



A Study on Patient Engagement and Satisfaction with Special Reference to Kovai Medical Center & Hospital Limited in Coimbatore

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ABSTRACT

A Patient's satisfaction is an important component of the health care industry in this competitive modern era. Patient happiness and engagement continue to be major issues in today's healthcare environment, having a big influence on the general standard of treatment. Effective participation has been hampered by problems including poor communication between patients and healthcare practitioners, restricted access to healthcare services, inadequate hospital facilities, and a lack of emphasis on patient-centric methods. The objective of the study is to analyse the patient engagement and satisfaction with special reference to Kovai Medical Center & Hospital Limited in Coimbatore. patient is any recipient of health care services performed by healthcare professionals. The patient is most often ill or injured and in need of treatment by a physician, nurse, psychologist, dentist, veterinarian, or other health care provider.

Keywords: Patient engagement, Patient satisfaction, Healthcare management

I. INTRODUCTION

Patients are defined as one of the crucial stakeholders of health care and decision-making, and this shows the need for involving them in the treatment process. It is an ideal healthcare situation in which patients are well informed and motivated to be involved in their own medical care, and it is a means of ensuring that patients are provided the right care appropriate to the individual characteristics, needs, preferences, and conditions of the patients.

An outpatient (or out-patient) is a patient who is hospitalized for less than 24 hours. Even if the patient will not be formally admitted with a note as an outpatient, they are still registered, and the provider will usually give a note explaining the reason for the service, procedure, scan, or surgery.

An inpatient (or in-patient), on the other hand, is "admitted" to the hospital and stays overnight or for an indeterminate time, usually several days or weeks, though in some extreme cases, such as with coma or persistent vegetative state, patients can stay in hospitals for years, sometimes until death. Treatment provided in this fashion is called inpatient care. The admission to the hospital involves the production of an admission note. The leaving of the hospital is officially termed discharge, and involves a corresponding discharge note.

INDUSTRY PROFILE

In India, the healthcare industry has grown to be one of the biggest in terms of employment and income. Hospitals, medical equipment, clinical trials, outsourcing, telemedicine, medical tourism, health insurance, and medical gadgets are all included in the healthcare industry. Due to improved coverage, services, and rising public and private sector spending, the Indian healthcare industry is expanding quickly.

The public and private sectors make up the two main parts of the Indian healthcare delivery system. Primary healthcare centers (PHCs) in rural areas provide basic healthcare services, while the government's public healthcare system consists of a few secondary and tertiary care facilities in major cities. Most secondary, tertiary, and quaternary care facilities are run by the private sector, with a significant concentration in metro areas and tier I and tier II cities.

India has a huge pool of highly qualified medical experts, which gives it a competitive edge. When compared to its Asian and Western counterparts, India is likewise reasonably priced. Surgery in India costs roughly a tenth of what it does in the US or Western Europe. India is ranked 145th out of 195 countries in terms of healthcare accessibility and quality.

According to the Indian Constitution, state governments, not the federal government, are in charge of providing healthcare in India. "Raising the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties" is one of its mandates for each state.

Objectives of the Study

Primary: To patient engagement and satisfaction with special reference to Kovai Medical Center & Hospital Limited in Coimbatore

Secondary:

- ❖ To evaluate the ease of access and availability of healthcare services in the hospital
- ❖ To assess the quality of interaction of healthcare providers in enhancing patient satisfaction
- ❖ To analyze the role of hospital infrastructure and amenities in influencing patient perceptions and overall satisfaction
- ❖ To understand the overall patient satisfaction towards the healthcare organization

II. REVIEW OF LITERATURE

Barun Kumar, Uttam Kumar Paul (2019), The purpose of the study was to determine how physicians perceived the doctor-patient interaction. This study was carried out at a West Bengali tertiary healthcare facility. Focus group discussions (FGDs) and in-depth interviews were part of the qualitative study.

David A. Kenny, Wemke Veldhuijzen

(2020), This study evaluated whether: 1) patients agree with one another regarding a particular doctor's communication skills; and 2) doctors' perceptions of their communication skills are consistent with their patients' perceptions. A cross-sectional study including 91 physicians and their 1749 patients was carried out in three Canadian provinces.

