

Assessment of Patient Expectation at Islamic Hospital Surabaya, Indonesia

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Abstract-Satisfaction during a health care encounter is related to the relationship between the patients' expectations and experiences. Relevant problem areas include failure to consider the patient's personal importance weighting of different aspects of hospital stay, insufficient operationalisation of expectation fulfilment. This study aimed to understand the expectation of the customers with respect to quality of delivered health care services. A cross sectional study of 64 patients was carried out, at the Islamic Hospital Surabaya, Indonesia. Patients were offered at random to participate in the study. A questionnaire, based on the study objectives was developed and administered. This study found that patient satisfaction generally on health services in Islamic Hospital Surabaya is good (68.8%). Nevertheless, there are patient choose not bad (7,8%). Majority of the patients are satisfied with the services provided. except: cleanliness aspect of the parking, the cleanliness of the bathroom, the settlement of complaints, and the waiting time of service. So patient expectation on hospital management to improve health services in hospital, on parking, bathroom, complaints and waiting time. We suggest a pragmatic conceptual model designed to clarify the process of expectation development

Keywords: patient expectation, patient rights, health services management, hospital

1. INTRODUCTION

Satisfaction during a health care encounter is related to the relationship between the patients' expectations and experiences. Patients' satisfaction can be improved when health workers meet their expectations. Experience with a healthcare service can have a direct impact on the patient's expectations of the services. Expectations refer to what patients think they will receive, what they desire, what they feel to be important or what they feel entitled to when seeking care. In the perspective of health care, patient satisfaction has been defined as a combination of experiences, expectations and needs perceived (1,2). It has also been defined as the patients' subjective evaluation of their cognitive and emotional reactions as a result of the interaction between their expectations regarding ideal care and their perceptions of the actual care (3). Relevant problem areas include failure to consider the patient's personal importance weighting of different aspects of hospital stay, insufficient operationalisation of expectation fulfilment (4,5). Expectations refer to what patients think they will receive, what they desire, what they feel to be important or what they feel entitled to when seeking care (6). The relationship between expectations and experience is not always direct, but when experience deviates substantially from expectations, dissatisfaction results (7). This study aimed to understand the expectation of the customers with respect to quality of delivered health care services.

2. METHOD

A cross sectional study of 64 patients was carried out, at the Islamic Hospital Surabaya, Indonesia. Patients were offered at random to participate in the study after the objectives were explained. The participating patient signed a consent form, after assurance of confidentiality was provided. A questionnaire, based on the study objectives was developed and administered. Data on the demographic profile of the patients was also collected.

3. RESULTS

Table 1. Patient Satisfaction Generally on Health Services in Islamic Hospital Surabaya

No	Category	n	%
1	Very good	15	23.4
2	Good	44	68.8
3	Not bad	5	7.8
4	Bad	0	0.0
5	Very bad	0	0.0
Total		64	100

Table 1 showed that patient satisfaction generally on health services in Islamic Hospital Surabaya is good (68.8%). Nevertheless, there are patient choose not bad (7,8%).

Table 2. Expectations on Health Services

Expectations	n
The parking lot is not tidy so there needs to be a land extension	2
Must put the sick in order not to wait long	2
The waiting room should be a fan	1
Elevator facilities should be noted pity the elderly can not go up the stairs	1
Speed to ask the patient less	1
Speed of administration of the patient home to accelerate	1
The diagnosis is less convincing because without the support of laboratory results, and the laboratory results are long	1
Need to add inpatient room and bathroom cleanliness	1
The bathroom was cleaned and the equipment inside was broken	1
The outside environment of the hospital please note the cleanliness	1
Registration counter accelerated again, tired of waiting queue number	1
Please queue health insurance seats are noticed, many elderly are prone to fall, security guard who holds the number can be more patient because facing elderly	1

Table 3. Patient Expectation Which Show Toward Positive

Expectations	n
Maintained and improved for patient care	11
More improving the service to make patients comfortable and safe	4
Better still and friendly	2
Improve service to inpatients	1
Being the hospital of choice for the patient because of the excellent service, continuously improve the satisfactory service of the patient	1
Be the best of the other hospitals	1
The more advanced and improve according to the concept of Islam	1
Hopefully more advanced, especially service and cleanliness	1
May be a successful and better hospital than a non-Islamic hospital	1
Improve the quality of service and cleanliness so that patients are very satisfied	1

Table 2 explained that patient expectation on health services, especially on facilitate in Islamic Hospital Surabaya such as parking, waiting room, bathroom, elevator and administration services. Meanwhile, positive expectation of patient in Islamic Hospital Surabaya can be looked on Table 3.

4. DISCUSSION

The main aim of this study was to understand the expectation of the customers with respect to quality of delivered health care services. The findings will inform how to improve the efficiency, effectiveness and the quality of the services provided. We found that patients who had long waiting times were not satisfied with the services. This is similar to the findings by Sekandi et al. in Uganda in a study on a national hospital similar to NHA (8,9) Researchers in other settings found similar results. Thompson and associates noted that patients were least satisfied when waiting times were longer than expected, relatively satisfied when waiting times were perceived as equal to expectations, and highly satisfied when waiting times were shorter than expected (10,11). Lin et al. also showed that significantly more patients rated their overall visit satisfaction at the highest level when their post visit estimate of time spent with the physician met or exceeded their previsit estimate of time needed (12,13,14). Simple model of expectancy processes which summarizes the major elements relating expectancies to subsequent behaviour (15,16). Their model identifies three antecedents to an expectancy: direct experience, other people and beliefs (17). However, their emphasis is on the cognitive, affective and behavioural outcomes of the process, rather than on the processes of expectancy interaction itself. In our view, understanding the process of expectation development is vital for guiding future research into practical aspects of the issue (18). The increasing importance of patient experience and the sustained interest in comparing people's satisfaction with the health system across different countries and time periods suggests the need to characterize the relationship between them (19,20).

5. CONCLUSION

In this study, it is found that majority of the patients are satisfied with the services provided. except: cleanliness aspect of parking, the cleanliness of bathroom, settlement of complaints, and waiting time of service. Expectations are a highly important but still relatively poorly understood phenomenon in relation to the experience of health and health care. We suggest a pragmatic conceptual model designed to clarify the process of expectation development, in order to inform future research into the measurement of health expectations and to enhance our understanding of the influence of expectations on health behaviours and attitudes.

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