



A Cross Sectional study to assess the patient satisfaction levels of the service being provided by a tertiary level care hospital of a metropolitan city of central India

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Abstract

The concept of patient satisfaction is dynamic. Patient satisfaction is one of the established methods to measure success of the services being provided in the health facilities. Now a days more emphasis has been given on patient satisfaction as this is an important consideration for the assessment of the hospital services. The present study was conducted to measure the patient satisfaction with health care facilities in OPD (Outpatient Department) of a tertiary care hospital of a metropolitan city of central India. The specific aims and objectives of the study were to study satisfaction of the patients admitted in tertiary care private hospital regarding a) patient care provided in the hospital, b) behaviour of medical, nursing and supportive staff, c) availability of necessary services and amenities in the hospital. A hospital based cross sectional study was carried out in a tertiary level care private hospital, Indore in using pre designed pretested semi structured questionnaire. The data was analyzed by using SPSS ver 20. Logistic regression model revealed that the dominant factors of patient satisfaction were accessibility to health facility (OR=6.3), physician care (OR=4.1), management (OR=2.7) and physical environment (OR=1.1) Patient satisfaction is simple yet cost effective way for evaluation of hospital services. Continuous supervision of patient satisfaction levels should be done to deduct methods to improve hospital services.

Keywords: Patient Satisfaction, Accessibility to health facility, Physician care, Paramedical staff.

Introduction

Patient Satisfaction has got many dimensions associated with it¹. Patient satisfaction with a health care facility is based on satisfaction with multiple aspects of organization. Satisfaction with quality of health care provision involves a delicate balance between patient expectation of services and care and his perception of services and care received².

Behaviour of staff, patient physician interaction and issues of administration of the health facility and physical environment are the critical dimensions pertaining to patient satisfaction³. A satisfied patient had better adherence to treatment protocols and goes for regular follow up for his illness. Thus understanding of patient expectation and their level of satisfaction is of utmost importance for provision of good quality of health care⁴.

The long queues outside the outpatient departments, uncomfortable waiting areas, smelly and pathetic toilets, non-sympathetic attitude of doctor and other health care personnel cut a sorry state of affairs in many government hospitals. The private health care providers are better in terms of the facilities but the expensive cost of the treatment is a key factor that hinders the provision of quality health care⁵.

In recent years, patients are becoming more aware of their rights and conscious about their health. The advent of internet and multimedia has made the patients more knowledgeable and aware regarding their health rights. A decrease in patient satisfaction is seen wherever there is a lag between the patient's expectations and the service received⁶.

While there are many studies contemplated on patient satisfaction in developed nations, to our knowledge, there are very few studies in the developing nations like India. Against this background, the present study was conducted to measure the patient satisfaction with health care facilities in OPD (Outpatient Department) of a tertiary care hospital of a metropolitan city of central India. The specific aims and objectives of the study were to study satisfaction of the patients admitted in tertiary care private hospital regarding i. patient care provided in the hospital, ii. behaviour of medical, nursing and supportive staff, iii. availability of necessary services and amenities in the hospital.

Methodology

A cross sectional study was carried out in tertiary level private hospital of Indore city which is a Metropolitan city of Central India. The study duration was six months. Time period was from October 2014 to March 2015. The sample size was

calculated using the formula, $n = Z_{(1-\alpha/2)}^2 pq/d^2$ (where $Z_{(1-\alpha/2)} = 1.96$ at 95% confidence; p =prevalence of patient satisfaction, $q=1-p$; d =absolute allowable error). We assumed that 50% of the patients would be satisfied with the health care being provided. We further set the allowable error at $d=2\%$. Adding a 10% for incomplete answers, the required sample came to 384. Rounding off to the next whole number, we selected a sample of 400 patients. A pre- designed pre- tested questionnaire was used. The data was analyzed by using SPSS version 20.

Results and Discussion

Results: Most of the patients were in the age group of 20 - 60 years which is economically productive age group. 56 % were literate, 90 % were employed and 28 % were housewives. Table 1 shows the perception (satisfaction levels) regarding Helpfulness of the person at Registration desk at the time of admission to the hospital of the patients. Most of them seem satisfied but still the areas needing attention are the sign boards showing direction and the time lapse between admission and initiation of treatment which was more than 30 mins in 13% cases (Table 2).

