

IMPACT OF PRIVATE HOSPITALS' QUALITY STANDARDS ON PATIENT SATISFACTION FOR PRIVATE HOSPITALS: A STUDY WITH SPECIAL REFERENCE TO KANPUR DISTRICT

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ABSTRACT

Healthcare services in India are making new milestones each day. The world has witnessed many difficulties in the administration of the COVID vaccine but India reached the 200-crore vaccination milestone in July 2022. The milestone was achieved by the efforts of doctors, medical and paramedical staff. The success of the effort was a result of the public-private cumulative health care effort. The news makes every Indian proud but on the same hand news of the death of patients in the absence of medical assistance makes us feel sorry. The healthcare service's equal availability at all places is a major concern for India. The present study focuses on patient satisfaction in Multi-speciality Hospitals. Researchers have used a 05-point scale to measure patient satisfaction and organization centered aspects (Patient-centric approach, Qualification of staff, Professionalism of Staff, Empathy). The findings of the research show that patient satisfaction is highly related to different organizational factors.

Keywords: Health care services; COVID vaccine; Quality counts; Patients satisfaction

INTRODUCTION

Quality and standardization of products are cooperatively easy to maintain than services. Service quality dimensions are defined by many researchers. A Service organization faces troubles when it comes to characterizing the quality of what they give to their clients. Since "Services are performances, not objects, they are often delivered within the sight of the client" it's concentrated work so it changes starting with one firm and then onto the next inside a similar organization. Does service quality contrast with item quality? Or on the other hand, they are something very similar? Until 1985 when Berry et al, distributed their article "Quality Counts in Services, too". A large portion of the distributed writing is about item quality, Garvin (1984, p.25) examined five ways to deal with characterized quality:

1. Relative Quality: it is related to a comparison of features and characteristics of products.
2. In the product-based approach of economics, Quality is a precise and measurable variable. Differences in quality reflect differences in the

quantity of some product attributes.

3. In the user-based approach of economics, marketing, and operations management, Quality is "fitness for the intended use."
4. The manufacturing-based, Quality is "conformance to specifications."
5. Value-based approaches to operations management, Quality is defined in terms of costs and prices. A quality product provides performance at an acceptable price or conformance at an acceptable cost.

Service quality in Health care:

A small bunch of logical systems for quality assessment have directed measure improvement drives in the general population and confidential areas. One of the most persuasive is the structure advanced by the Institute of Medicine (IOM), which incorporates the accompanying six holds back nothing care system:

Safe: Avoiding damage to patients from the consideration that is planned to help them.
Effective: Providing administrations given logical information to all who could benefit and

forgoing offering types of assistance to those not prone to benefit (keeping away from underuse and abuse, separately).

Patient-focused: Providing care that is deferential of and receptive to individual patient inclinations, needs, and values and guaranteeing that patient qualities guide every clinical choice.

Timely: Reducing sits tight and some of time destructive postponements for both the individuals who get and the people who give care.

Efficient: Avoiding waste, including misuse of gear, supplies, thoughts, and energy.

Equitable: Providing care that doesn't differ in that frame of mind of individual qualities like orientation, nationality, geographic area, and financial status.

Existing measures address a few spaces to a greater extent than others. By far most measures address viability and wellbeing, a more modest number look at practicality and patient-centeredness, and not many surveys the effectiveness or value of care.

Systems like the IOM areas additionally make it more straightforward for purchasers to get a handle on the importance and significance of quality measures. Studies have shown that furnishing shoppers with a structure for understanding quality assist them with esteeming a more extensive scope of quality pointers. For instance, when customers are given a concise, justifiable clarification of protected, compelling, and patient-focused care, they view each of the three classifications as significant. Further, when measures are gathered into easy-to-use variants of those three IOM spaces, shoppers can see the importance of the actions all the more plainly and comprehend how they connect with their interests about their considerations.

Regulatory and quality framework in Indian private hospitals

National Accreditation Board for Hospitals and Healthcare Providers (NABH) is a constituent board of the Quality Council of India (QCI), set up to lay out and work on accreditation programs for healthcare associations. The board while being upheld by all partners including industry, customers, and government, have full utilitarian independence in its activity. It is set up to establish and operate an accreditation program

for healthcare organizations. the board is structured to cater to the much-desired needs of the consumers and to set benchmarks for the progress of the health industry. The board while being supported by all stakeholders including industry, consumers, and government, have full functional autonomy in its operation. NABH is an Institutional Member of the International Society for Quality in Health Care (ISQua). NABH is a member of the Accreditation Council of the International Society for Quality in Health Care (ISQua). NABH is on board of the Asian Society for Quality in Healthcare (ASQua). NABH hospital accreditation system looks at the quality orientation in two ways. One is a patient-centred approach and the other is hospital centred approach. In total there are 10 chapters devoted to the quality of hospitals. These 10 chapters contain 100 standards and 513 objective elements. The 10 chapters in the standard reflect two major aspects of healthcare delivery i.e., patient-centred functions (chapters 1-5) and healthcare organization-centred functions (chapters 6-10). Outline of NABH Standards:

