

PATIENT SATISFACTION IN A TERTIARY CARE GOVERNMENT HOSPITALMohammad Zahid¹, Rabeea Sadaf², Tariq Zubair³, Ghazala Shams⁴, Shahnaz Perveen⁵, Faiza Rahman⁶**ABSTRACT:****OBJECTIVES:**

To determine patient satisfaction in terms of various services such as ease of getting care, in-patient admission, waiting for check-up, staff interaction, medical care, cost of care, and cleanliness in a Tertiary Care Government Hospital.

METHODOLOGY:

The study design was cross sectional observational. A total of 200 patients meeting our inclusion criteria were enrolled through convenient sampling techniques in this research study. A well-designed questionnaire was used for data collection of admitted patients.

RESULTS:

Out of 200 patients, 96 (48%) male and 104 (47%) female patients were interviewed. 72% were satisfied with clinical care services, 14% had mixed views while 14% patients were not satisfied at all.

CONCLUSION:

Patients in general showed their satisfaction in some of the aspects, however, keeping in view the burden a public sector hospital absorbs on a daily basis, and it was imperative to receive unsatisfactory feedback from patients in most of the aspects. Thus, the results of my study recommend to the health care leaders to take practical steps to bring further improvement by developing a proper mechanism for the uplift of public sector hospitals.

KEYWORDS: Clinical Care, Cleanliness, Patient Satisfaction, Tertiary Care Hospital

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INTRODUCTION:

Patients' views of the services they receive in healthcare service help identify critical areas that may need improvement. Patient satisfaction is pertinent for measuring the performance of healthcare service delivery, which is a multidimensional construct that depends on many factors^{1,2}. Information about quality of services in OPD will serve two purposes, i.e., identifying areas of improvement in the services offered and highlighting the need for corrective actions. Patient satisfaction is the key determinant for assessing the quality of patient care and is the desired outcome of every hospital^{3,4}. The patient satisfaction is of

paramount importance in ensuring better quality on the way to total quality management, because the patient is the one who decides the quality, who accepts the goods/services, who makes the other to accept it, who decides your market strategies, who gives correct feedback about the performance of the hospital, and makes success the program of total quality management^{5,6}. A person's perception of health service quality depends on his or her expectations and priorities. If the perception of care is good, then it eventually enhances future health service utilization, adherence to treatment and desired outcomes. Understanding a patient's perspective is key for delivering a better quality patient-centered health care service^{7,8}. Patient satisfaction is a pre-requisite for achieving the goals of healthcare as it influences the patient's decision to follow prescribed treatments and seek professional healthcare in the future. Patients satisfaction can be assessed using key domains of the questionnaire which shall include the layout of service functions, environment maintenance, process management, quality of care, humane care and the patient-doctor relationship and therefore within each domain, several indicators should be set, so that each indicator is properly highlighted through a statement of patient^{9,10}— the science of medicine, the art of care, and the amenities of care. One of the study results showed that the patients could evaluate the quality of the hospital services during their admission time¹¹. Knowing the factors for patient satisfaction is an important and direct indicator of quality of healthcare, which is essential for providers to fill their gaps¹². The aim of this study is to ascertain patient's satisfaction through feedback for which a specially designed satisfaction questionnaire asked respondents general questions relating to ease of getting care, in-patient admission, waiting for check-up, staff interaction, medical care, and cleanliness as patient satisfaction survey are important from the view of improvement of quality of services and to attain the maximum satisfaction of the in-patients in our local population.

METHODOLOGY:

This was a cross sectional observational study carried out on 200 patients. 96 (48%) male patients and 104 (52%) female patients were included using convenient sampling techniques. The study was performed at the Department of Medicine, Bacha Khan Medical Complex, Mardan from February 2017 to May 2017. Admitted patients to the medical unit were included. Patients who were

themselves part of the health-care facility and those who refused to fill the survey form or were severely ill were excluded. Patients related to any professional personnel of health care in the institute were also excluded. Prior to the conduct of study, approval was taken from the Ethical Committee of the Hospital and written informed consent was also obtained from each patient and was debriefed about the nature of this study. A structured questionnaire was developed to collect the data regarding patient satisfaction. A pilot study was done on 10% of the population. The questionnaire measured the medical and service aspects of the treatment taken, expectations of patients regarding forthcoming health-care events, significance of hospital setting and the recommendation of a hospital that patients would prefer, patient satisfaction regarding availability of health services, clinical consultation, waiting time and waiting area, examination room, drug availability and other ancillary facilities. Data was entered and analyzed using SPSS version 23.

RESULTS:

A total of 200 patients were included in the study. Out of which, 96 (48%) male patients and 104 (52%) female patients were recorded. 8 (4%) patients were recorded below twenty years of age, 36 (18%) patients were in the 20-40 years age group, 62 (31%) patients were recorded in the 40-60 years age group while 94 (47%) patients were above sixty years of age. The results were not significant results in relation to age, gender, and satisfaction level of the patient from health care service.

