CHAPTER VI

SUMMARY, FINDINGS, SUGGESTIONS

& CONCLUSION
CHAPTER - VI

SUMMARY

INTRODUCTION

Hospitals have grown both in size and direction, making their management a challenging task. With the coming in of poly-clinics and big hospitals in private sector, the problems of hospitals and patient management have compounded. To meet the rising demand, hospitals have to strengthen their relationship with patients. It is the relationship which can sustain hospitals profitability, which it is losing patients on account of introduction of new medical technology or price cutting by other hospitals. A hospital must have a healthy working relationship in order to achieve total patient satisfaction.

Patient satisfaction is important issue concerning hospitals today. The future survival of many hospitals may be dependent upon a better understanding of this because it leads to faster resolution of complaints, higher productivity and profitability.

The aim of the study was to evaluate the CRM strategies and to analyze the patient satisfaction in private hospitals. In this process, the profile of health care industry in Madurai Corporation has been assessed. CRM strategies as viewed by the hospital authorities and patients were evaluation. A further probe was made into the factors influencing satisfaction of patients by analyzing data collected through interview schedule constructed separately for healthcare providers and patients and also the areas of patients’ dissatisfaction. The study was based to primary and secondary data. The data collected were regrouped to suit the
analytical form and to draw interferences. Quantitative techniques like averages, percentages, t-test, F-test, Chi-square, Correlation, and Multiple Discriminate analysis were employed as found necessary. This chapter has been assigned to fulfill the sixth and the last objective of the study, of offering suggestions to improve patient satisfaction in private hospitals. This is done by presenting suggestions emanating from the findings of the study as well as those offered by the respondent patients and healthcare providers. These suggestions have been given after a brief summary of the findings of the study.

CRM STRATEGIES – ATTITUDE OF HOSPITAL STAFFS

Views of hospital authorities on CRM have been sought under eight heads. CRM-in general, CRM-attitude towards patients, CRM-out-patient management, CRM-in-patient service management, CRM-intensive care units’ management, Staff management Supplier management and societal activities. Mean satisfaction scores of healthcare providers on all the eight components of CRM strategies reveal that 5-20 years old hospitals, trust hospitals, multi specialty hospitals, more than 100 beded hospitals, hospitals with more than 20 doctors, hospitals with more than 50 nurses, city based hospitals and hospitals earning gross receipts above 6 crores show favorable attitude towards CRM strategies.

PATIENTS SATISFACTION

FULFILLMENT OF EXPECTATION

The patient satisfaction has been studied under to different heads namely expectations fulfillment on hospital services and satisfaction on CRM strategies taking 32 variables in each case. Views of patients were collected under three heads on expectations on hospital services namely expectations on hospital facilities, expectations on hospital personnel and expectations on cost of treatment.
Mean expectations fulfillment scores of patients and Anova results on all the three components of expectations fulfillment reveals the following:

**SATISFACTION BASED ON SERVICES PROFILE VARIABLES**

Mean satisfaction scores shows that trust hospital, single specialty hospital and city based hospital provides more satisfaction to the patients in all respects except for cost of treatment. Patients have got more satisfaction from private, general and township hospitals in respect of cost of treatment.

Anova results indicate that the three hospital variables namely, ownership, specialty and location have significant impact on satisfaction.

**PERCEPTION OF HEALTHCARE PROVIDERS AND PATIENTS**

**PERCEPTION ON CRM- A COMPARISON**

Seventeen CRM variables which are common to healthcare providers and patients were identified. Anova results show that with regard to CRM variables-communication to employees, training and development process followed, record management and disposal of infectious materials, patients have very low perception than hospital authorities.

**AREAS OF PATIENT SATISFACTION**

The major areas of patient dissatisfaction found from the study are parking facility, catering facility, number of nurses, consultation fees, cost of medicines, cost of the items sold in the canteen, adopting new technology, record maintenance, feedback procedures, complaints handling and internet facility for getting appointment.
FINDINGS OF THE STUDY

In gender wise classification, Mostly 67% respondents are Male. Remaining 33% respondents are Female. This analysis shows that a good number of patients, going to the corporate hospitals for treatment, are males when compared to females. Generally, Females are prone to problems arising due to motherhood, menopause and other health-related problems. The reason for lesser number of women visiting corporate hospitals may be because of the high expenditure involved and hence many of them make do with the local as well as alternate healthcare facilities available. Secondly, the females generally do not reveal their health problem until medical intervention is inevitable.

