Comparative Analysis of Patient's Satisfaction At Accredited Hospitals And Non-Hospitals in Mumbai

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I.   Introduction:

Medicinal services Market develop on patient's deliberate conduct in future, fulfilled patients will return and to prescribe the doctor's facility to their families and companions, regarding the critical significance of patient fulfilment on the budgetary position of the social insurance establishments (Aliman and Mohamad, 2013). As of late, social insurance supervisor in creating nations acknowledged how the understanding view of value infers their decisions among doctor's facilities. Zineldin (2006) clarified a few purposes behind enhancing quality in medicinal services benefits in created nations; beginning with recording the abnormal state of patient fulfilment related with high costs, understanding quality techniques causes troughs to take care of issues, improve relations between wellbeing suppliers and to distinguish strategies in helping decreasing waste and sparing. Sharma (2013) pronounce an alert for the clinic business that the client's discernment seeing administrations isn't according to their desires. Patients are constantly enhancing their data with respect to their wellbeing status. Where worldwide web associations progressively augment the domain of patient therapeutic information. Consequently, healing facility chairmen ought to consider quality technique in light of patient fulfillment on their future strategy making. Oliver (1981) clarified fulfilment as an enthusiastic articulation concerning an immediate administration experience. While Linder-Pelz (1982) displayed that patient fulfillment made from the blend of patient's close to home convictions and their assumptions with respect to the doctor's facility. In addition, Patients' fulfillment is developed from viable reactions to patient's needs, and on-going change of the human services administrations, alongside top to bottom connection amongst specialists and patients (Zineldin, 2006). Then again, Amin and Nasharuddin (2013) closed five measurements assume an imperative part in molding persistent fulfillment; affirmation, therapeutic administration, comprehensive administration, release and social weight. Likewise, Peprah (2014) proposed other basic components influencing as; the states of mind of medical caretakers toward patients, adequacy in conveying administration, and the capacity to impart what patients need to know and also the accessibility of avant-garde innovation. The Relation between Patient Satisfaction and Service

Quality Service quality is meeting or surpassing clients' desire (Zeithaml, 1988). Seen nature of a recognized administration would be the result of an assessment procedure, where the purchaser contrasts his desires and the administration he or she sees (Gronroos, 1984). Quiet fulfillment and wellbeing administration quality both ought to be viewed as together for the adjust and security of a social insurance association in a focused domain (Anirban, 2011). Truth be told, the underlying desires patients have about care and bleeding edge administrations supplier considered as a noteworthy determinant of fulfillment. In the event that the gave care and administrations miss the mark regarding their desires, the normal result is a disappointment. Then again, if given care and administrations meet or surpass desires, the outcome is relied upon to be a change in the level of fulfillment (Ross et al., 1987). Furthermore, fulfillment was proposed as a basic factor for keeping up long-haul connections, which altogether uncovered on the expectation to return and eagerness to prescribe (Elleuch, 2008). In this manner, quiet fulfillment is basically utilized as a measure of social insurance institutional adequacy (Abd-Manaf et al., 2012). Additionally, Tam (2007) affirmed that patient fulfillment is the most imperative key execution pointers in the social insurance unrest. So it ought to be consolidated into arranging and observed frequently. Furthermore, understanding fulfillment remains as a most significant point in arranging and executing and assessing of wellbeing administration. Where, accomplishing high caliber could be by addressing persistent needs and institutionalizing social insurance (Badri et al., 2008). Besides, Komashie et al (2007) recognized that the essential standard for accomplishing abnormal state quality is squeezing need to pick up consumer loyalty and the rule considered a pre imperative for long survival in an aggressive domain. The creators specified that the specialists in the quality field as Deming, Juran, Crosby, and Feigenbaum have

pronounced that underlining on quality is more advantageous than stressing on benefit. In light of the writing audit; persistent fulfillment is impacted by process qualities thus fulfilled patients are relied upon to come back to a similar supplier and prescribe it to their families and companions. Also, tolerant inclinations should pilot all conceivable part of wellbeing administration conveyance, from holding up hours to advising strategies to basic leadership. Accreditation and patient fulfillment Accreditation is a universally perceived assessment process used to evaluate and enhance the quality, proficiency, and adequacy of human services associations. The accreditation program is deliberate in which affirmed assessors recognize the jabbers in the execution of social insurance organizations with pre-set up execution guidelines. It is additionally an approach to publically perceive that a social insurance association has met national quality measures (Pomey et al., 2005). As indicated by Shaw (2000) accreditation formally began in the United States in 1951 with the foundation of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). This program was transmitted to Canada and Australia in the 1970s separately, Europe began accreditation programs in the 1980s. At that point accreditation programs spread everywhere throughout the world in the 1990s. Many creating nations executed accreditation programs as an assessment instrument to guarantee nature of administration and productive utilization of assets (Greenfield and Braithwaite, 2008). Tolerant fulfilment is considered as a key result of accreditation forms. Where,fulfilment overviews investigate patient's impression of value with a connection to structure, process, and results of care. Likewise, they are helpful in estimating deliberate conduct later on.

