

A STUDY OF INPATIENT AND OUTPATIENT SATISFACTION IN PRIVATE HOSPITALS: A CASE STUDY IN AN UPAZILLA AREA, BANGLADESH.

Dr. Parvez Abdulla

Associate Professor, Department of Management Studies, Baba Ghulam Shah Badshah University, Rajouri, J & K, India.

Farzana Tabassum Rimu

*MPhil scholar, Department of Management Studies, Baba Ghulam Shah Badshah University, Rajouri, J & K, India.

*Lecturer, Department of Business Studies, Britannia University, Cumilla. Bangladesh.

Najam Rouf

PhD. Scholar, Department of Management Studies, Baba Ghulam Shah Badshah University, Rajouri, J & K, India.

Abstract

Health care system in the world is moving from product-centered to customer-centered. In this regard, patients' satisfaction is an essential component of quality assessment. Quality care is one of the central dimensions of public health. Good quality care needs to be delivered at the earliest and at the proper time. Quality care can be divided by measurement into structure, process and outcome. A patient's satisfaction may not be totally influenced by the quality of care and the quality of physician available, but it reflects how medical care has been delivered. Although, their main expectation is getting cured and going back to their work, but there are other factors, which affect their satisfaction. To provide the highest level of satisfaction that is profitable to both the patient and the provider, management must control both the perception of expectation and the quality of delivery of the healthcare services. It is very obvious that patients must be satisfied while in or out of the hospital. So, patient satisfaction is an internationally accepted factor which needs to be studied repeatedly for the smooth functioning of the hospital's/healthcare systems. It is expected that continuous monitoring of expectations of indoor and outdoor patients will help an evaluation of care of hospital services from feedbacks provided by patients. The current study is specifically useful for the assessment of the Bangladeshi health care system because the system is commonly allied with a lack of patient/ customer satisfaction especially for private hospitals. The purpose of the study is an attempt to assess the level of satisfaction among inpatients and outpatients from the perspective of different dimensions such as information, order taking, billing, payment, consultation, hospitality, safekeeping and exceptions. The present study Yet, the findings of the survey are quite helpful if they are transformed into actions for improving the quality of health care.

Keywords: Inpatient and outpatient, health care services, patient satisfaction

Introduction

According to some researchers, true level of service quality can be quite low (or high) the main key is how consumers perceive the quality of service and the efficiency of the health care. Consumer satisfaction appears to be a major device in order to take critical decisions in the health care services. Service providers, as a matter of fact, take the satisfaction of customers into account as a main goal of the strategies of their firms (Zeithaml & Bitner, 2000). Parasuraman et al. (1985) defined service quality as the difference between predicted or expected service (customer expectations) and perceived service (customer perceptions). The medical services are the main product that are offered to alongside core medical services. Medical services can be classified as follows: 1. Emergency, 2. Out-Patient, 3. In-Patient, 4. Intensive Care, 5. Operation. The future healthcare environment is likely to be characterized by more competition; tighter margins; more diverse, better informed, and more demanding consumers; demands for accountability; and growing labor shortages, (T.Sreenivas, et. Al. 2013). Outpatient facility services are services provided by an acute care hospital, a psychiatric hospital, an ambulatory surgical center (ASC) or other treatment room setting (including certain types of clinics) to individuals who are registered as patients with the facility but not admitted as inpatients. Therefore, the basic aim of the present study is to find out the inpatient and outpatient satisfaction based on the petals of flowers of services. Based on the literature, there is no such type of study in Bangladesh concerning patient satisfaction, especially with respect to the following healthcare services, such as information, order taking, billing, payment, consultation, hospitality, safekeeping and exceptions. This study assesses Private Hospitals of Laksham Upazilla, Cumilla, District of Bangladesh. The current study is specifically useful for the assessment of the Bangladeshi health care system because the system is commonly allied with a lack of patient/ customer satisfaction especially for private hospitals.

