Quality and Inpatient Satisfaction in Health Institutions X State Hospital Example

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Abstract: It is the practical investigation of the quality and the inpatient satisfaction in the aim of the working health institutions. Institutions providing health services are very complex, both public and private. In this complex system, which involves a very diverse and professionally professed group, the fast and correct handling of transactions is possible thanks to the dedication and harmony of all the service providers who come together for service.

One of the most important determinants of quality in health care institutions is satisfaction. It is important to be able to analyse patient satisfaction in a good way in order to complete the deficiencies as well as to make the right time and rapid improvement.

The well-being of an country's health system is important for eliminating lost workforce and for being able to produce a healthy new generation. In service delivery, the primary role of the public, whether private or special, is to provide quality services to the hospitals that are diagnosed and treated, affecting the quality of the entire service delivery.

In the literature section of the study, health services, patient satisfaction and health service in public hospitals were examined. In the methodology part, the satisfaction level of the patients in the X state hospital was analysed. The decision to make satisfaction on inpatients was born on the basis of the longest time and the most detailed use of the hospital health service.

The 250 targeted surveys for the inpatient illnesses were conducted and the results were analysed using 239 valid surveys. The data was tested with the Statistical Package for Social Sciences program.

Keywords: Inpatient Satisfaction, Health Institutions, Quality

Literature

Health care:

Health by World Health Organisation is defined as the individuals physical, social and spiritual well-being; (Bowers et al., 1994: 50; Headley and Miller, 1993: 32) Physical well-being is defined as the fact that all body parts are complete, the infectious state can carry on its functions and its spiritual well-being is to have a mind in proportion to the age of the individual, to have feelings like joy and sadness in place and on time, and to express his ideas clearly. Social well-being is defined as being aware of how the individual will behave in the environment, being in harmony with the environment, being aware of their responsibilities and being tolerant. In the Turkish Language Institute, the definition of being healthy is defined as "physical well-being within the body as well as social and spiritual well-being as a whole" (Öztek, 1992: 62). Some of the definitions in the literature indicate that the definition of health is a dynamic process, which is only updated from the concept of goodness, and is updated with changing conditions. In this context, health can be defined as preservation of integrity, well-being, well-being and well-being in the absence of illness (Keskin and Topuzoğlu, 2006: 47-48).

The rapid growth of community development necessitated the development of hospitals, especially after the 16th century. The first recorded information about the establishment of hospitals dates back to the 1800s. At the same time, both the laboratory and the nursing schools started to open slowly, especially with changes to the provision of bedding services. World health organisation definition of hospital; (Peyrot, 1993: 24), who provide long-term or short-term treatment for patients who provide diagnosis, treatment, improvement and observation

Services can not be stored and presented to organisations because they are abstract, unstable and heterogeneous to meet customer needs. As production and consumption are realised at the same time, communication between the service provider and the consumer is essential (Karahan, 2000: 14).

Considering the presentation of all public services, the economic dimension of health service delivery is the most important when considering the number of necessary staff and the result of service. The service provided must be given in the quality that it requires, and sufficient factors such as the number of personnel, service buildings, materials with technological equipment are required to be provided. Accurate determination of all these developments and regulations, timely and adequate provision of necessary regulations increases the need for the views of patients and their relatives. Health service providers doctors, medicines, laboratories, etc. It is the vehicle where the service of the consumer is

provided by bringing all the data together. This trust, which is crucially important in terms of vital importance, is mainly related to trust, and the institution remains on the second plan (Bekaroğlu, 2005: 25).

It is difficult to define and measure quality in health service provision (Argan and Argan, 2002: 145). The reason for this is closely related to the characteristics of the healthcare sector. In particular, the quality of service delivery is influenced by many factors, and the inability to clearly identify these factors is due to the use of direct measures and the more intuitive perception (Williams 1994: 511). The role of primary care hospitals in health services is great. For this reason, they constitute a large part of the work done to provide quality in service provision (Harding and Peker, 2000: 20). In this sense, some of the applications made to improve institutional quality include international hospital quality criteria (Uslu ve Aydın, 2007: 2).

