P-ISSN: 2618-0723
E-ISSN: 2618-0731

NAAS Rating: 5.04
www.extensionjournal.com

International Journal of Agriculture Extension and Social Development

Volume 7; Issue 12; December 2024; Page No. 641-645

Received: 12-11-2024
Accepted: 22-12-2024

Indexed Journal
Peer Reviewed Journal

Assessing Patient Satisfaction: Insights into Campus Hospital Structures

Dr. Kavita Dua
Associate Professor, Department of Resource Management and Consumer Science, CCS, HAU, Hisar, Haryana, India

DOI: https://www.doi.org/10.33545/26180723.2024.v7.i12i.1964

Corresponding Author: Dr. Kavita Dua

Abstract
Hospital infrastructure plays a critical role in shaping patient experiences and satisfaction levels, influencing perceptions of quality, comfort, and accessibility. As healthcare facilities strive to improve patient-centered care, the physical environment—including layout, cleanliness, equipment quality, and amenities-has emerged as a significant factor in patient satisfaction. This study aims to compare patient satisfaction across hospitals with varying infrastructure qualities to understand the impact of facility design and resources on patient perceptions. This study on patient satisfaction at CCSHAU Campus Hospital in Hisar involved a survey of 100 patients in the outpatient department. Using a 5-point Likert scale, it measured satisfaction with hospital structure, processes, and services, categorizing responses as "acceptable" (good to excellent) or "unacceptable" (fair or poor). Demographic data revealed that most respondents were aged 35-50, predominantly married, and had secondary or matric-level education. The majority lived in nuclear families with medium-sized households and incomes between 30,001-50,000 rupees. Patients primarily chose this hospital for its affordability, proximity, and familiarity. The majority received test results within a reasonable time frame, though some faced delays, highlighting areas for improvement. Factors such as low treatment costs, accessibility, and familiarity were the strongest influences in their choice, while satisfaction with hospital hours and follow-up appointments was moderate, suggesting further areas to enhance patient experience.

Keywords: Patients, satisfaction, infrastructure, demographics

Introduction

Satisfaction is a key factor in determining how well a hospital performs its services. It relates to the patient's perception of being suitably compensated. Patient satisfaction is used to assess the effectiveness of hospital services. Patient satisfaction is a complex and difficult result to define. Patient satisfaction is influenced by care expectations and attitudes, as well as psychological issues including pain and sadness. Historically, clinicians, particularly surgeons, have prioritized surgical skill and objective results as indicators of "patient satisfaction," whereas patients place a high importance on the surgeon-patient contact (Singh, 2015).

It is necessary to analyze the degree of patient satisfaction so that decision-makers may adopt initiatives and steps to improve satisfaction. The ultimate purpose of the assessment is to improve the quality of life through patient satisfaction.

In today's healthcare landscape, patient satisfaction is increasingly recognized as a key metric for assessing the quality of care, influencing not only patient outcomes but also the reputation and financial stability of healthcare facilities. Among the various factors contributing to patient satisfaction, hospital infrastructure plays a significant yet sometimes overlooked role. The physical environment spanning architectural design, cleanliness, comfort, technological facilities and logistical organization can significantly impact a patient's experience and perception of care quality.

This study aims to explore the relationship between hospital infrastructure and patient satisfaction through a comparative analysis across different types of hospitals, such as private, public and specialty facilities. By examining variations in infrastructure components and their direct effects on patient feedback, this research seeks to identify which elements are most influential in shaping patient experiences and how they differ across hospital types. Ultimately, findings from this study can provide valuable insights for healthcare administrators and policymakers on how to optimize hospital infrastructure to enhance patient satisfaction and improve overall care delivery.

Objectives

1. Patient satisfaction regarding the hospital's physical structure.
2. Level of patient satisfaction on hospital process.

