AN EVALUATION OF THE SATISFACTION OF PATIENTS’ EXPERIENCES IN A PRIVATE HOSPITAL IN KWA-ZULU NATAL

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**ABSTRACT**

In both the public and private health sectors, ensuring the satisfaction of patients’ experiences has been receiving increased focus, particularly as the National Health Insurance (NHI) in South Africa is being unveiled. Patient satisfaction is recognised as one of the most significant factors that guide a patient’s selection of a health care provider (Korda, 2012:1). In the private health sector where profitability is dependent on the admission and management of patients, measuring healthcare quality and improving patient satisfaction is crucial. This study evaluates the satisfaction of patients’ experiences in a private hospital located in Kwa-Zulu Natal. The hospital which will remain anonymous forms part of one of the largest private hospital Groups both in South Africa and abroad. Following the expansion and renovation of the facility, it now consists of 94 beds along with state-of-the-art diagnostic and treatment equipment. All patients who accessed the facility during the research period formed part of the target population. The study also had a sample size of 133. A structured questionnaire for gathering the required information was utilised as the research instrument.

**Key Words:** Satisfaction, Patient, Private Hospital, National Health Insurance, Profitability, Expansion, Renovation, Diagnostics, Treatment, Equipment

**INTRODUCTION**

The South African health industry is in essence divided into 2 sectors namely: the public sector which is administered and managed by the government and the private sector. Patient satisfaction is increasingly being recognised as one of the most significant factors that guide a patient’s selection of a health care provider (Korda, 2012:1). In the private health sector where the generation of profits is primarily based on the admission and management of patients, it is essential for health providers to ensure that the quality of their services is closely associated with the provision of superior patient satisfaction. Therefore, health institutions in the private sector should continuously comprehend the challenges associated with patient satisfaction. Furthermore, the proven benefits of ensuring patient satisfaction are significant. These include increased patient volumes due to community reputation, a reduction in malpractice claims, more engaged employees and increased efficiency (Carrol, 2012). Patient satisfaction is central to the provision of patient-centred care.
Discussed in more detail in this chapter is the background to the study, a clarification of the problem statement and the aim of the study. The objectives and research questions are also presented herein.

AIM OF THE STUDY
The aim of the study is to evaluate the satisfaction of patients’ experiences in a Private Hospital in Kwa-Zulu Natal.

OBJECTIVES OF THE STUDY
- To determine the patients’ degree of satisfaction throughout their hospital experiences.
- To identify the challenges associated with ensuring patient satisfaction.
- To determine the specific areas of patient’ experiences that can be enhanced to ensure patient satisfaction.
- To make recommendations to the management of the Private Hospital to improve patient satisfaction.

LITERATURE REVIEW
PATIENT SATISFACTION
Theories of Patient Satisfaction in Healthcare
A number of patient satisfaction theories were formulated and published during the 1980’s and were subsequently followed by later theories which merely served to reiterate the principles established by the earlier theories (Hawthorne, 2006). According to Gill and White (2009:9), in the evaluation of patient satisfaction theories the following 5 major theories that can be identified:

1. Discrepancy and transgression theories promoted that in the same manner that patients’ healthcare orientations differed, provider conditions of care varied (Fox and Storms, 1981). Essentially, where the orientations and conditions were equivalent, the patients were satisfied and where this proved not to be the case, they would be dissatisfied.

2. The Expectancy-value theory claimed that patient satisfaction was dependent on personal beliefs and values about care including the expectations of previous care (Linder-Pelz, 1982). This theory explored the relationship between the patient’s expectations and the actual outcome after having sought the services of health providers. This theory was further developed into a six factor psychological model namely; cognitive and affective perception formation, multi-dimensional construct, dynamic process, attitudinal response, iterative, and enhanced by individual difference (Strasser, Aharony and Greenberger, 1993).

3. Determinants and components theory asserted that patient satisfaction was based on patients’ subjective responses to experienced care guided by their personal preferences and expectations (Ware, Snyder, Wright and Davies, 1983).

4. The Multiple models theory advocated that expectations were determined socially, reflecting health objectives of the patient and the degree to which the illness and healthcare infringed on the patient’s personal sense of self (Fitzpatrick and Hopkins, 1983).

5. The Healthcare quality theory was later introduced with a directed approach. This theory argued that the patient’s satisfaction or dissatisfaction was based on the patient’s assessment of the quality of care in all its aspects with particular reference to interpersonal components of care (Donabedian, 1980).
THE CONCEPT OF PATIENT SATISFACTION

The concept of satisfaction in itself is rather complex, regardless of which context it is being considered in (Heidegger, Saal and Nuebling, 2006). Defining patient satisfaction is not without its own challenges and is not fully comprehended. According to Gill et al. (2009:8), since the 1970’s there has been inadequate definitive conceptualisation in healthcare in understanding the process that a patient goes through in becoming satisfied or dissatisfied. Although there is general consensus that there is no agreed definition of patient satisfaction, a number of meaningful definitions of patient satisfaction have however been proposed. Linder-Pelz (1982:578) defines patient satisfaction as “positive evaluations of distinct dimensions of healthcare”. Zeithaml, Parasurman and Berry (1990:18) in relation to patient satisfaction, concluded that “service quality as perceived by customers can be defined as the extent of discrepancy between customers’ expectations or desires and their perceptions”. Another suggestion is that patient satisfaction is the degree to which nursing care satisfies the patient’s expectations in the areas of care, technical quality, the physical environment, the availability and continuity of care and the outcomes of care (Mrayyan, 2006:226). It was also found that patients with lower expectations and less knowledge of medical and related services that were available to them were generally more satisfied with the care they received.

CHALLENGES FACING PATIENT SATISFACTION

In recent years, several studies have been carried out to determine the factors or challenges affecting patient satisfaction in health care services. Magoulas (2013:138) highlights a number of these factors and includes: hospital performance, hospital stay, interaction with staff, service quality, hospital facilities, patient safety culture, patient satisfaction and revisit intention. Shelton (2000:29) categorised the elements of patient satisfaction namely; access, convenience, communication, perceived quality of healthcare received, personal caring and health facilities/equipment.

Access

In this context, access is related to the processes that a patient follows to make arrangements to receive healthcare and actually receiving that care Shelton (2000:29). A patient typically makes an appointment with a healthcare provider, waits for the appointment, visits the facility and experiences the staff, waiting times and environment of the facility.

Ease of Scheduling Appointments by Telephone

A major challenge for patient satisfaction is related to patients’ first contact with a health facility and that first contact is often telephonically. This is where the first impression is created. Depending on the patience, time sensitivity and expectation of efficiency of the patient during the making of a telephonic appointment, the experience could be a positive or unpleasant one (Shelton, 2000:30). If the health facility’s telephonic service is inefficient it is bound to lead to frustrations of patients and subsequently reduced patient satisfaction.

Shelton (2000:30) lists the patients’ observance when making telephonic contact with the hospital:
- Patients generally expect the telephone to be answered within 3 rings and if this does not happen they can become frustrated particularly if there is a matter of urgency related to the telephone call.
- Patients prefer to speak directly to the “live” person they wanted to speak to after following voice prompts rather than be transferred by an operator. A system where too many voice prompts need to be followed is also not appreciated by patients.
Being placed on hold without the consent of the patient is highly infuriating for them and when they do in fact agree to be placed on hold then the expectation is that they should not wait for extended periods of time.

The level of helpfulness and efficiency on the telephone is a critical determinant of patient satisfaction. It is essential to place skilled and trained staff at desired positions to project the appropriate positive impression of the hospital. Mistakes made by the first person answering the call such as dropping a call, not understanding the patient or transferring the call to the wrong person is not easily tolerated by patients.

**Waiting Time before the Appointment**
This is one of the primary concerns for patients when they determine how accessible a facility is (Shelton 2000:32). If patients have to wait too long to see their doctor or receive a hospital bed they could consider the hospital to be somewhat inaccessible. An inflexible appointment system which cannot accommodate more urgent patient requests is an important challenge for patient satisfaction.

**Waiting Time in the Hospital**
Shelton (2000:33) states that waiting times are one of the most classical complaints in a health facility and this commences in the reception areas where patients are expected to wait beyond 15 to 20 minutes. What often exacerbates the patient’s dissatisfaction is the manner in which the delay is managed. Patients expect honest and continuous updates on why there are delays; Patients overestimate their waiting times particularly when no delays are expected or the patient arrives early for an appointment; Patient satisfaction and perceptions is definitely affected by the behaviour of staff during the delay (Shelton 2000:34). During the patients’ management in the hospital they are exposed to various time segments for services and this includes waiting for the nurse or medical assistant for recording their symptoms, the doctor to examine and diagnose them, for staff to set up for procedures and waiting for the doctor to return for further interventions (Shelton 2000:34). Other areas where patients are likely to wait are for diagnostic procedures, special investigations such as laboratory and radiological examinations. Patient satisfaction is challenged if there is not on-going communication with them regarding the reasons for their waiting. Shelton (2000:34) confirms that waiting for inordinate periods of time leads to reduced patient satisfaction particularly if patients have commitments outside of the hospital such as work-related time constraints.

**Access to Emergency Medical Care**
“Nothing diminishes the perceived value of health care coverage in the mind of a patient more than the thought of not being able to get needed help in an emergency” (Shelton 2000:34). In the event that care is not promptly received in the case of an emergency from a hospital, a patient is very likely not only to be critical of the hospital but will not me returning to that hospital for future care. The patient will not promote the hospital amongst future patients.

Accessing emergency medical care by patients is observed at various levels by the patient:
- Ease of reaching emergency care by telephone is essential for patients. This is apart from the prompt answering of telephone calls or the courtesy of operators. Patients want to have the peace of mind that emergency assistance is a mere telephone call away. What inspires that confidence is when a patient calls the emergency department for advice on managing a particular emergency situation and receiving it from a nurse or doctor.
- Patients and their family members desire to receive clear and precise directions for receiving care during an emergency. They are often emotional and would require specific instructions on how to manage even the slightest of emergencies prior to arrival at the emergency department.
Transportation to emergency departments by specialist emergency personnel and vehicles needs to be readily available when patients or their family members call for assistance. They rely on the expertise of these emergency personnel to render life-saving care.

Patient satisfaction is bound to be favourable if the access to the hospital is ensured. The challenge of guaranteeing this level of accessibility at all times is a real one and needs to receive continuous attention if patient satisfaction is to be improved.

**Convenience**

Time is a precious commodity and people are increasingly sensitive to what they spend their time on. Time that is spent waiting in a hospital for instance is not considered to be time well-utilised. For better patient satisfaction, patients seek opportunities of greater convenience which includes those services related to a hospital. According to Shelton (2000:41) these conveniences include the following:

- **The Location of the Hospital**
  The closer the hospital is to the home or workplace of the patient the less the anticipated travel time for patients to access the facility.

- **Hours of the Health Care Centre**
  Many businesses operate at times that are convenient for them and not for their client base. People are increasingly demanding that services such as those offered by hospitals be available at times of their convenience. Patients are more satisfied when health providers ensure that they accommodate patients at hours that patients deem convenient. These services include laboratory and radiology hours.

- **Parking Quality and Availability**
  Patients making use of their own transport expect to find parking for their vehicles when they arrive at the hospital. In urban or congested areas, the last thing that a patient wants when they arrive at a hospital after sitting in traffic is not to find a safe parking bay. They do not want to waste time finding parking which contributes moderately to patient satisfaction.

  The parking needs to be close to the entrance of the facility and the lighting and security especially during evening hours, needs to be adequate,

- **Collection of Scripts**
  Patients in the private sector do not want to wait for hours in queues waiting for their medication. This is particularly important where there are repeat scripts for chronic conditions which should have been prepared long in advance. Often this last service point during a hospital stay can completely ruin the entire hospital experience and negatively affect the patient satisfaction.

- **Communication**
  Communication has a significant impact on patient satisfaction. “The quality of any service organisation, health care included, is directly reflected in the emphasis placed on quality communication” (Shelton 2000:44). Communication is however, often neglected in the rush and pressures of caring for patients.

  There are various opportunities during which communication can be used to effectively deal with the challenges of patient satisfaction. These are presented by Shelton (2000:46) as:
- The use of understandable language during discussions with the patient as medical terminology often is unclear. Laymen’s terms at a level that the patient comprehends are best suited when informing patients of their medical condition. The objective is after all to advise the patients and not to impress them.

