SECTION - III

CONCLUSIONS AND RECOMMENDATIONS
CHAPTER 9

CONCLUSIONS, RECOMMENDATIONS AND DIRECTIONS FOR FUTURE RESEARCH

9.1 CONCLUSIONS

A patient satisfaction survey was carried out at four large private hospitals, two in India and two in the United Arab Emirates (UAE). Two hospitals in UAE were selected because 70 percent population in UAE is expatriate Indian population, these hospitals are staffed and managed by expatriate Indians and UAE in its growth and development represents what India would possibly be a couple of years hence. The study of these hospitals could serve to possibly project the level of health care marketing that could be evident in Indian in the near future.

All the four hospitals are large multi-disciplinary, multi-speciality hospitals that provide a variety of outpatient and inpatient health care services including advanced laboratory and other investigative and diagnostic facilities.

These four hospitals have been selected as they substantially differ amongst themselves in terms of organizational goals, management philosophy, institution’s age, target markets and basic marketing strategies and will possibly provide a wide range of response and a variety of input so as to make the scope of the study more extensive.

Along with the patient satisfaction survey a survey questionnaire was also given to the doctors at these hospitals contains items similar to those in the patient satisfaction survey and also containing some items related to internal marketing in the hospital.
The survey was carried out on 344 patients and 40 doctors from each of the hospitals. At one of the settings the doctors could not be entered into the study. Satisfactory response to the questionnaire was received from all the four settings.

The first part of the questionnaire was on a 5 point Likert scale and meant to evaluate the opinion of the patient including his belief, attitude, knowledge and feelings toward the marketing policies and practices of the hospital as reflected by the satisfaction of the patient toward the various facets of patient care and marketing. These facets included medical outcome of care, access to care, responsiveness of the staff, empathy of the staff toward the patients, communication with the healthcare team, tangibles aspects of care, reliability of medical treatment and the price or cost of care. Satisfaction was regarded as the general endpoint.

The second part of the questionnaire was an importance performance analysis, which required the respondents to score 20 predetermined attributes of a hospital according to the importance that they attach to them and then to score the performance of the hospital on those attributes. Based on this the attributes were ranked according to the importance they had for the patient. Further these attributes were arbitrarily split into two, based on the median ranking into ‘more important’ and ‘less important’. Based on the performance score, the attributes were also split into two halves termed as the ‘superior performance’ and ‘inferior performance’. The four subsets of attributes that were thus created were depicted on an importance-performance grid. This was done to see which attribute required the maximum focus from the point of marketing and patient satisfaction.

A similar questionnaire was administered to the doctors of the hospitals that contained same statement relating to the above facets and also statement relating to the internal marketing especially among the doctors themselves. This was done not only to analyse the internal marketing at these hospitals but also to also compare and contrast the responses of the patients with those of the doctors for the various facets of marketing.
CHRISTIAN MEDICAL COLLEGE AND HOSPITAL, LUDHIANA

CMC&H fares well as far as the medical outcome of care is concerned. Most patients are satisfied with this aspect of care. However the expected improvement in medical condition does not score that high possibly because the expectation from a hospital like CMC&H is much more higher than perhaps what it can deliver. Patient’s expectations could be unrealistically high when they come to or are referred to a tertiary hospital like CMC&H.

The hospital fares poorly as far as the access to care is considered. The hospital is considered difficult to access, the waiting period is long and patients waste a lot of time in going from one counter to another. The services of the hospital appear to be poorly organised. The only statement that is positive is for convenient working hours. The possible reason for this is that there is a well attended 24-hour casualty service, junior doctors are available round the clock and in many critical areas senior doctors attend to the patients in the late evenings or night. The doctors’ response also generally mirrors those of the patients.

The responsiveness of the staff to the needs of the patient is poor, the employees being seen as not helpful and not courteous and unable to efficiently solve the patient’s problems. This fact is also apparent by the scores obtained from the doctors’ responses except for the statement relating to efficient problem solving. This may be possibly because the doctors consider problem solving in terms of medical problem only. This is not really the case. Patient or relatives visiting a hospital may have wide variety of problems ranging from physical to emotional.

Patients feel that the doctors are empathic toward problem but along-with they also feel that the doctors do not understand the patient well. This may be because of a language barrier. The doctors do not tend to agree to this. This may be possibly because the doctors may consider understanding of the patient’s medical problem as adequate, which could be understood more by examination of the patient and results of medical tests rather than talking to the patient, which from the patients’ point of
view is probably not adequate. Doctors are unable to spend adequate time with the patients is of course a common problem in all big hospitals in India because of the large volume of patients. The hospital staff does not appear friendly and neither do they seem to be interested in the patient as a person. They may be possible just concerned with the medical aspect and not with the patient as an identity. The doctors also agree to this fact.

In the communication category the reception appears inadequate in providing proper information, and the staff generally appears inattentive to the patient needs. The patients get satisfactory explanation of their tests and treatment but are not involved in the decision-making regarding the management of their medical problem. This fact is also evident from the doctors’ score. The concept of participative management of the patient’s medical problem is still not prevalent in India where doctor patient relationship is more paternalistic than participative.

