



Patient Satisfaction: An Informative Tool towards Improvement of Quality Health Care in a Tertiary Care Hospital

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Abstract

Background: Patient satisfaction is considered as one of the desired outcomes of health care and a significant indicator of the health care quality. It is directly related to the utilization of health services. There are many factors which have an impact on patient satisfaction and its knowledge provides the necessary information for designing and implementing programs to satisfy patients. Other industries have been paying attention to customer satisfaction for years. "Health care is the only industry that for years has left the customer out of it. To ignore the customer's desires is not living with reality"

Objectives: The purpose is to study the satisfaction level of patients regarding various services provided in a tertiary care hospital and find the lacunas.

Methods: A descriptive cross-sectional study was conducted among patients attending the outpatient department of a Tertiary Care Hospital. The study was conducted over a span of 3 months. A preformed pre-structured questionnaire was prepared and face to face interview was done regarding various clinical and support services.

Result: A total of 514 persons were interviewed. The overall satisfaction level was very high (93.2%). Waiting time is reasonable on most of the accounts and most of the patients were satisfied with the behaviour and services provided by the health staff and doctors.

Conclusion: The study emphasising the fact that the service by the Government tertiary care hospital is overall of good quality. Assessing satisfaction of patients is a simple and cost effective way for assessment of hospital services. It provides the opportunity for organization managers and policy makers to yield a better understanding of patient views and perceptions, and the extent of their involvement in improving the quality of care and services

Keywords: Patient Satisfaction, Waiting time, Cleanliness. Health care services.

Introduction

Health Care Industry has undergone a lot of changes over time. Healthcare industries have seen recent movements towards continuous quality improvement and this has gained momentum⁽¹⁾. They have expanded in terms of

availability of specialties, improved technologies and facilities.⁽²⁾ This has been associated with simultaneous many – fold increase in expectations of patients and their relatives. Consumers of health care industry demand quality care.⁽³⁾ There is now broad agreement that health services

should be comprehensive, accessible and acceptable, provide scope for community participation and available at a cost the community and country can afford.⁽⁴⁾

For long Government hospitals have been providing services free of cost to the population. Hence, the expectations were also very minimal. But now, the scenario has changed. The Government hospitals have started charging nominal fees to the patient in the name of user charges⁽²⁾ and for consultation and investigations. Outpatient department (OPD) is the first point of contact of the hospital with patients and serves as the shop window to any healthcare service provided to the community. The care in the OPD is believed to indicate the quality of services of a hospital and is reflected by patients' satisfaction with the services being provided⁽⁵⁾⁽⁶⁾

Patient satisfaction is considered as one of the desired outcomes of health care⁽⁵⁾ and a significant indicator of the health care quality.⁽³⁾⁽⁷⁾ It is directly related to the utilization of health services⁽⁵⁾ and an indicator of quality of care from patient's perspective⁽³⁾ Measurement of patient satisfaction is a legitimate indicator for improving the services and strategic goals for all healthcare organizations.⁽¹⁾

Patient's satisfaction is defined as patient's subjective evaluation of their cognitive and emotional reaction as a result of interaction between their expectation regarding ideal hospital care and their perceptions of actual hospital care.⁽³⁾ In simple terms it can be stated as extent of an individual's experience compared with his or her expectations⁽²⁾⁽⁶⁾⁽⁸⁾

There are twelve essentials of patient satisfaction which are overall satisfaction, satisfaction to approach, affordability, excellence, empathy, proficiency, guidance provided, technical arrangement, physical services, consideration on psychological and social aspects, permanence of care and effect of care.⁽⁸⁾

Patient gratification is one of the most vital goals in any health system but it is difficult to measure the satisfaction and gauge receptiveness of health

systems as not only the clinical but also the non-clinical outcomes of care do influence the customer satisfaction.⁽⁹⁾

There are many factors which have an impact on patient satisfaction e.g. the type and number of investigative tests performed, clear interaction with the doctors or nurses, their compassion and empathy, accessibility to the service and time spent in the encounter.⁽⁸⁾

