



A STUDY ON PATIENT OPINION AND ITS IMPACT TOWARDS NURSES IN COIMBATORE

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ABSTRACT

The title of the project is “A study on patient’s opinion and its impact towards Paari Nursing Home”. The main study is to analyze the patient opinion level of the Paari Nursing Home. The period of study was 6 months. Descriptive research design has been used. The data was collected through the questionnaire with a sample size of 100-150 range. The data were edited, tabulated, and analyzed using simple percentage analysis. Through conducting discussions with various patients, valuable suggestions derived. It helps to get more useful information about the satisfaction of the patients through this information the hospital can improve the level of satisfaction among the patients.

KEY WORDS: Satisfaction of the Patients, Hospital Marketing, Expectancy Of Life, Profit Maximization, Budget Hospitals.

1. INTRODUCTION TO THE STUDY

The primary role is to provide good health services and the objective is to provide health for all by next decade which has been accepted as the chief goal of our National Health Policy. It is essential for improving the health standard. Hospital develops according to the need of the community. Hospitals provide all kinds of medical and health services with its various specialized branches and therapies. The hospital offers considerable advantages to both patient and society. The excellence of hospital services depend on how the human and material resources are utilized to promote patient case.

2. HOSPITAL MARKETING IN INDIA

The National Health Policy (1933) of Indian continent is to attain health for all. Lot of efforts have been made towards this end; however

number of factors like high population growth, poverty illiteracy, lack of resource etc, make it difficult to reach anywhere near the above objections. Though we are in the starting point of the new century, still we witness huge numbers of infant and child mortality, expectation of life at birth etc in India.

Hospital is a social institution in the world of marketing; it is better to call it a no profit organization where the marketing practices are applied not with the motto of generating profits but with the mission of social interests. It is important to mention that the development of the health care is influenced not only by the openings of hospitals or Health Care Centers” but more so by their effective management. The depleted condition is almost all the Government Hospitals in India are a launch testimony to their proposition as we have miserably failed in making available to the society even the basic health care facilities. This will divert our attention on restricting the whole system

3. PERCEPTION AND CHARACTERISTICS OF INDIANS, REGARDING HEALTH SERVICES.

Majority of Indians make use of medical health services only on having some problems or illness periodic or preventive checkups. The consumer on health services as a percent of local spending is also quiet low. This is partially because of free medical services provided by the government due to lack of awareness and level of importance given to health care of course. Because of scarcity of resources, a person would tend to spend larger portion of whatever limited resources he has on food, clothing and shelter therefore majority of people

do not plan for medical care in their house hold budgets. A major characteristic of Indians regarding health services is a sharp sexual difference in availing of their services. The reporting of illness is almost double for males as compared to females. This is not because better status of females in India. Rather it is because perceived for medical aid is much smaller for females as compared to males. The management expert feel that in addition to the expansion of health care facilities, the policy makers are also required improve the management if almost all the hospitals, specially located in suburbs and rural areas. The Indian health care market is more of a seller market. The demand of outstrips the supply as in case with any other product or industry in seller market the “ marketing aspects in Indian Hospital market is given a low importance; some of the organization which have started giving a thought to marketing or also more limited to “sales” aspects or “image building” exercise and not local marketing approach. However, there will be some change in the near future towards acceptance of marketing activities as an essential part of health care organization, though not as much as in developed countries. (Are demand/supply conditions and purchasing powers are locally different from ours). The major reasons to shift toward the marketing in India are 1. Insertion market segments, competition becoming more intense 2. More consumers’ awareness 3. Setting up of corporate hospitals 4. Increasing purchasing powers 5. Need to attract limited available specialists. In India where medical core infra structure is adequate compared to the requirements. Proper attention has to be given to educate people about the nature of illness the facilities available, importance of Health Care and hardness of ignoring aspects. An educated citizen would mean better utilization of available facilities as well as prevention of many diseases hereby possible on scare resources.

4. REVIEW OF LITERATURE

The first conceptualizations of customer satisfaction in marketing studies (**Cardozo, 1965; Hunt, 1977; Oliver, 1977 and 1980; Olson and Dover, 1979**) came without explicit reference to the Lewin experiments. The research was concentrated into the determinants

of satisfaction, attempting falsify the confirmation/disconfirmation paradigm. Many experiments produced interesting evidence about the antecedents and the mediating variables having a role in the customer satisfaction perception, but did not decrease the paradigm’s explanatory capacity.

