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A Study of Patient Satisfaction in a Tertiary care Teaching Hospital

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Abstract: *Patient Satisfaction is fulfilment or meeting of expectation of a person from a service or product .It is the evaluation of the hospital services in patient care, from the patient's perspective, based on his/her expectations. Assessment of patient satisfaction levels has become vital to every health care institution in order to deliver quality care as well as to sustain in the competitive industry. As a part of continuous quality improvement process, a survey has been conducted, in a tertiary care teaching hospital, to measure the levels of satisfaction, in objective ratings as well as subjective evaluation of care rendered by the hospital, in patients attending its Out Patient department. .The methodology of measurement was serving, to a sample of patients; a questionnaire, designed and structured on identified dimensions based on the literature, and obtaining their written response to it on a three point scale. At the end of the survey all the responses were analysed, dimension wise which showed that, while the staff behaviour, promptness of services, interactions with doctor have satisfied most people, services of pharmacy, waiting time issues did not meet their expectations adequately. Overall Impression of Hospital Services was rated as good by most of surveyed patients. Responses to open ended questions eliciting suggestions for improvement showed that areas such as pharmacy, laboratory and waiting time issuesneeded interventions.*

Key words: *Patient satisfaction, Experience, Expectation, Quality of care, Patient Centred Health Care*

I. Introduction

The hospitals have evolved from being an isolated sanatorium to a place with five star facilities. Patients and their relatives coming to the hospital not only expect world class treatment, but also other facilities to make their stay comfortable in the hospital. This change in expectation has come due to tremendous growth of media and its exposure, as well as commercialization and improvement in facilities.[1]

1.1 Patient Centered Health Care: Patients are central to healthcare delivery, yet all too often their perspectives and input have not been considered by providers. This is beginning to change rapidly and is having a major impact across a range of dimensions. Patients are becoming more engaged in their care and patient-centered healthcare has emerged as a major domain of quality. It is part of a shift in focus which has drawn increasing interest in recent years, highlighting the importance of incorporating patients' needs and perspectives into care delivery. The patient's engagement with their care is now considered a key of patient centred healthcare.[2]

Patient-centred healthcare realizes that patients are individuals, each with different needs. Realizing those needs and the organization's ability to meet them are true quality measures. A patient-centred organization is committed to affirming patients' perceptions as their reality and improving the way patients experience care in the future.[3]

In addition, the line between "satisfaction" and "experience of care" is not always clear due to the advent of newer terms (and new surveys designed to measure them). Among the terms are relationship-centred care, patient engagement, patient empowerment, patient activation and shared decision-making; some have a precise definition, others are still in flux. All jostle for attention under the rubric of "patient-centred care" (or, perhaps, "person centred care" or "person- and family-centred care" or "participatory medicine").[4]

Patients are always judging—and they judge an organization against their own personal set of expectations. When individuals ask friends and family members for recommendations, they do not ask for reports on the frequency of specific events. Rather, they ask, "How was the care? Were you satisfied? Would you recommend this hospital?"[3]

There are a number of factors that have made it difficult for the health-care industry to achieve customer satisfaction and retention in the last two decades. These include increasing patient awareness and knowledge, new research and innovations in the health-care field, the increasing cost of services, and continuous competition among health-care providers. Yet continuously improving quality to make services more efficient, effective and consumer friendly is not an option but a necessity for health-care providers. This disconnect between the continuing quality-improvement imperative and the difficulty the health-care industry has had

achieving such improvements has conceded the ultimate power and control into consumer hands, making measurement of customer satisfaction the primary mechanism to drive these needed changes. [5]

1.2. Definition: Patient satisfaction, which is viewed as a significant indicator of quality of care, can be defined as fulfilment or meeting of expectation of a person from a service or product[1] and has been receiving greater attention as a result of the rise in pay for performance (P4P) [6].It is a personal evaluation of health care services and providers [3]

A comprehensive literature review identified three purposes for patient satisfaction measurement: (a) to describe healthcare services from the patient's perspective, (b) to identify problem areas in healthcare organizations and generate ideas for solutions, and (c) to evaluate healthcare. The evaluation of healthcare was considered the most important reason for measuring the patient's perspective of care. "The term 'evaluation 'suggests a cognitive process in which specific aspects of care are assessed, while 'satisfaction' refers to an emotional response to the whole experience" [3]