The major barriers in the patient satisfaction are lack of doctor patient interpersonal communication, doctors and nursing staff behaviour, financial aspects, inadequately equipped facilities and unavailability of adequate services. Other reasons are extended waiting time, unaffordable treatment cost and lab investigation. Along with this patient personality and fear that they will not be treated well next time they seek health care also has an effect on the perception of satisfaction levels⁽⁸⁾

With the advent of Consumer Protection Act (1986), now hospitals have to be very careful about patient dissatisfaction to avoid any unnecessary litigation.⁽²⁾

In the future, successful hospitals would be considered those which will include the patients' opinion in the evaluation system of the quality of the provided services and will take it under serious consideration during the taking of all the administrative and financial decisions process.⁽⁷⁾

Other industries have been paying attention to customer satisfaction for years. "Health care is the only industry that for years has left the customer out of it. To ignore the customer's desires is not living with reality"⁽⁵⁾. This was the reason behind undertaking this study and assessing the patient satisfaction regarding various services provided by the hospital.

Methodology

The study was conducted at a tertiary care service hospital affiliated to a medical teaching institution in a metropolitan city to elicit the satisfaction level of patients utilising the OPD Services of the hospital.

A descriptive cross sectional study was conducted among patients attending the outpatient department. A preformed pre-structured questionnaire was prepared and face to face interview was done regarding various clinical and support services.

All Patients attending OPD services between age group 18 to 60 years and willing to provide answers to study interviews were included in the study. Patients who fulfilled inclusion criteria were collected as samples by convenient sampling technique.

Patients with serious physical or mental pathologies, such as terminal disease, psychosis deaf and/or dumb, which could make the comprehension and completion of the questionnaire difficult, were excluded from the study.

The participants were told about the purpose of the study and informed verbal consent was taken before the interview. The patients were told that the purpose of the study was to assess the patient satisfaction of services provided by hospital so as to bring further improvement in services. The patients were also told that the investigator was not part of treatment team and they were free to give their responses.

The research instrument planned for this study was an interviewer administrated questionnaire. The pre-structured questionnaire was developed as study instrument based on patient expectations, guidance being taken from questionnaires adopted in earlier studies in India and abroad.

The questionnaire included the general profile of the patient (socio-demographic variables, including age, sex, educational level, professional status). The questions included registration process, cleanliness, approach to the doctor, pharmacist and investigation site, services provided by the doctor and other Paramedical staff & their behaviour with patients, time required for locating the consultant, consults by the doctor, investigations and taking medicines from pharmacist. Also the patient was asked to grade the waiting time for various services, quality of services provided and behaviour of health

personals along with overall satisfaction level. The grading for waiting time was done using Likert Scale ranging from too long to short whereas quality of services and behaviour was measured as satisfactory or not. All the questions in the survey are prepared in such a way that provokes all the appropriate evidence that is needed for the study.

Exit Interview was used as a tool to assess the quality of health services and felt needs of community. Data collection was carried out by the researcher when patients had finished consultation at OPD and they were interviewed at the exit point of OPD.

The study was conducted over a span of 3 months and a total of 514 persons were interviewed. Permission was taken from the head of the Institution and ethical committee of the Institute. The data collected was analysed by applying appropriate statistical test.

Result and Discussion

A total of 514 patients were interviewed during the duration of the study period. Most of them lived in the urban area (95.7%) and males constituted majority of the participants (57.6%). Maximum patients were educated till 10th standard (44.7%) and most of the patients attending the OPD were unemployed (41.6%). (Table 1)

Patients coming for first time in OPD for consultation formed the major chunk of the study population (62.8%) followed by follow up patients (35.01%). (Table 2)

Patients were aware about the hospital and came on their own (67.1%) and 382(74.3%) participants found the location of the hospital very convenient. Most of the patients were unaware about the availability of hospital staff in case of help (51.2%) but got proper guidance at the enquiry counter (88.5%). The boards displayed in the OPD were found useful by most of the participants (82.1%) and they were properly guided as to where and how to go for next service (93.6%).