Methodology

This study was conducted in various areas of the outpatient department (OPD) at CCSHAU Campus Hospital, Hisar, including the OPD clinics, reception area, and pharmacy. A sample size of 100 patients was selected based on their willingness to participate and their history of at least one visit (including the current visit) to the hospital. The sample included patients of varying age, gender, education level, and income, ensuring a diverse representation.

A structured questionnaire was developed to collect data, informed by a review of global literature on patient satisfaction studies. The questionnaire focused on three main areas: hospital structure, hospital processes, and the

services provided.
To measure patient satisfaction, a 5-point Likert scale was employed, with ratings ranging from 1 (poor) to 5 (excellent). The data collection process involved an interviewer who administered the questionnaire to the participants.

Results: Age (Years): The table categorized individuals into three age groups: 20-35 years, 35-50 years and above 50 years. The majority of patients (48.0%) were found to be between 35 and 50 years old, while 47.0% of respondents were between 20and 35years old and 5.0% were above 50.

Education: This variable classified individual based on their educational attainment. Categories ranged from "Up to middle" to "graduate." The majority of the majority of those surveyed (38%) had senior secondary education, 28.0% had matric, 21.0% were graduates, and the least number of respondents (13.0%) had upto middle education.

Marital Status: Individuals were categorized as either unmarried or married. High percentages 69.0% of respondents were found to be married and 31.0% were unmarried.

Family Occupation
This variable classified people according to the main occupation of their family. The majority of respondents (42.0%) were housewives, followed by 48.0% working in the public sector, 13.0% being business owners and the least number of respondents (7.0%) were found to be engaged in the agriculture sector.

Family Types
Respondents were classified according to their family structure, either nuclear or joint. More than half (59.0%) of the respondents belonged to a nuclear family, while 41.0% belonged to a joint family.

Family Size
The majority of respondents (58.0%) had a medium-sized family, followed by large families (22.0%) and small families (20.0%).

Total Family Income
The majority of respondents (46.0%) had family incomes between 30,001 and 50,000 rupees, followed by 38.0% who earned less than 30,000 and16.0% who earned more than 50,001 rupees.

Table 1: Personal profile of patients n=100

Sr. No.	Variables	Hisar	Percentage (%)
1.	**Age(Years)**		
	20-35years	47	47.0%
	35-50years	48	48.0%
	Above50years	5	5.00%
2.	**Education**		
	Up to middle	13	13.0%
	Matric	28	28.0%
	Senior Secondary	38	38.0%
	Graduate	21	21.0%
3.	**Marital status**		
	Unmarried	31	31.0%
	Married	69	69.0%
4.	**Family occupation**		
	Agriculture	7	7.00%
	Business	13	13.0%
	Service	38	38.00%
	Housewife	42	42.0%
5.	**Family types**		
	Nuclear	59	59.0%
	Joint	41	41.0%
6.	**Family size**		
	Up to 4 members (Small)	20	20.0%
	5-7members (Medium)	58	58.0%
	8 members and more (Large)	22	22.0%
7.	**Total Family Income**		
	≤30,000	38	38.0%
	30,001-50,000	46	46.0%
	≥50,001	16	16.0%

