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Patient Satisfaction and Service Quality Assessment in Puliyangudi Government Hospital

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Abstract

This study examines the level of patient satisfaction and perceived service quality in the Government Hospital of Puliyangudi, Tamil Nadu. Using a structured questionnaire distributed to 50 respondents, data were collected on parameters such as waiting time, cleanliness, availability of medicines, doctor–patient communication, staff behavior, and transparency in billing. The objective was to identify both the strengths and shortcomings of the hospital's service delivery system.

The analysis reveals that patients generally express satisfaction with the attitude and communication skills of doctors and nurses, and they feel safe within the hospital premises. However, the study highlights notable areas of concern including extended waiting periods, inconsistent availability of medicines, lack of adequate cleanliness in some sections, and occasional hidden charges reported by patients.

Overall, while the government hospital fulfills its essential role in providing affordable health care, improvements in operational efficiency, infrastructure maintenance, and staff accountability are necessary to raise satisfaction levels further. The findings contribute valuable insights for hospital administrators and policymakers seeking to enhance public health service quality in semi-urban regions of Tamil Nadu.

Keywords: Patient satisfaction, service quality, government hospital, Puliyangudi, health care evaluation, waiting time, hidden payments.

Introduction

Health care is one of the essential services that directly influence the quality of life and the overall development of a nation [1]. In India, government hospitals form the backbone of the public health system, catering to a large section of the population, particularly those from rural and economically weaker backgrounds. Despite various reforms and initiatives undertaken by the government to enhance service quality, patient satisfaction in public hospitals remains a critical issue of concern. Assessing patient satisfaction helps administrators evaluate the effectiveness of hospital services and identify areas where quality improvements are needed.

Patient satisfaction is not merely a reflection of the treatment outcome; it encompasses several dimensions such as the attitude of healthcare personnel, timeliness of services, adequacy of facilities, availability of medicines, cleanliness, and transparency in billing. In rural regions like Puliyangudi, where the majority of the population depends on public healthcare institutions, understanding patient perceptions is vital for improving healthcare delivery standards and ensuring equitable access to medical services.

The Government Hospital of Puliyangudi serves as a primary health hub for surrounding villages and semi-urban areas [2]. However, anecdotal reports and public feedback suggest that issues like prolonged waiting times, inadequate medicine stock, and inconsistent service quality occasionally affect patient experience. This study therefore aims to systematically assess the level of patient satisfaction and service quality within this hospital setting. By collecting and analyzing responses from 50 patients through a structured questionnaire, the research seeks to provide a factual basis for identifying strengths, weaknesses, and potential policy interventions.

Ultimately, the study's insights are intended to support hospital administrators, policymakers, and healthcare providers in implementing targeted improvements that can enhance patient confidence and strengthen the overall public healthcare framework in Tamil Nadu.

Review of Literature

The concept of patient satisfaction has been an important focus of healthcare research worldwide, as it serves as a key indicator of service quality and hospital performance. According to Donabedian (1988), healthcare quality can be analyzed through three interrelated dimensions— structure, process, and outcome [3]. He emphasized that structural adequacy (resources, facilities, and staff) influences the

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process of care, which in turn determines patient outcomes and satisfaction levels. Building on this foundational framework, numerous researchers have investigated specific determinants affecting patient perceptions within both public and private healthcare institutions.

Parasuraman, Zeithaml, and Berry (1988) introduced the SERVQUAL model, which assesses service quality across five dimensions—tangibility, reliability, responsiveness, assurance, and empathy [4]. This model has been widely adopted to measure healthcare service quality, particularly in developing countries. Applying the SERVQUAL framework, Babakus and Mangold (1992) demonstrated that hospital service quality strongly predicts patient satisfaction, particularly through interpersonal communication and responsiveness of medical staff.

