# **Original Research Article**

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# Inpatient satisfaction survey with the communication and behavior of medical staffs in 7A Military Hospital, Ho Chi Minh City, Vietnam

# Thi Huong Giang Tran<sup>1</sup>, Quang Tri Le<sup>2,3</sup>\*

<sup>1</sup>Division of Nursing, <sup>2</sup>Department of Orthopedics, <sup>3</sup>Department of High-Tech Diagnostics, 7A Military Hospital, Ho Chi Minh City, Vietnam

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# \*Correspondence: Dr. Quang Tri Le,

E-mail: lqtri@ntt.edu.vn

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#### **ABSTRACT**

Background: This study was done to determine the degree of inpatients' satisfaction in the 7A Military Hospital (Ho Chi Minh City, Vietnam).

Methods: A cross-sectional research has been designed to survey the satisfaction of 138 inpatients before discharge for 36 communication and behavior aspects of the hospital's medical staff.

Results: The average satisfaction score was very high (mean=4.27; SD=0.49). However, the percentage of unsatisfied inpatients was still quite high (8.3%).

Conclusions: Very satisfied percentage 37.6%; satisfied 54.1%, somewhat satisfied 6.7%, not satisfied 1.2% and very unsatisfied 0.4%. It has been concluded that the nursing code of conduct issued by the Ministry of Health was relatively match with patient's expectation and lead to high patients' expectation when implemented closely. However, the hospital itself needed further improvement in administration and management to improve satisfaction further.

Keywords: Patient satisfactory, Communication, Behaviour, Quality

#### INTRODUCTION

The quality of healthcare service regularly needs evaluation and improvement as it is the living factor of healthcare service providers. One of the essential elements to ensure the quality of healthcare service is patient satisfaction.1

There are several aspects related to patient satisfaction, in which the satisfaction of the communication and behavior of the medical staff is critically important. The patient satisfaction of the communication and behavior of the medical staff is the indication that all patient demands are met by medical services.1

In aware of the importance of communication and behavior, the Ministry of Health issued circular 07/2011 /TT-BYT regulating the codes of conduct for civil servants, public employees, and workers working at health facilities.<sup>2</sup> In addition, the Ministry of Health also issued decision no. 2151/QD-BYT dated June 4, 2015, on approving the implementation plan of "innovating the style and attitudes of health workers towards patient satisfaction". 1 Many hospital and medical facilities have implemented closely the code of conduct and the plan from Ministry of Health with certain success.<sup>3</sup> The 7A Military Hospital has also implemented those plans according to the Ministry of Health's circular and decision immediately after their coming to active.

To have more information for continuously improving health service quality in the 7A Military Hospital, we conduct this "inpatient satisfaction survey with the communication and behavior of medical staffs in the 7A Military Hospital with the purpose to determine the satisfaction level of inpatient with the communication and behavior of medical staff in the 7A Military Hospital.

## **METHODS**

# Research subject

The subjects of the survey are inpatients in clinical departments in the 7A Military Hospital, meeting the sampling standards: 18 years of age or above; have been impatient for at least 48 hours; having proper Vietnamese communication skills such as listening, speaking and writing; at least 72 hours after any surgeon; ready to attend the survey. Inpatients in emergency conditions or having cognitive disorders are excluded.

## Place and time of the research

The research was taken place at the 7A Military Hospital from March 2015 to September 2015.

## Research method

Survey design: This is a cross-sectional study.

Sampling and sample size: Using sample size formula to calculate the minimum size resulting in 138 subjects attending the survey.

#### Research criteria

Necessary personal information about the subjects like age, gender, marital status, education, number of days inpatient, social insurance (SI) status.

Criteria of patient satisfaction: Criteria of patient satisfaction with the medical staff's communication and behavior are measured in a 5-point-Likert scale from 1 very unsatisfied to 5 very satisfied. The survey criteria was including greeting, the delivering of internal regulations and other necessary information when the patients are hospitalized, conditions explanation and health consultation, daily activities support such as caring, meals, and hygiene, encouragement and explanation before medical practice or surgery, announcement of medication uses, friendly words, gestures, and attitude, no suggestion of bribery, rewards or blessing attitude, fairness in caring, no discrimination, administration procedures, cooperation between doctors and nurses in taking care of the patients, services.

