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Assessing Patient Satisfaction in Urban Hospitals: A Comparative Study of Consumer Expectations and Realities

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Abstract

This research aims to assess patient satisfaction in urban hospitals by comparing consumer expectations with actual experiences, focusing on hospital staff, patient care services and hospital policies. The study seeks to evaluate satisfaction levels with doctors, nurses and administrative personnel, examine the quality of care provided in areas such as pain management and emergency response and explore the impact of policies like billing transparency and discharge procedures. Using a mixed-methods approach, this study combines quantitative analysis, primarily through structured questionnaires administered via Google Forms, with thematic analysis of qualitative responses. Descriptive statistics were employed to analyze the data, ensuring the reliability and validity of results. Key findings reveal significant differences in satisfaction with staff interactions, particularly in doctor communication, administrative staff efficiency and empathy, with those who did not meet expectations rating these areas much lower. Additionally, hospital policies, such as billing transparency and admission/discharge communication, did not significantly influence overall patient satisfaction. The study suggests that addressing gaps in staff interactions, resource availability and discharge procedures is essential to improving patient experiences. It recommends enhancing communication, improving resource management and streamlining discharge processes, alongside addressing patient concerns regarding billing practices.

INTRODUCTION

Patient satisfaction has emerged as a critical determinant of healthcare quality in the modern medical landscape. As healthcare systems evolve, understanding the dynamics between patient expectations and the realities of care delivery is crucial for improving hospital services. Urban hospitals, with their diverse patient demographics and complex service offerings, present unique challenges in aligning these two facets-consumer expectations and actual experiences^[1]. This discrepancy has profound implications not only for healthcare providers but also for patients' overall well-being and the reputation of the institutions they trust. The healthcare sector, particularly in urban settings, often faces growing demands for improved service delivery amidst rising patient expectations. These expectations are shaped by numerous factors, including previous healthcare experiences, media portrayals of medical care and recommendations from family or peers. However, the gap between what patients expect and what they experience frequently leads to dissatisfaction. While substantial research has been dedicated to understanding patient satisfaction, there remains a need to assess specific areas of patient interaction-particularly with hospital staff, care services and hospital policies-that may contribute to this gap.

This Study Seeks to Address this Gap by Focusing on Three Key Aspects: Evaluating patient satisfaction with hospital staff, including doctors, nurses and administrative personnel., assessing the quality and responsiveness of patient care services, such as pain management and emergency care and exploring how hospital policies, including billing transparency and discharge procedures, influence overall satisfaction. By examining these dimensions, this research aims to provide insights that can guide hospital administrators in improving patient care and addressing the real needs of patients^[2]. The objectives of this research are to explore these critical aspects of patient experience, identify areas for improvement and offer actionable recommendations. Ultimately, this study seeks to contribute to the broader conversation on enhancing patient-centered care in urban hospitals, ensuring that both expectations and realities align for the benefit of patients and healthcare providers alike.

Literature Review: Recent research on patient satisfaction in urban hospitals has explored various dimensions of patient expectations and their alignment with actual experiences. In a study by Smith *et al.* (2020) titled "The Impact of Healthcare Professionals on Patient Satisfaction: A Comparative Study," the authors focused on the role of healthcare staff, particularly doctors and nurses, in shaping patient satisfaction. They found that communication and empathy were the most significant factors influencing

satisfaction. Their methodology involved surveys and interviews with patients from both private and public hospitals, highlighting that patients who perceived better communication with healthcare providers reported higher satisfaction levels^[3]. However, the study was limited by its cross-sectional design and the lack of focus on administrative staff, which could also play a crucial role in patient satisfaction.

Jones and Patel (2021), in their Work "Pain Management and Emergency Care: Key Drivers of Patient Satisfaction in Urban Hospitals," investigated the quality and responsiveness of critical care services. They concluded that the timeliness of pain management and the efficiency of emergency care were essential to patient satisfaction, especially in emergency settings. The study employed a mixed-methods approach, combining patient surveys and medical records analysis. Despite its contribution, the study did not differentiate between the types of urban hospitals, which could have offered insights into variations across public and private institutions.