Patient-Centred Standards

1. Access, Assessment, and Continuity of Care (AAC).
2. Care of Patients (COP).
3. Management of Medication (MOM).
4. Patient Rights and Education (PRE).
5. Hospital Infection Control (HIC).

Organization Centred Standards

1. Continuous Quality Improvement (CQI).
2. Responsibility of Management (ROM)
3. Facility Management and Safety (FMS).
4. Human Resource Management (HRM).
5. Information Management System (IMS).

Quality in technical terms may look very complex. But in the viewpoint of the patient, it is very simple. A patient wants to get cured and recover from the illness. The patient does not seek complex terms but he wants a hospital where doctors and staff are well qualified, the respect their profession as well as people too. A patient wants an effective solution for his problem; he wants that medical help should empathize with his pain and concerns. A patient feels quality at a

hospital where he feels safe. It means the quality standardization issues are for organizational purposes if we want to estimate the quality of health care, we have to measure it from the viewpoint of patients. So, the researcher has selected the get the patient perspective on the quality of hospitals. The task becomes tedious as the patients are in medical condition and they may or may not like to interact with the researcher. But the findings of such research will be away from books and close to reality which will help the concerned in improving the quality of hospitals. With the above discussion, the researchers have decided on the research problem as, 'Impact of Private Hospitals' Quality Standards on Patient Satisfaction for Private Hospitals: A Study With Special Reference To Kanpur District'

LITERATURE REVIEW

The literature review has helped to develop a conceptual framework for the research. Researchers have collected reviews for the period of 2012-2022. Significantly related research is mentioned here.

Itumalla, R. (2012) overviewed a questionnaire on 210 patients who profited from health services from a private hospital in Hyderabad, India. Consumer loyalty levels were estimated utilizing a Consumer Satisfaction Index [CSI] model. The research discoveries showed that the CSI score for service quality in chosen hospitals is 75.87 out of a potential 100. The outcomes show that there is still a great deal of room for development in the hospital. In particular, the hospital, in general, is by all accounts feeble in variables, for example, Communication, Promptness, and Availability. A way to deal with applying IT in upgrading service quality in hospitals is suggested in light of the standards of productivity and adequacy. Mahapatra, S. (2013) to sort out client inclination for healthcare services conveyed by both public and private hospitals in India. Thus, 'The SERVQUAL instrument was used to measure patients' impression of service quality conveyed by both public and private hospitals arranged in the capital city of India. An assessment covering 192 patients uncovered an opening between determined suspicions and observations across public and private hospitals concerning the idea of services finished picked limits. This article

determined to backslide assessment was used to measure the probability of a patient visiting a public hospital over a private hospital as well as the opposite way around. Dave, D. R., and Dave, R. (2014) endeavoured to find the effect of service quality on patients' satisfaction and client dependability in secret hospitals in Vadodara City. The medical services region of any country depends upon the monetary development and the public power's requirement for something almost identical. Since India has followed a mixed economy, the medical services region moreover has mixed help. The family spending on private medical care is more than on open spending. Gujarat is similarly filling rapidly in the monetary new development. In light of the expanded challenge, service quality is ending up being imperative. Zarei, E. et al. (2015) have considered service quality to be the primary sign of patient satisfaction. The inspiration driving this study was to investigate the impact of service quality on the overall satisfaction of patients in private hospitals in Tehran, Iran. This cross-sectional survey was coordinated in the year 2010. The survey's model contained 969 patients who were chosen from eight private general hospitals in Tehran, Iran using ceaseless testing. An overview was used for data variety; arriving at 21 things (17 things about service quality and 4 things about broad satisfaction) and its authenticity and constancy were certified. Kaushal, S. K. (2016) attempted to test the dimensionality of the adjusted SERVQUAL instrument in the Uttar Pradesh health care services, to survey the service quality given in public hospitals in Lucknow city, and to distinguish the service quality aspects that assume a significant part on patient discernment. Ahmed, S., Tarique, K. M., and Arif, I. (2017) explore service quality, patient satisfaction, and steadfastness in Bangladesh's healthcare area. It recognizes healthcare quality conformance, patient satisfaction, and steadfastness given socioeconomics like orientation, age, and conjugal status. It inspects the distinctions among public and private healthcare areas regarding service quality, patient satisfaction, and reliability. Trivedi, R., and Jagani, K. (2018) attempted to understand how different segment factors and continued profiting of service from a similar specialist or same hospital shape the

