

Satisfaction of Hospital Inpatient and Their Companion from Hospital Hotel Services

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Abstract

Background: The aim of the study is to evaluate the satisfaction of patients from hospital hotel services in the State hospitals.

Methods: This is a cross-sectional study. The research was conducted at the Yozgat State Hospital in 2013. Participants who agreed to participate in the study are the patients who were in the hospital at least for two nights (264 persons) and the companions of some patients who cannot answer the questions (128 people). Data were collected through questionnaires via the interviewer. The chi-square test and logistic regression were used to analyze the data.

Results: The ratios of evaluations regarding cleanness for the rooms that they stayed, beds that they used, toilets and the overall hospital cleanness are 66.1, 44.1, 40.6 and 71.7% respectively. The 92.9% of the respondents stated that their room floors were cleaned and the 24% stated that substances in the room are cleaned every day; the 26.3% stated that their bed linens are changed in every two days or every day. The %86.7 of the participants stated that they do not need to use bathroom in the hospital, the 82.9% stated that they have found sufficient amount of meals, 67.5% liked the meals and 6.2% stated that the meal was brought by the hospital employees.

It is observed that when level of education is lower and the age of respondents is older, their satisfaction from hospitality services is increased ($p < 0.01$). There is not found a significant difference in terms of the facts such as staying in the hospital before, the number of days in the hospital, being patient or companion of patient ($p > 0.05$).

Conclusion: While the two-third of the respondents mostly satisfied from the hospital hotel services, they are not enough satisfied with the toilet and bed cleaning. Almost all of the patients have not experienced any problem about religious service in the hospital.

Keywords: Hospital; Hotel Services; Patient Satisfaction

Introduction

Becoming healthy person or staying healthy is one of the most basic and essential rights of human beings. This right should also be provided by health institutions that provide health services. Provision of health services needs to provide health-related satisfaction to the society and meets the demands of the patients. Ensuring the patient satisfaction is possible by meeting the expectations of the patient in a good way [1]. Patient satisfaction is defined as; providing information about what level the patient's values and their expectations are met, where the essential authority is the patient, and it is the basic measurement of the quality of care [2]. In health care, "patient satisfaction" is an important part of the service. Patient satisfaction, which is related to the perception of the service and meeting the expectations, can be defined different ways by different people and even by the same people at different times [3]. Patient satisfaction besides being perception of the subjective patient / patient companion is one of the important markers that located in measuring the quality of health care [4].

The fact that a patient who lives in a very different environment from the home and forced to remain in hospital causes many difficulties and problems. Hospitals are even physically designed to be comfortable, safe, and beautiful like hotels. Modern hospitals are designed with inspiration from hotels and consideration of factors such as increased patient satisfaction and family expectations. Providing quality services in a clean environment in hospitals will help patients recover quickly [5]. Hospitals must show continuous efforts to provide quality health care, it should take advantage of hotel services for this purpose. In health institutions, patient / patient relatives satisfaction is affected by; medical care, nursing services, laboratory services, health personnel interested,

cleanliness, technology infrastructure, general management services, food delivery, access speed, service, bureaucratic procedures, management style, price and such as quality by factors [1]. Hospital, hotel services, is of great importance in terms of broad and inclusive satisfaction. Hospital hotel services are of paramount importance to comprehensive and inclusive patient satisfaction.

Hospitals are complex institutions with very different functions. These are the institutions that provide healthcare services to especially patients, companion, and others. Presentation of services, perceptions, and expectations in hospitals are diversified. Therefore, hospital hotel services should be paid attention in terms of satisfaction of patients and their companions. In Turkey, hotel services directorate has been established for hospital hotel services. In this context, the hospital hotel services will continue to increase the importance in the future. The hospital hotel services are a new area which a limited number of scientific studies are conducted. The aim of the study is to evaluate the satisfaction of patients from hospital hotel services in the State hospitals.

