

An Assessment of Patients Satisfaction with Services Obtained From a Tertiary Care Hospital in Ranchi, India

Mithilesh Kumar¹, Vivek Kashyap², Vidya Sagar³, Shamim Haider⁴, S.B.Singh⁵,
Vinti Kumari⁶

¹.Junior Resident(Academic)².Professor & Head³.Associate Professor,⁴Ex Professor and Head⁵.Assistant Professor cum Statistician⁶,Junoir Resident, Department of Community Medicine(PSM), Rajendra Institute of Medical Sciences, Ranchi, Jharkhand

Abstract: Patient satisfaction is one of the most important parameter of quality of services provided to the patients in a hospital. It is essential to be aware of how the patients evaluate the quality of health care service so as to facilitate hospital administration to enhance quality of services and satisfy patients to a great extent.

Objective: to assess the quality of services obtained from a tertiary care hospital in Ranchi, Jharkhand.

Material and methods: Descriptive, cross sectional, hospital based study conducted between July to September' 2015 in Rajendra Institute of Medical Sciences (RIMS), Ranchi. A total of 168 indoor patients were selected as study subjects and interviewed on the day of discharge by a pre-tested semi structured questionnaire.

Results- Most of the patients were in their productive age group and belonged to lower socioeconomic class. Most of the patients were satisfied with the behavior and services of doctors, nurses, lab technicians and investigations done. Patients were little satisfied by availability of doctors in the ward, ward attendants, and enquiry counter. Patients were less satisfied with the medicines provided in the hospital and cleanliness of toilets and bed sheets. Most of the patients (76%) were satisfied with overall services available in the hospital.

Conclusion- Assessing satisfaction of patients is simple and cost effective way for evaluation of hospital services. Most of the patients were satisfied with the services provided in the hospital although there were some areas which needed to be improved.

Keywords: Patient satisfaction, behavior, cleanliness.

I. Introduction

Patient satisfaction is one of the important parameter for measurement of a health system. The measurement of patient satisfaction is an important tool for research, administration, and planning¹. Patient is one who decides the quality, who accepts the services, who makes others to accept it, who gives correct feedback about the performance of hospital and makes the programme of total quality management successful². Quality in healthcare is defined as everything the healthcare organization undertakes to fulfill the needs of its customer, be it the patient, the payer, the admitting doctor, the employer, or an internal customer within the organization³.

Patient satisfaction is one of the established yardsticks to measure success of the services being provided in the health facilities. But it is difficult to measure the satisfaction and gauge responsiveness of the health systems as not only the clinical but also the non-clinical outcomes of care do influence the customer satisfaction⁴. Patient's perceptions about health care system seem to have been largely ignored by the health care managers in the developing countries. Patient satisfaction depends upon many factors such as: quality of clinical services provided, availability of medicine, behavior of doctors and other health staff, cost of the services, hospital infrastructure, physical comfort, emotional support and respect for patient preferences⁵.

Therefore, assessing patient perspectives gives them a voice, which can make public health services more responsive to people's need and expectations^{6,7}. Following increased levels of competition and the emphasis on consumerism, patient satisfaction has become an important measurement for monitoring health care performance of health plans. Patient is the best judge since he or she accurately assesses and provides inputs which can help in the overall improvement of quality health care provision through the rectification of the system weaknesses by the concerned authorities⁸.

The present study was carried out to assess the quality of services provided to the patients admitted in Rajendra Institute of Medical Sciences (RIMS) which is the only multi speciality government hospital in Jharkhand. So development of Jharkhand also counts on the medical facilities provided at RIMS. The study was done to find out the expectations and perception of the patients in context of hospital management, doctors, paramedic staffs and all other facilities provided at hospitals.

II. Material And Methods

It was a cross sectional study conducted in Rajendra Institute of Medical Sciences (RIMS) , Ranchi which is the largest tertiary care government hospital in Jharkhand, India. The study was conducted from July 2015 to September 2015 among 100 patients admitted in the wards of the hospital chosen randomly who fulfilled our inclusion criteria. Patients with a minimum stay of 24 hours in the ward and on the day of discharge were included after taking their informed consent. For pediatric patients, attendants of patients were interviewed using a pre-designed pre-tested questionnaire. A scoring system was used to find out the satisfaction of the patient, with a minimum score of 1 and maximum score of 10. Depending on the score given by the patient, satisfaction was divided into 3 levels i. e. good, average and poor. Good was considered satisfactory and average and poor were considered unsatisfactory. The data was analyzed by SPSS software version 20. Chi- square test was done and p value <0.05 was considered significant. Permission was taken from the director of the institution before conducting the study.