The quality of health care is also as important for governments as it is for consumers. Members of a society that receive quality health care services will be happier. Especially with the regularity of preventive health services, the rate of unhealthy societies will gradually decrease, which will contribute to the health expenditures of the country. Moreover, if you are satisfied with the health service, the sentence will return as a vote (Varinli et al., 1999: 29). The presentation of health services is like a socio-economic indicator for countries. Therefore, it is necessary to adopt the concept of quality in the presentation of this service both in service production and presentation (Aslantekin et al., 2007: 60).

Patient Satisfaction and Quality in Health Services:

The conditions of society we live in have made the concept of quality a lifestyle (Varinli et al., 1999: 26). Much of the research on quality of service focuses on the fact that the common end result is closely related to three points. These are the following; Customer Satisfaction (Cronin and Taylor, 1994: 126, Oliver, 1993: 67), Purchasing Intention (Zeithaml 2000: 68, Boulding et al., 1993: 15), Company Performance (Kaptanoglu, 2016: 12). Subordinate items such as merit, access, speed (Royne, 1996), customer understanding, service concretization (Lovelock, 1996: 65) should be considered when determining service quality (Christopher et al., 1995: 23).

Rapid change in society leads to rapid change of organizations like the same societies. With this change, while the needs and requirements of the society are shaped, it can go to the product produced by the organization itself and even to change itself completely. Sectors that provide health care with vital presen- tations have also been influenced by these conditions, which are manifest in each area and make competition conditions more difficult every day.

In the second half of 1900, new constructions emerged especially in the health field of our country (Aslantekin et al., 2007: 63). Applications for quality improvement, quality policies in countries, health care systems, etc. It varies according to many situations (Kaya, 2003: 56). Especially in our country, the health sector has been faced with a tough competition environment due to the opening of special hospitals and the effect of the health transformation project. This has forced health institutions and organizations to move out of the traditional service provider approach and become patient-focused (Ettinger, 1998: 111). This has made the quality of service critical to customer satisfaction and therefore critical.

There are many literature studies on quality dimensions in health care. According to Donebedian (1995), quality is three dimensions. These; Technical dimension, interpersonal communication and comfort dimension. Sasser et al. According to (1978), the dimensions that determine quality are; Staff, facilities and material levels (Akt. Parasuraman et al., 1994: 203).

When we examine the literature, we can see that qualifications in health service are defined in many ways. Quality in health according to a definition that treats quality of health only from a medical point of view; (Caldwell, 1998: 82), which will at least halt a regression that may or may occur due to any cause in individuals' health conditions. Covey (1996: 75) has argued that quality is a constant principle that is analogous to a lighthouse. In this context, the principles for quality must serve or contribute to each other. Everything we make according to the writer reflects us and ensures that qualifications exist as habits rather than action. The author stated that this habit was formed by the intersection of knowledge, desire and skill, and stated that a qualitative change would occur by finding answers to the questions "why, how to do and what to do". For this, the first step of the change is to set goals and to emphasize that the planning of the existing situation after the detection of the existing situation is vital.

As customer orientation is the focus of contemporary marketing approach, the literature on customer satisfaction and firm contribution has been reviewed by many authors (Oliver, 1993: 68). In the studies

performed in health service delivery, the customer positively affects the satisfaction of the patient, such as positive earmuffs, the high profit of the institution, the retention rate of the patient, the tendency to comply with the physician's recommendations (Peyrot et al., 1993: 25, Zeithaml, 2000: 68).

Many studies have examined the relationship between customer satisfaction and the quality of service offered in health service delivery. According to the first opinion, quality appears before taste (Brady et al., 2002: 25, Parasuraman et al., 1994: 205, Anderson, 1994: 55, Cronin and Taylor, 1994: 125). The second view is that it has emerged before the satisfaction of the first opinion (Bitner, 1990: 75, Bolton and Drew, 1994, 183). According to the third view, both concepts are transformed one after the other, and they are related to each other, but it is not clear which one will come first. The causality relation can be in either direction (McAlexander et al., 1994: 35).