Materials and Methods

This is a cross-sectional study.

Research Universe and Sampling

The data for this research was obtained from the patient satisfaction survey. The universe of the patient satisfaction surveys consists of hospitalized people for at least two nights in Yozgat State Hospital 400 beds (actual beds 367). The permission of the study was taken from Yozgat Public Hospitals Association General Secretary. The sample size account; in cases that knowledge of the universe size is unknown, patient satisfaction $p = 0.30$ [5], the deviation from the ratio $d = 0.05$, and error level $\alpha = 0.05$ based on the small sample size of $n = 384$ persons was calculated. All clinics until it reaches the target sample sizes were visited and the research data was collected in May 2013. Participants who agreed to participate in the study are the patients who were in the hospital at least for two nights (264 persons) and the companions of some patients who cannot answer the questions (128 people).

Data Collection Tools

Data were collected through questionnaires via the interviewer. Interviewers were selected from intern nurses. Data form was prepared based on the literature by researchers. Pre-application form data and the data form were applied to 20 patients. A questionnaire was applied when pre- practice cases detected were corrected.

Statistical Analysis

Data were analyzed with SPSS. Statistical evaluation was used chi-square test and binary logistic regression analysis (BLR). Those hotel servicing or cleaning were coded as adequate=1 and those not adequate=0, and included in multivariate BLR analysis as dependent variables. The important independent variables in chi-square test were taken into BLR analysis that used through backward elimination method. The analysis result is shown in the variable table with statistical significance.

Results

The two-third of (67.3%) the research groups were the patients, 63.5% is women, 75.3% of the participants is married. The 20.2% of the participants in the study is under the age of 30, age 60 and over is 24.2% of, and the median age is 45. Of the participants, 17.3% were not finish primary school, 26.5% of them had high school or higher education. Half of the patients have stated that (% 51.5) they are in the hospital for two-four days, 1 6.6% of them are in the hospital for more than two weeks (Table 1). The ratios of evaluations regarding cleanness for the rooms that they stayed, beds that they used, toilets and the overall hospital cleanness are 66.1, 44.1, 40.6 and 71.7% respectively (Table 1). Surveyed patients' perceptions of cleanliness were not statistically different compared to the present situation in hospital in terms of the status of patient and companion, marital status, length of stay in hospital, and previous stay in the hotel ($p > 0.05$).

Independent			Perceived as clean		
variables Gender	n (%)	Rooms n (%)	Beddings n (%)	Toilets n (%)	All of hospital n (%)
Female	249 (63.5)	153 (61.4)	115 (46.2)	97 (39.0)	166 (66.7)
Male	143 (36.5)	106 (74.1)	58 (40.6)	62 (43.4)	115 (80.4)
Age groups	X ² , p	6.5, 0.01	1.17, 0.28	0.73, 0.39	8.46, 0.01
< 30	79 (20.2)	40 (50.6)	31 (39.2)	27 (34.2)	47 (59.5)
30 – 39	86 (21.9)	52 (60.5)	27 (31.4)	22 (25.6)	60 (69.8)
40 – 49	68 (17.3)	42 (61.8)	26 (38.2)	22 (32.4)	45 (66.2)
50 – 59	64 (16.3)	49 (76.6)	37 (57.8)	39 (60.9)	53 (82.8)
≥ 60	95 (24.2)	76 (80.0)	52 (54.7)	49 (51.6)	76 (80.0)

