

# **IMPACT OF PATIENT AND PARAMEDICAL STAFF SATISFACTION FOR ENHANCING THE GROWTH OF HEALTHCARE PROVIDER: A CASE OF NORTH INDIA'S SUPER SPECIALTY HOSPITALS**

**Kumar Shailesh\***, **Ashwani Panesar\*\*** and **Harvinder Singh\*\***

***Abstract:** Patient's satisfaction has been integral to business in healthcare industry. The importance of satisfaction among patients and staff is being realized as benefits accrued from customer loyalty and retention. One of the benefits identified is increased profitability and employee satisfaction.*

*Patient satisfaction survey has a number of advantages that contemporary healthcare providers recognize. Patient/customer satisfaction surveys are not only tools of inviting patients to express their opinion, they are also opportunities to invite patients to learn new information about companies or healthcare organizations, such as innovations or changes, and vehicles of establishing customers' viewpoints. Patient satisfaction is related to the extent to which general health care needs and condition specific needs are met. Evaluating to what extent patients are satisfied with health services is clinically relevant, as satisfied patients are more likely to comply with treatment, take an active role in their own care, to continue using medical care services and stay within a health provider (where there are some choices) and maintain with a specific system. In addition, health professionals may benefit from satisfaction that identify potential areas for service improvement and health expenditure may be optimized through patient-guided planning and evaluation.*

***Keywords:** Patient satisfaction, healthcare, evaluation, patients, reliability*

## **1. INTRODUCTION**

The cost of providing health care is escalating at an alarming rate. With challenges ranging from rising malpractice costs to physician turnover, medical practices must maximize resources and make tough choices in order to remain profitable. It is precisely these challenges that make improving patient satisfaction so critical. Important ways

---

\* Assistant Professor and Medical Tourism expert, School of Business, Lovely Professional University, E-mail: Shaikum\_tripathi@yahoo.com

\*\* Assistant Professor, School of Business, Lovely Professional University, E-mail: ashwani.panesar@lpu.co.in; harvinder.17018@lpu.co.in

to improve patient satisfaction are the reducing of malpractice costs, the decreasing patient defections, the decreasing negative word-of-mouth advertising and the increasing patient referrals. In addition, improving patient satisfaction leads to increased productivity. Physicians and staff often spend a lot of time reacting to complaints and dealing with non-compliant patients, which negatively impacts office efficiency. By contrast, satisfied patients are easier and more rewarding to care for, take up less physician and staff time and are more compliant. Improved patient satisfaction decreases the length of patients' visits and wait times, reduces treatment costs and increases patient volume. The issue of patient/customer satisfaction has gained increasing attention from executives across the healthcare industry. The measurement of patient satisfaction through patient satisfaction surveys has helped organizational leaders incorporate patient perspectives as a way to create a culture where service is deemed an important strategic goal for healthcare facilities. However, despite their many efforts and successes with satisfaction measurement, evidence shows that more work in this area is still needed. One of the primary challenges has been in sustaining patient/customer satisfaction improvement initiatives in the face of competing priorities and diminishing resources. Patient complaints have a long history of use in the health system as a measure of dissatisfaction, but it is only in recent decades that formal patient satisfaction surveys have been used as a measure of the quality of care, and a link between this measure, and patient safety, has been made. The measurement of patient satisfaction and complaints is an attempt to capture elements of the quality care against patient expectations. These elements include: the art of care (caring attitude); technical quality of care; accessibility and convenience; finances (ability to pay for services); physical environment; availability; continuity of care; efficacy and outcome of care. Patient satisfaction surveys and patient complaint letters are widely used in health systems across the world. The tools themselves vary both in type (survey, questionnaire, critical incident technique) and focus. Patient satisfaction surveys and patient complaint data can be easily integrated elements of clinical practice improvement programs. Their effectiveness depends on their construction and applicability to the service.

#### **PATIENT AND STAFF SATISFACTION EVALUATION**

The satisfaction of the patients is an adjusted way of measurement for the efficiency of the healthcare providers. In addition a large number of researchers claim that evaluation of satisfaction is an important tool for research, management and design of the provided healthcare services, since the information feedback by the patients can be used systematically in choosing alternative organization methods or providing healthcare. The measurement of patient satisfaction is based on researching various aspects of health and therefore should not be considered only as a marker for the quality of provided services but as the purpose of any modern health care system for its improvement. Patient satisfaction appears to be a useful indicator that provides a direct indication of the quality of health services. Therefore should be measured

frequently, so as to develop a modern plan for improving the health system. The satisfaction of users is a very important part of any clinical practice, it is therefore imperative that research is often carried by in order, to deliver better quality services.

