

Assessment of Satisfaction among Outpatient Department (OPD) Patients Visiting District Hospital of West Gujarat

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Abstract:

Introduction: Selection of an appropriate health care and measurement of its quality is very complex and elusive, yet the tools of its measurement have been improving. It is easier to evaluate the patient's satisfaction towards the service than to evaluate the quality of medical services that they receive. Therefore, a research on patient satisfaction can be an important tool to measure of health system performance and improve the quality of services. Satisfaction manifests itself in the distribution, access and utilization of health services. **Objective:** The main objective of this study is to measure the satisfaction of OPD (Outpatient Department) patients in district hospital, Jamnagar, Gujarat. **Method:** Data were collected from a pre-tested, pre-structured questionnaire from 322 patients, who gave the verbal consent at the end of their O.P.D visit at the health facility, Guru Govind Singh Government Hospital, Jamnagar. The items in the questionnaire referred to particulars of the patients such as age, gender, education, occupation, income, family type etc.; perception of patients towards doctor, paramedical staff, basic amenities and quality of care. The responses were expressed in proportions. The data was tabulated on Microsoft Excel sheet and analyzed using EPI info. **Results:** Although majority of patients were satisfied with the availability of medicines; availability of information on illness, treatment and prevention; doctor's patience, compassion and dedication but most of the patients were not satisfied with the behavior of hospital personnel; delay in reception of investigation reports; unhygienic toilets and improper cleanliness of hospital; and lack of availability of drinking water.

Key Words : Quality care, Patient satisfaction, Public health

Introduction:

Quality care is the most important dimension of public health and it has emerged as an internationally important aspect in the health care services provision. This quality of care can be measured in terms of structure, process and outcome. Structure refers to the basic infrastructure and facility, process refers to the way the care is delivered and outcome refers to the end result.^[1,2]

While measuring health outcome and quality of patient care services, patient's satisfaction is considered to be important component.^[3, 4] The outcome of any disease is influenced not only by the appropriate diagnostic and treatment services but also the receipt of satisfactory care from service providers. A satisfied patient is more likely to develop

a deeper and longer lasting relationship with their medical provider, leading to improve compliance, continuity of care and ultimately better health outcome. But it is difficult to measure the satisfaction and gauge responsiveness of health systems as not only the clinical but also the non-clinical outcomes of care do influence the patients' satisfaction,^[5] such as: Quality of clinical services provided, availability of medicine, behavior of doctors and other health staff, cost of services, hospital infrastructure, physical comfort, emotional support, and respect for patient preferences.^[6] Mismatch between patient expectation and the service received is related to decreased satisfaction.^[7] Therefore, assessing patient perspectives gives them a voice, which can make public health services more responsive to people's

needs and expectations.^[8, 9] In the recent past, studies on patient satisfaction gained popularity and usefulness as it provides the chance to health care providers and managers to improve the services in the public health facilities. Patients' feedback is necessary to identify problems that need to be resolved in improving the health services. Even if they still do not use this information systematically to improve care delivery and services, this type of feedback triggers a real interest that can lead to a change in their culture and in their perception of patients.^[10] 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.^[11] This study was therefore undertaken at OPDs of tertiary level health facility in Jamnagar to measure patient satisfaction. The main objective of this paper is to know the desired level of services as perceived by the patients about various components of out-door patient department (OPD) services. In this study, the OPD is defined as the hospital's department where patients received diagnoses and/or treatment but did not stay overnight.

Method:

Study design: Institution based cross-sectional study.

Study population: The present study was conducted among the patients attending the outpatient department (OPD) of Guru Govind Singh government hospital, Jamnagar.

Period of study: 4 months from August 2017 to November 2017. The period of survey was for 1 month (September 2017).

Sampling frame: The sampling frame consisted of the outpatient department (OPD) of Guru Govind Singh government hospital, Jamnagar.

Sample size: Anticipated p value of fifty percent was taken thus according to WHO practical manual on sample size determination in health studies by Lwanga and Lemeshow $N = Z\alpha PQ/L^2$ Where, $Z\alpha = 1.96$ at 5% significance level, $N =$ required sample size, $P =$ proportion or prevalence of interest, $Q = 100 - p$, $L =$ allowable error. Thus it came to 384 subjects. 384 OPD patients were interviewed one to one during the September 2017.

Sampling technique: Proportionate probability sampling, the sampling population was interviewed from the most frequented OPDs (Medicine, General surgery, Obstetrics and Gynecology, Pediatrics, Orthopedics, Otorhinolaryngology, Ophthalmology, Skin, Tuberculosis and Chest diseases) according to probability proportion to size based on the past years OPD attendance For 6 days in a week for a month.

Inclusion criteria: A new or referred patient attending the OPD of the respective health care facility, who gave verbal consent.