general view of health-care service quality and satisfaction among inpatients conceded in private hospitals in an arising economy. Sood, M., Sharma, B., Gupta, S., Dawra, S., and Kaushik, C. (2019) to investigate different components of service quality of Indian Healthcare area according to care providers' viewpoint. Complete 362 healthcare suppliers including clinicians, staff medical caretakers, lab & amp; Imaging technologists, drug specialists, and hospital board staff from both private and government hospitals took part in the review. The questionnaire had 5 aspects taken from SERVQUAL alongside three recently distinguished aspects. Elucidating examination of information was done other than the mean for each aspect. At long last, an exploratory and corroborative investigation on SPSS 23 and AMOS variant 21 was finished to show up a conclusive arrangement of aspects and things under each. The discoveries recommended that each of the 8 aspects is significant for the service quality of healthcare area in India. The review adds to existing information on the service quality of healthcare by taking an alternate and interesting care supplier's point of view.

Singh, A., Prasher, A., and Kaur, N. (2020) attempted to recognize those healthcare service quality boundaries which work on patient satisfaction and likewise produce need loads according to the viewpoints of both service commentators, for example, patients and the service supplier, for example, specialists and representatives. The Indian healthcare industry has been developing at a colossal speed and contributing an incredible arrangement to the work and income age for the country. As of late, medical the travel industry has likewise acquired an enormous stimulus as individuals from everywhere over the globe visit India for benefiting from reasonable and elite healthcare services. Consequently, conveying powerful healthcare service quality and understanding the view of all partners - for example, patients, specialists, and workers - has become exceptionally basic for the outcome of any healthcare community. Lover, S., and Singh, R. K. (2021) research the distinction in the example of the impact of seen service quality on guaranteed and uninsured patients' satisfaction levels. This study follows a cross-sectional

essential research plan. A questionnaire study technique is carried out to gather essential information from 322 respondents who have gotten medical care during the beyond 1 year. A sum of 168 respondents had a membership to health protection and 154 of them were without health protection inclusion. Information is broken down through factor investigation and various relapses with SPSS-26. These researches have suggested the need for an organization-centred survey related to patient satisfaction. Researchers have tried to fill the gap with the present study.

RESEARCH METHODOLOGY

Objective:

To study the patient satisfaction with the health care services among private hospitals

Population

Hospitals in Lucknow and Kanpur

In central Uttar Pradesh, Lucknow and Kanpur are two major cities. Lucknow is the capital of the state and Kanpur once was considered the Industrial capital of Uttar Pradesh. Considering the strategic importance of these two cities in the state of Uttar Pradesh researcher has selected these two cities. Following are the top hospitals in Kanpur:

1. Pristine Care
2. Regency Hospital
3. Kanpur Medical Centre
4. Kulwanti Hospital and Research Centre
5. Rama Hospital and Research Centre
6. Ratnadeep Hospital and Research Centre

Following are the top hospitals in Lucknow:

1. Apollo Medics Super Speciality Hospital
2. SGPGI Hospital
3. Sahara Hospital
4. Medanta Hospital, Lucknow
5. Mayo Hospital
6. Ram Manohar Lohia Combined Hospital

The researcher will focus on multi-specialty hospitals of the district Kanpur and Lucknow only. For the study, the researcher will study the **Regency** healthcare hospital, **Medanta** multi-super-specialty hospital, **Apollo** hospital, and **Sahara** hospital in selected cities. The present research will try to observe the present context in the healthcare services in India.

Sample Size: 441

Researchers have used a self-developed tool for

the study. The researchers have also tested it for validity and reliability.

Hypothesis:

1. There is no significant relationship between hospitals' patient-centric approach and patient satisfaction
2. There is no significant relationship between the qualification of hospitals staff' and patient satisfaction
3. There is no significant relationship between

the professionalism of staff and patient satisfaction

4. There is no significant relationship between the Empathy of Staff and patient satisfaction

ANALYSIS AND FINDINGS

1. There is no significant relationship between hospitals' patient-centric approach and patient satisfaction

Correlations			
		Patientsatisfaction	Patient-centric approach
Patientsatisfaction	Pearson Correlation	1	.439**
	Sig. (2-tailed)		.000
	N	441	441
Patientcentric approach	Pearson Correlation	.439**	1
	Sig. (2-tailed)	.000	
	N	441	441

** . Correlation is significant at the 0.01 level (2-tailed).

Source: SPSS outcome for co-relation analysis
 The correlation between patient satisfaction and the Patient-centric approach is positive and strong. The correlation value lies between-1 to +1. The present value of correlation is 0.439 which is considered very strong. It can be said that there is

a significant relationship between hospitals' patient-centric approach and patient satisfaction .

