International Journal of Humanities
and Social Sciences (IJHSS)
ISSN(P): 2319-393X; ISSN(E): 2319-3948
Vol. 6, Issue 4, Jun - Jul 2017; 99-114

International Academy of Science,
Engineering and Technology
Connecting Researchers; Nurturing Innovations

A HAPPY PATIENT IS THE DUTY OF EVERY DOCTOR

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ABSTRACT

A high level of discontentment at the government's premier hospitals — AIIMS, Ram Manohar Lohia Hospital and PGIMER, Chandigarh were due to the implementation of "MeraAspataal" (My Hospital), developed by the health ministry of Bharat. The most important explanation, for the discontentment found in the survey was workers' behavior, 46%, cleanliness 6 % and quality of treatment, 11%. This proves that, Indian public hospital's patients won't be acutely aware that they're able to inform their grievances, as they sense that they're obtaining a free remedy, but in gift situation of consumerism, patients expect their doctors to preserve up the timings, behave warmly and communicate in their language. Patients assume care problem and courtesy, additional to an awfully smart professional activity and powerful bonding with doctors. Since a happy patient visit back, have a positive image of the hospital and brings less medical malpractice claims. In many countries, resident doctors have been taught compulsory communication training in the final year of their medical education, but unfortunately we don't have such training. The present study deals with doctors' communication with patients in government hospitals of Indore town (M.P.) Bharat. As a result of varied researches done on this, in terms of doctors' communication and patient satisfaction everywhere in the world, but we'll not deem them general as origin of country, demography, education, plays a crucial role. In this study, seventy participants of public hospitals of Indore were enclosed in customary form, survey victimization convenience sampling and applying Z check, the role of the patient as partners in the health care system is acknowledged.

KEYWORDS: Patients Satisfaction, Public Hospitals, Doctors Communication, Resident Doctor

INTRODUCTION

Today, hospital area unit is a vital facet of society, having the tremendous responsibility to promote the health of the community it serves. With ever-increasing stress on specialization and tertiary care, primary care has become the poor relation in modern-day medication. Despite recent developments in the India healthcare sector, there is still great concern about the quality of health care services in the country. Health care service is the aggregate of tangible and intangible thing with the tangible issue dominating the intangible element. Though the services (consultancy, diagnosis, etc.) offered by the doctor's are completely intangible. The tangible aspect can include the building, the décor, etc. Efforts are made by the hospitals to tangiblize the service being offered by them.

A health care provider is an institution (such as a hospital or clinic) or person (such as a physician, nurse, allied health professional or community health worker) that provides preventive, curative, promotional, rehabilitative or palliative care services in a systematic way to individuals, families or communities. [1]

Indian health care delivery system is categorized into two major components - public and private. The public health care system comprises limited secondary and tertiary care institutions in key cities and focuses on providing basic

healthcare facilities in the form of primary healthcare centers (PHCs) in rural areas. The private sector provides the majority of secondary, tertiary and quaternary care institutions with a major concentration in metros, tier I and tier II cities

As per the research conducted by India Brand Equity Foundation, it is estimated that the overall Indian healthcare market is worth around US$ 100 billion and is expected to grow to US$ 280 billion by 2020, a Compound Annual Growth Rate (CAGR) of 22.9 per cent. Healthcare delivery, which has hospitals, nursing homes and nosology centers, and prescription drugs, constitutes sixty five percent of the general market. Indian health care delivery system is classified into 2 major parts - public and personal. The Government, i.e. public aid system contains restricted secondary and tertiary care establishments in key cities and focuses on providing basic tending facilities within the kind of primary aid centers (PHCs) in rural areas. The private sector provides the majority of secondary, tertiary and quaternary care establishments with a significant concentration in metros, tier I and tier II cities.

It's far less difficult to evaluate the patient's pleasure toward the carrier than evaluate the pleasant of medical services that they get hold of. Consequently, a study on patient pleasure can be an important tool to enhance the satisfaction of services. Patient delight with the health care offerings in large part, determines their compliance with the treatment and as a result contributes to the nice effect on fitness. This examination is therefore undertaken with the purpose to discover the extent of patient delight related to the special parameters of fine health care, which includes the prescription at public health facilities within the Indore metropolis, a centrally positioned, enterprise capital of considered one of the largest Indian state - Madhya Pradesh

REVIEW OF LITERATURE

Studies of Patient Satisfaction in health care originated in the USA during the 1950s.Patient satisfaction is defined as “an evaluation of distinct health care dimensions” (Linder-Pelz, 1982)Patient satisfaction regarding health care is a multidimensional concept that now becomes a very crucial health care outcome.

