

Original Research Article

Analysis of feedback of private wards patients: missing links in patient satisfaction in services at tertiary care public hospital

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ABSTRACT

Background: Feedback of client/customer is the key for improvement in any services. It is a precious input for identifying gaps and developing an effective action plan for quality improvement in any organization. Hence, patient feedback on services provided by the health care organization is important quality tool for improvement of services both in public and private hospitals. With the back ground this study was conceptualized with the aim to analyse feedback of inpatients admitted in private wards of a government tertiary care hospital of India, regarding hospital personnel and for basic amenities provided by the hospital.

Methods: This was a record-based study where predesigned feedback forms of one year were analysed. Feedback was categorized under three themes and subthemes which were services provided by the hospital, infrastructure of the hospital and feedback with respect to the care provided by the hospital staff.

Results: 80% patients were dissatisfied with the delay in conduct of investigations and receipt of reports and cleanliness in ward, housekeeping services and quality of food. As far as clinical care and soft skills of healthcare providers are concerned, 80% of the patients were satisfied by the care provided by doctors and nurses. Suggestions were analysed and implemented to strengthen the service delivery to initiate quality assurance.

Conclusions: Major factors for dissatisfaction among patients are the unscientific processes which can be improved with minimum cost.

Keywords: Patient satisfaction, Institute of National Importance, Gap analysis, Feedback

INTRODUCTION

Quality is an important aspect of health care. The patient and his/her relatives expect personalised care and quality services from the hospital. The word 'hospitality' includes hospital in it and concern for quality in healthcare is as old as care itself. Quality is defined in the Oxford dictionary as 'degree of excellence' or 'superiority in kind'. As defined by the Institute of Medicine, USA (IOM) study committee, quality of care is the degree to which health services for individuals and populations increase the

likelihood of desired health outcomes and are consistent with current professional knowledge.¹ Thus, the main purpose of a quality implementation programme in health care is to meet or exceed the needs of patients and their relatives. While traditional quality control theories seek out problems, assign fault and attempt to effect improvement by exhorting people to change their behaviour, continuous quality improvement (CQI) seeks to understand processes and revise those using data about the process themselves. CQI sees the problem as an opportunity for improvement.² Patient satisfaction is one

of the established yardsticks to measure quality of the services being provided in the health facilities. Hence, patient's feedback is necessary to identify the problems to improve the health care delivery and other services. Patient feedback consists of the views and opinions of patients and service users on the care they have experienced. Such information can be gathered through surveys, audits, comments and complaints/suggestions etc. Careful examination of patient feedback can highlight the areas that need improvement to provide quality care and give insight into their felt needs. With this background this study was conducted to gather feedback from patients who were admitted in private wards for their treatment in a tertiary care government hospital located at New Delhi and utilize this feedback to improve quality of services.

METHODS

This was a record-based study (where pre-designed feedback forms for the last one year filled by patients or attendants of private wards at the time of discharge were taken. The study was conducted from September 2014 to October 2021 at All India Institute of Medical Sciences, which is also an institute of national importance. The form had 26 items and reliability analysis was done. Patients admitted in general wards and ICU were excluded from the study. Cronbach alpha value was 0.836. Sample size was calculated considering 50% of the patients were dissatisfied with the hospital services in all the domains which were 300 with finite correction. Feedback was categorized under three themes and subthemes; services provided by the hospital (difficulty in registration, admission, discharge process, billing services, delay in investigation, food quality, linen quality, housekeeping services, pest control, ambulance services), infrastructure of the hospital (condition of walls, air conditioners, geysers, plumbing of bathrooms, sitting/sleeping arrangements for attendants in the ward) and feedback with respect to staff (doctors, nurses, housekeeping and security guards). Data was analyzed by using IBM SPSS version 20. A total of 300 forms were retrieved and analyzed. The feedback forms were pretested before their implementation and have been part of the SOP (Standard operating protocol) since more than 5 years, hence the pretested pre-validated questionnaire was chosen for the study.