A health service is to increase the output of services with existing inputs (labor and technology) targeted at the service. Although the output appears to be concrete in this targeted period, it is necessary to be careful in measuring the quality of the service (Choi et al., 2004: 914). This is because both service providers are not experts to assess service and there is a time interval between service provision and measurement (Williams 1994: 510). For this reason, consumers are evaluating the service based on the relationship between the physician and not the good and sufficient technique and technique (Bowers et al., 1994: 50; Ettinger, 1998: 112). Along with increased competition, especially after 1980, a total quality component emerged in health and the measurement of patient satisfaction settled in the frontline in determining quality. It has been found that patients' satisfaction with a health care provider not only affects their own choices but also affects the preferences of those in the periphery, as well as the ability to hear from the surrounding area (Zeithaml, 2000: 68).

There are many ways to measure the quality of the service and the quality of service and the characteristics of the services provided and the characteristics of the services provided in the health sector. The main reasons for this are the different reasons of arrival of each patient, the difficulty of estimating the demand, the shortage of hospitals in terms of changing demand conditions, the lack of stocking service, the extra workload of service providers and the necessity of specialist tasks.

The method used frequently in the literature for quality measurement is the SERVQUAL scale that Parasuraman developed in 1985 (Kaptanoğlu, 2016: 25). The measurement is made by comparing the expectation before the service is received and the next detection after receiving the service. Also according to the author, service quality is measured by looking at 10 grips. These; Reliability, empathy, sensitivity, certainty, accessibility, respect, consistency, competence, safety, physical elements (Parasuraman et al., 1994: 206).

In the literature, some studies on quality measurement with Servqual method in health presentation are as in Table 1.

Many literature studies have been conducted on the evaluation of the quality of health care delivery. Much of this work has been done as a result of an examination of the United States market. The fact that research done in this context has been done in developing countries and whether it has been fully validated in the case of adapting to developing countries has often been a matter of debate.

Research Method And Hypothesis

The researcher generated 339 valid questionnaire surveys with 350 patients selected by sample method on patients hospitalized between 01/12 / 2016-30 / 12/2016 at X State Hospital. Sixteen questions were selected from the Ministry of Health's standard customer satisfaction questionnaire. In addition to the selected diseases, the respondents were asked 20 questions by adding their sex, age, education status and social security status. Data The SPSS statistical program was used and the results were significant.

H1. The number of patients who find the services at the hospital good is more than the bad ones.

H2. It's more than the number of patients who think they get enough information from doctors.

Table 1. SERVQUAL Method of Quality Measurement

AUTHOR	CHAPTER
Carman, 1990:33-55.	Dental Clinics
Headley ve Miller, 1993: 32-41.	Medical Services
Bowers vd. 1994: 49-55.	Military Hospitals
Lytle ve Mokwa 1992:4.	Medical Care
Fusilier ve Simpson, 1995: 49-53.	Patients With Aids

Table 2. Distribution of Hospitalized Patients by Gender

GENDER	*MALE*	*FEMALE*
Number	*160*	*179*
Percentage	*%47,2*	*%52,8*

Table 3. Distribution of Hospitalized Patients by Age Groups

AGE	*15-30*	*31-50*	*51 ve Üstü*
Number	*52*	*78*	*109*
Percentage	*%21,8*	*%32,6*	*%45,6*

Table 4. Distribution by Educational Status of the Patients

EDUCATİON	Non Literate	Elementary School	High School	Undergraduate	Graduate
Number	5	82	84	58	10
Percentage	%2,1	%34,3	%35,1	%24,3	%4,2

Table 5. Distribution of Hospitalized Patients by Social Security

SOCIAL SECURITY	SGK Worker	SGK Retired	Green CArd
Number	104	125	10
Percentage	%43,5	%52,3	%4,2

Table 6. Room and Dining Satisfaction Ratings

VARIABLES	YES		PARTIAL		NO	
	n	%	n	%	n	%
The room was clean	206	%86,2	23	%9,6	10	%4,2
Room temperature was appropriate	210	%87,9	27	%11,3	2	%0,8
It was not noisy Room Environment	195	%81,6	37	%15,5	7	%2,9
The food was delicious	178	%74,5	40	%16,7	21	%8,8
The food is hot	150	%62,7	80	%33,5	9	%3,8
The call ring, lamp, bed, etc. in the room. The goods were in working condition	200	%83,7	32	%13,4	7	%2,9

Results

The demographic characteristics and social security information of the respondents are given in Tables 2,3,4 and 5. Respondents were 47.2% male and 52.8% female. 49,8% of them are aged 51 and over, 28,9% are between 31-50 years, 21,2% are under 30 years old. According to social security, 54.3% of the respondents are working under SSI, 38.3% are retired and 7.4% are green card holders.

