

A study of patient satisfaction level in Out Patient Department (OPD) in a tertiary care hospital in Maharashtra.

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Abstract: Background: Patient satisfaction is one of the important goals of any health system, but it is difficult to measure the satisfaction and gauge responsiveness of health systems as not only the clinical but also the nonclinical outcomes of care do influence the customer satisfaction. The health sector in India is characterized by a public health sector and private sector. The major reason for choosing the public health services is its inexpensiveness, availability with close proximity. However, effectiveness of health system depends upon quality of services which is largely neglected. Patients are using public health services but majority are not satisfied. Patient's satisfaction depends on many factors such as quality of clinical services provided, availability of medicine, behavior of doctor and other health staff, cost of services, hospital infrastructure, physical comfort, emotional support and respect for patient preferences.

Material and Methods: A cross-sectional study was carried out at DR.S.C.G.M.C. NANDED in 100 randomly selected patients. They were interviewed at the exit point of outpatient department during the period from 01/01/2017 to 31/12/17 after taking informed consent. The data were collected on predesigned and pretested questionnaire.

Results: Most of the respondents were satisfied with availability of services, professional care, waiting time, behavior of consultant, nurses, paramedical staff and other staff. The overall satisfaction level was 73% excellent to good, 22% average and 94% respondents answered 'yes' to the question - 'would you recommend this hospital to friends and family'. Out of total 68% respondents were unsatisfied with toilet facility and 56% were unsatisfied with drinking water facility.

Conclusion: OPD services in a hospital need to be improved by developing patient feedback system.

Keywords: Patient Satisfaction; Health Care Services; Outpatient Department; Professional Care

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I. Introduction

The hospitals have evolved from being an isolated sanatorium to a place with five star facilities. Patients and their relatives coming to the hospital not only expect world class treatment, but also other facilities to make their stay comfortable in the hospital. This change in expectation has come due to tremendous growth of media and its exposure, as well as commercialization and improvement in facilities.³⁵

Patient Centered Health Care: Patients are central to healthcare delivery, yet all too often their perspectives and input have not been considered by providers. This is beginning to change rapidly and is having a major impact across a range of dimensions. Patients are becoming more engaged in their care and patient-centered healthcare has emerged as a major domain of quality. It is part of a shift in focus which has drawn increasing interest in recent years, highlighting the importance of incorporating patients' needs and perspectives into care delivery. The patient's engagement with their care is now considered a key of patient centred healthcare.³⁶

Patient-centred healthcare realizes that patients are individuals, each with different needs. Realizing those needs and the organization's ability to meet them are true quality measures. A patient-centred organization is committed to affirming patients' perceptions as their reality and improving the way patients experience care in the future.³⁷

In addition, the line between "satisfaction" and "experience of care" is not always clear due to the advent of newer terms (and new surveys designed to measure them). Among the terms are relationship-centred care, patient engagement, patient empowerment, patient activation and shared decision-making; some have a precise definition, others are still in flux. All jostle for attention under the rubric of "patient-centred care" (or, perhaps, "person centred care" or "person- and family-centred care" or "participatory medicine").

Definition: Patient satisfaction, which is viewed as a significant indicator of quality of care, can be defined as fulfilment or meeting of expectation of a person from a service or product and has been receiving greater

attention as a result of the rise in pay for performance (P4P)³⁸. It is a personal evaluation of health care services and providers³⁷

A comprehensive literature review identified three purposes for patient satisfaction measurement: (a) to describe healthcare services from the patient's perspective, (b) to identify problem areas in healthcare organizations and generate ideas for solutions, and (c) to evaluate healthcare. The evaluation of healthcare was considered the most important reason for measuring the patient's perspective of care. "The term „evaluation“ suggests a cognitive process in which specific aspects of care are assessed, while „satisfaction“ refers to an emotional response to the whole experience”³⁷