Bahadori A, Peyrovi H. (2021), To understand the patient satisfaction with nursing care in Iran University of Medical Sciences teaching hospitals relates to ward-level leadership. The sample for this cross-sectional study included 170 patients, 102 staff nurses, and 34 head nurses who were chosen using random selection and census sampling, respectively.

Janina Kulinska, Lukasz Rypicz (2022), The study's goal is to demonstrate how a patient's sense of safety, access to health information, compassionate and kind care from medical professionals, and a relationship built on trust are all related. More over half of the patients (54.4%) said that they felt safe, which is one of the five most significant factors, according to the respondents.

Gonzalez M, Ogourtsova T, Zerbo A, Lalonde C, Spurway A, Gavin F, Shikako K, Weiss JA, Majnemer A. (2023) Participants were selected from the CHILD-BRIGHT Research Network and participated in semi-structured interviews. The study was conducted using a patient-oriented research (POR) methodology that was guided by the SPOR Framework. Patient-partner involvement was reported using the Guidance for Reporting Involvement of Patients and the Public (GRIPP2-SF).

Alzain, M. A et al., (2024). In order to improve patient satisfaction, this research examines the role of creative workforce methods, such as training initiatives, workflow optimization, technology integration, communication tactics, and interdisciplinary cooperation. Databases like PubMed, Scopus, and Web of Science were used in a systematic review to find peer-reviewed research that was published between 2016 and 2024.

III. RESEARCH METHODOLOGY

The methodical process of conducting research is referred to as research methodology. Numerous approaches are employed in different kinds of research, and the phrase is typically understood to encompass data collection, data analysis, and research design. To put it simply, the purpose of research methodology is to provide a precise understanding of the research that is being conducted.

RESEARCH DESIGN

The researcher thoroughly discusses or describes the case or circumstance in their study materials while using a descriptive research design. This kind of research design is entirely theoretical in nature, involving the collection, analysis, preparation, and presentation of data in an intelligible way. This type of study design is the most versatile.

AREA OF STUDY

Area covered in this study is Kovai Medical Center & Hospital Limited, Coimbatore.

POPULATION AND SAMPLING

The population is the total number of elementary units in the survey. This includes all of Kovai Medical Center & Hospital Limited's patients in Coimbatore.

The study, convenience sampling methods were employed. One kind of non-probability sampling is convenience sampling, in which the sample is selected from the nearby portion of the population. Pilot testing is the best application for this kind of sampling.

SAMPLE SIZE

Sample size refers to the number of item to be selected form universe to constitute the sample. Here sample size taken for the study is 120 respondents from the patients of Kovai Medical Center & Hospital Limited in Coimbatore.

DATA COLLECTION METHODS

The process of gathering information from all pertinent sources in order to address the research problem, test the hypothesis, and assess the results is known as data sourcing. Secondary methods and primary methods are the two categories into which data collection techniques can be separated.

Both primary and secondary data served as the foundation for this investigation. Both primary and secondary data were used to examine the washing powder brand preference of consumers. Questionnaires were used to gather primary data by asking respondents to complete the provided information. From a variety of books, journals, newspapers, and websites, secondary data was gathered.

Primary Data:

Primary data refers to the information obtained firsthand by the researcher on the variables of interest for the specific purpose of study. In case of descriptive research primary data can be obtained through observation or through direct communication with respondents in one form or another or through personal interviews or through questionnaires. In this study, primary data was collected through questionnaire.

Secondary Data:

Secondary data refers to information gathered from sources already existing. Some sources of secondary data are data available from previous research, information available from any published or unpublished sources available either within or outside the organization, library records, online data, websites and the internet. The secondary data of information of this study were obtained through web sites, books, annual report, and internet.

TOOLS FOR ANALYSIS

The data of this study is analysed by SPSS software.