Table 1: Patient Satisfaction in Different Domains

Ease of Getting Care				
Variable	Unsatisfactory	Fair	Satisfactory	P-Value
Accessibility	12 (6%)	30 (15%)	158 (78%)	0.001
Hospital Hours	21 (10.5%)	15 (7.5%)	164 (82%)	0.001
Waiting Time and Area				
Waiting before Check-Up	116 (58%)	52 (26%)	32 (16%)	0.001
Waiting before the Lab Tests	82 (41%)	62 (31%)	36 (18%)	0.001
Waiting for Lab Results	84 (42%)	48 (24%)	68 (38%)	0.001
Waiting before Commencement of Treatment	32 (16%)	30 (15%)	138 (69%)	0.001
In-Patient Admission				
Admission	18 (9%)	44 (22%)	138 (69%)	0.001
Examination	16 (8%)	56 (28%)	128 (64%)	0.001
Actual Procedure	20 (10%)	66 (33%)	118 (59%)	0.001
Staff Interaction				
Medical Staff	26 (13%)	46 (23%)	128 (64%)	0.001
Counseling	30 (15%)	28 (14%)	146 (73%)	0.001
Paramedical Staff	22 (11%)	46 (23%)	132 (66%)	0.001
Lower Staff	104 (52%)	18 (9%)	82 (41%)	0.001
Medical Care				
Physician Response to Inquiry	28 (14%)	28 (14%)	144 (72%)	0.001
Individualized Medical Care	24 (12%)	48 (24%)	128 (64%)	0.001
Informational Care	70 (35%)	40 (20%)	90 (45%)	0.001
Outcome of Treatment	44 (22%)	52 (26%)	104 (52%)	0.001
Cost of Care				
Expenses	34 (17%)	98 (49%)	68 (34%)	0.001
Cleanliness				
Cleanliness	134 (67%)	26 (13%)	40 (20%)	0.001

Table 2: Recommendations

Variable	Recommend	Not Recommend	Uncertain	P-Value
Recommendation to Others	144 (72%)	12 (6%)	44 (22%)	0.001

DISCUSSION:

Some of the studies have been carried out so far in Pakistan; therefore, they are not enough due to different demographics, ethnicity, and local traditions. This is going to address concerned areas for improvement in health care quality. Determinants of patient satisfaction were mainly related to the quality of access and reception, the accommodation conditions, the technical care, the quality of information and the respect of patient intimacy which as compared to our study, we mainly focused on ease of getting care, in-patient admission, waiting for check-up, staff interaction, medical care, cost of care, and cleanliness^{13,14}. In the current study, the age and gender of patients were assessed in relation to patients' satisfaction from health services. The results were insignificant ($p>0.05$). Similarly, a study showed that age, gender, perceived health, and education level were not significant predictors of overall patient satisfaction¹⁵. In a study carried out in Australia, patients reported satisfaction with information

received before discharge (86%), support received after discharge (74%), expertise of the health professional (87%), access to health professionals experienced with HEN (74%), communication between health professionals (74%), costs of HEN supplies (52%) and delivery of HEN supplies (88%). QOL scores related to physical, psychological, social and environment domains were significantly lower in HEN patients than in the Australian reference population ($P<0.001$)¹⁶ which was consistent to the findings of this study, where out of 200 patients, 72% were satisfied with clinical care services, 14% had mixed views while 14% patients were not satisfied all. Moreover, in our study, 78% reported satisfactory accessibility. Similarly, for 82% patients, hospital hours were adequate. 58% of patients were unsatisfied in the waiting area. These findings were consistent with the results of Kaur M and Nuri NN^{6,7}. However, for 69% of the patients, the time of waiting and its outcome in terms of satisfaction level of people was not similar as per the study conducted in the aforementioned study. The level of satisfaction

with the longtime of waiting as compared to other studies could be due to different expectations and perceptions of the people. This waiting time could be reduced by proper management of triage of the patients and then sending them to the required place would help saving time and enable appropriate treatment. The admission was a pleasant experience. A similar response was about examination and procedure. These findings were consistent with the results of Doubova SV¹⁷. Most of the patients gave positive responses about the staff interaction. They were satisfied with the staff and counseling process. These findings were consistent with the results of Asrat W¹⁸. Although this hospital is a public sector setup, and it is supposed to provide the patients with free of cost facilities. But on the ground, patients must bear the costs of various tools, medication, and lab tests. 49% of the patients were fairly satisfied with the expenditure of the hospital during admission. These findings were consistent with the results of Woldeyohanes TR¹⁹. 67% of the patients were not satisfied with the cleanliness Umeokonkwo CD,²⁰ also supported these findings. In another study, the data was collected from different patient care areas over a period of 2 months and analyzed to determine the biggest dissatisfying factors among the patients. More than 88% of the patients have rated the services as Excellent/Good. The areas where the satisfaction level is low is the cleanliness especially in the toilets and the quality of food served to the patients, which as compared to the findings of this study, 67% of the patients complained about the hygiene, especially regarding the restrooms and declared cleanliness conditional unsatisfactory. In a study, overall, patients were more satisfied with inpatient services (Mean=81.8, SD=5.8) than outpatient services (Mean=79.7, SD=5.2, p<0.05). In inpatients, the highest complete satisfaction was in "Attitude of Nurse" item (42%), the highest satisfaction score was in "Care and treatment" domain (Mean=85.6, SD=9.7) and the lowest in "Hospital facilities" domain (Mean=78.3; SD=9.2) which as compared to the findings of this study, where out of 200 patients, 72% were satisfied with clinical care services, 14% had mixed views while 14% patients were not satisfied all.

LIMITATIONS:

The limitation of this study was its study design, small sample size and selective nature. Large multi centered randomized control trials should be encouraged to get better results so that it can be applied on the overall population.

CONCLUSION:

The study recommends the need to further develop, improve the health care delivery services by making a mechanism that is patient centered. A holistic approach is of utmost importance in this respect.

CONFLICT OF INTEREST: None

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