

## Original Research Article

# A survey on indoor patient satisfaction in a private tertiary level surgical hospital in central India

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## ABSTRACT

**Background:** Patient satisfaction is an extremely important factor responsible for the success and growth of any hospital. Hence this survey was done in a super-speciality Uro-gynaecology hospital in Nagpur, Central India to assess the patient satisfaction for indoor facilities.

**Methods:** The present study was conducted over a period of 4 months in 100 indoor patients. These patients were asked to fill up a questionnaire just before they were discharged.

**Results:** 88% respondents found the service by reception staff as excellent. 64% were admitted and allotted rooms within 30 minutes of arrival. 94% said that the time given by doctors was satisfactory. 96% were extremely satisfied with the disease description, 98% said that the perception of efficiency of doctors and the details of investigations discussed were excellent. 90% felt that the number of visits by doctors were adequate. Availability of medicines in the pharmacy was there for most of the times (98%). Drinking water and availability of toilets, electricity and cleanliness was present (94%). 52% were really satisfied with the final bill.

**Conclusions:** Patients are satisfied regarding the basic amenities of the hospital and the provision for water and cleanliness levels. They are happy with the attitude and communication skills of the doctors, they expressed satisfaction about the availability of in-house pharmacy too.

**Keywords:** Attitude, Hospital, Patient satisfaction

## INTRODUCTION

In today's highly competitive healthcare environment, hospitals increasingly realize the need to focus on service quality as a means to improve their competitive position.<sup>1</sup>

The effect of various predictive factors of patient satisfaction on the quality of health care differs from one country to another and also from one region to another. Patient characteristics which govern satisfaction regarding health care, can be effectively utilized by one country, to modify their own healthcare.<sup>1</sup>

Following increased levels of competition and the emphasis on consumerism, patient satisfaction has become an important measurement for monitoring health care performance of health plans. Patient is the best judge since he accurately assesses and provides inputs which can help in the overall improvement of quality health care provision through rectification of system weaknesses.<sup>2</sup>

The responses of patients depend upon their socio-economic profile, personality and their perceptions; some may be satisfied with average services, while other may be dissatisfied even with the best.<sup>2</sup>

It is easier to evaluate the patient's satisfaction towards the service than evaluate the quality of medical services that they receive. Therefore, a research on patient satisfaction can be an important tool to improve the quality of services.<sup>3</sup>

For a health care organization to be successful, monitoring customer's perceptions is a simple but important strategy to assess and improve their performance.<sup>4</sup>

Traditionally, the medical profession was expected to maintain high quality of standards in the hospitals. In general, the quality was defined by the clinicians in terms of technical delivery of medical care. However, it appears that infrastructure and attitudes require to be improved significantly in the public-sector hospitals to meet the consumer's expectations.<sup>5</sup>

There is a scope for improving services in the hospital. Behavior of hospital staff should be improved by conducting special sessions for behavior change communication. Emphasis should be given to improve cleanliness in the hospital especially in the toilets.<sup>6</sup>

In a quality assurance survey at eye hospital, Bawku, Ghana, staff discussed how to improve on scores obtained in the initial survey.<sup>7</sup> A number of measures were put in place. The most notable was a change in the layout and organization of the OPD. To reduce delays, patient registration was done by a non-medical member of staff; to improve privacy, partitions were constructed; to improve access to prescribed eye medicines, stock was increased to include all drugs. Medical staff became more aware of patients' rights and their responsibilities towards them, and undertook to provide clear explanations to patients about their illness, treatment and follow-up.

One year later, the survey was repeated, using a slightly modified questionnaire. The greatest improvement in patient satisfaction was in privacy. However, there had been a dramatic drop in satisfaction with the speed of receiving emergency treatment, which was attributed to a change in the remuneration policy for staff on-call instituted at the beginning of 2003. The staff found the quality assurance exercise very helpful and stimulating and they plan to continue this as an annual activity, continually updating the questionnaire.<sup>7</sup>

Patient-based determinants and perceptions of service quality therefore play an important role when choosing a hospital.<sup>8</sup>

Billing aspects is an area of concern. E.g. Information about payment system, and waivers etc., in hospitals would avoid confusion among the patients about fee and bribery/corruption in certain regions of Asia.<sup>9</sup> This may be certainly true for communities which have significantly higher levels of satisfaction for private sector health care.<sup>10</sup>

