

## Original Research Article

# Evaluation of level of satisfaction among indoor patients attending in a tertiary care hospital of Rajnandgaon (C.G.), India

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## ABSTRACT

**Background:** Patient expression is an important source of information in screening for problems and developing an effective plan of action for quality improvement in health care organizations. Assessing satisfaction has been mandatory for quality control of any hospital, which has resulted in an increasing number of projects devoted to the concept of satisfaction and determinant of patient satisfaction.

**Methods:** The present Cross sectional Observational Hospital based study was conducted in Government Medical College Hospital, Rajnandgaon (C.G.) India during April 2016 to September 2016. A sample of 200 patients was taken who were admitted in different Indoor Patients Department of Clinical departments. Patients were selected according to inclusion and exclusion criteria. The information from the patients on various aspects of patient's satisfaction like admission procedure, communication with staff, physical care, test and operation help availability, cleanliness, privacy related issues and overall satisfaction was obtained by interview with patients based on the semi structured questionnaire proforma.

**Results:** In the present study, among IPD patient Male: Female ratio was 3:2 approx. Helpfulness of person at registration desk was ranked very good by 93% subject. Wheelchair was available for most of the patients (95%) but its availability when needed was ranked very good by 76% patients only. Majority of patient were satisfied with the behavior of the lab technician (89%), availability of lab results on given time (81%).

**Conclusions:** This study shows that patients admitted in the various wards of hospital were satisfied with the quality of professional services by doctors, nursing and paramedical staff but problem lies with the availability of basic amenities. Overall present study shows that assessing satisfaction of patients is simple, easy and cost effective way for evaluating the hospital services.

**Keywords:** Hospital services, Patient satisfaction, Patient care, Quality of medical care

## INTRODUCTION

Patient's satisfaction has gained increased attention over the past few years.<sup>1</sup> It is now a day's understood that patient's opinion should supplement the usual indicators of quality in health care.<sup>2,3</sup> Patient expressions is an

important source of information in screening for problems and developing an effective plan of action for quality improvement in health care organizations.<sup>4</sup> Assessing satisfaction has been mandatory for quality control of any hospital, which has resulted in an

increasing number of projects devoted to the concept of satisfaction and determinant of patient satisfaction.<sup>5-11</sup>

Patient satisfaction surveys are used by hospital managers to improve the hospital environment, patient amenities, and facilities in a consumerism context. In contrast, little has been done to determine whether patient satisfaction assessment can lead to changes in patient care at the ward or department level. The efficacy of patient-based measured feedback to improve care provider skills and practices remains controversial.<sup>12-15</sup>

Government Medical College Hospital Rajnandgaon (C.G.) provides tertiary health care services. It is 600 bedded hospitals. This hospital came in existence from 2014-15 academic years with 100 MBBS admissions per year. The populations utilizing the services are from urban, rural and tribal areas.

In-patient satisfaction has not been assessed previously in this hospital. The study was planned with the aim to assess the indoor patient department (IPD) satisfaction level among patients and their use for quality control of hospital services.

## METHODS

The present study was conducted in Government Medical College Hospital, Rajnandgaon (C.G.) India. A total of 200 patients were selected from different Indoor Patients Department of Clinical departments (Medicine, Surgery, Orthopedics, Obstetrics and Gynecology). Institutional ethics committee approved this study.

### *Period of study*

From April 2016 to September 2016

### *Duration of study*

06 months

### *Type of study design*

Cross sectional Observational (Descriptive) Hospital based study

### *Mode of data collection*

Interview

### *Type of interview*

Through questionnaire one to one

### *Type of questionnaire*

Semi structured

### *Study centre*

Government Medical College Hospital (a tertiary care hospital) Rajnandgaon (C.G.).

### *Study subjects*

Admitted Patients (Indoor Patients)

### *Inclusion criteria*

Inclusion criteria were Indoor Patients admitted in hospital for <48 hrs duration; patients aged  $\geq 18$  yrs from all departments of IPD (except in pediatrics wards, where parents/attendants accompanying the patient were included).

### *Exclusion criteria*

Exclusion criteria were critically ill patients; not willing to participate.

### *Sampling method*

Simple random sampling

### *Sample size*

Purposive sample of 200

A sample of 200 patients was taken who were admitted in different departments (Medicine, Surgery, Obstetrics and Gynecology, Orthopedics and Pediatrics) of the Government Medical College Hospital Rajnandgaon (C.G.), India. Patients were selected according to inclusion and exclusion criteria. Each patient was informed & consent has been taken. The information from the patients on various aspects of patient's satisfaction like admission procedure, communication with staff, physical care, test and operation help availability, cleanliness, privacy related issues and overall satisfaction was obtained by interview with patients based on the semi structured questionnaire proforma. To facilitate the understanding, questions were translated into local language that is Hindi and Chhattisgarhi.

The World Health Organization (WHO) has created a performance system to assess the patient responsiveness (patient satisfaction), but those measures were based on surveying public health experts (and not patients) which generally doesn't show the exact reality. So questionnaire are prepared from previously validated set of a 12 administered question and some more elaborative questions were asked.<sup>16</sup>

Collected data was compiled in MS EXCEL. Then it was analyzed using SPSS V 16.

