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EXAMINING THE GRATIFICATION OF PATIENT-CENTERED CARE IN A HOSPITAL SETTING

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Abstract

Patient-centered care focuses on the unique health needs of patients and individuals. The goal of patient-centered medicine is to enable patients to actively participate in their care. It includes the integration of personal values, beliefs, and preferences related to overall health and the implementation of healthcare-related activities. This type of care focuses on the physical, mental, and emotional well-being of the patient and emphasizes the importance of patient autonomy and participation in their own healthcare decisions. Patient-centered care seeks to foster a collaborative relationship between the patient and their healthcare team to ensure the best possible outcome. This study examines a hospital's overall patient satisfaction across various dimensions, including housekeeping, pharmacy, diagnostic services, and multiple departments such as cardiology, neurology, gynecology, and pediatrics. The study uses a quantitative data collection method of distributing questionnaires to individuals and collecting survey respondents from the general public. The total number of samples is 159. The results of this study help us understand the strengths and weaknesses of patient-centered care in hospitals. This will allow us to improve healthcare facilities and provide quality care to our patients.

Keywords: patient-centered, Satisfaction with care, patient safety, family-centered care.

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INTRODUCTION

Healthcare has grown to be one of the largest sectors in India in terms of revenue and employment. Healthcare includes hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance, and medical devices. The healthcare industry is huge and diverse. Directly and indirectly, they play a central role in the lives and well-being of people around the world. The healthcare industry is one of the world's largest and fastest-growing industries. Consuming more than 10% of the Gross Domestic Product (GDP) of most developed countries, healthcare can be a large part of a country's economy.

As this fascinating field develops, there are opportunities for professionals of all backgrounds. It is one of the largest and is expected to grow in the future due to many factors. The fundamental purpose of healthcare is to improve health and quality of life by providing quality care to the right people at the right time and in the right place. The healthcare industry is typically divided into several sectors. As a basic framework for defining sectors, the United Nations International Standard Industrial Classification (ISIC) broadly classifies the healthcare industry as follows:

1. Hospital Activities
2. Medical and dental practice.
3. Other Activities in the Field of Human Health.

This third class includes: Includes activities that take place. In the fields of optometry, hydrotherapy, medical massage, yoga therapy, music therapy, ergotherapy, speech therapy, foot care, homeopathy, chiropractic, acupuncture, etc. Hospitals, private healthcare companies, and nursing homes are just a few examples of businesses and organizations that fall under the category of healthcare equipment and services. In the modern era, there are many different methods to deliver healthcare. Delivery locations include the house, the

neighborhood, the workplace, and healthcare centers. Face-to-face communication, in which the patient and the care provider interact in person, is the most typical method. In the majority of nations, general health works like this. An overview of the healthcare business is given in this article. The basic forces driving demand for the expansion of lifestyle medical procedures and the healthcare sector are aging populations and the rise in chronic diseases. For years to come, there will be a huge market for products related to medical technology.

Patient-centered care is an approach to health care that emphasizes the importance of meeting the individual needs and preferences of each patient. This approach recognizes that each patient is unique and may have different values, beliefs, and cultural backgrounds that may affect their health and healthcare experiences. In patient-centered care, the patient is considered an active participant in his own treatment and is encouraged to participate in decision-making processes regarding his treatment. The healthcare provider works with the patient to develop a treatment plan that meets their individual needs and preferences, taking into account factors such as medical history, lifestyle, and personal goals. Patient-centered care also emphasizes the importance of communication and collaboration between healthcare providers, patients, and their families or caregivers. This approach recognizes that healthcare providers do not have all the answers and that patients and their families may have valuable insights and perspectives to share. Examples of patient-centered care practices include Active listening: Healthcare providers listen to patients' concerns, ask questions to better understand their needs, and acknowledge their feelings and emotions. Shared decision-making: Patients are encouraged to participate in decisions about their care, including treatment options and goals. Respecting patient preferences: Providers respect patients' values and

beliefs and work with them to create a care plan that meets their preferences. Information Sharing: Providers share information with patients in a clear and understandable way and encourage patients to ask questions and seek clarification. Care Coordination and Continuity: Providers work together to ensure patients receive the right care at the right time and are supported throughout the healthcare journey.

