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A STUDY ON THE SATISFACTION LEVEL AND THE QUALITY OF PATIENT CARE IN SELECT HOSPITALS IN BANGALORE

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ABSTRACT

A hospital is a healthcare facility that provides specialized medical and nursing care as well as medical supplies to patients. The most well-known form of the infirmary is the universal clinic, which usually carries an alternative subdivision to switch pressing strength issues such as fire and accident victims, as well as medical emergencies. A hospital is an organization of public health. It takes care of the health and diseases of people with the help of sophisticated equipment and instruments, by a group of specially trained persons. Areas of care discussions necessitate surgeons to efficiently interconnect complex data about a medicinal judgement and its scenario to the persistent and family, elicit information about patient preferences, provide support and make shared decisions, and ensure treatments and outcomes are aligned with the patient. The functions of hospitals are Patient care & education, diagnosis, treatment of illness, and rehabilitation. convalescent care. Clinic goals are frequently around educating persevering facility, quality of overhaul, staff maintenance and ability, hospice development, and monies. The goals whitethorn not altered much, but the way each goal is phrased, applied, and measured can have a huge impact on staff performance. Persevering experience is related to an affected role perception of care, although persistent approval is about the patient role expectations for care. Easy-going fulfilment is a significant and normally used indicator for mensuration the superiority of health care. Patient gratification disturbs experimental consequences, persistent retaining, and medicinal delinquency entitlements. The main intention of the study shows the imperative service excellence influences in healthcare and to determine the patients observing the service quality factors of healthcare.

Key Words: Satisfaction Level, Hospitals, Patient Care, Quality service.

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I. Introduction

Patient approval surveys detention self-reported enduring taxations of numerous touch points during their medical care experience. Contingent pardon aspect of persevering fulfilment is measured, the receptiveness of staff, clinician communiqué, technical skill, and infirmary environment.

The landscape and scope of the society of a hospice fluctuate according to the need. The organization of big hospices has two discrete wings, one for scientific direction and another for office administration. The construction of these wings is given below: The clinical administration and office administration both have many divisions or departments and each of these sections are headed by qualified persons with specialization in the particular subject and experience. Needless to point out large administrative bodies require persons with special training and education in hospital administration.

II. Review of Literature

Dash & Jagadishchandran (1996) level of satisfaction was noted. Personal background revealed that 80% of doctors had good academic and family backgrounds. The greatest fulfilled group of medics were the advisers with a performance-based recompence scale. Housekeeping, the interpersonal relationship among doctors, nursing care, and the pay scale of junior doctors are areas to which the administration should pay special attention if the specialized satisfaction of clinicians is to be improved.

Gupta & Rokade (2016) Customer satisfaction is the most important parameter for judging the quality of service being provided by a service provider to the customer.

Elaheh Farzadnia et al (2017) patient satisfaction but also to gain a higher market share, increasing profits and building a high-performance organization. Subhendu Mukherjee (2017) the important criteria for measuring service quality in the health care industry in Bangalore. In our study customer satisfaction measured by 3 standards by enquiring customers; their future purchase intention

Liviu Ilies & Daniel Metz, (2017) In the today's international, knowledge-based alphanumeric economy, the administrative culture converts a tactical source of constant inexpensive advantage. Consequently, the organizational philosophy is an gradually imperative issue of academic research, schooling, administrative theory and administration practice. Legislative culture theaters a domineering character in the development of slightly society.

Surendra and Raju (2019), Hospital promotion is flattering gradually inexpensive all over India. Hospitals develop purchaser (Patients) centred under respecting high medical care and demanding quality of provision at inexpensive price. Promotion mix benefits to increase avenues for vindicating and regulating the amenities. Thus selling mix has developed new mantra for the facility breadwinner in sequestered hospices. Rezaei, Hajizadeh, Zandian, Fathi, & Nouri (2018) explore provision superiority in Iranian hospitals by a methodical assessment and meta-scrutiny of the existing literature, educating provision quality in Iranian hospices warranties further consideration by health authorities, strength policy-makers, and hospice directors.

Otalora, Rosenbaum, & Orejula (2018) research addresses this void by exploring how vulnerable consumers evaluate quality in a public hospital. Susceptible patrons judge health care excellence primary on a provider’s capability to proposal them with equality, vulnerable patrons view the dominance of their connection with a doctor just as important as reliability. Infirmaries that attend vulnerable patients would strive to emphasize impartiality and compassion.

Aljaberi et al (2018) professed superiority of health care services, fulfilment and behavioural purposes among international students supposed excellence of care is an imperative motorist of intercontinental students’ agreement and their behavioural purpose with health care amenities. Fatima et al (2018) Some scales of health care facility dominance stood cast-off and considered in text sideways the ball an rationalized

expressive analysis of the wide seek that has been displayed on gaging dimensions of healthcare service quality.