In the tangible aspects of patient care the hospital score positively in all aspects. The stay in the hospital and the dietary department, canteen and related services are good. The hospital has a good layout and décor and the hospital provides good environment for the care of the patient. The patients also believe that the hospital has good equipment and infrastructure.

The care at CMC&H very reliable and competent and sincere doctors, reliable investigations and skilled nursing staff are the positive points for the hospital. These are the very important aspects of the medical care. The patients consider the services better than those provided by other hospitals. It is perhaps for this reason that the patients and the relatives are in the hospital.

The price of services provided at CMC&H is considered to be unreasonably high. Despite this, the hospital gives good value for money and the quality of care and service provided in the hospital possibly justifies the cost.
The patients appear overall satisfied with the care give to them or their patient at the hospital.

The internal marketing scores present a mixed picture. Satisfaction with job and with avenues for professional growth are high and the working hours convenient. Although the hospital provided good working conditions, the remuneration package does not appear to be satisfactory.

The administration is perceived as being closed to suggestions by the employees, not taking the opinion of the employees (doctors) in decision-making and does not handle the employee problem efficiently. It also does not work with the employees as a team. It appears as if the administration distances itself from the employees. Furthermore the administration does not appear to motivate or train the employees to perform better. There appears to be a lack of sensitivity of the management to these needs. This gives a lot of scope for the administration to improve its internal marketing.

Despite the shortcomings the overall satisfaction with the hospitals among the doctors is high.

In the importance analysis, good treatment results, skill of the doctors, trust and confidence in the doctor, behaviour and attitude of the doctors, reliability of service and sincerity of the doctors towards patients rank the highest. The hospital obtains good scores for all these attributes. Value of money ranks higher than the cost of the service thereby offsetting the high price of service charged at the hospital. Convenience of location, convenience of timing, well-organized and quick service and pleasing appearance of the personnel appear low in the patients’ rankings.

The attributes that need most of the focus, according to patients, are the behaviour and attitude of the staff other than the doctors and ease of conversation with doctors. This should be the most important focus of the hospital.
INDRAPRASTHA APOLLO HOSPITAL NEW DELHI

The medical outcome of care is good at Apollo and most patients appear satisfied with this aspect of care. However, like the other large hospitals, the patient feel that the expected improvement in medical condition did not occur. This may be, as mentioned before, possibly because the expectation from a hospital like Apollo is unrealistically high when patients come to or are referred to this hospital.

Patients consider the location of the hospital to be good and the working hours to be convenient for the patients. The scores on waiting time and also on the ease of getting appointment appear to be equivocal. However the organisation of the various patient related services is poor and patients waste a lot of time in going from one counter to another.

The element of responsiveness fares poorly for Apollo. The patients of the hospital feel that the employees including the nursing staff are not helpful or courteous and do not solve their problems. The doctors tend to disagree in their perception. The reason may be that the doctors perhaps base their opinion on solving medical problems whereas the patient’s problems may be more than just medical which the employees are not helping to solve.

The patients certainly feel that the doctors are empathic about their problem and understand them well and doctors agree to this. They however feel that the doctors do not spend adequate time with the patients. The doctors tend to disagree to that. This may be because the doctors are working under a time constraint that the patient may not understand. Further, the staff does not seem to be interested in the patient as an individual, rather they tend to see the patient as just a patient.

Communication at the reception appears to be poor but not so with the nursing staff which answers patient queries satisfactorily. Although the doctors provide a satisfactory explanation of the tests and treatment, patients believe that they were not involved in the decision-making regarding the management of their medical problem.
The doctors, however, tend to disagree outlining the difference in perception between the patients and the doctors in the extent of involvement of the patient in decisions regarding the management of their medical problem.

The tangible aspects of patient care at Apollo are very good. The stay in the hospital is good, the hospital has a good layout and décor and the hospital provides good environment for the care of the patient. The patients also believe that the hospital has good equipment and infrastructure. Patients believe that the hospital provides better services than others.

The reliability of patient care is also good at the hospital. The doctors are seen to be competent and sincere, the nursing staff skilled and the investigations reliable.

The charges levied by the hospital are considered high although patients agree that the hospital provides value for money and the quality of care and services provided to justify the costs.

Despite being dissatisfied with certain aspects of care, the patients appear to be overall satisfied by the care and service at Apollo.

The doctors at Apollo appear highly satisfied with their job. The hospital provides good working conditions and the working hours are convenient. The doctors appear somewhat dissatisfied with the avenues for professional growth and with their remuneration package.

The administration appears somewhat open to suggestions and doctors are given some participation in decision-making and the employees’ problems are handled efficiently. However the administration does not take efforts to motivate or train its employees in patient relations.

Despite dissatisfaction in certain areas, the overall satisfaction of the doctors with the hospital is significantly high.
In the importance analysis, good treatment results, skill of the doctors, trust and confidence in the doctor, behaviour and attitude of the doctors, sincerity of the doctors towards patients and reliability of service rank the highest. The hospital obtains good scores for all these attributes. Value of money ranks higher than the cost of the service thereby offsetting the high price of service charged at the hospital. Reasonable pricing ranks low possibly because the patients coming to Apollo belong to a financially well off strata of the society. Convenience of location, convenience of timing, well-organized and quick service and pleasing appearance of the personnel appear low in the patients’ rankings.

