



Investigating the satisfaction of inpatients from quality of services provided by nurses and physicians in Sina hospital

Hassan Esmailpour¹ and Masoumeh Asadi Bolhasani²

1- Doctor of Business Administration

2- Master of Executive Management

Department of Executive Management, Central Tehran Branch, Islamic Azad University, Tehran, Iran.

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ABSTRACT

Today, most organizations by selecting customer satisfaction index as a key criterion, by assessing quality of their services are seeking to improve customer satisfaction and therefore their survival. The quality of tool services is to determine the gaps between the considered levels and actual performance levels in a service organization or service part of a manufacturing organization. One of the tools to check the quality of services is SERVQUAL model that by this model, dimensions of service quality including reliability, responsibility, assurance, empathy, physical dimension and appearances of providing services is investigated. The main objective of this study is to investigate the satisfaction of patient from quality of services provided in internal sectors, surgery and special of Sina hospital. Also in this study, the gap between patients' expectations from quality of services provided and quality of services received was measured.

Keyword:

Patients satisfaction, quality, service, reliability, responsibility, assurance, empathy, physical dimension and appearances of services

* Corresponding author: *Masoumeh Asadi Bolhasani*

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INTRODUCTION

The main purpose of providing health medical services is maintaining public health that is provided through providing desired and required services of health care. An efficient health care system only by providing desired services can act to its mission ie maintaining public health and the way of evaluating this system is to evaluate its services. To evaluate health services, access to patients' views as a reliable source can be considered. Because firstly, patients are a very good source to gather information and assess the quality of care and services, and secondly, attention to their views when planning and evaluating services is their right and should be considered.

So, satisfaction of referrals of health services and the impact that this issue can have in performance and durability of services offered is a subject that is considered in planning and providing quality services. (Seif Rubie, Shahydzadeh Mahani, 2006)

The main mission of the hospitals is to meet the needs and expectations of patients and providing quality care for them. Fulfilling this important mission requires the institutionalization of quality in hospitals. (Mohammadi, 2004) Quality as one of the most important criteria to evaluate the quality of services has a broad concept that different parts of organization are committed to it. (Mahmoud Ahmadi et al., 2011) The quality of tool services is to determine the gaps between the considered levels and actual performance levels in a service organization or service part of a manufacturing organization. (Soltani, saremi, 2007) Quality of services is a kind of judgment that customers do on the basis of their perception after the process of getting service. Accordingly they compare their expectations with their perceptions from services received. (Rust RT, Lemon KN, Zeithaml, 2004)

Since patients satisfaction and their views about the quality of services at the hospital is a valid index for measuring the quality of services and also awareness of their non-satisfaction provides opportunities to improve the quality of services, results of this research could also lead to provide targeted strategies to reduce gaps in quality observed in the field of services provided by doctors and nurses at Sina hospital while analyzing existed gaps.

Method:

The study is applied objectively and in terms of method is descriptive – survey that the number of patients (men and women) in different parts of Sina hospital including critical care units, internal and surgical that the sample size is estimated about 108 people.

Patients' selection criterion is that at least two days is passed from their inpatient in hospital.

In this study, questionnaire is data collection tool. All questionnaires were questioned by me from patients and all of them can be analyzed.

The questionnaire has two parts: The first part, demographic data of patients including gender, age, marital status, educational level, occupation, and part and inpatient history. In the second part, five dimensions of health care quality was assessed using SERQUAL model that these dimensions were assessed in expected service and the service received based on the Likert scale 1=very weak 2 = weak 3 = average 4 = good 5 = very good.

To assess the physical condition, 5 questions, confidence 5 questions, responsiveness 6 questions, assurance 8 questions and empathy 4 questions were used.

After validity and reliability, the questionnaire was given to the patients. 56 questionnaires in the surgical sector, 33 in the internal sector, and 19 questionnaires were conducted in the special sector.

In the present study using SPSS 20 and LISREL 8.5 software, two types of descriptive and inferential statistics for analyzing data are used. In the descriptive level using statistical characteristics such as frequency and the percent of frequency, the graphs were drawn and information was analyzed and in inferential level, Cronbach alpha was used to test reliability, the Kolmogorov-Smirnov test was used for investigating normality of community and simple linear regression analysis was used to confirm or reject the hypothesis.