Patients satisfaction

Previous studies in health care have focused upon analysis of customer satisfaction surveys to assist management in the application of service models to improve service delivery for patients as well as operational efficiency (Descombe and Eccles 1998; Fottler et al. 2006; Randall and Senior 1994). Yet it is suggested that patients are often more concerned with how they are spoken to and communicated with rather than with elements of their medical care (Patten 1994). Add to this fact, it is reported that more than one-third of the patients are dissatisfied with the service they receive from different health care facilities (Biresaw H et. al. 2021). Patients do not only evaluate their clinical results but instead assess and remember hospital experiences as a whole rather than as separate services (Kelly et al., 2016; Poksinska et, al. 2017). Service providers can significantly enhance the quality of patients' experiences by expressing positive attitudes. Patients' satisfaction levels are influenced by health professionals' emotional support and in-person interactions. However, the way that each patient gets pleasure from the same hospital experiences is always different since satisfaction has been shown not to be a universal phenomenon. The hospital staff's perceptions of patient satisfaction thus may or may not correspond to the reality of each situation (Hartwell et al., 2006).

Flower of Service

According to Flower of Service concept the interaction between supplementary services existing in the form of facilitating services and enhancing services within the core product. The concept presents the facilitating services and enhancing services within the scope of their interaction to complete service marketing goals by Lovelock & Wirtz (2011). Supplementary services can be classified into eight clusters in two categories which include:

- a) Facilitating services: Information, Order taking, Billing, Payment.
- b) Enhancing Services: Consultation, Hospitality, Safekeeping, Exceptions.

Literature Review:

Naipaul & Parsa (2000), investigated Supplementary services as a differentiation strategy of Lovelock's model on tourism. This paper contends that supplementary services add value to core services, which gives firms competitive advantage over their competition. They were to rate the host-city on several criteria including overall satisfaction, meeting their expectations, and satisfaction with the hospitality and non-hospitality services.

Sandro Magaldi and Edson Crescitelli (2008) discussed on their research about the importance of supplementary services in the service sector on customer satisfaction. It was investigated with a theoretical review about rendering services and customer satisfaction. Results obtained indicated that the influence of supplementary services is strongly related to overall customer satisfaction with the service rendered by any institution.

Zaim, Bayyurt and Zaim (2010) analyzed the service quality and determinants of customer satisfaction in Turkish hospitals. To gather the idea of the influence of quality of service on the customer satisfaction within private hospitals, data for this study was gathered using a questionnaire that was distributed to 400 patients in 12 hospitals. Tangibility, reliability, courtesy and empathy were important criteria for customer satisfaction in this study, the responsiveness, and assurance factors were not identified as direct determinants of service quality.

Clara Mayer (2011) found in the research how strong a defect of the core or supplementary services influences customer satisfaction. This question is essential to be answered for hospitality managers in order to know which parts of the service are most important to the customers with the aim of improving the offering and consequently increasing customer satisfaction. Several services including the aspects of 'flower of service' which offers a detailed explanation of the core and supplementary services.

Nazia S, Ekta Sarda (2014) studies analytically about online appointment scheduling system for hospitals. Many factors affect the performance of appointment systems which include arrival and service time variability, patient and provider preferences etc. Thus, a proper scheduling system has to developed by considering all these factors which will increase patient satisfaction. This paper focuses on detailed study of online appointment scheduling system with architecture and merits. The finding of the study is that, compared to the usual queuing method, the web-based appointment system could significantly increase patient's satisfaction with registration and reduce total waiting time effectively.

Tarabieh & Ahmad (2015) performed pilot survey in their study about the synergistic impact of customer orientation and supplementary services on competitive advantage and organizational performance. It is claimed on the study that banks can enhance their competitive advantage through using additional resources and providing supplementary services together with customer orientation.

Kabatooro et. Al. (2016), investigated on patient satisfaction with medical consultations among adults attending Mulago hospital assessment center. This was a quantitative descriptive cross-sectional study where 384 respondents were interviewed using a structured questionnaire adapted from the Medical Interview Satisfaction Scale (MISS-21) with a four-point Likert scale. Patient satisfaction was measured using four dimensions namely: information provision, clinicians' communication skills, perceived consulting time and patient's confidence in the clinician. Respondents' mean scores were categorized as satisfied or dissatisfied. Multivariate linear regression analysis assessed the effect of independent variables on the regression factor score of the dependent variable. Results Of the sample, 53.9% were satisfied with the medical consultation. Being older, employed, living further away from the health centre and frequently visiting the centre were positively associated with patient satisfaction.