RESULTS

Out of 300 forms around half of them (180) were filled by males and remaining 120 by females (Figure 1). Majority (n=240, 80%) of the patients admitted in the private wards were of upper middle class. More than half (198, 65%) of the patients were admitted for the planned/elective surgeries and remaining were treated for acute illness. About one fourth of patients (75, 25%) had faced some difficulty during the admission process which included lack of clarity about rules and regulations of the hospital and also poor reception in the ward. Details of problems related to billing and discharge are given in Figure 2 and

3. One third (90, 30%) of clients felt that there was a delay in starting treatment in the ward and no one explained them about their disease and treatment plan. Majority (240, 80%) of patients noticed that there was a delay in conduct of investigations and receipt of reports thereof. Most of the patients (242, 80%) faced problems with services like food, housekeeping, non-functional television, refrigerator, geyser etc. in the ward. Two thirds (200, 66%) wrote that there was no provision of food for attendants, limited food menu and bland taste, dirty utensils, poor quality of food, unhygienic conditions of food bearer. Nearly half (147, 49%) of the forms reported problems related with the engineering services of the hospital like seepage in walls, noise of ongoing construction work, leakage of water from geyser, improper ventilation, old air conditioners which made noise, out of order lifts and poor sitting. One third (90, 30%) respondents had problems related to pests like bed bugs menace, cockroaches in the rooms, lizards and mosquitoes. Others were related to wi-fi facility, poor network for mobiles, limited TV channels and disturbed network, discharged battery of remotes. Problems related to linen and laundry, are given in Figure 4. Majority (241, 80%) commented that doctors and nursing staff were sympathetic and appreciated their behavior. Problems related to doctors, nursing staff and security issues are given in Figure 5.

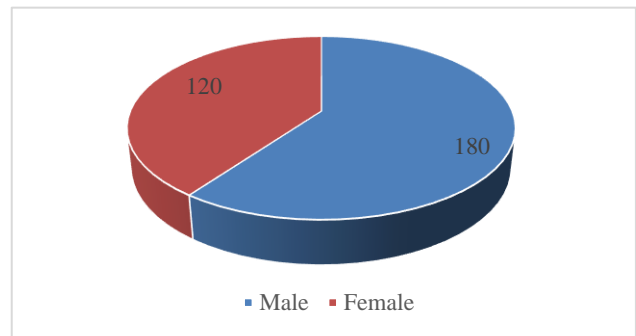


Figure 1: Demography of the patient.

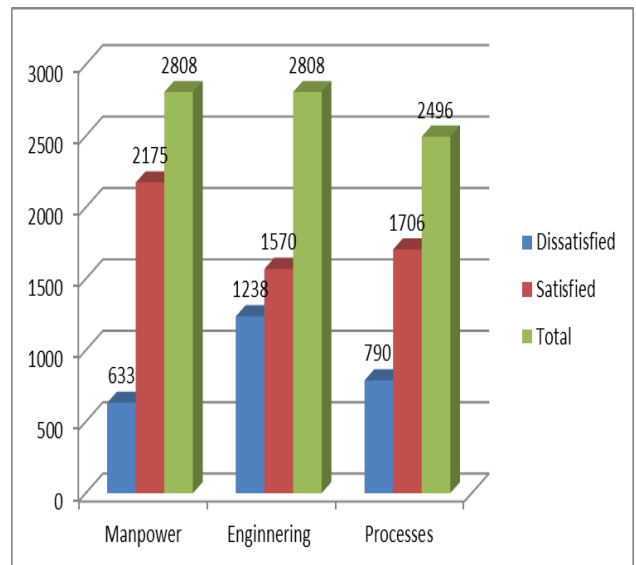


Figure 2: Comparison of level of satisfaction and dissatisfaction among three domains.

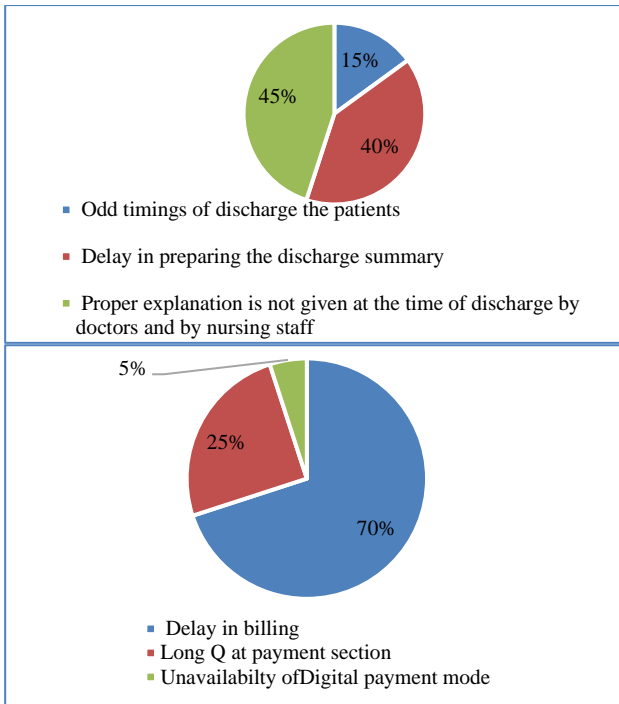


Figure 3: Issues related with discharge and billing.