Additionally, private companies successfully use the method of research for improving services or products, thus, in the same way can be used successfully, despite the current criticism, satisfaction survey of health services and to become a useful tool in orientation of the health system to the citizen-user of health services. Taking into account the shift to consumerism, which is observed in all public and private services, patients are treated either as health care consumers, or as users of health services and their rights are recognized, as well as their need to participate in decision-making, planning and implementation of healthcare policies . Under this framework, information is collected from user's health services, the patient, in order to highlight any issues relating to quality of clinical, medical and administrative activities. In detail, through the patient satisfaction surveys the desires of patients are studied and through their priorities the services are evaluated and problems or deficiencies emerge of the health system, with the ultimate goal being to design and implement all necessary changes that will lead to the rebirth and thus on improve the quality of services.

Evaluations of user-patients may be subject to education on the staff of a health care both for their achievements, and failures, helping them to better meet the needs of their patients. The assessment, which derives from the patients, may propose guidelines to improve attitude of health professionals to better serve patients and thus improve the level of satisfaction of health services. Satisfying patients is influenced by various factors, for example, they need to be satisfied with physicians, treatment, equipment operator and generally with conditions. It is also affected by the knowledge that they themselves have for mainstream health services. Research results indicate that patients recover more quickly satisfied and are hospitalized for a shorter time compared to those that are not satisfied. Even the research process for measuring satisfaction has positive results, as it has been shown to increase patient satisfaction and encourage their active participation. Therefore, patient satisfaction evaluation should be done at regular intervals for the evaluation and improvement of service . However, despite the importance and great interest of researchers to measure satisfaction of health services users, and the increasing number of efforts made in recent years to improve and establish credible measuring tools, it is not easy to implement commonly accepted methodological tools and models for measuring patient satisfaction

### **3. OBJECTIVES OF PATIENTS/STAFF SATISFACTION**

In recent decades, most industrialized countries have understood the importance of patient satisfaction evaluation, if the international bibliography is a reliable indicator for the evaluation of health policies and is directly related with adequate satisfaction of general, and special health needs, providing them at the same time, with important information for the health unit management, concerning the efficiency of its staff.

About the technical quality indicators, such as eligibility criteria or custom models results, the data on patients' satisfaction is easy to assemble, but difficult to interpret, due to which many health organizations are tempted to stop at the first step, collection. Because the goals and values of patients vary greatly and should be satisfied, the fact that it is not predictable based on the demographic data and their disease only, but many times are subject to change, the only way to determine what patients want and if their needs are met or not, is to ask. In this perspective, the aspect of care "through the eyes of the patient" is a moral and professional imperative. Health organizations today operate in a very competitive environment where patient satisfaction is an important key to maintaining a market share of the health services. The ability to satisfy the patients is vital for various reasons. First of all, it is useful, especially for healthcare organizations, to create healthcare services oriented to the patients, which are characterized by high quality, instead of focusing only to the disease of the patient. Patient satisfaction is also a valuable competitive tool for the health authority, to increase the staff's efforts. Recent studies have shown that patient satisfaction may drastically improve their life quality. The unsatisfactory levels of patient satisfaction, may deny approval of the health programs by certifying bodies or funding. Consequently, various health plans will lack to this important competitive advantage. Additionally, patient satisfaction surveys are the main sources of feedback from patients about health services. They can be used as tools for market making services by patients, affect decisions regarding the restructuring of provision services, as well as be used to assess the impact of various policy changes of the health services. Specifically, the incorporation of a sound-designed, robust and reliable program to measure patient satisfaction, in a healthcare service, is necessary and has positive effects on patients, health professionals, and by extension to the healthcare system.