## Means of data collection

The research used two sets of questionnaires to survey inpatients in the four clinical departments of the 7A Military Hospital.

The first set of questionnaires was for necessary information of the inpatients including age, gender, marital status, education, number of days inpatient and types of SI used.

The second set of questionnaires was for satisfaction with the communication and behavior of medical staff. The questionnaires were created using assessment scale to validating the interpersonal communication from Klakovich et al and circular 07/2011/ TT-BYT regulating the codes of conduct for civil servants, public employees, and workers working at health facilities.<sup>2,4</sup> The questionnaires included 36 questions and were divided into 12 parts according to the research criteria:

For each item, the subject rated their satisfaction in the 5-point-Likert scale from 1 very unsatisfied to 5 very satisfied. The questionnaires were tested by 30 inpatients before implemented, Cronbach's alpha index is 0.92.

# Data collection techniques

The chief nurses of the four clinical departments (internal, external, gyneco-obstetric, specialists) of the hospital of 7A Military Hospital were invited to join the data collection planning. They are proposed to provide exact information on inpatients meeting research criteria one day before discharging them.

The researcher checked the sampling criteria before inviting the patient to a private room where no medical staff was passing for data collection.

The patient was explained clearly about the purposes of the research and confirmed that their feedbacks were used for scientific research only and would be kept anonymous. The survey takers were requested to selffulfill the two sets of questionnaires in 20 minutes.

During the questionnaire answering time, the researcher resented in the room, ready to explain any unclear questions to the patient. When collecting feedback, the researcher carefully checked that all questions had been answered.

# Data analysis

Data collected were input into Epidata 3.1 software and analyzed by SPSS 17.0. Descriptive statistics were percentage, average, and standard deviation.

#### **RESULTS**

# General features of the research subjects

Necessary information on the items including age, gender, marital status, education, number of days inpatient, and SI status were analyzed.

Table 1 showed that the average age of those attending the survey was quite high while the number of hospitalized days was moderate.

Table 1: Average age and days of inpatient.

Variable	Mean	SD
Age	42.86	15.86
Days of inpatient	8.67	3.92

Table 2: Percentage of genders, marital status, education, and SI usages (n=138).

Criteria	Quantity	Percentage (%)		
Gender	·			
Male	59	42.8		
Female	79	57.2		
Marital status				
Married	100	72.5		
Single	31	22.5		
Widowed or divorce	7	5.1		
Education				
Primary school	3	2.2		
Secondary school	35	25.4		
High-school	58	42		
College or graduated	42	30.4		
Social insurance				
Yes	131	95		
No	7	5		

Table 2 showed data about gender, marital status, education, and SI usage. Most of the attendees in the survey were female (57.2%). As of marital status, the highest percentage was married, then single, and the lowest was widowed/divorced. Most of the attendees were highly educated with 72.4% high-school level or above. Primary-school level of education attendees took the lowest percentage of only 2.2%. The majority of the attendees used SI, only 5% without it.

# Patient satisfaction level to the communication and behavior of medical staff

Table 3 showed that the general satisfaction of the patients was very high (4.27 out of 5).

Table 3: General satisfaction.

Criteria	Average	SD	Level
General satisfaction	4.27	0.49	High

Table 4 showed the satisfaction level for each specific aspect of communication and behavior. The results were generally high with 91.7% satisfied and very satisfied. The percentage of generally unsatisfied is 8.3%.

Table 4: Satisfaction results by aspects of communication and behavior (n=138).