- The use of visual aids to explain matters to patients are also meaningful. This is helpful even in the event where a patient is literate and understands what is being communicated.

- Patients should be provided the opportunity to ask questions and have them sufficiently answered without feeling rushed. These conversations will include any procedures to be performed, tests to be conducted and medication to be issued. These are difficult times for patients and should be treated with the appropriate level of concern and compassion.

- Poor communication amongst hospital personnel which results in no teamwork is evident to patients. Patient satisfaction decreases when staff does not communicate effectively with one another. Patients become exasperated when they have to repeat themselves over and over again because staffs do not hand over patient concerns to each other.

- Education to manage the health problem is a key factor in the provision of care to patients. Patients ought to be seen as partners in the management of their conditions and must be educated to take responsibility for their own health. When patients do not receive efficient information about their illness and the management thereof, it leads to reduced patient satisfaction scores.

The availability of written educational material is essential as patients want and need concise information about the management of their health problem and preventive strategies to avoid illness. Oral explanations and instructions are often forgotten which leads to non-compliance, and suboptimal treatment. This material could be enhanced by video and educational programmes to strengthen the grasp of the medical information (Shelton 2000:53).

When Schauffler, Rodriguez and Milstein (1996:62) explored the relationship between health education and patient satisfaction they concluded that “patient satisfaction with the physician is positively and statistically significantly associated with patients’ reports that their physician or other health professional discussed one or more health education topics with them”. Patients who received health education were more satisfied than patients who had not received health education (Schauffler et al., 1996).

**Hospital Performance**

Hospital performance refers to the extent to which hospitals’ services are getting better or declining in standards (Magoulas, 2013:138). This is measured by the level of coordination, the length of time to be admitted and registration processes. Magoulas (2013:138) adds that hospital performance also relates to the manner in which hospitals accomplish and maintain any improvements made in relation to ensuring patient satisfaction.

**Hospital Stay**

Hospital stay, according to Magoulas (2013:138), involves the provision of sufficient care to patients by doctors, nurses, physical therapists, nutritional support, pharmacists and other healthcare practitioners to the point that a patient is able to be discharged.

**Interaction with Hospital Staff**
An essential aspect of patients’ experiences in a hospital is directly related to the experiences that they have during interaction with service providers and how effectively their concerns have been addressed. George, Burke, Rodgers, Duthie, Hoffman and Minzlaff (2002:45) attest that the behaviour of nurses for instances, working autonomously, are critical in ensuring the delivery of quality patient outcomes.

**Service Quality**

The Joint Commission on Accreditation of Health Care Organisations defined quality as “the degree to which patient care services increase the probability of desired outcomes and reduce the probability of undesired outcomes given the current state of knowledge” (Katz and Green, 1997). According to Magoulas (2013:139), the delivery of superior standards of service quality, has been recognised as the most efficient manner that organisations can ensure that they remain competitive. Service quality in a hospital relates to the general impression that patients receive as they receive care in a hospital. The factors that also play a significant role in service quality include the variety and quality of meals, performance of equipment (Magoulas, 2013:139).

The Joint Commission also outlined other determinants of quality patient care and defines them as dimensions of performance and includes:

- Appropriate: this is the degree to which the management of the patient is relevant to his clinical requirements

- Availability: refers to the extent to which the appropriate management is available to meet the patient’s needs

- Continuity: refers to the extent to which the management of the patient is coordinated amongst practitioners, organisations and across time

- Effectiveness: measures the degree to which the management of the patient is provided in the appropriate manner

- Efficacy: relates to the extent to which the management of the patient produces the correct or desired outcome

- Safety: deals with the degree to which the intervention and the risk in the care are mitigated for the patient and others

- Timeliness: refers to the degree to which the management of the patient is made available to the patient at the most appropriate and beneficial time (Shelton 2000:56).

**Hospital Facilities**

As a patient passes through a hospital, they are exposed to many areas of operation within the hospital. This would include the cleanliness, convenience of the facilities, up-to-date-equipment and waiting room care, parking availability and the location of the hospital (Magoulas, 2013:139).

**Patient Safety Culture**

Pauley and Pauley (2012:3) advocate that on-going measures need to be instituted to ensure better patient safety in interventions into routine practice and to monitor health care safety over time. It is evident that the increased levels of patient safety leads to greater patient satisfaction as patients have the assurance of being secure. Magoulas (2013:140) advocate that the culture of patient safety in any organisation is a key determinant of patient satisfaction through:
- Caring about patient safety concerns throughout the stay of a patient including the prevention of injuries and complications

- Being committed as an organisation towards becoming a safety-centred institution

- Communication and taking action with regards to patient safety initiatives

- Openness about accepting and addressing errors that that have been identified.

Revisit Intention
Revisit intention is determined by the extent to which patients keep returning to a specific hospital and dealing with only that particular hospital (Magoulas, 2013:140). The more the patients return to a hospital the greater the indication and likelihood that the patients are satisfied with the level of care received at that hospital.

BENEFITS OF PATIENT SATISFACTION
Patient satisfaction is to be central in the provision of patient-centred care for several reasons which are discussed herein. The benefits of ensuring patient satisfaction are significant and include:

- Increased likelihood of patients using the health institution for future treatment

- More adherence to treatment regimens which lead to better health outcomes

- A reduction in malpractice claims as patients are less like to sue the health provider when they are satisfied with care

- Better chance of promoting the health facility to other patients (Shelton, 2000).

Further benefits to focusing on increased on patient satisfaction include the realisation of greater patient volumes due to community reputation, reduction in malpractice claims, more engaged employees and increased efficiency (Carrol, 2012). Furthermore, it was found that patients who reported higher levels of patient satisfaction also indicated that they experienced greater functional status, self-care ability and emotional health at discharge (Doran, Sidani, Keatings and Doidge, 2002). The reduction of complaints is one of the most significant benefits that can be derived from increased patient satisfaction levels. The manner in which complaints are managed can also positively affect patient satisfaction. Shelton (2000: 7) confirms that every health provider should utilise an effective complaints management system which permits patients to raise their concerns. In the private sector large emphasis is placed on promoting and preserving the reputation of health facilities. The effect of word-of-mouth in the communities is highly regarded as it has been shown to influence the loyalty of patients to a particular health institution. Those patients will also tend to refer others to the facility but this is only if they were satisfied with the care they received.

TARGET POPULATION
Brockopp and Hastings-Tolsma (2003:245) advocate that the population is the entire group of individuals or objects that are of interest to the researcher and may often be designated by way of age and sex. The population therefore is the aggregate of all the units which are targeted to participate in the research. The target population for this particular study consisted of all the patients that received clinical care at the Private Hospital during the time of data collection.
The hospital currently has 94 beds with more than 700 patients either treated in the emergency department or admitted into the hospital each month. During the period of assessment, all patients were eligible to participate in the study.

LIMITATIONS OF THE RESEARCH
Due to various limitations of practicality including time constraints, the research was limited to one private hospital in KwaZulu-Natal. Other hospitals in different geographic locations could also have been included in the study to obtain feedback from a greater number of respondents. Furthermore, the time span over which the study was conducted was not conducive for determining seasonal variations in patient satisfaction levels. Also, the study does not measure how this particular hospital compares to other private facilities or measure changes indicating a change in the sentiment of the patients.

RESULTS, DISCUSSION AND INTERPRETATION OF FINDINGS

RESPONSE RATE
The research was conducted over a period of 2 days with a potential of 151 respondents eligible to participate in the study. A total of 133 completed questionnaires were collected however. This results in a response rate of 88.1%.

DEMOGRAPHICS OF RESPONDENTS
It is essential to measure the various determinants that may affect the experiences and perceptions of patients when they are admitted to a hospital. Demographic factors have shown to be both, significant predictors of patient satisfaction and of less importance when considering what patients’ experience will be. Personal attributes of patients including cultural background, patients’ age, sex and education are closely associated with patient satisfaction ratings (Bacon and Mark, 2009). On the other hand however, the absence of a relationship between patient satisfaction and demographic variables, have also been demonstrated (Rubin, Ware and Hays, 1990).

Ages of Respondents

<table>
<thead>
<tr>
<th>Table 4.1: Ages of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid 20 Years</td>
</tr>
<tr>
<td>0 – 30 Years</td>
</tr>
<tr>
<td>1 – 40 Years</td>
</tr>
<tr>
<td>1 – 50 Years</td>
</tr>
<tr>
<td>1 – 60 Years</td>
</tr>
<tr>
<td>1 – 70 Years</td>
</tr>
<tr>
<td>&gt; 70 Years</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Table 4.1 demonstrates that 10.5% of respondents are below the age of 20 years, 22.6% between 20-30 years, 21.8% between 31-40 years, 15% between 41-50 years, 12.8% between 51-60 years, 10.5% between 61-70 years, and 6.8% over the age of 70 years (N = 133).
The majority of patients admitted at the private hospital at the time of the study were found to be in the age group range of 20 to 50 and made up a cumulative percentage of 59.4%. This reflects the need for healthcare amongst the most economically productive and core grouping of the community.

**Gender of Respondents**

![Figure 4.1: Gender of Respondents](image)

Figure 4.1 illustrates that 31.6% of respondents are male and 68.4% are female (N = 133). The results clearly illustrate that significantly more females make use of the private hospital when compared to male patients. The findings of this study therefore, are in keeping with patient utilisation as far as gender is concerned.

**Race of Respondents**

![Figure 4.2: Race of Respondents](image)

Fig. 4.2 shows that 54.5% of respondents are Black, 6.1% are Indian, 31.8% are White and 7.6% are Coloured (N = 132).

**Education of Respondents**
Table 4.2: Education of Respondents

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Schooling</td>
<td>12</td>
<td>9.0</td>
<td>9.4</td>
<td>9.4</td>
</tr>
<tr>
<td>Passed Matric</td>
<td>47</td>
<td>35.3</td>
<td>36.7</td>
<td>46.1</td>
</tr>
<tr>
<td>Diploma</td>
<td>40</td>
<td>30.1</td>
<td>31.3</td>
<td>77.3</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>21</td>
<td>15.8</td>
<td>16.4</td>
<td>93.8</td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>6</td>
<td>4.5</td>
<td>4.7</td>
<td>98.4</td>
</tr>
<tr>
<td>Doctorate Degree</td>
<td>2</td>
<td>1.5</td>
<td>1.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>128</td>
<td>96.2</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>5</td>
<td>3.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In Table 4.2 it shows that 9.4% of respondents have No Schooling experience, 36.7% passed Matric, 31.3% have Diploma qualifications, 16.4% have Bachelor’s Degrees, 4.7% have Master’s Degrees and 1.6% have Doctorates (N = 128).

THE RESEARCH INSTRUMENT
The research instrument utilised had a total of 29 questions and a final section inviting recommendations from the respondents. There was a degree of measurement at a nominal and ordinal level. Cronbach’s Alpha equates to 0.910, which indicates that the scale is reliable. Upon analysis, it became apparent that the confirmation of reliability is as a result of the willingness of respondents to participate in the topic prompting consistent responses (α = 0.910, N = 22).

A Factor Analysis was also conducted as a data reduction technique to summarise the items loading under factors summarising the research instrument.
As depicted in Table 4.3, the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy was > 0.5. This indicates that the sample therefore was adequate to perform a Factor Analysis, thereby producing reliable results as correlations are relatively compact. In addition, Bartlett’s Test of Sphericity was significant, indicating that the data is not multi-collinear as the matrix is not an identity matrix ($\chi^2(231) = 1435.263$, p < 0.01).

Table 4.3: KMO and Bartlett’s Test

<table>
<thead>
<tr>
<th>Measure</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser-Meyer-Olkin Measure of Sampling Adequacy</td>
<td>.826</td>
</tr>
<tr>
<td>Bartlett's Test of Sphericity</td>
<td>Approx. Chi-Square 1435.263</td>
</tr>
<tr>
<td></td>
<td>df 231</td>
</tr>
<tr>
<td></td>
<td>Sig. .000</td>
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</tbody>
</table>

The first 5 factors account for 71% of the overall variance. These factors as extracted from the research instrument are the following:
Factor 1 – Support for, and practical implementation in effecting improvement in patient satisfaction amongst staff and doctors; Factor 1 is related to questions 12, 13, 14, 6, 7, 8, 9, 10 and 11.