In Miller *et al.* (2019), "Hospital Policies and their Effect on Patient Satisfaction: A Case Study of Billing Transparency," the authors examined how hospital policies, particularly around billing transparency and discharge procedures, influenced patient perceptions of care quality. Their findings suggested that clarity in billing practices led to greater patient trust and satisfaction, while complicated discharge procedures contributed to dissatisfaction. The study's strength lies in its focus on policy-related factors, but it lacked a comprehensive analysis of other variables, such as staff interaction and patient care services. While these studies provide valuable insights, there remains a gap in exploring the combined influence of staff interaction, patient care quality and hospital policies on patient satisfaction. Further research could address this gap by adopting a more holistic approach, incorporating a wider variety of hospital settings and patient demographics and investigating the interplay between these factors in greater detail.

Objective of the Study:

- To evaluate patient satisfaction levels with hospital staff, including doctors, nurses and administrative personnel.
- To assess the quality and responsiveness of patient care services, such as pain management and emergency care, in urban hospitals.
- To explore the impact of hospital policies on patient satisfaction, including billing transparency and discharge procedures.

Hypothesis Development: The following hypothesis are formulated to test objective:

- **H1:** There is a significant relationship between hospital staff interactions (doctors, nurses and administrative personnel) and overall patient satisfaction in urban hospitals.
- **H2:** The quality and responsiveness of patient care services, including pain management and emergency care, significantly impact patient satisfaction levels.
- **H3:** Hospital policies, such as billing transparency and discharge procedures, have a measurable effect on patient satisfaction in urban hospitals.

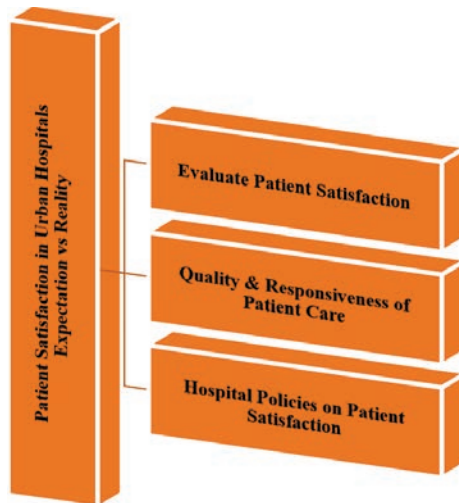


Fig. 1: Research Model

MATERIALS AND METHODS

This study uses a mixed-methods approach to evaluate patient satisfaction in urban hospitals, with a greater focus on quantitative analysis. Data from a wide range of patients will be gathered using a descriptive research methodology and standardized questionnaires sent using Google Forms. Evaluating expectations and experiences with hospital personnel, patient care services and hospital rules will be the main goal of the survey. The numeric data will be analyzed using descriptive statistics and the qualitative replies will be subjected to thematic analysis. By utilizing standardized data collection tools and strong statistical methodologies for data analysis, this methodology guarantees valid and dependable outcomes.

Sampling and Data Collection: To guarantee a representative sample of 208 patients from different metropolitan hospitals, stratified by age, gender and hospital type (public vs. private), a stratified random sampling technique will be employed. This approach supports the study's goals of looking at a range of patient experiences. The chosen individuals will get standardized questionnaires using Google Forms, which will be used to collect data. Patient expectations and experiences with hospital personnel, care services, and policies will be the main emphasis of the survey. The questionnaire will be pre-tested and responses will

be anonymized to preserve anonymity and guarantee data authenticity and reliability.

Tools for Analysis: For data analysis, **percentage analysis, T-Test** and **Chi-Square** tests will be used to assess patient satisfaction levels and compare differences between expectations and realities. **SPSS** will be employed for statistical computations, while **MS Excel** will assist in organizing and visualizing data. These tools ensure robust, accurate analysis aligned with the research objectives.

