

## Original article

### **A Study to evaluate Patient expectation and satisfaction in a tertiary care teaching Hospital.**

<sup>1</sup> Amrit Virk, <sup>1</sup> Meenu Kalia, <sup>2</sup> BP Gupta, <sup>3</sup> Jasdeep Singh

<sup>1</sup>Associate Professor, <sup>2</sup>Professor & Head, <sup>3</sup>Professor

Community Medicine Dept., Gian Sagar Medical College and Hospital, Ramnagar, Banur, Distt. Patiala, Punjab.

Correspondence to Dr. Meenu Kalia, E-mail ID : [meenusharma75@gmail.com](mailto:meenusharma75@gmail.com)

#### Abstract

**Background:** Patients satisfaction is an important component of the health care industry in this competitive modern era. The concept of patient satisfaction is also rapidly changing and the hospitals are using variety of techniques to improve patient care and organizational efficiency.

**Study Design:** The study design was cross-sectional.

**Methodology:** A total of 422 Patients, attending the Out Patient Department of GSMCH, Banur were randomly selected and a questionnaire was developed to evaluate patient satisfaction about the outpatient department services, logistic arrangement in the outpatient departments, perception about the performance of staff, behavior of staff, support service and any other suggestions of patients.

**Results:** 80% patients expected the physicians to discuss their problems with them, 100% patients expected to be physically examined. 76% respondents expected their physician to be specialist, whereas 09% respondents said that they were unable to judge a physicians clinical competence. Technically competent doctor was rated as the most important attribute of the treating physician for patient satisfaction.

**Conclusions:** In this study, it is found that majority of the patients are satisfied with the services provided. They were satisfied with the guidance, logistic arrangements, support services, nursing care, Doctors consultation etc. and satisfaction is the desired outcome of every hospital.

**KEY WORDS:** Hospital; Outpatient department; Expectation; Satisfaction

#### Introduction

In the perspective of health care, patient satisfaction has been defined as a combination of experiences, expectations and needs perceived.<sup>1</sup> It has also been defined as the patients' subjective evaluation of their cognitive and emotional reactions as a result of the interaction between their expectations regarding ideal care and their perceptions of the actual care.<sup>2</sup>

There is a strong connection between health service quality perceptions and patient satisfaction. Only when the health service providers understand what exactly the patient wants when he says that he wants quality, will they be able to satisfy their patients and only then will it be a successful hospital. Hence it is essential to understand the dimensions of quality that affects patient satisfaction.

The hospital market has today changed from a sellers' market to a buyers' market, where the patient is all-important. In order to achieve patient satisfaction, the hospital has to develop itself technologically, as well as become more service-oriented.

Patient satisfaction depends upon many factors such as: Quality of clinical services provided, availability of medicines, behaviour of doctors and other health staff, cost of services, hospital infrastructure, physical comfort, emotional support, and respect for patient preferences.

Satisfaction regarding the attitude of providers toward these services is expected to affect treatment outcome and prognosis. There is a need to analyze the

health care system as often as possible. Thus, a research on patient satisfaction can be an important tool to improve the quality of services.<sup>3,4</sup>

Satisfaction regarding medical care organizations like our tertiary care hospital is important in the provision of services to patients. This study was designed to assess patient satisfaction with regard to clinical care such as the approach of the doctor, examination, education on taking medication, availability of services, waiting time, and cost provided in the outpatient department of our medical college hospital.

The primary goal of the tertiary care hospital is to provide best possible health care to the patients. The modern era where it is the right of every patient to demand best possible care in hospitals, it is the duty of every staff member of the hospital to deliver his optimum efforts to the entire satisfaction of the patient<sup>1</sup> and its assessment will give us an opportunity to find loopholes in our services for future ratification.

#### **Aims and objectives:**

1. To find out the level of patient satisfaction related to different parameters of quality health care in a newly found private Medical College and Hospital in Punjab.
2. To understand the expectation of the customers with respect to quality of delivered health care services.

#### **Materials and methods:**

##### ***Study Design:***

The study design was cross-sectional.