Measuring Patient Satisfaction: Tools developed to measure patient satisfaction have varied over time, but they generally take one of two forms: episode-specific or general. Episode-specific questions solicit information about a patient's experience during a specific event such as hospital stay, while general questions do not. In 2002, CMS and the Agency for Healthcare Research and Quality (AHRQ) initiated development of the HCAHPS survey. based on specific criteria within the nine domains: Communication with nurses, Communication with doctors, Responsiveness of hospital staff, Hospital environment, cleanliness, and noise, Pain, Communication regarding medications, Discharge, Global overall rating, Willingness to recommend.⁴⁰

The survey response rate and appropriateness of the response are dependent on several factors, such as design (length, standardization, validation, reliability, responsiveness, discriminatory power, and structure of questions) and the characteristics of the desired representative population. Customized, standardized, and validated surveys can be used in the health-care setting successfully as quality-improvement tools. It is not a "one size fits all" type of instrument.

Outpatient Department in any hospital is considered to be shop window of the hospital.^{1,2} Patient satisfaction is as important as other clinical health measures and is a primary means of measuring the effectiveness of health care delivery.³ 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.^{4,5,6,7} The purpose of health care services is to improve the health status of the population. There is now broad agreement that health services should be comprehensive, accessible and acceptable, provide scope for community participation and available at a cost the community and country can afford.⁸

Hospitals have expanded in terms of availability of specialties, improved technologies, facilities and increased competition and the expectations of patients and their relatives have increased manifold. Consumer expectation in any medical experience influences whether how soon and how often they seek care from which medical facility. High expectation from a medical organization is a positive indicator of its reputation the society and is very important for attracting patients, whereas low expectation deters patients from taking timely medical help, thus negatively affecting himself as well as the medical care provider. However, a very high and unrealistic expectation may lead to dissatisfaction despite reasonable good standards of medical practice. The hospitals (even Govt.) have started charging the patient in the name of user charges. Private hospital care cost has gone very high. With the advent of Consumer Protection Act (1986), the patient's expectation has also gone very high. Now hospitals have to be very careful about patient dissatisfaction to avoid any unnecessary litigation.

Hospitals have evolved from being an isolated sanatorium to five star facilities. The patients and their relatives coming to the hospital not only expect world-class treatment, but also other facilities to make their stay comfortable in the hospital.

II. Patient As A Consumer

Marketing experts are aware that consumers make their decision about utilization of services on the basis of their perception of the service rather than the reality and hence marketing and patient satisfaction have become of paramount importance as mouth-to-mouth publicity and personal referral is the most common and influential cause of using a particular health facility. Healthcare facility is very difficult to measure; hence, it is a challenge to a healthcare provider to influence a patient's perception of quality of care.

III. Quality

It is defined as an inherent and distinctive attribute of a product or service. Common measures of quality are still structural measures - The condition of physical structure, floor space per bed, facilities for emergency power and lighting in operating rooms, inspection and cleaning of air intake sources, facilities for disposal of infectious waste, fire control and many more. Additional standards for facilities and equipment have been established by the Joint Commission on Accreditation of the Hospitals and by state licensing boards, etc. These measures are concerned with personnel staffing pattern, educational background of the personnel, safety and cleanliness of facilities and equipment.

IV. The Measurement Of Quality

Steps involved are:

- Specification of attributes to be measured
- Choice of an approach to measurement
- Choice of phenomenon to be measured
- Formulation of criteria and standards
- Obtaining information about care.

Patient satisfaction depends primarily on outcome of care; since it is ultimate well-being that results from acceptable care. But satisfaction or dissatisfaction can also result from patient's judgment on certain aspects of care, calibrating the degree of their acceptability. Satisfaction also contributes to the success of future care.

Measuring The Quality Of Healthcare

Attributes of Quality of Healthcare- **Donabedin Avedis** has described the key properties of healthcare that constitute quality as: Effectiveness, efficiency, optimality, acceptability, legitimacy and equity.