1.3 Dimensions of Responsiveness: The dimensions of responsiveness, as identified by WHO, are Respect for autonomy, Choice of care provider, Respect for confidentiality, Communication, Respect for dignity, Access to prompt attention, Quality of basic amenities and Access to family and community support. The Picker approach, based on eight dimensions has formed the basis of the United Kingdom's NHS patient survey and was adapted for some surveys in Australia in previous years. They areAccess ,Respect for patients' values, preferences and expressed needs ,Coordination and integration of care ,Information, communication and education ,Physical comfort ,Emotional support and alleviation of fear and anxiety ,Involvement of family and friends ,Transition and continuity .[7]

Emphasis by the patients show varying needs according to their income groups, according to a study.Low Income Group emphasize on improved physical facilities, improved diet and relaxation of visiting hours, better service by class IV staff, human and sympathetic behaviour and transport facilities after discharge. Middle and High Income group lay emphasis on personal and prompt attention of doctors, better behaviour by class IV staff, improved physical facilities, and relaxation of visiting hours[1].

According to a study five major satisfiers and five major dissatisfies were identified.[1] Satisfiers: Behaviour of doctors,Explanation about disease and treatment,. Courtesy of staff at admission counter,Behaviour of nurses,Cooperation of nurses. Dissatisfiers:Cleanliness of the toilet,Quality of the food,Explanation about rules and regulations,behaviour of hospital and sanitary attendants,Room preparation.

Patient satisfaction surveys that ask patients to evaluate their experiences take into account multiple aspects of care not captured by patient reports, such as the empathy and compassion of nurses, physicians, and staff the affect, tone, and caring in the delivery of healthcare services the quality of the information and explanations that accompany care. [3]

1.4Measuring Patient Satisfaction: Tools developed to measure patient satisfaction have varied over time, but they generally take one of two forms: episode-specific or general. Episode-specific questions solicit information about a patient's experience during a specific event such as hospital stay, while general questions do not. In 2002, CMS and the Agency for Healthcare Research and Quality (AHRQ) initiated development of the HCAHPS survey. based on specific criteria within the nine domains: Communication with nurses,Communication with doctors,Responsiveness of hospital staff,Hospital environment, cleanliness, and noise,Pain,Communication regarding medications,Discharge,Global overall rating,Willingness to recommend. [8]

The survey response rate and appropriateness of the response are dependent on several factors, such as design (length, standardization, validation, reliability, responsiveness, discriminatory power, and structure of questions) and the characteristics of the desired representative population. Customized, standardized, and validated surveys can be used in the health-care setting successfully as quality-improvement tools. It is not a "one size fits all" type of instrument.[5]

Patient satisfaction is viewed as a significant indicator of quality of care.According to studies, although subjective,only patient satisfaction surveys accurately assess thepatient's experienceand a hospitalmust recognize and understand patient expectationswhen providing care, because patient satisfaction is core operating strategy for successful organizations.[9]Also the surveys have been receiving greater attention as a result of the rise in pay for performance (P4P) and the public release of data from the surveys, which may attract the customers to the better rated healthcare organizations.[6]

II. Methods

2.1 Study Design: Asurvey, to capture patient responses to question items in a specifically designed and structured questionnaire containing dimensions based on review of literature .The questionnaire consisted of 2 parts, namely; Part 1-General, capturing demographic details of the surveyed patients, and Part2 -covering seven

dimensions with twentyseven attributes pertaining to various transactional areas and services, responses to be rated on a three point scale based on Likert's. The survey was limited to outpatients and the services therein.

2.2 Samplesize: A sample size of 260 outpatients was considered adequate for the survey based on the average outpatient attendance.

2.3. DataCollection,ProcessingandAnalysis: A survey team of ten members drawn from postgraduate students of the hospital. , duly oriented to the survey process, served the questionnaires to the sample patients, and obtained their written responses on the rating scale. At the end of the survey, 259 valid responses were analysed using MS office excel.

