Effect of Academic Education on Patient Satisfaction

Narges Ebrahimi & M. D. Lawrence

Department of Commerce and Research Center, University of Pune,
Pune - 411 007, Maharashtra, India
E-mail : n58_ebrahimi@yahoo.com

Abstract – The study of patient satisfaction is becoming increasingly important. From the business perspective, patients represent the major customers of the hospital who receive and feel the healthcare services directly and realistically. However, despite their many efforts and successes with satisfaction measurement, evidence shows that more work in this area is still needed. This research investigates the effects and the relative importance of academic education on patient satisfaction. Eleven hospitals and 1100 patients are included in the study; the results show people with higher education have less satisfaction about quality of services in the hospitals. Based on the findings of this study, hospitals and developer in designing and maintaining CRM software must consider level of education of patients as an important factor in managing relationship with patients.

Keywords – Management, Customer Relationship Management, Patient satisfaction, Academic Education, Service Quality.

I. INTRODUCTION

Improving quality of care and customer satisfaction are the key business drivers, and these will have the most impact on healthcare in the next 2 years as indicated by a research report from the Healthcare Information and Management Systems Society (HIMSS)[1]. Satisfaction could be defined as a user’s post-purchase evaluation of a product or service. Patient needs driver for efficient hospital services. Personal contact and relationships are very important in health care environment. Hospitals are most important element in any health care delivery system. A hospital plays a major role in maintaining and restoring the health of people. Care of the sick and injured, Preventive health care, health related research and training of medical and paramedical staff are general board functions of a hospital. It involves both outpatient and inpatient hospital services and on many occasion emergency medical services. In the future, hospitals should move from service-centric to patient-centric strategies. The strengths of a hospital largely depend on strength of its relationship with patients. the characteristic features of present day customers of a hospital can be divided as follows:

A. Highly Knowledgeable

Today's customer even in health-related issues wants to make his own decisions. The cliche 'Leave it to the doctor' seems to be no longer true always. The patient and the patient attendants want to know the disease profile, the methodology of the treatment to be given, the medicines administered and the side effects entailed. A whole study is conducted by them with the help of the Internet about the nature of the disease, the symptoms, the percentage of success rate if surgery is involved and such other aspects.

B. Value Seekers

The consumer of health care services is demanding more value addition and wants to reduce his/her risk by dealing with trustworthy companies, services and products. He/she requires immediate attention and service, He/she has become more demanding and is not willing to adjust, and the expectations have risen very high. The rise of voicing customer dissatisfaction and opinions has increased considerably. There is not only high quality of service expected from the service providers from the medical fraternity but also from service providers from the non-medical areas.

C. Cost Conscious

The consumer today attaches great importance to the component of 'cost' in the treatment. There are price comparisons done on various packages. Many times there remains a feeling in the minds of the customer that the hospital victimizes their fragile condition and charges far more. This feeling rises at the time of payment of bills. Customers have a lot of doubt about the payment structure and feel cheated. They do indulge in clarification of doubts.
D. Possess Preferences

The consumers have a range of preferences when they come to avail of medical services. These would include preference for hospital, food, colour (for example: customized ambience based on choice of colour for curtains and patient gowns), room type, regional language usage while obtaining (receiving) hospital services and so on. There is increased pressure on the hospital to provide these services at the earliest, making flexibility the key to customer—the ‘WOW’ effect, the excitement of the customer on experiencing the product/service.

E. Desire Customized Services

The customers would like to receive individually differentiated services. They are willing to pay extra in order to make their stay in the hospital more pleasant. For example, there are customers who want to make ID/STD calls from the room itself or require air conditioning in the out-patient waiting room. In the race for customer acquisition and retention, the one who can deliver faster and better wins the hearts of the customers.

