

Original Research Article

To study the patient satisfaction at a tertiary care hospital in Malwa region of Punjab

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ABSTRACT

Background: Many factors including poor systems and stress of the caregivers effects the quality along with satisfaction of patients. Patient satisfaction denotes the extent to which general health care needs of the clients are met to their requirements. Aim of the study to study the level of patient satisfaction.

Methods: The structured questionnaire was administered to patients from in-patient areas. Illiterate patients were interviewed personally. The hospital had bed strength of 890 and the patients were followed in different departments till the completion of sample size.

Results: More than half of the patients i.e. 58.6% and 54.7% responded that the stretcher availability and behavior of paramedical staff in emergency as poor more than half of the patients i.e. 58.6% and 54.7% responded that the stretcher availability and behavior of paramedical staff in emergency as poor, more than half of the patients i.e. 58.6% and 54.7% responded that the stretcher availability and behavior of paramedical staff in emergency as poor.

Conclusions: Most patients rated the services of the hospital as excellent or good but a portion of patients were found to be unsatisfied in some areas i.e. cleanliness of toilets, wards, canteen and behaviors of paramedical staff.

Keywords: Satisfaction, Patient, Healthcare organization

INTRODUCTION

Selecting the health care and measuring its quality is very complex and has remained elusive yet the tools of its measurement will increasingly improve. Many factors including poor systems and stress of the caregivers effects the quality along with satisfaction of patients. 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.¹⁻⁴ Patients' perceptions about healthcare systems seem to have been largely ignored by health care managers in developing countries.⁴⁻⁶

Over the past 10 years consumer satisfaction has gained widespread recognition as a measure of quality in many public sector services. Patient satisfaction is now deemed an important outcome measure for health services; however, this professed utility rests on a number of implicit assumptions about the nature and meaning of expressions of 'satisfaction'.

Patient satisfaction is multifaceted and a very challenging outcome to define. Patient expectations of care and attitudes greatly contribute to satisfaction; other psychosocial factors, including pain and depression, are also known to contribute to patient satisfaction scores. Historically, physicians, especially surgeons, have focused on surgical technique and objective outcomes as

measures of “patient satisfaction,” while patients place great value on the surgeon-patient interaction.⁷

The present study was designed to assess the patient satisfaction level in a tertiary care hospital in the Malwa region of Punjab (Guru Gobind Singh Medical College & Hospital, Faridkot) as measurement of patient satisfaction is a legitimate indicator for improving the services and strategic goals for all healthcare organizations.⁸

METHODS

This study was conducted in a tertiary care hospital in Malwa region of Punjab. It is a premier health institution of Punjab. People from Punjab as well as adjoining states come for their treatment to this hospital. The study was a cross-sectional Hospital based Study. The structured questionnaire was administered to patients from in-patient areas. Illiterate patients were interviewed personally. The hospital had bed strength of 890 and the patients were followed in different departments till the completion of sample size.

Inclusion criteria

All the Patients willing to participate in the study.

Exclusion criteria

1. Those who were unable to give information/critically ill.
2. Patients not willing to participate in the study.

Sample size

The sample size after taking into account the prevalence of patient satisfaction, confidence limit of 95%, Margin of sampling error 5% came out to be 384.

Sampling technique and methodology

The tertiary care hospital was 890 bedded hospital. Out of 890 beds 143 were distributed in various ICUs in which critical patients were there. As critically ill patients were under exclusion criterion so total of 747 beds were included into the study. As the distribution of beds in different departments was not equal, to ensure proportionate representation of different departments

Probability proportionate size technique was applied to cover the sample size of 384.

The pre tested and semi- structured questionnaire was used to collect the information regarding socio-demographic profile, satisfaction levels with different staffs i.e. doctors, nurses, paramedical staff, overall satisfaction, recommendation and feedback if any after obtaining the written consent from the patient. The proforma was preferred to be filled by literate patient him/herself, in case of illiterate patient and children below 18 years the proforma was filled by the researcher. In case of children below 18 years the information was gathered from parents/ Guardians.

The study was conducted after obtaining written permission from Medical Superintendent of the institution along with informed and written consent of patient and approval from ethical committee of institute.