Peterson, R, Hakendorf, M., and Guscott, T, (1993) made a study to improve quality of care in nursing home. The findings of the evaluation indicated that participants were able to develop a more holistic approach to aged care nursing, reflect on their practice, further develop their understanding of current aged care guidelines, and acquire new skills and strategies for improving their workplace. It was concluded that problem based learning was an effective tool in linking theory with practice and improving nurses approach to aged care.

5. OBJECTIVES OF THE STUDY

1. To study about the present system followed in the hospital.
2. To study the quality of service provided to satisfy the patients structure.
3. To study the perception of the patients about the pricing of the hospital.
4. To study the patient level of satisfaction with the different staff in the hospital.
5. To provide the appropriate strategies for patient satisfaction.

6. RESEARCH METHODOLOGY

The research design of this study is descriptive research. The data required for this study has been collected from the primary sources. Initially a Pilot Study is conducted for testing the questionnaires. The pilot survey has helped in making certain improvement in the final questionnaire. A structured questionnaire was then prepared for the respondents in order to collect primary data.

6.1 DATA SOURCE

The sample size is 100 inpatients from various hospitals which have bed facility and operation facilities with 24 hours duty doctor services is considered for analysis. The researcher adopted stratified random sampling method in selection of inpatients of the hospitals. The opinions on the various aspects of the hospital services were gathered using interview schedule from selected patients.

a) Primary Data

The primary data was collected through interview schedule

b) Secondary Data

The secondary data was collected through files, magazines, periodicals and Websites. Apart from that personal discussions with few officials of the concerns also helped to enhance the required information. However, none of the

hospitals allowed to reveal their name and they would always liked to maintain the goodwill they earned through their services.

6.2 Tools of Analysis

The collected data was classified, tabulated and analyzed using simple percentage method. The statistical tool adopted to analyze the data gathered is Chi Square Test and ANOVA.

7. ANALYSIS AND INTERPRETATION

7.1 Satisfaction towards the services in the hospital

Services	Highly Satisfied		Satisfied		Neutral		Dissatisfied		Highly Dissatisfied		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Timely Services	86	71.67	22	18.33	7	5.83	4	3.33	1	.83	120	100
Friendly Approach	30	25.00	67	55.83	13	10.83	6	5.00	4	3.33	120	100
Treatment info / details	33	27.50	36	30.00	38	31.67	8	6.67	5	4.17	120	100
Proper Cleaning & Maintenance of rooms	41	34.17	29	24.17	30	25.00	16	13.33	4	3.33	120	100
Proper Checkup	37	30.83	29	24.17	27	22.50	16	13.33	11	9.17	120	100
Proper Guidelines	42	35.00	22	18.33	26	21.67	20	16.67	10	8.33	120	100
Pharmacy Facilities	33	27.50	38	31.67	25	20.83	16	13.33	8	6.67	120	100
Counseling	32	26.67	42	35.00	24	20.00	17	14.17	5	4.17	120	100
Canteen Food Facilities	32	26.67	31	25.83	26	21.67	23	19.17	8	6.67	120	100
Facilities in the ward	42	35.00	22	18.33	23	19.17	14	11.67	19	15.83	120	100

The above table shows that majority (71.67%) of the respondents are highly satisfied towards the timely services rendered by the hospital followed by more than half (55.83%) of the respondents are satisfied towards the friendly approach services of the hospital, 31.67% of the respondents had neutral opinion towards the treatment info / details, 30% of the respondents are satisfied, 34.17% of the respondents are highly satisfied towards the proper cleaning and maintenance of rooms, 30.83% of the respondents are highly satisfied towards proper

checkup, 35% of the respondents are highly satisfied towards proper guidelines provided by the hospital, 31.67% of the respondents are satisfied towards pharmacy facilities of the hospital, 35% of the respondents are satisfied towards counseling given to the patients by the hospital, 26.67% of the respondents are highly satisfied towards canteen and food facilities provided to the patients by the hospital and finally, 35% of the respondents are highly satisfied towards facilities in the ward provided to the patients by the hospital.