The answers and percentage distributions of the patients staying in the rooms and the catering service are as shown in Table 6. According to the table, 87.9% answered yes to the question about the temperature of the room.

The satisfaction ratings of the services provided by the staff of the hospitalized patients are shown in Table 7. According to the table, the respondents have participated in 83.7% of the time for the doctors to have enough time and 92.1% for being polite and respectful. 81.6% of the nurses were polite and respectful and 82.8% of the nurses were informed about the operations they performed in the questions related to the service given by the nurses. When asked about the cleaning staff, 75.3% of the respondents were careful about privacy and 82.0% of the respondents were polite and respectful. It has been revealed that the reminders are only 22.2% undecided about the question about privacy. Only 1 person did not attend the question about the kindness and respect of the doctors.

Four questions were asked about the patients' dissatisfaction with the hospital. The results are shown in Table 8.

Table 7. Staff Satisfaction Rating

VARIABLES	YES		PARTIAL		NO	
	n	%	n	%	n	%
The doctors gave me enough time and information	200	%83,7	35	%14,6	4	%1,7
The doctors were polite and respectful	220	%92,1	18	%7,5	1	%0,4
The nurses were polite and respectful	195	%81,6	35	%14,6	9	%3,8
The nurses gave information about the procedures they would take	198	%82,8	33	%13,8	8	%3,4
All the staff took care to personal privacy	180	%75,3	53	%22,2	6	%2,5
The cleaning staff were polite and respectful	196	%82,0	35	%14,6	8	%3,4

Table 8. Hospital Satisfaction Ratings

VARIABLES	*YES*		*PARTIAL*		*NO*	
	n	*%*	*n*	*%*	*n*	*%*
The hospital was generally clean	220	%92,1	17	%7,1	2	%0,8
Hospital service was generally good	219	%91,6	18	%7,6	2	%0,8
Hospital is reliable	199	%83,3	29	%12,1	11	%4,6
I would recommend this hospital to others	193	%80,8	38	%15,8	8	%3,4

According to the responses of the respondents, the answers given to the cleanliness of the hospital in general terms were answered with 92,1% yes option in parallel with the answers in Table 6. The satisfaction rate of the service was 91.6% and the hospital was reliable 83.3% with the option of yes. Finally, 80.8% of respondents answered positively whether the referral to the hospital would be advisable to others, which can be regarded as a demonstration.

Conclusion

Patient-centeredness in health presentation is an inevitable choice in today's conditions and it is necessary to know the expectations and wishes of the patients. Since the services provided by the health institutions are very heterogeneous, patient satisfaction is an indication of the service quality.

The whole organization should act in unity to provide customer satisfaction in the health sector as it is in every sector. Whether you are an expert physician, nurse or staff member, all the employees are kind and ready to help at any time, increasing the patient satisfaction with the surplus.

The results of the study show that the satisfaction rates of the inpatients are high. In this context, managers should strive to protect or even increase this satisfaction.

H1 and H2 hypotheses were accepted as seen in the research results. This result shows that care is given to the services given at the hospital and that the Ministry of Health is acted on the basis of quality standards. Inadequate information, especially by doctors, is a condition that lowers the degree of satisfaction in patient and patient relatives who have inadequate knowledge about health and who are worried about the condition. In the study, the result that the doctors gave enough information was obtained.

This study was limited to X State Hospital and the data were selected among all inpatients who were over 18 years old without any perception problem and volunteers. All inpatients in the specified time interval have not been included. Moreover, the low level of the respondents' economic levels has led to high expectations. Therefore, some deficiencies and problems are likely to be ignored.

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