Data Analysis and Major Findings:

Demographic Details: The sample for this research project comprised 208 participants, categorized by age group and gender. The participants were divided into three age groups: 21-30 years, 31-40 years and 40 and above.

- **21-30 Years:** This age group accounted for 51 participants, with 19 females and 32 males.
- **31-40 Years:** The largest group in the sample, comprising 143 participants. Among them, 77 were female and 66 were male.
- **40 and Above:** The smallest age group, consisting of 14 participants, with 8 females and 6 males.

These demographic details provide an overview of the gender distribution and age-related insights relevant to the study's focus on "Assessing Patient Satisfaction in Urban Hospitals: A Comparative Study of Consumer Expectations and Realities."

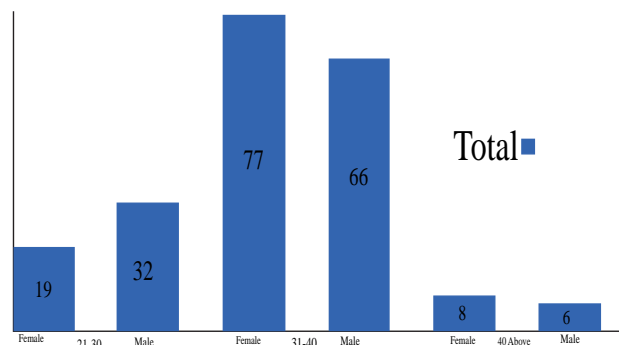


Fig. 2: Respondent Details

- **H0:** There is no significant relationship between hospital staff interactions (doctors, nurses and administrative personnel) and overall patient satisfaction in urban hospitals.
- **H1:** There is a significant relationship between hospital staff interactions (doctors, nurses and administrative personnel) and overall patient satisfaction in urban hospitals.

A t-test will be employed to examine the relationship between hospital staff interactions and overall patient satisfaction. Our null hypothesis (H0) posits no significant relationship, while the alternative

Table 1: Independent Samples Test

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
The doctors at the hospital communicate medical information clearly and effectively.	1.540	.216	-2.847	206	.005	-.433	.152	-.732	-.133
Equal variance assumed			-2.847	203.504	.005	-.433	.152	-.732	-.133
Equal variance not assumed									
The administrative personnel handle patient inquiries and requests efficiently.	23.632	.000	-3.043	206	.003	-.317	.104	-.523	-.112
Equal variance assumed			-3.043	195.766	.003	-.317	.104	-.523	-.112
Equal variance not assumed									
The hospital staff treats patients with empathy and respect.	2.453	.119	-3.110	206	.002	-.462	.148	-.754	-.169
Equal variance assumed			-3.110	202.174	.002	-.462	.148	-.754	-.169
Equal variances not assumed									

Table 2: Quality and Responsiveness of Patient Care

Variables	Agree	Disagree	Neutral	Strongly Agree	Strongly Disagree
Pain Management Efficiency	88 42.31%	7 3.37%	36 17.31%	75 36.06%	2 0.96%
Emergency Response Speed	100 48.08%	23 11.06%	59 28.37%	20 9.62%	6 2.88%
Medical Resource Availability	70 33.65%	36 17.31%	61 29.33%	28 13.46%	13 6.25%
Discharge Process Efficiency	74 35.58%	32 15.38%	62 29.81%	32 15.38%	8 3.85%
Overall Healthcare Satisfaction	82 39.42%	32 15.38%	60 28.85%	26 12.50%	8 3.85%