Hall & Dorman (1988)carried a meta-analysis with treatment discovered the subsequent aspects of patient satisfaction is associated with the overall performance of an organization and depends on various factors, namely overall quality, trust, reputation, continuity, competence, data, organization facilities, attention to psychosocial issues, quality and outcome of care. While Tucker and Adams (2001) found that patient satisfaction is predicted by answerable factors like caring and empathy. Ware et al. (1978) known dimensions moving patient evaluations, as well as doctor’s conduct, service, convenience, continuity, confidence, potency and outcomes

Alexander W. Chessman, Amy V. Blue, Gregory E. Gilbert, Maura Carey, G. Mainous (2003) studied medical student's interpersonal& communication skill as a fundamental dimensions of their clinical competence. They conducted a comparative study applying correlation between structural clinical examination & clinical practice examination and patient satisfaction was measured. Their studies indicate that measures of the student’s communication and interpersonal skills in one clinical performance setting are not consistent with similar measures in another setting.

Allan Smith, Ilona Juraskova, Phyllis Butow, Caroline Miguel, Anna-Lena Lopez, Sarah Chang, Richard Brown, Jurg Bernhard (2010) in their study found that Cognitive and emotional aspects of Sharing Decision and Managing emotions in oncology consultations have different effects on various patient outcomes. It is important that doctors focus on both sharing decisions and managing emotions in consultations. Communication skills training addressing both these areas may be an effective way to improve diverse patient outcomes.

Bull S.A., Hu X.L, et al. (2002)in their paper titled "Discontinuation of use and switching of antidepressants: Influence of patient physician communication" came with the conclusion that a doctor with patience, empathy and clarity can help alleviate these to a significant extent. Communication with patients also enhances adherence to long term therapy

C.F.Quirt, W.J. Mackillop, A.D. Ginsburg, L.Sheldon, M.Brundage, P.Dixon, L.Ginsburg (1997) in their paper titled "Do doctors know when their patients don't? A survey of doctor –patient communication in lung cancer" concluded that before devolving responsibility for a medical decision to the patient, the doctor should : first ascertain that this is the patient's preferred role in the decision process; second, decide the minimum set of facts that a patient need to understand in order to make a substantially autonomous decision; third, provide the patient with the key information in a form which he or she can understand:& forth ask explicit questions to ensure that the patient understands the issues, & if he or she does not, back up & try again.

ClaramitaM, SusiloAP, Kharismayekti M, Dalen Jv, VieutenCv, (2013) In their study titled "Introducing a partnership doctor -patient communication guide for teachers in culturally hierarchical context of Indonesia." concluded that Despite general comprehension of the principles of partnership doctor -patient communication, teachers still had a difficulty reflecting it to Southeast Asian culture & teaching the concept in their chapters.

C. Scott Smith, Magdalena Morris, Francine Langois-Winkle, William Hill, Chris Francovich (2010) in their study titled " A pilot study using Cultural Consensus Analysis to measure Systems-Based Practice performance" concluded that the correlation between patient satisfaction cumulative scores and the difference in patient and resident cultural consensus analysis rankings on 'goals' was -0.527 (less difference between residents' and patients' value ranking correlates with higher satisfaction). The correlation with 'changes' was -0.351. The correlation between nursing satisfaction cumulative scores and the difference in nursing staff and resident cultural consensus analysis, rankings on 'goals' was -0.086. The correlation with 'changes' was -0.415

David C Dugdale, Ronald Epstein, and Steven Z Pantilat, (1999) in their study titled" Time and the Patient–Physician Relationship" examine the effects of limiting time on the Patient-Doctor relationship & review the effects that are attributable to managed care.

Edward E. Bartlett, Marsha Grayson, Randol Barker, David M. Levine Archie Golden & Sam Libber (1984) in their study at the John Hopkins institute, found that quality of interpersonal skills influenced patient outcomes more than quantity of teaching and instruction. Secondary analyses found that all the effects of physician communication skills on patient adherence are mediated by patient satisfaction and recall. These findings indicate that the physician might pay particular attention to these two variables in trying to improve patient adherence, and that enhancing patient satisfaction may be pivotal to the care of patients with chronic illness.