Hospitals need more patient satisfaction surveys at regular intervals, as these indicators would further help in improving quality of services in these hospitals. PSSs could be used as a tool by hospitals, for accountability to the public, in marketing hospitals and which in turn would help hospitals to be financially sustainable in the long run.<sup>11</sup>

In one satisfaction survey carried out in Asia, the most significant areas of dissatisfaction were financial aspects among other factors.<sup>11</sup> Not only the doctors or administration but even nurses and mid-level personnel should be involved in research. This helps them to provide the best possible care based on accurate and relevant evidence.<sup>12</sup>

Mid-level personnel might get involved in research in different ways:

- They can conduct research themselves.
- They can assess the quality and usefulness of other people's research
- They can play an active role in large-scale multidisciplinary research projects.<sup>12</sup>

The WHO defines hospital as "an integral part of a social and medical organization, the function of which is to provide for the population, complete health care both curative and preventive and whose out-patient services reach out to the family in its home environment."<sup>13</sup>

A hospital is a place for the definition and treatment of human illnesses and restoration of health and wellbeing of those temporarily deprived of these. A modern hospital has become a highly scientific and complex medical institution from its age-old concept of a poor house where people left their incurable and dying relatives.<sup>13</sup> The aims and objectives of this study id to assess the patient satisfaction for indoor facilities.

## METHODS

The present study was conducted at a super-specialty uro-gynaecological hospital in central India. It was done over a period of 4 months from January to April 2017

A sample of 100 indoor patients was taken on a random basis. The patients had been operated for different urological, gynecological, general surgery procedures. These patients were asked to fill up a questionnaire just before they were discharged. There was no specific selection criterion.

Following criteria were considered to test the level of satisfaction among the indoor patients:

- Services available during admission and attitude of the reception staff

- Level of satisfaction among patients regarding communication and efficiency of consultant doctors and resident medical doctors
- Perception regarding availability of basic amenities in the hospital and level of cleanliness
- Opinion regarding the final bill.

Patients were also asked if they had any specific complaints or recommendations regarding their stay in the hospital. These were noted down and acted upon after discussion.

The surveyed questionnaires were collected and analyzed by using the software MS Excel for charts. Descriptive statistics were performed on the sociodemographic data and to examine the relationship between satisfaction with health services, behavior of doctor and other staff, satisfaction with clinic services and satisfaction with pharmacy services and others.

**RESULTS**

In the present study, 50 (50%) of the respondents were in the age group of 31 to 60 years, the other group of less than 30 years had 14 respondents (14%) and there were 36 (36%) patients in the age group of 61 to 90 years.

**Table 1: Demographic profile: age.**

Age	Frequency	Percentage
0 to 30	14	14%
31 to 60	50	50%
61 to 90	36	36%
Total	100	100%

In present study, out of 100 patients who completed the questionnaire, 72 (72%) were males and 28 (28%) were females.

**Table 2: Demographic profile: gender.**

Gender	Frequency	Percentage
Male	72	72%
Female	28	28%
Total	100	100%

In present study, majority of the respondents were graduates 46 (46%), 26 (26%) had primary education, 14 (14%) had secondary education and 14 (14%) were illiterate.

In present study, the analysis regarding the income revealed some unexpected results. As the study was carried out in a private super-specialty tertiary centre, it was expected that most of the patients would be earning well. Surprisingly the majority i.e. 56 (56%) were in the group that had earning of less than rupees 20,000 per month. There were only 10 patients (10%) who had

income of more than rupees 50000 per month and 34 people (34%) had an income of between rupees 20,000 to rupees 50,000.

**Table 3: Education.**

Education	Frequency	Percentage
Illiterate	14	14%
Primary	26	26%
Secondary	14	14%
Graduate	46	46%
Total	100	100%

**Table 4: Income profile.**

	Frequency	Percentage
Below Rs. 20,000	56	56%
Between Rs 20,000 to 50,000	34	34%
More than Rs 50,000	10	10%
Total	100	100%

**Table 5: Helpfulness at registration desk.**

	Frequency	Percentage
Excellent	88	88%
Satisfactory	8	8%
Poor	4	4%
Total	100	100%

In the present study, the response of the patients towards the attitude and helpfulness of the reception staff indicates that they were satisfied with the services of the reception staff. 88% (88) respondents found the service excellent. Only 4 patients (4%) felt that the attitude was poor and they were unsatisfied. On further questioning it was revealed that they had to wait for a long-time due to the unavailability of rooms in the hospital, hence the frustration was shown in the survey. 8 (8%) felt that the attitude was just satisfactory and stressed that further efficiency and improvement was needed.

