

Cancer Patients' Satisfaction On Health Care Services Offered By Selected Private Hospitals In Ernakulam District, Kerala State

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Abstract - The quality of service from a hospital is the number one factor that will either turn a customer/patient away or make one for life. More and more hospitals are competing for greater shares in the market and customer-driven quality management is becoming the preferred method for improving their performance. This study was undertaken to find out whether the select Private hospitals in Ernakulam District of Kerala considered for the study treating cancer patients has provided quality of service to the patients to satisfy them in all respects. . It is important to understand whether the patients are well aware about the treatment for cancer in the select hospitals, whether the levels of satisfaction of the cancer patients towards health care service quality in the select hospitals. The objectives are to study the quality of service provided to satisfy the cancer patients in the select hospitals in Ernakulam District and to provide suggestions for policy implications. The survey was conducted among the various patients who are specifically taking treatment in the select four private hospitals in Ernakulam District. The sample size of the study is 50 cancer patients. The sampling technique selected for the study is on stratification basis who are affected with cancer. The researcher has circulated the instrument only to the cancer patients for data collection. The objectives framed for the present study formed the basis of the identification of the relevant statistical techniques such as percentage method, weighted average, Garrett Ranking Method and Chi-Square Test. It is observed that the doctors charges was found to be satisfying by the patients which shows their kind heart to treat the patients based on the service motive. In continuation to this result, the probability assessed by finding the relationship between reasons for selecting the hospital and the level of satisfaction towards quality of service for the treatment was the only factor found to have been significantly related.

Index Terms: Cancer Patients, Private Hospitals, Satisfaction, Service Quality

I. INTRODUCTION

The quality of service from a hospital is the number one factor that will either turn a customer/patient away or make one for life. More and more hospitals are competing for greater shares in the market and customer-driven quality management is becoming the preferred method for improving their

performance. People today have taken a new approach to healthcare services – they are informed, suspicious, and eager to take responsibility for their own care. In this era of information, consumers of healthcare have exceptionally high expectations. The main objective was to develop, according to psychometric standards, a generic inpatient, outpatient satisfaction questionnaire that could be used to compare hospital departments one with another or the same department over time.

Coddington and Moore¹ suggest that the factors that define quality for health care providers from a consumer's perspective are a) warmth, caring and concern, b) medical staff, c) technology-equipment, d) specialization and scope of services available, and e) outcome. The Joint Commission Accreditation of Healthcare Organization (JCAHCO) identifies nine quality dimensions for hospitals. Definitions of these dimensions are 1) Efficiency, 2) Appropriateness, 3) Efficiency, 4) Respect and Caring, 5) Safety, 6) Continuity, 7) Effectiveness, 9) Timeliness and 10) Availability. These factors are closely related to Moore's five factors and the SERVQUAL dimensions, but are more comprehensive. Since the JCAHCO dimensions encompass the SERVQUAL and Coddington and Moore dimensions and since they were developed specifically for use in the hospital accreditation process, the nine JCAHO dimensions were selected as the theoretical framework of hospital service quality for the study.

Medical care aims not only to improve health status but also to respond to patient needs and wishes and to ensure their satisfaction with care². Likewise, conducting surveys to measure satisfaction with psychometrically validated questionnaires entails assessment of the quality of care organization and procedures³. Patient judgment on medical care also contributes to medical outcome. In the case of ambulatory care, it has been clearly shown that satisfied patients are more likely to cooperate with treatment, to maintain a continuing relationship with

a practitioner⁴ and thus enjoy a better medical prognosis⁵.

Majority of Indians make use of medical health services only on having some problems or illness periodic or preventive checkups. The consumer on health services as a percent of local spending is also quiet low. This is partially because of free medical services provided by the government due to lack of awareness and level of importance given to health care of course. Because of scarcity of resources, a person would tend to spend larger portion of whatever limited resources he has on food, clothing and shelter, therefore majority of people do not plan for medical care in their house hold budgets.

