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## Research Article

### A CROSS SECTIONAL STUDY OF PATIENT PERCEPTION ON THE QUALITY OF HEALTH CARE SERVICE AT A TERTIARY CARE TEACHING HOSPITAL IN GUJARAT

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#### ABSTRACT

**Objective:** The objective of this study is to measure the perception about the health-care provided to the indoor patients in a tertiary care teaching hospital in Gujarat with reference to 7 important parameters of Tangibles, Communication & Behaviour, Responsiveness, Empathy, Reliability, Accountability and Assurance.

**Material & Method:** The cross sectional study was carried out using a structured 25 item questionnaire with responses recorded on a 5 point Likert scale, using convenience sampling selection method on a 100 Indoor Patients.

**Results:** Patients were having good perception and satisfaction about Infrastructure and facilities provided (60%), Accountability of the hospital (73%) and the Reliability (60%). However they were not satisfied with the Communication & Behaviour (54%), Responsiveness (88%), Assurance (57%) and Empathy of the healthcare providers (62%).

**Conclusion:** The hospital administration should pool resources to priority areas of Communication & Behaviour, Responsiveness, Assurance and Empathy in order to satisfy the patients.

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#### INTRODUCTION

The National Health Policy 2017 aims for attainment of the highest possible level of health and well-being for all at all ages, through a preventive and promotive health care orientation in all developmental policies. Tertiary Care teaching Hospitals or Medical College Hospitals are the Institutions of highest referrals and also centres for research activity in medical field. In a country of 1.34 billion Indians, with a sizable below poverty line population the 460 medical college hospitals in India contribute significantly to the overall health care service in India. The challenge is to provide effective healthcare, utilizing the limited resources and therefore the quality of health care service needs to be improved. It is important therefore for the hospital administration to take feedback from patients about their perception on the health care services. An analysis of this perception of hospital service, will help identify the priority areas for judicious resource allocation and identify the loopholes that need to be plugged. As health care service is unique because the consumers are always in a state of stress and the intangible nature of service provided is high. There are a number of studies on 'patient satisfaction' and all the studies conclude that the

human satisfaction is a complex concept that is influenced by lifestyle, socio-economic condition, educational level, past experience, and expectations. Due to the subjectivity of services and intangibility it is difficult to quantify satisfaction level of patients, but studying the 'perception' regularly as a feedback will be beneficial. This feedback is mostly taken at the corporate hospitals or Quality driven private hospitals that cater to the affording strata of the society. The Medical College Hospitals do not regularly carry out this activity, and therefore it is a vicious negative cycle that is created. The service providers i.e. Doctors, Nurses and hospital administrators are not aware of the perception of the patients and are misled by the sheer statistics of their O.P.D. and Indoor bed occupancy that they often conclude wrongly, that they are providing the best services. Whereas the poor patients do not have a choice but to take treatment at these hospitals, because services are free or affordable and so they compromise on their expectations. Medical College Hospitals are mostly managed by government or semi government agencies, or private trust organizations who have charity as their purpose and are always 'not for profit' organizations. It is therefore sincerely felt that the study of patient perception in these organizations will be a very useful

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exercise. The perception of the patients would essentially depend on the service quality and the classical tool used to measure service quality is the SERVQUAL model developed by Parasuraman *et al* (1988). The initial ten dimensions that were believed to represent service quality were Competence, Courtesy, Credibility, Security, Access, Communication, Knowing the customer, Tangibles, Reliability and Responsiveness. The ten initial dimensions were reduced and the labels amended to accurately reflect the revised dimensions of 'RATER' or Reliability, Assurance, Tangibles, Empathy and Reliability. However the authors feel that the Communication and Accountability Dimensions were very important for health care service so we use 7 dimensions in this study. The gap analysis model suggested by Parasuraman *et al* (1988) measures the Expectation and the Perception and the service quality as  $SQ = P - E$  where; SQ is service quality P is the individual's perceptions of given service delivery, E is the individual's expectations of a given service delivery. However in this cross sectional study we study only the perception.

### Aims and Objective

To study the perception of the patients admitted in a tertiary care teaching hospital, in Gujarat, regarding 7 dimensions of health care service:- 1. Infrastructure and facilities provided 2. Communication & Behaviour of the providers 3. The Responsiveness of the providers, 4. The Assurance felt by patients in the hospital, 5. The Accountability of the hospital 6. The Reliability of the Hospital and 7. The Empathy the providers have towards the patients.