RESULTS

Table 1 shows that more than half of the patients i.e. 58.6% and 54.7% responded that the stretcher availability and behavior of paramedical staff in emergency as poor. Only 13.5% patients responded that the stretcher availability as excellent. Remaining patient satisfaction level was good and satisfactory. Similarly in emergency cleanliness (both toilets and emergency ward) as well as bed sheet availability in emergency most of the patients responded the services as poor followed by good and satisfactory response. On an average only 11% of the patients responded the services as excellent.

Table 2 shows that in OPD on an average 53% of the patients responded the management of patients as poor followed by 43% and 20% as satisfactory and good. Only 5% of the patients responded the services as excellent. In OPD 50% of the patients responded the working and behavior of the doctors and paramedical staff as poor followed by 29% and 17% as good and satisfactory. Only 5% of the patients responded the services as excellent.

Table 3 shows that in wards on an average 38% of the patients responded the cleanliness of ward as poor followed by 30% and 24% as satisfactory and good. Only 8% of the patients responded the services as excellent.

Table 1: Patient satisfaction level according to various attributes in emergency.

S.No	Attributes	Excellent	Good	Satisfied	Poor
1	Was the stretcher available?	13.5%	17.4%	10.4%	58.6%
2	How was the behavior of paramedical staff?	0%	31%	14.3%	54.7%
3	Was the emergency clean?	16.4%	43%	8.9%	31.8%
4	Was the bed sheet available?	6.5%	31.3%	19.3%	43%
5	How was the toilet clean?	11.5%	17.2%	31.8%	39.6%

Table 2: Patient satisfaction level according to various attributes in OPD.

S.No	Attributes	Excellent	Good	Satisfied	Poor
1	How was the Line management in OPD slip counter?	7.6%	18.8%	27.6%	46.1%
2	How was the line management in OPD doctor room?	1%	36.7%	16.9%	45.8%
3	Whether they have checked your B.P?	10.4%	33.9%	27.3%	28.4%
4	How was the behavior of paramedical staff?	2.3%	34.9%	14.3%	48.4%
5	How was the behavior of Doctor?	0.8%	38.3%	16.4%	44.5%
6	How was the line management of Billing counter?	7%	24.7%	16.4%	51.8%
7	How was the line behavior of Billing counter?	1.8%	10.7%	12.5%	75%
8	How was the line management in laboratory?	2.9%	20.3%	31.5%	45.3%
9	How was the behavior of Lab Attendant?	2.1%	16.7%	11.5%	69.8%
10	How was the line management of admission file counter?	1.3%	20.3%	27.1%	51.3%
11	How was the behavior of person sitting on admission counter?	0.8%	31.3%	15.9%	52.1%
12	How was the line management on discharge counter?	9.6%	11.2%	19%	60.2%
13	How was the behavior of person sitting on discharge counter?	13.5%	15.9%	14.3%	56.3%

Table 3: Patient satisfaction level according to various attributes in ward.

S.N.	Attributes	Excellent	Good	Satisfied	Poor
1	How clean was the ward?	1.3%	22.7%	26.3%	49.7%
2	how clean was the bed	1.3%	21.1%	27.3%	50.3%
3	How clean was the bed sheet of the bed?	21.4%	37.2%	1.3%	40.1%
4	How was the toilet?	0.5%	27.6%	41.7%	30.2%
5	How clean was the corner and floor of the ward?	1.04%	27.89%	30.19%	40.88%
6	How clean was the stair area?	11.45%	12.76%	46.63%	29.16%
7	How was the corner of the lobby clean	17.5%	20.4%	34%	28.1%
8	How clean was the toilet?	10.2%	32.6%	37.8%	19.5%
9	How clean was the toilet seat?	2.9%	13.5%	37.8%	45.8%
10	How clean was the washing hand area?	3.6%	16.7%	36.7%	43%
11	How clean was the floor?	9.4%	10.4%	25.5%	54.7%

Table 4: Distribution of responses according to various attributes.

S.No	Attributes	Yes	No
1	Was the wheelchair available at the entry of the emergency?	53.1%	46.9%
2	Was the wheel chair available?	55.7%	44.3%
3	Was the stretcher available?	58.1%	41.9%
4	Was your treatment/procedure clearly explained to you?	54.9%	45.1%
5	Was water is available in toilet?	47.4%	52.6%

Table 3 shows the response of patients about toilets area about 41% of the patients responded the cleanliness of toilets as poor followed by 34% and 18% as satisfactory and good. Only 7% of the patients responded the services as excellent.

