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# **Original Research Article**

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# A study assessing patient satisfaction in otolaryngology OPD of a district medical college of West Bengal

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# **ABSTRACT**

**Background:** Patient satisfaction is perhaps is a proxy indicator to measure the success of a hospital. The aim of this study was to evaluate the level of patient satisfaction among patients attending Otorhinolaryngology outpatient department (OPD) of a tertiary care teaching hospital in a district.

**Methods:** Cross-sectional observational study among 230 patients attending Otorhinolaryngology outpatient department (OPD) of a tertiary care teaching hospital in a district using a modified validated Bengali questionnaire. Analysis of results was done by percentage and proportion.

**Results:** Overall satisfaction was above 60% for only 42.6% of patients. Major dissatisfaction was with the registration system. 50.4% were dissatisfied for waiting at the queue of registration counter to get OPD ticket. Other causes of dissatisfaction were infrastructure e.g. non-availability of adequate seating arrangement (39.6%), fans (58.7%), non-availability of drinking water (71.7%). 78.3% were dissatisfied for the available washroom facilities. However 92% were satisfied by attention paid by doctors.

**Conclusions:** The present study was an attempt to assess the level of satisfaction of the patients. It highlights maintaining privacy during history taking examination and improving infrastructure like drinking water and washroom facilities, improving registration system to decrease waiting time can improve patient satisfaction which can be easily done with help of stakeholders.

Keywords: Patient, Satisfaction, Morbidities, Service, Quality

#### **INTRODUCTION**

Patient satisfaction can be defined as the extent to which the patients feel that their needs and expectations are being met by the service provided. Satisfaction of the patients with health care services largely determines treatment compliance, thereby enhancing efficacy of medical treatment.

The practice and system of medicine has evolved over centuries. In developing countries like India, where the government takes up the responsibility of providing free medical care to those who are unable to afford it, expectations can be less.

Patients and their relatives now coming to the hospital not only expect best treatment, but also other facilities to make their stay comfortable in the hospital. This change in expectation has come due to tremendous growth of media and its exposure, as well as commercialization and improvement in facilities.<sup>2</sup> Poor communication with physicians, lack of empathy, and the chronicity of many of the disorders lead to dissatisfaction.<sup>3</sup>

Clearly, feedback from patients is vital if deficiencies are to be identified and improvements to be achieved for a timely, efficient, and patient-centered delivery of quality health care. Patient satisfaction is perhaps is a proxy indicator to measure the success of a hospital. It is an important and commonly used indicator for measuring the quality in health care. It can affect the clinical outcomes, patient retention, and medical malpractice claims.

With this in mind the following study was conducted. The aim of this study was to evaluate the level of patient satisfaction among patients attending otorhinolaryngology outpatient department. OPD of a tertiary care teaching hospital in a district and feedback from them for improvement of the same.

#### **METHODS**

#### Study design and setting

This was a cross-sectional hospital based observational, descriptive type of study conducted from 01.04.18 to 30.04.18 at otorhinolaryngology OPD of a district hospital.

# Study units and participants

All the new patients attending the otorhinolaryngology OPD during our data collection period were included in this study. Severely ill patients and those who did not consented were excluded.

# Sample size and sampling technique

Sample size: 230.

Sampling technique

Sample design was based on a study conducted in North East India in 2017, which showed that the prevalence of patient satisfaction was 32.5%.<sup>4</sup> Applying formula n=z<sup>2</sup> pq/L2, z=1.96,(95% confidence interval) taking allowable error of 20% (relative precision) and taking 10% nonresponse rate, the final sample size came out to be 229. Hence total 230 patients were interviewed.

# Data collection

Study tools

Pre-designed, Pre-tested, semi-structured interview schedule for socio-demographic and socio-economic status. Modified validated Bengali version of the questionnaire developed by the department of health and family welfare West Bengal was used to assess patient satisfaction.

Study technique

Exit interview of the patients were taken in the otorhinolaryngology OPD of a district hospital.

#### Inclusion criteria

All the new patients attending the otorhinolaryngology OPD during our data collection period were eligible to be included in this study.

# Exclusion criteria

Severely ill patients, patients not willing to participate, patients/relative of patients who were working in the said hospital at the time of data collection, person below the age of 18.

# Methods for assessing levels of patient satisfaction

There are 13 questions to ascertain level of satisfaction. In each question patients were asked to give a score from 1 to 5, 1 being poor and 5 being excellent score.

Person giving score <3 were considered dissatisfied and >3 were considered satisfied.