Factor 2 – Level of and responsiveness of staff in meeting the needs of patients. This factor is associated with questions 18, 19, 23 and 20.

Factor 3 – Focus on, and provision of care for the urgent needs of patients. Factor 3 is linked to questions 24, 22 and 21.

Factor 4 – The adequacy of providing the appropriate environment and information to patients. Related to factor 4 are questions 26, 25, 27 and 16.

Factor 5 – Commitment in ensuring hospitality requirements. Questions 15 and 17 are referenced under factor 5.

RESEARCH QUESTIONS
Illustrated in Table 4.4 are the Normality tests. It is shown that both the Kolmogorov-Smirnov and Shapiro-Wilk are significant. This indicates that the data is not normally distributed and non-parametric testing such as Spearman’s Rho and Kruskal-Wallis should be used to answer research questions.

<table>
<thead>
<tr>
<th>Table 4.4: Tests of Normality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Would you recommend this hospital to your friends and family?</td>
</tr>
<tr>
<td>Ages</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Race Group</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>What is the likelihood of you referring other patients to this hospital?</td>
</tr>
<tr>
<td>On admission to the hospital did the reception staff treat you with courtesy and respect</td>
</tr>
<tr>
<td>Were you satisfied with the duration you had to wait at hospital reception</td>
</tr>
<tr>
<td>During this hospital stay how often did nurses treat you with courtesy and respect</td>
</tr>
<tr>
<td>How often did nurses listen carefully to you</td>
</tr>
<tr>
<td>During this hospital stay how often did nurses explain things in a way you could understand</td>
</tr>
<tr>
<td>After you pressed the call button how often did you get help as soon as you wanted it</td>
</tr>
<tr>
<td>Did doctors treat you with courtesy and respect</td>
</tr>
</tbody>
</table>
How often did doctors listen carefully to you | .450 | 8 | .00 | .579 | 8 | .000
During this hospital stay how often did doctors explain things in a way you could understand | .468 | 8 | .00 | .538 | 8 | .000
How often were your room and bathroom clean | .444 | 8 | .00 | .591 | 8 | .000
Was the area around your room quiet at night | .386 | 8 | .00 | .682 | 8 | .000
Were you satisfied with the presentation and quality of food you received during your stay? | .342 | 8 | .00 | .742 | 8 | .000
Did you need help from hospital staff in getting to the bathroom or in using a bedpan | .249 | 8 | .00 | .789 | 8 | .000
Did you get help in getting to the bathroom or in using a bedpan as soon as you wanted | .286 | 8 | .00 | .735 | 8 | .000
Did you need medicine for pain | .317 | 8 | .00 | .751 | 8 | .000
How often was your pain well controlled | .382 | 8 | .00 | .673 | 8 | .000
How often did the hospital staff do everything they could to help you with your pain | .386 | 8 | .00 | .661 | 8 | .000
During this hospital stay were you given any medicine that you had not taken before | .246 | 8 | .00 | .817 | 8 | .000
Before giving you new medicine how often did hospital staff tell you what the medicine was for | .389 | 8 | .00 | .684 | 8 | .000
Before giving you any new medicine how often did hospital staff describe possible side effects comprehensibly | .323 | 8 | .00 | .736 | 8 | .000
Did doctors nurses or other hospital staff talk with you about post hospital care | .299 | 8 | .00 | .730 | 8 | .000
Did you get written info about what symptoms or health problems to look out for post hospital | .283 | 8 | .00 | .733 | 8 | .000
What was your level of expectation about the “quality of care” at this hospital before admission? | .244 | 8 | .00 | .769 | 8 | .000
To what extent were your expectations about the “quality of care” at this hospital met? | .218 | 8 | .00 | .854 | 8 | .000

a. Lilliefors Significance Correction

In the section that follows, tests were conducted to determine whether there were any correlations between the different questions utilised in the study.

Table 4.5: Would you recommend this hospital to your friends and family?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
</table>

55
In Table 4.5 it is seen that 0.8% of respondents would probably not recommend this hospital to friends and family, 37.9% probably would, and 61.4% would definitely recommend it (N = 132). A median of 2.00 was demonstrated.

A test was done to determine whether there was a correlation between respondents recommending the hospital to friends and family (Question 5) and the reception staff treating them with courtesy and respect (Question 7). It emerged that patients were more likely to recommend the hospital to friends and families (Question 5) if they were treated with courtesy and respect upon admission by reception staff (Question 7). This is reflected by the significant, moderate and positive correlation which exists between the two measures (r = 0.401, n = 132, p < 0.01). A significant, moderate and positive correlation (r = 0.460, n = 132, p < 0.01) is present between the willingness to recommend the hospital to friends and families (Question 5) and the nurses explaining things in a way that respondents could understand (Question 11).

In correlating respondents’ willingness to recommend the hospital to friends and families (Question 5) with the room and bathroom being kept clean (Question 16), it revealed that respondents were indeed more likely to refer the hospital to family and friends if their rooms and bathrooms were kept clean (r = 0.408, n = 132, p < 0.01). Furthermore, there is a significant, moderate and positive correlation (r = 0.434, n = 128, p < 0.01) between recommending the hospital to friends and families (Question 5) and the extent to which their expectations were met (Question 30).

There is evidence to support that patients will recommend the services of a hospital to others and will utilise the facility in the future if they are satisfied with the quality of care at the hospital (Doran, Sidani, Keatings and Doidge, 2002). It is therefore essential that every effort be made to ensure that patients’ experiences lead to increased patient satisfaction levels which will in turn enhance the likelihood of the patients recommending the hospital to others.

<table>
<thead>
<tr>
<th>Valid</th>
<th>Probably Not</th>
<th>Probably Yes</th>
<th>Definitely Yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>.8</td>
<td>.8</td>
<td>1.8</td>
</tr>
<tr>
<td></td>
<td>50</td>
<td>37.6</td>
<td>37.9</td>
<td>38.6</td>
</tr>
<tr>
<td></td>
<td>81</td>
<td>60.9</td>
<td>61.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing System</td>
<td>1</td>
<td>.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>132</td>
<td>99.2</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 4.6: What is the likelihood of referring other patients to the hospital?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid Percentage</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>0.8%</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>1.5%</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>3.0%</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
<td>5.3%</td>
</tr>
<tr>
<td>7</td>
<td>12</td>
<td>9.0%</td>
</tr>
<tr>
<td>8</td>
<td>35</td>
<td>26.3%</td>
</tr>
<tr>
<td>9</td>
<td>17</td>
<td>12.8%</td>
</tr>
<tr>
<td>10</td>
<td>54</td>
<td>40.6%</td>
</tr>
</tbody>
</table>
In Table 4.6 respondents indicated the degree of referring other patients to the private hospital under review in this study. They rated their likelihood of referring other patients to the hospital from 1 to 10 with 1 being the least likely and 10 being the most likely. The ratings of the respondents are as follows: 40.9% of respondents gave a rating of 10, 12.9% a rating of 9, 26.5% a rating of 8, 9.1% a rating of 7, 5.3% a rating of 6, 3.0% a rating of 5, 1.5% a rating of 4, 0.8% a rating of 3 (N = 132). The median of this data set is 9.00.

The relation between respondents being inclined to recommend the hospital to friends and families (Question 5) and the likelihood of them referring others to the hospital was assessed (Question 6). There is a significant, moderate and positive correlation (r = 0.663, n = 128, p < 0.01) between the likelihood of referring other patients to the private hospital (Question 6) and the extent to which their expectations about the quality of care were met (Question 30).

Table 4.7: On admission to the hospital did the reception staff treat you with courtesy and respect

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Never</td>
<td>1</td>
<td>.8</td>
<td>.8</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>9</td>
<td>6.8</td>
<td>6.8</td>
</tr>
<tr>
<td></td>
<td>Usually</td>
<td>34</td>
<td>25.6</td>
<td>25.6</td>
</tr>
<tr>
<td></td>
<td>Always</td>
<td>89</td>
<td>66.9</td>
<td>66.9</td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

In Table 4.7 it is seen that 0.8% of respondents were not treated with courtesy and respect by reception staff, and 6.8% sometimes, 25.6% usually and 66.9% were always treated with courtesy and respect by reception staff (N = 133).

A correlation was found between reception staff treating respondents with courtesy and respect (Question 7) and the likelihood of respondents recommending the hospital to friends and families (Question 5). The more reception staff treated respondents with courtesy and respect (Question 7), the more likely respondents were to recommend the hospital to family and friends (Question 5) (r = 0.401, n = 132, p < 0.01).

There are significant, moderate and positive correlations (r = 0.604, n = 133, p < 0.01) between reception staff treating respondents with courtesy and respect (Question 7) and nursing staff treating respondents with courtesy and respect (Question 9) and also between reception staff treating respondents with courtesy and respect (Question 7) and doctors treating them with courtesy and respect (Question 13) (r = 0.597, n = 133, p < 0.01). The manner in which the respondents experienced the reception staff during their admission appears to influence the manner in which they perceived subsequent interactions with doctors and nurses during their hospital stay.

The more reception staff treated respondents with courtesy and respect (Question 7), the more likely respondents were to recommend the hospital to other patients (Question 6) (r = 0.428, n = 132, p < 0.01). Also, a significant, moderate and positive correlation was found (r = 0.405, n = 129, p < 0.01).
between reception staff treating respondents with courtesy and respect (Question 7) and the extent to which their expectations about the quality of care were met during their hospital stay (Question 30).

Table 4.8: Were you satisfied with the duration you had to wait at hospital reception?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>2</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Sometimes</td>
<td>14</td>
<td>10.5</td>
<td>10.5</td>
</tr>
<tr>
<td>Usually</td>
<td>37</td>
<td>27.8</td>
<td>27.8</td>
</tr>
<tr>
<td>Always</td>
<td>80</td>
<td>60.2</td>
<td>60.2</td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

In Table 4.8, 1.5% of respondents were not satisfied with the waiting times in reception, 10.5% were sometimes satisfied, 27.8% usually and 60.2% always (N = 133).

A significant, high and positive correlation exists between respondents being treated with courtesy and respect by reception staff (Question 7) and being satisfied with the duration they had to wait at the hospital reception (Question 8) (r = 0.727, n = 133, p < 0.01). Respondents therefore, were more satisfied with the duration they had to wait at the hospital reception if the reception staff treated them with courtesy and respect. In addition, a significant, moderate and positive correlation (r = 0.464, n = 132, p < 0.01) was found between being satisfied with the duration respondents had to wait in the hospital reception (Question 8) and the likelihood of respondents referring other patients to the hospital (Question 6).

Being satisfied with the duration that respondents had to wait in the reception (Question 8) is significantly, moderately and positively correlated (r = 0.405, n = 129, p < 0.01) to the extent that their expectations were met (Question 30).

Shelton (2000:33) states that waiting times are one of the most classical complaints in a health facility and this commences in the reception areas where patients are expected to wait beyond 15 to 20 minutes. What often exacerbates the patient’s dissatisfaction is the manner in which the delay is managed.

Table 4.9: During this hospital stay how often did nurses treat you with courtesy and respect?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usually</td>
<td>33</td>
<td>24.8</td>
<td>24.8</td>
<td>29.3</td>
</tr>
<tr>
<td>Always</td>
<td>94</td>
<td>70.7</td>
<td>70.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

It is illustrated in Table 4.9 that 4.5% of respondents indicated that nurses sometimes treated them with courtesy and respect whereas 24.8% were usually and 70.7% always treated this way (N = 133).

A significant, moderate and positive correlation (r = 0.685, n = 132, p < 0.01) exists between nurses treating respondents with courtesy and respect (Question 9) and nurses listening carefully to them (Question 10). Evident in the study is that there is a significant, strong and positive correlation between nurses treating respondents with courtesy and respect (Question 9) and nurses explaining things in a way they could understand (Question 11) (r = 0.706, n = 133, p < 0.01). The more that
nurses treated respondents with courtesy and respect (Question 9) the more they were responsive to the needs of patients when the respondents pressed the call button (Question 12) \( r = 0.646, \ n = 131, \ p < 0.01 \).

Nurses also showed their courtesy and respect (Question 9) by ensuring that the rooms and bathrooms of respondents were kept clean (Question 16) \( r = 0.425, \ n = 1332, \ p < 0.01 \). The greater respect shown to the respondents by nurses (Question 9), the more nurses ensured that the pain of the patients was well-controlled (Question 22) \( r = 0.496, \ n = 127, \ p < 0.01 \) and that they did everything they could to help patients with their pain (Question 23) \( r = 0.505, \ n = 127, \ p < 0.01 \).

