

An Assessment of Patient Satisfaction at a Secondary Level of Health Care Facility in West Bengal

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Abstract

Introduction : The expectations and demands of the citizens during crises periods from the health system are increased. The need for quality not only in the medical-clinical work of oncology patients but all the departments providing administrative or financial services is high and there are many factors that affect patients'. One of the most modern ways of investigating the quality of health care is the measurement of the patients' opinion as users of services. **Objective :** To assess the level of satisfaction among patients who have utilized the O.P.D. services provided in the Secondary care level health institution and to determine the relationship between some socio-demographic factors and the level of satisfaction.

Methodology : A health centre based observational study, cross-sectional in design, was conducted during July 2018 - Oct 2018. A Secondary level health care facility at Dist. Paschim Midnapore West Bengal, India was chosen for the study after simple random sampling of all secondary level health facilities at Paschim Midnapore district. New adult patients (18 years and above) attending OPD constituted the study population. A pre-designed and pre-tested interview schedule was used to record information.

Results : Overall mean satisfaction score observed in the secondary level health care facility to be 3.38 ± 0.33 . Regarding the various sub-scales of satisfaction, the following mean scores were observed: General satisfaction: 3.21 ± 0.55 , Technical Quality: 3.66 ± 0.30 , Interpersonal manner: 3.70 ± 0.60 , Communication: 3.17 ± 0.51 , Financial aspects : 3.00 ± 0.64 , Time spent with doctor: 3.56 ± 0.70 , Accessibility and Convenience : 3.40 ± 0.62). In the present study, highest mean satisfaction score was observed regarding interpersonal manner, while least was found regarding financial aspect in the secondary level health care facility.

Key Words: Patient Satisfaction, Health Care Facility

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I. Introduction

The Oxford Dictionary defines "satisfaction" as 'fulfillment of one's wishes, expectations, or needs, or the pleasure derived from this'.

'Patients don't care how much we know.....

Until they know how much we care".¹⁶

The claim for measure of satisfaction may be the final common pathway for all health care outcomes. Over a lifetime, patient expectations of health care may change dramatically. Some patients may place more emphasis on technical competence whereas others, fulfillment of personal needs, comfort, dignity and supportive services.

The last few decades have witnessed fast economic growth and rapid urbanization in developing countries; this along with technological advances, including revolution in information technology worldwide has led to increased demands and new expectations of patients. Now, increasingly knowledgeable patients armed with information from media as well as guidelines developments by health planners confront physicians with the expectation of quality care of highest standards. The sense of growing gap between what patients want and what practitioners perceive as important results in dissatisfaction of patients with health care systems.

OPD is the window to any health system and OPD care indicates the quality care of hospital reflected by patient's perception in terms of satisfaction to the services they are provided.⁶ Although some literature pertaining to patient satisfaction in the inpatient setting are available⁷⁻¹², there is a paucity of data on patient satisfaction pertaining to outpatient clinical services in India, more so in West Bengal. Extensive literature search failed to find any patient satisfaction studies at the secondary level of health tier though satisfaction

studies pertaining to primary and tertiary level was available. Scarcity of information on this aspect was the driving force to carry out this present study with the objectives to assess the level of satisfaction among patients who have utilized the O.P.D. services provided in the Secondary care level health institution and to determine the relationship between some socio-demographic factors and the level of satisfaction.

II. Materials and Methods

It was a health centre based **observational study, cross-sectional in design**, duration of study being three months during **July 2018 - Oct 2018**. A Secondary level health care facility at Dist. Paschim midnapore West Bengal, India was chosen for the study after simple random sampling of all secondary level health facilities at Paschim midnapore district. district.

New adult patients (18 years and above) attending OPD constituted our **study population**.

Inclusion criteria: Adult male and female patients attending OPD on the day of data collection during working hours, patients attending for first visit.

Exclusion criteria: Seriously ill patients who were unable to participate in the interview, patients who were deaf or mute or both, patients who worked in the same hospital or their relatives were excluded from the study.

Sample size: Since the study was a qualitative one, the sample size was determined using the following formula¹

$$N = Z^2pq/e^2$$

N = estimated sample size,

Z = 1.96 at 95% Confidence Limit

p = Prevalence of patient satisfaction

q = 1 - p

e = allowable error.

For this study, maximum variability was assumed,

p = 0.5

q = 0.5

e = 0.5

Hence the sample size was calculated to be 384. 10% of the estimated sample size was added for incomplete answers making the estimated sample size to be 422.