2. There is no significant relationship between the qualification of hospitals staff' and patient satisfaction

Correlations			
		qualification of	Patientsatisfaction
qualification of hospitals staff'	Pearson Correlation	1	.501**
	Sig. (2-tailed)		.000
	N	441	441
Patientsatisfaction	Pearson Correlation	.501**	1
	Sig. (2-tailed)	.000	
	N	441	441

** . Correlation is significant at the 0.01 level (2-tailed).

Source: SPSS outcome for co-relation analysis
The correlation between patient satisfaction and the qualification of hospital staff' is positive and strong. The correlation value lies between -1 to +1. The present value of correlation is 0.501 which is considered very strong. It can be said that there is

a significant relationship between the qualification of hospitals staff' and patient satisfaction

3. There is no significant relationship between the professionalism of staff and patient satisfaction

Correlations			
		professionalism of Staff	Patientsatisfaction
professionalism of Staff	Pearson Correlation	1	.582**
	Sig. (2-tailed)		.000
	N	441	441
Patientsatisfaction	Pearson Correlation	.582**	1
	Sig. (2-tailed)	.000	
	N	441	441

** . Correlation is significant at the 0.01 level (2-tailed).

Source: SPSS outcome for co-relation analysis
The correlation between patient satisfaction and the professionalism of Staff is positive and strong. The correlation value lies between -1 to +1. The present value of correlation is 0.582 which is

considered very strong. It can be said that there is a significant relationship between the professionalism of staff and patient satisfaction

4. There is no significant relationship between staff empathy and patient satisfaction

Correlations			
		Empathy of Staff	Patientsatisfaction
Empathy of Staff	Pearson Correlation	1	.467**
	Sig. (2-tailed)		.000
	N	441	441
Patient satisfaction	Pearson Correlation	.467**	1
	Sig. (2-tailed)	.000	
	N	441	441

** . Correlation is significant at the 0.01 level (2-tailed).

Source: SPSS outcome for co-relation analysis
The correlation between patient satisfaction and the Empathy of Staff is positive and strong. The correlation value lies between -1 to +1. The present value of correlation is 0.467 which is considered very strong. It can be said that there is

a significant relationship between hospitals' staff empathy and patient satisfaction

5. The findings propose a four-factor model of the hospitals' management approach. The graphical representation of the model is as follows:

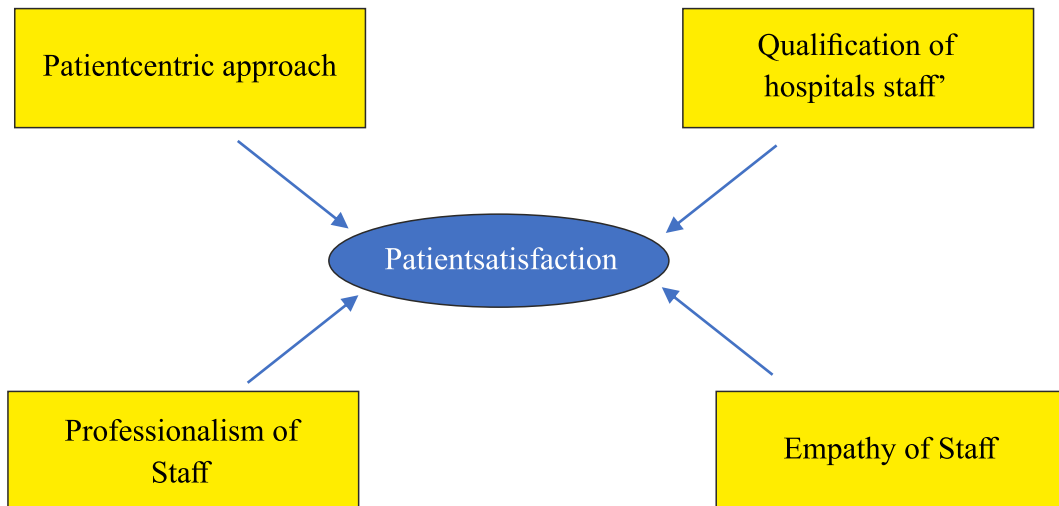


Fig 4.1: Organizational aspects Four-factor model

Source: SPSS outcome for co-relation analysis and its implications by the researchers of the present study