II. REVIEW OF LITERATURE

Roy A. Carr-Hill, (1992)⁶, in his study indicated many applied health service researchers launch into patient satisfaction surveys without realizing the complexity of the task. This paper identifies the difficulties involved in executing patient satisfaction surveys. The recent revival of interest in ‘satisfaction’ and disagreements over the meaningfulness of a unitary concept itself are outlined, and the various perspectives and definitions of the components of satisfaction are explored. The difficulties of developing a comprehensive conceptual model are considered, and the issues involved in designing patient satisfaction surveys – and the disasters that occur when these issues are ignored – are then set out. The potential cost-effectiveness of qualitative techniques is discussed, and the paper concludes by discussing how health care management systems could more effectively absorb the findings of patient satisfaction surveys.

Abolaji Joachim Abiodun (2010)⁷, discussed on the patients’ satisfaction with health care is an important health outcome which has implications for capacity utilisation. And, in health systems that emphasize the cooperation and involvement of the community, both in terms of resources contribution and management, satisfaction with health care assumes an important dimension in terms of its implication for success of public health programmes. This study, based on administered questionnaires, examines patients/users’ satisfaction with quality attributes of health care services at the primary level facilities in order to provide feedback to health personnel and management for change and learning. The study employs correlation and multivariate regression analysis to determine the quality attributes that determine overall satisfaction with care. Our findings

suggest the need to emphasis ‘empathy’ for care providers; and while a reasonable level of physical facilities should be provided, care providers have the task to communicate their technical competence to care seekers to ensure capacity utilization at the primary level.

III. STATEMENT OF THE PROBLEM

It is inevitable that medical assistance is a need for each and every human being in this world irrespective of age, class, creed, etc. It creates serious threat to health and requires specific treatment and management to cure the system. This study was undertaken to find out whether the select Private hospitals in Ernakulam District of Kerala considered for the study treating cancer patients has provided quality of service to the patients to satisfy them in all respects. For this purpose a structured questionnaire was designed to collect information from the patients who are ailing with the disease in different stages and undergoing different types of treatment in the select hospitals in the Ernakulam District of Kerala. It is important to understand whether the patients are well aware about the treatment for cancer in the select hospitals, whether the level of satisfaction of the cancer patients towards health care service quality in the select hospitals

IV. OBJECTIVES OF THE STUDY

- i. To study the quality of service provided to satisfy the cancer patients in the select hospitals in Ernakulam District.
- ii. To provide suggestions for policy implications

V. METHODOLOGY

The sources of data included both primary as well as secondary data. Questionnaires were used for the primary data collection whereas secondary data collection was made based on the information provided by the hospital officials. Questionnaire was adopted as research instrument. The questionnaires were administrated through distribution specific to the patients affected with cancer. The survey was conducted among the various patients who are specifically taking treatment in the select four private hospitals in Ernakulam District. The sample size of the study is 50 cancer patients. The self-prepared

questionnaire to find out the personal data of respondents to find out the satisfaction on the quality of service provided to the cancer patients. The sampling technique selected for the study is on stratification basis who are affected with cancer. The researcher has circulated the instrument only to the cancer patients for data collection. The objectives framed for the present study formed the basis of the identification of the relevant statistical techniques such as percentage method, weighted average, Garrett Ranking Method and Chi-Square Test.

VI. LIMITATIONS OF THE STUDY

The respondents felt time and cost constraints during data collection. The study is conducted to know the facilities provided in the hospital of the patient's views and the information provided by the patients are expected with some bias. Management of the hospitals were very strict and most of the time avoided to meet the patients of the respective hospitals.

VII. RESULTS OF ANALYSIS

A. Demographic Variables

The demographic variables of the patients are classified based on their place of residence, sex, age, marital status, type of family, educational qualification, occupation and monthly family income are presented in the Table-1.