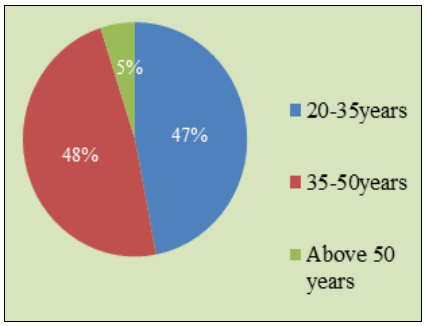

Fig 1: Age of respondents

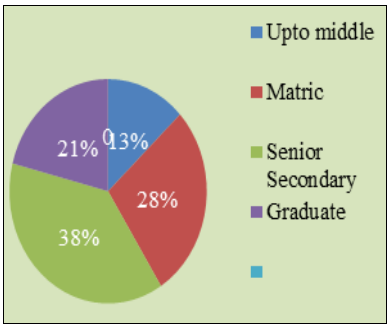

Fig 2: Education of respondents

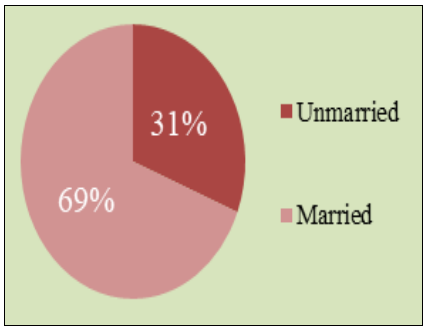

Fig.3: Marital status

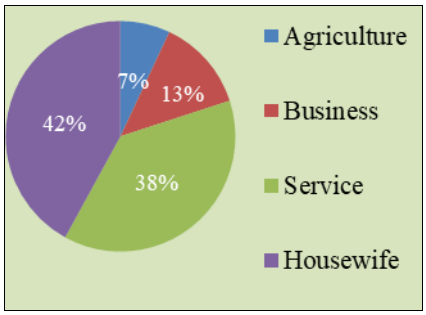

Fig 4: Family occupation

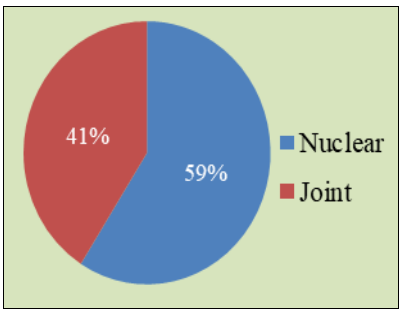

Fig 5: Family types

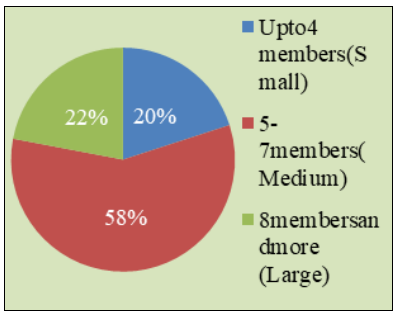

Fig 6: Family size

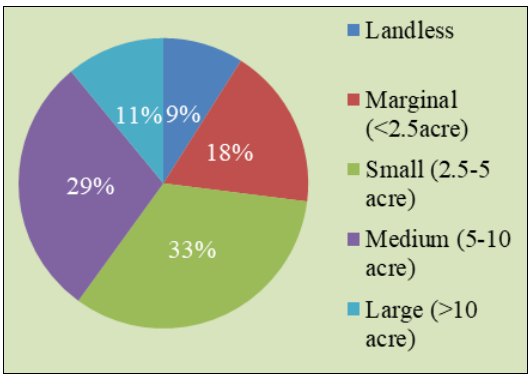

Fig 7: Land holding

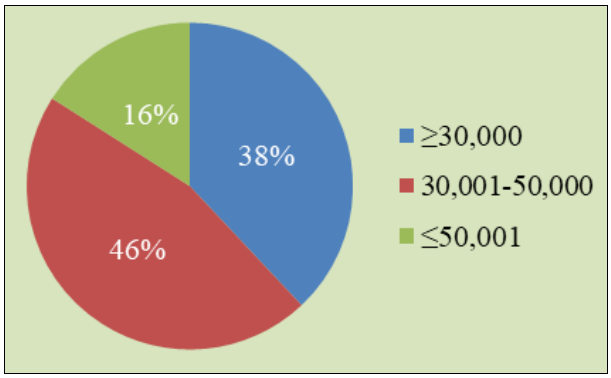

Fig 8: Total family income

Fig 1: Personal profile of patients

Reasons for Choosing the Campus Hospital

The table 2 provides insights into the respondents' priorities, considerations and opinions when choosing a hospital. The campus hospital was chosen by 85% of respondents due to treatment lower costs, proximity to homes (81%), less distance from home (79%) and known place (78%), Skilled doctors/ Nurses (68%) and good infrastructure (67%). 58% of the respondents cited the availability of free medical services as a reason and 45% chose the hospital because it was covered under their insurance plan.

