Original Research Article

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Satisfaction among the patients attending the health centres attached to a tertiary care hospital in Gandhinagar, Gujarat

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ABSTRACT

Background: There is a need of quality health services in developing countries like India. Uneducated patients are transformed in to educated clients and demands for better services. It is important to measure satisfaction of the patients towards catered health services for betterment of the institute as well as community. The objective of the study was to know the satisfaction of patients attending the OPD of Rural health training centre and urban health training centre of a medical college.

Methods: A cross-sectional survey was conducted among people attending the OPD of RHTC and UHTC of a Medical college and they were interviewed by using patient satisfaction survey from.

Results: Overall satisfaction was 98% participants in RHTC and 99% in UHTC were satisfied. Almost all patients were satisfied with the behaviour of the doctor, paramedical staff and class 3 workers at RHTC and UHTC (100% in RHTC and 98.5% in UHTC.

Conclusions: Overall patient satisfaction was good but based on the statistics; areas which had a void can be corrected by implementing the suggestions given by respondents.

Keywords: Satisfaction, Patients, RHTC, UHTC

INTRODUCTION

Health care services differs widely from country to country which must be relevant to local health problems, needs and attitudes as well as the available resources. It should be comprehensive, accessible, acceptable, provide scope for community participation and available at a cost the community and country can afford.¹

Rural health training centre and urban health training centre are the service delivery centres attached to Community Medicine Department of a Medical College. Basically they are learning centres for the interns and postgraduate students especially for the subject Community Medicine. They are also used as platforms for implementing the various national health programs. RHTCs are placed in rural area while UHTCs are placed in urban slums. They provide scope for the operational research for the community. These centers also provide medical care as well as specialist care to the community.^{2.3}

Client (patient) satisfaction is an important factors which determine the success of health care facility. Nowadays it is a part of quality control. It is easier to evaluate the patient's satisfaction towards the services provided than to evaluate the quality of medical services that they receive.

Since long time patients perceptions regarding health care system have been ignored by health care managers especially in the developing countries like India. Patients carry certain expectations before their visit and the resultant satisfaction or dissatisfaction is the outcome of their actual experience. 4-6

More than 5 years have passed since starting of RHTC and UHTC of the GMERS Medical College, Gandhinagar. So, apart from training of the interns it is essential to know whether community is benefitted since the establishment of these centres or not. Keeping this in mind the present study was conducted to know the satisfaction among the patients attending RHTC and UHTC.

METHODS

Study type, study setting and study duration

A cross sectional survey was carried out in Urban Health training Centre (UHTC) and Rural Health Training Centre (RHTC) attached with a Medical college in Gujarat. Data were collected from June 2017 to September 2017.

Study participants

Patients aged 18 or more who came to seek the treatment at UHTC and RHTC. Non-cooperative participants were excluded from the study.

Sample size and sampling

Sample size of 113 was calculated from hypothesis testing method using following assumptions: 95% confidence intervals, 92% satisfaction level among participants based on previous study¹, 5% error. Calculated sample size was inflated with 10% of non-response rate. At RHTC 132 participants were surveyed and 133 patients were surveyed at RHTC. Participants were acquired conveniently during the morning hours of morning OPD when patient load is comparatively large.

Study tool

Predesigned and structured questionnaire was applied for the survey. Pilot testing was done among 10% of the participants and with the help of experts necessary changes were done in the questionnaire.

Data analysis

Data were entered and analysed through Epi info version 7. For continuous variables mean and standard deviation were calculated and for categorical variables percentage were calculated.

RESULTS

Present study was conducted to know the perceptions about the RHTC and UHTC among the patients and to know the satisfaction regarding the services they get.

Table 1: Socio demographic details.

Variables	RHTC	UHTC
	(n=132)	(n=133)
Age groups		
<20 years	17 (12.88)	12 (09.02)
20-39 years	38 (28.79)	34 (25.56)
40-59 years	45 (34.09)	53 (39.86)
≥ 60 years	32 (24.24)	34 (25.56)
Gender		
Male	56 (42.42)	60 (45.11)
Female	76 (57.58)	73 (54.89)
Marital Status		
Married	82 (62.12)	86 (64.66)
Unmarried	24 (18.18)	15 (11.28)
Widow/divorced/separated	17 (12.88)	22 (16.54)
Not applicable	09 (06.82)	10 (07.52)
Education		
Illiterate/just literate	17 (12.88)	09 (06.77)
Primary	56 (42.42)	60 (45.11)
Secondary/higher secondary	48 (36.36)	29 (21.80)
Graduate/post graduates	11 (08.34)	35 (26.32)

Table 1 shows sociodemographic details of the patients attending RHTC and UHTC during the study period. Majority of the patients were between age group of 20-59 (adult age group) and of female sex at both centres. Married patients were 62.12% at RHTC and 64.66% at UHTC.