Table 1. Demographic Variables of the Respondents

Sl.	Demographic	Respondents (50 Nos.)	Percentage (100%)
1.	Place of Residence		
	Rural	12	24.0
	Semi-Urban	22	44.0
	Urban	16	32.0
2.	Sex		
	Male	19	38.0
	Female	31	62.0
3.	Age		
	Below 30 years	6	12.0
	31 to 40 years	6	12.0

	41 to 50 years	15	30.0
	51 and above	23	46.0
4.	Marital Status		
	Married	44	88.0
	Unmarried	6	12.0
5.	Type of Family		
	Nuclear Family	34	68.0
	Joint Family	16	32.0
6.	Educational Qualification		
	Illiterate	4	8.0
	Primary Level	15	30.0
	High School / Higher Secondary	18	36.0
	Degree	13	26.0
7.	Occupation		
	Government Sector	17	34.0
	Private Sector	6	12.0
	Business	6	12.0
	Agriculture	3	6.0
	Others -Students, Housewife, Unemployed etc	18	36.0
8.	Monthly Family Income		
	Less than Rs.20,000	16	32.0
	Rs.20,001 to Rs.25,000	17	34.0
	Rs.25,001 to Rs.30,000	11	22.0
	Rs.30,001 and above	6	12.0

Source: Computed from Primary Data

It is clear from the table that 44% of the respondents are living in semi-urban areas, 32% are living in urban areas and the remaining 24% of the respondents are living in rural areas. Majority (62%) of the respondents are female and 38% of the respondents are male. Less than half (46%) of the patients fall in the age above 51 years, while 30% of the patients belong to the age

between 41 and 50 years and the remaining 12% each of the patients are in the age below 30 years and in the age group between 31 and 40 years respectively. It is found that majority (88%) of the patients are married and 12% are unmarried. Most (68%) of the patients are living in nuclear type of family and 32% are living in joint type of family. Maximum (36%) of the patients studied upto high school / higher secondary level, 30% of the patients had studied upto primary level, 26% of the patients are qualified with graduation and the remaining 8% of the patients are illiterates. Maximum (34%) of the patients are working in government sector, while 36% of the respondents are occupied as housewife, student and also in unemployed category, 12% each of the patients are working in private sector and conducting business, while the remaining 6% of the patients are engaged in agriculture. It is clear that maximum (34%) of the patients are having monthly family income between Rs.20,001 and Rs.25,000, while 32% of the patients are having family income less than Rs.20,000, 22% of the patients are having monthly family income between Rs.25,001 and Rs.30,000 and the remaining 12% of the patients monthly family income is above Rs.30,001.

Table 2: Profile of the Cancer Patients

Sl.No	Opinion	Respondents (50 Nos.)	Percentage (100%)
1.	Type of Cancer		
	Bladder	3	6.0
	Skin	2	4.0
	Breast	18	36.0
	Leukemia	5	10.0
	Cervical	4	8.0
	Melanoma	7	14.0
	Colon or Rectum	5	10.0
	Others	6	12.0
2.	Stage of the Cancer		
	Not Aware	5	10.0
	General	15	30.0
	Localized	10	20.0

	Severe	14	28.0
	Chronic	5	10.0
	Incurable	1	2.0
3.	Period Diagnosed		
	Below 2 years	29	58.0
	2 years and above	21	42.0

Source: Computed from Primary Data

The above table reveals that maximum (36%) of the respondents are suffering from Breast cancer, while 14% of the respondents are suffering from Melanoma, 12% of the patients are suffering from other cancers, 10% each of the respondents are suffering from Leukemia and Colon or Rectum type of cancer respectively. 8% of the respondents are suffering with cancer in the bladder, 8% with Cervical Cancer and the remaining 4% of the respondents are suffering from Skin Cancer. It is clear that majority (58%) of the patients got diagnosed about their treatment within 2 years period and 42% of the patients got diagnosed in 2 years and above period of time. It is clear that maximum (30%) of the patients are aware that their stage is general, while, 28% of the patients are aware that they are in the severe stage, 20% of the patients are in the localized stage, 10% of the patients are in the chronic stage and the remaining 2% of the patients are in the un-curable stage. It is observed that 10% of the respondents are not aware that in which stage of the disease they are in.