#### DEMOGRAPHICS OF PATIENTS UNDER STUDY

<i>Demographic data of Medical Tourists</i>		<i>No. of Respondents(patients)</i>	<i>Percentage</i>
Gender	Male	191	76.4 %
	Female	59	23.6%
Age	Under 20	8	3.2%
	21-30	23	9.2%
	31-40	56	22.4%
	41-50	133	53.2%
	51-60	26	10.4%
	60 & Above	4	1.6%
EducationalLevel	Matriculation	9	3.6%
	Graduate	189	75.6 %
	Post Graduate	52	20.8 %
Profession	Business/family business	207	82.8 %
	Service personnel	43	17.2 %

**Interpretation Table 6.1:** Among the total 250 patients surveyed, 191(76.4%) patients were male and 59 (23.6%) female. Highest number of patients visited as medical

tourists in northern India were in the age group of 41-50 (53.2%). Another interesting fact revealed was large number i.e. 75.6% of patients visited northern India were Graduate and 20.8% were Post graduate. Very large number 207(82.8%) out of 250 patients visited north India for medical tourism was running a business or family business. Among the Medical tourists visited north India only a few 43 (17.2%) were into service as career.

### Research methodology

This is an exploratory study carried out in the northern India. The study covers the major five chains of hospitals in northern India. Major hospital under the study is Fortis, Max healthcare, Medanta Medicity, Apollo, Sir Ganga Ram hospital, AIIMS, PGI Chandigarh. Structured questionnaire were prepared separately for the patients and staff. Patients and staff were contacted personally and responses were recorded. Responses recorded were analyzed through the SPSS software.

### CLINICAL VARIABLES

1. Behavior of the staff
2. Medical services:
3. Interpreter services and concern:
4. Medical cost and concern
5. Medical care

**Total Variance Explained**

Component	Initial Eigen values			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.547	27.28	27.28	3.547	27	27.28	2.627	20.21	20.21
2	3.048	23.45	50.73	3.048	23	50.73	2.528	19.44	39.65
3	1.434	11.03	61.76	1.434	11	61.76	2.32	17.84	57.49
4	1.208	9.296	71.06	1.208	9.3	71.06	1.735	13.34	70.84
5	1.084	8.338	79.4	1.084	8.3	79.4	1.113	8.561	79.4

**Interpretation:** The above table indicates that there were total thirteen parameters of non clinical variables. Behavior part of medical and other staff were rated very high. Pick and drop facility, competency of doctors and quickness of services were rated. Patients were found to be very happy.

### Factor analysis of Clinical factors

1. Clinical infrastructure and
2. Sanitation

**Total Variance Explained**

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4.1	59	59	4.12	58.8	59	3.64	52.1	52.1
2	1.2	17	76	1.2	17.2	76	1.68	24	76

Extraction Method: Principal Component Analysis.

**Interpretation**

The above table indicates that there were only two parameters which were significant among the clinical variables. The two variables which were under consideration were clinical infrastructure and sanitation facility. The percentage of variance for Infrastructure facility was 52.1% and for the sanitation facility was 24%. The preferable percentage was higher for the sanitation facility.

**Patients and hospital staff preferences regarding healthcare providers****1. Patients opinion regarding hospital under study:**

Name of the hospital	Infra structure of the hospitals	Care by hospital	Patients experience	Cost saving	Medical/ non-medical staff behavior	Hospitals preferred by the patients	Mean
Apollo, New Delhi	5	4	5	4	5	5	4.67
Fortis, New Delhi	5	5	5	4	5	5	4.84
Max-heathcare, saket New Delhi	4	3	3	4	4	3	3.5
Sir Ganga Ram hospitals, New Delhi	3	2	2	3	3	3	2.67
Moolchand hospital, New Delhi	3	3	2	3	2	3	2.67
Medanta, Gurgaon	5	5	4	4	5	5	4.67
Dayanand Medical College & hospital, Ludhiana	4	3	3	3	3	3	3.17
Fortis, Mohali	4	3	4	4	4	4	3.84
AIIMS, New Delhi	3	2	3	5	3	3	3.17
PGI Chandigarh	4	4	3	5	4	4	4
Mean	4	3.4	3.4	3.9	3.8	3.8	.....

(It is a graphical representation of patients/companion and hospital staff responses regarding preferences and friendly working conditions)

**Interpretations**

Among all the categories referred by the patients/ companion the highest average was for the, Fortis, N. Delhi Hospital followed by Medanta (Gurgaon) and Apollo, New Delhi. Two hospitals under the study Sir Ganga Ram and Moolchand hospitals have been rated as below average by the Medical tourists. Best facility rating by the

patients were the infrastructure and cost saving. Hospital preference in northern India was by and large near the infrastructure and cost saving. Care by the hospital and patient experience is an important area of improvement.