Most patients (92.6%) felt that adequate time was given by the doctor in listening and examining

them. Also most were happy with the location of the supportive services like laboratory, radiology (71.6%). As for user charges most felt it to be appropriate (77.8%). The basic facilities like drinking water, toilet facilities, seating area were easily available in OPD in opinion of most of the patients (80.2%). Most were happy with the cleanliness of the hospital (95.3%) but were unable to locate the help desk (40.7%). (Table 3)

Most of the people felt that the time taken for registration and waiting time for OPD was reasonable (50.9% and 47.5% respectively). Waiting time for laboratory was reasonable for most of the participants (32.7%), so was for radiological services (24.5%). (Table 4)

Most patients were satisfied with the behaviour of, staff at registration counter (90.7%), class 4 workers (79.6%), staff at supportive services like laboratory, radiology (75.9%) and doctors (94.3%).(Figure 1) Most of the patients were satisfied with the counselling done by the doctor (93%), provision of medicines (90.1%) and security at the hospital (89.3%)(Figure 2)

The overall satisfaction level was very high (93.2%).(Figure 3) This is an important parameter for assessing the quality of the patient care services being delivered at the tertiary institute and emphasises the fact that the service by the Government tertiary care hospital is overall of good quality. This satisfaction level is comparable to other similar studies with satisfaction level ranging 59%- 94%⁽⁴⁾⁽⁷⁾⁽⁸⁾⁽⁹⁾⁽¹⁰⁾

The gender distribution was male dominant, similar to other studies where it ranged from 52% to 61.7%.⁽⁴⁾⁽⁶⁾⁽⁷⁾⁽⁸⁾⁽¹¹⁾⁽¹²⁾ A few studies had female predominance.⁽⁵⁾⁽¹³⁾

Most of the patients had poor education level as generally Government hospitals cater to the lower socioeconomic class with poor education. The findings were similar to other studies.⁽⁵⁾⁽⁷⁾⁽¹¹⁾⁽¹³⁾ In study by Mohd Athar et al most of the subjects were graduates(47%)⁽⁶⁾. Government hospital provides patient care at cheap and subsidized rates to the common people and most of the patients in the study were unemployed similar to study by

Sanjeeva et al⁽¹³⁾ in contrast to study by Mankar et al where service class formed major chunk (35.1%)⁽⁵⁾

The central location of the hospital and easy accessibility made it convenient for about three-fourth of the patients to attend the OPD. Similar finding were there in other studies⁽⁴⁾⁽⁶⁾ Enquiry counter has been setup for helping the needy and most were utilizing its services. In study by Lyngkhoi et al 87% respondents were satisfied with information given at enquiry counter. Signboards have been provided at various locations for the patient's convenience and proper guidance has been provided.

The user charges were found to be appropriate by most people which was in contrast with other study were most of the patients felt that the registration fee, OPD consultation and investigation charges were high.⁽⁹⁾ More than 80% patients had easy access to the basic facilities which was much higher in comparison to other studies⁽⁶⁾⁽⁹⁾. Cleanliness of the hospital premises is very important and a high level of it is needed. The study found that the hospital is well maintained and is clean, whereas other studies had high percentage of patients dissatisfied with the cleanliness⁽²⁾⁽⁵⁾⁽⁴⁾⁽⁸⁾⁽¹³⁾

Waiting time is an important parameter affecting the satisfaction level of the patients and it was reasonable on most of the accounts in our study. This was similar to other studies where patients felt that waiting time was good⁽⁵⁾⁽⁴⁾⁽⁶⁾⁽⁹⁾

The behaviour of, staff at registration counter, class 4 workers, supportive services staff and doctors was satisfactory for most of the patients. This was similar to other studies⁽²⁾⁽⁴⁾⁽⁶⁾⁽⁸⁾⁽⁹⁾⁽¹³⁾⁽¹⁰⁾⁽¹²⁾

Patients were highly satisfied with the behaviour of doctor, time given for listening to the problem, counselling and treatment provided. In most of the studies it was found that doctors provide good and adequate service and satisfaction level was high among the participants.