Shivakumar & Sarala (2018) presenting some of the CRM concepts and elements formulate CRM strategy to take proactive measures towards customer to Health provider to improve customer satisfaction, loyalty build good relationship with patients and increase revenue. Patients' care, needs and making relationship with patients is daily routine activity in a health provider highlights the extent of service quality of the hospital services by the selected sample respondents, relationships between patients perception in customer satisfaction and buyer loyalty and to offer suggestions to have better CRM practices. Lim, Lim, Heinrichs, Al-Aali, Aamir & Qureshi (2018) offer sustenance for the preceding verdicts indicated that service quality was certainly associated with patient satisfaction and that satisfaction and utilization had a important confident consequence on financial performance.

III. Objectives

1. To know the important service quality factors in the health care industry.
2. To perceive the service quality factors of health care.

IV. Research Methodology

The methodology used in the study points out the methods followed in order to realize the objectives of the study which includes research design, sampling design, sources of data, collection of data, processing of data, period of coverage, and framework of analysis.

V. Research Design

The vast data have been composed from principal sources. Therefore, to present, describe and interpret such mass data in the present research report, it is necessary to adapt the appropriate research design. The research design selected for the study is a descriptive one. The primary un-biased of the study is to examine the health insurance and the policyholder’s satisfaction on the health insurance product.

VI. Source of Data

Primary Data

The study is mainly focused on primary data which were collected through well designed questionnaire to suit the points of this research. The first-hand data have been collected from health insurance policyholders.

Secondary Data

The principal data have been supplemented by secondary sources. The necessary secondary data relating to the study have been gathered from the books, journals, websites, reports and journals, magazines, and newspapers.

Population of the study area

In the Bengaluru Division, there are totally nine districts Bengaluru Urban, Bengaluru Rural, Kolar, Chikkaballapura, Ramanagara, Tumakuru, Chitradurga, Davanagere and Shivamogga. The study has covered Bangalore District.

Sample Design

Stratified random sampling was adopted to select the sample respondents.

Frame work of Analysis

For the purpose of analysis, the statistical tools such as (i) Reliability Statistics (ii) Frequency Percentage Analysis (iii) Factor Analysis

VII. Findings

Table 1: Reliability Statistics

Reliability Statistics	
Cronbach's Alpha	N of Items
.723	35

Table 1 Represents the Cronbach Alpha is above 0.7, so that the questionnaire is highly reliable.

Table 2: Reliability Statistics for Level Of Patient Sastifications

Reliability Statistics	
Cronbach's Alpha	N of Items
.661	14

Table 2 Represents the Cronbach Alpha is above 0.6, so that the scaling variable is highly reliable.

Table 3: Reliability Statistics for Factor Influencing the Health Care Services

Reliability Statistics	
Cronbach's Alpha	N of Items
.839	11

Table 3 Represents the Cronbach Alpha is above 0.8, so that the clambering capricious is highly reliable.

Level of Patient Satisfaction

Table 4: Level of Patient Satisfaction - Kmo And Bartlett's Test

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		**.638**
Bartlett's Test of Sphericity	Approx. Chi-square	907.664
	Df	91
	Sig.	.000

Table 4 shows that the KMO value of 0.638, indicates that the degree of common variance among the variable is quite high, therefore factor analysis can be conducted.

Level of Patient Satisfaction - Principal Component Analysis

The principal component analysis has been administered to group the Level of Patient Satisfaction. It is a method of data reduction. The segment of the alteration of a particular item due to a common factor is called commonality. The initial value of communality in a principal component analysis is 1. Level of Patient Satisfaction are placed in the component's column. The extraction communalities estimate the modification in each variable accounted for the factors in the aspect solution. The value is fewer than 0.5 which indicates variables do not fit well with the reason explanation and must possibly be fell from the analysis.

The ensuing table expresses the extraction value of the Level of Patient Satisfaction.

Table 5: Level of Patient Satisfaction - Communalities

Communalities

Level of Patient Satisfaction	Initial	Extraction
Time before seeing the doctor was appropriate	1.000	.808
Time before the admission process was appropriate	1.000	.759
I would recommend this hospital to my acquaintances	1.000	.589
Quality of services in the hospital	1.000	.788
The hospital is well functioning	1.000	.765
The family of the patient is respected in this hospital	1.000	.780
Family can spend an appropriate amount of time besides the patient	1.000	.656
The environment was hygienic	1.000	.809
Satisfaction patient's family care	1.000	.685
Satisfaction level of the patients toward the ED services	1.000	.768
Protect patient confidentiality	1.000	.511
Be transparent about visit expectations	1.000	.719
Patient loyalty and retention	1.000	.749
Reputation	1.000	.467
Extraction Method: Principal Component Analysis.		