Alkhenizan and Shaw in 2011 found in their examination extensive proof of the positive effect of the general accreditation programs on clinical results and subspecialties of a wide range of clinical conditions. They prescribe execution of accreditation programs as a device to enhance the nature of social insurance administrations. Besides, Haj-Ali et al (2014) displayed that patient fulfilment in licensed healing centers in Lebanon driven by the substance measurement which is the clinic's appearance, physical offices, and hardware. In actuality, many investigations reasoned that accreditation program has no suggestion on persistent fulfilment. Where Hayati et al (2010) utilized SERVQUAL survey to think about inpatient fulfilment in medicinal surgical wards in Malaysia's healing facilities. The outcomes demonstrated that there was no critical contrast intolerant fulfilment amongst licensed and non-certify healing centers. This investigation uncovered the intelligent of the instructive level, month to month wage, age and business status on persistent fulfilment. Another investigation led by Sack et al in 2011 in light of information from 36,777 haphazardly chose inpatients from 73 unique clinics in the US, found no relationship between healing centres' accreditation status and patient willing to prescribe the doctor's facility. In light of the survey of writing there is a huge need to recognize regardless of whether the ramifications of accreditation program influence understanding fulfilment here in Jordan with respect to the absence of legitimate data keeping in mind the end goal to help chiefs evaluating their human services procedure.

II.   Gap Analysis

Research Methodology
Research Methodology:
   Theobjective of this study has been identified as follows:-
1)   To study the patient's perception on Hospital Accreditation on Patient Safety in Multispecialty Hospital.
2)   To understand the level of patient's satisfaction level in accredited and non-Accredited Hospitals.

Hypothesis Formulation:
H00: There is no significant difference in patient's perception onHospital Accreditation and patient Safety.
H11: There is a significant difference in patient's perception onHospital Accreditation and patient Safety.**.**
H02: There is no significant level of patient's satisfaction in accredited or non-accredited hospitals
H22: There is a significant level of patient's satisfaction in accredited or non-accredited hospitals

Research Design: Across sectional descriptive study was conducted in Mumbai Region, Government Hospital and private hospitals (Accredited and Non-Accredited hospitals) in Mumbai to determine impact on patient's satisfaction.

Population and sampling: The study population considered all the patints as sample units.
Sample size of 100 had received the self-administered questionnaire. Data Collection Procedure: The researchers collaborated with adminstrative offices in the both the types of Hospital to distributed to patients as a self-administered questionnaires on and received completely filled with response rate of 85Percent, after researchers exclude 15 questionnaires for incompleteness..

Research Instrument: The research instrument was self-administered questionnaires designed in manner to determine patient's satisfaction.

Structured Questionnaire used in this study consisted of three parts; the first part covered demographic data of participated patients; the second part composed of three dimensions about impact of hospital accreditation on patient's safety on selected dimension consist of four items, that was drawn from literature review; and the third part included open question to give respondents the chance to describe any other issues related to the study. ive points (5= strongly agree, 4= Agree, 3=Neutral, 2=Disagree, 1=Strongly Disagree) rating Likert scale was used for measure nurses perception toward impact of hospital accreditation on patient's safety. Dependent and Independent Variables selected for comparative analysis on Tangibility Reliability Responsiveness Assurance Empathy Patient satisfaction regarding SERVQUAL dimensions.

III.   Conceptual Framework

Independent Variables:
 Types of Hospitals like Accredited and Non- Accredited Hospitals**.**
Dependent variables:
Patient satisfaction
Controllable variables:
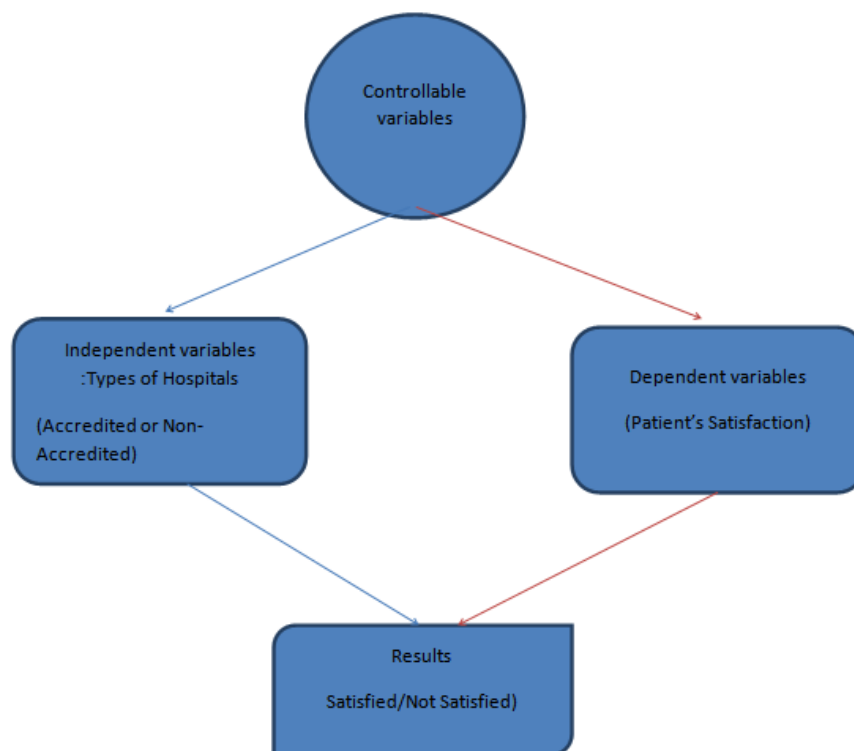Government rules and Regulation & ControlledEnvironment **Chart: Conceptual framework**

