

Original short article

Measuring patient satisfaction: A cross sectional study to improve quality of care at a tertiary care hospital.

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ABSTRACT

BACKGROUND: What can be done to improve the quality of care delivered to consumers ?

OBJECTIVE: To measure the satisfaction of patients attending the OPD in a tertiary care hospital namely SKIMS, Soura, Srinagar.

MATERIALS AND METHODS: Pre-structured questionnaire was administered and data collected from patients attending the OPD. The data was later analyzed.

SETTINGS: OPD section of SKIMS, Soura.

RESULTS: 400 OPD patients were included in the study to know their perceptions towards the said hospital, reason for choosing the hospital, perception towards registration process, basic amenities & perception towards doctors and other staff. The major reason for choosing the health facility was skilled doctors. Majority of patients were satisfied with the facilities available as well as with the behavior of doctors and other health staff.

CONCLUSION: The health care delivered at this institute can be improved more and more once the organization, measures the delivery of quality of care on an ongoing basis and continually making small changes to improve the individual processes.

KEY WORDS: OPD patients, questionnaire, quality care, tertiary care hospital, pt satisfaction, pt. perceptions

INTRODUCTION

Selecting the health care and measuring its quality is very complex and has remained elusive yet the tools of its measurement have increasingly improved. Many factors including poor systems and stress of the caregivers effects the quality along with satisfaction of patients. Patient satisfaction denotes the extent to which general health care needs of the clients are met to their requirements. Patients carry certain expectations before their visit and the resultant satisfaction or dissatisfaction is the outcome of their actual experience.^{1,2,3,4} Patients' perceptions about healthcare systems seem to have been largely ignored by health care managers in developing countries^{4,5,6}. This is despite the fact

that patient satisfaction surveys are one of the established yardsticks to measure success of the service delivery system functional at hospitals. Also awareness about patient satisfaction is relevant in the sense that satisfied patients are more likely to abide by the treatment advised, to continue using medical services and to promote referrals, thereby increasing the service volumes. Health professionals are also benefited and guided by the outcome of these surveys. The feedback received is likely to help them in identifying potential areas for service improvement^{2,3,4} The present paper is based on a cross-sectional study conducted at tertiary care hospital SKIMS in the state of J&K to measure patient satisfaction who have availed services in OPD. OPD of SKIMS is one of the most sought among the various hospitals in Kashmir Valley. It caters to a patient population of roughly 5 lac annually, which amounts to an average OPD rush of about 1500 patients per day

OBJECTIVE

To measure satisfaction of the patients attending the OPD

MATERIAL AND METHODS

To carry out the proper scientific study, a set of well structured close-ended questionnaire was developed. The questionnaire was pre-tested. The questionnaire covered the information related to patients socio-economic characteristics, patients choice of health facility, registration process, perception towards availability of basic amenities, behavior of doctors and other staff, facilities available in pharmacy and dressing room. Data was collected with the help of interns posted at that time in the department of community medicine. They were duly trained for the data collection. The interns went to the OPD everyday and interacted with the patients, made them comfortable and interviewed them after they consulted the doctor. An informed verbal consent was taken from all the participating patients before start of the interview. The doctors and other staff was kept unaware to avoid any sort of bias. Data was collected for 2 months July and

august 2010.Total of 400 patients were interviewed. After collecting the data, it was subjected to statistical analysis using the SPSS version 12.

DEFINITION

OPD: In this study, OPD is defined as the hospital's department where patients received diagnosis and treatment but did not stay overnight.

OBSERVATIONS AND RESULTS;

Regarding the general characteristics of the OPD patients (Table I),

TABLE - I CHARACTERISTICS OF THE OPD PATIENTS N = 400/ (%)

Sex	
Male	204(51)
Female	196 (49)
Age group(in years)	
0-15	1(0.25)
16-30	85(21.25)
31-50	233(58.25)
50 & above	81(20.25)
Education level	
Illiterate	159(39.75)
Middle pass	70(17.5)
Secondary	88(24)
High secondary	64(16)
Graduated and above	19(4.75)

51% were males and 49% were females. The majority of respondents (58%) were in age group of 31-50 years.39% were illiterate. Skilled doctors was one of the most cited reasons (61%) for choosing the health facility by the OPD patients (Table II).

Main source of information regarding the hospital was family members while as mode of transportation for the majority of interviewed patients was bus/auto(79%).94% patients did not find any problem in locating the hospital or locating different departments within the hospital (70%).Regarding the registration 80% of OPD pts reported that registration counter was overcrowded. However, almost63% (table III) of patients were satisfied with behavior of registration clerk. Majority of patients were satisfied with the basic amenities(table IV) . About 66% of patients reported that doctor's behavior as good and felt that doctor gave adequate time to them (77%). Regarding the

perceptions of patients towards the paramedical staff, majority of patients were satisfied with the behavior of laboratory technicians and other staff though 82% said services were not prompt.