Table 1: Socio-demographic profile of the patients (n=100):

Sl. No.	Variables	Category	Percentage
1.	Gender	Male	42
		Female	58
2.	Age (in years)	< 20	12
		20-30	22
		31-40	57
		>40	9
3.	Religion	Hindu	30
		Muslim	18
		Christian	15
		Sarna (a local religion)	37
4.	Ethnicity	Tribal	64
		Non tribal	36
5.	Residence	Rural	72
		Urban	28
6.	Education	Illiterate	27
		< 10 th standard	56
		≥10 th standard	17
7.	Occupation	Housewife	28
		Job (govt/private)	11
		Laborer	36
		Farmer	12
		Others	13
8.	Socioeconomic class (acc. to modified B.G. Prasad classification)	Class I	0
		Class II	2
		Class III	1
		Class IV	25
		Class V	72

Results: Majority of the patients belonged to age group 31 to 40 (mean age was 38.56±17.94), tribal, Sarana (a local religious group), of rural area. 27% of the patients were illiterate. 36% were labourer, 72% belonged to lower socioeconomic class (Table 1).

Table 2: perception of patients at the time of admission (n=100):

Sl no.	Services	Category	Percentage
1.	Helpfulness by staff at entrance of the hospital	Satisfied	67
		Not satisfied	33
2.	Helpfulness at enquiry counter	Satisfied	44
		Not satisfied	56
3.	Helpfulness by staff at registration desk	Good	72
		Average	24
		Poor	4
4.	Availability of wheel chair/ stretcher N=76(24 patient didn't require it)	Available	34.2
		Not available	76.8
5.	Availability of ward attendant for shifting the patients to ward / lab	Available	45
		Not available	55
6.	Ward location	Approachable	75
		Difficult to approach	25
7.	Sign boards	Sufficient/helpful	55
		Not sufficient	45
8.	Time taken in admission or registration	<15 min	43
		15-30 min	35
		>30 min	22

9.	Satisfaction regarding admission process	Good	78
		Average	10
		Poor	12
10.	Satisfaction regarding sitting arrangement	Good	58
		Average	24
		Poor	18

67% of the patients were satisfied with helpfulness by staff (guard) at entrance of the hospital. 44% satisfied at enquiry counter, 72% satisfied at registration desk. 76.8% were unsatisfied with the availability of wheel chair or stretcher. 55% said that ward attendant were not present for shifting the patient to ward. 88% of the patients said that ward location was approachable. 76% said that sign boards for direction were sufficient. 22% of the patient said that it took more than 30 minute to get admitted. 78% were satisfied regarding admission process. 42% were not satisfied by the sitting arrangement in waiting area.

Table 3: Satisfaction of the patients regarding behaviour of hospital staff (n=100):

Hospital staff	Good (%)	Average (%)	Poor (%)	Total (%)	Chi sq= 30.00, P<0.001
Doctors	76	19	5	100	
Nurses	64	30	6	100	
Other staff	38	52	10	100	

Patients were more satisfied regarding behaviour from doctors (76%) than nurses (64%) and other staffs (38%). This may be due to higher education level among doctors (Table 3). The difference in behaviour among hospital staffs was statistically significant (p< 0.001).

Table 4: Perception regarding quality of Professional services by doctors (n=100) :

Sl No.	Quality of professional services	Category	percentage
1.	Time given by the doctor at the time of admission	<5min	25
		5-10 min	43
		>10 min	32
2.	Satisfaction regarding time given by the doctor for examination	Satisfactory	83
		Unsatisfactory	17
3.	Discussion about disease status and description	Adequate	94
		Not adequate	6
4.	General communication by the doctors	Good	76
		Average	19
		Poor	5
5.	Discussion about lab investigation	Satisfactory	70
		Not satisfactory	30
6.	Punctuality of doctors	Yes	91
		No.	9
7.	Satisfaction regarding presence of doctors in the ward	Satisfied	35
		Not satisfied	65
8.	Satisfaction regarding doctors' visit	Adequate	87
		Not adequate	13

Perception regarding professional services by doctors is mentioned in table 4. 25% of the patients said that doctor gave less than 5 minute for examining them but 83% were satisfied by the time given by the doctor. 76% gave good response on asking about the general communication by the doctor. 70% were satisfied from the discussion about lab investigation. 91% said that doctors were punctual. 87% were satisfied regarding doctors' visit. But patients were less satisfied (65%) regarding presence of doctors in the ward. They had to call the doctor when needed.