In Age-Wise Classification 43.9% respondents are in the category of 31-40. Next 22.8% respondents are in the category of 41-50. 15.7% respondents are in the category of below 20. 13.5% respondents are in the category of 21-30. Remaining 4.1% respondents are in the category of 51 and above. This analysis reveals that the maximum number of patients going to the corporate hospitals is in the age groups of below 20 to 51 and above years. This may be because most of the non-infectious, non-communicable and hereditary diseases such as heart diseases, cancers, diabetes, hypertension and neurological disorders, etc., are found very high in these age groups. These age groups mostly constitute the working class who are subjected to stress due to family burdens, tensions at the workplace and problems of environmental pollution causing early health disorders. It is interesting to note that the three hospitals selected for the study have the provision of reimbursement of medical bills. Moreover, due to the high risk involved with increasing age levels, people prefer private hospitals for much attention and quality healthcare.
In Education - Wise Classification 47.6% respondents are in the category of HSC. Next 19.65% respondents are in the category of respondents are in the category of PG. 17.4% respondents are in the category of Professional. 12.6% respondents are in the category of up to SSLC and 2.8% respondents are in the category of Others. This may be a result of affluence, changing social values and growing acceptance of intermediate as minimum level of education in the society. It can be seen that the proportion of patients with secondary education is small, primary education is still smaller and patients with no education is almost negligible. The reason for this may be that majority of the patients come from Madurai and other urban centers having high-level occupations and incomes with scope for good education. Even patients going to corporate hospitals with semi-urban and rural background have affordable income for health and education. It can be inferred from the above observations that almost all the patients are literate and an overwhelming proportion of them have possessed degree and above level education.

In occupation - Wise Classification 51.9% respondents are in the category of private. Next 32.2% respondents are in the category of Govt. 15.7% respondents are in the category of Professional. 2% respondents are in the category of Business. The reason for this may be they belong to families with good education, high occupation and incomes. Moreover, the retired people are mostly pensioners who may spend a large proportion of their pensions for healthcare. The reason for very less number of patients belonging is less engaged in agricultural activities, while the rural population where agricultural occupation is predominates is coming in less numbers to the corporate hospitals in Madurai. It can be inferred that people with higher-level occupations such as job and profession prefer quality healthcare services and are more amenable to take their family members to the corporate hospitals.
In Monthly income -Wise Classification 35.4% respondents are in the category of 5,001- 10,000. Next 30.4 % respondents are in the category of 15000-20000. 23.5 % respondents are in the category of 10001-25000 and 10.7 %respondents are in the category of below 5000. More number of middle and high income groups going to corporate hospitals may be because of the availability of specialists and a large number of super specialty departments, availability of guest room service for the attendants of patients belonging to single, deluxe and super deluxe rooms, entertainment facilities, emergency and trauma care, mobile hospital, ambulance services and many other additional facilities. The reason for low-income group to be small may be because these people have low income and savings, which does not allow them to have much access to costly treatments in the corporate hospitals. However, some patients from this group are found to be using corporate health services in case of necessity of specialist treatment for complicated health problems, reimbursement of medical bills, etc.

In Consultation wise classification, Mostly 84.4% respondents are able to consult the doctors and nurses whenever patients feel the need. Remaining 15.6% respondents are not able to consult the doctors and nurses.

In Sympathetic wise classification, Mostly 74.1% respondents are articulating the doctors are sympathetic and kind towards patients. Remaining 25.9% respondents are revealing the doctors are not sympathy and kind towards the patients.

In Consolation classification, Mostly 90.6% respondents are articulating the doctors try to console the patients in their distress regarding problems.9.4% respondents saying the doctors not try to console the patients in their distress regarding problems.
In Doubt Clarification Wise Classification, Mostly 71.5% respondents are articulating, the doctors are clarifying any doubt regarding their illness or the treatment. Remaining 28.5% respondents are expressing the doctors are not clarifying any doubt regarding their illness or the treatment.

In Time Spent Wise classification, Mostly 69.6% respondents are satisfying with the amount of time spent by doctors with them during consultation and Remaining 30.4% respondents are not satisfied.

In Nurses Performance Wise classification, Mostly 92.4% respondents are articulating, the nurses are skilled in their performances and 7.6% respondents saying the nurses are not skilled in their performances.

In Explain about Treatment wise classification, Mostly 62.6% respondents are articulating, the nurses are explaining the reasons for medication; treatment and diagnostics procedure. 37.4% are saying nurses not explained about it.