G. CalapAlexender, Lawrence P. Casalino, David O Meltzer (2003) "Patient physician communication about Out -Of -Pocket costs" concluded that treatment cost discussion with patients saves litigation.

Han Z. Li, Zhang, Young-Ok Yum, Juanita Lundgren, Jasrit S. Pahal (2008) in a paper titled "Interruption & patient satisfaction in resident- patient consultations" concluded that resident made significantly more interruption than patients, especially in the categories of intrusive interruption. Clearly supports communication-accommodation theory.

Howard B. Beckman, Melissa Wend land, Christopher Mooney, Michael S. Krasner, Timothy E. Quill, Anthony L. Suchman, and Ronald M. Epstein. (J 2012) "in their paper titled "The Impact of a Program in Mindful Communication on

Primary Care Physicians" conducted in depth semi structured interviews, with primary care doctors who had just completed 52 hours of communication programme demonstrated to reduce psychological distress and burnout while improving empathy. Interviews with a random sample of 20 of the 46 physicians in the Rochester, New York, area who attended at least four of eight weekly sessions and four of eight monthly sessions were audio-recorded, transcribed, and analyzed qualitatively. Concluded that Interventions to improve the quality of primary care practice and practitioner well-being should promote a sense of community, specific mindfulness skills, and permission and time devoted to personal growth.

Huma Ahmed, Anam Qureshi and Maleeha Anwar (2012) in a paper titled " Doctor, Patient Relationship in Tertiary Care Hospitals of Pakistan" concluded that Doctor patient relationship involves all those ethical issues which we face daily in hospitals, and when we talk about Tertiary care /Teaching hospitals, then we talk about the highest Ethical values prevailing in the medical profession. As evident in medical student that they don't pay attention to clinical side while studying for the foreign exams as they intend to practice and learn the practical aspects only after they get residency abroad. Workload in teaching hospitals, both in OPD and emergency departments increases the work pressure on doctors while their practical output immensely lowers down, resulting sometimes in frustration and chaos from the Patient side.

Katherine L. Kahn, Honghu Liu, John L. Adams, Wen-Pin chen, Diana M. Tisnado, David M. Carlisle, Ron D. Hays, Carol M. Mangione, and Cheryl L. Damberg (2003) studied "Methodological Challenges related to Patient Responses to Follow-up Longitudinal Surveys concerning Quality of Care, finished that overall response rates were fifty four % and sixty three % of patients with chronic sickness. Patient demographics, health standing, use of services, and satisfaction with care in 1996 were all important predictors of response in 1998, highlight the importance of analytic methods (i.e., application of non response weights) to reduce bias in estimates of care and outcomes related to longitudinal quality of care and health outcome analyses. Method of care scores weighted for non response differed from global organization weighted scores (po.001). Stability of responses across time was moderate, however varied by survey item from honest to wonderful.

Kathleen M. Mazor, Brian E. Clauser, Terry Field, Robert A. Yood, and Jerry H. Gurwitz (2002) in their paper titled 'A Demonstration of the Impact of Response Bias on the Results of Patient Satisfaction Surveys' came with the conclusion that a positive correlation was found between mean patient satisfaction rating and response rate within the actual patient satisfaction knowledge. Simulation results recommend response bias may lead to overestimation of patient satisfaction overall, with this impact greatest for physicians with all-time low satisfaction scores.

Kevin J. O'Leary, Tiffani A. Darling, Jennifer Rauworth and Mark V. Williams (2013) Impact of Hospitalist communication-skills training on patient-satisfaction scores concluded that Patient satisfaction did not significantly improve after a communication-skills training program for hospitals. Because of the small sample size, larger studies are needed to assess whether such a program might truly improve patient satisfaction.