Independent			Perceived as clean		
Education levels	X ² , p	21.53, 0.001	16.57, 0.002	27.05, 0.001	14.10, 0.007
< Primary school	68 (17.3)	53 (77.9)	42 (61.8)	39 (57.4)	55 (80.9)
Primary school	146 (37.2)	102 (69.9)	75 (51.4)	60 (41.1)	104 (71.2)
Secondary school	74 (18.9)	39 (52.7)	26 (35.1)	26 (35.1)	47 (63.5)
≥ High school	104 (26.5)	65 (62.5)	30 (28.8)	34 (32.7)	75 (72.1)
Period stayed in hospital	X ² , p	11.70, 0.008	23.96, 0.001	11.55, 0.009	5.29, 0.152
2 – 4 days	202 (51.5)	125 (61.9)	91 (45.0)	74 (36.6)	139 (68.8)
5 – 9 days	82 (20.9)	54 (65.9)	33 (40.2)	37 (45.1)	59 (72.0)
10 – 14 days	43 (11.0)	31 (72.1)	16 (37.2)	16 (37.2)	33 (76.7)
≥ 15 days	65 (16.6)	49 (75.4)	33 (50.8)	32 (49.2)	50 (76.9)
Patient-companion	X ² , p	4.79, 0.187	2.57, 0.463	4.23, 0.238	2.25, 0.523
Patient	264 (67.3)	177 (67.0)	109 (41.3)	107 (40.5)	197 (74.6)
Companion	128 (32.7)	82 (64.1)	64 (50.0)	52 (40.6)	84 (65.6)
Previous hospital stay	X ² , p	0.34, 0.559	2.65, 0.103	0.00, 0.986	3.44, 0.064
Not stayed	119 (30.4)	80 (67.2)	50 (42.0)	43 (36.1)	87 (73.1)
Stayed	273 (69.6)	179 (65.6)	123 (45.1)	116 (42.5)	194 (71.1)
	X ² , p	0.10, 0.750	0.31, 0.578	1.39, 0.239	0.71, 0.679
Total	392 (100.0)	259 (66.1)	173 (44.1)	159 (40.6)	281 (71.7)

X²: Chi-square tests, p: Two sided significance

Table 1: Cleaning perceptions according to socio-demographic characteristics of the study groups

According to the BLR analysis; the likelihood of subjects to evaluate the room as clean, 1.79-fold in men than women (95% confidence interval 1.06 to 3.03), and as age increases, the probability of finding clean increases, whereas level of education was not statistically significant. Possibility of considering bedding as clean is high in the lower level of education compared to those with more educated, whereas gender and age was not statistically significant. Possibility of evaluation of toilets as clean was higher in older age than those with younger age; gender and educational level were not significant. Possibility of, evaluation of cleanliness of hospital is 2.01 fold higher in men than women (95% CI, 1:15 to 3:50), age and educational level were not significant (Table 2).

Independent variables Room cleaning	β	Sig.	Odds ratio	95% CI	
				Lower	Upper
Gender (Ref. Female)	0.584	0.029	1.793	1.061	3.031
Age (years)	0.02	0.036	1.021	1.001	1.04
Constant	-0.047	0.948	0.954		
Bedding clean					
Education levels	-0.446	0.002	0.64	0.483	0.849
Constant	0.885	0.202	2.422		
Cleaning toilet					
Age (years)	0.019	0.044	1.019	1.001	1.037
Constant	-0.961	0.172	0.383		
General cleaning of hospital					
Gender (Ref. Female)	0.698	0.014	2.009	1.154	3.497
Constant	0.296	0.69	1.344		
Bathing needs					
Stayed in hospital (days)	0.133	0	1.142	1.092	1.195
Constant	-2.673	0.053	0.069		

Independent variables Room cleaning	β	Sig.	Odds ratio	95% CI	
				Lower	Upper
Bed lines changed every two days					
Stayed in hospital (days)	-0.077	0.003	0.926	0.881	0.974
Constant	-0.639	0.508	0.528		
Amount of meals sufficient					
Age (years)	0.027	0.04	1.027	1.001	1.054
Constant	0.023	0.983	1.023		
Liked meals					
Age (years)	0.02	0.053	1.02	1	1.041
Constant	-0.184	0.836	0.832		

Independent variables: Gender (categorical), age (continues), and education levels (ordinal)

Table 2: The logistic regression analysis of the socio-demographic characteristics on the hotel servicing