A scientific method for gathering and evaluating vast volumes of data in order to find recurring patterns and trends and turn them into useful knowledge is statistical analysis. To put it simply, statistical analysis is a method of data analysis that aids in deriving significant conclusions from unstructured and raw data. The researcher utilized the following instruments to analyze the data and draw study conclusions.

- ❖ Percentage analysis
- ❖ Chi Square test analysis
- ❖ Correlation analysis

Percentage Analysis:

The percentage method was extensively used for finding various details as mentioned in the chapter of analysis and interpretation. It can be calculated as follows.

$$= \frac{\text{No. of Respondents favourable}}{\text{Total Respondents}} \times 100$$

Chi – Square Analysis

Chi –square analysis in statistics is used to test the goodness of the fit to verify the distribution of observed data with assumed theoretical distribution. As a result, it provides a tool for examining when real and expected frequencies differ. Regarding the population being sampled, it makes no assumptions. The quantity χ^2 (chi-square) describes the magnitude of discrepancy between theory and observation. If χ^2 is zero, it means that the observed and expected frequency completely coincides. The greater the value of χ^2 , the greater would be the discrepancy between observed and expected frequencies.

The formula for computing Chi – Square (χ^2) is as follows.

$$\chi^2 = \sum \{ (O-E)^2 / E \}$$

The calculated value of χ^2 is compared with the table of χ^2 for given degrees of freedom at specified level of significance. If the calculated value of χ^2 is greater than the table value then the difference between theory and observation is considered to be significant. On the other hand, if the calculated value of χ^2 is less than the table value then the difference between theory and observation is not considered to be significant. The degrees of freedom is $(n - 1)$ where 'n' is number of observed frequencies.

Correlation Analysis

The relationship between two or more variables is the focus of correlation analysis. It provides no insight into the link between cause and effect. There are various ways to define or categorize correlation. Pearson's coefficient of correlation is a common name for Karl Pearson's methodology. The letter "r" stands for it.

$$\text{Formula for Karl Pearson's coefficient } r = \frac{\sum xy}{\sqrt{\sum x^2 \sum y^2}}$$

$$\sqrt{\sum x^2 * \sum y^2}$$

According to the formula above, the coefficient of correlation's value will always fall between +1 and -1. A perfect positive correlation between variables is indicated when $r = 1$. A perfect negative correlation between variables is indicated when $r = -1$. There is no link between variables when $r = 0$.

An company's assets, liabilities, and shareholders' equity are shown side by side on a comparative balance sheet at various moments in time. First, take into consideration any changes in the current asset and current liability accounts between the two years of balance sheet data in order to assess the comparative balance sheets and generate the Statement of Cash Flows.

Common size balance sheet

A financial statement that represents a company's assets, liabilities, and equity with each line item shown as a percentage of the overall category is called a common size balance sheet. A common size balance sheet is an improved form of the balance sheet that, in addition to the standard numerical value, shows each line item as a percentage of total assets, liabilities, and equity

DATA ANALYSIS AND INTERPRETATIONS

PERCENTAGE ANALYSIS:

GENDER OF THE RESPONDENTS

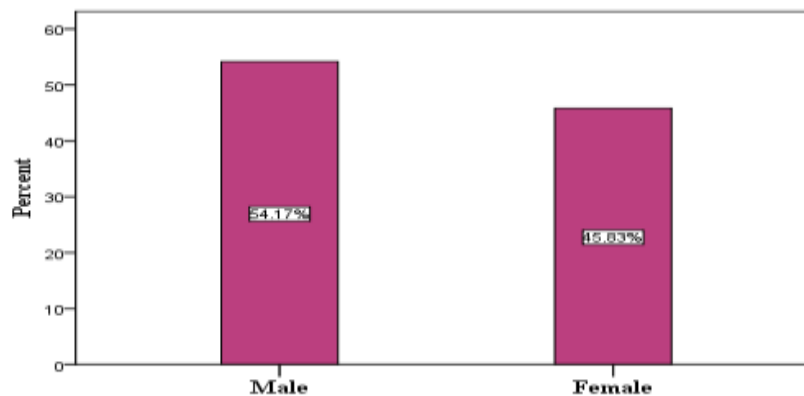
GENDER	NO. OF RESPONDENTS	PERCENTAGE (%)
Male	65	54.2
Female	55	45.8
Total	120	100.0

Source: Primary Data

INTERPATATION

The above table shows that 54.2% of the respondents are male and 45.8% of the respondents are female.