7.2 Rating towards the Attributes

Rating	Excellent		Good		Moderate		Poor		Very Poor		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Rating about the cost factors in the hospital compared to other hospitals	68	56.67	36	30.00	10	8.33	6	5.00	0	0.00	120	100
Rating about the response during admission for treatment	17	14.17	56	46.67	42	35.00	3	2.50	2	1.67	120	100
Rating towards the services rendered by the hospitals	33	27.50	35	29.17	21	17.50	10	8.33	21	17.50	120	100

Source : Primary Data

To sum up, it is inferred that most (56.67%) of the respondents rated excellent towards the cost factors in the hospitals compared to other hospitals, less than half (46.67%) of the respondents rated good towards the response during admission for treatment, 29.17% of the respondents rated good towards the services rendered by the hospitals.

8. FINDINGS

More than half (57.5%) of the respondents are male ,Nearly half (45%) of the respondents belong the age between 25 and 40 years, Maximum (35.83%) of the respondents are having income between Rs.5000 and 15000 ,

34.17% of the respondents are working in private sector, 21.67% of the respondents were retired ,33.33% of the respondents stated treatment as the reason for admission in the hospital. Maximum (38.33%) of the respondents stated diabetes as the type of

treatment that they are undergoing in the hospital. Nearly half (48.33%) of the respondents have selected the hospital for the reputation of the doctors. Most (58.33%) of the respondents did not get any earlier consultancy with other hospitals. 29.17% of the respondents felt very costly towards the cost of the services at the hospital. More than half (55.46%) of the respondents did not have mediclaim card facilities during the time of admission

9. CONCLUSION

If the suggestion and commendation are taken by the Paari hospital into practice. It can be predicted that the hospital will have bright future and so one of the major hospital providing the best facilities.

10. REFERENCES

- 1) Bertakis KD, Azari R. Patient-centered care is associated with decreased health care utilization. *J Am Board Fam Med.* 2011;24(3):229–239.
- 2) Chang JT, Hays RD, Shekelle PG, et al. Patients' global ratings of their health care are not associated with the technical quality of their care. *Ann Intern Med.* 2006;144(9):665–672.
- 3) Chue P. The relationship between patient satisfaction and treatment outcomes in schizophrenia. *J Psychopharmacol.* 2006;20(Suppl 6):38–56.
- 4) Falkenberg K. Why rating your doctor is bad for your health. *Forbes.* Jan 21, 2013. [Accessed June 6, 2013]. Available from:
- 5) Fenton JJ, Jerant AF, Bertakis KD, Franks P. The cost of satisfaction: a national study of patient satisfaction, health care utilization, expenditures, and mortality. *Arch Intern Med.* 2012;172(5):405–411.
- 6) Fisher ES, Wennberg DE, Stukel TA, Gottlieb DJ, Lucas FL, Pinder EL. The implications of regional variations in Medicare spending. Part 2: health outcomes and satisfaction with care. *Ann Intern Med.* 2003;138(4):288–298.
- 7) Glickman SW, Boulding W, Manary M, et al. Patient satisfaction and its relationship with clinical quality and inpatient mortality in acute myocardial infarction. *Circ Cardiovasc Qual Outcomes.* 2010;3(2):188–195.
- 8) Groene O. Patient centredness and quality improvement efforts in hospitals: rationale, measurement, implementation. *Int J Qual Health Care.* 2011;23(5):531–537.
- 9) Institute of Medicine . Crossing the Quality Chasm: A New Health System for the 21st Century. Washington DC: National Academies Press; 2001.
- 10) Lee DS, Tu JV, Chong A, Alter DA. Patient satisfaction and its relationship with quality and outcomes of care after acute myocardial infarction. *Circulation.* 2008;118(19):1938–1945.
- 11) Lembke A. Why doctors prescribe opioids to known opioid abusers. *N Engl J Med.* 2012;367(17):1580–1581.
- 12) Mold JW, Lawler F, Schauf KJ, Aspy CB. Does patient assessment of the quality of the primary care they receive predict subsequent outcomes?: An Oklahoma Physicians Resource/Research Network (OKPRN) study. *J Am Board Fam Med.* 2012;25(4):e1–e12.
- 13) Rahmqvist M, Bara AC. Patient characteristics and quality dimensions related to patient satisfaction. *Int J Qual Health Care.* 2010;22(2):86–92.
- 14) Schneider EC, Zaslavsky AM, Landon BE, Lied TR, Sheingold S, Cleary PD. National quality monitoring of Medicare health plans: the relationship between enrollees' reports and the quality of clinical care. *Med Care.* 2001;39(12):1313–1325.
- 15) Zgierska A, Miller M, Rabago D. Patient satisfaction, prescription drug abuse, and potential unintended consequences. *JAMA.* 2012;307(13):1377–1378.