##### ***Study Population:***

The present study was conducted among the patients attending the outpatient department (OPD) of Gian Sagar Medical College & Hospital, Banur, Patiala District, Punjab.

It is a Tertiary care Teaching Hospital catering to urban as well as rural population. This is a 600 bedded Hospital

with a daily OPD patient attendance of about 800 - 1000( approx.)

##### ***Sample Size:***

The sample size was calculated using the formula,  $n = Z^2 (1 - \alpha/2) pq/d^2$  where  $Z (1 - \alpha/2) = 1.96$  at 95% confidence;  $p =$  prevalence of patient satisfaction,  $q = 1 - p$ ;  $d =$  absolute allowable error. For this study, we presumed maximum variability, hence  $p = 0.5$ ;  $q = 0.5$ ;  $d = 5\%$ . Sample size thus yielded was 384. Adding a 10% for incomplete answers, the total number came out to be 422.

##### ***Sampling Technique:***

A total of 422 Patients, attending the Out Patient Department of GSMCH, Banur were selected randomly from each of the OPD's of Medicine, General Surgery, Obstetrics and Gynaecology and Pediatrics.

These patients were interviewed using a well-structured questionnaire containing close ended questions was developed. The questionnaire was pre-tested. It covered the information related to patient's socio-economic characteristics, registration process, perception towards availability of basic amenities, behaviour of doctors and other staff, facilities available in pharmacy and dressing room. Data was collected during the months of September and October 2010.

##### **Inclusion criteria:**

A "new" or "referred" patient attending the OPD of Gian Sagar Medical College and Hospital, Banur.

##### **Exclusion criteria:**

Patients working in the health care facility and follow-up patients attending the OPD of GSMCH, Banur were excluded from the study.

##### **Results and discussions:**

The present study was an attempt to assess the expectations & level of satisfaction of the patients with the various aspects of health care. The findings of the survey are quite helpful if they are transformed into actions for improving the quality of health care.

Among the Demographic and socio-economic factors (Table-I), 56% were males as against 44% females. The median age of the patients was 36.4 years. 88% of respondents were matriculate or above. 33% of the respondents were noted to be farmers and 18% were in service.

Analysis of medical care attributes: Expectations vis-à-vis performance perceptions (Table-II) showed that 49% respondents expected consultation time to be 5-10 min and 45% expected 10-20 min.

100% patients at GSMCH expected the physician to listen to their problems and answer their queries, as against 75% who were listened to and 64% who were answered to respectively. This finding could be a potential dissatisfaction causing factor & the physicians need to be sensitized about it. The satisfaction regarding the listening of the complaints was similar to that recorded by Peerasak Lertrakarnnon *et al*,<sup>5</sup> in their study, while it was higher than that reported by Janko Kersniket *al*,<sup>6</sup> who found it to be 69.1% .

100% patients expected to be physically examined, but 89% patients reported that a physical examination was done. A physical examination may not be necessary in every visit, but this fact needs to be communicated to the patient who is expecting it nonetheless, and will set his/her mind at rest. In a study by Janko Kersniket *al*,<sup>6</sup> it was observed 55.3% patients were physically examined.

Expectations of patients related to dietary advice, also called as '*parhez*' was observed to be so well ingrained in the North Indian Psyche, that respondents to the extent of 93% expected their physicians to give them specific dietary advice and health education. This expectation of the patients was met with by 84% of the physicians in this study.

It was seen that 100% patients at GSMCH expected to be referred for investigations, and all 100% patients were referred for investigations. This may possibly be explained by the type of patients visiting this Tertiary care Hospital

– probably being complicated cases requiring a lot of investigations.

Modern medicine is increasingly relying upon investigations and public have come to judge the services by investigations asked for. At the same time some patients feel that treatment in terms of medicines given are more important than ordering investigations. In any case decision for need / no need for investigations is the prerogative of the treating physician and this information should be clearly communicated to the patients in order to allay anxiety of patients. This will decidedly work for improving compliance and result in improved satisfaction.