Source: Primary Data

Table 5 Explicates the variance of the 14 variables ranging from .467 to .809. It shows that the 14 variables exhibit a considerable variance from 46 percent to 80 percent. Hence it is decided that these entire 14 variables are capable of segmenting themselves with respect to the Level of Patient Satisfaction.

Level of Patient Satisfaction - Total Variance

The total variance analysis is important to know the rotated sum of the square value. The rotated three factors are determined based on the total Eigenvalues if the factor should be greater than one. The total cumulative variance is described by the total percentage of variance by each retained by five factors. Gives the separate modifications of the predominant factors which emerged out of 14 factors. C denotes Component, 1, 2,3,4,5 respectively. V- Variance, Cum- Cumulative.

Table 6: Level of Patient Satisfaction - Total Variance

Total Variance Explained

C	Initial Eigen values			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of V	Cum %	Total	% of V	Cum %	Total	% of V	Cum %
1	3.965	28.318	28.318	3.965	28.318	28.318	3.120	22.284	22.284
2	2.052	14.656	42.974	2.052	14.656	42.974	2.061	14.720	37.004
3	1.339	9.567	52.541	1.339	9.567	52.541	2.014	14.389	51.393
4	1.302	9.297	61.838	1.302	9.297	61.838	1.330	9.502	60.896
5	1.196	8.541	70.379	1.196	8.541	70.379	1.328	9.484	70.379
Extraction Method: Principal Component Analysis.									

Source: Primary Data

As could see from table 6 Eigen values are greater than one for two factors. From this one, it is confirmed that the fourteen variables are grouped into five factors. The rotated entirety of shaped lading should be greater than 46 percent. The fourteen variables were reduced into five predominant factors with the discrete modification of 22.284, 14.720, 14.389, 9.502, 9.484. It is also found that the total variance of the fourteen variables is found to be 70.379 percent which is better than the benchmark value of 70 percent. Moreover, it confirms that the factor segment is the meaningful one.

Level of Patient Satisfaction - Rotated Compound Matrix

The rotated sum of the square value indicates the cumulative percentage of the variance is 71.906. Hence the factorization is more suitable for the cost involved in the Satisfaction of consumers toward their savings and investment in gold. Table 5.3 explains the value of the rotated component matrix for the Level of Patient Satisfaction.

Table 7: Level of Patient Satisfaction - Rotated Component Matrix

Rotated Component Matrix[a]					
	Component				
	1	2	3	4	5
Quality of services in the hospital	.877				
The hospital is well functioning	.841				
The admission process was appropriate	.821				
I would recommend this hospital to my acquaintances	.700				
Satisfaction patient's family care		.756			

Family can spend an appropriate amount of time besides the patient		.742			
Protect patient confidentiality		.587			
The environment was hygienic			.861		
The family of the patient is respected in this hospital			.850		
Seeing the doctor was appropriate			.572		
Satisfaction level of the patients toward the ED services				.785	
Be transparent about visit expectations				.723	
Patient loyalty and retention					.842
Reputation					.543
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.					
a. Rotation converged in 6 iterations.					

Source: Primary Data.

Table 7 shows factor loadings of five factors extracted through factor analysis. The first factor consists of four sub-factors; Quality of services in the hospital, The hospital is well functioning, the admission process was appropriate, I would recommend this hospital to my acquaintances. The first factor is named **"Quality of services".**

The second factor contains four subfactors; The environment was hygienic. The family of the patient is respected in this hospital, seeing the doctor was appropriate. Hence, it is named the **"Hygienic factor".**

The third factor contains two subfactors; Satisfaction level of the patients toward the ED services, Be transparent about visit expectations. Hence, it is named the **"Satisfaction level factor".**

The four factors contains two subfactors; Patient loyalty and retention, Reputation Hence, it is named the **"Patient loyalty factor".**

Factors Influencing the Quality of Healthcare Services

Table 8: Factors Influencing the Quality of Healthcare Services – KMO and Bartlett's Test

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		**.650**
Bartlett's Test of Sphericity	Approx. Chi-Square	1100.396
	df	55
	Sig.	.000

Table 8 shows that the KMO value of 0.650, indicates that the degree of common variance among the variable is quite high, therefore factor analysis can be conducted.