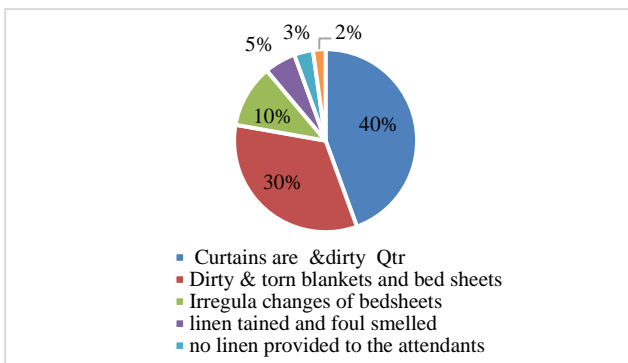


Figure 4: Issues related with laundry.

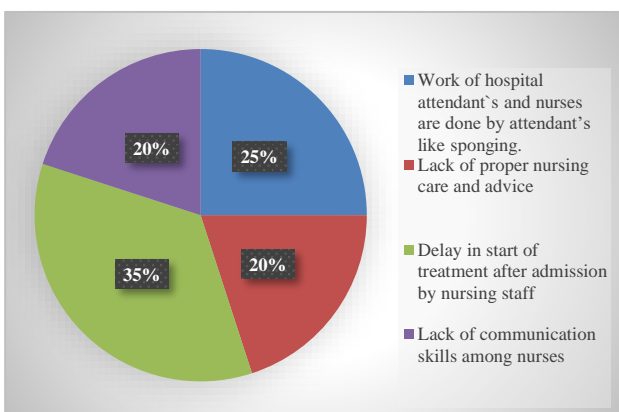


Figure 5: Issues related with nursing services of the hospital.

DISCUSSION

The importance of feedback of patients and carers as a means of improving high quality and care in hospital settings has been strongly advocated.³ Our subjects had faced difficulties in getting investigations done while in the ward. Hussain A et.al have also demonstrated that laboratory services are highly associated with patient satisfaction and problems, such as non-hygienic environments, late and fake results, uncompetitive staff, and a significant communication gap strong affect client satisfaction.⁴ Another sensitive area is the quality of food or dietary services. The objective of the diet service is to make provision of clean hygiene and nutritious diet for the indoor patient as per their nutrient requirement. Imtiaz et al studied dietary services in secondary level hospitals in Bangladesh and found that patients were dissatisfied both with the quantity and safety and hygiene aspects of food.⁵ Another study in a tertiary care hospital by Abdosh et al suggested that food and nutrition services play an important role in patient recovery and well-being and overall satisfaction of hospital stay.⁶ With the food Safety and Standards Act 2006, in our country the dietetics department of both government and private hospitals need to follow all food safety precautions. This will go a long way in improving client satisfaction in public non-profit making institutes.

Majority of the patients in our study faced the problems of linen being dirty, stained, torn or with unpleasant odour. Various studies have shown that the role of managing linen in a hospital in a comprehensive manner is very important. Given that linen is one of the mediums that can reduce the incidence of nosocomial infections, a step by step to support is required for proper implementation of laundry services. The clean bedding and clean clothes install psychological confidence in the patients and the public and enhances their faith in the services rendered by the hospital. In contrast to our findings D Singh found that majority of patients were satisfied with linen services in a government hospital.⁷

Other problems faced by patients were delay in initiation of treatment after admission. Similar finding was also found in study done on patient satisfaction levels in a tertiary care medical college hospital in Punjab which stated that time lapse between admission and initiation of treatment was more than 30 min in 13% cases.⁸ Delays occur in government set up because either the procedures are not in place or lack of motivation or supervision of the junior staff. The relatives or people accompanying the patient are new to the setup at time of arrival hence availability of a basic information booklet/clear display of relevant information or a dedicated staff member to guide the outsiders can be of big help. A warm reception has been known to touch the heart of anyone who is suffering or is in pain. Bokel et al have studied reception desks in various hospitals and concluded that happy personnel at reception increase effectiveness of a hospital.⁹ In the present study the number of unsatisfactory responses were

far more for various process in hospital and engineering services as compared to the staff and manpower issues. This is an important finding as these were patients admitted in private wards which have better facilities as compared to general wards.