Langewitz, Wolf A. Eich et. Al (1998) in their paper "Improving Communication Skills-A randomized Controlled Behaviorally headed Intervention Study for Residents in medical specialty" investigated whether or not patient-centered communication skills is educated to residents in Internal drugs by employing a time-limited behaviorally headed intervention. Residents engaging at the Department of medical specialty were arbitrarily assigned to associate degree intervention cluster (IG; N = 19) or a bearing cluster (CG; N = 23). Additionally to six hours of normal medical education per week, the immune gamma globulin received specific communication coaching of twenty-two.5 hour period in a

6-month amount. Initially and ten months later, participants performed interviews with simulated patients. Interviews were rated by unsighted raters WHO used the Maastricht History and recommendation Checklist-Revised. They found that the patient-centered communication skills like those bestowed during this intervention study is educated. The power to achieve medical info and also the readiness to speak concerning aspects of medical treatment appear to boost with additional skilled expertise.

Fujimori. M, Shirai. Y, et. al. (2014) to spot the consequences of a communication skills coaching (CST) program for oncologists, developed supported patient preferences concerning oncologists' communication. Thirty oncologists were at random allotted to either an intervention cluster (IG; 2-day CST workshop) or management cluster (CG). Participants were assessed on their communication performance throughout simulated consultation and their confidence in act with patients at baseline and follow-up. A completion of one, 192 patients (response rate, 84.6%) UN agency had consultations with the taking part oncologists at baseline and/or follow-up were assessed concerning their distress exploitation the Hospital Anxiety and Depression Scale, satisfaction with the consultation, and trust in their medical specialist once the consultation. They concluded that a CST program supported patient preferences is effective for each oncologists and patients with cancer. Oncologists ought to contemplate CST as AN approach to enhancing their communication skills.

Meryn, S. (1998) in their paper titled “Improving doctor-patient communication, Not an option, but a necessity” found that the foremost common grievance patients have concerning their doctors is that they don’t listen so many patients even change their doctors. Learning communication skills in times of amendment and uncertainty depends on an emotional openness to self ET al. Complete that lack of communication will result in treatment ending and therapeutic failure. This may bring depression and despair, or to anger and complaints. Most complaints in health care systems, each public and personal, arise from poor communication. Only a few individuals will decide the standard of a doctor’s examination, diagnosis, or prescription. Obviously, comparatively few complaints originate in poor performance in these areas. On the opposite hand, smart communication will play a big half in avoiding complaints and malpractice claims. Teaching communication skills ought to be enclosed in any respect levels of medical education and, even a lot of significance, ought to be a compulsory component of the graduate school course of study and programmes of constant medical education. There's encouraging proof that a number of the problems self-addressed within the provincial capital agreement statement on doctor-patient communication have already begun to alter awareness.

Mohammadreza Hojat, Daniel Z. Louis, Fred W. Markham, Richard Wender, Carol Rabinowitz, and Joseph S. Gonnella, (2011) “Physicians’ fellow feeling and Clinical Outcomes for Diabetic Patients ” over that fellow feeling, a vital part of the physician–patient relationship, could also be coupled to positive patient outcomes. printed reports conjointly counsel that indicators of empathetic engagement in patient care, like Physician–Patient Communication, Verbal interaction (e.g., positive talk), nonverbal cues (e.g., acceptable bit, eye contact, bodily posture, gestures), furthermore as length of the encounter will result in enlarged patient satisfaction. These findings indicated that the physicians’ degree of fellow feeling was a singular and vital contributor to the prediction of fine management of haemoglobin A1c for diabetic patients, on the far side, the contributions of gender and age of the physicians and patients, and kind of patients’ insurance.

Stewart. M (1995) in their paper titled “Effective Physician-Patient Communication and Health Outcomes: A Review” ascertain whether or not the standard of physician-patient communication makes a big distinction to patient health outcomes. The enclosed studies had to supply an ample description of the interventions and measurements to permit replication. They additionally had to record proportions variations, mean variations or applied math significance of

findings. Patient health outcomes as measured by physiological standing, practical standing, symptom resolution, and emotional standing. For every enclosed study, sample size, patient characteristics, clinical setting, parts of communication assessed, patient outcomes measured, and direction and significance of association between aspects of communication and patient outcomes, were recorded. Studies of the discussion of the management set up (7 RCTs involving one, 251 patients and eight analytical studies involving one, 025 patients): patient education was found to influence each emotional and physiological standing, while Medical education was found to influence emotional standing. All of the RCTs and VI of the analytical studies found important correlations between communication interventions or variables and patient health outcomes.