The attributes that need most of the focus, according to the importance-performance grid, are the behaviour and attitude of the staff other than the doctors, demonstration of concern for the patient by the staff and ease of conversation with doctors. Value for money also appears to needs more focus and the hospital needs to improve its services commensurate with the charges for the service.

NEW MEDICAL CENTRE HOSPITAL, ABU DHABI

The medical outcome of care is good at NMCH, as with the other hospitals, and most patients appear satisfied with this aspect of care. However again, like other large hospitals, the patient feel that the expected improvement in medical condition did not occur. This may be, as mentioned before, possibly because the expectation may be unrealistically high.

Patients consider the hospital to be easily accessible and the working hours to be convenient to them. It is easy to get an appointment and the waiting time appears to be very reasonable.

The organisation of the various patient related services is, however, poor and patients waste a lot of time in going from one counter to another. This may be because that at
present the hospital is spread over three different buildings and patient find it difficult
to go from one to another in order to access the different facilities. The new building
that will eliminate this problem is to be constructed soon.

There is high satisfaction with the responsiveness of the staff, which is considered
courteous and helpful and help solve patient problems efficiently. The doctors,
nursing staff and the hospital staff in general are empathic to the patient. The doctors
appear concerned about the patients’ problems, spend adequate time with them and
understand them well.

Majority of the patients think that they were involved to some extent in the decision-
making regarding the management of their medical problem and that the doctors gave
satisfactory explanation for the tests and treatment. They also obtained satisfactory
answers to their queries from the nursing staff. Staff at the reception, however,
appears inattentive and does not give proper information. This perception may also be
related to telephonic calls to the hospital for various reasons even prior to a visit.

The patients appear satisfied with the tangible aspects care the hospital. The stay in
the hospital and related services are good. The hospital has a good layout and décor
and has good equipment and infrastructure. The hospital provides good overall
environment for the care of the patient. The patients believe that the hospital provides
better services than others

Reliability of care a NMCH is high, competent and sincere doctors; reliable
investigations and skilled nursing staff are the positive points for the hospital.

The charges at the hospital are considered reasonable and the hospital gives a good
value for money.

The overall satisfaction of the patient with the care and services at NMCH is very
high.
The doctors’ questionnaire was not administered at NMCH and so no data is available for internal marketing at the hospital.

The patients ranked good treatment results, trust and confidence in the doctor, skill of the doctors, reliability of service, behaviour and attitude of the doctors and sincerity of the doctors towards patients as most important attributes. The hospital score high in all these attributes. Convenience of timing, and location, reasonable pricing, favourable recommendations and attractive layout and décor have been ranked as the least important.

From the importance-performance grid, behavior and attitude of the staff toward the patient and well-organized and quick service are the areas where the hospital needs to focus the most.

**WELCARE HOSPITAL, DUBAI**

The patients appear well satisfied with the medical outcome at Welcare. However they do feel that their medical condition did not improve as expected. This has been true for all the other hospital of the setting. This is possibly because the expectation from these hospitals is much more than they can deliver.

The hospital appears very accessible, the location very good, the working hours convenient, and the waiting time reasonable. However the organisation of the various patient related services is not that satisfactory. The doctors tend to disagree to the patients’ perception on the organisation of services, highlighting the difference between the two perceptions.

The staff appears very responsive to the patients’ needs, are courteous and helpful and solve the patient problems efficiently. The staff is also empathic and considerate toward the patient, the doctors appear concerned, understand their patients well and
spend adequate time with them. Satisfaction with these elements of care is very high at Welcare.

The communication of the medical staff with the patient is good, satisfactory answers are given to queries and the staff in general appears attentive to the patient although the patients appear unsatisfied with the working of the reception staff. The patients also appear little unsatisfied with their involvement in decision-making regarding their medical problem.

The tangible aspects of care at Welcare are very good the stay in the hospital comfortable. The hospital has a good layout and décor and provides good environment for the care of the patient. The patients also believe that the hospital has good equipment and infrastructure. In all, the hospital provides better services than others.

The medical care at Welcare also appears very reliable with competent and sincere doctors, reliable investigations and skilled nursing staff.

The charges at the hospital appear unreasonable to the patients and overall the patients, as a whole, are not sure as to whether the services provided by the hospital possibly justify the cost.

Despite some areas of dissatisfaction they patients are overall satisfied with the care and service provided to them at the hospital.

For the doctors, the hospital however provides good working conditions and a satisfactory remuneration package. Job satisfaction appears low, there is poor professional growth and working hours are not convenient. The doctors appear satisfied with the administration, which is quite open to suggestions and participates with the doctors in decision-making although there appear to be some communication gaps between the administration and the staff. The administration takes effort to motivate its employees and does give some training in patient relation.
At Webcare the patients ranked good treatment results, skill of the doctors, sincerity of the doctors towards patients, reliability of service trust and confidence in the doctor. They also ranked well-organised and quick service as a very important attribute. The hospital score high in all these attributes except for organization of services. Convenience of timing and location, reasonable pricing, favourable recommendations and attractive layout and décor has been ranked as the least important.

From the importance-performance grid, behaviour and attitude of the staff toward the patient and their concern for them and well-organized and quick service are the areas where the hospital needs to focus the most.