The Weighted Mean Score (WMS) indicates the average importance of each factor in respondents' decisions. A high WMS indicates higher importance: Factors with higher WMS values, like "Treatment less expensive" (WMS=1.85), "No other hospital nearer to house" (WMS=1.81) and “Less distance from home” (WMS=1.79) were most influential. Factors like “Free medical facility" (WMS=1.58) and "Covered under some insurance plan" (WMS=1.45), were comparatively less influential but still significant.

Overall, this table provides insights into the factors that influence individuals' choices regarding healthcare facilities, highlighting the importance of factors such as free medical facilities and insurance coverage.

Table 2: Reasons for Choosing the Campus Hospital n=100

Sr. No	Statements	Yes F (%)	No F(%)	WMS
1.	Good infrastructure	67(67.0%)	33(33.0%)	1.67
2.	Skilled doctors/ Nurses	68(68.0%)	32(32.0%)	1.68
3.	Less distance from home	79(79.0%)	21(21.0%)	1.79
4.	Known place	78(78.0%)	22(22.0%)	1.78
5.	No other hospital nearer to house	81(81.0%)	19(19.0%)	1.81

6.	Treatment less expensive	85(85.0%)	15(15.0%)	1.85
7.	Free medical facility	58(58.0%)	42(42.0%)	1.58
8.	Covered under some insurance plan	45(45.0%)	55(55.0%)	1.45