In Voluntary Services Wise Classification mostly 95.6% respondents are accepting nurses were voluntarily doing their services. 4.4% are saying they were not voluntarily doing their services. In doctor's instructions carry out by nurses classification mostly 42% respondents are saying nurses Carry out Doctor’s Instructions and orders promptly. But 58% respondents are saying nurses not Carry out Doctor’s Instructions and orders promptly.

From the T Test table is found that the mean values 4.1500, 4.1825, 4.3925, 3.7700, 4.3375, 4.1225, 3.5425, 3.5575, 3.8850, 3.9350, 3.9450, 3.9050, are all statistically significant except the variable courteous attitude (2.9050) and it is found that the patients who are visiting private hospitals in Madurai District strongly agreed the fixation procedures and wonderful procedures, handling emergency cases and patients in
take procedure, similarly the patients give strong confection for proper records maintenance and excellent communication. In fact pre-disease management, pain management medical facilities profiling and also optimistically attracted the patients of private hospitals.

From the ANOVA table it is found that facilities differences significantly $F=3.656 (0.45)$ therefore the from the descriptive table it is found that female patients well appreciated the services offered in the private hospitals were as the male patients express moderate satisfaction facilities in private hospital. finally it reveals there is no significant between level of satisfaction.

From the factors table it is found that the variables are reduced into 3 predominant factors with total variance $52.441$ the individual variances are $19.750$, $18.149$ and $14.543$ respectively. The values are $2.567$, $2.359$ and $1.891$ respectively. These shows that the 3 factors are predominant with these variable loadings, which is identity in located component matrix table so this factors called Initial Convenience, Perpetual Factor, and Responsive Factor respectively.
SUGGESTIONS

WAITING TIME

The hospital should take steps for reducing the waiting of the patients. Even if it is not possible because of the huge crowd, it should try to reduce the medium of waiting. To do this, the hospital should provide some reading materials or other forms of relaxation to entertain the patients and their companions to while away the time of waiting.

VOLUNTARY COMMUNICATION

The hospital management should develop some means of voluntary communication between the hospital staff and the patients. They should develop a helping attitude towards the patients. The existence of a helping attitude of the staff towards the patients depends on the expresses policy of the management of the hospital. The importance of a sympathetic attitude towards the patient showing respect for dignity of the patient should be emphasized on whole the patients should be shown a great deal of love and affection.

DISPOSAL OF WASTE

The hospital should take every effort to keep the surroundings clean. Proper systems for disposal of waste should be evolved.

SUGGESTION BOX
The hospital should have something like the suggestion box or some other for monitoring system where patients would be able to make complaints or give suggestions. The hospital can also monitor the patient's satisfaction or dissatisfaction with hospital by giving out printed forms or cards with questions to the patients enquiring them about their stay at time of discharge.

PARKING FACILITIES

Most of the city based hospitals are situated in the heart of the city with limited space. To make the patients convenient, hospital should make a management with the owners of vacant land nearby for parking the vehicles.

AMBULANCE

It is an essential function in every hospital regardless of its size, sophistication and means of transportation. But most of the sample township hospitals do not have ambulance facility. To provide maximum satisfaction and for better relationship with the patients they have to make an arrangement for this.

CATERING

The diet of patient is an important factor in the restoration of health, both psychological as well as physical as well as physical. Even in the well established hospitals, the sample patients are not happy with the quality of food supplied to them. Hence proper management of the dietary department becomes a very important part of hospital/nursing home management. Unfortunately it is not so in most of the hospitals/nursing homes. Lack of professional catering skills has let to inadequately managed departments. Contacts to professionally managed catering organizations could be considered. Some well known hotels are beginning to develop institutional catering
wings. Contracts could be given to such catering companies who specialize in institutional catering.

ADEQUACY OF BASIS NURSES

The requirement of nursing staff in an ICU is one nurse per bed throughout the day. A ration of 1:3 in the right is recommended by experts for a 30 bedded hospital. At least 70% of nurses should be trained in ICU care.

TOTAL HOSPITAL CHARGES

The patients felt that the cost charged for the items sold in the canteen and pharmacies are very high. It has also been found that consultation fees and total hospital charges are also very high. Hospital managements should consider reasonable rates because now-a-days even below middle income group prefer private hospitals for treatment than Government hospitals.