There is both a significant, moderate and positive correlation \( r = 0.458, \ n = 132, \ p < 0.01 \) between courtesy and concern shown by nurses (Question 9) and the likelihood for respondents to refer other patients to the hospital (Question 6) and the extent to which their expectations were met (Question 30) \( r = 0.459, \ n = 129, \ p < 0.01 \).

According to Gilliland, Steiner and Skarlicki (2002) there is a strong correlation between patient satisfaction and the patients’ perceptions of hospital staff and doctors treating patients with kindness, considerateness, concern about patient feelings and the ability to relieve their worries and ultimately the ability to treat the patient with respect. This perception is created during each exchange between patients and nursing staff, doctors or other hospital staff in a hospital. It therefore is the responsibility of everyone in the hospital to ensure that patients’ experience is of such a nature that patients’ satisfaction ratings increase to the extent that patients will not hesitate to recommend others to the hospital.

**Table 4.10: During this hospital stay how often did nurses listen carefully to you?**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
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<td>.8</td>
</tr>
<tr>
<td>Sometimes</td>
<td>10</td>
<td>7.5</td>
<td>7.6</td>
</tr>
<tr>
<td>Usually</td>
<td>32</td>
<td>24.1</td>
<td>24.2</td>
</tr>
<tr>
<td>Always</td>
<td>89</td>
<td>66.9</td>
<td>67.4</td>
</tr>
<tr>
<td>Total</td>
<td>132</td>
<td>99.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>.8</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

As indicated in Table 4.10, 0.8% of respondents were not listened to by nurses, and 7.6% sometimes, 24.2% usually and 67.4% were always listened to by nurses \( \text{N} = 132 \).

It is apparent that significant, moderate and positive correlations \( r = 0.709, \ n = 132, \ p < 0.01 \) exist between nurses listening carefully to respondents (Question 10) and nurses explaining things clearly to patients (Question 11). The more nurses listened carefully to patients (Question 10) the more responsive they were to patients when they pressed the call bell (Question 12) \( r = 0.623, \ n = 130, \ p < 0.01 \).

The greater respondents were carefully listened to by nursing staff, the more respondents felt nurses were explaining things to them in a way that they could understand and reacted to their needs. This includes nurses responding to the management of patients’ pain by doing everything they could to help them with it (Question 23) \( r = 0.564, \ n = 126, \ p < 0.01 \).

The more nurses listened to respondents (Question 10) the more they explained what new medication was for before administering it to patients (Question 25) \( r = 0.462, \ n = 120, \ p < 0.01 \). Through
nurses carefully listening to patients (Question 10), the patients were more likely to refer other patients to the hospital (Question 6) \((r = 0.486, n = 131, p < 0.01)\) and the greater was the extent to which their expectations were met (Question 30) \((r = 0.504, n = 128, p < 0.01)\).

As depicted in chapter 2, nursing care plays a pivotal role in the experiences that patients have whilst in hospital. These experiences will determine the level of patients’ satisfaction. Patient satisfaction as defined by Mrayyan (2006: 226) is the degree to which nursing care satisfies the patient’s expectations in the areas of care, technical quality, the physical environment, the availability and continuity of care and the outcomes of care. In this study it was found that nursing care met patients’ expectation in the majority of circumstances but also revealed that there is opportunity for improving upon the standards of patient care offered at the private hospital.

**Table 4.11: During this hospital stay how often did nurses explain things in a way you could understand?**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Sometimes</td>
<td>8</td>
<td>6.0</td>
<td>6.0</td>
</tr>
<tr>
<td></td>
<td>Usually</td>
<td>43</td>
<td>32.3</td>
<td>38.3</td>
</tr>
<tr>
<td></td>
<td>Always</td>
<td>82</td>
<td>61.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>133</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

In Table 4.11, 6% of respondents advised that nurses explained things in a way that they could understand, 32.3% indicated usually and 61.7% always \((N = 133)\).

Because respondents found that nurses listened carefully to them (Question 10) the nurses could explain things to them in a way that they could understand (Question 15) resulting in a significant, strong and positive correlation \((r = 0.709, n = 132, p < 0.01)\) between the 2 questions. The more the nurses explained things to respondents in a way that they could understand (Question 11) the more likely they are to refer other patients to the hospital (Question 6) \((r = 0.568, n = 132, p < 0.01)\) and the greater the extent to which their expectations are being met (Question 30).

Communication has a significant impact on patient satisfaction. “The quality of any service organisation, health care included, is directly reflected in the emphasis placed on quality communication” (Shelton 2000:44). It is essential that patients are well-informed about their condition during their hospital stay.

**Table 4.12: During this hospital stay after you pressed the call button how often did you get help as soon as you wanted it?**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Never</td>
<td>1</td>
<td>.8</td>
<td>.8</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>10</td>
<td>7.5</td>
<td>8.4</td>
</tr>
<tr>
<td></td>
<td>Usually</td>
<td>35</td>
<td>26.3</td>
<td>35.1</td>
</tr>
<tr>
<td></td>
<td>Always</td>
<td>85</td>
<td>63.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>131</td>
<td>98.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
<td>2</td>
<td>1.5</td>
<td></td>
</tr>
</tbody>
</table>
According to Table 4.12, 0.8% of respondents after pressing the call bell, did not get help as soon as they wanted it, 7.6% received help sometimes, 26.7% usually and 64.9% always received help (N = 131).

The more nurses responded promptly to the call bell when it was pressed by the respondents (Question 12) the more the respondents’ pain was well-controlled (Question 22) \((r = 0.573, n = 125, p < 0.01)\), the more nurses were seen to be doing all they could to help patients with their pain (Question 23) \((r = 0.607, n = 125, p < 0.01)\) and help was given them to get to those who required assistance with a bedpan or to make use of the bathroom (Question 20).

Significant, moderate and positive correlations \((r = 0.427, n = 130, p < 0.01)\) present both between the nurses responding promptly to the call bell (Question 12) and the likelihood of respondents referring other patients to the hospital (Question 6) and the extent to which their expectations were met (Question 30) \((r = 0.460, n = 127, p < 0.01)\).

Table 4.13: During this hospital stay how often did doctors treat you with courtesy and respect?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td>2</td>
<td>1.5</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Usually</td>
<td>30</td>
<td>22.6</td>
<td>22.6</td>
<td>24.1</td>
</tr>
<tr>
<td>Always</td>
<td>101</td>
<td>75.9</td>
<td>75.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

As shown in Table 4.13, 1.5% of respondents were sometimes treated with courtesy and respect by doctors, 22.6% usually and 75.9% were usually shown respect by doctors (N = 133).

Significant, strong and positive correlations are demonstrated between doctors treating patients with courtesy and respect (Question 13) and doctors listening carefully to patients (Question 14) \((r = 0.762, n = 133, p < 0.01)\) and doctors explaining things in a way that patients could understand (Question 15) \((r = 0.737, n = 127, p < 0.01)\). Patients are likely to refer patients to the hospital (Question 6) when doctors treat them with courtesy and respect (Question 13) \((r = 0.400, n = 132, p < 0.01)\). The findings of this study are consistent with previous research conducted in that patients want to be treated with courtesy and respect by all service providers in the hospital.

Table 4.14: During this hospital stay how often did doctors listen carefully to you?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td>6</td>
<td>4.5</td>
<td>4.5</td>
<td>4.5</td>
</tr>
<tr>
<td>Usually</td>
<td>28</td>
<td>21.1</td>
<td>21.1</td>
<td>25.6</td>
</tr>
<tr>
<td>Always</td>
<td>99</td>
<td>74.4</td>
<td>74.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.14 shows that doctors sometimes carefully listened to respondents 4.5% of the time, 21.1% usually and 74.4% at all times (N = 133).
The more respondents felt that they were being listened to by doctors (Question 14) the greater was their perception that they were being told things in a way that they could understand by doctors (Question 14) \( (r = 0.847, n = 132, p < 0.01) \). There was also a significant, moderate and positive correlation \( (r = 0.415, n = 127, p < 0.01) \) present between doctors listening carefully to patients (Question 14) and the likelihood of respondents referring other patients to the hospital (Question 6).

**Table 4.15: During this hospital stay how often did doctors explain things in a way you could understand?**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Sometimes</td>
<td>5</td>
<td>3.8</td>
<td>3.8</td>
</tr>
<tr>
<td></td>
<td>Usually</td>
<td>24</td>
<td>18.0</td>
<td>22.0</td>
</tr>
<tr>
<td></td>
<td>Always</td>
<td>103</td>
<td>77.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>132</td>
<td>99.2</td>
<td></td>
</tr>
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<td>Missing</td>
<td>System</td>
<td>1</td>
<td>.8</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>133</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.15 reveals that to 3.8% of respondents the time doctors sometimes explained things in a way that the respondents could understand, 18.2% usually and 78% always \( (N = 132) \).

There exists both a significant, moderate and positive correlation \( (r = 0.404, n = 126, p < 0.01) \) between doctors explaining things in a way respondents could understand (Question 15) and the control of their pain (Question 22) and also the efforts made to ensure that their pain is managed (Question 23). By doctors explaining things to patients in ways that they could understand (Question 15), patients were more likely to refer other patients to the hospital (Question 6) \( (r = 0.436, n = 131, p < 0.01) \) and increased the extent to which their expectations were met (Question 30) \( (r = 0.403, n = 128, p < 0.01) \).

Shelton (2000:46) emphasised the use of understandable language during discussions with the patient as medical terminology is often unclear. Laymen’s terms at a level that the patient comprehends are best suited when informing patients of their medical condition. The objective is to advise patients of their medical conditions and treatment plans to ensure that they actively participate in their recovery.

It has been shown through previous research that doctors too, have a crucial role to play in ensuring patient satisfaction. Providing patients with appropriate information related to their health is of particular significance. When Schauffler et al. (1996:62) explored the relationship between health education and patient satisfaction they concluded that “patient satisfaction with the physician is positively and statistically significantly associated with patients’ reports that their physician or other health professional discussed one or more health education topics with them”.

Patients who received health education were more satisfied than patients who had not received health education (Schauffler et al., 1996).

**Table 4.16: During this hospital stay how often were your room and bathroom kept clean?**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Never</td>
<td>1</td>
<td>.8</td>
<td>.8</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>15</td>
<td>11.3</td>
<td>12.0</td>
</tr>
<tr>
<td></td>
<td>Usually</td>
<td>32</td>
<td>24.1</td>
<td>36.1</td>
</tr>
<tr>
<td></td>
<td>Always</td>
<td>85</td>
<td>63.9</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Revealed in Table 4.16 is that in 0.8% of the time respondents’ rooms and bathrooms were not kept clean, 11.3% only sometimes, 24.1% usually and 63.9% were always clean (N = 133).

There is a significant, moderate and positive correlation (r = 0.408, n = 132, p < 0.01) between the cleanliness of the patients’ rooms and bathrooms (Question 16) and the willingness to recommend the hospital to friends and family (Question 5). There is also a direct relationship between a clean room (Question 16) and bathroom and the quietness of the room (Question 17) (r = 0.492, n = 133, p < 0.01). Furthermore, there is a greater likelihood that patients will refer other patients to the hospital (Question 6) (r = 0.419, n = 132, p < 0.01) and consider their expectations met (Question 30) (r = 0.453, n = 129, p < 0.01) when their rooms are kept clean (Question 16).

Patients place high value on environmental factors in a hospital which they choose to be admitted in. Patients’ satisfaction is influenced by various environmental aspects which include cleanliness, convenience of the facilities, up-to-date equipment and waiting room care, parking availability and the location of the hospital (Magoulas, 2013:139).
Table 4.17: During this hospital stay how often was the area around your room quiet at night?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>2</td>
<td>1.5</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Sometimes</td>
<td>19</td>
<td>14.3</td>
<td>14.3</td>
<td>15.8</td>
</tr>
<tr>
<td>Usually</td>
<td>35</td>
<td>26.3</td>
<td>26.3</td>
<td>42.1</td>
</tr>
<tr>
<td>Always</td>
<td>77</td>
<td>57.9</td>
<td>57.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.17 demonstrates that 1.5% of respondents’ rooms were never quiet at night, 14.3% were sometimes quiet, 26.3 usually and 57.9% always (N = 133).

