Original Research Article

Patient Satisfaction assessment amongst patients in a Multi-speciality Government hospital India

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ABSTRACT

Clientele Satisfaction assessment amongst patients in a multi-speciality government hospital of Rajouri District Jammu & Kashmir, India. To investigate the scope and nature of logistic services required in a Hospital to ensure patient / clientele satisfaction. To study the set up of logistic services and its effect on clientele satisfaction among patients. On logistic services and clientele satisfaction at this Hospital was conducted as a community-based, questionnaire-based analytical study. The study was conducted in a 300 bedded hospital with large number of clientele from local population for in-patient and out-patient services. The present study was questionnaire-based analytical, community-based patient survey, conducted by means of oral & assisted interviews, conducted personally by the investigator. The study provides an insight about various problems faced by patients and their relatives, regarding different aspects of hospital services.

Introduction

The hospital of today is the evolutionary product of a long and arduous struggle of mankind to fine tune the art and science of healing and caring for the sick. One can well imagine the responsibilities and the functions of the hospital, which is an integral part of the society, which functions with the aim to provide comprehensive health care, both curative and preventive, for the dependent population, and whose outpatient services should reach out to the family in its home environment.

The hospitals tend to judge themselves entirely on formal, non-psychological levels, the number of beds, specialist, procedures, modernity of buildings and equipments, the size of the budget and so forth. Yet the fact is that the patient almost never reacts to such statistical aggregates. Liz gill and Lesley white paper aims to review the patient satisfaction. The key to solving this dilemma may be for health sector to focus on health service quality by considering specific
concept and modality found in the services marketing literature (1).

Satisfaction is achieved when patient/clients perception of quality of care & services that they receive in Health care settings has been positive, satisfactory & meets their expectation. Customer feedback is recognized method of available health services (2).

The high patient satisfaction is certainly indicative of good treatment. Return of customers is a fundamental marketing principle that is becoming increasingly important for health care providers in today’s competitive environment. Second, by identifying the sources of patient’s dissatisfaction, the organization can address system weaknesses, thus improving its risk management. Thirdly, satisfied patients are more likely to follow the specified medical regimens and treatment plans (3).

Most complaints are of five types which are related to (a) Accommodation (b) Quality of care (care & treatment) (c) Respect & caring (d) Humanness (e) Attitude, behavior and communication (4)

**Materials and Methods**

There are many methods for measuring patient satisfaction. These include qualitative and quantitative approaches:

**Qualitative Methods:** Managerial observation, Patient feedback program, Work teams and quality circles, Focus groups

**Quantitative Methods:** Comment cards, Self administered patient surveys, Personal interview patient survey, Telephone surveys, Mystery shoppers

1. To investigate the scope and nature of logistic services required in a Hospital to ensure patient / clientele satisfaction and its effect on clientele satisfaction among patients.
2. To study the common causes for dissatisfaction among patients and the nature of complaints.
3. To highlight some basic principles of patient satisfaction and hospital logistic services
4. To draw conclusions from this study with ultimate objective of improving the hospital services.

The scope of the present study was limited to the following logistic services and their impact on clientele satisfaction a hospital.

The temporal reference of the present research work was for a period of 03 months and the results, observations and inferences pertain strictly to the mentioned time frame.

**Broad framework of the study**: The present research work / study on logistic services and clientele satisfaction at this Hospital was conducted as a community-based, questionnaire-based analytical study.

**Study location**: The study was conducted in a 300 bedded hospital with large number of clientele from local population for in-patient and out-patient services.

**Research Design**: The present study was questionnaire-based analytical, community-based patient survey, conducted by means of oral & assisted interviews, conducted personally by the investigator. The study provides an insight about various problems faced by patients and their relatives, regarding different aspects of hospital services.
Results and Discussion

The findings of the study are presented below, followed by the discussion on that particular aspect of clientele satisfaction and responses of the patients:

Availability of doctor during emergency

A large number of respondents (90%) indicated that doctor was available to attend to them during emergencies. However, it was seen that 10% of patients reported that doctor was not always available in emergencies. It has to be remembered that any medical emergency is an emotionally charged situation for the patient and his / her relatives and any delay in treatment usually leads to dissatisfaction.