Factors Influencing the Quality of Healthcare Services - Principal Component Analysis

The principal component analysis has been administered to group the Factors Influencing the Quality of Healthcare Services. It is a method of data reduction. The segment of the variance of a particular item due to a common factor is called commonality. The initial value of communality in a principal component analysis is 1. Factors Influencing the Quality of Healthcare Services are placed in the component's column. The extraction communalities estimate the modification in each variable accounted for the factors in the aspect solution. The value is fewer than 0.5 which indicates variables do not fit well with the reason explanation and must possibly be fell from the analysis.

Table 9: Factors Influencing the Quality of Healthcare Services - Communalities

Communalities		
	Initial	Extraction
Clinical competence of the hospital staff	1.000	.832
The physical ambience of the hospital	1.000	.820
Amenities provided by the hospital	1.000	.773
The expertise of the physicians	1.000	.817
The behaviour of the staff	1.000	.741
In-patient experience	1.000	.848
Financial security	1.000	.798
Community safety	1.000	.248
Physical activity	1.000	.556

Healthful Diet	1.000	.503
Positive Emotions	1.000	.643
Extraction Method: Principal Component Analysis.		

Source: Primary Data

Table 9 Explicates the variance of the 11 variables ranging from .248 to .848. It shows that the eleven variables exhibit a substantial modification from 48 percent to 84 percent. Hence it is decided that these entire 11 variables are capable of segmenting themselves with respect to the Factors Influencing the Quality of Healthcare Services

Factors Influencing the Quality of Healthcare Services - Total Variance

The total variance analysis is important to know the rotated sum of the square value. The rotated three factors are determined based on the total Eigen values if the factor should be greater than one. The total cumulative variance is described by the total percentage of variance by each retained by two factors. Gives the individual variances of the main influences which appeared out of 16 factors. C denotes Component, 1, 2 and 3. Cumulative- Cum.

Table 10: Factors Influencing the Quality of Healthcare Services - Total Variance

Total Variance Explained									
C	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cum %	Total	% of Variance	Cum %	Total	% of Variance	Cum %
1	4.543	41.299	41.299	4.543	41.299	41.299	2.999	27.260	27.260
2	1.851	16.825	58.123	1.851	16.825	58.123	2.694	24.489	51.749
3	1.185	10.772	68.895	1.185	10.772	68.895	1.886	17.146	68.895
Extraction Method: Principal Component Analysis.									

Source: Primary Data

As could see from table 10 Eigen values are greater than one for three factors. From this one, it is confirmed that the twelve variables are grouped into three factors. The rotated sum of squared loading should be greater than 48 percent. The twelve variables were reduced into three predominant factors with the individual variance of 27.260, 24.489, 17.146. It is also found that the total variance of the eleven variables is

found to be 68.895 percent which is superior than the benchmark value of 84 percent. Moreover, it confirms that the factor segment is the meaningful one.

Factors Influencing the Quality of Healthcare Services - Rotated Compound Matrix

The rotated sum of the square value indicates the cumulative percentage of the variance is 68.895. Hence the factorization is more suitable for the cost involved in the Factors Influencing the Quality of Healthcare Services. Table 6.4 explains the value of the rotated component matrix for the Factors Influencing the Quality of Healthcare Services.

Table 11: Factors Influencing the Quality of Healthcare Services - Rotated Component Matrix

Rotated Component Matrix[a]			
	Component		
	1	2	3
In-patient experience	.872		
Financial security	.851		
The expertise of the physicians	.805		
The behaviour of the staff	.662		
The physical ambience of the hospital		.832	
Positive Emotions		.727	
Physical activity		.694	
Amenities provided by the hospital		.647	
Community safety		.406	
Clinical competence of the hospital staff			.774
Healthful Diet			.652
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.			
a. Rotation converged in 10 iterations.			

Source: Primary Data

Table 11 shows factor loadings of three factors extracted through factor analysis. The first factor consists of four sub-factors; In-patient experience, Financial security, The expertise of the physicians, The behaviour of the staff. The first factor is named **"**Expertise Factor**".**

The second factor contains five subfactors; The physical ambiance of the hospital, Positive Emotions, Physical activity, Amenities provided by the hospital, Community safety. Hence, it is named the "Safety factor".

The third factor contains two subfactors; Clinical competence of the hospital staff, Healthful Diet. Hence, it is named the "Capability factor".

VIII. Conclusion

Patients admitted to tertiary care hospitals were content with the inpatient service they received with a higher satisfaction rate in private hospitals. The lowest endorsement level was found in the case of the hospital situation and patients' home care. Lower behavior cost, taller hospital stays, conformist management, and perceived development after conduct were related with the fulfilment level of the patients. More patient-centered care at the lowermost conceivable cost, as well as development of the hospice situation, might increase the gratification level of the patients.

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