Fig. Conceptual frameworks

IV.   Data Analysis

Data had been analysed and the results for Demographic data were represented like There were highest frequency was obtained for age group of 31-36 years followed by more than 36 years.

Table -1 Age					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	21-26 years	8	8.0	8.0	8.0
	26-31 years	4	4.0	4.0	12.0
	31-36 years	59	59.0	59.0	71.0
	More than 36 years	29	29.0	29.0	100.0
	Total	100	100.0	100.0	

Again the Results for Gender, shows highest frequency obtained at Female Category with 55%

Table -2 Gender		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	55	55.0	55.0	55.0
	Male	45	45.0	45.0	100.0
	Total	100	100.0	100.0	

Interpretation: The highest frequency was obtained for Graduate level at 62%.

Table 3-Qualification of the respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Post-Doctoral	6	6.0	6.0	6.0
	Masters	14	14.0	14.0	20.0
	Graduate	62	62.0	62.0	82.0
	Under-Graduate	18	18.0	18.0	100.0
	Total	100	100.0	100.0	

Interpretation: Highest frequency was obtained at 10-15 lakh category at 55%.

Table -4 Household Income level		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5-10 lakh	14	14.0	14.0	14.0
	10-15 lakh	55	55.0	55.0	69.0
	More than 15 lakh	31	31.0	31.0	100.0
	Total	100	100.0	100.0	

Interpretation: The highest frequency was obtained at Non-Accredited Hospitals at 54%.

Table -5 Accredited or non-accredited		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Accredited Hospitals	46	46.0	46.0	46.0
	Non-Accredited Hospitals	54	54.0	54.0	100.0
	Total	100	100.0	100.0	

Hypothesis- 2
H02: There is no significant level of patient's satisfaction in accredited or non-accredited hospitals
H22: There is a significant level of patient's satisfaction in accredited or non-accredited hospitals

Interpretation: The hypothesis was tested by applying Multinomial Regression techniques, and the model got significant value at .002 levels. This established that there is a significant level of patient's satisfaction at Accredited and non-Accredited Hospitals.

TABLE 2.1 Model Fitting Information				
Model	Model Fitting Criteria	Likelihood Ratio Tests		
	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	69.772			
Final	43.532	26.240	9	.002

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Table 2.2 Pseudo R-Square	
Cox and Snell	.231
Nagelkerke	.308
McFadden	.190

Table 2.3 Likelihood Ratio Tests				
Effect	Model Fitting Criteria	Likelihood Ratio Tests		
	-2 Log Likelihood of Reduced Model	Chi-Square	df	Sig.
Intercept	43.532[a]	.000	0	.
Income	48.790	5.258	2	.072
qualification	56.439	12.907	3	.005
Gender	44.544	1.012	1	.314

Age	53.575	10.043	3	.018
Interpretation				
The chi-square statistic is the difference in -2 log-likelihoods between the final model and a reduced model. The reduced model is formed by omitting an effect from the final model. The null hypothesis is that all parameters of that effect are 0.				
a. This reduced model is equivalent to the final model because omitting the effect does not increase the degrees of freedom.				

Hypothesis-1
H00: There is no significant difference in patient's perception on Hospital Accreditation and patient Safety.
H11: There is a significant difference in patient's perception on Hospital Accreditation and patient Safety.**.**

Interpretation: The independent sample T test shows that there is a significant difference in perception of patient's satisfaction in Accredited and Non-Accredited Hospitals. Age and Gender does play significant role whereas qualification and Income level have significant level of patient's satisfaction in accredited hospitals than Non-Accredited Hospitals**.**

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Independent Sample T test		Levene's Test for Equality of Variances		t-test for Equality of Means
		F	Sig.	t
Age	Equal variances assumed	.136	.714	.213
	Equal variances not assumed			.214
Gender	Equal variances assumed	1.601	.209	.922
	Equal variances not assumed			.921
Qualification of the respondents	Equal variances assumed	7.886	.006	1.534
	Equal variances not assumed			1.567
Income level	Equal variances assumed	5.617	.020	-2.136
	Equal variances not assumed			-2.149

V.   Conclusion

There are several factors which have different impact on patient's satisfaction and Gender, Age does not have significant role in selection of accredited hospitals where Qualification and Income level play significant role in selection of Hospitals.Also Accredited Hospitals have good perception among Patient's tangibility perception, like better management and good care.

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