Table 5: Perception regarding quality of professional service of nursing and other paramedical staff (n=100):

Sl. No.	Quality of professional services	Category	Percentage
1.	Availability of nursing staff in ward	Satisfactory	91
		Not satisfactory	9
2.	Dispensing medicine on time	Satisfied	85
		Not satisfied	15
3.	Response to queries	Good	75
		Average	15
		Poor	10
4.	Availability of paramedical staff(ward attendants)	Adequate	20
		Inadequate	80
5.	Response of paramedical staff (ward attendants)	Good	30
		Average	50
		Poor	20

Perception regarding nursing services is shown in table 5. 91% of the patients were satisfied by the availability of nursing staff in ward. 85% were satisfied by the timing of dispensing medicine. 75% told good in response to queries. 80% told inadequate paramedical staff in the ward. 50 % of the patient had average response towards paramedical staff.

Table 6: Perception regarding quality of laboratory services (n=100):

Sl. No.	Quality of laboratory services	Category	Percentage
1.	Location of investigation room	Accessible	80
		Not accessible	20
2.	All investigation done in hospital	Yes	74
		No	26
3.	Availability of lab technician	Yes	94
		No	6
4.	Behaviour of lab technician	Satisfactory	65
		Not satisfactory	35
5.	Availability of lab report	Timely	68
		Delayed	32
6.	Affordability of laboratory charges	Affordable	66
		Not affordable	34

Perceptions regarding quality of laboratory services are shown in table 6. 80 % of the patients said location of investigation room was accessible. 74% said that all investigations were done in hospital. 94% told that lab technician were available. According to 65% of the patients behaviour of lab technician was satisfactory. 32% of the patient said that lab reports were delayed. 66% said laboratory charges were affordable.

Table 7: Perception of patient regarding cleanliness in the hospital (n=100):

Hospital area	Good	Average	Poor	Total (%)	Statistics
Ward/room	60	32	8	100	Chi sq=46.21, P value<0.001
Toilet	20	44	36	100	
Campus	56	28	16	100	

Perception regarding cleanliness in the hospital is shown in table 7. Patients were more satisfied by the cleanliness in ward (60%) and campus (56%) than toilets (20%). The difference in perception was found to be statistically significant also (p<0.001).

Table 8: Satisfaction regarding cleanliness of bed sheet, food, and drinking water supply (n=100):

Items	Good	Average	Poor	Total (%)	Statistics
Bed sheet	29	56	15	100	Chi sq=65.07, P value<0.001
Food(quality and timing)	52	43	5	100	
Water supply	46	37	17	100	

Perception regarding bed sheet cleanliness, food (quality and timing), and water supply are shown in table 8. Patients were more satisfied with food (52%) and water supply (46%) than bed sheet cleanliness (29%). It was also found to be statistically significant (p< 0.001).

Table 9: Satisfaction regarding availability of medicine (n=100):

Sl no.	Satisfaction regarding satisfaction	Category	Percentage
1.	Availability of medicine in the hospital	Available	7
		Very few	23
		Unavailable	70
2.	Were medicines affordable	Yes	23
		No	77

Satisfaction regarding medicine is given in table 9. 70% of the patients said that prescribed medicines were not available in the hospital and they had to bring it from outside which were unaffordable for 77% of the patients but bought it anyhow.

Table 10: Satisfaction regarding recovery and recommendation (n=100):

Sl no.	Satisfaction regarding recovery and recommendation	Category	percentage
1.	Satisfaction regarding recovery	Good	61
		Average	38
		Poor	1
2.	Would recommend to others	Yes	93
		No	7

Satisfaction regarding recovery and recommendation to others were shown in table 10. About 61% of the patient said that recovery from the disease was good. 93% of the patients said that they would recommend this hospital to others for their ailment.