REVIEW LITERATURE:

(Kessler & Mylod, 2011). This paper aims to investigate how patient satisfaction affects the propensity to return, i.e., loyalty^[1]. **(Shaller, 2007)** In this study, The IOM defines patient-centered care as, Health care that establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients' wants, needs, and preferences and that patients have the education and support they need to make decisions and participate in their own care. The aim of this paper is to summarize a consensus of opinions and perspectives from key healthcare leaders regarding what it will take to achieve high levels of patient-centered care^[2] **(Reynolds, 2009)** The article is about the patient's individual needs and also has a goal of making patients become more active participants in their care.^[8] **(Hobbs, 2009)** Patient-centered care (PCC) is a poorly conceptualized phenomenon and can indicate anything from soothing room design, emotional support of patients, and customization of meals, to support of patient decision-making^[3] **(Handley et al., 2021)** Patient-centered care (PCC) is a core component of quality care and its measurement is fundamental for research and improvement efforts.^[4] **(Davis et al., 2005)** Seven attributes of patient-centered primary care are proposed here to improve this dimension of care: access to care, patient engagement in care, information systems, care coordination, integrated and comprehensive team care, patient-centered care surveys, and publicly available

information.^[5] **(Cliff, 2012)** "Care that is truly patient-centered considers patients' cultural traditions, their personal preferences and values, their family situations, and their lifestyles," says the Institute for Healthcare Improvement (2011). The patient and their loved ones become an essential part of the care team and work with medical experts to make clinical choices as a result.^[6] **(De Boer et al., 2013)** The article is about the importance ascribed to patient-centered care between various patient groups and demographic groups. **(Johnson et al., 2008)** This paper provides background information to facilitate the development of an action plan to ensure that sustained, meaningful partnerships with patients and families are in place in hospitals and health systems.^[7] **(Oates et al., 2000)** It is an observational cohort study to assess the association between patient-centered communication in primary care visits and subsequent health and medical care utilization.^[10] **(Bergeson & Dean, 2006)** This study defines an interactional analysis instrument to characterize patient-centered care and identify associated variables.^[11]

OBJECTIVES:

⇒ Enhancing patient satisfaction to improve quality care by providing clear and honest communication.

⇒ Improving patient outcomes by focusing on patients' needs and preferences and encouraging patients to participate in decisions about their care and treatment.

RESEARCH METHODOLOGY:

The Research study is based on quantitative approach in which the primary data is collected through online disseminating the survey to the general public in order to find out how valuable and satisfying patient-centered treatment in hospitals is. The questionnaire consists of two parts-1st part consists of general questions regarding their

demographics while 2nd part aimed to study the questions. convenience sampling method is used for the data collection. The secondary data was collected from various

website, journals, articles, and other publications related to the subject under study.

DESCRIPTIVE STATISTICS:

A total of 157 responses have responded to the survey, of which 52.9% were female and 47.1% were male. Details regarding age and area of residence are presented in the **table1**.

Variables	Categories	N=157	Percentage
AGE	Less than 20	18	11.5%
	20-40	85	54.1%
	40-60	30	19.1%
	Above 60	24	15.3%
GENDER	Male	74	47.1%
	Female	83	52.9%
AREA OF RESIDENCE	Urban	53	33.8%
	Semi – urban	50	31.8%
	Rural	54	34.4%

Table 1 – Demographic characteristics of the patients

Table 2 represents the variables related to patient's satisfaction of the hospital. After analysing the data, it can be noticed that majority of the patients were satisfied with the patient centered care provided to them in the hospital settings. **Chart 1** depicts the overall satisfactory level of patients.

S.NO	Variables	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	Ease of making appointments for check-ups (Physical exam, consulting doctors, routine follow-up)	29 18.5%	35 22.3%	28 17.8	38 24.2%	27 17.2%
2	Do you feel involved in making choices about your treatment and care?	33 21%	37 23.6%	23 14.6%	46 29.3%	18 11.5%
3	The waiting time to meet the doctor is convenient for the all patients?	41 26.1%	45 28.7%	37 23.6%	22 14%	12 7.6%

4	How comfortable were you with the cleanliness and maintenance of the hospital room during your stay?	33 21.6%	33 21.6%	29 19%	27 17.6%	31 20.3%
5	The healthcare provider accept your tradition, culture, or religious belief without any hesitations and treat the patient in a friendly and courteous (polite and pleasant)?	31 20%	31 20%	26 16.8%	41 26.5%	26 16.8%
6	The patient is monitored in a schedule period of time (checking vitals, IV fluids, etc.)	31 20%	31 20%	32 20.6%	32 20.6%	29 18.7%
7	Were you satisfied with the doctor you have been consulting with?	30 19.4%	29 18.7%	22 14.2%	41 26.5%	33 21.3%
8	The medicine prescribed by the doctors are available in pharmacy and the side effects are informed in proper manner.	35 22.9%	33 21.6%	32 20.6%	31 20.3%	22 24.4%
9	Discussing personal or sensitive health information with your healthcare provider is little discomfort.	7 4.5%	30 19.4%	76 49%	32 20.6%	10 6.5%
10	How satisfied are you with the overall quality of care you received during your visit or stay in hospital?	17 10.8%	35 22.3%	34 21.7%	33 21%	38 24.2%