Reflected in the responses from the respondents is that their pain was seen to be better managed (Question 22) \( r = 0.501, n = 127, p < 0.01 \) and that staff were more committed to helping them with their pain (Question 23) \( r = 0.488, n = 127, p < 0.01 \) when the areas around their rooms were kept quiet at night (Question 17).

As seen in the previous question, environmental factors are significant predictors of a patient’s experience in a hospital. This includes the quietness in and around their room.

Table 4.18: Were you satisfied with the presentation and quality of food you received during your stay?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>3</td>
<td>2.3</td>
<td>2.3</td>
<td>2.3</td>
</tr>
<tr>
<td>Sometimes</td>
<td>24</td>
<td>18.0</td>
<td>18.0</td>
<td>20.3</td>
</tr>
<tr>
<td>Usually</td>
<td>38</td>
<td>28.6</td>
<td>28.6</td>
<td>48.9</td>
</tr>
<tr>
<td>Always</td>
<td>68</td>
<td>51.1</td>
<td>51.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.18 illustrates that 2.3% of respondents were never satisfied with the presentation and quality of the food whereas 18% of respondents were sometimes satisfied, 28.6% were usually satisfied and 51.1% were always satisfied (N = 133).

Food quality and the presentation thereof play an essential part of a patient’s experience in a hospital. Sullivan and Atlas (1998) recommend that in order to improve patient satisfaction a survey of patients’ food preferences should be conducted particularly when patients do not have a choice in the type of food served. It is important that patient food preferences are accurately recorded and served. If there are changes to be made to the patient’s selection due to unavailability of certain food items for instance, patients must be advised of these in a timely manner.
Table 4.19: Did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>48</td>
<td>36.1</td>
<td>37.5</td>
<td>37.5</td>
</tr>
<tr>
<td>Sometimes</td>
<td>16</td>
<td>12.0</td>
<td>12.5</td>
<td>50.0</td>
</tr>
<tr>
<td>Usually</td>
<td>17</td>
<td>12.8</td>
<td>13.3</td>
<td>63.3</td>
</tr>
<tr>
<td>Always</td>
<td>47</td>
<td>35.3</td>
<td>36.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>128</td>
<td>96.2</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>5</td>
<td>3.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4.19 shows that 37.5% of respondents needed no help from staff in getting to the bathroom or using a bedpan whereas 12.5% sometimes needed help, 13.3% usually needed help and 36.7% always needed help (n = 128).

It is evident that there is a significant, strong and positive correlation (r = 0.707, n = 111, p < 0.01) between staff providing respondents who needed help in getting to the bathroom or bedpans (Question 19) and those who actually received help from the staff (Question 20). The greater the assistance that was required by the respondents therefore, the more hospital staff members were on hand to help patients which is a good reflection on the private hospital.

Table 4.20: How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>25</td>
<td>18.8</td>
<td>22.3</td>
<td>22.3</td>
</tr>
<tr>
<td>Sometimes</td>
<td>7</td>
<td>5.3</td>
<td>6.3</td>
<td>28.6</td>
</tr>
<tr>
<td>Usually</td>
<td>24</td>
<td>18.0</td>
<td>21.4</td>
<td>50.0</td>
</tr>
<tr>
<td>Always</td>
<td>56</td>
<td>42.1</td>
<td>50.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>112</td>
<td>84.2</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>21</td>
<td>15.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4.20 indicates that 22.3% of respondents never received help in getting to the bathroom or in using a bedpan when they needed, 6.3% sometimes received help, 21.4% usually and 50% always received help (N = 112).

Requiring special assistance with toileting needs is a very sensitive and often embarrassing situation that patients may find themselves in. This condition is common amongst the elderly particularly with the development of incontinence. Wachter, Goldman and Hollander (2005: 96) advocate that patient satisfaction will be improved if these patients are handled with care and dignity. Patients in need of a commode, bedpan or assistance to the bathroom require prompt support when they press the call bell (Wachter et al., 2005: 96). The changing of wet sheets and clothes must also be speedily attended to. At the private hospital under review in this study a large percentage (22.3%) of patients did not receive immediate assistance when they wanted to make use of a bedpan or be taken to the bathroom. This is a significant matter that requires attention if the hospital is to see patient satisfaction increase.
Table 4.21: During this hospital stay did you need medicine for pain?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>16</td>
<td>12.0</td>
<td>12.3</td>
<td>12.3</td>
</tr>
<tr>
<td>Sometimes</td>
<td>15</td>
<td>11.3</td>
<td>11.5</td>
<td>23.8</td>
</tr>
<tr>
<td>Usually</td>
<td>28</td>
<td>21.1</td>
<td>21.5</td>
<td>45.4</td>
</tr>
<tr>
<td>Always</td>
<td>71</td>
<td>53.4</td>
<td>54.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>130</td>
<td>97.7</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
<td>3</td>
<td>2.3</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4.21 shows that 12.3% of respondents never needed pain medication, 11.5% sometimes needed it, 21.5% usually did and 54.6% always needed pain medication (N = 130).

Respondents indicated that when they needed medicine for pain (Question 21) they received the medication which ensured that their pain was well-controlled (Question 22) (r = 0.460, n = 127, p < 0.01). It is also worth noting that the need for pain medication (Question 21) and new medication given to patients (Question 24) is also related (r = 0.477, n = 119, p < 0.01). It may be that patients who needed analgesia (Question 21) received new medication to better control their pain (Question 22) (r = 0.483, n = 123, p < 0.01).

Table 4.22: During this hospital stay how often was your pain well controlled

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>3</td>
<td>2.3</td>
<td>2.4</td>
<td>2.4</td>
</tr>
<tr>
<td>Sometimes</td>
<td>11</td>
<td>8.3</td>
<td>8.7</td>
<td>11.0</td>
</tr>
<tr>
<td>Usually</td>
<td>36</td>
<td>27.1</td>
<td>28.3</td>
<td>39.4</td>
</tr>
<tr>
<td>Always</td>
<td>77</td>
<td>57.9</td>
<td>60.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>127</td>
<td>95.5</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
<td>6</td>
<td>4.5</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As depicted in Table 4.22, 2.4% of respondents’ pain was never well-controlled during their hospital stay whilst 8.7% of respondents’ pain was sometimes well-controlled, 28.3% was usually well-controlled and 60.6% of respondents’ pain was always well-controlled (N = 127).

Respondents’ pain was increasingly well-controlled (Question 22) as the nursing staff listened more attentively to the respondents (Question 10) (r = 0.565, n = 126, p < 0.01) and as the nurses showed a higher degree of responsiveness when the call bell was pressed by patients (Question 12) (r = 0.573, n = 125, p < 0.01). The most notable feature is that patients’ pain was well-controlled (Question 22) because the staff did everything they could to help the patients with their pain (Question 23) as shown by the correlation between them is significant, strong and positive (r = 0.772, n = 126, p < 0.01).
A significant, moderate and positive correlation ($r = 0.432$, $n = 123$, $p < 0.01$) is found between patients’ pain being well-controlled (Question 22) and the extent to which their expectations about the quality of care at the hospital (Question 30) is realised.

The goal of pain management is not necessarily to free a patient entirely of pain but to ensure that the patient is maximally functional with the patient ultimately deciding whether or not the goal has been reached (Wachter et. al., 2005: 130). This study links to the research in that the more nursing staff and doctors listen carefully to patients; the better their pain was well-controlled. By not having a dismissive attitude and ignoring the pain needs of patients they would in essence be able to accurately determine whether the pain goal according to the patient has been attained.

In this study it reflects that in total, 8.7% of respondents advised that their pain was either never well-controlled or sometimes well-controlled. As only 60.6% of patients always had their pain well-controlled it highlights an area that requires improvement at the private hospital. This is particularly essential since appropriate pain management has such bearing on patient satisfaction ratings.

Table 4.23: During this hospital stay how often did the hospital staff do everything they could to help you with your pain?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Never</td>
<td>4</td>
<td>3.0</td>
<td>3.1</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>10</td>
<td>7.5</td>
<td>7.9</td>
</tr>
<tr>
<td></td>
<td>Usually</td>
<td>31</td>
<td>23.3</td>
<td>24.4</td>
</tr>
<tr>
<td></td>
<td>Always</td>
<td>82</td>
<td>61.7</td>
<td>64.6</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>127</td>
<td>95.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
<td>6</td>
<td>4.5</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>133</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.23 provides clarity in the extent to which staff did everything they could to help respondents with their pain. Of the respondents, 3.1% indicate that staff never did all they could to ease their pain, 7.9% of respondents’ indicated this was sometimes the case, 24.4% usually and 64.6% said staff did everything they could ($N = 127$).

A significant, moderate and positive correlation exists between the efforts that staff made to assist respondents with their pain (Question 23) and the nurses tending to patients after they pressed the call bell (Question 12) ($r = 0.607$, $n = 125$, $p < 0.01$). The hospital staff made every effort to assist the patients with their pain (Question 23) to the extent of keeping the room and surrounding areas quiet (Question 17) ($r = 0.488$, $n = 127$, $p < 0.01$). These actions led to the pain of patients being well-controlled during their hospital stay.

With staff demonstrating their commitment to doing everything possible to help respondents with their pain (Question 23), the respondents are willing to refer the hospital to other patients (Question 6) ($r = 0.415$, $n = 126$, $p < 0.01$) and it is also related to the extent to which their expectation of the quality of care at the hospital (Question 30) was being met ($r = 0.514$, $n = 127$, $p < 0.01$).
Table 4.24: During this hospital stay were you given any medicine that you had not taken before?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>23</td>
<td>17.3</td>
<td>18.4</td>
</tr>
<tr>
<td>Sometimes</td>
<td>19</td>
<td>14.3</td>
<td>15.2</td>
</tr>
<tr>
<td>Usually</td>
<td>29</td>
<td>21.8</td>
<td>23.2</td>
</tr>
<tr>
<td>Always</td>
<td>54</td>
<td>40.6</td>
<td>43.2</td>
</tr>
<tr>
<td>Total</td>
<td>125</td>
<td>94.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>8</td>
<td>6.0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.24 relates that 18.4% of respondents were never given medicine that they had not taken before, 15.2% had sometimes been given, 23% were usually given and 43.2% were always given new medication (N = 125).

Whenever respondents were given medication that they had not taken before (Question 24) the hospital staff described the side effects that may affect them (Question 26) (r = 0.474, n = 118, p < 0.01). The more patients were given new medication that they had not taken before (Question 24) the more doctors and nurses talked to the patients about post hospital care (Question 27) (r = 0.561, n = 119, p < 0.01) and also provided them with written information about the symptoms and signs to be aware of after they are discharged from the hospital (Question 28) (r = 0.545, n = 114, p < 0.01).

Table 4.25: Before giving you any new medicine how often did hospital staff tell you what the medicine was for?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>4</td>
<td>3.0</td>
<td>3.3</td>
</tr>
<tr>
<td>Sometimes</td>
<td>13</td>
<td>9.8</td>
<td>10.7</td>
</tr>
<tr>
<td>Usually</td>
<td>25</td>
<td>18.8</td>
<td>20.7</td>
</tr>
<tr>
<td>Always</td>
<td>79</td>
<td>59.4</td>
<td>65.3</td>
</tr>
<tr>
<td>Total</td>
<td>121</td>
<td>91.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>12</td>
<td>9.0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.25 shows that 3.3% of respondents were never told about the new medication they were being given, 10.7% were told sometimes, 20.7% were usually told and 65.3% were always told (N = 121).

A significant, moderate and positive correlation (r = 0.410, n = 121, p < 0.01) was found between nurses advising patients what medication is for before administering new medication (Question 25) and nurses explaining things in a way that the respondents could understand (Question 15). Nurses, in providing relevant information to patients whilst in hospital, would include their efforts when clarifying the role of new medication. Nurses also with increasing regularity comprehensively...
shared the possibility of side effects (Question 26) before they gave new drugs to patients (Question 24) when they told them what it is used for \((r = 0.608, n = 119, p < 0.01)\). The more patients are being provided with useful information related to new medication prior to administration (Question 24), the greater was the likelihood of respondents referring other patients to the hospital (Question 6) \((r = 0.410, n = 120, p < 0.01)\).