Illiterate patients were 12.88% at RHTC and 06.77% at the UHTC.

Table 2: Reasons for choosing the centre for the health services.

	RHTC	UHTC	
	(n=132)	(n=133)	
Source of information about	UHTC/RH	TC	
Hospital staff	16 (12.12)	12 (09.02)	
Friends/Relatives	28 (21.22)	22 (16.54)	
Other patients	73 (55.30)	85 (63.91)	
Others	15 (11.36)	14 (10.53)	
Mode of transport from home to centre			
Walking	86 (65.15)	122 (91.73)	
Own vehicle	38 (28.79)	009 (06.77)	
Auto rickshaw	08 (06.06)	002 (01.50)	
Waiting period b/w arrival centre and attended by			
doctor			
<15 min	32 (24.24)	29 (21.80)	
15-30 min	78 (59.09)	68 (51.13)	
>30 min	22 (16.67)	36 (27.07)	
Time given during consultation			
<5 min	58 (43.94)	69 (51.88)	
5-10 min	30 (27.73)	31 (23.31)	
10-15 min	27 (20.45)	12 (09.02)	
>15 min	17 (12.88)	21 (15.79)	

Around 55% patients at RHTC and 64% at UHTC were came to know about the facility through old patients. Majority of the patients 65.15% in RHTC and 91.73% in UHTC come via walking to the health facility. Waiting period between arrival and consulting by doctor is 15-30 minutes in majority of the patients. Almost 44% patients in RHTC and around 52% in UHTC were given less than 5 minutes during consultation by doctor (Table 2).

Table 3: Perception regarding the behaviour of the staff at the centre.

Variables	RHTC (n=132)	UHTC (n=133)
Behaviour of doctor	•	
Excellent	36 (27.27)	006 (04.51)
Good	96 (72.73)	125 (93.99)
Average	00 (00.00)	002 (01.50)
Behaviour of paramedical workers (pharmacist, lab		
tech, nursing staff)		
Excellent	010 (07.58)	001 (00.75)
Good	122 (92.42)	130 (97.75)
Average	000 (00.00)	002 (01.50)
Behaviour of class IV (sweeper, ward boy, ayaben)		
Excellent	008 (06.06)	00 (00.00)
Good	124 (93.94)	131 (98.50)
Average	000 (00.00)	002 (01.50)

Almost all patients were satisfied with the behaviour of the doctor at RHTC & UHTC (100% in RHTC & 98.5% in UHTC). Same is true for the paramedical staff and class 3 workers (Table 3).

Table 4: Satisfaction regarding the basic amenities at the centre.

Variables	RHTC	UHTC	
variables	(n=132)	(n=133)	
Satisfaction regarding cleanliness of centre			
Excellent	012 (09.09)	000 (00.00)	
Good	118 (89.40)	130 (97.74)	
Average	002 (01.51)	003 (02.26)	
Satisfaction regarding lighting of centre			
Excellent	010 (07.57)	001 (00.75)	
Good	118 (89.40)	129 (96.99)	
Average	004 (03.03)	003 (02.26)	
Satisfaction regarding ventilation of centre			
Excellent	016 (12.12)	001 (00.75)	
Good	114 (86.37)	130 (97.75)	
Average centre	002 (01.51)	002 (01.50)	
Satisfaction with availability of drinking water			
Excellent	00 (00.00)	002 (01.50)	
Good	80 (60.60)	110 (82.71)	
Not used	52 (39.40)	021 (15.79)	
Satisfaction regarding sanitary latrines/urinals			
Excellent	02 (01.51)	03 (02.26)	
Good	88 (66.67)	87 (65.41)	
Average	42 (31.82)	43 (32.33)	

Around 60% of the participants were satisfied with the drinking water available at RHTC while 82.71% were satisfied with the drinking water at UHTC. Toilets were not up to the mark in 31.82% patients in RHTC and 32.33% in UHTC. Around 98% patients at RHTC and 97% at UHTC were satisfied in cleanliness of the centre (Table 4).

Table 5: Perception after taking treatment at the centre.

D	RHTC	UHTC	
Parameters	(n=132)	(n=133)	
Satisfaction with given treat	ment		
Excellent	44 (33.33)	003 (02.26)	
Good	86 (65.16)	128 (96.24)	
Average	02 (01.51)	002 (01.50)	
Satisfaction regarding overa	ll health serv	rices	
Excellent	012 (09.09)	002 (01.50)	
Good	118 (89.40)	130 (97.75)	
Average	002 (01.51)	001 (00.75)	
Would you like to visit health centre again?			
Yes	132 (100)	127 (95.49)	
No	000 (00.00)	006 (04.51)	
Would you motivate to your	friends/relat	ives to visit	
this health centre?			
Yes	132 (100)	127 (95.49)	
No	000 (00.00)	006 (04.51)	
Reasons for preferring servi	ces at this cer	ntre	
Free services	112 (84.85	95 (71.43)	
Nearby services	086 (65.15)	74 (55.64)	
Good service	054 (40.91)	39 (29.32)	
Suggestions to improve the quality of the services			
Improve in emergency	04 (03.03)	01 (00.75)	
management	04 (03.03)	01 (00.73)	
Increase medicine	10 (07.57)	02 (01.50)	
Avail more beds	05 (03.78)	06 (04.51)	
Increase staff	03 (02.27)	11 (08.27)	
Avail specialist services	03 (02.27)	05 (03.76)	
Avail more laboratory tests	02 (01.51)	04 (03.00)	