**Table 6: Response time for admission formalities.**

	Frequency	Percentage
Less than 30 minutes	64	64%
One hour	20	20%
More than one hour	16	16%
Total	100	100%

In the present study, regarding the time taken from arrival to the hospital and allotment of room, it was seen that majority of the patients 64 (64%) were admitted and allotted rooms within 30 minutes of arrival. 20 (20%) had to wait for an hour, 16 (16%) had to wait for more than an hour. On further enquiry, the reasons were that the staff was busy with OPD patients and there was unavailability of rooms.

**Table 7: Perception regarding quality of professional service by doctors.**

	Frequency	%
Time devoted by the doctor at the admission	94	94%
Description of disease status by the doctor	96	96%
Perception of efficiency of doctor	98	98%
Discussed investigations with patient	98	98%
No of visits of consultant	90	90%

In the present study, it was seen that the respondents found the services excellent regarding the doctors. 94

(94%) said that the time given was satisfactory. (96%) were extremely satisfied with the disease description, and one patient each (2%) were merely satisfied and unsatisfied in each category. 98 patients (98%) said that the perception of efficiency of doctors and the details of investigations discussed were excellent. 90 patients (90%) felt that the number of visits by doctors were adequate. In present study, concerning the basic facilities and amenities of the hospital it was found that the patients had a favorable impression about the hospital. Availability of medicines in the pharmacy was there for most of the times 98 (98%). Drinking water and availability of toilets, electricity and cleanliness was present most of the times 94 patients (94%). 2 patients (2%) had a complaint about availability of drinking water. 6 patients (6%) had a complaint about the availability of toilet.

**Table 8: Perception regarding availability of basic amenities/services.**

	Most of the times		Some of the times		Never	
	Frequency	%	Frequency	%	Frequency	%
Medicines	98	98%	2	2%	0	0
Drinking water and electricity	94	94%	2	2%	4	4
Toilets/cleanliness	94	94%	6	6%	0	0

**Table 9: Perception regarding charges.**

	Frequency	Percentage
Satisfied with final bill	52	52%
Adequate	18	18%
Unsatisfactory	30	30%
Total	100	100%

In present study, regarding the hospital charges it was seen that only 52 patients (52%) were really satisfied with the final bill. 18 patients (18%) were non-committal but felt the charges could be lower. 30 patients (30%) felt that the charges were too much for the services rendered.

**DISCUSSION**

This study attempted to assess the satisfaction of patients in various aspects of healthcare in a privately owned tertiary surgical hospital in central India. Most of the studies about patient satisfaction both outpatient and indoor patients have been done in public hospitals and in hospitals attached to medical colleges. We could not find similar studies done in a private super-specialty hospital in the literature.

**Age group and gender**

In the present study, out of 100 respondents, 50 (50%) of the respondents were in the age group of 31 to 60 years, the other group of less than 30 years had 14 respondents (14%) and there were 36 (36%) patients in the age group

of 61 to 90 years. 72 (72%) were males and 28 (28%) were females.

**Education**

In the present study, majority of the respondents were graduates 46 (46%), 26 (26%) had primary education, 14 (14%) had secondary education and 14 (14%) were illiterate

Dayasiri MB et al, found that patients having had tertiary education were shown to have significantly lower levels of satisfaction in a study conducted in United Arab Emirates (27) and Saudi Arabia (15). Other studies uniformly showed no such relationship.<sup>1</sup>

**Socioeconomic status**

In present study, the analysis regarding the income revealed some unexpected results. As the study was carried out in a private super-specialty tertiary centre, it was expected that most of the patients would be earning well. Surprisingly the majority i.e. 56 (56%) were in the group that had earning of less than Rs 20,000 per month. There were only 10 patients (10%) who had income of more than Rs 50000 per month and 34 people (34%) had an income of between Rs 20,000 to Rs 50,000

Dayasiri MB found that patients from lower socio economic groups had higher satisfaction levels.<sup>1</sup>

### **Services by reception staff**

In the present study, the response of the patients towards the attitude and helpfulness of the reception staff indicates that they were satisfied with the services of the reception staff. 88% (88) respondents found the service excellent. Only 4 patients (4%) felt that the attitude was poor and they were unsatisfied. On further questioning it was revealed that they had to wait for a long-time due to the unavailability of rooms in the hospital, hence the frustration was shown in the survey. 8 (8%) felt that the attitude was just satisfactory and stressed that further efficiency and improvement was needed.