Provision for medicine and security is satisfactory and was in sync with findings of other studies⁽⁶⁾⁽⁸⁾⁽¹²⁾

Table 1: Patient Profile

Sociodemographic Variable	Frequency	%
Sex		
Male	296	57.6
Female	218	42.4
Education		
Primary	188	36.6
Till 10 th std	230	44.8
>10 th std	68	13.2
Graduate	28	5.4
Occupation		
Profession	2	0.4
Semi-Profession	6	1.2
Clerical	66	12.8
Skilled Worker	130	25.3
Semi Skilled Worker	87	16.9
Unskilled	9	1.8
Unemployed	214	41.6
Area of Residence		
Urban	492	95.7
Rural	22	4.3
Total	514	100

Table 2: Hospital Profile

	Frequency	%
OPD Visits In last 6 Months		
0	323	62.8
1	180	35.1
2	5	0.9
3	6	1.2
Recommended By		
Self	345	67.1
Neighbours	36	7.1
Friends	55	10.7
Others	78	15.1
Total	514	100

Table 3: Convenience at hospital

Variable	Yes	No	No Response	Don't know
Location hospital	382(74.3)	111(21.6)	2(0.4)	19(3.7)
Helpful staff	125(24.3)	105(20.4)	21(4.1)	263(51.2)
Enquiry Guidance	455(88.5)	33(6.4)	8(1.6)	18(3.5)
Helpful boards	422(82.1)	36(7.0)	27(5.3)	29(5.6)
Advice for next service	481(93.6)	20(3.9)	8(1.6)	5(0.9)
Time give by doctor adequate	476(92.6)	22(4.3)	2(0.4)	14(2.7)
Location supportive services	368(71.6)	21(4.1)	19(3.7)	106(20.6)
User charge adequate	400(77.8)	27(5.2)	7(1.4)	80(15.6)
Availability of basic services	412(80.2)	41(7.9)	4(0.8)	57(11.1)
Cleanliness	490(95.3)	18(3.5)	4(0.8)	2(0.4)
Help desk location	158(30.7)	209(40.7)	13(2.5)	134(26.1)

Table 4: Waiting time

Variable	Too long	Long	Ok	Short	No experience	No response
Case paper	23(4.5)	146(28.4)	262(50.9)	80(15.6)	3(0.6)	0(0)
OPD	45(8.8)	151(29.4)	244(47.5)	65(12.6)	9(1.7)	0(0)
Lab	19(3.7)	90(17.5)	168(32.7)	58(11.3)	165(32.1))	14(2.7)
Radiology	20(3.9)	96(18.7)	126(24.5)	33(6.4)	219(42.6)	20(3.9)
Other services	15(2.9)	76(14.8)	151(29.4)	30(5.8)	219(42.6)	23(4.5)