## RESULTS

In the present study, among IPD patient male:female ratio was 3:2 approx. 19% were illiterate and 63% of subjects were educated up to higher secondary level. The maximum subjects by occupation were unskilled worker (42%) followed by housewife (34%). Most of the subjects were having per capita income up to 5000 (86%). Duration of stay in IPD ward was 2-5 days among 79% of subject (Table 1).

**Table 1: Socio demographic profile of study subjects.**

Socio demographic profile	No.	Percentage (%)
<b>Respondents</b>		
Attendants of the patient	52	26.0
Patients	148	74.0
<b>Sex wise distribution</b>		
Female	116	58.0
Male	84	42.0
<b>Educational status</b>		
Illiterate	38	19.0
Primary & middle	78	39.0
Matriculation	20	10.0
High. secondary	48	24.0
Graduate	10	5.0
Post graduate	6	3.0
<b>Occupation</b>		
Housewife	68	34.0
Unskilled worker	84	42.0
Skilled worker	28	14.0
Student	16	8.0
Unemployed	4	2.0
<b>Per capita income (in Rs. per month)</b>		
<2000	92	46.0
2000-5000	80	40.0
5000-10000	18	9.0
>10000	10	5.0
<b>Sold any asset for hospital expenses</b>		
Yes	00	00
No	200	100
<b>Duration of stay in the hospital</b>		
<2 days	18	9.0
2-5 days	158	79.0
>5 days	24	12.0

Mode of admission in majority IPD patients was through emergency. Helpfulness of person at registration desk was ranked very good by 93% subject. Wheelchair was available for most of the patients (95%) but its availability when needed was ranked very good by 76% patients only. Assistance of supportive staff was found to be very good by 76% patients. Wards were easily approachable for almost all the patients and sign boards in hospital were found to be adequate and helpful. The treatment was started within 10 minutes of the admission

in the ward in more than two third of patients (69%) (Table 2).

**Table 2: Services available at the time of admission.**

Services available at admission	No.	Percentage (%)
<b>Mode of admission</b>		
Through emergency	174	87.0
Through outdoor	26	13.0
<b>Helpfulness of person at registration desk</b>		
Very good	186	93.0
Good	6	3.0
Average	4	2.0
Excellent	2	1.0
Poor	2	1.0
<b>Availability of wheel chair</b>		
Available	188	94.0
Not available	12	6.0
<b>Availability of wheel chair when needed</b>		
Very good	152	76.0
Good	30	15.0
Average	8	4.0
Excellent	8	4.0
Poor	2	1.0
<b>Immediate availability of support staff for assistance</b>		
Very good	152	76.0
Good	30	15.0
Average	8	4.0
Excellent	8	4.0
Poor	2	1.0
<b>Ward locations</b>		
Approachable	200	100.0
<b>Sign boards</b>		
Adequate and helpful	190	95.0
Inadequate	10	5.0
<b>Time taken to start of treatment in the ward</b>		
Immediate	64	32.0
<10 minutes	74	37.0
10-30 minutes	40	20.0
>30 minutes	22	11.0

Patient satisfaction in relation to services by doctor was good in majority of patients (Table 3).

Majority of patient were satisfied with the behaviour of the lab technician (89%), Availability of lab results on given time (81%) (Table 4).

In present study, most of the patients were found satisfied with attention & care provided by nursing & paramedical staff. The majority of Patients (73%) were satisfied about cleanliness in wards. Only one third of patients reported regular change of bed sheets by nursing staff. Approach of paramedical staff was found good by 66% patients (Table 5).

**Table 3: Perception regarding quality of professional services by doctor.**

Perception regarding quality of professional services by doctor	No.	Percentage (%)
<b>Time spent by the doctor with the patients</b>		
Adequate	172	86.0
Inadequate	28	14.0
<b>Description of disease status by doctor</b>		
Satisfactory	168	84.0
Unsatisfactory	32	16.0
<b>Communication skill of doctor</b>		
Good	110	55.0
Satisfactory	72	36.0
Unsatisfactory	18	9.0
<b>Perception of efficiency of doctors in handling illness of patient</b>		
Good	150	75.0
Satisfactory	28	14.0
Unsatisfactory	22	11.0
<b>Doctors discussed laboratory investigations with patients</b>		
Good	28	14.0
Satisfactory	150	75.0
Unsatisfactory	22	11.0
<b>No. of visits of senior doctors</b>		
Adequate	174	87.0
Inadequate	26	13.0

**Table 4: Perception regarding quality of lab services.**

Perception regarding quality of lab services	No.	Percentage (%)
<b>Guided about location/room no. where investigations advised</b>		
Yes	196	98.0
No	4	2.0
<b>Locations of labs</b>		
Easily approachable	184	92.0
Difficult to locate	16	8.0
<b>Time to reach lab for investigation</b>		
<10 Minutes	172	86.0
10-30 Minutes	16	8.0
>30 Minutes	12	6.0
<b>Behavior of lab technician</b>		
Satisfactory	178	89.0
Good	16	8.0
Unsatisfactory	6	3.0
<b>Availability of results of investigation</b>		
Available on time	162	81.0
Delayed	38	19.0

The medicines and drinking water facility was available and adequate in 17% and 47% cases respectively. Availability of toilet facility indoor ward found adequate but their cleanliness was found unsatisfactory by majority

of patients. Availability of fans/lights in ward was adequate. Facility of parking found satisfactory as perceived by the majority of subjects. Quality of food provided by hospital was found satisfactory by majority. Only 42% patients were satisfied with time consuming in queue. Majority of subjects (87%) reported that retiring /waiting room for attendants/relatives was unavailable (Table 6).