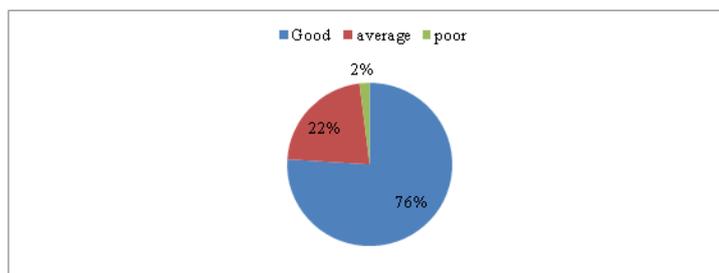


Fig 1: Overall satisfaction regarding hospital services (n=100):

Response of the patient was good in 76%, 22% better and 2% poor when asked about the overall satisfaction from quality of the hospital services (Fig 1).

III. Discussion

It was good to find that most of the patients were satisfied by the services obtained from this tertiary care government hospital as opposed to the general perception that government hospitals don't serve the patients well. In the present study most of the patients were in their productive age group (20-40) and from under served section of the society. Similar results were obtained from the study done by Sumeet Singh et al in their study in Punjab⁹. It was found that most of the patients were satisfied by services obtained during admission process like helpfulness during entrance of the hospital, registration, ward location, time given by the doctor during admission and the whole admission process. The results were consistent with the study done by Summet Singh et al in Punjab⁹ and Syed Shuja Qadri¹⁰ in rural Haryana. In the current study patients were less satisfied with enquiry counter, availability of wheel chair/stretchers, and ward attendant. This may be due to shortage of staff in this hospital. Patients were more satisfied regarding behaviour from doctors than nurses and other staffs. This may be due to higher education level among doctors. Similar type of results was obtained in the study done by others¹¹⁻¹⁴. In the study done by Singh JP et al¹⁵, patients were more satisfied with behavior of class III & IV staffs than doctors and nursing staffs.

On the other hand a study conducted by Ariba et al¹⁶ in 2007 in a Nigerian teaching hospital, it was found that most of the respondents were displeased with the overall quality and attitude of the health care providers. In the present study we found that most of the patients were satisfied by the professional services rendered by the doctor like time given by the doctor for examination, discussion about their diseases and laboratory investigation, general communication, punctuality and doctor's visit. This shows similar results as the study done by Sumeet Singh et al⁹ and Prasanna et al¹⁷. But patients were less satisfied by the presence of doctors in the ward. This may be due to shortage of doctors in the hospital. In the present study it was found that most of the patients were satisfied by the nursing staff but were less satisfied by the availability of paramedical staff and their response towards patients. This may also be due to low level of education among them.

Most of the patients in the present study were satisfied by the laboratory services. It was consistent with the study done by Sumeet Singh et al⁹ and Prasanna et al¹⁷. Patients were less satisfied by the behavior of the laboratory technician. This may be due to overburdened work of the lab technician. Few patients were less satisfied by the availability of all the investigations in the hospital because they had to get some of the test done outside the hospital.

In the present study patients were less satisfied by the cleanliness in the toilet than the ward and campus area. This finding was also consistent with studies of other researchers^{9,11,18,19}. Patients were satisfied with the cleanliness in the toilet particularly in private medical college hospital as study done by Rajagopal Rao Kodali and P. Sita Ramacharyulu²⁰ in a private medical college in A.P. and Prasanna et

al¹⁷ in a private medical college in Mangalore. The reason could be less patient load and round the clock cleaning services in the private medical college.

In the present study patients were less satisfied with the cleanliness of bed sheet as well as availability of medicine as seen also in the study done by others^{9,18}. But this was in contrast to the study¹⁰ done in rural Haryana where patients were satisfied by the availability of essential medicines in the hospital. In the present study it was seen that most of the patients said that they would recommend this hospital to others, consistent with the results of other researchers^{9,11,18}. The overall satisfaction of patients with services received from this tertiary care hospital came out to be 76%. Similar results were obtained the study done by others^{12,18,21}. Whereas satisfaction was lower than the present study as reported by Bhattacharya et al¹⁴, SK Jawhar et al.²² and Mahapatra et al.²³. The reason could be variations in the way services are delivered, differences in study population and the patients' expectations.

IV. Conclusion

In developing set-up like India, it is a general perception that tertiary health care and services provided by a government hospital is inferior to the one provided by a private hospital but in our study we found that, RIMS being a government hospital fulfils most of the criteria of health care centres though there are some loop holes.

Drawback of the study

One major drawback of our study is that it could not cover all the strata of society because most of our patients belong to class 5 and none belonged to class 1. The perception of quality of services of class 1 and 2 are very different from class 4 and 5 because they have different standard of living.

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