Thus the majority of the respondents are male.



AGE OF THE RESPONDENTS

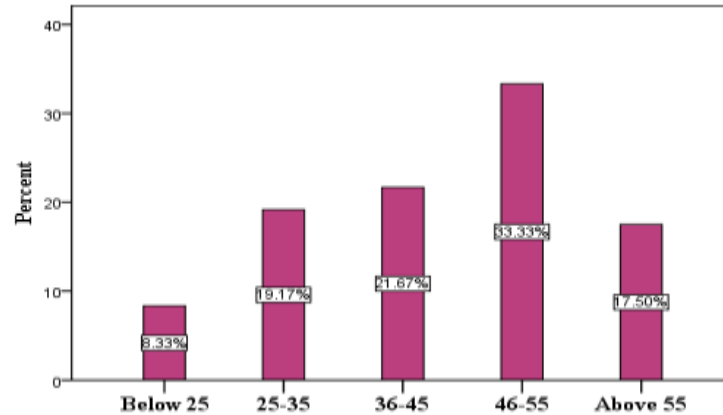
AGE	NO. OF RESPONDENTS	PERCENTAGE (%)
Below 25	10	8.3
25-35	23	19.2
36-45	26	21.7
46-55	40	33.3
Above 55	21	17.5
Total	120	100.0

Source: Primary Data

INTERPATATION

The above table shows that 8.3% of respondents are in the age group of below 25 years, 19.2% of the respondents are in the age group of 25-35 years, 21.7% of the respondents are in the age group of 36-45 years, 33.3% of the respondents are in the age group of above 46-55 years and 17.5% of the respondents are in the age group of above 55 .

Thus the majority of the respondents are in the age group of 46-55 years.



FREQUENCY OF HOSPITAL VISITS

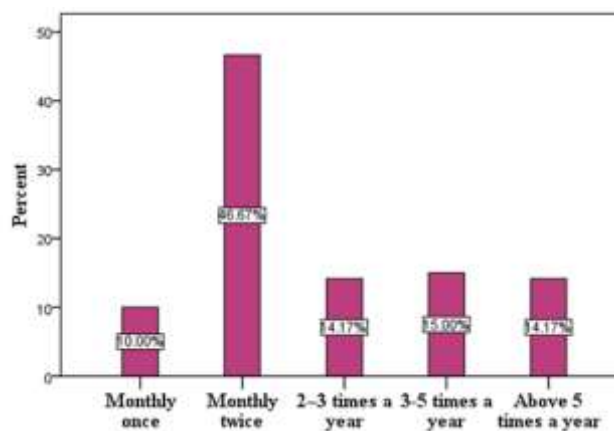
PARTICULARS	NO. OF RESPONDENTS	PERCENTAGE (%)
Monthly once	12	10.0
Monthly twice	56	46.7
2-3 times a year	17	14.2
3-5 times a year	18	15.0
Above 5 times a year	17	14.2
Total	120	100.0

Source: Primary Data

INTERPRATATION

The above table shows that 10 % of the respondents said that monthly once, 46.7 % of the respondents said that monthly twice, 14.2% of the respondents said that 2-3 times a year, 15% of the respondents said that 3-5 times a year and 14.2% of the respondents said that above 5 times a year as their frequency of hospital visits.

Thus the majority of the respondents said that monthly or twice as their frequency of hospital visits.



CHI-SQUARE ANALYSIS:

RELATIONSHIP BETWEEN GENDER OF THE RESPONDENTS AND QUALITY OF INTERACTION OF HEALTHCARE PROVIDERS

HYPOTHESIS TESTING**Null hypothesis (H₀):**

There is no significant relationship between gender of the respondents and quality of interaction of healthcare providers.