## 2. Summary of Hospital Staff Responses

<i>Hospital Name</i>	<i>Proper salary</i>	<i>Care by the hospital</i>	<i>Healthy management practices</i>	<i>Employees development</i>	<i>Job security</i>	<i>Mean</i>
Apollo, New Delhi	5	4	4	5	5	4.6
Fortis, New Delhi	4	5	5	4	5	4.6
Max healthcare, Saket- New Delhi	3	4	3	3	3	3.2
Sir Ganga Ram hospital	4	3	3	3	4	3.4
Moolchand Hospital, New Delhi	4	3	3	3	3	3.2
Medanta, Gurgaon	5	4	5	5	5	4.8
Fortis, Mohali	3	4	4	3	3	3.4
DMC, Ludhiana	4	3	4	3	4	3.6
AIIMS, New Delhi	5	3	4	3	5	4.0
Post Graduate Institute, Chandigarh	5	3	3	3	5	3.8
<b>Mean</b>	<b>4.2</b>	<b>3.6</b>	<b>3.8</b>	<b>3.2</b>	<b>4.2</b>	<b>....</b>

(Source: Primary data)

### Interpretation of Staff Responses

Top rating Staff responses were highly motivating and favorable for the Medanta hospital (Gurgaon) with the mean value of 4.8, followed by the Apollo and Fortis hospital, New Delhi. Among all the ten hospitals job security (mean value 4.2) and salary (mean value) was rated as highest agenda in the mind of employees for preferring a hospital to work with followed by proper salary and healthy management practices. Max healthcare, Saket New Delhi and Moolchand Hospital was rated as least employee friendly hospital having the mean value of 3.2 among all ten hospitals followed by Sir Ganga Ram, N. Delhi and Fortis, Mohali. Employee's development and care for employees in the hospitals are a matter of great concern, showing lower mean values of 3.2 and 3.4. This is an opportunity must be considered by the hospitals to grow as hot medical tourism destination as we are operating in a global competitive atmosphere.

### CONCLUSION

The overall study on Medical tourism provides favorable responses by patients and companion. But there are hospitals in northern India who did not get fair responses of the patients. In the ever changing global society and living standard there is an urge of quality in services. The big opportunity is knocking the door of India. Healthcare providers need to understand the need of the hour to take stock of every stake holders. It would be challenging to achieve coveted goal of first line destination of medical tourism without the support of patients and employees. This can be only achieved by creating and implementing an integrated effort of healthcare providers and government.

### References

- Asian medical tourism analysis (2008–2012), New Delhi: RNCOS Industry Research Solutions.
- Begde, P. (2008), *Opportunity and challenges for Medical tourism in India*.
- Chakravarthy, K. Ravi Kumar, C.H. and Deepthi, K. (2008), *SWOT Analysis on Medical Tourism*.
- Chalie C. (1987), *Costs of health care services of public hospital: the case study of four hospitals in Bangkok*: Chulalongkorn University.
- Confederation of Indian Industries (2010), *“India has the great dreams, no pathway for reality”*.
- Hazarika I. (2008), *The potential effect of medical tourism on health workforce and health systems in India*. Asia Pacific Action Alliance on Human Resources for Health.
- Healthcare Services Working Group (2002), *Developing Singapore as the compelling hub for healthcare service in Asia*. Singapore: Ministry of Trade and Industry.
- Leng CH (2007), *Medical tourism in Malaysia: international movement of healthcare consumers and the commodification of healthcare* (Working Paper Series No. 83) Singapore: Asia Research Institute.
- Pachanee CA, Wibulpolprasert S (2006), Incoherent policies on universal coverage of health insurance and promotion of international trade in health services in Thailand. *Health Policy Plan 2006*.
- Pananiramai M, Sooksirisereekul S (1996), *Projection of illness patterns and demand for doctors*. Bangkok: Thailand Development Research Institute.
- Ramírez de Arellano AB (2007), Patients without borders: the emergence of medical tourism. *International Journal of Health Service*.
- Research Methodology (2005), by RC kothari.
- Thermal P (2009), *Indian government all set to boost medical tourism*.
- Vikah Choudhary (2010), *Business of Tourism*.
- David Riesman (2010), *Health Tourism*.
- Raj Pruthi (2006), *Medical Tourism in India*.