Mourad. M., et al (2011) in their study to measure patient satisfaction with procedures performed by a Hospitalist-supervised, intern-based procedure service (HPS) with a focus on patient perception of bedside communication using a prospective survey. It is found that the majority of patients were satisfied with procedure duration (88%) and in those with therapeutic procedures most (89%) was satisfied with improvement in symptoms. Hearing physicians discuss the procedure at the bedside was reassuring to most patients (84%), who felt this to be a normal part of doing a procedure (94%). These results suggest that patient experience and teaching can be preserved with a Hospitalist-supervised procedure service.

Nicola. M. and Bower P.(2000) in their paper reviewed the conceptual and empirical literature so as to develop a model of the assorted aspects of the doctor–patient relationship encompassed by the conception of 'patient-centeredness' and to assess the benefits and drawbacks of other strategies of measurement. 5 conceptual dimensions are identified: biopsychosocial perspective; 'patient-as-person'; sharing power and responsibility; therapeutic alliance; and 'doctor-as-person'. 2 main approaches to menstruation are evaluated: self-report instruments and external observation methods. A number of recommendations regarding the measurement of patient-centeredness are created.

Partridge MR, Hill SR. (2000) in a paper titled" Enhancing care for people with asthma: the role of communication, education, training and self management" Concluded that a doctor with these skills is more likely to have happy, satisfied patients, than an equally technically competent doctor who does not bother about communication.

Sarah L. Clever, Lei Jin, Wendy Levinson, and David O. Meltzer (2003) in their paper titled "Does Doctor–Patient Communication, Affect Patient Satisfaction with Hospital Care?" results of an Analysis with a Novel Instrumental Variable came out with the findings that there was a significant positive relationship between overall satisfaction and overall ratings of attending physician' communication behaviors, This relationship was maintained but attenuated in the IV regression, with a coefficient of 0.40, p5. 046. Although they found that the relationship between patient communication ratings and overall patient satisfaction may be confounded by patient-level factors, but they nevertheless continue to find evidence of a statistically significant and sizable relationship between physicians' communication behaviors and overall patient satisfaction after controlling for such factors. These results support the hypothesis that physicians' communication behaviors are associated with overall ratings of satisfaction

Susan. W. et. al.(1998) in the study aimed to research the kinds of expectations adult medical aid patients have before consulting the GP, and the way meeting expectations related to enhanced satisfaction. Patients (n = 504) attending general practitioners (n = 25) at ten London general practices were enclosed within the study. The Patients Intentions form (PIQ) was administered before the consultation to research patients′ expectations and also the Expectations Met form (EMQ) was administered once the consultation to search out what the patient reportedly obtained. Satisfaction with the

consultation additionally measured victimisation in the Medical Interview Satisfaction Scale (MISS). The results of a principal element analysis of PIQ item scores indicated that the foremost needed things were for 'explanation of the problem'. There was less wanting for 'support' or 'tests and diagnosis'. Several of the 'support' things may doubtlessly be provided to any or all patients, however a proportion of patients reportable not receiving these things from the GP. The results of unidirectional ANOVAs discovered that patients with larger numbers of their expectations met reportable considerably higher satisfaction with the consultation than those with lower numbers met.

Pawlikowska. T. et al. (2011) assess the relationship between observable patient and doctors' verbal and non-verbal behaviors and the degree of enablement (Creation of the opportunity to participate in life tasks and occupations despite physical or mental limitations and environmental barriers) in consultations, according to the Patient Enablement Instrument (PEI) (a patient-reported consultation outcome measure). They analyzed 88 recorded routine primary care consultations. Verbal and non-verbal communications were analyzed using the Roter Interaction Analysis System (RIAS) and the Medical Interaction Process System, respectively. Consultations that were regarded as patient-centered or verbally dominated by the patient on RIAS coding were considered enabling. Socio-emotional interchange (agreements, approvals, laughter, and legitimization) was associated with enablement. These features, together with task-related behavior explain up to 33% of the variance of enablement, leaving 67% unexplained. Thus, enablement appears to include aspects beyond those expressed as observable behavior. Concluded that for enablement consultations should be patient-centered and doctors should facilitate socio-emotional interchange

OBJECTIVES

The research is being carried out with the following objectives-

Objective No 1 - To study the patient satisfaction with the services provided in government hospitals

Objective No 2 - To Study Doctors' communication with patients in government hospitals