6. The hospital management board, managers, and concerned policymakers can use the model for increasing patient satisfaction in their organization. In the modern world, connivance becomes a necessity for success. Earlier it was expected that patients' concerns are limited to getting well. Even nowadays we can see patients waiting in long rows waiting to meet the doctors in many public sector hospitals. Here managers and the Hospital management board have to understand that with an increase in the earnings of people their psychology has changed. Nowadays medical assistance is also seen as a consumable service in many cases except emergencies, accidents, or life-threatening events. Providing parking space, drinking water, and a waiting area with adequate space to sit helps to raise the satisfaction of customers.
7. During treatment hardly people asks about the designation of ward boy, nurse, or any paramedical staff. Patients only focus on the doctors' qualifications. But research suggests that patients at these multispecialty hospitals are concerned with other staff too. In such cases to raise the level of patient satisfaction the hospital management board, managers, and concerned policymakers can pre-communicate the qualification of their staff too as they do about their doctors on their website.

A page dedicated to qualifications of basic staff like ward boys and nurses is B.Sc. Nursing or M.Sc. nursing. Housekeeping staff is having sanitary inspector course or any similar course. This gives a sense of confidence to the patients and their attendants. Further, their ID cards can bear their Photograph, name, and designation with qualifications. The present research suggests that it will elevate the level of patient satisfaction.

8. In the medical profession there is always a struggle to save lives and cure people. Attendants, as well as patients, are high on their emotions. In such cases, staff and hospital members and even sometimes doctors have to face irrational behaviour. In case of failed medical assistance sympathy of people goes to the patient and their attendants, and people start prosecuting hospital staff. In a recent year's case, a COVID death was reported at Regency hospital. As per government norms, the dead body of the deceased was not given to the attendants. People were not aware of that and started blaming the hospital management. Even a media channel has brought the MD on call in their live show to talk with the relatives of the deceased. Even the hospital bill which was around fifteen lakhs was suspected. To avoid any such situation staff must be trained to adhere to professionalism.
9. The proposed model suggests that to increase patient satisfaction hospital management board, managers, and concerned policymakers

have to attain a balance of professionalism and empathy. When the staffs empathize with patients or attendants sometimes, they have to compromise with the regular procedure. Staff may have formal training for their professional needs but they must be trained in soft skills and empathy from time to time by the hospital management board, managers, and concerned policymakers.

CONCLUSION

The consequence of the research recommends that sticking to the quality standards expands the satisfaction of patients. For laid out models to the recently evolved ones, the hospital the executive's board, chiefs, and concerned policymakers should consider at least one to carry out at their hospital. As the execution of new models might have application issues, hospitals ought to go for certifications as they have fixed assessment standards. Patients are the greatest recipient among every one of the partners.

License brings about top-notch of care and patient wellbeing. The patients are serviced by credentialed medical staff. The privileges of patients are regarded and secured. Patient satisfaction is consistently assessed. Certification in a health care organization invigorates ceaseless improvement. It empowers the organization in showing obligation to quality care and patient security and accordingly guarantees the best clinical results. It brings local area certainty up in the services given by the health care organization as services given by credentialed medical staff. It likewise gives a valuable open door to healthcare units to benchmark with the best. Certification status likewise gives showcasing an advantage in cutthroat health care. The HCO standards having been ensured by ISQua gives a worldwide acknowledgment which will likewise assist with advancing medical the travel industry. At long last, authorization gives an objective arrangement of empanelment by protection and other outsiders. The staffs in a licensed Hospital is fulfilled parcel as it accommodates ceaseless learning, great workspace, and administration. Efficiencies and abilities of staff additionally get worked on in a licensed Hospital. It works on the generally professional turn of events, information, and capabilities in efficient ways

with characterized possession and responsibility of all the staff including Medical and Para Medical Staff.

Finally, accreditation provides an objective system of empanelment by insurance and other third parties. Accreditation provides access to reliable and certified information on facilities; infrastructure and level of care. Researchers in the present research have found that the quest for quality by the hospitals will increase patient satisfaction. The level of satisfaction in any customer is related to its expectations, hopes, and ultimately needs. When the customer is a patient suffering from illness, drowning in pain, we cannot expect rationality in his expectations. So elevation of customer satisfaction is a very difficult task. Limitations to patient satisfaction are that they are not always satisfied with what is good for them. Sometimes their irrational satisfaction helps ill practitioners to succeed. By manipulating the patients' satisfaction few unregistered clinics fake, and fraudulent doctors get success. In such a case, it becomes very important for private hospitals to maintain the quality and integrity of their institution.

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