Around 98% participants in RHTC and 99% in UHTC were satisfied with the overall services provided through the centre and majority of them would like to visit again the same health centre in future and also recommend to their friends and relatives.

DISCUSSION

Satisfaction regarding behaviour of staff

In this study, patients were satisfied with behavior of doctors (100% in RHTC and 98.5% in UHTC). Bhattacharya et al also reported 98.2% patients were satisfied with behavior of doctors which is similar with the present study. A study in Nagpur by Kulkarni et al showed that patients were more satisfied with behavior of doctors (87.8%).

Overall level satisfaction to services

In present study overall satisfaction was 98% participants in RHTC and 99% in UHTC. A study in Nagpur by Kulkarni et al showed that 75.08% of the patients were satisfied regarding.⁸

In a study done by Qureshi et al in in Srinagar showed only 6.7% patients were poorly satisfied with hospital services. In a study carried out in Ethiopia, Abdosh reported 54.1% patients were satisfied with services in the hospital. In

Satisfaction regarding basic amenities

In present study only 60% were satisfied to the drinking water facility at RHTC and 82% at UHTC while other had not used drinking water. Studies done by Rasheed et al and Gupta et al showed satisfaction in drinking water were (92.8%) and 96.6% respectively. In the present study toilets were not up to the mark according to 31.82% patients in RHTC and 32.33% in UHTC. Similar perceptions were shown in Study done by Kumari et al found unsatisfactory toilet facilities 37.4% as well as the cleanliness of the toilets 27.3%.

CONCLUSION

Patient's satisfaction is the perception of the patient towards health facility (including staff and infrastructure). It is the best way to assess the quality of the services provided. Majority of the patients in this study are satisfied with the services provided yet there are many scope of improvements as per their suggestions. Quality is not the destination but the continuous process so, patient satisfaction needs to be surveyed periodically for the improvement in the health centre and so it can provide better treatment to the community.

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Institutional Ethics Committee

REFERENCES

1. Joshi K, Sochaliya K, Shyamal Purani G, Kartha G. Patient satisfaction about health care services: A cross sectional study of patients who visit the

- outpatient department of a civil hospital at Surendranagar, Gujarat.
- Kumar P. Rural and urban health training centers and community medicine: My musings. 2013: 3-7.
- 3. Deshpande SR. Establishing rural and urban health training centers in AYUSH teaching institutes: A pivotal step for building community interface. J Ayurveda Integrative Medicine. 2015;6(2):139.
- 4. Brennan TA. Incidence of adverse events and negligence in hospitalized patients. Results from the Harvard medical practice society N Engl J M. 1991;324:370.
- Sitzia J, Wood N. Patient satisfaction; a review of issues and concepts. Social Sci Med. 1997;45(12):1829-43.
- 6. Bates DW. The safety and quality care. Harrisons principles of Internal Medicine. 2008;17(1).
- 7. Bhattacharya A, Menon P, Koushal V, Rao KL. Study of patient satisfaction in a tertiary referral hospital. J Acad Hospital Admin. 200;15(1):1-6.
- 8. Kulkarni MV, Dasgupta S, Deoke AR, Nayse N. Study of satisfaction of patients admitted in a tertiary care hospital in Nagpur. National J Community Med. 2011;2(1):37-9.
- 9. Qureshi W, Khan N, Naik A. A case study on patient satisfaction in SMHS hospital, Srinagar. JK Practitioner. 2005;12(3):154-5.
- 10. Abdosh B. The quality of hospital services in eastern Ethiopia: Patient's perspective. Ethiop J Health Dev. 2006;20(3):199-200.
- 11. Rasheed N, Arya S, Acharya A, Khandekar J. Client satisfaction and perceptions about quality of health care at primary health centre of Delhi, India. Indian J Community Health. 2012;24(3):237-42.
- 12. Gupta SB, Singh JP. Measuring Patient Satisfaction: A Cross Sectional Study to Improve Quality of Care at a Rural Health Training Centre, Bareilly (Up). Int J Current Med Applied Sci. 2014;4(1):18-24.
- 13. Kumari R, Idris MZ, Bhushan V, Khanna A, Agarwal M, Singh SK. Study on patient satisfaction in the government allopathic health facilities of Lucknow district, India. IJCM. 2009;34(1):35-42.

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