Before administering new medication to patients the indications for the use of these drugs should be explained. According to Kwong, Kwong, O’Brein, Haswell and Hill (2009: 145), with full understanding of the new drugs that patients are to make use of, will increase the likelihood of them adhering to the treatment protocol. At the private hospital the majority of staff provided patients with information about new medication before giving them to patients. As patients are more inclined to refer others to the hospital if they are well-informed about new medication, this practice must be a focus at the hospital.

Table 4.26: Before giving you any new medicine how often did hospital staff describe possible side effects comprehensively?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Never</td>
<td>16</td>
<td>12.0</td>
<td>13.2</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>13</td>
<td>9.8</td>
<td>10.7</td>
</tr>
<tr>
<td></td>
<td>Usually</td>
<td>29</td>
<td>21.8</td>
<td>24.0</td>
</tr>
<tr>
<td></td>
<td>Always</td>
<td>63</td>
<td>47.4</td>
<td>52.1</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>121</td>
<td>91.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
<td>12</td>
<td>9.0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>133</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

In Table 4.26 it shows that 13.2% of respondents were never told about side effects of new medicine, 10.7% were sometimes told of side effects, 24% were usually told and 52.1% were always told \((N = 121)\). With the increase in patients receiving new medication that they had never received before (Question 24), there was an increase in information about the potential side effects that was given to patients (Question 26) \((r = 0.474, n = 118, p < 0.01)\). The more that the nurses were telling patients what information was for; they also included the potential side effects of the new drugs. Vallerand, Sanoski and Deglin (2013: 26) emphasise that nursing staff are to ensure that as far as medication is concerned, both minor and major side effects must be brought to the attention of patients. Patients must be made aware of the fact that any drug possesses the potential of generating side effects and they need to be informed of what to do if they occur. Patients who are well informed are less likely to discontinue their treatment especially if avoidable side effects occur (Vallerand et al., 2013).

In this study it is evident that more emphasis can be placed on always ensuring that patients are well aware of potential symptoms especially if they are new drugs. Only 52.1% of patients have always been advised of risks associated with new medication with the others at risk of non-adherence.

Table 4.27: During this hospital stay did doctors, nurses or other hospital staff talk with you about post hospital care?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Never</td>
<td>28</td>
<td>21.1</td>
<td>22.2</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>8</td>
<td>6.0</td>
<td>6.3</td>
</tr>
</tbody>
</table>
Table 4.27 demonstrates that 22.2% of respondents were never told about post hospital care, 6.3% were sometimes told, 24.6% were usually told and 46.8% of respondents were always told (N = 126).

There are both significant, strong and positive correlations between doctors and nurses talking to patients about post hospital care (Question 27) and the provision of information related to side effects of new drugs (Question 26) (r = 0.703, n = 115, p < 0.01) and the supplying of written information about post hospital care (Question 28) (r = 0.805, n = 120, p < 0.01). The hospital nurses and doctors gave appropriate information about care following the discharge of patients and included the use of new drugs and confirmed this with the provision of written information to patients.

Staff providing patient education prepares the patient and family for the discharge process and aids them during the transition. Hospital staff should talk to patients whilst they are in the hospital about what to expect post-discharge to assist in ensuring adherence to medication instructions and appointments (Joint Commission Resources, 2003). If this information is not clearly communicated it may result in patients defaulting on treatment regimens and outpatient therapy leading to setbacks. This study reveals that the private hospital is not providing post-discharge information in 22.2% of cases which places at risk a significant amount of patients who may default on medication therapy and outpatient care.

Table 4.28: During this hospital stay did you get written information about what symptoms or health problems to look out for post hospital?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>42</td>
<td>31.6</td>
<td>34.7</td>
<td>34.7</td>
</tr>
<tr>
<td>Sometimes</td>
<td>6</td>
<td>4.5</td>
<td>5.0</td>
<td>39.7</td>
</tr>
<tr>
<td>Usually</td>
<td>24</td>
<td>18.0</td>
<td>19.8</td>
<td>59.5</td>
</tr>
<tr>
<td>Always</td>
<td>49</td>
<td>36.8</td>
<td>40.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>121</td>
<td>91.0</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
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<td>12</td>
<td>9.0</td>
<td></td>
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</tr>
<tr>
<td>System</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4.28 shows that 34.7% of respondents did not get written information about what symptoms or health problems to look out for upon discharge, 5% sometimes received information, 19.8% usually received information and 40.5% always received information (N = 121).

There is a significant, strong and positive correlation (r = 0.805, n = 120, p < 0.01) between providing written information about symptoms and health problems given to respondents related to post hospital care (Question 28) and the counselling of patients about post hospital care (Question 27). The more that doctors and nurses discussed post hospital care with patients, the more they discussed the health issues that may arise when the patients left the private hospital.
This study shows that an even greater percentage (34.7%) of patients does not receive written information about post-discharge care. Again, this is an area of improvement for the private hospital as it could be counterproductive to the quality of care provided in the hospital.

Table 4.29: What was your level of expectation about the quality of care at this hospital before admission?

<table>
<thead>
<tr>
<th></th>
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<th>Percentage</th>
<th>Valid Percentage</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>3</td>
<td>1.0%</td>
<td>0.8%</td>
<td>0.8%</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>1.5%</td>
<td>1.5%</td>
<td>2.3%</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>3.0%</td>
<td>3.1%</td>
<td>5.4%</td>
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<td></td>
<td>6</td>
<td>6.0%</td>
<td>6.2%</td>
<td>11.5%</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>3.8%</td>
<td>3.9%</td>
<td>15.4%</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>18.8%</td>
<td>19.2%</td>
<td>34.6%</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>16.5%</td>
<td>16.9%</td>
<td>51.5%</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>47.4%</td>
<td>48.5%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td>130</td>
<td>97.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>3</td>
<td>2.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In Table 4.29 respondents conveyed their levels of expectation about the quality of care at the hospital prior to admission. This expectation was rated on a scale of 1 to 10 with 1 being the lowest level of expectation and 10 being the greatest level of expectation. The ratings of the respondents are as follows: 48.5% of respondents indicated an expectation level of 10, 16.9% a rating of 9, 19.2% a rating of 8, 3.9% a rating of 7, 6.2% a rating of 6, 3.1% a rating of 5, 1.5% a rating of 4 and 0.8% a rating of 3 (N = 130). The median of this data set is 9.00. It is evident that a significant, moderate and positive correlation ($r = 0.401$, $n = 129$, $p < 0.01$) exists between the level of expectation of the quality of care at the hospital (Question 29) and the extent to which expectations were met (Question 30). Shelton (2000:17) states that there are a number of factors which influence a patient’s expectation prior to admission which includes: word-of-mouth communication, personal needs of a patient such as the need for empathy, a patient’s past experiences in using the same or similar hospital and external marketing communications from the hospital or other healthcare providers. This study illustrates that the vast majority of patients had a high level of expectation prior to hospital admission. This is clearly illustrated in Table 4.29, when the 3 highest ratings (equalling 84.6%) are compared to the sum of the 3 lowest rating levels (5.4%). Patients who participated in this study therefore, had high expectation levels about the quality of care that they would receive at the private hospital.

Table 4.30: To what extent were your expectations about the “quality of care” at this hospital met?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
<th>Valid Percentage</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>4</td>
<td>1.5%</td>
<td>1.6%</td>
<td>1.55%</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>2.3%</td>
<td>2.3%</td>
<td>3.88%</td>
</tr>
</tbody>
</table>
In Table 4.30 respondents indicated the extent to which their levels of expectation about the quality of care at the hospital were met. This satisfaction of expectation being met was rated on a scale of 1 to 10 with 1 being the lowest level of satisfaction and 10 being the greatest. The ratings of the respondents are as follows: 39.5% of respondents indicated a satisfaction level of 10, 18.6% a rating of 9, 21.7% a rating of 8, 12.4% a rating of 7, 3.9% a rating of 6, 2.3% a rating of 5 and 1.6% a rating of 4 (N = 129). The median of this data set is 9.00.

A significant, moderate and positive correlation is present between the extent to which respondents’ expectations about the quality of care were met (Question 30) and the level of expectation of the quality of care prior to admission to the hospital (Question 29) (r = 0.401, n = 129, p < 0.01).

In comparing the total of the top 3 ratings (8, 9 and 10) with that of the sum of the lower 3 ratings (4, 5 and 6), they are 79.8% and 7.8% respectively. This comparison reveals that the majority of patients reported that their expectations of the quality of care at the private hospital were met. Notably however, is when the top 3 ratings (8, 9 and 10) of Table 4.29 and 4.30 are compared it shows that level of expectation of the quality of care before admission and after admission are 84.6% and 79.8% respectively. This shows that the expectation levels about the quality of care have not been met in all instances. Understanding where these expectations have not been met will further advance the patient satisfaction ratings at the private hospital.

CONCLUSIONS AND RECOMMENDATIONS

FINDINGS FROM THE STUDY

This section presents the findings of the literature review conducted in chapter 2 and the subsequent findings from the primary research set out in chapter 4. The second research question of this study under 1.6 was to determine some of the challenges that are faced when attempting to ensure patient satisfaction. The literature review which is summarised below provided an overview of these challenges.

Findings from the Literature Review

Determined from the reviewed literature, patient satisfaction has often been shown to be a subjective concept which is based on patients’ perceptions and expectations. Patient satisfaction can be defined as the degree to which nursing care satisfies the patients’ expectations in the areas of care, technical quality, the physical environment, the availability and continuity of care and the outcomes of care (Mrayyan, 2006:226). General consensus however, established that patient satisfaction is based on the relationship between what a patient’s expectations are before being admitted to a hospital and the actual experience of care whilst in the hospital. In light of the above, patient satisfaction can be regarded as “the degree to which a patient experiences services within an acute care hospital setting and finds the experiences acceptable to his/her preadmission expectations” (Wolf, 2007:7). Health institutions which are determined to increase patient satisfaction ratings will therefore make every
effort not only to know what determines the level of patients’ expectations prior to admission but will also implement appropriate measures to meet those expectations. Numerous factors play a part in determining the experience that patients have within a private hospital. According to Shelton (2000: 29) these factors include: access, convenience, and communication, perceived quality of healthcare received, personal caring and health facilities/equipment. Gaining access to the health facility therefore, is one of the most crucial aspects affecting patients’ satisfaction. By ensuring that seamless processes are followed when patients access private hospital care; private hospitals will tend to generate higher ratings of patient satisfaction.

Communication is an integral part of ensuring patient satisfaction and can avoid frustration amongst patients. Patients generally desire to communicate in their language of preference. This is of particular significance when important medical information is being relayed to patients. Ensuring that patients clearly understand what is being communicated to them also increases their adherence to treatment regimens. In particular, patients have an expectation that they will be provided with written medical information detailing their specific condition. The availability of this written educational material is essential as patients want and need concise information about the management of their health problem and preventive strategies to avoid illness (Shelton 2000:53).

Private hospitals must ensure that their performance is in keeping with enhancing patient satisfaction. Magoulas (2013:138) adds that hospital performance also relates to the manner in which hospitals accomplish and maintain any improvements made in relation to ensuring patient satisfaction. These improvements also include hospital facilities, interactions with staff and the quality of care provided to patients by doctors and nurses and other healthcare practitioners. Whilst patients are under the care of the private hospital, management at the facility have every opportunity to influence the patient’s experience especially if there is clear knowledge of the patient’s expectations. Hospital stay, according to Magoulas (2013:138), involves the provision of sufficient care to patients by doctors, nurses, physical therapists, nutritional support, pharmacists and other healthcare practitioners to the point that a patient is able to be discharged. Prior to admission, patients have pre-existing expectations of the level of care that they will receive from the private hospital. Patient satisfaction ratings will in all likelihood improve if these expectations are met or exceeded. As per Shelton (2000: 17) there are a number of factors that determine the level of expectation that patients have prior to being admitted and these include word-of-mouth communication, personal needs of patients and their past experiences and marketing by the health facility. When the patient’s actual experiences are different from what they expected, in that their expectations were not met, then a lower rating of patient satisfaction may result.

Findings from the Primary Research
Respondents participating in this study provided valuable information to facilitate the evaluation of patients’ experiences in the private hospital. The aim of the first research question (in section 1.6) was to determine the degree to which patients were satisfied after their experiences in the hospital. The primary research of this study addressed this question as seen below.