**COMPARISON BETWEEN THE HOSPITALS**

Although the data cannot and does not reflect or compare of the capacity, competence and capability of one hospital and its doctors and the staff with other, as it is based on perception and not assessment, which may be entirely different, the comparison between the settings nonetheless presents some very interesting observations.

The patients’ satisfaction with the medical outcome is almost the same for all the settings. It is interesting to note that despite this the satisfaction with expected improvement in medical condition is not as high as with the medical outcome itself. This possibly reflects the fact that expectations from these hospitals is much more than what they can possibly deliver because of the inherent limitations of medical science.

All the study hospitals appear conveniently located except for CMC&H, which is situated in an old part of the town. Working hours are also considered convenient for all the settings because of the availability of emergency services in all of them.
As is largely expected, patients appear to be dissatisfied with the waiting time and the ease of obtaining appointments at the two hospitals in India. This is because of the large volumes of patients that attend the outpatient clinics. This is perhaps true for all large hospitals in India. This is not true for UAE where obtaining appointments: thereby reducing waiting time, is a norm.

In all the four setting, irrespective of the fact that some of them are built to international standard, the patients appear dissatisfied at the organisation of the patient related services and the time spent in obtaining the required service. According to personal observation this perception may be slightly ill founded. Any patient visiting a hospital considers his medical problem, irrespective of what it is, to be a medical emergency and to be dealt immediately and thus considers any time spent in queues to be a waste.

The patients' satisfaction with the responsiveness of the staff towards their needs presents an interesting observation. Dissatisfaction is high for the two hospitals in India but patient appear satisfied with the responsiveness at the hospital in UAE. It is common knowledge that helpful and courteous employees are not a feature of large hospitals in India. This is an unfortunate situation. This may be because of the high workload and the inability to give personal attention to the patients or may just reflect the fact the employees do not consider the patient as a customer to who help and courtesy needs to be offered.

In UAE on the other hand, like most of the developed world, is a consumer driven society. A patient is considered a customer and viewed highly, extended help and courtesy and efforts are made to solve their problems efficiently. The same is reflected in the scores for friendliness of the hospital staff and staff taking interest in the patient as a person.

Generally the patient appear satisfied with the concern and understanding shown by the doctor and the explanation of tests and treatment they receive at all the four hospitals. In hospitals in India, patients appear dissatisfied with the time spent with
them by the doctors. This appears to be purely for reasons of patient volume in Indian hospitals. In UAE doctors appear to spend adequate time with their patients.

At the two hospitals in India the patient appear dissatisfied at their involvement in decision-making regarding their medical problem. This is rather expected. The concept of participative management of the patient’s medical problem is still not prevalent in India. Most of the doctors do not feel the need to include the patient in the decision making process. They feel that the patient has scant knowledge of the intricacies of the medical problem, is more emotional than rational and hence incapable of making a good decision. Their approach is more paternalistic than participative.

These is a high satisfaction at all the four settings with the tangible evidence of care including comfortable stay, good dietary services, good layout and décor and good environment. All the four hospitals also score equally high as far as comparison of their services with other hospitals is concerned. Patients also seem quite satisfied with the reliability of care at all the four hospitals. Competent and sincere doctors, reliable investigations and skilled nursing staff are the positive points for all the hospitals.

Except for NMCH, patients at the other three settings seem dissatisfied with the charges and consider it as unreasonably high. This is not necessarily a reflection of the actual cost of service but a function of the paying capacity of the patient, price charges by close enough competitors and a self perceived notion of what is reasonable and what is not.

The cost of service is always considered in relation with the quality and perceived value of the service provided. This is termed as the ‘value for money’ and in real situation, at least in the healthcare scenario, is more important than the actual cost incurred by the patient. If the patient considers the charges to be commensurate with the quality of the service provided he is willing to pay the charges although it may be high. Patients do not usually compromise on their medical care for financial reasons (within means) provided the care justifies the cost. For this reason the patients do
seem to be satisfied with the value for money and believe that the high quality of care and services provided at these hospitals justifies the price they charge.

It is evident that the overall satisfaction with the hospital is high for all the settings in spite of the dissatisfaction certain areas. This is the reason why most of the patients are coming to the hospital again.

The importance performance analysis also presents some interesting observations.

Irrespective of the location of the setting and the type of patients it serves ‘good treatment result’ has been ranked as the most important attribute at all the four hospitals. This is closely followed by skill of the doctors, trust and confidence in the doctor, sincerity of the doctors and the behaviour and attitude of the doctors towards the patient. This ranking has been observed in all four setting irrespective of the fact that they vary immensely among each other. This makes a case for strong internal marketing within the hospital and for attracting, hiring and retaining good doctors.

It may also be noted that value for money ranks higher than reasonable pricing in all the four setting. Patients are willing to pay more provided the care and service that they get from the hospital justifies the cost the hospital charges them for it. This aspect has been discussed earlier.

Convenience of location and timing scores low possible because a patient referred to or needing the services of these large multi-speciality hospital has to go to the hospital irrespective of where it is located and irrespective of the time he has to go.

Among the other attributes, there appears to be a similarity of ranking between the hospitals within one country, India and UAE, with apparent dissimilarity between the two countries.