Effectiveness- is the degree to which the care proposed or received has achieved or can be expected to achieve, the greatest improvement in health possible now, given the patient's condition and the current state of science and technology of healthcare.

Efficiency- is expressed as a ratio of actual or expected improvement in health to the cost of care responsible for these improvements. Thus, efficiency can be enhanced by either improving care, reducing cost or both.

Optimality- is a ratio of the effects of care on health or the financial benefits of these, or of the financial benefits of these effects to the cost of care.

Acceptability- depends on following factors:

Accessibility The patient-practitioner relationship

Amenities

Patient preference as to the effect of care

Patient preference as to the cost of care.

Legitimacy- means conformity to social preference as expressed in ethical principles, values, norms, laws and regulations.

Equity- is the principle of fairness or justice in the distribution of care and of its benefit among the

Keeping above points in mind, this study was planned in a tertiary care providing government hospital to know the various factors which affect patient satisfaction; there by to improve quality of care and patient satisfaction. The present study made an attempt to focus on various aspects of health care provided by Tertiary Care centre in relation with patient's satisfaction.

AIM & OBJECTIVES:

AIM

This study was designed to assess the patient satisfaction regarding the services provided in outpatient department.

OBJECTIVES To study the patient satisfaction regarding the various services provided in outpatient department in a tertiary care hospital.

V. Materials And Methods

Study design: A cross-sectional study was carried out at DR.S.C.G.M.C.NANDED among patients attending outpatient department of during the period from 1/12/2017 to 30/12/17.

Sample size: The sample size was calculated by using the formula $n = Z^2pq/d^2$ (where $Z=1.96$ at 95% confidence; p = prevalence of patient satisfactions; $q=1-p$; d = absolute allowable error. For this study we presumed maximum variability, therefore $p=0.5$; $q=0.5$;

$d=20\%$ of p . Sample size thus yielded is 96 which is rounded off to a figure as 100. Simple random sampling technique was used to select patients attending different specialty department of hospital.

Inclusion criteria: New patients in a hospital OPD.

Exclusion criteria: Patients not willing to participate and follow up patients were excluded from the study. The patients and accompanying persons either parents or relatives for pediatric age less than 15 years were interviewed at the exit point of hospital after taking informed consent with the help of predesigned and pretested questionnaire.

Ethical committee approved methodology and data collection procedure of the study. A patient attending the OPD was included in the study after taking informed consent

The questions included registration process, seating arrangements, cleanliness, approach to the doctor, pharmacist and investigation site, services provided by the doctor and other Paramedical staff & their behavior with patients, depth of relationship with patient, time required for locating the consultant, consults by the doctor,

investigations and taking medicines from pharmacist. The respondents could answer in this study as satisfactory/unsatisfactory, yes/no, excellent/ good/ average/ poor. The patients were told that the purpose of the study was to assess the patient satisfaction of services provided by hospital so as to bring further improvement in services. The patients were also told that the investigator was not part of treatment team and they were free to give their responses.

VI. Results

Out of 100 respondents 52 male,48 female, a majority of patients belonged to age group 15- 45 years with mean age of 42.9(±19.53). The 94% of respondents were patient themselves and 6% of respondents were accompanying persons either parents or relatives for pediatric age less than 15 year of age. The participants were asked about concerned department (Table1). Regarding availability of services (Table 2) it was found that, most of the respondents were satisfied with sitting arrangement, cleanliness, convenience to reach appropriate OPD, finding of consultant in OPD, convenience to reach investigation site, appropriate signage, symbol, arrows in respective departments, consultants chamber, lab and pharmacy counters present in hospital OPD, but only 50% respondents were satisfied regarding convenience to reach pharmacist. Respondents were mostly unsatisfied with toilet and drinking water facility in OPD.