To ascertain overall satisfaction, percentage was calculated upon the total score i.e.  $(13\times5=65)$ . The total score decreased in patients where some questions were not applicable for e.g. Patients not requiring laboratory tests. Their total score was  $12\times5=60$ .

# Statistical analysis

Data were entered into an MS Excel sheet. Data were analyzed by appropriate statistical techniques. Tables and diagrams were constructed.

# Ethical issues and necessary approval

The study obeyed the ethical standards for an observational study and approved by the Institutional Ethics Committee, Informed written consent was obtained from each of the study participant.

# **RESULTS**

A total of 230 patients were interviewed. Table 1 denotes the socio-demographic profiles of the study population. The mean age of the participants was 33.4±12.2 years (median 30 years). Range varied from 18 to 80 years. Most of them were in the age group 18-30 years. 143 were male (37.8%), 71.4% were hindus. 24.3% were unemployed. 23.9% were home makers. 16.9% were illiterates and only 28% had education above higher secondary. Majority of the participants were hailing from lower middle socioeconomic class as per modified BG Prasad socio economic scale January 2018.

Various aspects of services are provided by the otolaryngology department of the medical college. Out of which only the outpatient department was assessed.

Overall satisfaction was above 60% for only 42.6% of patients.

Major dissatisfaction was with the registration system. 50.4% patients of our study population were dissatisfied for waiting at the queue of registration counter to get OPD ticket and 41.7% were dissatisfied for waiting to see a doctor at the OPD after getting OPD ticket. 44.7% were dissatisfied for waiting to get medicine at pharmacy. 63.9% were unhappy because their privacy was not maintained throughout the examination process in OPD.

Table 1: Distribution of study population according to their socio demographic profile.

Variables	-	No	%
Age	18-30	118	51.3
	31-60	101	43.9
	>60	11	4.8
Sex	Male	143	62.2
	Female	87	37.8
Religion	Hindu	164	71.4
	Muslim	66	28.6
Place of residence	Rural	186	80.8
	Urban	44	19.1
Marital status	Unmarried	76	33.0
	Married	153	66.6
	Widow-widower	01	0.4
	Illiterate	39	16.9
Literacy status	Up to primary	60	26.1
	Primary to higher secondary	105	28.8
	More than higher secondary	65	28.2
	Unemployed	56	24.3
	Unskilled labour	54	23.5
	Skilled	38	16.6
Occupation	Service holder	6	2.6
	Business	20	8.7
	Professional	1	0.4
	Home maker	55	23.9
Socioeconomic status	Upper class	6	2.6
	Upper middle class	31	13.5
	Middle class	56	24.3
	Lower middle class	85	36.9
	Lower class	52	22.6

Table 3 shows the level of satisfaction w.r.t infrastructure. 39.6% and 58.7% were unhappy for non-availability of adequate seating arrangement and fans respectively. 71.7 were dissatisfied regarding availability of drinking water. 78.3 were dissatisfied for the available washroom facilities.

In Table 4 we find 92% were satisfied by attention paid by doctors. Regarding behavior of hospital staff 88.7% patients were satisfied. 71.3% patients said their medicines were clearly explained by the pharmacist.

Table 5 shows for most patients 43% overall satisfaction was in the range of 51-60%.

Table 2: Distribution of study population according to satisfaction with respect to services available (n=230).

	Level of satisfaction			
Attributes	Not satisfied (<3)		Satisfied (≥ 3)	
	No	%	No	%
Waiting time at the queue of registration counter to get OPD ticket	116	50.4	114	49.6
Waiting time to see a doctor at the OPD after getting OPD ticket	96	41.7	134	57.4
Waiting time to get medicine at pharmacy (n=226)*	101	44.7	125	55.3
Level of satisfaction over availability of free medicines prescribed (n=226)*	48	21.2	178	78.8
Level of satisfaction over availability of free diagnostic tests (n=176)*	37	21.0	139	79.0
Your privacy was maintained throughout the examination process in OPD.	147	63.9	83	36.1

<sup>\*</sup>Number of participant changes as service not availed.

Table 3: Distribution of study population according to satisfaction with respect to infrastructure level (n=230).

Attributes	Level of satisfaction			
	Not satisfied (<3)		Satisfied (≥ 3)	
	No	%	No	%
Availability of seating arrangements	91	39.6	139	60.4
Availability of drinking water	165	71.7	65	28.3
Availability of fan	135	58.7	95	41.3
Availability of washroom facility	180	78.3	50	11.7

Table 4: Distribution of study population according to their satisfaction with respect to behavior of health care professionals (n=230).