Figure 1: Behaviour of the health personals

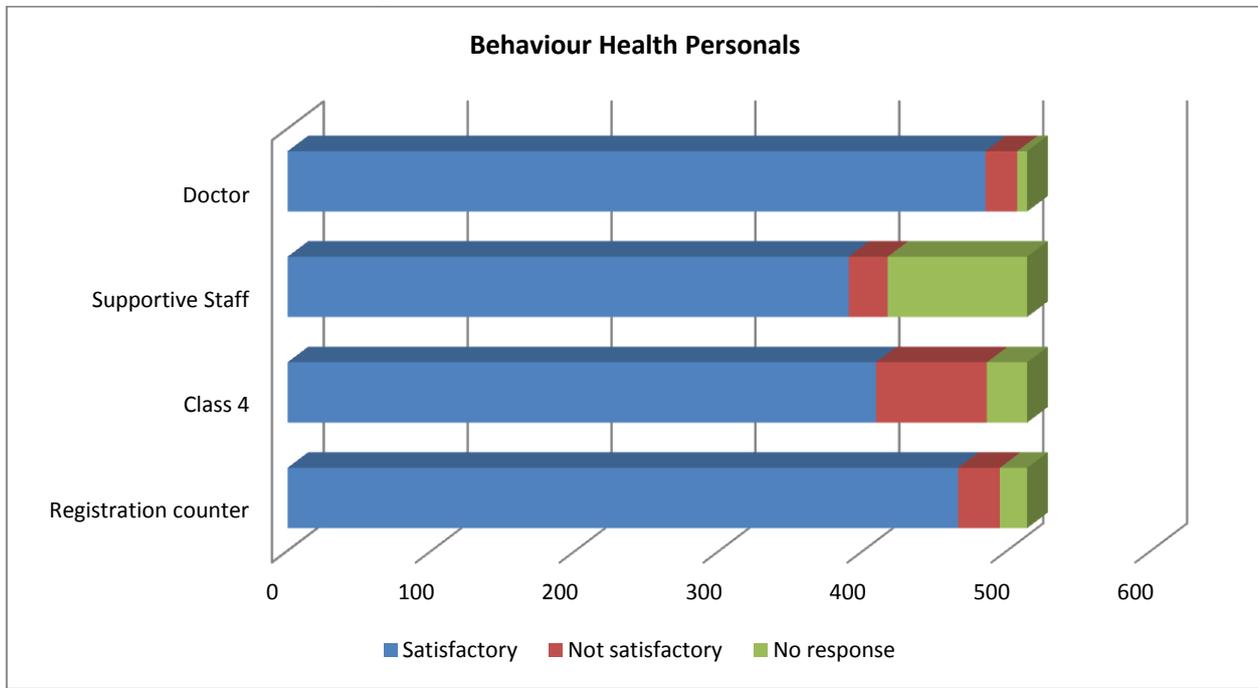


Figure 2: Quality of service

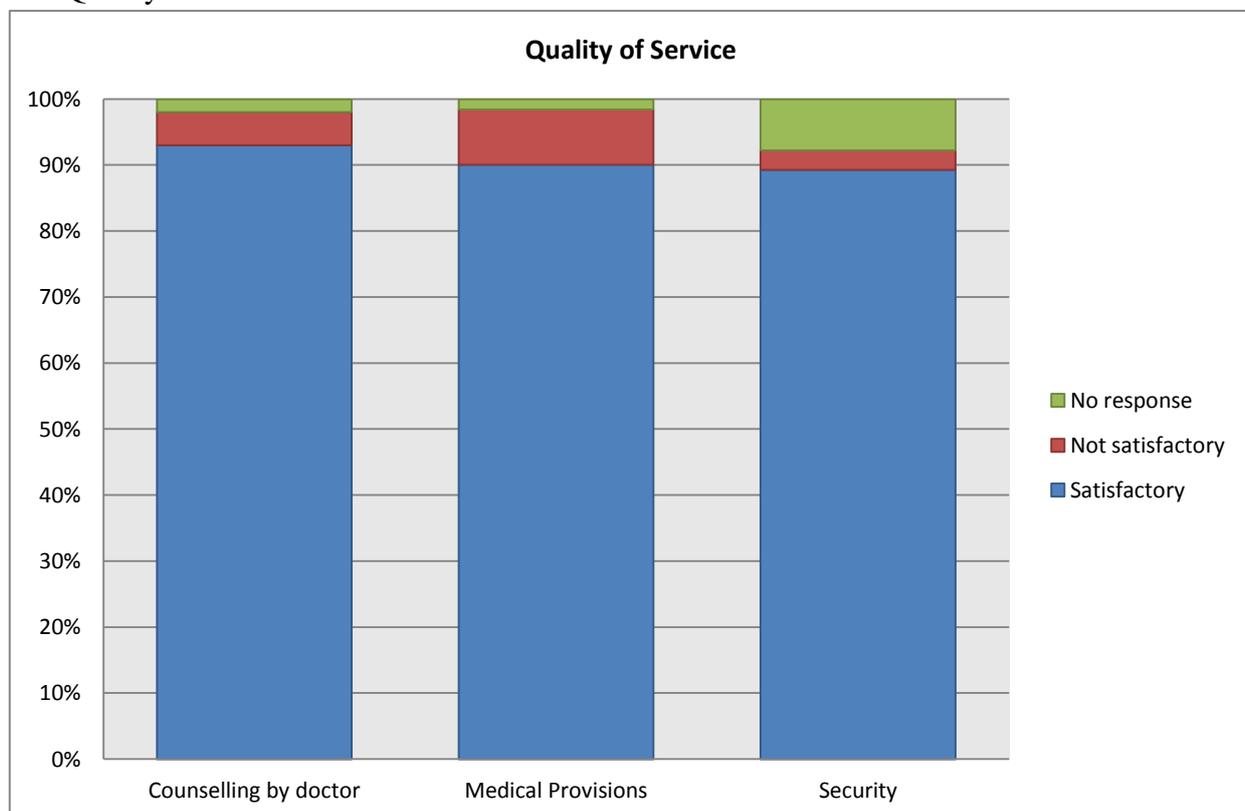
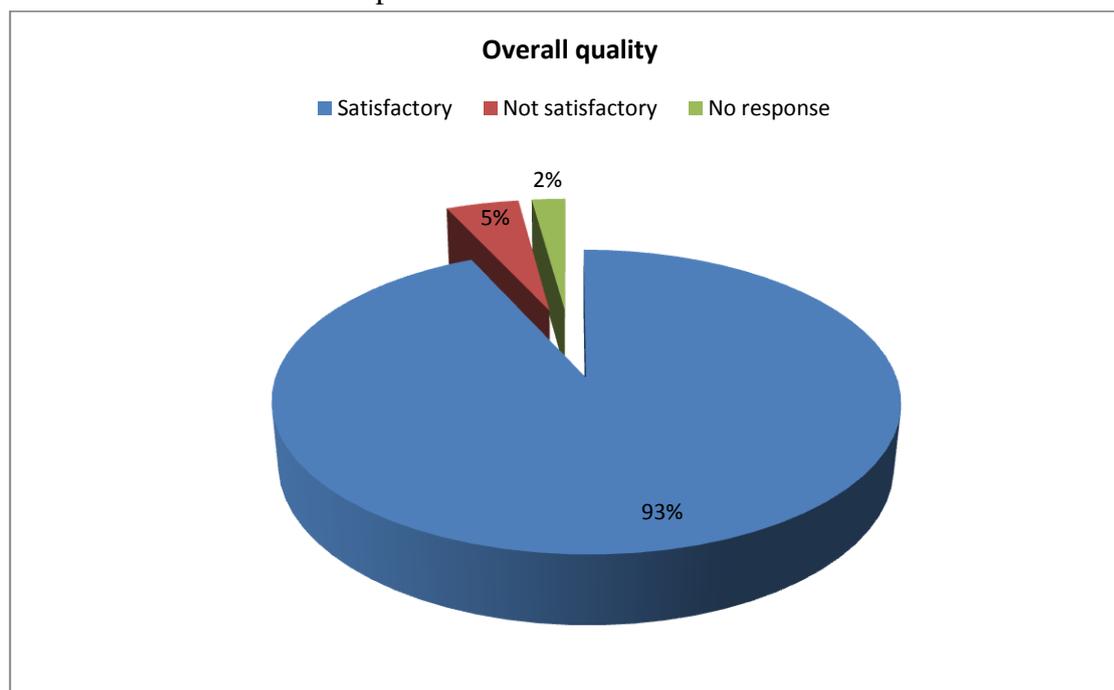