Table 2 – Assessing patient’s safety of radiology department

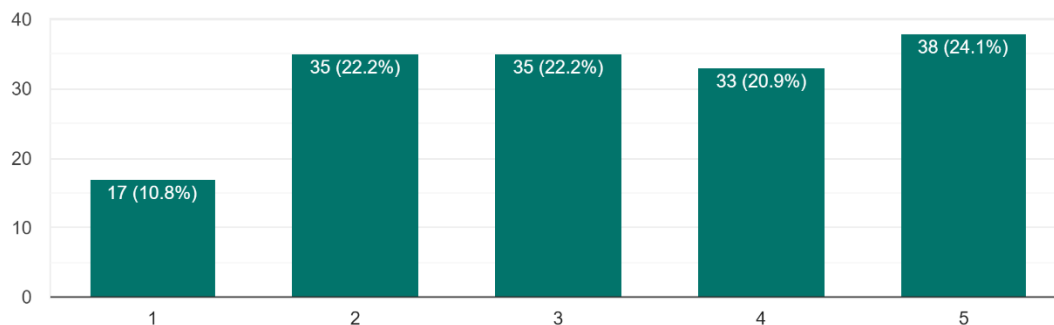


Chart 1 – Overall satisfaction of patients

CHI-SQUARE ANALYSIS:

The chi-square test of independence is a statistical test used to determine if there is a significant association between two categorical variables.

This study tries to test the association between Age and Overall satisfaction of the patients. The hypotheses are as follows: Null Hypothesis (**H₀**): There is no significant association between age and overall satisfaction of patient. Alternate Hypothesis (**H₁**): There is a significant association between age and overall satisfaction of patient.

The following result is obtained:

The significant level is which is greater than 0.05 (P value >0.05). Hence, we accept the null hypothesis, so there is no significant association between Age and Overall satisfaction of patient.

KARL PEARSON CORRELATION:

Correlation is a statistical measure that indicates how strongly two variables are related to each other. It shows the degree to which changes in one variable are associated with changes in the other variable.

This study tries to test the relationship between Doctor appointed and the appointment made for the patients. The hypotheses are as follows: Null Hypothesis (**H₀**): There is no significant relationship

between appropriate cross-checking of patient's identity and overall satisfaction of patient. Alternate Hypothesis (**H₁**): There is a significant relationship between appropriate cross-checking of patient's identity and overall satisfaction of patient.

The following result is obtained:

r value is positive and significant 2-tailed value is less than 0.01, hence we reject the null hypothesis and accept the alternate hypothesis. Since **r = 0.766**, there is a moderate positive correlation between appropriate doctor appointed and the appointment made for the patients.

LIMITATIONS:

- A time bound environment hinders a comprehensive study.
- Insight of employee may differ from time to time
- Some respondents did not respond properly so that the responses may vary.

DISCUSSIONS:

To improve the patient experience, medical professionals of all specialties offer patients emotional support even in the most difficult situations. The availability of health services should be continuously expanded both in health centers and in the clinics of health providers. Provide quality services in patient-centered care by improving communication, helping patients identify priorities and concerns, and involving them more in care and treatment planning and decision-making, all of which can be

collected through patient feedback to further improve patient services.

CONCLUSION: -

To enhance the patient experience, you need to pay attention to all the touchpoints that patients have with your healthcare system. The concept of patient-centered care emphasizes the broader life context and experiences that may contribute to illness or facilitate recovery. The study showed that most patients were satisfied with the practices of the hospitals they visited, which also showed that patients centered encompasses the patient and the family being respected given complete information, involved in decisions-making and supported in their physical, psychological, social and existential needs. It appears that the patient centered care is powerful concept in the healthcare sphere that has substantial potential to improve the services of the healthcare industry according to the particular needs of the different populations. The study showed that most patients were satisfied with the practices of the hospitals they visited, which also showed that patient centered encompasses the patient and the family being respected given complete information, involved in decision-making, and supported in their physical, psychological, social, and existential needs. patient-centered care can lead to better health outcomes, improved patient satisfaction, and increased patient adherence to treatment plans. Overall, the gratification of patient-centered care is a continuous process that requires a commitment to quality, patient engagement, and ongoing improvement.

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