Behaviour with patients: A large majority (96%) of the respondents reported excellent / good behavior of doctors with them. Only a negligible number (1%) of patients perceive the behavior of doctors as poor, which indicates very high level of clientele satisfaction for the hospital.

Waiting period in specialist OPD: In our study, 40% of respondents indicated a waiting period of less than 1 hour for consulting a specialist, whereas as many as 51% indicated a waiting period of 1 – 2 hour. A small minority (9%) indicated a waiting period of more than 2 hours to see a specialist in the hospital.

Level of satisfaction with treatment: High level of satisfaction with treatment invariably leads to high level of confidence in the doctor, thereby ensuring better patient compliance and better health status in the form of early recovery from illness. However, as many as 12% of the respondents reported that they had low or very low level of satisfaction with the treatment they received, which may be a cause for worry for the hospital administrators.

Behavior of treating doctors: Rapport between treating doctor and patient is vastly determined by the perception of patient about physician’s genuine concern for well-being of the patient, which in turn is determined to a large extent by patient’s perception of behavior of the doctor. A doctor who is perceived to be rude or appears unconcerned is unlikely to earn the respect and trust of any patient, however competent he may be.

Availability of prescribed medicines: It is not enough if a patient is attended to properly, he also has to be given the medicines prescribed by the doctor. Hence the role of medical store, from where medicines are issued, plays a pivotal role in ensuring patient satisfaction.

The findings of the study, as shown under, indicate that 89% of patients feel that medicines prescribed by doctors are always available, whereas 9% of patients feel that prescribed medicines are sometimes available and a small percentage (2%) feel that medicines prescribed by doctors are rarely available.

Up-keep & cleanliness in hospital: The present study indicate that a significantly large number of respondents (11%) have said that up-keep & cleanliness in the hospital is poor, thereby indicating scope for improvement. The Hospital, being located in old accommodation and in large area, is difficult to be maintained entirely by personnel of the hospital, due to various professional duties.

Cleanliness in toilets & bathrooms: The present study revealed that as many as 37%
of the respondents replied that they found the toilets and bathrooms to be dirty, which indicates high level of dissatisfaction among the admitted patients. 6% perceived the toilets and bathrooms to very dirty, again indicating dissatisfaction. 42% patients replied that toilets & bathrooms in wards were clean whereas only 15% replied that they were kept very clean.

Availability of doctor for patient

The findings of the study indicate that a large majority of patients (91%) are satisfied with the availability of doctors for them in the hospital and that only 2% patients think that doctors are rarely available to see them. The satisfaction levels can be further improved by ensuring that doctors are available in their chambers during the working hours and that they are not called out for other duties in the hospital.(5)

Behaviour with patients

Any doctor should be always perceived as a helping figure who assists in healing process. A rude doctor will never be able to win the confidence of the clientele, however good he /she may be professionally. All health care providers should also be wary of indulging in any kind of irresponsible conversation about their patients, since other patients may be hearing, who will judge their attitude based on their conversation with their professional colleagues. These simple measures, if implemented by doctors themselves, will invariably result in high level of clientele satisfaction among the patients. Thus professionalism in their dealing with patients is of paramount importance.(6)

Waiting period in specialist OPD

The hospital can make efforts to reduce the waiting period by ensuring that all doctors and specialists are in their consulting chambers during the working hours. Thus the health care planners will have to make certain arrangements to assist doctors and specialists in their personal errands like withdrawing money from the bank. This will ultimately result in better utilization of time and thus higher satisfaction levels among the patients.(7)

Level of satisfaction with treatment

It is often said that the doctor, besides being actually concerned about the welfare of his patient, should also be seen to be concerned about the wellbeing of his patients. Any loose remark or any irresponsible remark in the presence of patients leads to loss of confidence in that doctor. Another aspect that affects the satisfaction levels is the frequent change in medication without explaining to the patient the reason for the change. In such a scenario, the patient may tend to think that doctors are experimenting on him, especially if there is no improvement in his clinical condition. Thus free and frank communication between treating physician and patient is the underlying factor to ensure high level of patient satisfaction in the hospital.(8)

Behaviour of treating doctors

As highlighted above, rapport between treating doctor and patient is vastly determined by the perception of patient about physician’s genuine concern for well-being of the patient, which in turn is determined to a large extent by patient’s perception of behavior of the doctor. A doctor who is perceived to be rude or appears unconcerned is unlikely to earn the respect and trust of any patient, however competent he may be.(9)
Availability of prescribed medicines