Table 1: Distribution of respondents according to socio-demographic variables and concerned departments

Variables	Respondent (n=100)
Age	
<15 year	6
15-45 year	58
46-60 year	16
>60 year	20
Sex	
Male	52
Female	48
Education	
Illiterate	14
Primary school	26
Middle school	18
Higher secondary	20
Graduate and above	22
Occupation	
Service	8
Business	28
Laborer	26
House wife	26
Student	12
Department	
Medicine	41
Surgery	10
Obstetrics and gynecology	11
Pediatric	6
Orthopedic	15
Dermatology	4
ENT	6
Ophthalmology	7

Table 2: Distribution of responses from the respondents according to availability of services

Availability of service	Respondent (n=100)
Seating arrangement in OPD	
Satisfactory	82
Unsatisfactory	18
Cleanliness in OPD	
Satisfactory	70

Unsatisfactory	30
Toilet facility	
Satisfactory	32
Unsatisfactory	68
Drinking water facility in OPD	
Satisfactory	44
Unsatisfactory	56
Convenience to reach appropriate OPD	
Satisfactory	72
Unsatisfactory	28
Finding of consultant in OPD	
Satisfactory	80
Unsatisfactory	20
Convenience to reach investigation site	
Satisfactory	56
Unsatisfactory	44
Convenience to reach pharmacist	
Satisfactory	50
Unsatisfactory	50
Appropriate signage, symbol, arrows in OPD	
Present	64
Not present	36

Table 3: Distribution of responses from the respondents according to Professional care and depth of relationship

Professional care and depth of relationship	Respondent (n=100)
Examination by doctors	
Satisfactory	68
Unsatisfactory	32
Doctor's explanation about treatment	
Satisfactory	62
Unsatisfactory	38
Following doctor's advise	
Satisfactory	74
Unsatisfactory	26
Understanding illness after consultation with doctor	
Satisfactory	50
Unsatisfactory	50
Doctor tried to know everything about patient	
Yes	62
No	39
Difficulty in telling doctor about private thing	
Yes	68
No	32
Doctor really knew what patient was thinking about	
Yes	64
No	36

Table 4: Distribution of responses from the respondents according to waiting time

Waiting time	Respondent (n=100)
Time taken for OPD slip	
Satisfactory	92
Unsatisfactory	8
Time taken to reach consultant in OPD	
Satisfactory	80
Unsatisfactory	20
Time taken for examination	

Less than 5 min	56
5-15 min	34
15-30 min	4
More than 30 min	6
Time taken in getting medicine from pharmacy	
Satisfactory	52
Unsatisfactory	48
Time taken in getting investigation slip from OPD	
Satisfactory	56
Unsatisfactory	44

Table 5: Distribution of responses from the respondents according to general satisfaction

General satisfaction	Respondent(n=100)
Satisfaction regarding consultant's behavior	
Satisfactory	78
Average	18
Poor	4
Satisfaction regarding behavior of Nurse's and paramedical staff's	
Satisfactory	64
Average	35
Poor	1
Satisfaction regarding behavior of class 3 and class 4 worker	
Satisfactory	84
Average	12
Poor	4
General remark over experience in hospital	
Excellent	26
Good	47
Average	22
Poor	5
Recommendation of this hospital to your friends & family.	
Yes	94
No	6

Out of 100 respondents 52 male, 48 female, a majority of patients belonged to age group 15- 45 years with mean age of 42.9(±19.53). The 94% of respondents were patient themselves and 6% of respondents were accompanying persons either parents or relatives for pediatric age less than 15 year of age. The participants were asked about concerned department (Table 1). Regarding availability of services (Table 2) it was found that, most of the respondents were satisfied with sitting arrangement, cleanliness, convenience to reach appropriate OPD, finding of consultant in OPD, convenience to reach investigation site, appropriate signage, symbol, arrows in respective departments, consultants chamber, lab and pharmacy counters present in hospital OPD, but only 50% respondents were satisfied regarding convenience to reach pharmacist. Respondents were mostly unsatisfied with toilet and drinking water facility in OPD.