TRAINING

Most of the hospitals are staffed with inadequate number of nurses who have limited understanding of health problems, communication skills and lack general information about the hospital personnel and department. Proper training would take care of the preliminary screening and as a result he/she understands procedures and follows them correctly. Orientation and training adds to the security of the employee by enhancing his effectiveness and his ability to meet the job requirements.

EMPOLEE COMMUNICATION

Human and organizational health depends very much on effective communications. Mere circulars on the hospital notice boards are not enough to achieve organizational objectives and employees' satisfaction. The need for effective
communications becomes even more acute when there is a crisis like an employee strike, spread of infection, etc. in hospitals. Newsletters, special purpose pamphlets, slide presentations, cassettes and now-a-days even video tapes are used in many hospitals abroad for employee communication. The services of communication specialists (psychologists, advertising and public relations agencies) are also needed by hospitals.

ADVANCED TECHNOLOGY

Efficient services in hospitals today do not mean providing only advanced medical technology, but also upgrading of support services for quicker data recording, compilation and analysis. Those hospitals are technically lagging behind should gradually start implementing advanced technologies in treatment and also in customer support services.

RECORDS MANAGEMENT

Patients are treated as cases and for a particular disease. In many hospitals no records are maintained for the medical check-ups done from time to time. It is suggested that patients may be provided with permanent pass-books which can keep a chronological record of the health of the individuals. The record should also be classified according to the frequency of visits and different colored stickers may be pasted on this record for easy identification. They should be stored, separately for in and out-patients. This would help the doctors in administering right medicine and also it would enable the hospital to develop epidemiological profile of patients for an effective planning of manpower, drugs, examination facilities and also initiating health education programmes.
COMPLAINTS AND GRIEVANCES HANDLING

The patients and employees must be encouraged by healthcare providers to make complaints when they face any problems in the hospital campus. For that, complaints or suggestions box must be provided and action must be taken by the hospital authorities against such complaints to improve the service.

FEEDBACK PROCEDURES

To measure the patient satisfaction, routine (Standard) feedback forms must be used by the hospitals. These forms can be given to the patients at the time of discharge and responses may be collected by the duty nurse, so that the patients can express their ideas about the hospital services and healthcare providers can rectify the problems faced by the patients and can do still better service to the patients.

COURTESY

This study observed that patients consider “courtesy” to be essential part of the services. The major complaint of discourtesy was against the menial staff. The nurses and doctors are considered to be very courteous. When the patients are suffering from physical ailment, comforting word from the staff goes a long way in soothing them. Courtesy should be not only from the part of the doctors and the nurses, but also by the menial staff. Training should be given to all the staff to stress that medical care is a team effort and not the job of only the doctors/nurses.
CONCLUSION

There are possibilities of benefits in the form of speedy decisions, inexpensive justice, simple procedures, relief to the victim in the form of the compensation, improved quality of patient care and doctors becoming more careful on the other hand, there are possibilities of adverse effects which include increased cost of treatment, defensive medical practice, refusal to attend serious patients, especially in case of emergency and deterioration in the 'humane' relationship between doctors and patient and so on.

The medical is still far from what patients expected as ideal. The main reason indicated include: non-communication on the part of doctors, behavioral attitude of the staff and delay in treatment. It has also been revealed that consumer awareness, though presently less, is on the increase of in India review of the studies conducted abroad has revealed that patients wanted to be involved in the decision making process about their care and treatment. Further it is indicated that it was the fear of litigation and payment of huge compensation that compelled doctors to indulge in defensive medical practices. Basically, these steps were seemingly resorted to by medical professional just to protect themselves. However on the positive side, it has also been found that doctors were becoming more careful and they took interest in writing elaborate patient’s records, tried to give more information to the patients and involved them in treatment process. However there has been lack of Indian studies on this subject and no major study have so far been conducted either by government or by the management of private health institutions.

The patient-doctor relationship is central to the patient satisfaction and to the positive health outcomes. The most crucial healing element is not medicine or surgery, but a patient-doctor relationship, which provides hope, confidence and a healthy environment. Effective communication between the doctor
and the patient, is central Clinical function. The relationship between the patient and the doctor should be based primarily on faith, confidence and holistic approach.

The topic CRM in private hospital is a novel idea, which has not so far been taken there are amply opportunities for future research. For such studies, if the present study were of a little help, the researcher would feel amply rewarded. The researcher concludes with fond hope that many more such research studies will be undertaken in this important activity catering to the well being of humanity.
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