In this study, in addition to investigate the patients' satisfaction from the quality of services provided, the services expected and the services provided were investigated.

Cronbach's alpha coefficients obtained for services received questionnaire is 0.873 and services expected questionnaire is 0.917. Because the amount is more than 0.7, indicating that the questionnaires of research have reliability and consistency required.

Findings

All dimensions of the quality of services have a positive impact on patients' satisfaction and by increasing the quality of services provided by physicians and nurses, patients' satisfaction increases.

According to studies conducted about the expectations and the services received, the highest dimension is related to assurance and the lowest dimension is related to physical situation.

In surgical sector, the most patients' expectations were from the assurance dimension and the lowest expectations were related to physical status. Most services received were related to the assurance and the lowest services received were related to confidence dimension.

In the internal sector, the most expectations of patients were related to confidence dimension and the lowest expectations were related to empathy. Also the most services received were related to responsiveness dimension and the lowest services received were related to physical status.

In special sector, the most expectations of patients were related to confidence dimension and the lowest expectations were related to assurance. Also the most services received were related to assurance dimension and the lowest services received were related to physical status. The most dissatisfaction of patients was related to the assurance dimension and the greatest satisfaction was related to the physical status and in confidence dimension, satisfaction was medium.

In surgery sector, average of confidence of the services received is equal to 3.54 and average of confidence of service expected is 3.92. In internal sector, average of confidence of the services received is equal to 3.87 and average of confidence of service expected is 4.05. In special sector, average of confidence of the services received is

equal to 3.71 and average of confidence of service expected is 4.21.

In surgery sector, average of responsibility of the services received is equal to 3.64 and average of responsibility of service expected is 4.015. In internal sector, average of responsibility of the services received is equal to 3.869 and average of responsibility of service expected is 3.96. In special sector, average of responsibility of the services received is equal to 3.248 and average of responsibility of service expected is 4.165.

In surgery sector, average of empathy of the services received is equal to 3.595 and average of empathy of service expected is 3.76. In internal sector, average of empathy of the services received is equal to 3.869 and average of empathy of service expected is 3.96. In special sector, average of empathy of the services received is equal to 3.248 and average of empathy of service expected is 4.165.

In surgery sector, average of assurance of the services received is equal to 3.595 and average of assurance of service expected is 3.76. In internal sector, average of assurance of the services received is equal to 3.869 and average of assurance of service expected is 3.96. In special sector, average of assurance of the services received is equal to 3.248 and average of assurance of service expected is 4.165.

In surgery sector, average of dimensions and physical appearances of the services received is equal to 3.595 and average of dimensions and physical appearances of service expected is 3.76. In internal sector, average of dimensions and physical appearances of the services received is equal to 3.869 and average of dimensions and physical appearances of service expected is 3.96. In special sector, average of dimensions and physical appearances of the services received is equal to 3.248 and average of dimensions and physical appearances of service expected is 4.165.

The gap in confidence dimension had the most value and in assurance dimension had the lowest value.

The average of gap between internal and special sector has a significant difference and gap in the special sector is more.

Conclusion

In this part, the researcher is going to provide strategies to improve strengths or correction of weaknesses in the internal, surgical and special sectors of Sina hospital and implement these strategies in total hospital according to the results of hypotheses testing and investigating questions of questionnaire.

Given the positive impact of physical and appearance factors on patients' satisfaction, having more attention to cleanliness and clean toilets and rooms, telephone in each room, and folding bed (For each bed, a number) causes to increase the welfare of patients and increase their satisfaction.

More attention to nutrition unit to improve the quality of dietary, having a menu for the meal, having a snack for patients, especially those with diabetes increases patients' satisfaction.

Due to the positive impact of confidence on patients' satisfaction, increase equipment in the hospital (ultrasound, MRI, CT scans, etc.) reduces waiting time for diagnostic procedures and increases patients satisfaction and loyalty and their confidence in the hospital. Due to positive impact of responsiveness on patient satisfaction, the presence of professors in visiting hospital

and giving more information to them increase patients' confidence to the doctors and therefore their satisfaction increases.

Due to the positive impact of assurance on patients' satisfaction, by increasing the number of nurses to provide services, their accuracy in providing cares increases and so patients' confidence in accuracy and services provided increases and ultimately their satisfaction of the quality of service increases.

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