Independent variables		Services evaluation				
Gender		Bathing needs n (%)	Room cleaning every day n (%)	Bed lines changed every two days n (%)	Amount of meals sufficient n (%)	Liked meals n (%)
Female		34 (13.7)	227 (91.2)	63 (25.3)	207 (83.1)	158 (63.7)
Male		18 (12.6)	137 (95.8)	40 (28.0)	118 (82.5)	106 (74.1)
Age groups	X^2, p	0.09, 0.764	2.95, 0.086	6.00, 0.050	0.2, 0.876	4.49, 0.034
< 30		9 (11.4)	73 (92.4)	25 (31.6)	57 (72.2)	40 (51.3)
30 – 39		5 (5.8)	76 (88.4)	29 (33.7)	70 (81.4)	61 (70.9)
40 – 49		3 (4.4)	64 (94.1)	19 (27.9)	56 (82.4)	46 (67.6)
50 – 59		14 (21.9)	61 (95.3)	13 (20.3)	54 (84.4)	46 (71.9)
≥ 60		21 (22.1)	90 (94.7)	17 (17.9)	88 (92.6)	71 (74.7)
Education levels	X^2, p	19.60, 0.001	3.88, 0.422	15.00, 0.059	13.04, 0.011	12.64, 0.013
< Primary school		15 (22.1)	61 (89.7)	13 (19.1)	60 (88.2)	49 (72.1)
Primary school		22 (15.1)	135 (92.5)	33 (22.6)	125 (85.6)	96 (65.8)
Secondary school		7 (9.5)	70 (94.6)	19 (25.7)	62 (83.8)	52 (70.3)
≥ High school		8 (7.7)	98 (94.2)	38 (36.5)	78 (75.0)	67 (65.0)
Period stayed in hospital	X^2, p	8.72, 0.033	1.68, 0.640	18.84, 0.004	6.75, 0.080	1.39, 0.708
2 – 4 days		11 (5.4)	183 (90.6)	74 (36.6)	155 (76.7)	129 (64.2)
5 – 9 days		10 (12.2)	79 (96.3)	14 (17.1)	69 (84.1)	52 (63.4)
10 – 14 days		6 (14.0)	41 (95.3)	6 (14.0)	43 (100.0)	36 (83.7)
≥ 15 days		25 (38.5)	61 (93.8)	9 (13.8)	58 (89.2)	47 (72.3)
Patient-companion	X^2, p	46.70, 0.001	3.56, 0.313	51.96, 0.000	16.22, 0.001	7.48, 0.058
Patient		39 (14.8)	248 (93.9)	63 (23.9)	222 (84.1)	181 (68.8)
Companion		13 (10.2)	116 (90.6)	40 (31.3)	103 (80.5)	83 (64.8)
Previous hospital stay	X^2, p	1.60, 0.206	1.43, 0.232	3.59, 0.166	0.80, 0.372	0.62, 0.431
Not stayed		10 (8.4)	111 (93.3)	29 (24.4)	97 (81.5)	76 (63.9)
Stayed		42 (15.4)	253 (92.7)	74 (27.1)	228 (83.5)	188 (69.1)
X^2, p		3.51, 0.061	1.43, 0.232	0.32, 0.571	0.24, 0.628	1.04, 0.308
Total		52 (13.3)	364 (92.9)	103 (26.3)	325 (82.9)	264 (67.5)

X^2 : Chi-square tests, p: Two sided significance

Table 3: The hotel servicing perceptions according to socio-demographic characteristics of the study groups

The 92.9% of the respondents stated that their room floors were cleaned and the 24% stated that substances in the room are cleaned every day; the 26.3% stated that their bed linens are changed in every two days or more often (4.1% each day). However, as it gets wet or dirty bedding to be replaced, it is normally accepted that a modification is sufficient for two days out of it [6,7]. The rooms of Daily floor cleaning did not differ according to socio-demographic variables ($p>0.05$). The 86.7% of the participants stated that they do not need to use bathroom in the hospital, the 82.9% stated that they have found sufficient amount of meals, 67.5% liked the meals and 6.2% stated that the meal was brought by the hospital employees (Table 3).