Findings from the primary research revealed the following:

This study yielded a significant response rate of 88.1%. The demographics of the respondents were assessed. The majority of respondents (59.4%) were in the 20 to 50 year age group (Table 4.1). As depicted in Figure 4.1 the vast majority of patients were female (68.4%) when this study was conducted. Furthermore, Figure 4.1 illustrates that 54.5% of respondents were black whilst 31.8% were white. As far as the level of education was concerned, only 9.4% of respondents had not
completed matric; whilst 22.7% of respondents had attained a Bachelor’s Degree or higher as depicted in Table 4.2.

Research questions which followed were directed at determining the levels of satisfaction and the willingness of the respondents to refer other patients to the hospital. The following responses were provided by the respondents:

A significant number (99.3%) of patients would recommend the hospital to friends and families; with 61.4% definitely recommending the hospital and 37.9% would probably prepared to do so (Table 4.5). In rating the likelihood of referring other patients to the hospital on a scale of 1 to 10, the top 3 scores, being 8 – 10, amounts to 80.3% (Table 4.6). In Table 4.8 it reflects that 60.2% of patients were always satisfied with the waiting time in the reception. The greatest correlation between the likelihood of referring other patients to the hospital (Question 6) and being treated with courtesy and respect by reception staff (Question 7) was significant, high and positive (r = 0.727, n = 133, p < 0.01).

In Table 4.9 it is shown that 70.7% of respondents were always treated with courtesy and respect by nurses. Table 4.10 illustrates that 67.4% of respondents reported that nurses always carefully listened to them. A significant, moderate and positive correlation (r = 0.709, n = 132, p < 0.01) exists between nurses listening carefully to respondents (Question 10) and nurses explaining things clearly to patients (Question 11). Nurses were always found to be explaining things to patients in a way that they could understand in 61.7% of the time (Table 4.11).

In 64.9% of circumstances respondents always received help as soon as they pressed the call bell (Table 4.12). Doctors always treated patients with courtesy and respect in 75.9% of cases (Table 4.13) with the presence of a significant, strong and positive correlation between doctors treating patients with courtesy and respect (Question 13) and doctors explaining things in a way that patients could understand (Question 15) (r = 0.737, n = 127, p < 0.01). Doctors always listened carefully to patients (74.4%) as depicted in Table 4.14 and in 78.0% of instances always explained things in a way that they could understand (Table 4.15).

As shown in Table 4.16, in 63.9% of instances, respondents stated that their rooms and bathrooms were always (57.9%) kept clean and that their rooms were always kept quiet at night (Table 4.17). As far as food is concerned, 51.1% of respondents always found that the food that they received was well presented (Table 4.18). It is worth noting that in only 2.3% of circumstances respondents reported that the food’s presentation was of poor quality (Table 4.19).

Illustrated in Table 4.19, 37.5% of patients never required help in getting to the bathroom or in using a bedpan. This is contrasted with those that always needed help (36.7%). More patients therefore did not require assistance than those that did. With reference to the above, a significant 22.3% of patients who required assistance with bathroom care did not receive help (Table 4.20). 54.6% of patients always needed medicine for pain whilst being in the hospital (Table 4.21). In Table 4.22, 60.6% of respondents indicated that their pain was always well controlled whereas 2.4% of patients’ pain was never well controlled.

In total, 39.4% of patients’ pain was not always well controlled which can have a significant impact on patients’ well-being. The most notable feature is that patients’ pain was well-controlled (Question 22) because the staff did everything they could to help the patients with their pain (Question 23) as shown by the correlation between them is significant, strong and positive (r = 0.772, n = 126, p <
0.01). Of all the respondents in Table 4.23, 64.6% advised that staff did everything they could to help them with their pain.

In this study, only 18.4% of patients did not receive medication that they had never taken before (Table 4.24). In 65.3% of circumstances, staff always told the respondents what the medicine was for (Table 4.25) and 3.3% of times the respondents were never told what new medication was for. Patients tend to adhere to medication regimes better if they are aware of why they are drinking it. Side effects of new medication were always comprehensively explained to patients in 52.1% of situations (Table 4.26).

As depicted in table 4.27, 46.8% of patients always received information about post hospital care from doctors, nurses and other hospital staff. This study reveals that the private hospital is not providing post-discharge information in 22.2% of cases which may result in these patients being non-compliant with treatment. In 40.5% of instances, patients always received written information about symptoms or health problems to look out for after discharge (Table 4.28). As seen in the literature review it is important that patients are well-informed as far as their medical information is concerned. As Shelton (2000: 46) states, the availability of written educational material is essential as patients want and need concise information about the management of their health problem and preventative strategies to avoid illness. It is not in the best interest of the private hospital therefore, to have 59.5% of patients not always receiving written medical information.

In Table 4.29, the 3 highest ratings (8, 9 and 10) equate to 84.6%. This is an indication of the level of expectation about the quality of care that respondents had prior to admission. Respondents clearly had high expectations before being admitted to the hospital. The extent to which respondents’ expectations about the quality of care were met was also rated on a scale of 1 to 10 (Table 4.30). The highest 3 ratings (8, 9 and 10) totalled 79.8% highlighting that patients are very satisfied with the level care received at the hospital.

CONCLUSIONS
A number of conclusions were drawn from this study which evaluated the satisfaction of patients’ experiences at a private hospital in Kwa-Zulu Natal. Firstly, a literature review was conducted which provided a comparative platform for the findings of this study. Although similarities existed between the literature reviewed and the conclusions that were made in this study, there were a number of differences and additional insights that came to the fore during this research.

Strong predictors of patient satisfaction which were found in both the study and the literature review included the following: treating patients with courtesy and respect throughout the hospital, waiting times, clear communication between patients and staff, staff ensuring that patients’ pain was well-controlled and environmental factors such as cleanliness of bathrooms.

Predictors of patient satisfaction that were less significant in this study when compared to the literature include the following: the demographics of patients such as age, race, and education levels and the presentation of food. Findings from this study that were highlighted as being more significant predictors of patient satisfaction than the literature included the following: having a quiet environment in which to recuperate, receiving prompt assistance with toileting needs, being told of potential side effects of new medication, receiving post hospital information and being given written information about symptoms and health problems after discharge.
The predictors from this study which were seen to be more significant than in the literature were used to make appropriate recommendations to the institution. By following these recommendations, the private hospital management would enhance the delivery of quality healthcare at the facility.

RECOMMENDATIONS
The fourth objective (1.5) and fourth research question (1.6) were specifically focused on the provision of appropriate recommendations to the private hospital to improve patient satisfaction at the hospital. In conjunction with the findings made in this study, a number of recommendations have been established to assist the management at the private hospital improve patient satisfaction. Based on the literature review and other research, an infinite amount of recommendations can be presented but only those relevant to this study’s findings are presented below.

Provide a Quiet Recuperative Environment for Patients
In conjunction with cleanliness, responsive staff and pain management, a quiet environment in the hospital is one of the key service elements that are to be measured in conjunction with patient satisfaction (Dishongh, 2013:84). In 15.8% of circumstances the area around the respondents’ rooms were not kept quiet. This was notably the case at night meaning that patients did not have a good night’s rest which is essential for recuperation and recovery of health.

High noise levels can be especially of a sudden and unexpected nature can lead to anxiety amongst patients in an environment which is already laden with anxiety (Shelton, 2000: 66). The private hospital must make every effort to keep noise levels to a minimum thereby avoiding anxiety amongst patients and providing an environment in which to recover.

Provide for the Toileting Needs of Patients
In the private hospital as seen in Table 4.20, 22.3% of patients never received the assistance they required to make use of the bathroom or a bedpan. In 6.3% of instances they were only sometimes aided. This is a serious area of concern regarding patient care and such the private hospital must focus their attention to meet the toileting needs of patients.

In the first instance, the dignity of the patients who have to request assistance in this regard is affected as this can be an embarrassing situation. Patients’ satisfaction is more likely to improve if they are treated with dignity and care (Wachter et al., 2005: 96). Not only must the toileting needs of patients be provided for but it must be done so as soon as assistance is requested. This includes to changing of soiled linen. Patients in need of a commode, bedpan or assistance to the bathroom require prompt support when they press the call bell (Wachter et al., 2005: 96).

Describe the Side Effects of New Medicine to Patients
Nursing staff are to ensure that as far as medication is concerned, both minor and major side effects must be brought to the attention of patients (Vallerand, 2013: 26). Patients must be well aware that any drug has the potential of causing side effects particularly if they are being exposed to a new drug. As indicated in Table 4.26, 13.2% of respondents were never made aware of side effects and in 10.7% of circumstances they were only told some of the time. This places the health facility at the risk of facing litigation as they did not share these potential dangers with the patient thereby denying them the ability to decide to continue with the treatment or not.

Besides, if patients are well-informed about their treatment and the potential side effects, they are less likely to be non-compliant with their medication (Vallerand, 2013). Patients must be drawn in to partner with their doctors and other medical professionals who provide their care.
Provide Patients with Post Hospital Care
At the private hospital it was found that 22.2% of respondents were never told about post hospital care (Table 4.27). This is a significant amount of patients that will leave the hospital without the knowledge of their treatment strategies including the use of future medication.

Hospital staff should talk to patients whilst they are in the hospital about what to expect post-discharge to assist in ensuring adherence to medication instructions and appointments (Joint Commission Resources, 2003). If patients are not made aware of what to expect after they are discharged, it could result in non-adherence to medication and follow up appointments. This non-adherence could lead to the undoing of all the efforts of doctors and staff in providing care for the patient whilst in the hospital.

The private hospital ought to focus its efforts on ensuring that patients are well informed about the management plan after they leave the facility. This information can be communicated verbally or in a written format whilst the patient is in the hospital. Time should therefore be set aside to ensure that this activity takes place between patients and medical personnel.

Provide Written Information about Symptoms or Health Problems Post Hospital
In Table 4.28 it is reflected that in 34.7% of instances, respondents did not receive written information about what symptoms or health problems to look out for upon discharge. Along with providing information about post hospital care, this written information must be given to patients.

The availability of written educational material is essential as patients want and need concise information about the management of their health problem and preventive strategies to avoid illness. Oral explanations and instructions are often forgotten which leads to non-compliance, and suboptimal treatment. This material could be enhanced by video and educational programmes to strengthen the grasp of the medical information (Shelton 2000:53).

AREAS FOR FURTHER RESEARCH
Areas for further research in the understanding of patients’ experience and satisfaction include the following:
- This study focused on one particular private hospital within this hospital group. A study comparing all the hospitals in this particular hospital group could be conducted.
- The study could be carried out across all other private facilities in South Africa which will provide an overview of patients’ experiences in the different hospital groups. Also, geographical variances could be better understood.
- It would be meaningful to repeat the research at this private hospital to determine the effect on patients’ experiences following the implementation of the recommendations made in this study.
- By conducting the study across both the private and public sectors the comparative experiences of patients in these sectors can be determined.

CONCLUSION
This study evaluated the satisfaction of patients’ experiences in a Private Hospital in Kwa-Zulu Natal and also reviewed existing literature investigating the various aspects of patients’ satisfaction. Findings from both the study and literature review were evaluated and compared. A number of conclusions have been deduced from this exercise which assisted in the formulation of the
recommendations made herein. Furthermore, due to the systematic approach followed in this study the research objectives could be achieved and the research questions answered.

Apart from the research objectives and questions which were formulated in chapter one; the degree of patients’ satisfaction, the challenges faced in ensuring patients’ satisfaction and the areas of service requiring improvement were also addressed in this study. Despite some areas of concern about the quality of care at the private hospital the respondents participating in this study still rated the facility very highly with the inclination to refer other patients to the hospital.

Although a number of recommendations were made to assist the private hospital in increasing its patient satisfaction scores; one of the most salient recommendations is the managing of patients’ expectations and perceptions of the quality of care provided at the private hospital prior to admission. This must be followed up by a determined effort to ensure that patients’ experiences are in keeping with these expectations which will secure better patient satisfaction ratings at the private hospital.

BIBLIOGRAPHY
Bacon, C.T. and Mark, B. (2009). Organisational Effects on Patient Satisfaction in Hospital Medical-Surgical Units. Journal of Nursing Administration, 39, 220-227


APPENDICES

Appendix A: Covering Letter
Dear Participant

In keeping with the requirements to qualify as a graduate of a Masters Degree in Business Administration, I am required to submit a dissertation related to my field of interest. The topic selected for my dissertation is focused on what the determinants of patient satisfaction are:


Please voluntarily complete the attached questionnaire which is entirely confidential as your name, contact details or other forms of identification are not required. Your participation in this study is greatly appreciated and please be assured that all findings and subsequent recommendations will be used to enhance the quality of patient satisfaction.