Table 3: ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
The hospital provides transparent and clear billing information.					
Between Groups	.493	2	.246	.389	.678
Within Groups	129.815	205	.633		
Total	130.308	207			
The hospital's policies on admission and discharge are well-communicated to patients.					
Between Groups	5.282	2	2.641	2.239	.109
Within Groups	241.829	205	1.180		
Total	247.111	207			
The hospital effectively addresses patient complaints and grievances.					
Between Groups	4.521	2	2.260	1.931	.148
Within Groups	239.922	205	1.170		
Total	244.442	207			

hypothesis (H1) suggests a significant link. Patient satisfaction scores will be correlated with interaction quality ratings for doctors, nurses and administrative staff. The t-test will determine if observed differences in satisfaction scores across varying levels of staff interaction are statistically significant, allowing us to either reject or fail to reject the null hypothesis and draw conclusions about the impact of staff interactions on patient satisfaction. The independent samples t-test examined patient satisfaction with staff interactions, comparing two groups (presumably those meeting or exceeding expectations vs. those who did not). For doctor communication, a significant difference was found ($t(206)=-2.847$, $p=.005$). The mean difference (-.433) suggests that one group rated doctors significantly lower. Similarly, administrative staff efficiency showed a significant difference ($t(206)=-3.043$, $p=.003$), with a mean difference of -.317. Empathy and respect also yielded a significant

difference ($t(206)=-3.110$, $p=.002$), with a mean difference of -.462. All tests reject the null hypothesis, indicating that satisfaction levels differ significantly between the groups for all three staff categories. These findings align with the objective to evaluate patient satisfaction with staff and suggest that meeting or exceeding expectations is crucial for positive patient experiences. Further analysis should explore which group reported lower satisfaction and investigate contributing factors.

- **H0:** The quality and responsiveness of patient care services, including pain management and emergency care, is not significantly impact patient satisfaction levels.
- **H1:** The quality and responsiveness of patient care services, including pain management and emergency care, significantly impact patient satisfaction levels.

A percentage analysis will assess the impact of patient care service quality and responsiveness on satisfaction. The null hypothesis (H0) states no significant impact, while the alternative (H1) proposes a significant relationship.

We will calculate the percentage of satisfied patients across different levels of perceived care quality (e.g., excellent, good, fair, poor) for pain management and emergency care. Comparing these percentages will reveal if higher perceived quality and responsiveness correlate with higher patient satisfaction, allowing us to determine whether to reject or fail to reject the null hypothesis^[4-6]. The descriptive statistics reveal patient perceptions of care quality and responsiveness across several dimensions. A total of 209 patient responses were recorded for each variable. Regarding pain management efficiency, 42.3% agreed and 36.1% strongly agreed, indicating a generally positive perception, though a small fraction (0.96%) strongly disagreed. Emergency response speed showed the highest positive ratings, with 48.1% agreeing and 9.6% strongly agreeing, suggesting patients are largely satisfied with response times, despite 2.9% strongly disagreeing. Medical resource availability had a lower agreement rate (33.7%) and a substantial disagreement rate (17.3%), highlighting potential concerns in this area. Discharge process efficiency showed moderate agreement (35.6%) and disagreement (15.4%), with similar levels of strong agreement and disagreement (15.4% and 3.85%, respectively). Overall healthcare satisfaction reflected a similar pattern, with 39.4% agreeing and 12.5% strongly agreeing, but 3.85% strongly disagreeing and 15.4% disagreeing. The neutral category consistently represents a substantial portion of responses across variables, indicating uncertainty or mixed experiences. These findings suggest that while emergency response and pain management are perceived relatively positively, resource availability and discharge processes may require attention from hospital administrators to improve patient satisfaction. The variability in responses, particularly the presence of strong disagreement, underscores the need to investigate the underlying reasons for these negative perceptions to meet the research objective of assessing and improving patient care services.

- **H0:** Hospital policies, such as billing transparency and discharge procedures, don't have a measurable effect on patient satisfaction in urban hospitals.
- **H1:** Hospital policies, such as billing transparency and discharge procedures, have a measurable effect on patient satisfaction in urban hospitals.