	Rating				
Criteria	Very unsatisfied	Unsatisfied	Somewhat satisfied	Satisfied	Very Satisfied
Greeting	0.3	0	6.2	56.3	37.2
The delivering of internal regulations and other necessary information when the patients are hospitalized	0.7	1.2	8.3	55.3	34.5
Conditions explanation and health consultation	1.4	1.6	6.9	52.1	38.6
Daily activities support such as caring, meals, and hygiene	1.0	1.6	7.7	60.0	29.7
Encouragement and explanation before medical practice/surgery	0.7	0.7	3.7	56.4	38.5
Announcement of medication uses	0	2.4	8.8	54.6	34.2
Friendly words, gestures, and attitude	0	0.5	5.3	56.5	37.7
No suggestion of bribery, rewards or blessing attitude	0	0	2.5	51.1	46.4
Fairness in caring, no discrimination	0	1.0	2.2	51.4	45.4
Administration procedures	0.7	1.4	10.7	51.1	36.1
Cooperation between doctors and nurses in taking care of the patients	0.7	0	8	53.6	37.7
Services	0.4	1.6	8.7	51.3	38.0
Average percentage	0.4	1.2	6.7	54.1	37.6

#### **DISCUSSION**

The results in Table 4 showed a high level of patient satisfaction with the communication and behavior of the medical staff of the 7A Military Hospital. This result matched with the result after improvement of

communication for nurses in the Thai Nguyen General Hospital in 2014.<sup>3</sup> To explain the result, we proposed two main reasons: Firstly, similar to people in other Asian countries, the Vietnamese have high respect to doctors for their hard work to support the health and wellbeing as well as providing health information to patients.

Therefore, they rated in general higher than studies in other regions of the world. The similar high rate was reported in China (89.9% very satisfied and satisfied), but not in Bulgaria (24% satisfied) and Ethiopia (49.2% satisfied).<sup>5-7</sup> Secondly, satisfaction was affected by various personal factors such as age, gender, family status, mode of payment and education.<sup>5,8</sup> Such as in this research, the average age of the attendees are pretty high (42.7 years old), and the majority were married (72.5%), those factors allowed the highest rating of satisfaction. Moreover, most attendees used Social Insurance and had most of their medical costs covered by Insurance, making them easier to satisfy with the services.<sup>5</sup>

The total percentage of below averaged satisfaction (somewhat satisfied or below) is 8.3% in total. Though that is not a very high portion, it still needs evaluation and improvement.

The most unsatisfied aspects were "conditions explanation and health consultation", "daily activity support", "announcement of medication uses," and "administration procedures", respectively.

The utmost concerns of all patients when hospitalized are their health conditions and how to recover from diseases most quickly. Explanation and consultation from medical staff are, therefore, in top priority. From the survey results, patient satisfaction about information provided by medical staff regarding their health conditions was not sufficient and did not meet their demand. The highest "very unsatisfied" percentage marked the first and foremost field need improving in the communication of medical staff in the 7A Military Hospital. The same situation could be applied to the "announcement of medication uses". Although there were no "very unsatisfied" mark for this aspect, the highest "unsatisfied" percentage spoke for itself. Medical staff must be trained to deliver a clear message and consult the best pathway of treatment for patients, including health consultation and medication declaration.

For "daily activities support", the majority of patients considered satisfied while the percentage of very satisfied was much lower than average and more than 10% felt unsatisfied in some degreed. This showed that the performance of this aspect had been only acceptable. There would be a lot more room to improve in terms of caring, hygiene, and meal supply. As everyday life affect the most to the mood and perception of people, improving this aspect might improve the whole performance of service quality satisfaction as well.

Although relatively unrelated to the health conditions of patients, "administration procedures" is one of the most critical aspects representing the performance of the overall management system in the hospital. Considering the high percentage of attendees who used Social Insurance, the low satisfaction point suggested that the procedures in managing formalities and administration

need greatly improved. This requires a carefully considering and commitment from the management board and the whole staff.

#### **CONCLUSION**

Although the patient satisfaction level was high in this survey (mean=4.27, SD=0.49), certain aspects need improving such as providing clear information regarding patients' health conditions, medication uses and consultation, improving daily activities support and making better administration procedures. It has been concluded that the nursing code of conduct issued by the Ministry of Health was relatively match with patient's expectation and lead to high patients' expectation when implemented closely. However, the Hospital itself needed further improvement in administration and management to improve satisfaction further.

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Ethical approval: The study was approved by the

Institutional Ethics Committee

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