Your completed questionnaires will be collected or sent to drbshinners@yahoo.com.

Yours Sincerely

[Signature]

Dr Burton Shinners

082 558 6691
Appendix B: Questionnaire

Section A: Demographics
1. Please indicate your age group:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20 Years</td>
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</tr>
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<td>20 – 30 Years</td>
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</tr>
<tr>
<td>31 – 40 Years</td>
<td></td>
</tr>
<tr>
<td>41 – 50 Years</td>
<td></td>
</tr>
<tr>
<td>51 – 60 Years</td>
<td></td>
</tr>
<tr>
<td>61 – 70 Years</td>
<td></td>
</tr>
<tr>
<td>&gt;70 Years</td>
<td></td>
</tr>
</tbody>
</table>

2. Please select your gender:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
</tbody>
</table>

3. Please indicate your race group

<table>
<thead>
<tr>
<th>Race Group</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Coloured</td>
<td></td>
</tr>
</tbody>
</table>

4. Education Level: What is the highest level of education you have completed?

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Schooling</td>
<td></td>
</tr>
<tr>
<td>Passed Matric</td>
<td></td>
</tr>
<tr>
<td>No After School Education</td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td></td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td></td>
</tr>
<tr>
<td>Master’s Degree</td>
<td></td>
</tr>
<tr>
<td>Doctorate Degree</td>
<td></td>
</tr>
</tbody>
</table>

Section B Patient Satisfaction Rating

<table>
<thead>
<tr>
<th>Question</th>
<th>Definitely Not</th>
<th>Probably Not</th>
<th>Probably Yes</th>
<th>Definitely Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Would you recommend this hospital to your friends and family?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Hospital Rating: What is the likelihood of you referring other patients to this hospital?

<table>
<thead>
<tr>
<th>Question</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Rating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Question</td>
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</tr>
<tr>
<td>7</td>
<td>On admission to the hospital did the reception staff treat you with courtesy and respect</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>8</td>
<td>Were you satisfied with the duration you had to wait at hospital reception</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>During this hospital stay how often did nurses treat you with courtesy and respect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10</td>
<td>During this hospital stay how often did nurses listen carefully to you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>11</td>
<td>During this hospital stay how often did nurses explain things in a way you could understand</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>12</td>
<td>During this hospital stay after you pressed the call button how often did you get help as soon as you wanted it</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>13</td>
<td>During this hospital stay how often did doctors treat you with courtesy and respect</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>During this hospital stay how often did doctors listen carefully to you</td>
<td></td>
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<tr>
<td>15</td>
<td>During this hospital stay how often did doctors explain things in a way you could understand</td>
<td></td>
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</tr>
<tr>
<td>16</td>
<td>During this hospital stay how often were your room and bathroom kept clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>17</td>
<td>During this hospital stay how often was the area around your room quiet at night</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>18</td>
<td>Were you satisfied with the presentation and quality of food you received during your stay?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>19</td>
<td>Did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>20</td>
<td>How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>21</td>
<td>During this hospital stay did you need medicine for pain</td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>22</td>
<td>During this hospital stay how often was your pain well controlled</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>23</td>
<td>During this hospital stay how often did the hospital staff do everything they could to help you with your pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>During this hospital stay were you given any medicine that you had not taken before</td>
<td></td>
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</tr>
<tr>
<td>25</td>
<td>Before giving you any new medicine how often did hospital staff tell you what the medicine was for</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
26. Before giving you any new medicine how often did hospital staff describe possible side effects comprehensibly

27. During this hospital stay did doctors nurses or other hospital staff talk with you about post hospital care

28. During this hospital stay did you get written info about what symptoms or health problems to look out for post hospital

29. What was your level of expectation about the “quality of care” at this hospital before admission?

(0 = Lowest Expectation)  (10 = Highest Expectation)

<table>
<thead>
<tr>
<th>Question</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expectation level before admission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

30. To what extent were your expectations about the “quality of care” at this hospital met?

(0 = Lowest Rating)  (10 = Highest Rating)

<table>
<thead>
<tr>
<th>Question</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent to which expectations were met</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

31. Recommendations: Please make recommendations on how the hospital could increase patient satisfaction.
Appendix C: Permission Letter

RESEARCH OPERATIONAL COMMITTEE FINAL APPROVAL OF RESEARCH

Approval number: UNIV-2014-0026

Dr B Shinners

E mail: burton.shinners@netcare.co.za

Dear Dr Shinners,

RE: AN EVALUATION OF THE CHALLENGES FACING PATIENT SATISFACTION IN THE PRIVATE SECTOR: A CASE STUDY OF A PRIVATE HOSPITAL IN KWAZULU NATAL

The above-mentioned research was reviewed by the Research Operational Committee’s delegated members and it is with pleasure that we inform you that your application to conduct this research at Private Hospital, has been approved, subject to the following:

i) Research may now commence with this FINAL APPROVAL from the Committee.

ii) All information with regards to Company will be treated as confidential.

iii) Company’s name will not be mentioned without written consent from the Committee.

iv) All legal requirements with regards to patient rights and confidentiality will be complied with.

v) Insurance will be provided and maintained for the duration of the research. This cover provided to the researcher must also protect both the staff and the hospital facility from potential liability.

vi) In accordance with MCC approval, that medicine will be administered by or under direction of the authorised Trialist.

vii) The research will be conducted in compliance with the GUIDELINES FOR GOOD PRACTICE IN THE CONDUCT OF CLINICAL TRIALS IN HUMAN PARTICIPANTS IN SOUTH AFRICA (2000).

viii) Company must be furnished with a STATUS REPORT on the progress of the study at least annually on 30th September irrespective of the date of approval from as well as a FINAL REPORT with
reference to intention to publish and probable journals for publication, on completion of the study.

ix) A copy of the research report will be provided to Company once it is finally approved by the tertiary institution, or once complete.

x) Company has the right to implement any Best Practice recommendations from the research.

xi) Company reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subjects/Netcare or should the researcher not comply with the conditions of approval.

xii) APPROVAL IS VALID FOR A PERIOD OF 36 MONTHS FROM DATE OF THIS LETTER.

We wish you success in your research.

Yours faithfully,

Prof Dion du Plessis  
Full member: Research Operational Committee & Medical Practitioner evaluating research applications as per Company Policy

Shannon Nell  
Chairperson: Research Operational Committee

Date: 9/17/2014

This letter has been anonymised to ensure confidentiality in the research report. The original letter is available with author of research.
Appendix D: Ethical Clearance Form

Regent Business School

ETHICAL CLEARANCE FORM

Section 1: Personal Details

<table>
<thead>
<tr>
<th>1.1 Full Name and Surname</th>
<th>Burton Budrodene Shinners</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2 Student Number</td>
<td>MBA209393</td>
</tr>
<tr>
<td>1.3 Contact Details:</td>
<td></td>
</tr>
<tr>
<td>• Telephone Number</td>
<td>031 – 904 1185</td>
</tr>
<tr>
<td>• Cell Number</td>
<td>082 558 6691</td>
</tr>
<tr>
<td>• Email:</td>
<td><a href="mailto:drbshinners@yahoo.com">drbshinners@yahoo.com</a></td>
</tr>
</tbody>
</table>

Supervisor’s Details:

| Name:                     | 8888888888                 |
| Telephone Number          | 031 304 4626               |
| Email:                    | research.admin@regent.ac.za|

Section 2: Dissertation Description

2.1 Dissertation Title

2.2 Proposed work plan

<table>
<thead>
<tr>
<th>Steps</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter One</td>
<td>7 July 2014</td>
</tr>
<tr>
<td>Chapter Two</td>
<td>21 July 2014</td>
</tr>
<tr>
<td>Chapter Three</td>
<td>4 August 2014</td>
</tr>
<tr>
<td>Chapter Four</td>
<td>18 August 2014</td>
</tr>
<tr>
<td>Chapter Five</td>
<td>1 September 2014</td>
</tr>
</tbody>
</table>

Section 3: Ethical Issues

The RBS Research Ethics Policy applies to all members of staff and post graduate student who are involved in research on or off the RBS campus. In addition any person not affiliated with RBS who wishes to conduct research with RBS students and/or staff is bound by the same ethics framework.

All students and staff members are to familiarise themselves with and sign an undertaking to comply with RBS’s “Code of Conduct for Research”.

Question 3.1

<table>
<thead>
<tr>
<th>Will data collection involve any of the following</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to confidential information without prior consent of participants</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Participants being required to commit an act which might diminish self respect or cause</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>them to experience shame, embarrassment or regret</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participants being exposed to questions which may be experienced as stressful or</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>upsetting, or to procedures which may have unpleasant or harmful side effects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The use of stimuli, tasks or procedures which may be experienced as stressful, noxious</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>or unpleasant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any form of deception</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

If “YES” explain and justify. Explain what steps you will take to minimise the potential stress/harm.
### Question 3.2

<table>
<thead>
<tr>
<th>Instrument</th>
<th>YES</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questionnaire</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Survey schedule</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Interview schedule</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Assessment instruments</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

If “YES” attach a copy of the research instrument

### Question 3.3

<table>
<thead>
<tr>
<th>Consent Requirement</th>
<th>YES</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The nature and purpose/ s of the research</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The identity and institutional association of the researcher and supervisor/ project leader and their contact details</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The fact that participation is voluntary</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The responses will be treated in a confidential manner</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Any limits on confidentiality which may apply</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The anonymity will be ensured where appropriate [e.g. coded/ disguised names of participants/ respondents/ institutions]</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The fact that participants are free to withdraw from the research at any time without any negative or undesired consequences to themselves</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

If NO, this needs to be explained and justified. The measures to be adopted to ensure that the respondents fully understand the nature of the research and the consent that they are giving.
Question 3.4

<table>
<thead>
<tr>
<th>Storage and Disposal of Research Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collected must be scanned and copied onto a CD and sent to RBS for storage. This data will be kept by RBS for a period of at least FIVE years.</td>
</tr>
<tr>
<td>How will the research data be disposed of? Please provide specific information e.g. shredding of documents, incineration of videos, cassettes etc. After all documents (questionnaires) are scanned and saved onto a CD, they will be shredded.</td>
</tr>
</tbody>
</table>

Question 3.5

| in the subsequent dissemination of your research findings – in the form of a finished dissertation, publication etc – how will the anonymity/ confidentiality be protected? Research participants will not need to disclose their identities. There will therefore not be any information linking participants to the findings. |

Question 3.6

| Has any organisation/ company participating in the research or funding the project, imposed any conditions to the research: No |
| If YES, indicate what the conditions are: |

| |

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ETHICAL CLEARANCE APPLICATION FORM

Checklist for Application

[Please tick]

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The form has been fully completed and all questions have been answered</td>
<td>X</td>
</tr>
<tr>
<td>2. Questionnaire attached [where applicable]</td>
<td>X</td>
</tr>
<tr>
<td>3. Informed consent document attached</td>
<td>X</td>
</tr>
<tr>
<td>4. Approval from relevant authorities obtained [and attached ] where research involves data/ facilities or other institutions/ organisations</td>
<td></td>
</tr>
<tr>
<td>5. Signature of Supervisor</td>
<td></td>
</tr>
<tr>
<td>6. Application forwarded to the Research Dept for recommendation</td>
<td>X</td>
</tr>
</tbody>
</table>
SECTION 4: FORMALISATION OF THE APPLICANT

APPLICANT

I have familiarised myself with RBS’s Code of Conduct for Research and undertake to comply with it. The information supplied above is correct to the best of my knowledge.

Signature of Applicant: [Signature]     Date: 24 June 2014

[Ensure that the check list on this form is complete]

SUPERVISOR

Ensure that the applicant has completed the attached check list and that the form is forwarded to the RBS’s Research Dept

Signature of Supervisor: [Signature]     Date: 01/07/14

RECOMMENDATION OF THE RESEARCH DEPT

The Applicant is:

✓ Approved

(LETTER OF PERMISSION REQUIRED)

Recommended and referred to the Ethics Committee for further consideration

Not Approved, referred back for revision and resubmission

Name of Head: Nadeem Cassim Signature [Signature]

Date: 01/07/14