While selecting patients, it was observed from previous records that average number of new patients attending the OPD was around 100 per day. Two months were available for data collection. Two days in a week were utilized for data collection (total 17 days in two months) and total number of patients required to be interviewed at the Secondary Level were 422. Hence, per day 25 patients (in average) were interviewed. In the OPD, the first patient fulfilling the inclusion criteria was identified, and then every 4th patient (who fulfilled the inclusion criteria) was selected systematically. The patients were interviewed maintaining privacy and requested not to divulge any information to others. Information was elicited by exit interview of patients and review of records (OPD tickets) and information regarding the following predictor variables were obtained: age, sex, education, socio-economic status, religion and marital status.

A **pre-designed and pre-tested interview schedule** was used to record information. The initial part of the schedule (Part-A) was used to record information on the various socio-demographic characteristics of the patients. Part B of the schedule was utilised to record information on patient's satisfaction. The questions of the schedule were adopted from the Short Form Patient Satisfaction Questionnaire 18 (PSQ-18) ⁵. Some questions were modified after pre-testing and were validated by experts.

Permission to conduct the study was obtained from concerned authorities. **Informed written consent** was obtained from all patients before the interview after telling them the objective of this study, approximate time that would be required for interview, assuring the confidentiality and anonymity of their identity. On the days of data collection, the treating medical officer, was kept unaware of the questions in the schedule to avoid bias in his/her behaviour with the patient.

Data were entered into MS-Excel sheet and checked for accuracy. Proportions, unpaired t-test, mean, SD, one way ANOVA and Post-hoc Tukey test were computed using SPSS version 17.0.

III. Results

The highest percentage of patients belonged to 21-30 years age group (36%) while the percentage of patients above sixty years of age was the least (5%). 65% were females, 94% patients belonged to urban community, 86% were Hindu, followed by Muslims. No Christians were found while data collection. 78.7% were married, 17% were single/ unmarried and 4.2% were widowed/divorced/separated. Home-makers also contributed to the highest percentage while, shop-owners/ farm-owners contributed the least among the total number of patients and 4.5% of the total study population was found to be unemployed, the highest percentage

of patients had completed Higher Secondary level while the least percentage were found to be Illiterate. This trend was observed because the patient pool at the secondary level were mostly urban and educated.

Overall mean satisfaction score observed in the secondary level health care facility to be 3.38 ± 0.33 . (Table 1) Regarding the various sub-scales of satisfaction, the following mean scores were observed: General satisfaction: 3.21 ± 0.55 , Technical Quality: 3.66 ± 0.30 , Interpersonal manner: 3.70 ± 0.60 , Communication: 3.17 ± 0.51 , Financial aspects : 3.00 ± 0.64 , Time spent with doctor: 3.56 ± 0.70 , Accessibility and Convenience : 3.40 ± 0.62 (Table 2).

In the present study, highest mean satisfaction score was observed regarding interpersonal manner, while least was found regarding financial aspect in the secondary level health care facility.

Age and satisfaction : Highest mean score was observed among the 41-50 year age group and lowest among 18-20 year group (statistically significant). (Table 2).

Sex and satisfaction : Higher mean satisfaction scores were observed among the females regarding all sub-scales of satisfaction in the secondary level health care facility and the findings were statistically significant. (Table 2)

Religion and satisfaction : The Hindu were more satisfied than the Muslim regarding all sub-scales of satisfaction. (Table 2).

Marital status and satisfaction: : The married in general were the most satisfied while the widowed/separated/divorced were the least. (Table 2).

Literacy and satisfaction: The literate group (secondary level) found to be most satisfied with the services. (Table 2).

Patient satisfaction and socio-economic status (Modified B.G. Prasad classification for the year 2015 was used to calculate socio-economic status): In general higher socio-economic class was found to be more satisfied than lower socio economic class with the services.

IV. Discussion

The present study revealed that older age group were more satisfied than the younger age group regarding most of the services. These findings were similar to findings of Ware et al where older age were found to be more satisfied⁽⁶⁾. Similar findings were observed in another study where older patients were found to be more satisfied than younger ones⁽⁷⁾. Few more studies reported that elder respondents generally record higher satisfaction⁽⁸⁻¹⁰⁾. Age is a well known determinant of the patient satisfaction index (PSI) with older patients scoring more highly and being more satisfied than young and middle aged patients^(3,4,11,12).

