satisfaction in hospitals. *Decision Sciences*, *35*(3), 349-369.
- 14. Quintana, J. M., González, N., Bilbao, A., Aizpuru, F., Escobar, A., Esteban, C., ... & Thompson, A. (2006). Predictors of patient satisfaction with hospital health care. *BMC health services research*, 6, 1-9.
- 15. Urden, L. D. (2002). Patient satisfaction measurement: current issues and implications. *Professional case management*, 7(5), 194-200.
- 16. Andaleeb, S. S. (2001). Service quality perceptions and patient satisfaction: a study of hospitals in a developing country. *Social science & medicine*, *52*(9), 1359-1370.
- 17. Cheng, S. H., Yang, M. C., & Chiang, T. L. (2003). Patient satisfaction with and recommendation of a hospital: effects of interpersonal and technical aspects of hospital care. *International Journal for Quality in Health Care*, 15(4), 345-355.
- 18. Aiken, L. H., Sloane, D. M., Ball, J., Bruyneel, L., Rafferty, A. M., & Griffiths, P. (2021). Patient satisfaction with hospital care and nurses in England: an observational study. *BMJ open*, 8(1), e019189.

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- 19. Clever, S. L., Jin, L., Levinson, W., & Meltzer, D. O. (2008). Does doctor-patient communication affect patient satisfaction with hospital care? Results of an analysis with a novel instrumental variable. *Health services research*, 43(5p1), 1505-1519.
- Hendriks, A. A. J., Smets, E. M. A., Vrielink, M. R., Van Es, S. Q., & De Haes, J. C. J. M. (2006). Is personality a determinant of patient satisfaction with hospital care?. *International Journal for Quality in Health Care*, 18(2), 152-158.
- 21. Batbaatar, E., Dorjdagva, J., Luvsannyam, A., Savino, M. M., & Amenta, P. (2017). Determinants of patient satisfaction: a systematic review. *Perspectives in public health*, 137(2), 89-101.
- 22. Agarwal, P. A. R. U. L. "Review of patient satisfaction in private hospitals-a study of health care sector with special reference to Noida & Ghaziabad." *International Journal of Sales & Marketing Management Research and Development* 4.2 (2014): 27-34.
- 23. Alsamydai, Ali Mahmoud Jasim, and Ahmed Basim Mohammed Baqer. "Measuring patient satisfaction regarding the quality of healthcare service provided by pharmacists." *International Journal of Medicine and Pharmaceutical Science* 5.6 (2015): 71-84.
- 24. Inbasagaran, N., and R. Chandrasekaran. "Impact of Marketing Mix Strategy on Coimbatore Private Hospitals Performance Measured by Patient Satisfaction: An Empirical Study." *International Journal of Business Management & Research* 7 (2017): 15-24.