Rosalind Kelly, Erwin Losekoot and Valerie A. Wright-St Clair (2016) conducted a study regarding hospitality in hospitals which expressed the importance about caring about the patient. This New Zealand study explored the lived experience of hospitality among adults during their recent hospital stay. A hermeneutic phenomenological methodology was used to design and conduct the study. Data were gathered using semi-structured, conversational-style individual interviews. Participant-validated, coherent stories were drawn from the transcripts and analyzed. The findings revealed that, the often small yet heartfelt acts of hospitality that a health care professional will impact so completely the lived experience of a surgical patient, evoking feelings of being cared about.

Amir Ahmadi-Javid, et. al. (2017) investigated on the outpatient appointment systems in healthcare from the review of optimization studies. This research aims to provide a study of the major causes of patient's length of time for medical treatment in an outpatient clinic and also provide recommendation on the best strategy.

Prasad et.al. (2018) analyzed implementation of doctor's appointment application for life care hospital. This article is about using the android application & web for betterment of patient. The main purpose is to provide patient a hassle-free environment and comfort for the patient while visiting the doctor. As the Patient have to wait for a long time for appointments, even if they get the appointment, sometimes the doctor does not visit the hospital and the patient leaves without visiting and the appointment gets canceled. By using technologies like android & web-based application the issue will resolve and the patients get timely updated. Patients can book appointment from anywhere anytime and it will save patients precious time.

Tareq N. Hashemhe (2018) analyzed the flower of service concept and its influence on the customer satisfaction in Jordanian private hospitals sector. For the study, the sample consisted of (431) individuals who were getting services from private hospitals. A self-administered questionnaire was distributed on the sample asking about the service quality within the private hospitals in Jordan based on the dimensions of 'flower of service' and linear regression was used to test hypothesis. The results of the study indicated that the dimensions of the flower of services which included (Information, Order Taking, Consultation, Hospitality, Billing Payment) appeared to be influential on the satisfaction of customers while two dimensions were found (Exception, Safe Keeping) to be not influential.

Wageeh Nafei and Wessam Hemdan Ahmed EL-Horany (2021) focused on understanding the necessity of Supplementary Services (SS) and its role in enhancing Customer-Based Brand Equity (CBBE) in Five-stars Hotels. Here, field study dealt with 384 customers who benefit from the services provided in the five-star hotels, hence the survey responses were 78%. The statistical analysis was carried out by several analytical analysis like means of a number of statistical methods and tests, such as the confirmatory factor analysis method, multiple regression and correlation analysis and one-way ANOVA method. The research reached to the results that there is a positive statistically significant relationship between the dimensions of SS (information, order taking, billing, payment, consultation, hospitality, safe keeping and exception) and CBBE.

Materials and Methods

A study was conducted in secondary level hospital in Laksham Upazilla. A questionnaire was designed based on the literature review, standardized by a small-scale pilot study on 31 patients. The questionnaire contained questions on 42 items that measure eight dimensions on patient satisfaction. The well-recognized dimensions are information, appointment, hospitality, consultation, safekeeping, exceptions, billing and payment. The questionnaire consisted of five-point Likert scale items. Responses to the variables in the questionnaires were assigned a score of 1 for 'strongly disagree', 2 for 'disagree', 3 for 'neutral', 4 for 'agree' and 5 for 'strongly agree'.

Sample

Among the 298 sample size the total inpatient was 118 and outpatient was 180. Permission from the administrative office and the manager was obtained before the survey was carried out in the hospital. Informed verbal consent was taken from all the participants before the start of the interview. Doctors and the supporting staffs were largely kept unaware of the survey, except in unavoidable circumstances, to avoid the bias in their behavior with the patients.

Analysis

The surveyed questionnaires were collected and coded in the MS Excel database and analyzed using SPSS version 20. Descriptive statistics were performed on demographic variables. The satisfaction score was expressed as the mean and standard deviation for overall satisfaction with the health services.