III. Results and Discussion

The analysis of patient responsesis shownbelow:

3.1 Profile of Surveyed Patients: Sample patients were a mix of male and females, 56% and 44% respectively, literates being 84%, with mixed occupations.Referral cases amounted to 63% and direct walk in were 37%. Revisits amounted to 85% and 76% of all patients reported improvement (Table -1, Fig-1)

3.2 Analysis of area/ service wise attributes: Registration process and guidance to respective consultation/treatment areas/ other areas, staff behaviour and promptness of service were rated good whereas waiting time was rated poor.(Table-2, Fig-2:). Doctor's consultation and interaction, attention to problem, examination and counselling and waiting time for consultations were rated good. (Table-3, Fig-3). Laboratory and Imageology services-Signage, waiting time andstaff behaviour were rated good, whereas, explaining about test, and report delivery on schedule were rated average. (Tables-4&5, Figs-4&5). Regarding pharmacy services ease of location, staff behaviour and promptness of service were rated good, where as accurate dispensing and instructions to use were scored average to poor.(Table-6, fig-6) . Overall impression of hospital services received 67% good rating, 33% being average.(Table-7, Fig-7)

3.3 Analysis of the patients' remarks and suggestions:(56.4% of surveyed patients offered responses(Table-8,Fig-8), pertaining to various services have shown need for improvement in waiting time, cost of services, availability of medicines in pharmacy and delay in reporting from the laboratory.(Table-9,Fig-9)

Gender	Male	Female						Not Responded
	144	115						
Literacy	PG	Graduate	Inter	School	Illiterate			
	24	83	3	104	42			3
Occupation	Govt. Job	Pvt. Job	Business	Farmer	Daily Wage	House wife	Student	
	61	42	26	14	19	80	11	6
Referred by	Doctor	Friend	Media	Direct Walk in				
	86	79	17	77				
Health Condition after Treatment	Improved	Same	Worsened	First visit				
	196	24	1	38				

Table-1: Profile of responders, n=259

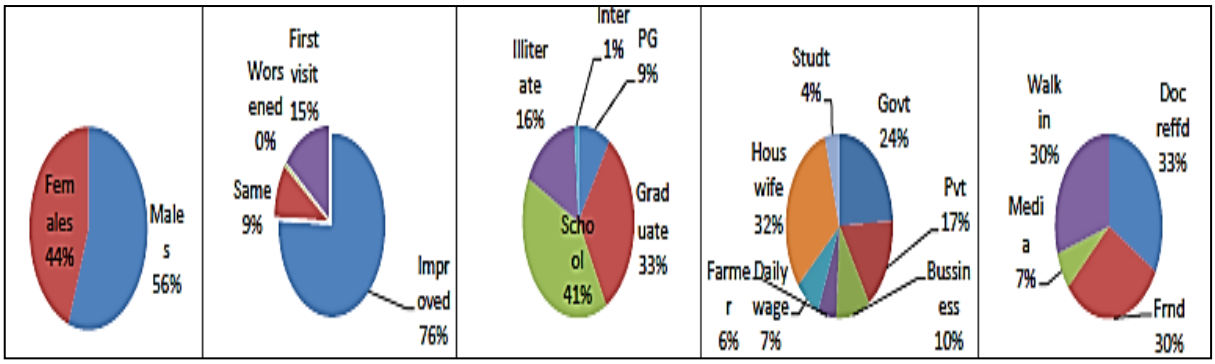

Figure-1: Profile of responders, n=259

Attribute	Poor	Average	Good
Ease of Location	4	57	198
	1.54	22.01	76.45
Behavior of Receptionists	4	70	185
	1.54	27.03	71.43
Promptness of service	4	60	195
	1.54	23.17	75.29
Waiting Time	10	40	209
	3.86	15.44	80.69
Registration Process	1	47	211
	0.39	18.15	81.47
Further Guidance	4	67	188
	1.54	25.87	72.59