In general it was found that women were more satisfied than males. Evidence about the effects of gender, ethnicity, and socio-economic status is equivocal due to the small amount of literature available on each⁽¹⁴⁻²¹⁾. Some studies have indicated that female report greater satisfaction than male. While other studies have contradicted this finding⁽²²⁾. Women tended to rate their care more negatively than men in one study⁽²³⁾. The Hindu were more satisfied than the Muslim regarding all sub-scales of satisfaction. Linn *et al* found no relationship between satisfaction and religion. The married in general were the most satisfied while the widowed/separated/divorced were the least. Hulka et al found no relationship between marital status and satisfaction⁽²⁴⁾, while Bashur et al reported that single persons tended to be more satisfied with technical quality of care⁽²⁵⁾. The literate group (primary level, secondary level, secondary and higher secondary passed) found to be more satisfied with the services. The present study found that literates were more satisfied than the illiterates regarding most of the sub-scales of satisfaction. Similar findings were also observed by Suchman et al²⁶

Sensitization of doctors regarding communication skills and interpersonal behaviour should be conducted and they should be requested to prescribe medicines investigations available from respective institutions to enhance patient's ease and care utilization.

Overall mean satisfaction score observed in the secondary level health care facility to be 3.38 ± 0.33 . Regarding the various sub-scales of satisfaction, the following mean scores were observed. General satisfaction: 3.21 ± 0.55 , Technical Quality: 3.66 ± 0.30 , Interpersonal manner: 3.70 ± 0.60 , Communication: 3.17 ± 0.51 , Financial aspects : 3.00 ± 0.64 , Time spent with doctor: 3.56 ± 0.70 , Accessibility and Convenience : 3.40 ± 0.62 .

In the present study, highest mean satisfaction score was observed regarding interpersonal manner, while least was found regarding financial aspect in the secondary level health care facility. This was possibly due to increased trend of physicians to prescribe medicines and investigations from outside the hospital.

Age and satisfaction

Regarding General satisfaction, highest mean score was observed among the 41-50 year age group and lowest among 18-20 year group (statistically significant, $F=18.215$, $p=0.000$).

In the Technical quality sub-scale, highest score was found again among the 41-50 year age group and lowest among the group >60 years (statistically significant, $F=7.887$, $p=0.000$).

Interpersonal manner sub-group revealed highest mean satisfaction score in this aspect again among the 41-50 year group and least among the 21-30 year age group (statistically significant, $F=5.165$, $p=0.000$). Regarding Communication also, the 41-50 year age group recorded highest mean satisfaction score and the >60 year group recorded the least (statistically significant, $F=8.098$, $p=0.000$). Regarding financial aspect, the 51-60 year age group was most satisfied, while least mean satisfaction score was observed among the 18-20 year group (statistically significant, $F=5.540$, $p=0.000$). In the Time spent with doctor sub-scale, highest mean score was observed among the 41-50 year group and least satisfied were the 51-60 year age group (statistically significant, $F=4.405$, $p=0.001$). Finally, regarding accessibility and convenience, the 21-30 year age group revealed highest mean score while the >60 year group recorded the least. Thus it could be observed from the present study that the age group 41-50 years were most satisfied with the services at the secondary level as compared to the younger group. These findings were in corroborate to findings of Ware et al where older age were found to be more satisfied²⁷.

Sex and satisfaction

Higher mean satisfaction scores were observed among the females regarding all sub-scales of satisfaction in the secondary level health care facility and the findings were statistically significant as follows: general satisfaction ($t=-8.622$, $p=0.000$), technical quality ($t=-8.161$, $p=0.000$), interpersonal manner ($t=-12.309$, $p=0.000$), communication ($t=-7.219$, $p=0.000$), financial aspect ($t=-2.198$, $p=0.000$), time spent with doctor ($t=-10.557$, $p=0.000$) and accessibility and convenience ($t=-3.908$, $p=0.000$). In general it was found that women were more satisfied than males. Evidence about the effects of gender, ethnicity, and socio-economic status is equivocal due to the small amount of literature available on each²⁸⁻³⁵. Some studies have indicated that female report greater satisfaction than male. While other studies have contradicted this finding³⁶.

Religion and satisfaction

The Hindus were more satisfied than the Muslims regarding all sub-scales of satisfaction. Statistically significant difference was observed for the following sub-scales-general satisfaction ($t=3.887$, $p=0.000$), technical quality ($t=2.621$, $p=0.009$), communication ($t=2.383$, $p=0.018$), time spent with doctor ($t=2.497$, $p=0.013$) and accessibility and convenience ($t=2.281$, $p=0.023$), while statistically non-significant difference was observed regarding interpersonal manner ($t=0.585$, $p=0.559$) and financial aspect ($t=1.230$, $p=0.220$). Linn *et al* found no relationship between satisfaction and religion.