Results

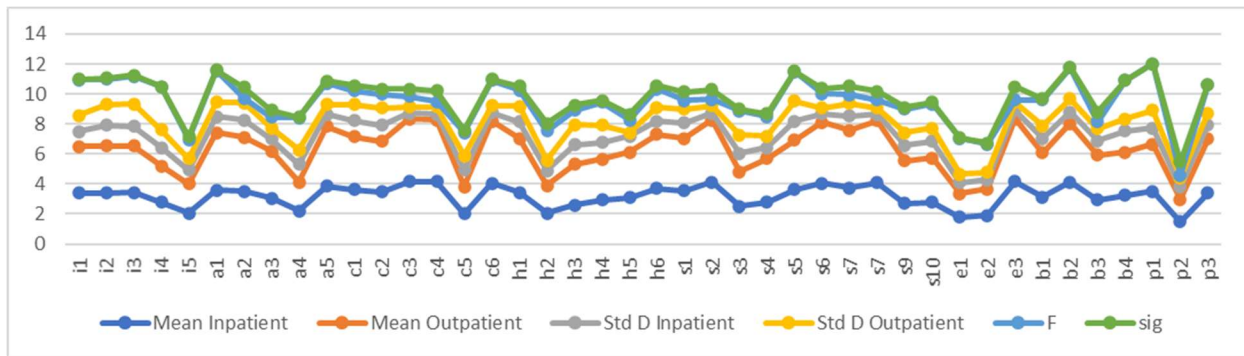
Demographic Characteristics

Characteristics		No. of Respondents	Mean
Gender	Male	167	1.65
	Female	131	1.55
Age	Under 15	17	1.59
	15-25	50	1.60
	26-45	150	1.62
	Above 45	81	1.58
Profession	Student	31	1.81
	Housewife	95	1.48
	Service holder	63	1.65
	Others	109	1.62
Departments	Internal medicine	75	1.83
	Neurology	31	1.74
	Cardiology	24	1.79
	Endocrinology	7	1.43
	Pedi general surgery	28	1.07
	Orthopedics	19	1.47
	Urology	3	1.67
	Ent	27	1.63
	Pediatrics	9	1.22
	Gynecology	71	1.52
	Infertility	4	2.00
Hospital	Laksam General Hospital	90	1.71
	Unity trauma & General	21	1.38
	Momotamoyee Hospital Ltd	58	1.40
	Amena Medical Hospital	46	1.61
	Laksham Medical center	23	1.61

Fair Health Complex & Hospital	43	1.72
Ma O Shishu Hospital	17	1.71

Fig 5.12: Statements affecting to Patients’ satisfaction from the perspective of facilities taken from hospitals

The following are the 42 items are tested for satisfaction of patients in hospitals as inpatients and outpatients.



The figure portrays the statements affecting to patients’ satisfaction from the perspective of facilities taken from hospitals. Different colors express the different line for decorating the facilities i.e. inpatient and outpatient. Codes are used to measure the value of mean and standard deviation in this line graph.

Inpatient and outpatient satisfaction

Items		Mean	Std. Deviation	z	Sig.
Patients get quality information from help desk	Inpatient	3.40	1.005	2.380	.02
Patients get notification of warnings of changes of services from the hospitals	Inpatient	2.80	1.244	2.856	.01
Patients get fast appointment for doctor appointment	Outpatient	3.83	.950	2.100	.04

Patients are benefited by well management of crowding in waiting rooms	Inpatient	2.20	1.181	2.150	.03
Patients get well developed waiting room	Inpatient	2.04	.999	1.967	.05
Patients get available ambulance pickup	Inpatient	3.61	1.254	1.955	.05
Patients' those who have personal disabilities get special care from hospitals	Inpatient	1.77	.733	2.374	.02
Patients find difficulties to understand illegible handwriting or fuzzy printing	Inpatient	4.13	.734	2.094	.04
Patients enjoy smooth billing procedure	Inpatient	3.23	1.405	2.556	.01
Patients enjoy offering package including membership, health card, any kind of operation management package with or without accessories (medicine)	Inpatient	3.53	1.076	3.113	.00

Here, the satisfaction on hospitals are found almost similar across the customers from all statements and hospitals have moderate impact on Patient's satisfaction in different hospitals. The next table will show the satisfaction on dimensions of facilities taken by patients from selected hospitals of Laksham Upazilla.