Table-2-Reception and Registration, n=259

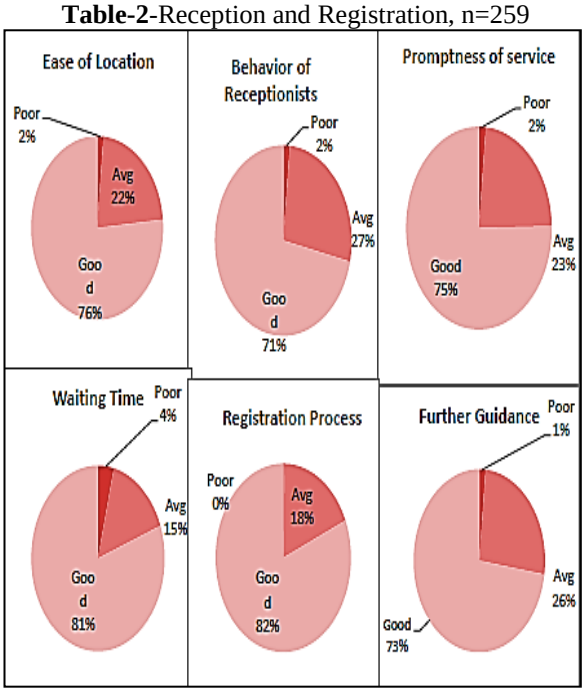

Figure-2-Reception and Registration, n=259

Attribute	Poor	Average	Good	Blank
Ease of Location	1	35	222	1
	0.39	13.57	86.05	
Doctor Interaction	1	14	243	1
	0.39	5.43	94.19	
Attention to your Problem	1	19	238	1
	0.39	7.36	92.25	
Waiting Time	10	61	187	1
	3.88	23.64	72.48	
Doctor Examination	1	22	235	1
	0.39	8.53	91.09	
Doctor Counseling	3	20	235	1
	1.16	7.75	91.09	

Table-3: Doctor Consultation, n=258

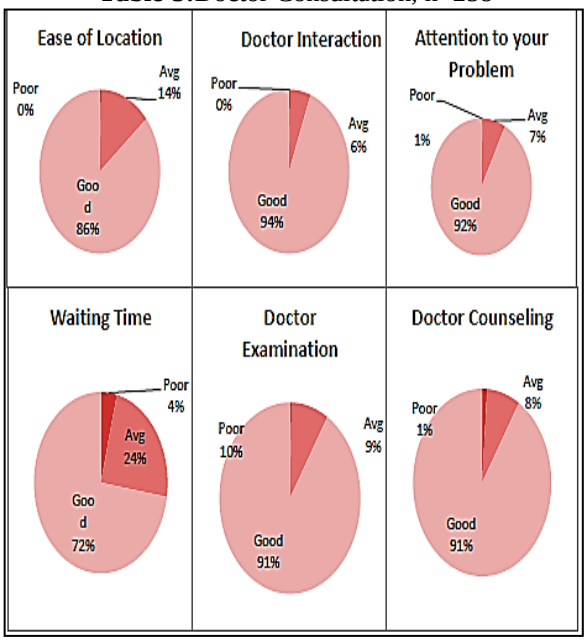

Figure-3: Doctor Consultation, n=258

Attribute	Poor	Average	Good
Ease of Location	1	21	140
	0.62	12.96	86.42
Behavior of Lab Staff	4	45	113
	2.47	27.78	69.75
Explaining of Test	18	76	68
	11.11	46.91	41.98
Waiting Time	0	20	142
	0.00	12.35	87.65
Report Delivery as scheduled	7	70	85
	4.32	43.21	52.47

Table-4: Laboratory Services , n=162

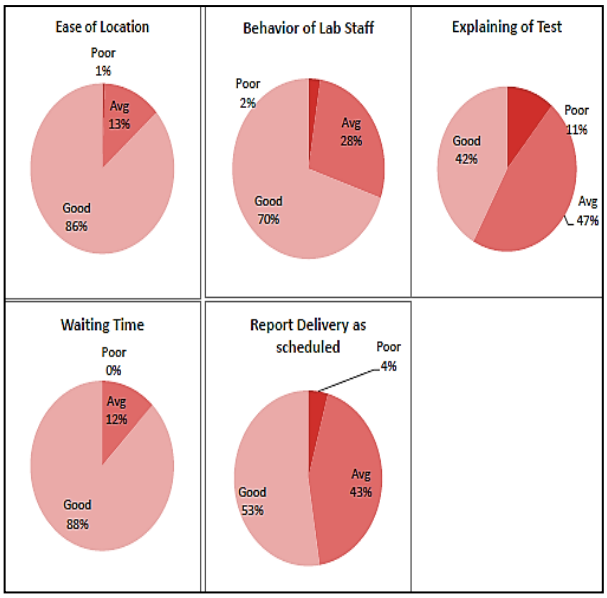

Figure-4: Laboratory Services , n=162

Attribute	Poor	Average	Good
Ease of Location	3	26	131
	1.88	16.25	81.88
Behavior of Imageology Staff	4	47	109
	2.50	29.38	68.13
Explanation of Test	25	64	71
	15.63	40.00	44.38
Waiting Time	7	18	135
	4.38	11.25	84.38
Report Delivery	8	49	103
	5.00	30.63	64.38