In terms of the number of days patients are staying in hospital, as the bed linen changed every two days and those who expressed a need to decrease the number of bathrooms. As the age of patients increased the amount of food and the number of patients who find enough tasty are also increase (Tables 2 & 3). The 99% of the respondents has expresses that they did not face any problems in terms of practicing their religious worship in the hospital and the 97.7% did not seek assistance from the hospital chaplain. It is observed that when level of education is lower and the age of respondents is older, their satisfaction from hospitality services is increased ($p<0.01$). There is not found a significant difference in terms of the situations such as staying in the hospital before, the number of days in the hospital, being patient or companion of patient ($p>0.05$).

Discussion

Patient satisfaction has an important role in measuring and assessing the quality of health care services. The concept of satisfaction, which is a subjective factor, is at the beginning of the indispensable subjects in hospitals today. Hospitals receive important feedback on service processes through satisfaction measurements. Now this has become a general routine and each hospital collects information about its own institution by measuring patient satisfaction at certain periods. Today, hospitals are becoming more preferred with increasing competition, and they are resorting to various satisfaction enhancing activities to gain more patients loyalty [8]. Patient satisfaction studies are done by separating three groups. These are about to be in the outpatient clinic, inpatient and emergency patients. In this study, the satisfaction levels of the inpatients who were hospitalized were measured. In recent years in Turkey, it seems to get a considerable distance on patient satisfaction. In fact, a study conducted by the State Institute of Statistics, satisfaction with health services was 39.5% in 2002 has been 70.6% in 2014 and now same ratio [9]. This is a general assessment that includes satisfaction in all health services. There are quite a lot of studies about patient satisfaction in the literature [10-13]. In a study conducted in Iran, patients rate the hospital indoor environment as good [14].

While similar findings are observed in demographic variables throughout these studies, they are seen in differences in some conclusions. This study also shows similar results with other studies in the literature. As a matter of fact, it is seen that the satisfaction level of hospital hospitality services is increased as the education level of the participants decreases and as the age increases. Yıldız & Yıldız [15] and Türkugur, *et al.* [13] satisfaction with their study is inversely proportional to the level of education and is directly proportional to age. On the other hand, the participants in the survey the room they stayed (66.1%) and hospital overall (71.7%) of clean, while finding bedding that they use (44.1%) and toilets (40%) have stated that they found less clean. It was also concluded that men were more satisfied with their hospital stay hotel services. In a study conducted in Turkey, 80% (3.98/5) of the patients generally perceive the hospital as clean [16]. In a study conducted in Brazil, patients rate the inpatient ward were satisfactorily clean (95.7%) and bathrooms are cleaned (95.7%), bed was comfortable (59.8%) [17].

In a study conducted in Trinidad and Tobago, patients rate the hospital services and environment to be moderate [18]. Türkugur, *et al.* [13] in their study is found that women were more satisfied with the hospital than men. An important result of this study is that the participants did not have any problems in doing religious worship at the hospital and did not need help from the religious staff in the hospital. Since there were no statistically significant results in other demographic variables in this study, they were not mentioned and a literature comparison was not made. Finally, in the health policies implemented in Turkey in recent years due to the services provided and the citizens it can say it is quite satisfied with the health services.

Conclusion

In this study, patients' satisfaction of the hospital's hotel services was assessed. According to research done by Kılıç (2002) at the same hospital in 2001, there has not been much of a change to the satisfaction of hospital hotel services in terms of after 12 years. While the two- third of the respondents mostly satisfied from the hospital hotel services, they are not enough satisfied with the toilet and bed cleaning. Almost all of the patients have not experienced any problem about religious service in the hospital.

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