Patients in UAE rank easy conversation with the doctors and good explanation of tests and treatment higher than they have been by those in India. This is possibly
because the patients in UAE are more educated and aware and prefer a more participative kind of treatment from the doctors rather than the paternalistic kind of treatment that is a norm in India.

Availability of expensive and sophisticated equipment, required for many medical and surgical situations, is ranked much higher in India that in the UAE. This is possible because these equipments are generally not available in many hospitals in India. In the developed nations as in the UAE the availability these facilities are taken for granted. Likewise Attractive layout and décor is ranked much higher by patients in India than by those in the UAE. Many hospital in India lack good basic amenities like good lighting, ventilation air conditioning and the like. The hospitals are noisy and usually foul smelling and dirty. A patient wants these basic amenities to be present in a hospital where he goes for care and ranks them high. In developed countries, including the UAE, these are taken for granted and these are invariably present in all hospitals.

On the other hand, pleasing appearance of the personnel is ranked a more important attribute by the patient in UAE than those in India. In developed nations, that are much more service oriented than developing nations like India, the appearance and nature of the person in contact is a very important attribute for any service organisation including healthcare organisations and significant emphasis is given to improve this attribute.

Reasonable pricing ranks higher in India than in UAE possible because of the difference in the financial situation of the patient in both these countries. Value for money, on the other hand, scores almost the same in both countries. This is interesting because the patients in UAE have a much more higher per capita income than those in India and the patients in UAE are much more financially well off than those in India. This implies that patients irrespective of where they are, and their financial status, demand value for the money that they have spend, and will spend more only of the quality of the care and service justifies the cost.
The patients in the UAE than those in India rank well-organised and quick service much higher. This is typical of a developed and service oriented society and is a common theme for all service organisations, not only healthcare. People are hard pressed for time and time is often equated with money. India, on the other hand, patients have become accustomed to the poor organisation of services and the delay in obtaining a particular service. The high volume of patients attending the hospitals in India may be partially responsible for this. Poor organisation and slow service is a hallmark of most of the services in India especially in the government sector and patients consider it as standard. The trend is gradually changing especially in the private sector service organizations.

### 9.2 RECOMMENDATIONS

The study makes few general recommendations followed by recommendations to the hospitals in the study.

On the basis of the scores obtained in the various statements in the satisfaction surveys, the rankings of importance of various attributes and the analysis of the importance-performance grid various recommendations have been made to the specific hospitals where this study was conducted, for further improving the patient satisfaction with the care and services of these hospitals.

Recommendations have also been made, especially to the hospitals in India, based on the comparison of the study results between the hospitals in India and those in the UAE.

In all the recommendations made to the four hospitals in the setting, recommendations have been limited to what needs to be improved and where the focus of marketing should be directed. Specific recommendations as to how this can
be achieved are not made. This task is left to the administration of these hospitals, as they are better equipped at deciding the strategies and the course of action that can effect the necessary improvement recommended in this study.

9.2.1 GENERAL RECOMMENDATIONS

Despite the ultimate acceptance of marketing as a legitimate and essential function for healthcare organization, the healthcare marketing endeavour has not been altogether successful. Although most private hospitals practice marketing in some form or other, healthcare marketing has not developed into the scientific process that it is in other industries.

Some healthcare organizations have realized and many are realizing that marketing and market research are necessities in today’s healthcare scenario. Unfortunately, this has been mainly restricted to the developed countries and societies. Market researchers in healthcare in the west are increasingly involved in customer satisfaction research. Currently, in USA, more than 90 percent of the hospitals employ some form of customer satisfaction survey.

In India some private hospitals do practice or attempt to practice marketing in some form or other. This practice is however without specific insight into the consumer’s needs and wants and in most cases limited to promotion especially in the corporate sectors with an attempt to increase the number of patients utilizing the facility. Healthcare organizations in India are not marketing oriented. Most of them have neither the pressure nor the capacity or the vision to be market oriented.

This scenario is fast changing. Health care industry, even in India, is now facing intensively competitive environment. Excess capacities, falling bed occupancy and many new types of competitors plague hospitals. It is no longer a seller’s market. The
patients of today are more educated and informed, expect a reasonable level of care at a reasonable cost, and are willing to look for options, which are now increasingly available.

With revolutionary changes sweeping the health care industry it is certain that many of the private healthcare organizations will not be able to sustain themselves unless they provide what the consumer wants, in the way that the consumer wants and at a price that the consumer considers as commensurate i.e. they are able to satisfy the consumer. This forms the basis of marketing activity and market research.

There are various types of market research activities occurring in today’s healthcare environment. Of these one of the most basic and perhaps the most important research activity undertaken by healthcare organizations is patient satisfaction survey. A through knowledge of the needs and wants of the organization’s patients and the extent to which the organization is able to satisfy them is essential for any marketing activity.

Patient satisfaction survey is thus a basic and important tool in the hands of the organization’s management.

This study therefore recommends that:

1. Patient satisfaction surveys should be an integral part of the hospital’s marketing activity.

2. These satisfaction surveys should also be extended in scope to include other categories of customers including doctors and employees of the institution that interact with the healthcare organization and its patients.

3. The surveys should not be a one time solitary effort, rather an ongoing activity within the hospital. In a continuously changing healthcare environment the needs, wants demands and expectations of the patients constantly keep on changing. As
present expectations are met and even exceeded new expectation emerge. A periodic patient satisfaction assessment is necessary for the health care organization to keep abreast with these changes. A satisfied customer today can easily become dissatisfied tomorrow.