It is seen from the findings that largely there is high level of satisfaction among clientele. However, there are times when certain slow-moving medicines being prescribed rarely are out of stock. In such cases, it is advisable that treating physician should find out the availability of such rarely prescribed medicines from the medical store and explain to the patient that it may take some time to procure the specific medicine. The medical store should interact regularly with all physicians and advise them to prescribe alternatives of certain medicines which are out of stock. (10)

Cleanliness in toilets & bathrooms

The level of hygiene and sanitation in any organization can be gauged by the level of cleanliness of the toilets and bathrooms in that organization. (11) The findings, as depicted above are certainly cause for worry for the hospital administrators Hospital and urgent corrective measures need to be initiated to rectify this aspect. There is a need to make the ward in charge more responsible and accountable for the upkeep and cleanliness of toilets, something which is presently left to the sweeper. The nurses and medical officers of every ward should take regular rounds of patients’ toilets and ward in charge should be answerable to medical officers in-charge of wards. Patients too should be encouraged to keep the toilets clean and not to throw paper, bandages etc in toilets.

Up-keep & cleanliness in hospital

The present study indicate that a significantly large number of respondents (11%) have said that up-keep & cleanliness in the hospital is poor, thereby indicating scope for improvement. This is even more applicable to a hospital, where sick people are admitted, whose immunity is already compromised due to their sickness making them more prone to infections. (12)

Availability of Doctor During Emergency

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>PERCENTAGE</th>
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<tbody>
<tr>
<td>Always</td>
<td>90</td>
</tr>
<tr>
<td>Sometimes</td>
<td>6</td>
</tr>
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<td>Rarely</td>
<td>4</td>
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Note: A large number of respondents (90%) indicated that doctor was available to attend to them during emergencies. However, it was seen that 10% of patients reported that doctor was not always available in emergencies.
Fig. 2 Behavior with Patients

![Bar chart showing behavior with patients](image)

Note: A large majority (96%) of the respondents reported excellent / good behavior of doctors with them. Only a negligible number (1%) of patients perceive the behavior of doctors as poor, which indicates very high level of clientele satisfaction for the hospital.

Fig 3 Waiting Period In Specialist OPD

![Bar chart showing waiting period in specialist OPD](image)

Note: 40% of respondents indicated a waiting period of less than 1 hour for consulting a specialist, whereas as many as 51% indicated a waiting period of 1 – 2 hour. A small minority (9%) indicated a waiting period of more than 2 hours to see a specialist in the hospital.
Fig 4

LEVEL OF SATISFACTION WITH TREATMENT

Note: 21% of respondents had very high level of satisfaction with their treatment, whereas 67% of patients interviewed reported high level of satisfaction, which indicates high level of patient satisfaction. However, as many as 12% of the respondents reported low or very low level of satisfaction.

Fig 5 Behaviour of Treating Doctors:

BEHAVIOUR OF THE TREATING DOCTORS

Note: A large majority (96%) of the respondents reported excellent / good behavior of doctors with them. Only a negligible number (1%) of patients perceive the behavior of doctors as poor, which indicates very high level of clientele satisfaction for the hospital.
Fig 7 Availability of Prescribed Medicines

![Availability of Prescribed Medicines](chart)

**Note:** That 89% of patients feel that medicines prescribed by doctors are always available, whereas 9% of patients feel that prescribed medicines are sometimes available and a small percentage (2%) feel that medicines prescribed by doctors are rarely available.

Fig 8 Up-Keep & Cleanliness In Hospital.

![Up-Keep & Cleanliness In Hospital](chart)

**Note:** The present study indicate that a significantly large number of respondents (11%) have said that up-keep & cleanliness in the hospital is poor, thereby indicating scope for improvement.
Fig.9 Cleanliness In Toilets & Bathrooms

Note: 37% found the toilets and bathrooms to be dirty, which indicates high level of dissatisfaction among the admitted patients. 6% perceived the toilets and bathrooms and to very dirty, again indicating dissatisfaction. 42% patients replied that toilets & bathrooms in wards were clean whereas only 15% replied that they were kept very clean.

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