Marital status and satisfaction

Regarding general satisfaction, the married were the most satisfied and the widowed / separated / divorced were the least, though results were not statistically significant ($F=0.761$, $p=0.468$). In the technical Quality sub-scale, again, the married were most satisfied while least mean score was observed among the widowed/separated/divorced group (statistically significant, $F=11.715$, $p=0.000$). Regarding interpersonal manner and communication also, highest mean satisfaction score was observed among the married and least among the widowed/separated/divorced, though results were not statistically significant ($F=0.401$, $p=0.670$ and $F=2.124$, $p=0.121$ respectively). In the financial aspect, the un-married/ single were most satisfied and widowed/separated/divorced were the least (statistically significant, $F=8.129$, $p=0.000$.) On the other hand, the widowed/separated/divorced were most satisfied regarding time spent with doctor and the married were least satisfied though the difference was not statistically significant ($F=0.234$, $p=0.792$).

Regarding the accessibility and convenience sub-scale, again, the married were found to be most satisfied and the widowed/separated/divorced group, the least (statistically significant, $F=19.694$, $p=0.000$). From the present study, no consistent relationship could be observed regarding marital status and satisfaction. These findings corroborate with findings of Hulka et al, where no relationship could be found between marital status and satisfaction³⁷, while Bashur et al reported that single persons tended to be more satisfied with technical quality of care.

Literacy status and satisfaction

Regarding general satisfaction, highest mean score was observed among the secondary school passed group and lowest among the illiterate (statistically significant, $F=4.213$, $p=0.002$).

In the technical quality sub-scale, the secondary school passed patients were most satisfied and the primary school passed the least (statistically significant, $F=8.817$, $p=0.000$). Regarding interpersonal manner, highest mean score was observed among the Higher secondary passed while lowest among the Graduate (statistically significant, $F=5.023$, $p=0.001$). In the communication sub-scale, highest mean score was observed among secondary school passed and least among the illiterate (statistically significant, $F=6.756$, $p=0.000$). Regarding financial aspect, the graduates were most satisfied and the illiterate, the least (statistically significant, $F=23.564$, $p=0.000$). Both Time spent with doctor and accessibility and convenience sub-scales revealed highest

mean scores among secondary school passed group. In the former sub scale, least satisfied were the graduate (statistically significant, $F=7.382$, $p=0.000$) and regarding the latter, the least satisfied group were the illiterate (statistically significant, $F=37.634$, $p=0.000$). Thus it can be concluded from the present study that literates were more satisfied than the illiterates regarding most of the sub-scales of satisfaction. Similar findings were also observed by Suchman et al²⁶.

V. Conclusion

Patient Satisfaction at the Secondary Level according to various socio-demographic characteristics revealed that, the age group between 41-50 years were most satisfied with the services as compared to the younger group, women were more satisfied, Hindus were more satisfied than the Muslims regarding all sub-scales of satisfaction, no consistent relationship could be observed regarding marital status and level of satisfaction and literates were more satisfied.

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Table 1: Patient satisfaction score according to sub-scales of satisfaction at Secondary level health care facility (N=422)

Satisfaction sub-scales	Patient Satisfaction Score Mean± SD
General satisfaction	3.21±0.55
Technical Quality	3.66±0.30
Interpersonal manner	3.70±0.60
Communication	3.17±0.51
Financial aspects	3.00±0.64
Time spent with doctor	3.56±0.70
Accessibility and Convenience	3.40±0.62

Table 2: Patient satisfaction score according to sub-scales of satisfaction and various socio-demographic variables at Secondary level health care facility (N=422)