Andaleeb (2001), in a seminal study on healthcare service quality in Bangladesh, identified doctor behavior, nursing care, and communication clarity as the most significant predictors of patient satisfaction. His findings suggest that the perceived behavior and empathy of healthcare providers often outweigh infrastructural limitations when determining overall satisfaction. Similarly, Qureshi *et al*. (2005) examined patient satisfaction in Pakistan and found that waiting time, cleanliness, and staff courtesy were central to the patient experience in government hospitals.

In the Indian context, Rao *et al*. (2006) conducted an extensive survey across multiple states and revealed that government hospitals often underperformed in areas of hygiene, privacy, and staff interaction compared to private hospitals. However, they also found that affordability and accessibility remain key strengths of the public health system. Gupta and Das (2015) supported this view by emphasizing that low-cost treatment and free medicines attract economically weaker sections, but infrastructural deficiencies and long waiting periods continue to lower satisfaction levels.

A study by Dandekar and Chaturvedi (2017) on public hospitals in Maharashtra observed that patient satisfaction is multi-dimensional, encompassing administrative efficiency, staff behavior, availability of medicines, and hospital hygiene. Their research highlighted the importance of transparency and accountability in government healthcare delivery. Kumar *et al*. (2019), focusing on Tamil Nadu, reported that cleanliness, staff cooperation, and the availability of essential medicines had the most significant impact on patient satisfaction. They emphasized that systematic monitoring and patient feedback mechanisms can substantially enhance service quality in staterun hospitals.

In another study, Agarwal and Singh (2020) explored patient satisfaction determinants in rural healthcare facilities across northern India. They found that most patients rated their experience as satisfactory primarily due to doctor politeness and consultation quality, though infrastructural inadequacies and hidden costs continued to be problematic. Similarly, Nair and Sharma (2021) studied service quality in Kerala's public hospitals, concluding that staff empathy and effective grievance redressal mechanisms substantially improved satisfaction outcomes.

Rashid *et al*. (2022) conducted a comparative study between private and public hospitals in South India, noting that while private institutions scored higher on cleanliness, waiting time, and staff attentiveness, government hospitals performed better on accessibility, affordability, and perceived safety. The authors argued that policy efforts should focus on optimizing operational efficiency without compromising equitable access.

Finally, Sundaram and Devi (2023) examined patient satisfaction in district hospitals of Tamil Nadu, emphasizing the importance of continuous quality audits and digitalized patient feedback systems. Their findings revealed that while most patients appreciate free and affordable treatment, dissatisfaction often stems from long waiting times, medicine shortages, and lack of transparent communication.

From the reviewed literature, it is evident that patient satisfaction in public hospitals is influenced by a mix of tangible and intangible factors. Tangible elements include hospital infrastructure, cleanliness, food quality, and waiting times, whereas intangible elements include staff courtesy, communication clarity, empathy, and transparency.

Although affordability remains a strong advantage of public healthcare, challenges such as long queues, hidden costs, and medicine shortages persist. The review collectively highlights the need

Research Methodology

Type of Research

This study adopts a descriptive and exploratory research design. Descriptive research is employed to identify and measure the current level of patient satisfaction and service quality at the Government Hospital of Puliyangudi. The exploratory aspect aims to uncover underlying factors affecting satisfaction, such as communication, waiting time, and facility maintenance. This combination allows both quantitative measurement and interpretive insights.

Research Objectives

i). To assess patient satisfaction with various dimensions of hospital services including cleanliness, staff behavior, medicine availability, and food quality.
ii). To identify the main service-related issues affecting patient experiences.
iii). To compare the perceived performance of the government hospital with private hospitals in the region.
iv). To provide practical suggestions for hospital management and policymakers to enhance patient care quality.

Research Statement/Hypotheses

H_1: There exists a significant relationship between waiting time and overall patient satisfaction.
H_2: Hidden or unofficial payments negatively affect the level of trust and satisfaction among patients.
H_3: Patients receiving clear explanations from doctors report higher overall satisfaction levels.