Table 4 shows the availability of facility in the hospital. majority of patients 54% responded that wheel chair and

starches was available at different points in the hospital and remaining 46% of the patient responded that the facilities were not available.

Table 5 shows that on an average 27% of patients get the services within 10 minutes while 34% of the patients get the services in 10-20 minutes and remaining 36% of the patients get the services in more than 20 minutes.

Table 5: Distribution of responses according to various attributes.

S.No	Attributes	0-10	10-20	20 above
1	After how long the chair is available to you in emergency?	54%	39%	7%
2	After how long the stretcher available to you in emergency?	50%	27%	23%
3	After how long was the main Doctor checked you?	39%	37%	24%
4	After how long paramedical staff/doctor checked you, when you are suffering from pain?	45%	32%	23%
5	How long you have to wait to get the OPD slip?	23%	41%	35%
6	After how long wheel chair available to you?	10%	46%	28%
7	After how long stretcher available to you in OPD?	20%	31%	49%
8	How long you have to wait to meet the doctor in doctor clinic?	9%	30%	45%
9	How long you have to wait to get billing slip?	13%	36%	51%
10	How long you have to wait to get laboratory report?	16%	26%	58%
11	How long you have to wait to get admission slip?	19%	35%	46%
12	How long you have to wait to get discharge slip?	24%	31%	46%

DISCUSSION

There has been a great degree of advancements in the hospitals since past ranging from isolated rooms to hospitals with five star facilities. Patients and their attendants expect world class treatment to make their stay relaxing and comfortable. In today's era, the outpatient department of any hospital is regarded as the shop window for that hospital.^{9,10} Patient's satisfaction is the first step taken into consideration and it can be defined as meeting of expectations of a person from service of product.¹¹ Studies of this type have been conducted in the past,¹²⁻¹⁴ which not only helps in knowing about patient's satisfaction level but also aids in improving technologies, facilities in this modern world of competition.

In our study, 58.6% of the patients regarded the availability of stretcher as poor and 54.7% graded the behaviour of paramedical staff as poor. In a study by Jain and Prashad conducted in Gandhi Memorial college and associated hospitals reported that 43% of the patients were satisfied by the paramedical staff behaviour.¹⁵ In a study conducted by Mishra et al, 27% of the patients rated nursing facilities as excellent and 48% patients felt it was good.¹⁴

According to our present study, 53% patients said that management was poor at outpatient department and 43% regarded it as satisfactory. In a study conducted by Arvind Sharma et al in a hospital at Jabalpur, the OPD services were regarded as satisfactory by 80% of patients.¹² In our study, 38% of the patients said that ward cleanliness was poor. A study conducted by Mishra et al 42% patients reported of good cleanliness in their wards.¹⁴

It is advised to the hospital to improve upon the facilities to fetch and attract more patients. Cleanliness should be

the prime concern of action. More staff should be employed in the concerned field to ensure optimum level of cleanliness. Availability of stretchers should be increased to ensure that there is no shortage of above on arrival of the patients.

CONCLUSION

The present study was conducted at a tertiary care hospital in Malwa region of Punjab people from Punjab as well as adjoining states come for their treatment to this hospital. Out of total 384 patients in the study 5.75% patients rated the services as excellent, 24% patients rated the services to be good and 24% patients rated the services as satisfactory. The observations are in accordance with the study conducted by Renu et al according to which 8.89% patients rated the services of the C.N. Centre as excellent, 76.67% patients rated the services to be good. Although, most patients rated the services of the hospital as excellent or good but a portion of patients were found to be unsatisfied in some areas i.e. cleanliness of toilets, wards, canteen and behaviours of paramedical staff.

The following problems were faced by the patients in the hospital.

1. There is shortage of clinical staff (doctors and nurses).
2. There is shortage of beds.
3. The toilets are dirty.
4. There is long waiting time.
5. Irregular time schedules by doctors and other staff.
6. The signage is not very clear.
7. There is no separate room where patients can go to complain or for their problems.
8. No enquiry office for information.

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

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