B. Garrett Ranking

Table 3: Reasons for Selection of Hospital

Attributes	Garrett Score	Garrett Mean	Garrett Rank
Multi-specialty Service Offered	2633.51	52.67	4
Appropriate Treatment	3277.87	65.56	3
Economic Charges	2044.67	40.89	6

Hospital Network with Health Insurance Companies	1833.5 1	36.67	8
Availability of Easy Medi-Claim Facilities	1544.5 3	30.89	9
Hospital Image/Reputation	1922.4 0	38.45	7
Proximity of Claims	2134.0 4	42.68	5
To Avail Treatment from Exclusive Doctor	3378.2 2	67.56	2
Exclusive Treatment Offered by the Hospital	3733.4 7	74.67	1

Source: Computed from Primary Data

The above table shows that the reasons for selecting the hospital for cancer treatment by the patients was due to the rating of the patients for the statement “Exclusive treatment offered by the hospital” with the mean of 74.67, followed by the second rank for the statement “to avail treatment from exclusive doctors” with the mean of 67.56, third rank was for the statement “appropriate treatment” with the mean of 65.56, fourth rank for the statement “multi-specialty services offered” with the mean of 52.67, fifth rank was for the statement “proximity of claims” with the mean of 42.68, sixth rank was for the statement “Economic Charges” with the mean of 40.89, seventh rank for the statement “hospital image / reputation” with the mean of 38.45, eighth rank was for the statement “hospital network with health insurance companies” with the mean of 36.67 and finally, the least rank was achieved for the “availability of easy medi-claim facilities” with the mean of 30.89.

Table 4: Awareness and Treatment

Sl.No	Opinion	Respondents (50 Nos.)	Percentage (100%)
1.	Reasons for Getting Treatment		
	Quality of treatment	41	82.0
	Quality of service	2	4.0

	Cost Effectiveness	1	2.0
	Hospitality	6	12.0
2.	Type of Treatment		
	Chemotherapy	21	42.0
	Hormone Therapy	16	32.0
	Radiation Therapy	13	26.0

Source: Computed from Primary Data

The above table reveals that majority (82%) of the respondents opted to get treated for the quality of treatment provided by the select hospitals, 12% of the respondents opted due to hospitality, 4% of the patients opted due to its service quality and only 2% of the patients opted due to cost effectiveness. It is observed that maximum (42%) of the patients are undergoing Chemotherapy, while 32% of the patients are taking Hormone Therapy and the remaining 26% of the patients are taking radiation therapy.

C. Weighted Average

Table 5: Opinion about the level of satisfaction of the cancer patients towards health care service quality in the select hospitals

Attributes	Highly Satisfied	Satisfied	Neutral	Dissatisfied	Highly Dissatisfied	Weighted Mean	Rank
Hospital Expenses	7 (0.7)	22 (1.76)	12 (0.72)	4 (0.16)	5 (0.1)	3.44	4
Doctors Charges	22 (2.2)	9 (0.72)	9 (0.54)	6 (0.24)	4 (0.08)	3.78	1
Cost of treatments	7 (0.7)	19 (1.52)	10 (0.6)	8 (0.32)	6 (0.12)	3.26	5
Cost of Medicines	5 (0.5)	7 (0.56)	10 (0.6)	7 (0.28)	21 (0.42)	2.36	6
Nursing Charges	21 (2.1)	5 (0.4)	9 (0.54)	7 (0.28)	8 (0.16)	3.48	2
Others Charges	7 (0.7)	22 (1.76)	12 (0.72)	5 (0.2)	4 (0.08)	3.46	3

Source: Primary Data

Note: Figures in Parenthesis represent Weighted Mean

The above table shows that the first rank was achieved based on the level of satisfaction of the cancer patients with respect to health care service quality in the select hospitals was highly perceived for the statement “Doctors charges” with the mean of 3.78, followed by the second rank for the statement “Nursing Charges” with the mean of 3.48, third rank was for the statement “Other charges” with the mean of 3.46, fourth rank for the statement “Hospital Expenses” with the mean of 3.44, fifth rank for the statement “Cost of Treatments” with the mean of 3.26 and finally, the least rating was for the statement “cost of medicines” with the mean of 2.36. It is understood that all mean were found to be in the mid-point of 3.00 except Cost of medicine which was scored with the least at 2.36.