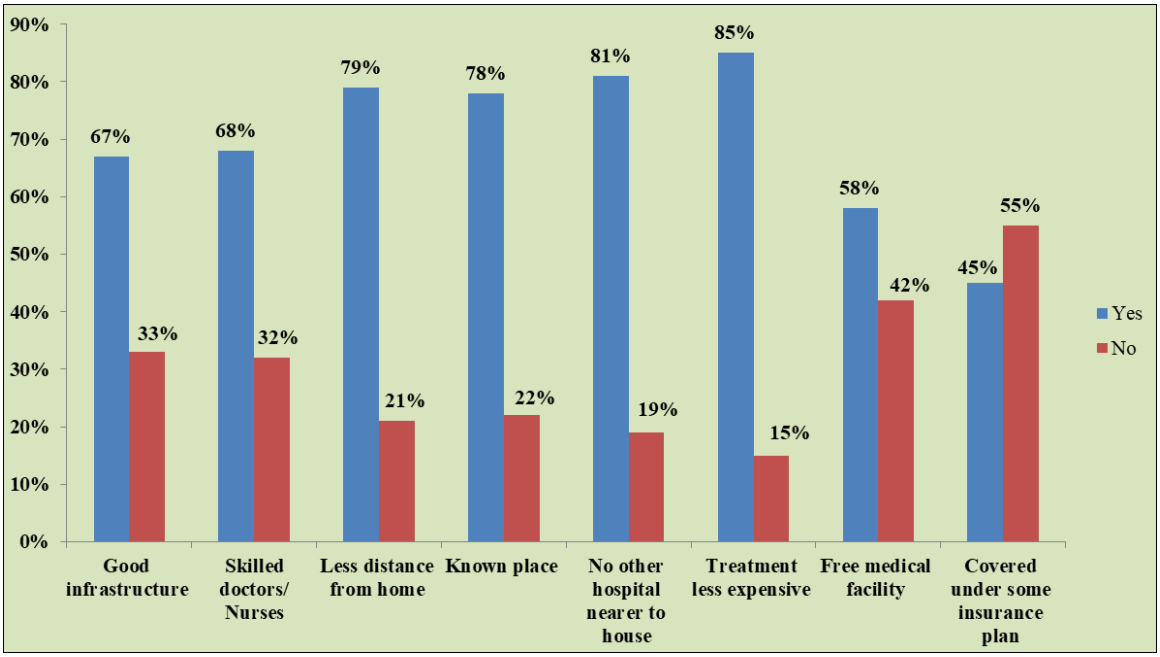

Fig. 2: Reason for choosing campus hospital

Work Hours Well Suited toTreat

The table-3 presents survey responses about work hours well suited for patients towards a particular statement or question. Data revealed that16% of respondents were strongly agreed with current work hours for treatment followed by 27% of the respondents who were agreed, 19% of the were neutral, 19% disagree, and 19%were strongly disagreed. The Weighted Mean Score (WMS) for these results was 3.02.

Conclusively the analysis showed varying degrees of agreement with the work hours, with a weighted mean score of 3.02 indicating a moderate overall level of agreement/acceptance among patients.

Table 3: Work hours well suited to treat n=100

Sr. No	Response	Frequency	Percentage
1.	Strongly agree	16	16.0%
2.	Agree	27	27.0%
3.	Neutral	19	19.0%
4.	Disagree	19	19.0%
5.	Strongly disagree	19	19.0%
WMS	3.02		

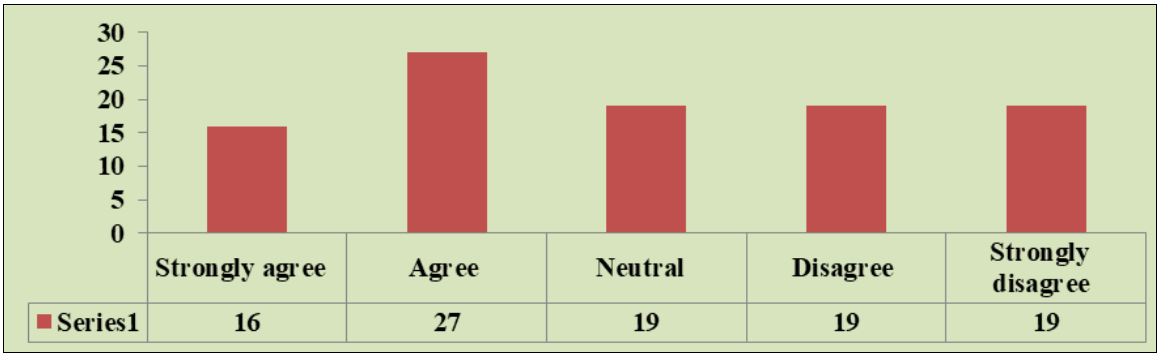

Fig 3: Work hours well suited to treat

Follow-Up appointment

Table-4 of the data presents survey responses indicating the perceived level of follow up appointments. Follow up appointments were rated as very difficult (8%), difficult (11%), or easy (42%), with 27% finding them very easy. The result indicates that 69% of respondents found follow up appointments easy or very easy, with a lower percentage finding it difficult, indicating a majority of respondents

found the process straight forward. Overall, this table suggests that a significant majority of respondents found the process of scheduling follow-up appointments to berelatively easy. However, there is room for improvement, as a notable percentage still found it challenging.

Table 4: Follow up appointment n=100

Sr. No	Response	Frequency	Percentage
1.	Very difficult	8	8.00%
2.	Difficult	11	11.0%
3.	Neutral	12	12.0%
4.	Easy	42	42.0%
5.	Very Easy	27	27.0%
WMS	3.69		