RATIONALE

A research on patient satisfaction can be an important tool to improve the quality of Health services in Indore city, a centrally placed, business capital of one of the biggest Indian state - Madhya Pradesh. Physicians' communication behaviors are crucial participants to the affected person satisfaction inside the government hospitals of developing nations because it simply needs behavioral training to communicate nicely no monetary burden at all. This area is totally neglected in our country. Patients' pleasure with their health facility care is crucial to payers, hospital's directors, physicians and sufferers, because it captures the affected person's experience of health care outside of direct consequences on health and recognize the role of the patient as companions in health care, and as such reflect the patient- centeredness of care

RESEARCH METHODOLOGY

The study was carried in government hospitals, where a structured questionnaire was administered personally. The questionnaire carried a standardized scale used in various international studies to measure Doctors' communication and Patients' satisfaction. They are anchored on a 5 point Likert scale where 1 is completely satisfied, 2 is somewhat satisfying, 3 is neutral, 4 is somewhat dissatisfied and 5 is completely dissatisfied. A questionnaire was administered to patients who had at least 3 days of hospitalization during last 6 months. For getting quality data questionnaire was administered to adult literate patients only.

Pilot study has been conducted and a questionnaire has been tested (in Hindi translation also) on the data from 40 respondents. After the pilot study few suggestions were received from the respondents like language of questions which is incorporated and improved in the questionnaire

HYPOTHESIS

Summary of Objective No1-

To study the patient satisfaction with the services provided in Government hospital.

One sample Z test is applied using following services that include (Accomodation Cleanliness, Equipment, Overall Nursing Services, Nursing attention and responsiveness, Explanation of test, treatment and procedure by nursing staff, Overall rating of the Physician Services Ability of Physician to Diagnose Problems (aliment), Thoroughness of examination.

Table 1

Hypothesis1: The patients are not satisfied with the accommodation and physical facilities of the Government Hospitals.	**Null hypothes Accepted**	**Z-value-0.989**
Hypothesis 2: The patients are not satisfied with the cleanliness of the Government Hospitals.	accepted	-2.380
Hypothesis 3: The patients are not satisfied with the equipments of the Government Hospitals.	rejected	5.491
Hypothesis 4: The patients are not satisfied with the overall nursing services of the Government Hospitals.	rejected	6.666
Hypothesis 5: The patients are not satisfied with the nursing attention and responsiveness to needs of the Government Hospitals.	rejected	4.45
Hypothesis 6: The patients are not satisfied with the explanation of procedure, test and treatment by nursing staff of the Government Hospitals.	rejected	5.656
Hypothesis 7: The patients are not satisfied with the overall rating of the physician services of the Government Hospitals.	rejected	6.842
Hypothesis 8: The patients are not satisfied with the ability of the physician to diagnose problems (ailment) in the Government Hospitals.	rejected	6.304
Hypothesis 9: The patients are not satisfied with the ability of the physician in thoroughness of examination in the Government Hospitals.	rejected	6.607

Summary of Objective No 2

To Study Doctors' communication with patients in Government hospitals

One sample Z test is applied using following Doctors Communication with patients in Government hospitals that includes (Welcome or Frame Encounter, Empathy expressed by Attending Physician, Reassurance expressed by Attending Physician, Dialogue encouraged by Attending Physician, Probing skill of Attending Physician, Appropriateness of Vocabulary used by Attending Physician) with Hypothesis no 10 to Hypothesis no 15 and their summery is as below-

Table 2

Hypothesis 10: The patients are not satisfied with the welcome or frame encounter by the attending physician at the Government Hospitals.	**Null Hypothesis Rejected**	**Z value 4.809**
Hypothesis 11: The patients are not satisfied with the empathy expressed by the attending physician in the Government Hospitals.	rejected	4.901
Hypothesis 12: The patients not satisfied with the reassurance expressed by the attending physician of Government Hospitals.	rejected	4.459
Hypothesis 13: The patients are not satisfied with the dialogue encouraged by the attending physician of Government Hospitals.	rejected	6.456
Hypothesis 14: The patients are not satisfied with the probing skills of attending physician of Government Hospitals.	rejected	7.280
Hypothesis 15: The patients are not satisfied with the appropriateness of the vocabulary used by the attending physician of Government Hospitals	rejected	7.212