In a study conducted in a Super Speciality hospital, Thiruvananthapuram, Kerala<sup>7</sup>, India, it was seen that with regard to the time spent by the doctors during consultation 96.5% of the patients were satisfied. With regard to the Doctors behavior 56% said that Doctors were well behaved, compassionate and patient, while 35.5% felt that they were well behaved but would have been better if they were more patient.

As regards the Waiting time outside the OPD, majority of the patients (77%) had to wait for <30 minutes (Table-III). The registration time and waiting time was different from the observation of Dr. Syed Mohamed Aljunid<sup>8</sup> in his study in Malaysia where the patients waited for 52 minutes on an average. Differences in satisfaction with long waiting time as compared to other studies by Dr. Syed Mohamed Aljunid,<sup>8</sup> van Udenet *al*<sup>9</sup> and Mahfouz *et al*,<sup>10</sup> could be attributed to the differences in the perceptions and expectations of the people. Reduction of the waiting time by triage of the patients and sending them to the appropriate doctor would save their time and also provide appropriate treatment. The waiting time and area could also be utilized to provide health education to the people.

Patient satisfaction surveys are useful in gaining an understanding of

user's needs and their perception of the service received. In a survey conducted by Department of Public Health, Ireland the level of satisfaction among the OPD attendees were 94%. Doctors and nurses were perceived as friendly by 61% and 72% and rude by 1% and 1% of patients, respectively. The study highlighted the areas for improvement from the patient's perspective<sup>11</sup>.

Respondents were asked about their expectation about a doctor's degrees / qualification vis-à-vis their competence (Table-IV). 76% respondents expected their physician to be specialist, whereas 09% respondents said that they were unable to judge a physicians clinical competence.

Respondents were asked to rate the various attributes of hospital services (Table-V) in the order of relative importance as judged by them, with the most important rated as 1 and least important as 5. Good / Technically competent doctor was rated as the most important attribute. According to the respondents a good doctor is one who examines them, listens to their problems, answers their questions, is empathetic, polite, offers specific advice and one who is able to cure them (technically competent). Attitude of the doctors was rated 2<sup>nd</sup> and physical facilities and sanitation was rated last.

### **Conclusion:**

Patient satisfaction is the desired outcome of every hospital. Patient's satisfaction from healthcare decides the fate of healthcare providers and healthcare delivery system.

Patients attending each hospital are responsible for spreading the good image of the hospital and therefore satisfaction of patients attending the hospital is equally important for hospital management. Various studies about Patient Satisfaction have elicited problems like overcrowding, delay in consultation, proper behavior of staff etc. In this study, it is found that majority of the patients are satisfied with

the services provided. They were satisfied with the guidance, logistic arrangements, support services, nursing care, Doctors consultation etc. However areas showing delay in consultation, need to be explored to elicit the lacunae.

### **References:**

1. Merkouris A, Yfantopolos J, Lanara V, Lemonido C. Patient's satisfaction: a key concept for evaluating and improving nursing services. *J Nurs management*.1999; 7: 19-28.
2. Jonasson P, Oleni M, Fridlund B. Patient satisfaction with nursing care in the context of health care: a literature study. *Scand J Caring Sci* 2002;16: 337-44. 3.
3. White B. Measuring patient satisfaction: how to do it and why to bother. *Family Practice management* [serial online] January 1999; [9 screens] Available from: <http://www.aafp.org/fpm/990100fm/40.html>.
4. How satisfied are your patients?. *Family Practice Management* April 1998; [2 screen] Available from: <http://www.aafp.org/fpm/980400fm/fpstats.html>.
5. Peerasak L, Surasak B, Pattanawadi U. Patient satisfaction on health service at the family medicine learning centers. *Chiang Mai Med Bull*. 2004;43:67-76.
6. Kersnik J, Ropret T. An evaluation of patient satisfaction amongst family practice patients with diverse ethnic backgrounds. *Swiss Med Wkly*. 2002;132:121-4. [[PubMed](#)]
7. Jawahar SK. A Study on Out Patient Satisfaction at a Super Specialty Hospital in India. *Internet Journal of Medical Update* 2007 Jul-Dec;2(2):13-7.
8. Aljunid SM. Primary Care Doctors' Organisation Malaysia, Role of Primary Care Doctors in Private Sector. Paper presented at the National Conference on Managed Care: Challenges Facing Primary Care Doctors; 17 - 18 August 1996.
9. Van Uden CJ, Ament AJ, Hobma SO, Zwietering PJ, Crebolder HF. Patient satisfaction with out-of-hours primary care in the Netherlands. *BMC Health Services Res*. 2005;5:6.
10. Mahfouz AA, Al-Sharif AI, El-Gamal MN, Kisha AH. Primary health care services utilization and satisfaction among the elderly in Asia region, Saudi Arabia. *East Mediterr Health J*. 2004;10:365-71. [[PubMed](#)]
11. De Brun C, Howell F, Bedford D, et al. Outpatient experiences in acute hospitals. *Ir J Med Sci*. 2002 Apr-Jun;171(2):89-93.