**Table 5: Perception regarding quality of services by nursing and paramedical staff.**

Perception regarding quality of services by nursing and paramedical staff	No	Percentage (%)
<b>Attention and care by nursing staff</b>		
Satisfactory	162	81.0
Unsatisfactory	38	19.0
<b>Providing prescribed medications in timely manner</b>		
No	14	7.0
Yes	186	93.0
<b>Attention and care by paramedical staff</b>		
Satisfactory	136	68.0
Unsatisfactory	64	32.0
<b>Cleanliness in wards</b>		
Satisfactory	146	73.0
Unsatisfactory	54	27.0
<b>Regular change of bed sheet by the nursing staff</b>		
No	132	66.0
Yes	68	34.0
<b>Approach of paramedical staff toward patient/attendant</b>		
Good	132	66.0
Satisfactory	62	31.0
Unsatisfactory	6	3.0

## DISCUSSION

Healthcare is fast becoming consumerist industry all over the world. Today, the patients are much more aware and informed about their diseases compared to most healthcare givers. It is, therefore, vital to know exactly what our patients expect from us as healthcare providers in order to practice according to the need of the day, in addition to ethically correct medicine.<sup>17-21</sup>

In the current study majority of the patients were satisfied with the services by the doctors which were up to our expectations as the GMC Hospital has sufficient medical staff. In a study by Kulkarni et al patients were more satisfied with behaviour of doctors (87.8%).<sup>22</sup> Bhattacharya et al also reported 98.2% patients were satisfied with behaviour of doctors.<sup>23</sup> Most of the patients were satisfied with cleanliness in the wards. Few studies have findings similar of the present study. While the dissatisfaction level was at higher side when compared to present study.

**Table 6: Satisfaction regarding availability of basic amenities.**

Amenities	No	Percentage (%)
<b>Availability of medicines</b>		
Available & adequate	34	17.0
Available but inadequate	132	66.0
Unavailable	34	17.0
<b>Availability of drinking water</b>		
Available & adequate	94	47.0
Available but inadequate	76	38.0
Unavailable	30	15.0
<b>Availability of toilet in wards</b>		
Yes	192	96.0
No	8	4.0
<b>Cleanliness of toilets</b>		
Good	18	9.0
Satisfactory	24	12.0
Unsatisfactory	158	79.0
<b>Availability of fans/lights in wards</b>		
Yes		
No	184	92.0
<b>Convenience of parking</b>		
Satisfactory	124	62.0
Unsatisfactory	76	38.0
<b>Meals available/provided in wards</b>		
Yes	200	100
No	00	00
<b>Quality of food</b>		
Good	28	14.0
Satisfactory	142	71.0
Unsatisfactory	30	15.0
<b>Availability of retiring/waiting room for relatives/attendants</b>		
Available and adequate	16	8.0
Available but inadequate	10	5.0
Unavailable	174	87.0
<b>Satisfied with time consuming in queue for registration</b>		
Yes	84	42.0
No	116	58.0

In the present study more than 57% patients were satisfied with the availability of drinking water in the premises which is nearly similar to the study done by R Kumari et al.<sup>24</sup> In the current study 96% patients were satisfied with availability of toilet facility in the ward whereas it was 65.3% as studied by Kumari et al.<sup>24</sup> In our study 79% patients were unsatisfied about the cleanliness of the toilet. Qureshi et al and Kulkarni et al reported that 12% & 18.96% patients respectively were dissatisfied with cleanliness in toilets.<sup>22,25</sup> One reason may be that most of the patients using toilets were less educated and lack awareness about hygienic practices. In the study by Kumari et al it was found that the cleanliness of toilet

was (27.3%) which is higher than the finding of the present study.<sup>24</sup>

## CONCLUSION

This study shows that patients admitted in the various wards of hospital were satisfied with the quality of professional services by doctors, nursing and paramedical staff but problem lies with the availability of basic amenities. Dissatisfaction was found to be more regarding cleanliness in the toilets and the wards. Availability of bed sheets, drinking water, retiring room were some of the issues needing concern in IPD. Time consumed in queue was a major factor of dissatisfaction for IPD patients. Patients of IPD were unsatisfied with the inadequate availability of medicines. Overall present study shows that assessing satisfaction of patients is simple, easy and cost effective way for evaluating the hospital services. There is a need to address these identified lacunae to improve the quality of services provided to the needy patients.

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