FINDINGS AND DISCUSSIONS

- **Hypothesis1:** is accepted, which indicates that the patients are satisfied to a large extent with the physicalfacilities of the government hospitals.
- **Hypothesis 2:** is accepted, which indicates that the patients are not satisfied with the cleanliness of the government hospitals.
- **Hypothesis 3:** is rejected, which indicates that the patients are satisfied to a large extent with the equipments ofthe government hospitals.
- **Hypothesis 4:** isrejected, which indicates that the patients are satisfied with the overall nursing services of the government hospitals.
- **Hypothesis 5:** isrejected, which indicates that the patients are satisfied with the overall nursing services of the government hospitals.
- **Hypothesis 6:** is rejectedwhich indicates that the patients are satisfied with the explanation of procedure,test and treatment by nursing staff government hospitals.
- **Hypothesis 7:** is rejectedwhich indicates that the patients are satisfied with the overall rating of the physicianservices in the government hospitals.
- **Hypothesis 8:** is rejectedwhich indicates that the patients are satisfied with the physician services in the government hospitals.
- **Hypothesis 9:** is rejectedwhich indicates that the patients are satisfied with the thoroughness of the examination by the physicians of government Hospital.
- **Hypothesis 10:** is rejectedwhich indicates that the patients are satisfied to a small extent with the patientswelcome or frame encounter by the attending physician at the government Hospitals.
- **Hypothesis 11:** isrejected which indicates that the patients are marginally satisfied with the attending physician's empathy in the government Hospitals.
- **Hypothesis 12:** isrejected which indicates that the patients are marginally satisfied with physician's reassurance in the government Hospitals.

- **Hypothesis 13:** is rejectedwhich indicates that the patients are marginally satisfied with dialogue encouraged bythe physician of the government Hospitals.
- **Hypothesis 14:** is rejectedwhich indicates that the patients are moderately satisfied with probing skills of the attending physician of the government Hospitals.
- **Hypothesis 15:** is rejectedwhich indicates that the patients are moderately satisfied with the appropriateness of the vocabulary used by the attending physician of private Hospitals

DISCUSSIONS

- The result shows that the patients are not satisfied with the accommodation and physical facilities of the Government hospitals. One explanation for this is due to a shortage of funds and casual approach of government hospitals running into old buildings serving socio economic poor patients. The result is in accordance with Boom B.H and Bitner M. J. (1981) services cape and physical setting influence the nature and quality of customer.
- It is observed from the result that the patients are not satisfied with the cleanliness of the Government Hospitals. One explanation for this is due to increased consumer awareness patients are complaining while a shortage of funds and casual approach of housekeeping are equally responsible. Results are similar to what Telgimoglu, Kisa et al, (1999) did for comparing quality related to cleanliness in seven different hospitals. Reddy et al., 2011; Desai et al, 2010) also acknowledge ample room for improvement in health financing in India, which features low revenue collection, improper funds pooling and relatively low government spending.
- The sample test shows that the patients are satisfied with the equipment and facility of the Government hospitals. One explanation for this is due to a shortage of funds and casual approach of government hospitals, officials using outdated equipments (Dicosta and Diwan, (2007) but still patients are satisfied because they are socioeconomically weak, so whatever they are getting at minimum charges or free of cost, they are satisfied with it.
- Sample test revels that the patients are satisfied with the overall nursing services of the Government hospitals One explanation for this is due availability of trained nurses round the clock in government hospitals due to strict selection and most of the patients are socio economically poor class hence whatever they are getting they are satisfied with them.
- The result shows that the patients are satisfied with the nursing attention and responsiveness to the needs of patients in the Government hospitals. One explanation for this is due availability of trained nurses round the clock in government hospitals due to strict selection and most of the patients are socio economically poor class hence whatever they are getting they are satisfied with them.
- Test signifies that the patients are satisfied with the explanation of procedure, test and treatment by nursing staff of the Government Hospitals. One explanation for this is due availability of trained nurses round the clock in government hospitals due to strict selection and most of the patients are socio economically poor class hence whatever they are getting they are satisfied with them