**Table 1: Demographic & Socio – economic data of Respondents ( n =422)**

Demographic / Socio – economic factors	
Median age of patients 36.4 yrs	
<b>Gender</b>	
Male	56%
Female	44%
<b>Educational level</b>	
Post graduate	08%
Graduate	32%
HSC	23%
Matric	25%
< Matric	12%
<b>Profession</b>	
Service	18%
Business	14%
Factory worker	03%
Farmer	33%
Unemployed	32%

**Table 2 : Comparison of expectation & performance levels in GSMCH.**

Attributes of service by hospital / physician	Expectations (% of respondents)	Actual performance (% of respondents)
<b>1. Consultation time by physician</b>		
• 5 min	6%	66%
• 5 – 10 min	49%	16%
• 10 - 15 min	18%	02%
• 15 – 20 min	27%	16%
<b>2. Expect physician to listen to problems</b>		
• Yes	100%	75%
• No	0	07%
• Sometimes	0	18%
<b>3. Expect physicians to answer question put by patients?</b>		
• Yes	100%	64%
• No	0	22%
• Sometimes	0	14%
<b>4. Physical examination by physician</b>		
• Yes	100%	89%
• No	0	5%
• Sometimes	0	6%
<b>5. Discussion of problem with patient</b>		
• Yes	80%	84%
• No	20%	16%
<b>6. Health education &amp; dietary counseling by physicians?</b>		
• Yes	93%	84%
• No	20%	16%
<b>7. Reference for investigations</b>		
• Yes	100%	100%
• No	0	0
• Not every time	0	0
<b>8. Attitude / Behaviour of physicians (empathy)</b>		
• Polite & Personal	100%	100%
• Attitude does not matter	0	0%
• Rude & uncaring	0	0%

9. Privacy in physicians chambers		
• Just doctor & patient	50%	56%
• Doctor, Patient & Nurse	30%	31%
• Doctor, patient, Nurse & other patients	0%	02%
• Makes no difference	20%	11%

**Table 3: Patient satisfaction regarding waiting area & waiting time in GSMCH**

Parameters	% age
<b>1. Signboard to guide</b>	
• Present	56%
• Already know	21%
<b>2. Waiting time</b>	
• <30 min	77%
• >30	33%
<b>3. Waiting area</b>	
• Clean	93%
<b>4. Seats available</b>	
• Enough	94%
<b>5. Overcrowding</b>	
• Present	10%
<b>6. Drinking water available</b>	
• Yes	60%
• No	25%
• Don't know	15%
<b>7. Toilets available</b>	
• Yes	92%
• No	-
• Don't know	08%
<b>8. Toilets cleanliness</b>	
• Yes	88%
• No	12%

**Table 4: Expectations about physician's clinical competence / qualification**

Expectations	Percentage (%)
• Specialist MD/DM/MCH	76%
• MBBS	15%
• Degree doesn't matter / can't judge competence	09%

**Table 5: Rating of various attributes of hospital services in the order of importance as deemed by patients (1 = Most important, 5 = least important)**

Attribute	Percentage (%)
• Good physician (technically competent)	1 (68%)
• Physical facilities / sanitation	5 (18%)
• Treatment / Medicine	3 (35%)
• Investigations	4 (32%)
• Attitude of physician& other staff	2 (46%)