Table-5: Imageology, n=160

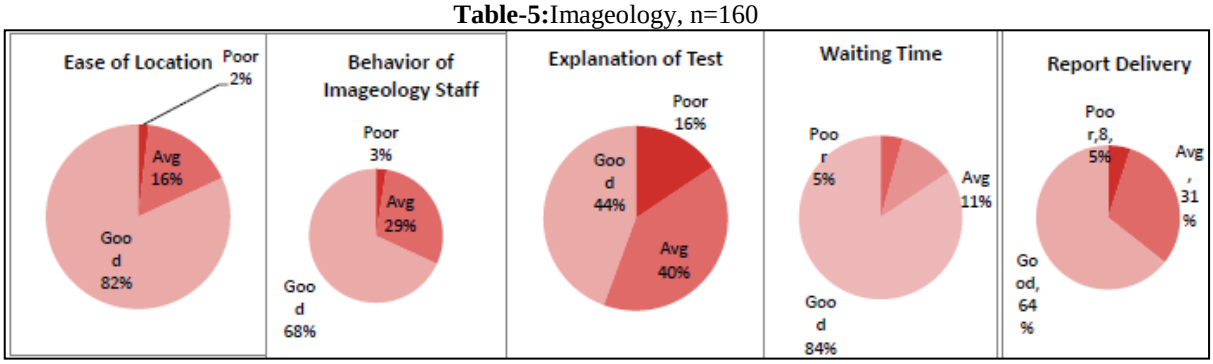

Figure-5: Imageology, n=160

Attribute	Poor	Average	Good
Ease of Location	6	15	136
	3.82	9.55	86.62
Behavior of Pharmacy Staff	12	48	97
	7.64	30.57	61.78
Promptness of service	15	54	88
	9.55	34.39	56.05
Accurate Dispensing	18	73	66
	11.46	46.50	42.04
User Instruction	85	44	28
	54.14	28.03	17.83

Table-6: Pharmacy, n=157

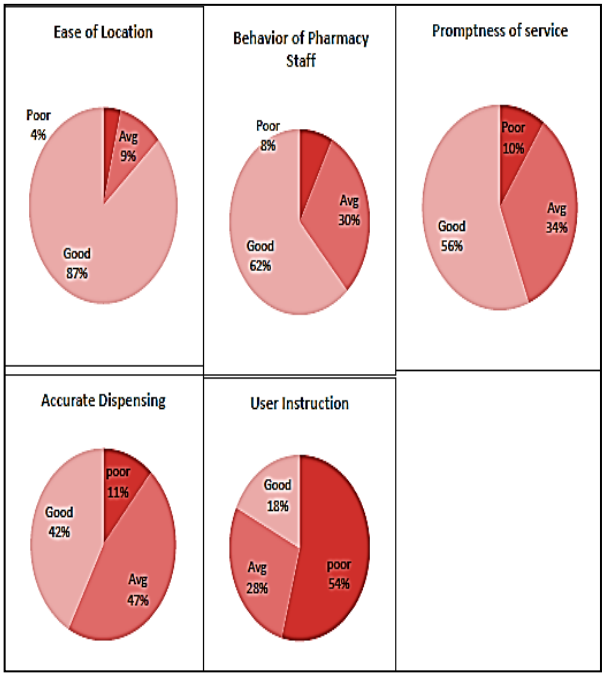

Figure-6: Pharmacy, n=157

	Numbers	Percentage
Poor	**1**	**0.39**
Average	**84**	**32.43**
Good	**174**	**67.18**
Total	**259**	**100.00**

Table-7: Overall impression of hospital services, n=259

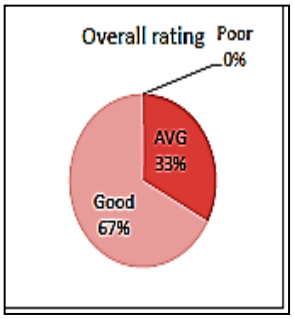

Figure-7: Overall impression of hospital services, n=259

Analysis of Open ended questions on Remarks and suggestions by the patients:

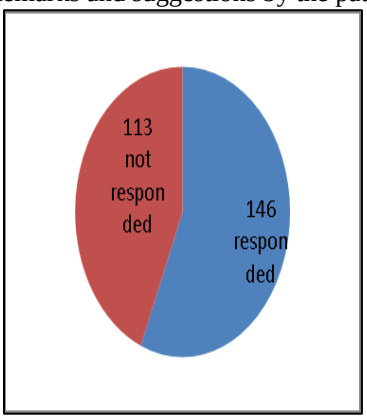

Figure-8: Responses to open ended questions on service wise remarks and suggestions, n=259

Imageology	Lab	Doctor	General	Pharmacy
10	19	29	53	69
6.84%	13.01%	19.86%	36.30%	47.26%

Table-9: Service wise remarks and suggestions, percentage of responses (service wise respondent sample, not on whole sample, hence total of percentages is not 100%)

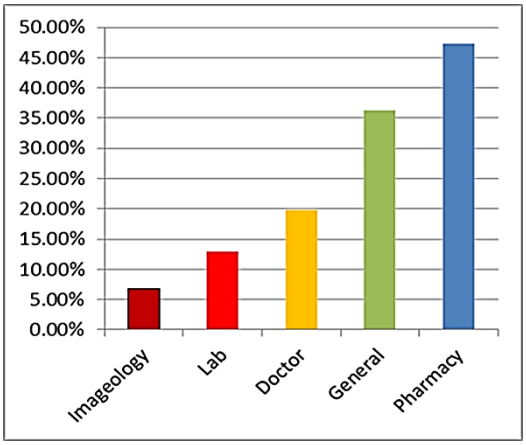

Figure-9: Service wise remarks and suggestions, percentage of responses (service wise respondent sample, not on whole sample, hence total of percentages is not 100%)

Remarks and Suggestions as obtained from the patients are reproduced in Table-10:

General Remarks (n=-53)	
High Cost of Services	1
More number of signboards that to in local language are required	8
Drinking Water not adequate in quantity and placed in unhygienic area	7
Preference should be given to Senior Citizens	7
Delay in rendering services should be avoided	6
Behaviour of Reception & Security Staff impolite	6
There should be no Parking charges	2
Awareness regarding Arogyasri coverage must be made	1
Disparity between Arogyasri and non-Arogyasri patients should be avoided	1
Queue discipline is not being followed	2
Toilets were found locked	1
More wheel chairs are required	1
Seating in Emergency Department - insufficient	1
Consultant services (n=29)	
Delay at consultant room	21
Doctor should listen attentively and explain properly	4
Frequent change of consultants to be avoided	2
Examination by Trainees to be avoided	2
Pharmacy services (n=69)	
Some medicines prescribed by doctor are not available in pharmacy	38
Pharmacy Staff are impolite & do not guide properly	9
Discount should be given on all medicines purchased	7
Delay in dispensing	7
Pharmacy Staff are not checking prescription & dispensing substitutes	6
Charging more than bill & not giving the change back.	2
Laboratory services (n=19)	
Reports are delayed	10
Test procedure & results not explained properly	4
Lab Charges are high	3
Lab Staff do not provide information properly	2
Imageology (n=10)	
Gowns should be changed after each use so that they are not reused	4
Delay in the delivery of reports	2
MRI/CT Price should be reduced	1
Printed report of X ray should be given to patient, when leaving	1
No privacy in the USG room	1
No water supply in the department	1

Table-10: Remarks and suggestions, service wise

IV. Conclusion

Considerable research confirms that patient satisfaction surveys using ratings are leading indicators of healthcare outcomes, including compliance with medical advice, likelihood to recommend, and return visits for care although all patient-derived information is subjective, only patient satisfaction surveys accurately assess the patient's experience.The survey carried out in the outpatient department of a tertiary care teaching hospital offered valuable inputs on patient expectations and evaluation of hospital care and services and direction to quality enhancement measures in areas that require focused interventions.

Acknowledgements

At the outset, the authors express their gratitude to the survey participants for sparing their valuable time in responding to the questionnaire and offering suggestions for improvement. Their sincere thanks are due to the management and administration of the Institution for according permission to conduct the study and making available resources. Authors are also thankful to many of the institutional staff for their support and coordination in making this study feasible.

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