ANOVA will assess the impact of hospital policies (billing transparency, discharge procedures) on patient satisfaction. The null hypothesis (H0) states these

policies have no measurable effect, while the alternative (H1) proposes they do. Patient satisfaction will be measured across different levels of policy implementation or perceived transparency. ANOVA will determine if mean satisfaction scores differ significantly across these groups^[7]. Significant differences would lead to rejecting H0, suggesting a relationship between hospital policies and patient satisfaction. The ANOVA results explore the impact of hospital policies on patient satisfaction. For billing transparency, the F-value (.389) and p-value (.678) indicate no statistically significant difference in patient satisfaction across different levels of perceived billing transparency. Similarly, admission/discharge policy communication (F=2.239, p=.109) and complaint resolution effectiveness (F=1.931, p=.148) show no significant impact on patient satisfaction. While the admission/discharge communication approached significance (p=.109), it still doesn't meet the conventional .05 threshold. These findings suggest that, based on this data, variations in perceived billing transparency, communication of admission/discharge policies and complaint resolution do not significantly affect overall patient satisfaction. This contradicts the research objective's expectation of a relationship and implies other factors may be more influential in driving patient satisfaction. Further investigation is needed to explore these other potential drivers^[8-10].

Findings and Suggestions:

Findings: The analysis revealed significant differences in patient satisfaction across various staff categories. T-test results showed that patients who did not meet expectations rated doctor communication, administrative staff efficiency and staff empathy significantly lower, indicating the importance of exceeding expectations for positive experiences. Descriptive statistics demonstrated that patients were generally satisfied with pain management and emergency response speed, but had concerns regarding medical resource availability and the discharge process. The ANOVA analysis indicated that perceived billing transparency, admission/discharge communication and complaint resolution did not significantly impact patient satisfaction. These findings suggest that expectations and staff interactions are key drivers of satisfaction, while other factors require further investigation.

Suggestions: To improve patient satisfaction in urban hospitals, it is essential to address the significant gaps identified in staff interactions, resource availability, and discharge processes. Hospital management should focus on enhancing communication with patients, particularly doctors, administrative staff and healthcare providers, by ensuring clarity, empathy and respect. Training programs that emphasize these

aspects can bridge the gap between patient expectations and actual experiences. Additionally, efforts should be made to improve medical resource availability, as the relatively low satisfaction levels in this area indicate a need for better resource management and timely access to care. Streamlining the discharge process to reduce confusion and enhance efficiency is another area for improvement, as the mixed perceptions suggest that patients may face delays or lack clear guidance. Furthermore, addressing patient concerns related to billing transparency and communication of policies is crucial, despite the lack of significant statistical impact. Transparent billing practices, clear admission/discharge policies and more effective complaint resolution mechanisms may help build trust and enhance patient satisfaction. Investigating underlying causes of dissatisfaction, particularly in areas of resource availability and discharge processes, will allow hospitals to implement more targeted improvements. Regular monitoring and patient feedback should guide future initiatives to ensure sustained improvement in patient care and experiences.

CONCLUSION

This study aimed to assess patient satisfaction in urban hospitals by comparing consumer expectations with realities, focusing on staff interactions, resource availability, discharge processes and hospital policies. The findings revealed significant differences in patient satisfaction, particularly in doctor communication, administrative staff efficiency and empathy, with patients who did not meet expectations rating these areas significantly lower. Positive perceptions were observed regarding pain management and emergency response speed, while concerns arose in medical resource availability and discharge process efficiency. The analysis of hospital policies found that billing transparency, admission/discharge communication, and complaint resolution did not significantly impact overall satisfaction, challenging the research objective of identifying policy-related influences on patient satisfaction. Based on these results, the study suggests increasing resource availability and discharge efficiency as well as staff-patient communication, especially in terms of clarity and empathy. Training healthcare professionals to better fulfill patient expectations and improve administrative procedures to lower patient unhappiness should be hospital management's top priority. Building patient trust still requires resolving issues with billing transparency and policy communication, even though hospital policies did not significantly affect satisfaction. Although the study offers insightful information about patient happiness, it is constrained by its emphasis on particular hospital aspects and the omission of other plausible causes, such as the impact of patient demographics or hospital

infrastructure. Future studies could go deeper into these topics and look into the root causes of discontent. Ultimately, this research emphasizes the need for continuous improvement in urban hospitals to ensure better patient experiences, which are crucial for healthcare quality and outcomes.

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