## MATERIAL AND METHOD

The present cross sectional study was conducted among the indoor patients of a tertiary care teaching hospital. The institutional ethics committee had permitted the study by approving the methodology. A patient who was admitted in any general ward for more than 3 days and was above 18 years of age was included in the study. Patients with serious physical or mental diseases such as terminal illness, psychosis or intensive care were excluded. The data was collected by primary method by using a structured questionnaire and response was recorded by 5 point Likert scale. The sampling design was convenience sampling and a sample of 100 indoor patients in the various clinical departments of the hospital were studied. The questionnaire tool had 25 statements and was administered by medical student volunteers developed and trained by the authors. The patient's consent was always taken before the questionnaire was administered. An average of 15 minutes was taken for each interview. The 25 statements or questions of the tool were grouped into 7 categories of Tangibility, Communication, Responsiveness, Empathy, Reliability, Accountability and Assurance. Tangibility means the appearance of physical facilities, equipment, personnel and communication materials, Communication means both informing customers in a language they are able to understand and also listening to customers. Responsiveness means the willingness to help customers and to provide prompt service. Assurance represents the knowledge and courtesy of employees and their ability to convey trust and confidence.

**Table 1** The percentage of patient's responses to each item on the likert scale

Dimension 1 –Tangibility		1	2	3	4	5
1	Sign Boards in local language to guide the location of every department is displayed.	0%	5%	8%	73%	14%
2	Cleanliness and hygiene inside the hospital building, of toilets, is excellent.	0%	45%	32%	18%	5%
3	The Rest / Waiting area and facility for relatives are adequate and comfortable.	12%	22%	36%	23%	7%
4	Drinking water facility for patients/ relatives is provided adequately in hospital.	21%	18%	12%	32%	17%
5	The Doctors, Nurses & Staff of hospital are well-groomed and dressed very neatly.	3%	21%	33%	40%	3%
6	The Medical Equipments are latest and well maintained.	5%	14%	22%	43%	16%
7	Patient Transport facility within hospital (Stretchers & Wheel Chairs) is adequate.	32%	21%	22%	11%	14%
8	Adequate number of Ambulances are available	5%	11%	23%	36%	25%
9	The hospital is well lighted & ventilated.	2%	16%	22%	35%	25%
10	The hospital building layout is such that it is easy to find and reach any department.	11%	43%	23%	17%	6%
Dimension 2- Communication						
11	The Doctors & Nurses explain about the health condition, diagnosis and treatment to the patient and attendant/relative, politely and in understandable way.	13%	11%	23%	43%	10%
12	The Doctors & Nurses take polite permission and consent before any examination or procedure.	15%	43%	33%	4%	5%
13	The patient or relative can easily make suggestions for improvement to the administrators	15%	17%	33%	21%	14%
Dimension 3 – Responsiveness						
14	Doctors, Nurses, Staff respond immediately when called by patient.	23%	33%	36%	7%	1%
15	The waiting time for consultation in OPD is reasonable.	27%	34%	31%	3%	5%
Dimension – Empathy						
15	Doctors, Nurses and Staff are able to understand and share the feelings of patient.	12%	23%	28%	32%	5%
17	Nurses are able to understand and share the feelings of patient.	34%	21%	26%	10%	9%
18	The Doctors, Nurses and Staff are listening attentively to the complaints of the patient.	27%	24%	17%	25%	7%
Dimension - Reliability						
19	Treatment is provided at the time communicated to patient.	23%	33%	17%	18%	9%
20	Pathology Laboratory gives Reliable Reports	10%	11%	6%	37%	36%
21	The Radio-diagnosis facility (X Ray, C T Scan, USG, MRI) gives Reliable Reports	8%	11%	34%	44%	3%
Dimension 6- Accountability						
22	The doctors prescribe only those medicines that are required.	19%	26%	33%	12%	10%
23	The hospital gives due receipt of all the charges taken from patient.	0%	0%	0%	0%	100%
Dimension 7- Assurance						
24	The doctors, Nurses and Staff are experienced and well trained to do the treatment.	13%	45%	32%	3%	7%
25	The charges taken by hospital are reasonable.	9%	15%	23%	44%	9%

Accountability or Credibility includes factors such as trustworthiness, belief and honesty. It involves having the customer's best interests at prime position. Reliability is the ability to perform the promised service in a dependable and accurate manner and Empathy was the provision of caring, individualized attention to customer.

## RESULTS

The study included 56% male patients and maximum number of patients was in the age group of 50 and above. Demographic data consisted of marital status and 86% of patients were married. The socio-economic status was also recorded and most patient 67% were of Lower middle class. The percentage of patient's responses on the likert scale is tabulated in Table 1.

Data was entered in Microsoft excel sheet. The responses of likert scale was analysed and 'Unsatisfactory' category was decided as sum of 'Strongly Disagree' and 'Disagree' responders, while 'Satisfactory' category was decided as sum of 'Strongly Agree' and 'Agree' responders and neutral responders were not considered. The 25 questions represented groups of 7 parameters and therefore the average of the Satisfactory Responders were compared to unsatisfactory responders to obtain the final results as shown in table 2.