4. Strategic decisions in the organization should be based on these surveys and other marketing activities.

5. Even in areas where the patient (or other customer) is apparently satisfied, effort need to be directed to further improve the satisfaction so that expectations are not only met, they are exceeded.

On the basis of the study results the following recommendations can be made to all the four settings and to other hospitals in general:

1. Irrespective of the setting, medical outcome of care has been ranked as the most important attribute of a hospital by the patients. As has been mentioned earlier, the medical outcome is the achievement of the medical objective for which the patient may have come to the hospital. It is the achievement of the desired state resulting from care processes, which includes technical outcomes which may be more definitive like relief of pain, surgery or more indefinite like reduction in morbidity and mortality and interpersonal outcomes like improvement in the quality of life. Hospitals should focus most of their attention to this fact.

2. Despite the satisfaction with the medical outcomes the patients generally, irrespective of the setting, seem comparatively dissatisfied with their expected improvement in the medical condition. Expectation may be unrealistically high. At times market communications builds up these unrealistic expectations. This needs to be examined. Doctor patient communication especially at the first contact can help in giving a more realistic expectation. ‘Promise less and deliver more’ should be the watchword.
3. Doctor related attributes are ranked very high at all the setting. These include the skill, sincerity, trust and confidence in and behaviour and attitude of the doctors. Thus attracting, hiring and retaining good doctors is a vital activity and this also makes a case for strong internal marketing within the hospital.

4. Behaviour and attitude of the staff has been ranked as an important attribute and the performance in this attribute, at all the hospitals (especially those in India) had been correspondingly low. Also patients at both the hospitals in India appear dissatisfied with the courtesy and help offered by the staff and their attempts at solving the patients' problems. At the hospitals in India staff were seen as not helpful or courteous and were inefficient in solving patients problems. Hospitals need to train and motivate its employees to serve the patient better. There need to be both a change in the attitude and the perception of the employees so that they are more patient oriented. The basic aim is to get all employees in the hospital to practice marketing. It has been said that hospitals need not only be 'hi-tech', they also need to be 'hi-touch'. This is also because the patient, in most cases unable to judge the technical quality of the service received, make their judgment and bas their satisfaction on functional quality of the service. Hospitals need to give their employees training in patient relations.

5. Patients at the two hospitals in India appear dissatisfied at their involvement in decision-making regarding their medical problem. This is rather expected. This dissatisfaction could be generalized to other hospitals also. Many of the doctors, especially in India, do not feel the need to include the patient in the decision making process. They feel that the patient has scant knowledge of the intricacies of the medical problem, is more emotional than rational and hence incapable of making a good decision. This concept has changed in most of the developed countries and is gradually changing in India. Doctors need to keep abreast with this. Doctor-patient relations may be viewed as a continuum between the extremes of the paternalistic model (doctor decides, patient complies without any explanations) and the informative model (doctor provides information, patient decides). In between is the participative model (doctor provides information and
advice, patient participates in decisions, by expressing his or her preferences among alternative treatments, a mutually acceptable decision is reached. The concept of participative management of the patient’s medical problem is still not prevalent in India. Their approach still remains paternalistic. Research has show that participative approach provided more satisfaction to the patient and their caregivers and also reduced the amount of complaints and litigation. It may be however clarified that the patients desire to participate and the extent of participation is an individual decision, which the doctor should be able to gauge.

6. At all the four settings, among the two statements used to evaluate the price (cost) considerations, value for money has been ranked much higher attribute than the cost of the service. This is understandable. Patients do not usually compromise on their medical care for financial reasons (within their means) provided the care justifies the cost. So whatever and where ever the hospital and whatsoever its charges, it should be commensurate with the quality of service and care it provided to its patients. This also implies that patients, irrespective of their financial status, demand value for the money that they have spend, and will spend more only of the quality of the care and service justifies the cost.

7. At all the four hospitals in the study the patients have been dissatisfied with the services received by them at the reception. This may, in some cases be unjustified. Reception staff faces a lot of patient ire for events and situation outside their control, like the unavailability of the doctors, possibly because they are the first contact of the patient with the organization. This makes the case for training to these personnel in patient relation and patients satisfaction all the more stronger.
The following recommendations are made for the Christian medical College and Hospital, Ludhiana:

1. The medical outcome of care is satisfactory and the hospital needs to keep up its focus there. However the satisfaction with the expected improvement in medical condition is not as high. The reasons for this have already been mentioned and so has the possible solution, in the earlier section on general recommendations.

2. Access to care at CMC&H is very unsatisfactory. This is for reasons partially beyond the control of the hospital as already mentioned. The hospital would do well to open satellite clinic, diagnostic facility or blood collection centre for laboratory tests in more accessible parts of the city. In any case it should organize its patient related services within the hospital much better so that the patients are able to get quick service.

3. Responsiveness of the personnel is one area where the hospital needs significant improvement. This is an important area of dissatisfaction. There needs to be both a change in the attitude and the perception of the employees so that they are more patient oriented. For this, the hospital needs to train and motivate its employees to serve the patient better.