F. Perform Continuous Analysis

In the past customers would chiefly rate a hospital based on the quality of medical services provided. Consumers today have a host of factors based on which they rate the hospital. These include:
1. Clean environment;
2. Availability of latest technology;
3. Hospital’s staff personnel mannerisms while service provision;
4. Time spent and methodology of imparting patient;
5. Implementation of suggestions given;
6. Clarity and transparency of billing procedure;
7. Systematic nature of work

In today’s market, individuals are faced with many different options when deciding on a specific healthcare provider. Due to the varying options, quality and service stand out as essential elements that influence the selection process. Quality patient/customer service is for many, a readily understood healthcare standard. Thus, a healthcare organization’s reputation for its commitment to quality and patient-centered customer service stands as the main criteria for individuals in choosing a healthcare service provider (Stavins, 2006) [2]. Therefore, measurement of patient satisfaction and incorporating results to create a culture where service is deemed important should be a strategic goal for all healthcare organizations” (Stavins, 2006)[2].

The issue of patient/customer satisfaction has gained increasing attention from executives across the healthcare industry. In order to effectively make increase in patient satisfaction, different factors which are influence on satisfaction must be understood.

II. LITERATURE REVIEW

In this research, effect of academic education on satisfaction will be analysed. Academic education may have both a positive and a negative effect on satisfaction. It may have a positive indirect effect on satisfaction because more highly educated people are able to find better hospitals and therefore derive more satisfaction with their selection. And it may have a negative direct effect on satisfaction, because expectations which are negatively related to satisfaction tend to increase with education.

College of Nursing, Wayne State University implemented a study( 2002-2003 ) on effects of a low-cost educational intervention designed to occupy the waiting time in the clinic on patient satisfaction with the clinic visit and found that Patients who were taught while they waited in the clinics were more satisfied with their education than the control group[3].

University of California at Berkeley School of Public Health implemented a study ( 1996) on health education and patient satisfaction and found that Patients who reported that their physician or other health care professional had discussed one or more health education topics with them in the last 3 years were more likely to be very satisfied with their physician than were patients who reported they had not[4] .

In 2012 a study is implemented by Leyla Temizer and Ali Turkyilmaz in Implementation of student satisfaction index model in higher education institutions and SSI model is developed to measure the satisfaction of students from different aspects, such as image of the university, expectations, perceived quality, perceived value, and loyalty[5].

According to the results, for higher student satisfaction and loyalty, the managers of HEIs should focus on the quality of the products and services they provide and image of the institution from the eyes of their students.

III. RESEARCH METHODOLOGY

A. Research hypothesis

Patients with higher academic education have less satisfaction about quality of services in the hospitals.
B. Population and sampling method

The study objects of this research were eleven hospitals of Pune region for the research selected on the basis of simple Random sampling method.

C. Questionnaire design

This research utilized the closed question style, and the questionnaire was divided into two parts. One contains the questions eliciting the basic information of participants; the other part contains the questions used for studying level of satisfaction about quality of services.

D. Questionnaire distribution and collection

In this study, questionnaire distributed among 1100 patients in the hospitals and a person was there to help people who don’t know English to fill the questionnaire. This process was conducted over a period of 3 month.

E. Statistical Analyse Used for Data Analysis

The statistical software SPSS17 is used to find the demographic frequencies and cross tabulation of the variables. Analysis would be presented with the help of One Way ANOVA. The data collected for the research is descriptive and hence data analysed by way of measures of tendency i.e. mean, median, mode, variance and charts. Finally, conclusions are drawn on the basis of the facts revealed by analysis and interpretation of data collected for the study and suggestions are offered keeping in view the problem.

IV. ANALYSIS AND RESULTS

Table.1 indicates that high school graduate people with 396 have maximum frequency and people with less than high school education with 335 have minimum frequency among respondents. Table.1 indicates that number of people who graduated in high school is maximum . It means that among 1088 patients from all 11 hospitals 396 patients are high school graduated. Among all 1038 patients, 335 patients who didn’t complete high school are minimum frequency.