As per studies done on patient satisfaction, the service which needs maximum improvement in a hospital is the housekeeping services.¹⁰ Complaints related to housekeeping services basically pertain to improper/irregular cleaning and odd timings of cleaning. Inappropriate behaviour of sanitary staff is also reported to be one of the dissatisfying parameter in various studies.¹⁰ In spite of the guidelines published by Government of India, in the name of Kayakalp' guidelines, the behaviour and etiquettes of sanitary attendants is still far below than the expectation in most of the healthcare organizations.¹¹

Another important service which needs improvement in private wards of public hospitals is basic engineering services which can make the hospital patient friendly. Provision of grab bar in toilets, daily supply of toiletries, regular rounds of plumber for routine maintenance, should be catered for. In addition, there are frequent complaints from private wards regarding compromised cooling in the rooms. It has been described in other studies also that the Engineering issues like, non-availability of hot water in wash basin taps, seepage on walls, slippery floors were few of the common complaints from the patients.¹²

Most of the patients have suggested that necessary medicines and surgical items required should be made available in the hospital on payment basis. This will avoid inconvenience of running to the markets for these medical and surgical items.^{13,14} Other services which need improvement are hospital billing services. There should be provision of cash deposition and payment through credit cards. A crude, rough and unpolished billing service may cause dissatisfaction among patients.¹⁵ There are frequent complaints of bed bugs, cockroaches, mosquitoes and lizards in the private ward which raises query regarding the pest control service in the hospital. Regarding the services provided by the nurses it is studied that patients facilitated experience feedback can improve nursing services. Our study revealed that patient's regular feedback from registration to discharge is very important to find gap improve hospital services and make hospital planners understand the gaps in services.

Our study has shown that one of the most important dissatisfier amongst the patients was the non-availability of adequate information in form of dos and don'ts. As shown in the study published in *Journal of Cutaneous and Aesthetic Surgery* in 2010, today's patients are more educated, computer savvy, and are much economically affordable, hence they also expect better services in addition to better care continuum and clinical outcomes. Hence it is imperative and essential to clear all of their rightly or wrongly earned doubts with much patience and compassion.

According to a National Research Corporation (NRC) survey, on a scale of 10, patients listed willingness to explain things as the most important criterion in selecting a physician.¹⁵ The willingness to explain things was given a rating of 9.6, which was well above the ratings given to others. Incomplete, improper, and poor communications may lead to unrealistic goals and expectations which in turn can lead to dissatisfaction especially in patients suffering from cosmetic and chronic disorders.

In addition, the successful education of patient and the next of patients, increases patient satisfaction and results in improved adherence to treatment and thus leading to better outcomes. Various methods like verbal education, written information (hand-outs, articles in popular magazines, etc.), group-based learning, audiotapes, videotapes, computer-assisted education, and the internet can be used to educate the patient about the disease. Another important dissatisfier is lack of basic amenities in the patient room like non-availability of fridge and non-functional geyser. According to research, hospitality- not clinical quality- is the biggest predictor of high patient satisfaction and experience scores.

By observing content management system (CMS) data on patient satisfaction, it was found that hospitality matters more in a good satisfaction score. At the same time, it has been observed that many hospitals, particularly in competitive markets, have invested heavily in hotel-like amenities in the establishment which includes grand atriums with waterfalls; private rooms with patios and scenic views; 'healing gardens'; artwork; music; gourmet food; wi-fi; and premium TV channels to achieve the goals of hospitality in health care establishment.¹⁶

Limitations

The study was limited to only those patients who were admitted to the private ward of AIIMS Hospital and hence the data of satisfaction has been derived from only those patients.

CONCLUSION

Problems related to process in hospitals, engineering services were more than issues related to the staff. Better diagnostic, dietetic and laundry services play an important role in overall patient satisfaction.

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Ethical approval: The study was approved by the Institutional Ethics Committee

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