D. Chi-Square Test

Table 6: Relationship between reasons for getting treatment in the select hospital and Quality of health care service perceived by the cancer patients

Hypothesis	Quality of Health Care Service	Chi-Square Value	Table Value with (df=12)	P-Value of Sig.
H ₀₁	Hospital Expenses	9.996	21.026	0.616
H ₀₂	Doctors Charges	21.238*	21.026	0.047
H ₀₃	Cost of treatments	8.741	21.026	0.725
H ₀₄	Cost of Medicines	11.497	21.026	0.487
H ₀₅	Nursing Charges	9.013	21.026	0.702
H ₀₆	Others Charges	9.596	21.026	0.651

Source : Computed from Primary Data

(* Significant @ 5% level)

The chi-square test is done to find the results that are supported when finding the relationship between “Reasons for getting treatment in the select hospital” and “Satisfaction on quality of health care services”.

Hypothesis

H₁ : Significant relationship between reasons for getting treatment in the select hospital and Quality of health care service perceived by the cancer patients

H₀₁: It is clear that the Chi-square value (9.996) is less than the table value (21.026) shows the relationship between “reasons for getting treatment” and “Satisfaction towards quality of health care services based on hospital expenses” are found to be insignificant at 5% level and the null hypothesis is accepted.

H₀₂: It is clear that the Chi-square value (21.238) is more than the table value (21.026) shows the relationship between “reasons for getting treatment” and “Satisfaction towards quality of health care services based on Doctors Charges” are found to be significant at 5% level and the null hypothesis is rejected.

H₀₃: It is clear that the Chi-square value (8.741) is less than the table value (21.026) shows the

relationship between “reasons for getting treatment” and “Satisfaction towards quality of health care services based on cost of treatments” are found to be insignificant at 5% level and the null hypothesis is accepted.

H04: It is clear that the Chi-square value (11.497) is less than the table value (21.026) shows the relationship between “reasons for getting treatment” and “Satisfaction towards quality of health care services based on cost of medicines” are found to be insignificant at 5% level and the null hypothesis is accepted.

H05: It is clear that the Chi-square value (9.013) is less than the table value (21.026) shows the relationship between “reasons for getting treatment” and “Satisfaction towards quality of health care services based on Nursing Charges” are found to be insignificant at 5% level and the null hypothesis is accepted.

H05: It is clear that the Chi-square value (9.596) is less than the table value (21.026) shows the relationship between “reasons for getting treatment” and “Satisfaction towards quality of health care services based on Other Charges” are found to be insignificant at 5% level and the null hypothesis is accepted.

VIII. SUMMARY OF RESULTS, SUGGESTIONS AND CONCLUSION

It is clear from the table that 44% of the respondents are living in semi-urban areas while majority of them are female, less than half of the patients fall in the age above 51 years and majority of the patients are married. Most of the patients are living in nuclear type of family, while maximum of the patients studied upto high school / higher secondary level. Most of the patients are working in government sector and it is evident that based on the opinion of the patients their monthly family income is between Rs.20,001 and Rs.25,000.

It is clear that maximum (36%) of the respondents are suffering from Breast cancer, and only 4% of the respondents are suffering from Skin Cancer, while, majority of the patients got diagnosed about their treatment within 2 years period and maximum of the patients are in the general stages of their disease.

It is clear that the reasons for selecting the hospital for cancer treatment by the patients was due

to the rating of the patients for the statement “Exclusive treatment offered by the hospital” and the least rank was achieved for the “availability of easy medi-claim facilities”.

Majority of the respondents opted to get treated for the quality of treatment provided by the select hospitals while, maximum of the patients are undergoing Chemotherapy.

It is concluded that the cost of medicines shall be reduced for the cancer patients and help them to recover from the illness through quality treatment with cost effective medicinal backup. It is observed that the doctors charges was found to be satisfying by the patients which shows their kind heart to treat the patients based on the service motive. In continuation to this result, the probability assessed by finding the relationship between reasons for selecting the hospital and the level of satisfaction towards quality of service for the treatment was the only factor found to have been significantly related.

It is clear that when finding the relationship between “reasons for getting treatment” and “Satisfaction towards quality of health care services” based on six attributes using chi-square test which shows that the level of probability for five factors H01, H03, H04, H05 and H06 are found to be insignificant at 5% level and the null Hypotheses is accepted. Whereas, the probability to find the relationship with the factor H02 is the relationship between “reasons for getting treatment” and “the level of satisfaction towards quality of health care services based on Doctors Charges” is found to be associated and the null hypothesis is rejected.

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