**Table 2** Percentage of Satisfactory & Unsatisfactory Responders for each Dimension

Parameter	Unsatisfactory	Satisfactory
1 Tangibles	40%	60%
2 Communication	54%	46%
3 Responsiveness	88%	12%
4 Empathy	62%	38%
5 Reliability	40%	60%
6 Accountability	27%	73%
7 Assurance	57%	43%

Regarding the perception on Infrastructure and facilities provided 60% were satisfied. 54% of the patients found Communication & Behaviour of the providers as unsatisfactory. The responsiveness of the providers was found to be Unsatisfactory by 88% and the Assurance felt by patients in the hospital was 57% unsatisfactory. The Accountability of the hospital was perceived by 73% as satisfactory and the Reliability of the Hospital was also perceived by 60% as satisfactory. The Empathy the providers had towards the patients was found to be unsatisfactory by 62% of patients.

## DISCUSSION

Hospital is a service industry where the health care is the service provided and the patient and their relatives are the consumers of this service. It is therefore desirable for a hospital administrator to manage the hospital's health care services to the maximum satisfaction of the patients. The study was carried out in a teaching hospital which was also the only tertiary level health care organization in the entire district.

Regarding the perception on tangibility, Infrastructure and facilities provided 60% patients were satisfied. This clearly implies that the hospital's building is patient friendly and facilities for patient convenience is adequate and appreciated. Good infrastructure eases the flow of patients from one department to another and good ancillary services make the patient and their attendants comfortable. A pleasing peaceful environment adds to the healing process and therefore most of

the corporate hospital buildings today are seen as state of art creations. The hospital studied was already having adequately satisfactory infrastructure and therefore this area was not recommended as a priority.

54% of the patients found Communication & Behaviour of the providers as unsatisfactory. Medical Council of India has also taken a step forward in this regard by proposing new teaching-learning approaches including a structured longitudinal program on attitude, communication, and ethics which is known as the attitudinal and communication (ATCOM-2015) competencies. It offers a framework of competency-based learning in the ATCOM domains that a medical professional must possess at the time of graduation to effectively fulfil the functions of Indian Medical Graduate as a clinician, leader and member of health-care team and system, communicator, lifelong learner, and a professional. "Medicine is an art whose magic and creative ability have long been recognized as residing in the interpersonal aspects of patient-physician relationship." (Hall *et al* 1981). Good doctor-patient communication has the potential to help regulate patients' emotions, facilitate comprehension of medical information, and allow for better identification of patients' needs, perceptions, and expectations. (Brédart *et al* 2005)

The responsiveness of the providers was found to be Unsatisfactory by 88%. In a similar study especially on responsiveness Javadi *et al* (2011) opine that Public hospitals, in spite of their high costs, had a worse situation about responsiveness; the improvement of this situation necessitates managerial policies. The responsiveness model accepted by the WHO has 8 elements of Dignity, Autonomy, Confidentiality, Communication, Access to social support networks, Quality basic amenities, Choice of health care provider and Prompt attention. (Silva1997). The administration of the hospital urgently needs to address these issues in the hospital.

Assurance felt by patients in the hospital was 57% unsatisfactory. In 1999, the Institute of Medicine (IOM) shocked the nation with its report, *To Err Is Human*, which estimated that up to 98,000 people die in the USA because of medical errors each year. (Kohn LT *et al* 1999). The term "quality assurance" is an obvious extension of assurance which means maintaining a high quality of health care by constantly ensuring the effectiveness of the organization. It is a way of preventing mistakes in service and avoiding problems when delivering services to customers or patients. The hospital administrators should take urgent steps to improve the health care delivery system to assure the patients about the effective and error free service.

The Accountability of the hospital was perceived by 73% as satisfactory. Accountability entails the procedures and processes by which hospital justifies and takes responsibility for its activities like treatment outcomes and patient safety. The transparency of the hospital and providing receipts promptly for all financial transactions have made the patient feel that hospital is accountable.

Reliability of the Hospital was also perceived by 60% as satisfactory. Patients trust the doctors and nurses and are assured of best, safe and accurate treatment for them. The patients have chosen this hospital over other options because of the faith and trust they have on the doctors and nurses. The hospital should further upgrade its systems to become a high reliable

organization where- systems are in place that make them exceptionally consistent in accomplishing their goals and avoiding potentially catastrophic errors. The five traits of high reliability organizations: sensitivity to operations, reluctance to oversimplify the reasons for problems, preoccupation with failure, deference to expertise and resilience. (Molly 2013)

The Empathy the providers had towards the patients was found to be unsatisfactory by 62% of patients. Empathy is where one identifies with another's feelings. It involves compassion and the ability to understand and respond to the feelings of others. Often, an empathetic response leads to a caring response. Empathy is an emotional experience between an observer and a subject in which the observer, based on visual and auditory cues, identifies and transiently experiences the subject's emotional state. (Buie 1981)

The results are a very important feedback for the organization.

## CONCLUSION

The tertiary care hospital satisfies its patients on the parameters of Infrastructure and facilities, Accountability and Reliability. However it fails to satisfy its patients with regards to Communication & Behaviour of the providers, responsiveness of the providers, Assurance felt by patients in the hospital and Empathy. The hospital administrators should pool their resources in these priority areas to achieve best outcomes for the hospital.

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