Dimensions affecting to Patients' satisfaction from the perspective of facilities taken from hospitals

The following are the 8 dimensions which are tested for satisfaction of patients in hospitals as inpatients and outpatients.

Dimensions		N	Mean	Std. Deviation	z	Sig.
Information	Inpatient	118	3.02	.900	2.674	.01

	Outpatient	180	2.74	.884		
Appointment	Inpatient	118	3.25	.631	.677	.50
	Outpatient	180	3.29	.479		
Consultation	Inpatient	118	3.58	.338	1.382	.17
	Outpatient	180	3.53	.306		
Hospitality	Inpatient	118	2.97	.505	.949	.34
	Outpatient	180	2.92	.435		
Safekeeping	Inpatient	118	3.40	.377	.039	.97
	Outpatient	180	3.40	.328		
Exceptions	Inpatient	118	2.61	.364	2.621	.01
	Outpatient	180	2.51	.284		
Billing	Inpatient	118	3.36	.755	2.138	.03
	Outpatient	180	3.19	.594		
Payment	Inpatient	118	2.81	.470	1.518	.13
	Outpatient	180	2.73	.458		

The table shows the response of the patients are categorized on the basis of outdoor and indoor they had been staying in the hospital, about various dimensions that measure the satisfaction on the services of the hospitals. The values show that the responses of customers vary significantly on three dimensions like- getting information as inpatient has significant impact ($z=2.674$, $p=.09$) on Patient's satisfaction with the value (Mean=3.02, S.D.=.900), inpatient are facilitated by exceptional services with significant impact ($z=2.621$, $p=.01$) on patient's satisfaction with the value (Mean=2.61, S.D.=.364), inpatient are facilitated by smooth billing with significant impact ($z=2.138$, $p=.03$) on Patient's satisfaction with the value (Mean=3.36, S.D.=.755). The next table will show the integration of items and dimensions of facilities taken by patients of Laksham Upazilla.

Discussion

The following are the integration of items and dimensions which are tested for overall satisfaction of patients in hospitals as inpatients and outpatients.

	Facilities taken from hospitals	N	Mean	Std. Deviation	z	Sig.
Overall Satisfaction	Inpatient	118	3.12	.279	3.021	.00
	Outpatient	180	3.04	.217		

Here, the table is expressing the overall satisfaction based on facilities taken from hospitals which are grouped as Inpatient (Mean=3.12, S.D. = .279), outpatient (Mean=3.04, S.D.=.217) with the value, $z=3.021$ and $Sig.=.00$. Here, it can be inferred that, facilities taken from hospitals has significant impact on overall Patient's satisfaction.

Findings and Conclusion:

The dimensions i.e. information, exception and billing have influence on satisfaction of inpatient and outpatient. Moreover, consultation, hospitality and payment have no significance on satisfaction of inpatient and outpatient. Overall satisfaction of patients has significant relationship with inpatient and outpatient. Especially patient from inside really care of the facilities those are given from hospitals. To develop the satisfaction of outpatient hospitals should follow the dimensions and solve the problem accordingly.

References:

1. Amir Ahmadi-Javid, Zahra Jalali, Kenneth J Klassen (2017), Outpatient appointment systems in healthcare: A review of optimization studies, *European Journal of Operational Research*, Volume 258, Issue 1, Pages 3-34.
2. Biresaw H, M. H. (2021). Patient satisfaction towards health care services provided in Ethiopian health institutions: a systematic review and meta-analysis.
3. Clara Mayer (2011), How Strong Does a Defect of the Core or Supplementary Service Influence Customer Satisfaction?
4. Descombe, T. a. (1988). Improving service quality in NHS trust hospitals: Lessons from the hotel sector'. *International Journal of Health Care Quality Assurance*, 11: 1, 21-26.
5. Fottler, M. D. (2006). Comparing hospital staff and patient perceptions of customer service: AS pilot study utilizing survey and focus group data. *Health Services Management Research: An Official Journal of the Association of University Programs in Health Administration/HSMC.*, 52–66.
6. Hartwell, H. J. (2006). Foodservice in hospital:Development of a theoretical model for patient experience and satisfaction using one hospital in the UK National Health Service as a case study. *Journal of*, 17(5-6), 226-238.
7. Kabatooro et. Al. (2016), Patient satisfaction with medical consultations among adults attending Mulago hospital assessment center. *Official journal of the South African Academy of Family Practice/Primary Care*, 58(3):1-7.
8. Kelly, R. L.-S. (2016). Hospitality in hospitals: The importance about caring about the patient. *Hospitality & Society*, 6(2), 113-129.

10. Naipaul, S., & Parsa, H. G. (2000), Supplementary Services as a Differentiation Strategy: An Empirical Investigation of Lovelock's Model in Tourism. *Journal of Quality Assurance in Hospitality & Tourism*, 1(1), 67-80.
 11. Nazia S, Ekta Sarada (2014). Online Appointment Scheduling System for Hospitals—An Analytical Study. *International Journal of Innovations in Engineering and Technology (IJIET)*, Vol. 4 Issue 1, 21-27.
 12. Parasuraman, A. Z. (1988). SERVQUAL: A multiple-item scale for measuring customer perceptions of service quality. *Journal of Retailing*, 64, 12-40.
 13. Patten, C. (1994). "Understanding hospitality". *Nursing Management*, Vol. 25 No. 3,, p. 80A.
 14. Poksinska, B. B.-F. (2017). Does lean healthcare improve patient satisfaction? A mixed-method investigation into primary Care. *BMJ Quality Safety*, 26(2),, 95-103.
 15. Prasad et.al. (2018), Implementation of Doctor's Appointment Application for Life Care Hospital (Sion). *International Journal of Innovative Science and Research Technology*. Volume 3, Issue 4.
 16. Randall, L. a. (1994). "A model for achieving quality in hospital hotel services". dall, L. and Senior, M. (1994), "A model for achieving quality in hospital hotel services",Vol. 6 Nos 1/2,, pp. 68-74.
 17. Rosalind Kelly, Erwin Losekoot and Valerie A. Wright-St Clair (2016). Hospitality in hospitals: The importance of caring about the patient. *Hospitality & Society* 6(2):113-129.
 18. Sandro Magaldi and Edson Crescitelli (2008), Importance of supplementary services in the service sector on customer satisfaction. *Sao Paulo*, v. 15, n. 3, p. 67-75.
 19. T.Sreenivas, et. Al. (2013). An analysis on marketing mix in hospitals. *International journal of advanced research in management and social sciences*. Vol. 2, No. 4.p.187-207.
 20. Tarabieh & Ahmad (2015), The Impact of Customer Orientation and Supplementary Services in Gaining Competitive Advantage and Organizational Performance in the Jordanian Banking Industry. *International Review of Social Sciences*. Vol. 3 Issue.2, p.47-59.
 21. Tareq N. Hashem (2017), The Flower of Service Concept and Its Influence on the Customer Satisfaction: Case Study of Jordanian Private Hospitals Sector; *International Journal of Business and Management* Vol. 13, No. 2, 122-135. <https://doi.org/10.5539/ijbm.v13n2p122>.
 22. Wageeh Nafei and Wessam Hemdan Ahmed EL-Horany (2021), The Role of Supplementary Services in Enhancing Customer-Based Brand Equity: An Applied Study on Five Star Hotels in Cairo City, *Scientific Journal of Financial and Commercial Studies and Research*. p 573-604.
 23. Zaim, H., Bayyurt, N., & Zaim, S. (2010). Service Quality and Determinants of Customer Satisfaction in Hospitals: Turkish Experience. *International Business & Economics Research Journal*, 9(5), 51-58.
 24. Zeithaml, V. (2000). Service quality, profitability, and the economic worth of customers: What we know and what need to learn. *J. Acad. Mark. Sci.*, 28, 67–8
- surveyed questionnaires were collected