- The result shows that the patients are satisfied with the overall rating of the physician services of the Government Hospitals One explanation for this is due to the fact that physicians employed in government hospitals are quite experienced and qualified hence patients are satisfied with their services.
- Test Result indicates that the patients are satisfied with the ability of the physician to diagnose problems (ailment) in the Government hospitals One explanation for this is due to the fact that physicians in government hospitals are qualified and quite busy due to over crowed patients so proper history taking is done by their assistants who devotes more time and perform diagnosis.
- It is concluded from the results that the patients are satisfied with the thoroughness of the physician services of the Government hospitals. One explanation for this is due to the fact that physicians employed in government hospitals are quite experienced and qualified hence patients are satisfied with their services.
- Result reveals that the patients are satisfied with welcome or frame encounter by the attending physician at the Government hospitals. One explanation for this is due to the fact that physicians employed in government hospitals are quite experienced and qualified despite their busy schedule they prefer local language to welcome them.
- The result shows that the patients are satisfied with the empathy expressed by the attending physician of the Government Hospitals. Empathic doctor-patient relations consist of eliciting feelings, paraphrasing and reflecting, using silence, listening to what the patient is saying, but also to what he is unable to say, encouragements and non-verbal behaviour since the doctor is also a human being. This result is consistent with previous work done with Squier R. W, (1990). Hornsby J. L. and Franklin E. P (1979), Comstock L. M., Hooper E. M., Goodwin J. M. et al (1982).
- The result shows that the patients are satisfied with the reassurance expressed by the attending physician of the Government Hospitals One explanation for this is due to the fact that physicians employed in government hospitals are quite experienced and they are also good human beings so they reassure patients for any compliance. The results are similar to work done by Levenstein J. H, Hen best R. J. and Stewart M. A. (1989), which is based on the principle that all people are equal and deserve equal rights and opportunities." a fairer, more egalitarian society”' patient-centered' relations.
- The result shows that the patients are satisfied with the dialogue encouraged by the attending physician of the Government Hospitals One explanation of this is due to the fact that physician ask more during their visit/ history taking and listen patiently attentively to come at any decision regarding disease or treatment which satisfies the patient's query.
- The result shows that the patients are satisfied with the probing skills of the attending physician of the Government Hospitals. One explanation for this is due to fact that probing skills cannot be judged by laymen patients hence whatever time devoted in his/her diagnosis/investigations by experienced doctors of government hospital they are satisfied with it.

- The result shows that the patients are satisfied with the appropriateness of the vocabulary used by the attending physician of the Government Hospitals. One reason for this might be that doctors in government hospitals are quite experienced and are aware of using local language with less qualified patients of particular area and culture so that they can apply to communicate well, instead using less technical jargon vocabulary.

RECOMMONDATIONS

It is observed that doctors are very busy person, especially in public hospitals having limited time in history taking due to patient load, so if he/she should follow training in communication with expert doctors as role model it would be beneficial for patient satisfaction. If doctors could tailor his consultation as per need of patients' socio-cultural background it would be satisfying and properly explained consultation. Using clear and easy language and becoming a good listener to a patient's problem/issues so that patient would feel comfortable, while explaining from their end although in our country we treat doctors as next to God.

LIMITATIONS

- The data are collected through convenience sampling, where the sample is not representative of the population. Thus, the findings of study do not generalize to the entire population.
- Respondents (which are patients in the study) were not in a comfortable position where one can expect they will respond after understanding each question thus affecting the quality of data.
- Some of the respondents were not well versed with English or Hindi thus it is likely that they may have responded without proper understanding.
- Sample size is limited further affecting the generalization of the findings.
- A study was carried out in the hospitals in Indore, Dewas and Bhopal covering 5 government hospitals and 9 Private hospitals. Thus the findings of the study cannot be applied to other cities or states of India.
- Small sample size affects the normality of data which could have affected the statistical estimates leading to skewed interpretation.

SCOPE FOR FUTURE STUDIES

- The study is confined to Indore city only, it can be extended to other important cities/metros of India in both government and private hospitals
- To make the results more representative of the future study sample size would be increased
- Future Survey may also be conducted using experimental studies with modern instruments to measure communication both verbal and nonverbal cues
- Cross sectional studies may be conducted in the future to check communication effect on gender like male doctor communicating with female patient or even male doctors and elderly patients or say doctors communicating with child patients.

CONCLUSIONS

The research conducted on the patient satisfaction of the services of private and government hospitals was done in Indore, Dewas and Bhopal. In the study, it was found that although the patients were more satisfied with the services yet the government hospitals were also rated as satisfactory on the dimensions of Physical facility, equipment and Physicians' services. The government hospital is expected to work on the cleanliness and maintaining & upgrading their equipments.

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