Regarding professional care and depth of relationship (Table 3) it was observed that, most of respondents were satisfied with examination by doctors, doctor's explanation about treatment, following doctor's advice, doctor tried to know everything about patient and doctor really knew what patient was thinking about. Regarding difficulty to telling doctor about some private thing 68% patient felt it was difficult and 50% satisfied with understanding illness after consultation with doctor. With regard to waiting time (Table 4) most of the respondents were satisfied with time taken to get OPD slip, time to reach consultation room. Only 52% respondents were satisfied with the time taken in getting medicine from pharmacy and 56% were satisfied with time taken in getting investigation slip from OPD. Respondents told that 56% of consultants take less than 5 min. for examination and 34% take 5- 15 min.

Regarding general satisfaction (Table 5) most of the respondents were satisfied with behavior of consultant, nurses and paramedical staff, and behavior of clerical and other staff. In present study 94% respondents answered 'yes' to the question - 'would you recommend this hospital to friends and family'. The overall satisfaction level was excellent to good in 73% respondents, average in 22% and poor in only 5%.

VII. Discussion

The health care system is basically a service based industry and customer experiences and satisfaction is of the utmost importance just as in other services-oriented systems. It becomes an important indirect marketing tool as it has direct impact on improving the quality of the 'product' i.e. health service.

A study conducted by Jadhav SB et al in Out-patient department of Government Medical College, Miraj, Dist. Sangli reported that 70.57% seating arrangement in OPD & 78.22% cleanliness of OPD found to be good, which was almost similar to our study.⁹ Jawaharsk, out patient satisfaction at a super specialty hospital in India, had reported that, 50% of the patients were satisfied with regard to the cleanliness of the hospital. ¹⁰ Prasanna K S. et al, had reported in study consumer satisfaction about hospital services: a study from the outpatient department of a private medical college hospital at Mangalore, that patients were fully satisfied in respect to seating arrangement, cleanliness in the OPD, which was almost similar to our study.¹¹ Patavegar Bilkish et al reported, 55.55% patients replied that they were satisfied with cleanliness of waiting area.¹² In another study done by Pralhad Rai et al also found 65% satisfied patients with respect to cleanliness.¹³ Jadhav SB et al had reported 68.41% respondents satisfied with drinking water facility, 83.71% respondents could easily find the concerned department while 77.71% could find easily pharmacy or laboratory while 46.54% of total participants were not satisfied with available toilet facility in the hospital. ⁹ In our study 72% respondents were satisfied with convenient to reach appropriate OPD, 80% of respondents said that finding of consultant easy and were satisfied, 56% satisfied with convenient to reach investigations site, while 68% respondent unsatisfied with

toilet facility in hospital, 56% respondent unsatisfied with drinking water facility and 50% respondent said there was inconvenient to reach pharmacist and were unsatisfied.

In the present study regarding professional care and depth of relationship with doctor, 68% respondents were satisfied with doctor check everything, 62% said doctor explain everything about treatment and were satisfied, 50% respond that they understand their illness after consultation with doctor and 74% of respondents follow doctors advise. Krupal Joshi et al, explanation of the disease by the doctor was satisfactory in about 91% of patients, 14 which was 81.6% in a study of Acharya & Acharya.¹⁵ Soleimanpour H. et al, on emergency department patient satisfaction survey in Imam Reza Hospital, Tabriz, Iran reported that the satisfaction level of patients in regard to the information given by care provider about medication was very good in 49.4% of patients.¹⁶