<table>
<thead>
<tr>
<th>No</th>
<th>Hospital</th>
<th>Education</th>
<th>Less than High school</th>
<th>High school graduate</th>
<th>College graduate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sancheti</td>
<td></td>
<td>59</td>
<td>25</td>
<td>18</td>
<td>102</td>
</tr>
<tr>
<td>2</td>
<td>Jehangir</td>
<td></td>
<td>31</td>
<td>38</td>
<td>30</td>
<td>99</td>
</tr>
<tr>
<td>3</td>
<td>Rubi Hall</td>
<td></td>
<td>55</td>
<td>30</td>
<td>12</td>
<td>97</td>
</tr>
</tbody>
</table>

Table.2: Hospital * educational Cross tabulation*

Table 1: Distributions of respondents among all private and governmental hospitals on the basis of Education

Most of the patients who visited Sancheti hospital are the people with low level of education and just 18 patients from 102 patients are graduated in college. In Jehangir hospital number of people from 3 different groups more or less is same.

There is a big difference between the number of patients from less than high school and college graduated patients in Rubi Hall hospital i.e. group 1 and group 3.

In Oyster and Pearl hospital patients from group 1 with 11 frequencies are least and graduated patients in college with 48 frequencies among 92 patients are most.

There are just 7 patients from group 1 in Dalvi hospital while number of patients from group 2 is 51. Therefore there is big difference between number of people in group 1 and group 2. In K.E.M hospital 41 patients are from group 1 that is maximum frequency and least frequency with 23 patients belong to group 3.

In Sasson hospital number of patients from group 1 and group 2 are approximately same and group 3 with 47 patients has maximum frequency. In Chest hospital there is a big gap between group 1 and 3. Group 3 has maximum frequency. In Mental hospital patients from group 1 with 46 frequencies are max and patients from group 3 with 19 frequencies are min. In N.M.Wadia institute group 2 has max frequencies and group 1 has min. In Kamala Nehru hospital group 2 and group 3 has approximately same frequency.

Let’s consider Table.2. It indicates that high school graduate male have maximum frequency and less than high school females have minimum frequency.
Table 2: Distribution of respondents between male and female on the basis of education

Table 3 shows that level of satisfaction about service quality in hospitals has reverse relationship with education. So people with higher education have less satisfaction.

Table 3: Descriptive Statistics for patients’ viewpoint about service quality of hospitals on the basis of education

According to Table .4 F=4.667, df=2 & 1083 so there is a meaningful relationship with 95% confidence between patient’s view point about service quality in hospitals and education. This table shows that level of satisfaction about service quality in hospitals has reverse relationship with education. So people with higher education have less satisfaction.

Table 4: ANOVA test for analysing patients’ viewpoint about service quality of hospitals on the basis of education

V. CONCLUSION

The interface between hospitals and patients is more complex than before. Today’s higher education customers expect better services across all dimensions of service quality: tangibles, reliability, responsiveness, assurance and empathy. First researcher discuss about characteristics of educated peoples: As philosopher Christopher Phillips (of Socrates Cafe fame) has written in his excellent and entertaining book Six Questions of Socrates (W.W. Norton & Co, 2004) [6], Educated people are sensitive to the psychological, physical, moral and cultural milieu in which they find themselves, showing respect and caring at all times; educated people have a clear understanding of their own values, wants and preferences without wishing to impose these on others; and their actions impact others.

This study has found that higher educated patients have lesser satisfaction with quality of services in the hospitals. So the difference suggests that Patients can be divided on the basis of level of academic education because they have different level of expectations. Therefore hospitals must understand and meet the expectations and needs of their customers, i.e. patients. For example hospitals can give educated persons general knowledge needed for making informed rational decisions.

In order to increase the efficiency, profitability and to achieve financial, economic and social objectives of these undertakings some significant suggestions and recommendations are emerged from present study:

- Hospitals need to improve performance of service quality.
- In today’s world the medical sector is finding the need to know more and more about their current and prospective clients and give more efficient service. Applying customer relationship management is essential because the hospitals better can respond to their current needs and predict what their future needs may be as well and they should adopt professional IT management approach to improve the performance in CRM.

The results of the study provide valuable information to hospitals on the impact of level of patient’s education on patients’ satisfaction and can help guide managers in the management of patients.

Further research may be needed to explore the issues regarding the differences in the patients’ education level. Higher education significantly impact on peoples’ quality of life and it can decrease to call on a hospital.
VI. REFERENCES