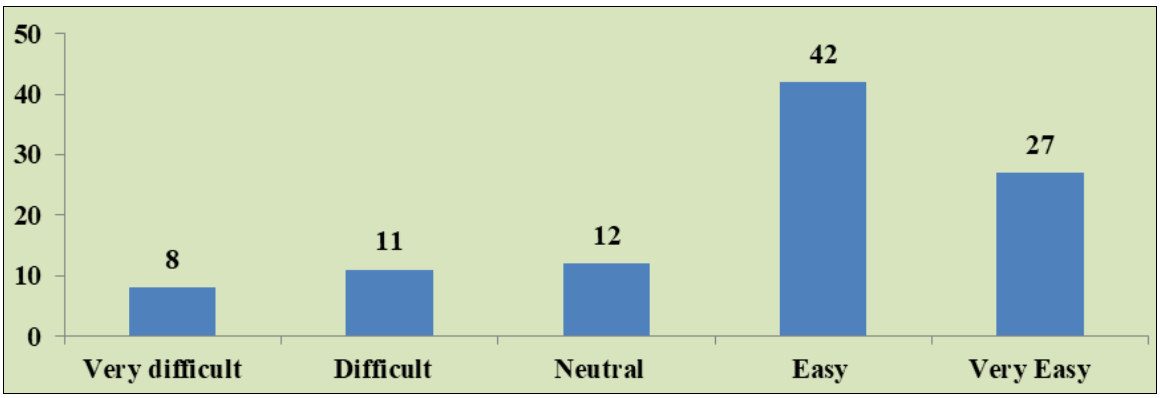

Fig 4: Follow -up appointment

Time Period for Receive Test Result

The table 5 provides insights into the turnaround time for test results from the perspective of respondents highlighting that while a significant number of respondents (52%) receive results within a reasonable time frame (0-2 days), followed by 40% experiencing a slightly longer wait(3-4days) and 8% were receiving results in a longer period of about (4-6 days). However, there remains a notable portion of respondents who face slightly longer waits, suggesting there is still room for improvement in reducing overall turnaround times.

Conclusion

This study examines patient satisfaction at CCSHAU Campus Hospital, Hisar, by surveying 100 patients who utilized outpatient services. Data collection employed a questionnaire based on global patient satisfaction studies, using a 5-point Likert scale for responses. Satisfaction levels were rated across hospital structure, process, and service quality, with responses categorized into "acceptable" (good, very good, excellent) or "unacceptable" (fair, poor).

Demographic data showed a high percentage of respondents aged 35-50 years, predominantly married, with secondary or matric-level education. Most respondents lived in nuclear families, with medium family sizes and incomes between 30,001-50,000 rupees. Patients chose this hospital primarily due to cost, proximity, and familiarity. The turnaround time for test results generally fell within a reasonable period (0-2 days for 52% of respondents), but some still experienced delays, suggesting improvement areas.

Factors like treatment affordability, closeness to home, and familiarity rated highest in influence, with moderate importance for free medical services and insurance. Work hours suited patient needs moderately well, reflected by a weighted mean score of 3.02, indicating mixed agreement. The findings underscore factors shaping healthcare choices, including cost, accessibility and familiarity and indicate specific areas for improvement in service efficiency and accessibility.

References

1. Asif M, Jameel A, Sahito N, Hwang J, Hussain A, Manzoor F. Can leadership enhance patient satisfaction? Assessing the role of administrative and medical quality. Int J Environ Res Public Health. 2019;16:3212. doi:10.3390/ijerph16173212.
2. Bora S, Dey A, Sen S. Comparative study on patients' satisfaction with healthcare infrastructure in government and private hospitals in Assam. Indian J Community Health. 2021;33(2):280-287.
3. Kalita A, Dutta B, Dutta P. Comparative study on the accessibility of healthcare facilities in government and private hospitals in Guwahati, Assam. Int J Healthc Manag. 2020;13(2):144-152.
4. Kumar P, Adhikari A, Ray M, Indu R, Bhattacharya S, Das AK. Assessment of patient satisfaction in outpatient department of a tertiary care hospital in West Bengal, India: a questionnaire based study. Int J Community Med Public Health. 2018;5(9):3919-3923.
5. Manzoor F, Wei L, Hussain A, Asif M, Shah SIA. Patient satisfaction with health care services; an application of physician's behavior as a moderator. Int J Environ Res Public Health. 2019;16:3318. doi:10.3390/ijerph16183318.