In the present study it was also found 62% of respondents said that doctor tried to know everything about illness but 68% also felt difficulty to tell doctor about some private thing. In the present study 92% of respondents were satisfied with time require to get OPD slip, 80% satisfied with time to reach consultation room. Jadhav SB et al, 54.8% participants found that the time required for registration was inconvenient for them, 31.4% participants reported inconvenience in finding concerned department. ⁹ In our study 52% respondents satisfied with the time getting medicine from pharmacy and 56% with time getting investigation slip from OPD. Jadhav SB. et al, 38.95% of total respondents were unsatisfied with time required for investigations while 48.7% were unsatisfied with time spent in pharmacy.⁹ In the present study respondents tell that 56% of consultant take time less than 5 min. and 34% take 5- 15 min. Jadhav SB. et al time taken for consultation & examination by doctor was found to be satisfactory in case of 68.82% participants.⁹

Regarding general satisfaction in the present study 78% respondents were satisfied with behavior of consultant, 64% of respondents satisfied with behavior of nurses and paramedical staff, 84% satisfied with behaviour of clerical and other workers. In a study by Acharya & Acharya, 82.8% of the respondents showed that the approach of the doctor is personal, 93.2% of the subjects were satisfied with the examination by the doctor, and it was simple and easy to understand in 60% of the cases.¹⁵ Apria Bhattacharya et al reported 98.2% patients were satisfied with behavior of doctors.¹⁷ M V Kulkarni et al, 87.8% patients were satisfied with behavior of doctors.¹⁸ Patavegar Bilkish et al, a cross-sectional study of patient's satisfaction towards services received at tertiary care hospital on OPD basis reported 94% patients were satisfied with friendliness and helpfulness of registration staff.¹² This finding is in contrast to study conducted by Md. Ziaul Islam and Md. Abdul Jabbar. They found only 25% patients were satisfied with friendliness and helpfulness of registration staff.¹⁹ In the present study the overall satisfaction level was in 73% respondent excellent to good while in 22% average. Jadhav SB. et al reported overall rate of availability of services during their visit, it was excellent for 22.15%, good for 29.26%, average for 30%, poor for 8.79% & very Poor for 9.8% respondents.⁹ The study

conducted by Chetwynd S.J. reported total satisfaction was 49%.²⁰ Ranjeeta Kumari et al. in their study total satisfaction was 73 %.²¹ Asma brahim et al showed 10% overall satisfaction in their study.²²

VIII. Conclusion

Most of the respondents were satisfied with the availability of services, waiting time, professional care provided by consultant in OPD, behavior of consultant, nurse's and paramedical staff's. They were unsatisfied with toilet and drinking water facility present in OPD, approach to pharmacist, understanding illness after consultation with doctor and difficulty in telling private thing with doctor. So it is recommended that as OPD services are an important part of health care services in hospital, they need to be improve with special emphasis on improving toilet facility, drinking water facility and approach to the pharmacist and therefore hospital should develop patient feedback system which is vital for quality of services.

IX. Recommendations

This study identified some of areas which can be improved in order to improve the patient care and quality of care. Hospital authority should take action to improve cleanliness in the hospital. Waiting time before consulting doctor was one of the important factors affecting patient satisfaction. It can be reduced by starting appointment system at least getting the drugs was one of the important determinant of patient satisfaction. It can be reduced by introducing token system at the pharmacy counter. Availability of drugs was one of the important factor determining patient satisfaction. Therefore the drug policy should be revised quarterly in the year and most prescribed drugs in OPDs should be made available. Patient satisfaction assessment should be conducted regularly every 6 months. In the OPDs complaint and suggestion box should be kept, so that patients can freely put their complaints and suggestions for improvement in services provided in this hospital for nonemergency cases. Waiting time for getting the drugs was one of the important determinant of patient satisfaction. It can be reduced by introducing token system at the pharmacy counter. Availability of drugs was one of the important factor determining patient satisfaction. Therefore the drug policy should be revised quarterly in the year and most prescribed drugs in OPDs should be made available. Patient satisfaction assessment should be conducted regularly every 6 months. In the OPDs complaint and suggestion box should be kept, so that patients can freely put their complaints and suggestions for improvement in services provided in this hospital.

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