Exclusion criteria: Patients working in the health care facility and patients admitted (indoor patients) and follow-up patients attending the OPD of the respective health care facility, who didn't gave verbal consent or gave incomplete information, were excluded from the study.

Selection of patient: The patients attending the OPD of the respective health care facility were selected for the interview by purposive sampling. Depending upon the previous attendance of the particular department and the time taken to complete the interview, a random number was chosen and every 5th patient was selected for the interview. This process was continued till the required sample size was completed.

Tools of data collection: Permission to conduct the study was taken from the superintendents of the concerned health care facility. All the patients were interviewed after they had consulted the doctor. Informed verbal consent was taken from all the participating patients before the start of the interview after telling them about the objective of the study and the approximate time that will be involved in the completion of the interview. The prescribing doctor was largely kept unaware of the procedure, except in unavoidable circumstances, to avoid the bias in their behavior with the patient. A pre-tested pre-structured questionnaire was used to record information taking the key elements of socio-demographic characteristics and perception of the patients regarding quality of services available at the outpatient health care facility. Analysis Data was tabulated on Microsoft Excel sheet and analyzed using the software Epi Info version 6.

Results:**Table 1: Distribution of participants according to their socio-demographic profile:**

Sociodemographic Characteristics	No. (Percentage)
Age Group (in years completed)	
<20	50 (15.53%)
20-29	95 (29.50%)
30-39	50 (15.53%)
40-49	45 (13.98%)
50-59	36 (11.18%)
>60	46 (14.29%)
Gender	
Female	141 (43.79%)
Male	181 (56.21%)
Education	
Illiterate	129 (40.06%)
Primary	75 (23.29%)
Secondary	63 (19.57%)
Higher secondary	37 (11.49%)
Graduate	18 (5.59%)
Occupation	
Business	38 (11.80%)
Farmer	23 (7.14%)
Housewife	139 (43.16%)
Laborer	26 (8.07%)
Service	49 (15.21%)
Student	5 (1.55%)
Others	41 (12.73%)
None	1 (0.31%)
Family type	
Joint	182 (56.52%)
Nuclear	118 (36.65%)
Three generation	22 (6.83%)
Family members	
< 4	66 (20.50%)
5-10	248 (77.02%)
>10	8 (2.48%)
Income	
< 10,000 Rs	88 (27.33%)
10,000-14,000 Rs	157 (48.76%)
15,000-19,000 Rs	52 (16.15%)
>20,000 Rs	25 (7.76%)

Among all the subjects interviewed during the data collection, 322 were included in the statistical analysis and the remaining was not included, because of incomplete information. A majority (56.21%) of the responders were male. About 40% of the responders were illiterate. About half (56%) belonged to a joint family. Nearly half of the study subjects belonged to the lower socioeconomic status category as per the Kuppaswamy classification.

The results regarding each question are shown in Table 2. Most of the respondents were satisfied with arrangements registration counter, the availability of medicines; also they were able to get the medicines easily. Most of the respondents agreed that complete information was provided to them on the illness, treatment, and the methods to avoid illness. Almost half (48%) of the patients were not satisfied with the politeness of the hospital personnel. More than half (61%) of the patients stated that hospital personnel were not helpful. 59% patients said that the doctor did not give them adequate time while 60% of the patients said that the doctor has given enough time to listen completely to their complains. 57% of the patients were satisfied that the doctor has checked carefully and was readily answering their questions. Almost 50% of the patients were told that the doctor gave them adequate time and didn't rush. 42% patients couldn't easily locate the place of investigation. 55% of the patients didn't receive their reports in time. 57% of the patients were not satisfied with the cleanliness of the hospital. 69% of the patients were not satisfied with the toilet conditions. 59% of the patients stated that drinking water wasn't available in the hospital. Majority of patients found that there was problem of overcrowding & improper sitting arrangements.

Overall 66.45% respondents termed the hospital services as satisfactory, 62.11% were satisfied with the treatment given, but 52.48% stated that the services provided were not worth the money spent, and 40.99% replied that they would like to visit the facility again in future. [Table 3]

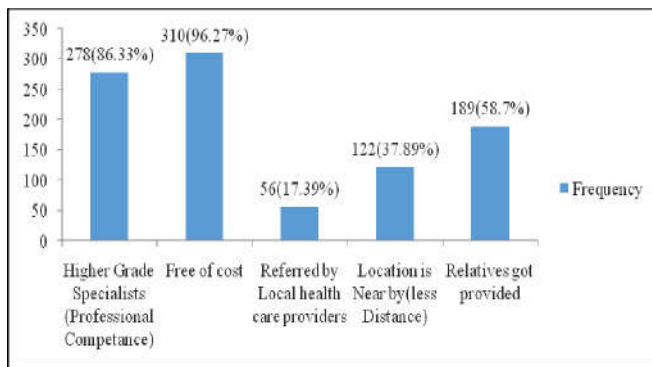
Table 2: Distribution of patients' perception of the quality of services available (n =322)