TABLE - II REASONS FOR SELECTING THE FACILITY 400/ (%)

Easily accessible	39(9.75)
In-expensive	44(11)
Good infrastructure	72(18)
Skilled doctors	245(61.25)
Committed nursing staff	0
Source of information	
Family members	222(55.5)
Relatives	123(30.75)
Neighbours	40(10)
Others	15(3.75)
Mode of transportation	
On foot	24(6)
Bus/auto	318(79.5)
Scooter/car/cycle	58(14.5)
Source of information	
Family members	222(55.5)
Relatives	123(30.75)
Neighbours	40(10)
Others	15(3.75)
Mode of transportation	
On foot	24(6)
Bus/auto	318(79.5)
Scooter/car/cycle	58(14.5)
Transportation cost (in Rs.)	
Free of cost	21(5.25)
5 – 10	40(10)
11 – 50	179(44.75)
Above 50	160(40)
Time taken to reach the facility	
5 - 15mts	40(10)
16 – 30mts	111(27.75)
31 an above	249(62.25)
Problem in locating the hospital	
Yes	23(5.75)
No	377(94.25)
Problem in locating different department within the hospital	
Yes	120(30)
No	280(70)

TABLE-III REGISTRATION PROCESS (N=400/(%)

Was registration counter overcrowded	
Yes	321(80.25)
No	19(19.75)
Behaviour of the registration clerk	
Good	136(34)
Satisfactory	251(62.75)
Poor	13(3.25)

TABLE - IV BASIC AMNETIES

Sitting arrangement for the patients and attendants	
Adequate	282(70.5)
Inadequate	118(29.5)
Cleanliness	
Adequate	314(78.5)
Inadequate	86(21.5)
Lighting arrangement	
Good	215(53.75)
Satisfactory	184(46)
Poor	1(0.25)
Fans /heaters	
Available	366(91.5)
Not available	34(8.5)
Toilets	
Available and clean	117(29.25)
Available but dirty	217(54.25)
Not available	66(16.5)
Drinking water	
Available	53(13.25)
Not available	347(86.75)
Telephone facility	
Available	14(3.5)
Not available	386(96.5)

TABLE - V PERCEPTION OF OPD PATIENTS TOWARDS DOCTORS 400 /(%)

Behaviour of the doctor	
Good	267(66.75)
Satisfactory	125(31.25)
Poor	8(2)
Time taken by the doctor to attend the patient (in min)	
5 – 15	94(23.5)
16 – 30	135(33.75)
31 and above	171(42.75)
Whether patient perceives that time given by the doctor is adequate	
Adequate	311(77.75)
Inadequate	89(22.25)

TABLE - VI PERCEPTION OF PATIENTS TOWARDS PARAMEDICAL STAFF

Discipline in queue	
Good	93(23.25)
Satisfactory	269(67.25)
Poor	38(9.5)
Behaviour of lab tech	
Good	155(38.75)
Satisfactory	224(56)
Poor	21(5.25)
Behaviour of staff	
Good	146(36.5)
Satisfactory	229(57.25)
Poor	25(6.25)
Problem of overcrowding	
Yes	335(83.75)
No	65(16.25)
Promptness of services	
Yes	69(17.25)
No	331(82.75)

DISCUSSION

Quality care is one of the central dimensions of public health. Good quality care needs to be delivered at the earliest and at the proper time which is a basic right of consumers. In recent years it has become clear that quality care can be measured easily. Quality care can be divided by measurement into Structure, Process and Outcome. Structure refers to basic infrastructure and the overall facility and Process means the way the care is delivered and Outcome points to final result. Health care must guarantee quality care along with safety which is pivotal to quality care.^{1,2,3,4} In this particular the study, the most of the patients interviewed were satisfied with the services at this tertiary institute, Skims, Srinagar, India. This is consistent with many studies done elsewhere.^{5,6,7,8} However, the higher satisfaction must be attributed to SKIMS being a referral hospital, which receives patients who have often been shunted around between lower level facilities and attended by general practioners than by specialists. Aldana and his colleagues reported that the most powerful predictor for client satisfaction was the providers behavior towards patients. The behaviour of the doctors and paramedical staff in our study was found to be satisfactory but not exemplary.^{7,8,9,10,11} Major client dissatisfaction was with waiting time greater than 30 minutes which is similar to other studies.^{9,10,12} It was observed during the study that the ultimate satisfaction of a patient is his/hger rapport with the doctor. A patient forgets the toll that takes him to reach the services if a doctor sees the patient with compassion.

CONCLUSIONS & RECOMMENDATIONS

In present scenario where the hospital is recognized as a social institute and patient is the only reason for its existence, the hospital must strive for patient oriented services. Assessing the overall scenario of OPD, it can be recommended that SKIMS needs to bring out some simple changes to improve patient satisfaction. These include:

1. Introducing simpler methods of registration.
2. Amenities like drinking water and clean toilets made available.
3. Adhering to strict time schedules by doctors and other staff.
4. Efforts made to reduce patient overload so that doctors and other staff can give more attention and time to the patients. The same can be achieved by strengthening infrastructure and human resources at the peripheral health facilities

5. The overall quality of care can be improved more in aggregate by raising the level of performance of all providers rather than finding a few poor performers and punishing them, and continuously making small changes to improve their individual processes. This approach can be very powerful if embraced over a period of time.

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Health is undoubtedly the chief good and the foundation of all the other goods in this life. For even the mind depends so much on the temperament and disposition of the bodily organs that if it is possible to find some means of making men in general wiser and more skilful than they have been up till now, I believe we must look for it in medicine. It is true that medicine as currently practiced does not contain much of any significant use; but without intending to disparage it, I am sure there is no one, even among its practitioners, who would not admit that all we know in medicine is almost nothing in comparison with what remains to be known, and that we might free ourselves from innumerable diseases, both of the body and of the mind, and perhaps even from the infirmity of old age, if we had sufficient knowledge of their causes and of all the remedies that nature has provided. Descartes, Rene (1988), Selected philosophical writings. Cambridge (Cambridge University Press), 47