Alternative hypothesis (H₁):

There is some significant relationship between gender of the respondents and quality of interaction of healthcare providers

GENDER OF THE RESPONEDENTS * QUALITY INTERACTION Crosstabulation

		QUALITY INTERACTION					Total
		1	2	3	4	5	
GENDER OF THE RESPONEDENTS	Male	22	43	0	0	0	65
	Female	4	6	17	10	18	55
Total		26	49	17	10	18	120

CORRELATION ANALYSIS:

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	85.158 ^a	4	.000
Likelihood Ratio	106.762	4	.000
Linear-by-Linear Association	62.314	1	.000
N of Valid Cases	120		

a. 1 cells (10.0%) have expected count less than 5. The minimum expected count is 4.58.

INTERPRETATION:

As per the above table, it is inferred that the P value is 0.000; it is not significant to 5% (0.05) significant level. The minimum expected count is 4.58. Thus null hypothesis is rejected and it is finding that there is significant relationship between gender of the respondents and quality of interaction of healthcare providers.

RELATIONSHIP BETWEEN AGE OF THE RESPONDENTS AND OVERALL PATIENT SATISFACTION**Correlations**

		AGE OF THE RESPONDENTS	PATIENT SATISFACTION
AGE OF THE RESPONDENTS	Pearson Correlation	1	.598
	Sig. (2-tailed)		.000
	N	120	120
PATIENT SATISFACTION	Pearson Correlation	.598	1
	Sig. (2-tailed)	.000	
	N	120	120

**, Correlation is significant at the 0.01 level (2-tailed).

INTERPRETATION:

The Above table indicates that out of 120 respondents, co-efficient of correlation between age of the respondents and overall patient satisfaction is 0.598. It is below 1. So there is positive relationship between age of the respondents and overall patient satisfaction.

IV. FINDINGS

- ❖ 54.2% of the respondents are male.
- ❖ 33.3% are in the age group of 46-55 years.
- ❖ 46.7 % of the respondents said that monthly or twice as their frequency of hospital visits..
- ❖ There is significant relationship between gender of the respondents and quality of interaction of healthcare providers.
- ❖ There is positive relationship between age of the respondents and overall patient satisfaction.

V. SUGGESTIONS

- ❖ Clinic hours should be reviewed and adjusted on a regular basis to meet the requirements of patients and the community.
- ❖ The organisation should ensure that healthcare facilities are positioned in easily accessible places with clear instructions.
- ❖ The organisation must enhance emergency services to guarantee prompt access in severe cases.
- ❖ To reduce patient wait times, the organisation must employ excellent appointment scheduling systems.
- ❖ The organisation should have a well-organised timetable for healthcare professionals to assure their availability on certain days.
- ❖ The organisation should urge healthcare practitioners to devote enough time to patient consultations.
- ❖ The organisation should give frequent training to professionals in order to enhance their attentive listening abilities during patient encounters.
- ❖ The organisation should guarantee that healthcare personnel properly describe medical issues in order to improve patient comprehension.
- ❖ To comply with current requirements, the organisation should spend in frequent medical equipment maintenance and updates.
- ❖ To improve the patient experience, the organisation must offer comfortable seating arrangements in the waiting rooms.
- ❖ The organisation must guarantee that rooms and wards are outfitted to fulfil patients' comfort and medical requirements.
- ❖ To better meet the needs of patients and visitors, the organisation should extend and enhance parking facilities.
- ❖ To match patient expectations, the organisation must review and update treatment methods on a regular basis.
- ❖ The organisation must prioritise teaching hospital employees to display professionalism and genuine concern.

VI. CONCLUSION

It is determined that patient involvement and satisfaction are critical to improving the quality of healthcare services and guaranteeing the viability of healthcare organisations. Patient experiences are heavily influenced by factors such as service accessibility and availability, the quality of contact with healthcare personnel, and hospital infrastructure and facilities. The report emphasises that when healthcare organisations manage these issues successfully, they develop trust, increase patient loyalty, and lead to improved health outcomes, all of which promote organisational growth and success. Inefficiencies in these areas might result in unhappiness, lower adherence to treatment regimens, and a deterioration in the organization's reputation.

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