Satisfaction sub-scale	Patient satisfaction Score						Statistical test
	Age (in years)						
	1 18-20 Mean± SD	2 21-30 Mean± SD	3 31-40 Mean± SD	4 41-50 Mean± SD	5 51-60 Mean± SD	6 >60 Mean± SD	ANOVA
General satisfaction	3.00± 0.58	3.35± 0.53	3.44± 0.45	3.44± 0.47	3.10± 0.41	3.02± 0.36	F=18.215 p=0.000
Technical Quality	3.62± 0.31	3.70± 0.30	3.75± 0.25	3.75± 0.27	3.70± 0.35	3.60± 0.25	F=7.887 p=0.000
Interpersonal manner	3.59± 0.57	3.54± 0.75	3.62± 0.57	4.00± 0.29	3.90± 0.34	3.90± 0.30	F=5.165 p=0.000
Communication	2.85± 0.44	3.16± 0.57	3.40± 0.41	3.41± 0.41	3.23± 0.33	3.18± 0.42	F=8.098 p=0.000
Financial aspects	2.42± 0.80	2.48± 0.64	2.52± 0.55	2.52± 0.56	2.62± 0.65	2.60± 0.67	F=5.540 p=0.000
Time spent with doctor	3.32± 0.85	3.51± 0.74	3.90± 0.33	3.91± 0.33	2.62± 0.65	3.68± 0.57	F=4.405 p=0.001
Accessibility and Convenience	3.28± 0.75	3.53± 0.70	3.20± 0.50	3.30± 0.57	3.10± 0.57	2.93± 0.57	F=6.740 p=0.000
	Sex						Unpaired t test df=420
	Males			Females			
	Mean± SD			Mean± SD			
General satisfaction	2.92± 0.54			3.37± 0.47			t=-8.622 p=0.000
Technical Quality	3.50± 0.31			3.74± 0.26			t=-8.161 p=0.000
Interpersonal manner	3.38± 0.81			3.87± 0.48			t=-12.309 p=0.000
Communication	2.93± 0.58			3.29± 0.50			t=-7.219 p=0.000
Financial aspects	2.41± 0.82			2.55± 0.73			t=-2.198 p=0.028
Time spent with doctor	3.13± 0.80			3.81± 0.45			t=-10.577 p=0.000
Accessibility and Convenience	3.12± 0.58			3.33± 0.53			t=-3.908 p=0.000
	Marital status						ANOVA
	1 Currently married Mean± SD	2 Unmarried/Single Mean± SD	3 Widowed Mean± SD				
General satisfaction	2.82± 0.47	2.96± 0.38	2.55± 0.16	F=2.616 p=0.074			
Technical Quality	3.25± 0.35	3.40± 0.23	3.05± 0.11	F=4.075 p=0.018			
Interpersonal manner	3.36± 0.61	3.60± 0.49	3.00± 0.21	F=3.893 p=0.021			

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Communication	2.76± 0.70	2.76± 0.67	2.16± 0.35	F=4.662 p=0.010	
Financial aspects	2.68± 0.95	2.93± 0.98	2.00± 0.10	F=6.645 p=0.001	
Time spent with doctor	2.85± 0.73	2.73± 0.57	2.00± 0.21	F=6.572 p=0.002	
Accessibility and Convenience	3.16± 0.42	3.20± 0.51	2.60± 0.70	F=7.810 p=0.009	
Literacy status					
	1 Illiterate Mean ± SD	2 Primary Mean ± SD	3 Secondary Mean ± SD	4 Higher Secondary Mean ± SD	ANOVA
General satisfaction	3.05± 0.58	3.02± 0.52	3.28± 0.43	3.27± 0.54	F=3.744 p=0.005
Technical Quality	3.62± 0.33	3.53± 0.33	3.75± 0.24	3.67± 0.32	F=6.374 p=0.000
Interpersonal manner	3.64± 0.62	3.55± 0.60	3.73± 0.57	3.81± 0.58	F=2.739 p=0.028
Communication	2.84± 0.36	3.00± 0.55	3.30± 0.54	3.21± 0.45	F=9.664 p=0.000
Financial aspects	2.06± 0.42	2.28± 0.61	2.64± 0.57	2.53± 0.60	F=12.557 p=0.000
Time spent with doctor	3.64± 0.63	3.35± 0.72	3.72± 0.58	3.56± 0.73	F=3.377 p=0.010
Accessibility and Convenience	2.63± 0.63	3.25± 0.53	3.45± 0.53	3.35± 0.40	F=27.291 p=0.000
Religion					
	Hindu Mean ± SD	Muslim Mean ± SD			Unpaired t test.
General satisfaction	3.25± 0.52	3.00± 0.59			t=3.887 p=0.000
Technical Quality	3.67± 0.39	3.60± 0.26			t=2.621 p=0.009
Interpersonal manner	3.71± 0.58	3.66± 0.51			t=0.585 p=0.559
Communication	3.18± 0.55	2.51± 0.56			t=2.383 p=0.018
Financial aspects	2.50± 0.73	2.40± 0.66			t=1.230 p=0.220
Time spent with doctor	3.60± 0.68	3.37± 0.81			t=2.497 p=0.013
Accessibility and Convenience	3.28± 0.54	3.10± 0.65			t=2.281 p=0.023

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