Sr. No	Question	Yes N (%)	No N (%)	Don't know N (%)
1.	Is Registration counter appropriate?	310(96.27)	12(3.73)	0
2.	Do you find problem of overcrowding?	318(98.76)	4(1.24)	0
3.	Are sitting arrangements proper?	23(7.14)	299(92.86)	0
4.	Does hospital has all essential medicines?	315(98.83)	7(2.17)	0
5.	Are you able to get medicines easily?	302(93.78)	20(6.2)	0
6.	Has doctor advised you on methods to avoid illness?	306(95.03)	15(4.66)	1(0.31)
7.	Whether complete information on illness given?	295(91.62)	26(8.07)	1(0.31)
8.	Whether complete information on treatment given?	270(83.85)	52(16.15)	0
9.	Has hospital personnel talk politely?	165(51.24)	156(48.45)	1(0.31)
10.	Were hospital personnel helpful?	120(37.27)	199(61.80)	3(0.93)
11.	Did doctor give enough time to explain?	129(40.06)	189(58.70)	4(1.24)
12.	Has doctor listened carefully?	193(59.94)	128(39.75)	1(0.31)
13.	Has doctor checked carefully?	184(57.14)	136(42.24)	2(0.62)
14.	Was doctor ready to answer questions?	184(57.14)	138(42.86)	0
15.	Did doctor give adequate time?	163(50.62)	155(48.14)	4(1.24)
16.	Was Place for giving samples easily located?	182(56.52)	138(42.86)	2(0.62)
17.	Were reports of investigations received in time?	144(44.72)	178(55.28)	0
18.	Do you find hospital cleanliness adequate?	137(42.55)	184(57.14)	1(0.31)
19.	Do you find condition of toilets satisfactory?	96(29.81)	223(69.25)	3(0.93)
20.	Is drinking water available in hospital?	131(40.68)	190(59)	1(0.31)

Table 3 : Distribution of participants according to patients' perception on Quality of care

Sr. No	Variable	Good N (%)	Poor N (%)
1.	Hospital service	214(66.45%)	108(33.55%)
2.	Treatment aspects	200(62.11%)	122(37.89%)
3.	Value for money spent	153(47.52%)	169(52.48%)
4.	Future preference for services	190(59.01%)	132(40.99%)

Figure 1: Distribution of participants according to reason for choosing District Health care facility



Majority of the subjects utilized district health care facility for reasons of free cost & availability of higher grade specialists. Other reasons were good response from relatives, less distance & as referral health facility. (Figure 1)

Discussion:

In current study, patients were satisfied with the ease of availability of the required medicines while in a study done by Sivalenka^[12] medicine supply was an area of concern. Most of patients were satisfied with the information provided to them about illness, its treatment and prevention. Patients were not very satisfied with the behavior of the hospital personnel. Lack of monitoring of staff, due to very high patient load, could be the reason for this. It was observed during the study that the ultimate satisfaction of the patient is their rapport with the doctor. A patient forgets the pain he faces to reach the doctor if the doctor sees him with patience and compassion. In our study, most of the patients were satisfied with the behavior of the doctor, which was similar to the result of study by Kumar et al.^[13] More than half of the patients were not satisfied due to the delay in reporting time of the investigations thereby increasing their waiting time which is similar to other studies.^[14, 15] Some of the responder cited inability to locate the departments as a constraint. Lack of proper sign boards leads to difficulty in locating the departments. A good number of patients were not satisfied with the cleanliness of the hospital. Also most of them were not satisfied with the condition of the toilets. As compared with private sector, government hospitals lack in general cleanliness and

hygienic toilets, thereby leading to severe patient aversion and dissatisfaction, which needs to be improved, similar findings have been observed in some other studies.^[13,15-17] As observed in our study, Overall level of satisfaction of patients towards government tertiary care health facility is low, although patients appeared to be satisfied with the doctors, which seems to be a strong reason of their still existing faith in the tertiary care government hospital. Thus we need to improve the rest of the factors so as to keep up to the expectations of the patients, thereby try to fulfill the basic need of patient- which is readily available, easily accessible, and satisfactory health services for all.

Conclusion & Recommendations:

Efforts should be made to reduce the patient load at the district health facilities so that doctors and other staff can give more attention and time to the patients. The findings of the present study can be utilized to improve the services at public health facilities of the state resulting in the more satisfaction of patients availing such public health facilities. Community participation can be taken in considerations for lacunas like availability of signs for respective departments, cleanliness & self-entry checks for prohibiting entry of tobacco & its products. Token based easy registration system can be introduced for ease. Advantage of visiting tertiary government health care facility can be explained. Posters & banners of proper utilization & maintenance of public health care facility can be displayed. Same is applicable for preserving cleanliness of the set up.

Declaration:

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Conflict of Interest: Nil

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