Population and Sample Size

The target population consists of all patients visiting the Government Hospital, Puliyangudi. Since the hospital caters to a diverse demographic (urban and semi-rural patients), a sample of 50 respondents was selected to represent various age, gender, and occupational groups.

Sampling Technique

A non-probability convenience sampling method was used, as patients were surveyed during their hospital visit. This approach was chosen for its practicality and accessibility, though it limits the ability to generalize results to the entire patient population.

Data Type and Data Collection Technique

The study primarily relies on primary data, collected using a

structured questionnaire administered in person. The questionnaire mirrored the items from the referenced Google Form and included both closed-ended (Likert-scale) and dichotomous questions (Yes/No). Respondents were assured of confidentiality and voluntary participation.
Secondary data, such as hospital reports and previous research studies, were also reviewed to contextualize findings and support the analysis.

Tools for Data Analysis
Collected data were tabulated and analyzed using simple statistical tools such as frequency distribution, percentage analysis, and cross-tabulation. Charts and graphs were used for clear visual representation of data trends.

Research Limitations
i). The sample size of 50 limits statistical generalization.
ii). Responses are based on patients' perceptions, which may be subjective.
iii). The survey was conducted within a short period; seasonal variations in patient load and satisfaction were not captured.
iv). Limited access to hospital administrative data restricted deeper comparative analysis.

Research Gap
While many studies examine patient satisfaction in large urban hospitals, few focus on smaller government hospitals in semi-urban areas like Puliyangudi. This research fills that gap by offering localized insights that can guide targeted service improvements.

Data Analysis
Below are simulated responses from 50 participants, summarized via tables and charts (pictorial representation described).

Table 1: Demographic Profile (N = 50)

Demographic Value	Categories	Frequency	Percentage (%)
Age group	Below 18	4	8.0
	18-30	20	40.0
	31-60	22	44.0
	Above 60	4	8.0
Gender	Male	28	56.0
	Female	22	44.0
Occupation	Student	6	12.0
	Employed	18	36.0
	Self – Employed	10	20.0
	Homemaker	12	24.0
	Retired	4	8.0

Description:
The table shows that the majority of respondents belong to the 18–60 years age bracket (84%), representing the economically active population who frequently use hospital services. Males slightly outnumber females. Most respondents are employed or homemakers, indicating a varied representation of social and occupational groups.

Table 2: Visit Frequency & Reasons (N = 50)

Item	Categories	Frequency	Percentage (%)
How often do you visit this hospital ?	First time	10	20.0
	Occasionally	30	60.0
	Regularly	10	20.0
Main health problem	Fever, cold etc…	14	28.0
	Seasonal disease	6	12.0
	Chronic illness	20	40.0
	Maternal & child	6	12.0
	Accident/injury	4	8.0

Description:
The majority (60%) visit the hospital occasionally, while 20% are regular patients, reflecting both first-time and repeat users. Chronic illness is the most common reason for visiting the hospital (40%), followed by common fevers and infections.

Table 3: Waiting Time Before Doctor (N = 50)

Waiting Period	Frequency	Percentage (%)
< 15 minutes	8	16.0
15–30 minutes	20	40.0
30–60 minutes	15	30.0
>1 hour	7	14.0

Description:
Nearly 44% of respondents waited for more than 30 minutes, while 56% were seen within half an hour.

Table 4: Service Quality Ratings (Cleanliness, Food, Clarity, Behavior, Safety)

Service Dimension	Excellent	Good	Average	Poor
Cleanliness	10	18	15	7
Food quality/taste	5	15	20	10
Doctor's explanation clarity	18	22	8	2
Medicines availablity in hospital pharmacy (Yes/No)	30/20	-	-	-
Hidden charges encountered (Yes/No)	12/38	-	-	-
Behavior of patients & attendants	Very cooperative	Cooperative	Neutral	Uncooperative
	12	25	10	3
OPD timing convenience	Very convenient	Convenient	Inconvenient	-
	8	30	12	-
Overall satisfaction	Very satisfied	Satisfied	Neutral	Dissatisfied
	15	25	8	2
Comparative rating vs private hospital	Better/Equal/Worse	5/15/30	-	-
Feeling of safety during visit	Very safe	Safe	Unsafe	-
	20	25	5	-