Table-1
Helpfulness of the person at Registration desk

Satisfaction level	%age of respondents
Unsatisfactory	5 %
Average	25 %
Satisfactory	60 %
Good	10%

Table-2
Time taken between Admission and Initiation of treatment

Time taken between Admission and Initiation of treatment	%age of respondents
Immediate	10 %
< 10 mins	40 %
10 -30 mins	35 %
>30 mins	15 %

As far as the laboratory facility is concerned the problem lies with the difficulty to locate the labs and time taken to reach the labs for investigations. However Satisfaction levels regarding quality of service by nursing and paramedical staff in the patients is also found to be high at 98%. 83 % patients rated communication / behaviour of the nurses as good /pleasant and satisfactory in 15 % and 60 % of the cases respectively, but 20

% of respondents described their behaviour as non helpful/harsh/ rude/ avoiding. Almost 100% respondents reported availability of investigation results on scheduled time. Regarding the availability of basic amenities and services at the hospital none of the patients stated unavailability of medicine; only 10 % patients reported unavailability of drinking water; 25 % were not satisfied with the toilets / hand washing facility. 40 % were dissatisfied by the cleanliness in the wards. Almost 100% stated adequacy of Fans / Lights in the hospital. Around 70 % of the respondents were dissatisfied with the convenience of parking. Logistic regression model revealed that the dominant factors of patient satisfaction were accessibility to health facility (OR=6.3), physician care (OR=4.1), management (OR=2.7) and physical environment (OR=1.1). Display of signages was insignificant in determining the patient satisfaction. Staff behaviour, too, was not significant in determining the patient satisfaction. The literate respondents were less satisfied as compared to illiterates (OR=0.29). Thus, in the overall assessment, health care facility management practices, literacy of the patient, the physical environment of the health facility and the physician care are significant correlates of patient satisfaction.

Discussion: This present study was contemplated with the aim to obtain the overall patient satisfaction of subjects attending a tertiary level hospital. Most of the patients (71%) were satisfied with the OPD services of health care facilities of the chosen hospital. This level of satisfaction reported in our study is comparable with studies reported in India and other parts of the world. Al Emadi et al reported overall satisfaction rate of 75.2% among outpatient health care facilities of Qatar⁶. Qureshi et al reported similar level of satisfaction in Srinagar, Jammu Kashmir⁷. Similarly, Olusina et al. in Nigeria reported that 75% outpatients were satisfied with health care facility⁸. De Brun et al. in their study in Ireland reported higher level of satisfaction (94%) with outdoor patient services in hospitals⁹. Various studies conducted in India by Puri et al., Sodani et al., Kumari et al. and Satyanarayana et al. have reported patient satisfaction score ranging from 60%-70%¹⁰⁻¹³. Nazirah and Chompikul, however, has reported low level of satisfaction (23%)¹⁴. The present study found that patient satisfaction increased with increasing age in line with the findings of the studies done by Sixma et al., Atkinson and Haran and Jackson et al. who have observed that the patient satisfaction scores improve with increasing age¹⁵⁻¹⁷. Logistic regression analysis showed that accessibility to health care facility, physician care and management parameters were significant predictor of patient satisfaction. Souter et al. reported that ‘the information and explanation given’ and the ‘doctor’s attitude’ were two important predictors of patient satisfaction¹⁸. Many studies have found physician quality of service as the most important factor of patient satisfaction^{7,19}. Aldana et al. found that providers behaviour towards patients, like respect and politeness were powerful predictors for patient satisfaction²⁰. A study by Muhondwa EP et al done in Dar es salam Tanzania reported that staff behaviour correlates with patient satisfaction²¹.

Although, in our study 71% patients were satisfied with treatment and medical care they had received, it is felt that patient needs and demands should be further explored for further improving the ultimate patient satisfaction. Hence there is a definite scope for improvement in meeting patient's demands in fulfilling patient satisfaction.

Conclusion

Present study found that Patient Satisfaction is simple, easy and cost effective way for evaluation of the overall hospital services and has helped finding that patients were satisfied with behaviour of doctors but problem lies with the availability of basic amenities and dissatisfaction was found to be more regarding cost accrued, cleanliness in the toilets and the wards.

Limitations of the study: The present study was undertaken with a lesser sample size, in a small set up. Due to financial constraint the sample size chosen was small with few subjects. There is a need of a multicentric study with a larger sample size considering the feasibility into consideration.

Recommendations: There is a definite scope for improving services in every hospital. Behaviour of hospital staff can be improved by conducting special sessions for BCC (behaviour change communication) regularly. More sign boards should be put indicating ways to the important departments in hospital. More emphasis should be given to improve cleanliness in the hospital especially in the toilets. Stress should be given on copious supply of safe and hygienic drinking water at any time throughout the year. There is dire need to development of a policy of 6 monthly or annual in house patient satisfaction surveys to find the lacunae in the system and to improvise them.

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