	Level of satisfaction			
Attributes	Not satisfied (<3)		Satisfied $(\geq 3)$	
	No	%	No	%
Level of satisfaction over proper attention given by doctors at OPD.	17	7.4	213	92.6
Level of satisfaction over behavior of hospital staff at registration counter.	26	11.3	204	88.7
Directions for taking all the medicines being clearly explained by the pharmacist clear enough to be understood (n=226)*.	62	27.4	164	72.6

<sup>\*</sup>Number of participant changes as service not availed.

Table 5: Showing overall satisfaction of patients with services at otorhinolaryngology OPD (n=230).

Overall satisfaction (%)	No. of patients	%
≤50	33	14.3
51-60	99	43.0
61-70	84	36.5
71-80	13	5.7
>80	01	0.4
Total	230	100.0

# **DISCUSSION**

This study was conducted to assess the patient satisfaction with respect to services provided by the department of otolaryngology head and neck surgery (ENT) outpatient department of a district medical college. Patient satisfaction studies are very common in the developed countries but in developing countries there are very few studies. Patients are the end consumers of the health care services and their satisfaction is the key factor in determining utilization.

The present study revealed that overall satisfaction above 60% was present for only for 42.6% patients which are quite less in comparison to other similar studies. In a study conducted by Shrestha in Nepal Medical College the overall satisfaction among patients in ENT OPD was 74.8%. Qadri et al revealed overall patient satisfaction of 89.1% in rural Haryana among indoor and outdoor

patients of his institute.<sup>7</sup> Jain A reported the overall satisfaction in a tertiary care institute to be 73% in Lucknow.<sup>8</sup> Deva et al in Kashmir reported 80%.<sup>9</sup> A study by Rizyal reported an overall satisfaction of 76.8% among patients attending eye OPD of NMCTH whereas Gurung et al reported 74% patient satisfaction in a tertiary eye care centre in Kathmandu.<sup>10,11</sup>

This variation can be due to different study settings, perceptions and expectations of the people and different study tools.

In the present study one of the major causes of dissatisfaction was with the registration system 50.4% were dissatisfied for waiting at the queue of registration counter to get OPD ticket also true for other studies. Jadhav reported 54.8% participants found that the time required for registration was inconvenient for them. 12

Reduction of the waiting time by triage of the patients and sending them to the appropriate doctor would save their time and also provide appropriate treatment. The waiting time and area could also be utilized to provide health education to the people as suggested by Kumari. <sup>13</sup>

Another major concern was in availability of basic infrastructure non-availability of adequate seating arrangement (39.6%) whereas a study conducted by Jadhav et al in out-patient department of Government medical college, Miraj, district Sangli reported that 70.57% satisfied with seating arrangement in OPD. 12

Other issues were availability of fans (58.7%), non-availability of drinking water (71.7%).

78.3% were dissatisfied for the available washroom facilities which are quite similar to other studies. Study by Kumari also showed the dissatisfaction was 45.7% for availability of drinking water and (37.4%) for toilet facilities. Sivalenka and Lerttrakarnnon et al who also found these as the major areas of concern in their study. <sup>13</sup>-

63.4% patients were satisfied with the lab facilities in the study of Nepal.<sup>6</sup> In the present study 79% were satisfied with free diagnostics available.

72.6% were satisfied with the directions for taking all the medicines, being clearly explained by the pharmacist clear enough to be understood A proper drug dispensing system may help the patients overcome the dissatisfaction regarding the form and duration of the drugs to prevent noncompliance as well as avoid grave consequences of the medication errors.

However in the present study 92% were satisfied by attention paid by doctors just like study by Jain in Lucknow whereas Shrestha reported 63.4% patients were satisfied with visit to doctor Improvement of the skills of doctor-patient communication would go a long way to

enhance the level of satisfaction of the patients, considering the fact that most of the patients were drawn to the health facility because of their faith.<sup>5,7</sup> The cost effectiveness of the services provided would also go a long way to maintain the bond between the doctors and the patient for the achievement of the optimal level of health of the people.

#### **CONCLUSION**

The present study was an attempt to assess the level of satisfaction of the patients with the various aspects of health care. Very few similar studies have been done and therefore we lack the data for comparison. Yet, the findings of the survey are quite helpful if they are transformed into actions for improving the quality of health care. The study was able to find out certain highlighting points like maintaining privacy during history taking examination and improving infrastructure like drinking water and washroom facilities can improve patient satisfaction which can be easily done with help of stakeholders by giving them proper feedback and also by increasing awareness.

# Limitations of the study

In the present study, all patients were interviewed so there may be subjective variation or conscious falsification which cannot be verified. Cause of dissatisfaction could not be explored.

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Ethical approval: The study was approved by the

Institutional Ethics Committee

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