Figure 3: Overall Satisfaction with hospital care**Conclusion**

Overall the service provided at the tertiary care hospital is of good quality and the level of satisfaction is very high. Few of the service parameters need improvement. A quantitative assessment would give a better idea about the waiting time and level of satisfaction. Though patient satisfaction is not clearly defined concept, it is identified as an important quality outcome indicator to measure success of the services delivery system. Patient evaluation of care is important to provide opportunity for improvement such as strategic framing of health plans, which sometimes exceed patient expectations and benchmarking. Assessing satisfaction of patients is a simple and cost effective way for assessment of hospital services. Knowledge of expectation and the factors affecting them, combined with knowledge of actual and perceived healthcare quality, provides the necessary information for designing and implementing programs to satisfy patients.

Although feedback from patient satisfaction surveys is an established yardstick for healthcare quality improvement plans, they are still not being systematically and extensively utilized for developing improvement initiatives.

It provides the opportunity for organization managers and policy makers to yield a better understanding of patient views and perceptions, and the extent of their involvement in improving the quality of care and services

Patient attending each hospital are responsible for spreading the good image of hospital and therefore satisfaction of patients attending the hospital is equally important for hospital management.

In the future, successful hospitals would be considered those which will include the patients' opinion in the evaluation system of the quality of the provided services and will take it under serious consideration during the taking of all the administrative and financial decisions process.

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