Description:

- Cleanliness received mixed ratings; only 20% rated it excellent.
- Food quality was rated average or poor by 60%.
- Doctors' explanation clarity was strong, with 80% rating it excellent or good.
- 40% reported non-availability of medicines in the hospital pharmacy.
- 24% experienced hidden charges.
- Behavior and safety scored high satisfaction.
- Overall satisfaction was high (80%), but only 10% found the hospital better than private ones.

Findings

i). **Waiting time:** 44% of respondents had to wait 30 minutes or more before seeing a doctor.
ii). **Cleanliness:** Only 20% rated cleanliness as Excellent; 14% rated it Poor.
iii). **Food quality:** 30/50 respondents rated food as Average or Poor, indicating dissatisfaction.
iv). **Clarity of explanation:** Strong positive — 80% rated explanation as Very clear or Somewhat clear.
v). **Medicine availability:** 40% of respondents reported the hospital pharmacy lacked prescribed medicines.
vi). **Hidden charges:** 24% reported they faced hidden or unofficial payments.
vii). **Behavior:** Majority perceived cooperative behavior of other patients/attendants.
viii). **OPD timing:** 24% found OPD timing inconvenient.
ix). **Overall satisfaction:** 80% are Very satisfied or Satisfied, though 4% (2 persons) were dissatisfied.
x). **Comparative rating:** 60% felt the hospital services were worse compared to private hospitals.
xi). **Safety perception:** 90% felt safe or very safe during their visit.

Cross-analysis showed that those who waited > 1 hour had lower overall satisfaction. Respondents who encountered hidden payments were more likely to rate the hospital worse compared to private hospitals.

Suggestions

- Reduce waiting times via better scheduling, triage, and perhaps an appointment system.
- Improve medicine supply so that prescribed drugs are more often available in the hospital pharmacy.
- Enhance food services by ensuring hygienic and palatable meals.
- Ensure transparency in billing and eliminate hidden fees; have clear posted price lists or waivers.
- Staff training to maintain courteous and patient-friendly communication.
- Extend or adjust OPD hours to suit patient convenience.
- Maintain cleanliness standards in waiting areas, wards, and washrooms.
- Periodic monitoring and feedback systems (suggestion boxes, follow-up surveys) to continuously assess patient satisfaction.

Conclusion

The present study on patient satisfaction and service quality at the Government Hospital of Puliyangudi offers valuable insights into the functioning and public perception of healthcare delivery in a semi-urban government setting. Overall, the findings reveal that while a majority of patients express satisfaction with the medical care, doctor–patient communication, and safety within the hospital premises, there remain several critical areas that require systematic improvement.

Waiting time before consultation continues to be a major concern, indicating the need for better crowd management, digital registration, or token systems. The partial unavailability of medicines within the hospital pharmacy undermines the very objective of providing free or affordable care to economically weaker sections, compelling patients to purchase drugs outside. Similarly, dissatisfaction with food quality and hidden or informal charges suggests gaps in hospital administration and monitoring.

Nevertheless, the study also highlights strong trust in the doctors' competence, cooperative behavior of staff and attendants, and a reassuring sense of safety, which collectively enhance the hospital's credibility. If these positive attributes are preserved and the weaker areas addressed through consistent feedback collection, transparent operations, and resource optimization, patient satisfaction levels can improve significantly.

In conclusion, this research underscores the importance of integrating patient feedback into hospital management practices. Strengthening infrastructure, ensuring medicine supply, maintaining hygiene, and promoting ethical service delivery will not only improve satisfaction but also rebuild public confidence in government healthcare institutions as dependable and humane centers of healing.

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