### **Services by doctors**

In the present study patients were very satisfied about time devoted by doctors, communication skills and efficiency of doctors and said it was excellent. It was 94%, 96% and 98% for the criteria. Their satisfaction about discussion of lab results and number of visits by consultants was 98% and 90% respectively.

Bhattacharya A et al, also reported that about 89.3% to 99.6% patients were satisfied with behavior of doctors.<sup>4</sup>

Similar results were found by Kulkarni MV et al in the study done at Lata Mangeshkar Hospital, Nagpur in which, the level of satisfaction with behavior of doctors was 87.8%.<sup>6</sup>

### **Room allotment time**

In the present study, regarding the time taken from arrival to the hospital and allotment of room, it was seen that majority of the patients 64 (64%) were admitted and allotted rooms within 30 minutes of arrival. 20 (20%) had to wait for an hour, 16 (16%) had to wait for more than an hour. On further enquiry, the reasons were that the staff was busy with OPD patients and there was unavailability of rooms.

Baba I found that in a study done about experiences in quality service in eye hospital Bawku, Ghana, 70% of the patients felt that there was no delay in waiting time. But here the criteria for unacceptability regarding waiting time was more than 2 hours. In the present study, its more than one hours.<sup>7</sup>

In a similar study done in southern state of Nigeria in a surgical department, out of the 48 patients that gave their experience; 28 (58.33%) waited less than fifteen minutes, eight (16.67%) waited less than 30 minutes, 10 (20.83%) waited less than one hour and two (4.17%) waited for more than one hour.<sup>14</sup>

### **Pharmacy, electricity and cleanliness**

In the present study, availability of medicines in the pharmacy was there for most of the times 98 (98%).

Drinking water and availability of toilets, electricity and cleanliness was present most of the times 94 patients (94%). 2 patients (2%) had a complaint about availability of drinking water. 6 patients (6%) had a complaint about the availability of toilet.

Bhattacharya et al, found that more than 94.5% of the attendants also responded positively to the general cleanliness and food.<sup>4</sup>

In the three-hospital study at Guntur district the opinion about cleanliness of wards was 89.34% at the NRI hospital, whereas it was 22.85% at the autonomic hospital and just 12.49% in the government hospital.<sup>5</sup>

In the study by Kulkarni MV et al, at Lata Mangeshkar Hospital, Nagpur, patient's level of satisfaction was found to be better regarding cleanliness in patient's area, wards and hospital campus (68.13%, 61.85% and 65.93% respectively). But dissatisfaction was found to be more regarding the cleanliness in toilets (56.01 %) which were statistically significant. ( $P < 0.0001$ ). 16.98% patients were unsatisfied with availability of drinking water in the hospital.<sup>6</sup>

Sharma RK found that more than half (56%) of the patients were satisfied as distinct from the quantity wise with which 72% of patients were dissatisfied and with availability of medicine on time (68%) patients have expressed their dissatisfaction.<sup>13</sup>

Sharma RK found that indoor patients were dissatisfied with amenities for attendants of patients such as attendant's rooms/serai (86%), light/heater (88%), drinking water (60%), toilets/ bathrooms (84%), canteen (94%), STD booths (88%) and medical store (78%).<sup>13</sup>

### **Billing**

In present study, only 52% of patients were satisfied with the final bill. 18% felt it was adequate while 30% felt that the charges were too high. As we have seen in the sociodemographic profile of patients most of them were from the lower income group (56%). Hence though they were very satisfied with the facilities provided, they found the charges high.

In the study done by Ekpe EE et al, in south state of Nigeria, when asked to comment freely on any area of care, eight (7.41%) patients were worried about electricity supply in the hospital and three (2.77%) complained about the charges in the hospital.<sup>13</sup>

## **CONCLUSION**

We conclude that the patients are satisfied regarding the basic amenities of the hospital, the provision for water and cleanliness levels. They are also very happy with the attitude and communication skills of the doctors, nurses and attendants. They expressed satisfaction about the

availability of in-house pharmacy too. Also, there have been no medico legal cases against this hospital from the past 15 years till now.

### **Recommendations**

Frequent patient satisfaction survey should be done to know the shortcomings of services provided and to make improvements on the basis of the opinions and suggestions given by patients.

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