4. Although the doctors and nurses appear empathic, the doctor–patient understanding needs improvement. If language is a barrier, this problem needs to be addressed to. Doctors need to spend more time with the patients and if time is a constraint at least appear to have spend more time by spending at least some of the time talking to the patients (or his parents, relatives or caregiver). The staff needs to take more interest in the patient as an individual rather in just his medical problem for which he / she has come to the hospital. This needs an attitude change throughout the hospital.
5. In the communication category improvement in the response of the reception staff and increased involvement of the patient in decision regarding the management of their medical problem are recommended. Both these are explained in detail in the earlier section.

6. The tangible evidence of care is quite satisfactory and the hospital needs to continue and even further improve the same.

7. The patients appear to be quite satisfied with the reliability of care. This being a very important attribute the hospital needs to continue its focus in this area.

8. Although patients appear to be dissatisfied with the price charged by the hospital for the various services, they appear satisfied with the value of money they receive. The hospital needs to further add to this value by improving its services.

9. Based on the importance-performance grid the areas that need most focus are the improvement in the attitude and behaviour of the staff and improvement in the communication of the patients with the doctors.

9.2.3 INDRAPRASTHA APOLLO HOSPITAL

The following recommendations are made for further improving the patient satisfaction with the care and services at Apollo:

1. The medical outcome of care is satisfactory at Apollo and the hospital needs to keep up its focus there. However the satisfaction with the expected improvement in medical condition is not as high. This has been observed at all the hospitals in
the study. The reasons for this have already been mentioned and so has the possible solution, in the earlier section on general recommendations.

2. Access to care at Apollo is satisfactory although waiting time and ease of getting appointment need improvement. The hospital already runs satellite clinics in different parts of the city. It however needs to organize its patient related services within the hospital still better, wherever possible, to further decrease the time spent in obtaining the services.

3. Responsiveness of the personnel is the area where the hospital needs significant improvement. This is an important area of dissatisfaction. The hospital would do well to train and motivate its employees to serve the patient better. The employees need to be more patient oriented. The kind of service orientation that is present in the developed part of the world needs to be emulated. This is more so important for Apollo in view of its international image.

4. Although the doctors and nurses appear empathic to the patient and the doctor–patient understanding is satisfactory, doctors need to spend more time with the patients. As mentioned earlier, if availability of time is a constraint, at least the doctors should appear to have spend more time with the patient by spending at least some of the time talking to the patients (or his parents, relatives or caregiver) about his cares and concerns than just limiting themselves to medical questions and examination.

5. In the communication category improvement in the reception area and increased involvement of the patient in decision regarding the management of their medical problem are recommended. Both these have been discussed earlier.

6. There is a good patient satisfaction with the tangible evidence of care at Apollo that the hospital needs to continue.
7. The patients appear to be quite satisfied with the reliability of care. Reliability, being a very important attribute, needs continued focus.

8. Although patients appear to be dissatisfied with the price charged by the hospital for the various services, they appear satisfied with the value of money they receive. The hospital could further add to this value by improving its services in the areas mentioned above.

9. Based on the importance-performance grid the areas that need most focus are the improvement in the attitude and behaviour of the staff and their concern for the patients and the improvement in the communication of the patients with the doctors. Value for money is another attribute that needs improvement and improvement in the services, as recommended, will help achieve this.

9.2.4 NEW MEDICAL CENTRE HOSPITAL

The recommendations for New Medical Centre Hospital are as follows:

1. The medical outcome of care is satisfactory at NMCH and the hospital needs to keep up its focus there. However the satisfaction with the expected improvement in medical condition is not as high. This has been common theme with all the hospitals in the study.

2. Access to care at NMCH is overall quite satisfactory except with the patient dissatisfaction with the organization of services at the hospital. The hospital thus needs to organize its patient related services within the hospital much better. As has been mentioned, the hospital is in the process of construction of a new hospital purpose built to international standards. However even with the present constraints improvement can planned.
3. Responsiveness of the personnel to patient and their problem is satisfactory, the staff being seen as helpful, courteous and efficient in problem solving. This is an important attribute for the hospital and needs further improvement as depicted in the importance performance grid for the hospital.

4. The patients are satisfied with the doctors’ and nurses’ empathic attitude and behaviour. Empathy requires continued focus.

5. In the communication category improvement in the response and information provided at the reception is recommended as this one area where the patients are dissatisfied. Perhaps training of the personnel in patient relations could help. Involvement of the patient in decisions regarding their treatment needs to be increased. This has been detailed in the earlier sections.

6. There is a good patient satisfaction with the tangible evidence of care at NMCH and the hospital needs to continue its focus there as this aspect of care is taken for granted in a developed society.

7. The patients appear to be quite satisfied with the reliability of care. This being a very important attribute of the hospital needs continued focus.

8. The patients are well satisfied with the price charged by the hospital for the various services and they are also satisfied with the value of money they receive.

9. Based on the importance-performance grid the areas that need more focus are the improvement in the attitude and behaviour of the staff organisation of the hospital services. These aspects have been highlighted before.
9.2.5 WELCARE HOSPITAL, DUBAI

On the basis of the scores obtained in the various statements in the satisfaction surveys, the rankings of importance of various attributes and the analysis of the importance-performance grid the following recommendations can be made for further improving the patient satisfaction with the care and services at Welcare.

1. The medical outcome of care is satisfactory at Welcare and the hospital needs to keep up its focus there. However the satisfaction with the expected improvement in medical condition is not as high and even less than the other hospitals in the study. The hospital needs to either limit the patient expectations or deliver the expected.

2. Access to care at Welcare is overall quite satisfactory except with some dissatisfaction with the organization of services at the hospital. The hospital thus needs to organize its patient related services within the hospital much better. Welcare is a new hospital and in the process of streamlining its patient related services. This aspect of care will gradually improve as the hospital grows.

3. Responsiveness of the personnel to patient and their problem is satisfactory. This is an important attribute for any hospital and for the hospitals in the UAE, which is a consumer driven society, a necessity. The hospital needs to further improve this area as depicted in the importance performance grid for the hospital.

4. The patients are quite satisfied with the doctors' and nurses' empathic attitude and behaviour. Empathy requires continued focus and hospital staff needs to be trained and motivated in patient relation.

5. In the communication category improvement in the response and information provided at the reception is recommended as this one area where the patients are dissatisfied. Perhaps training of the personnel in patient relations could help.
Involvement of the patient in decisions regarding their treatment needs to be increased. Welcare gets a subset of patients who demand an increased role in the decision-making regarding the management of their medical condition. The doctors need to be aware of this situation.

6. There is a very high patient satisfaction with the tangible evidence of care at Welcare. The hospital is newly constructed and built to international standards.

7. The patients appear to be quite satisfied with the reliability of care. This being a very important attribute of the hospital needs continued focus. Sincerity of the doctors or rather the patient's perception of the sincerity of the doctors needs to be improved. Sincerity is an attribute that may take some time to build.

8. The dissatisfaction among the patients regarding the price charged is high. The patients are also marginally satisfied with the value of money they receive at the hospital. The hospital either needs to cut down its charges and if that is not feasible, needs to improve the quality of its care and services to the patient so that at the charges appear commensurate with the service provided.

10. Based on the importance-performance grid the areas that need more focus are the improvement in the attitude and behaviour of the staff, and their demonstration of concern for the patient and the apparent sincerity of the doctors toward the patients. The organisation of the patient related hospital services need to be improved making it simple and quick. Value for money is another attribute that needs improvement and improvement in the services as recommended with help achieve this. These aspects have been highlighted before.
9.3 DIRECTIONS FOR FUTURE RESEARCH

Healthcare market research is relatively new concept, especially in India. The scope of patient (and other customer) satisfaction survey as a marketing tool is therefore immense. The importance of satisfaction surveys by healthcare organisations needs no emphasis.

At the various hospitals included in this study, the following research can be undertaken in context of the present:

1. Since reasonable time has elapsed between the study conducted at the different settings and the present-day, another study could be undertaken at the settings to see how patient’s attitude and perceptions have changed over time. This may also help the administration to learn if their present policies and strategies are in accordance with the patient’s expectations.

2. If the administration decides to effect strategies in line with the recommendations of the study, another similar study can be undertaken after a period of time to see the effect of the strategies by comparing the study with the present one.

3. A similar questionnaire can be administered to other groups of employees in the ancillary and support areas that directly or indirectly influence patient care, to better evaluate the concept of internal marketing within the hospital.

4. A similar study (albeit with certain modification in the questionnaire) can be done on the doctors in the catchments area of the hospital, or the community physicians, who are an important source for patient referral to these large multi-speciality hospitals. It is important to know their attitude toward the various aspects of this hospital as that influences their decision to refer the patient to these hospitals.
5. Likewise a similar study can be undertaken in the general community served by these hospitals to find their attitude, perception and opinion about the hospitals, as these form the potential patients for the hospital.

Within the hospital, areas for future research in the inpatient setting could include:

1. Detailed studies of patients' assessments of specific features of quality of care that have not been analyzed in this work.

2. Comparing and contrasting the service and care provided by different areas of the hospital in a bid to gain important insight into the relative strengths and weaknesses of these areas so as to improve the overall care and service delivered at the hospital.

There are various other areas where similar studies, with necessary modification, are important to improve the healthcare delivery system.

1. This study covers only large multi-speciality hospitals. Similar study could to done at various primary and secondary level hospitals. It may be assumed that the patient's perception and attitude of these hospital and their expectations from these hospital will differ from that for a large multi-speciality hospital.

2. Similar study can be done in government hospitals to see the attitude of the patients toward their service, and if undertaken on large scale, the recommendations will help to improve the public health care system.

3. Effort could be made to compare patient satisfaction between different healthcare delivery organizations. Such a comparison would be emphasised, among others, by corporate payers and health insurance companies. Such efforts would also appeal directly to consumers' desires for good quality health care. However, to be valid, comparisons among hospitals must be made only by carefully standardised
survey methods. As has been mentioned earlier, this study has been setting specific.

Routine and careful monitoring of patient based indicators of the quality of service and care and translating them into marketing strategies to improve patient satisfaction is important for all healthcare organizations irrespective of their size, specialty, location, patient base, present patient volume and present financial health. Patients’ perceptions of quality of care influences their behavior. Such behaviors have noteworthy consequences, positive or negative, on the healthcare organization.