



PATIENT SATISFACTION SURVEY OF IN-PATIENT IN A SERVICE HOSPITAL

Dr. Kranthi K Nethi	MBBS, Resident, Dept of Hospital Administration, AFMC, Pune.
Dr. Harshal More	MBBS, Resident, Dept of Hospital Administration, AFMC, Pune.
Dr. Saroj Kumar Patnaik*	MHA, MBBS, Professor, Dept of Hospital Administration, AFMC, Pune. *Corresponding Author

ABSTRACT **BACKGROUND:** A patient-centered healthcare organization is committed to affirming patients' perceptions as their reality and improving the way patients experience care offered in the future. The evaluation of healthcare is considered the most important reason for measuring the patient's perspective of care. Patients are always judging—and they judge an organization against their set of expectations. Patient satisfaction, which is viewed as a significant indicator of the quality of care.

METHODS: A Qualitative Cross-Sectional study was conducted through the institution of the structured bilingual questionnaire (English and Marathi) with responses on the Likert scale ranging from excellent to very poor. The Questionnaire was developed and validated through focus group discussions and a pilot survey yielded the context reliability of 0.794 on Cronbach Alpha. The validated questionnaire (Marathi / English) was distributed to the civilian patient admitted to Tertiary Care Teaching Hospital, except those admitted to acute care areas of the hospital. The responses were analyzed using descriptive statistics on IBM SPSS (Ver 20) and MS Excel.

RESULTS: A total of 113 civilian patients participated in the survey, of which 46 were female, and 67 were males. In the study, more than 80% of respondents were pleased with the cleanliness of wards, linen and diet provided, housekeeping staff behaviour, and functioning, while about 17% were dissatisfied with the hygiene and sanitation of the toilets. About 98% of patients were satisfied with the quality of nursing care, participative decision-making in therapy plans, upkeeping of dignity, and privacy of patients.

CONCLUSION: The major satisfiers were apart from medical care, participative decision making and nursing care, supportive services such as linen, diet, and soft skills of the staff in upkeeping patients privacy, dignity, and confidentiality are vital. The major dissatisfier was the degree of cleanliness of the toilet. While It can be concluded that inpatient services are important components of hospital services and feedback from patients is vital in quality improvement. Continuous supervision of patients' satisfaction levels should be done to deduct methods to Continuous Quality Improvement.

KEYWORDS : Patient satisfaction, Quality of Care, Patient dignity, Patient privacy

INTRODUCTION

Patient-centered healthcare realizes that patients are individuals, each with different needs. Realizing those needs and the organization's ability to meet them are true quality measures. A patient-centered organization is committed to affirming patients' perceptions as their reality and improving the way patients experience care in the future. (Drain, Paul, & Clark, n.d.)

Patients are always judging—and they judge an organization against their set of expectations. When individuals ask friends and family members for recommendations, they do not ask for reports on the frequency of specific events. Rather, they ask, “How was the care? Were you satisfied? Would you recommend this hospital?”

Patient satisfaction, which is viewed as a significant indicator of the quality of care, can be defined as fulfillment or meeting of expectations of a person from a service or product. It is a personal evaluation of health care services and providers.

One of the most important parameters of quality healthcare delivery is patient satisfaction (“Donabedian, A. (1980) The definition of quality and approaches to its assessment Exploration in quality assessment and monitoring, Volume 1. Health Administration Press, Ann Arbor. - References - Scientific Research Publishing,” n.d.) Patient satisfaction is the principal parameter in confirming better quality services on the way to Total Quality Management (TQM) as the customer is the one who decides the quality while accepting the goods/services, making the others accept it. Patient satisfaction is critical for achieving healthcare goals as it impacts the patient's judgment to follow prescribed treatments and pursue specialized healthcare in the future. The hospital satisfaction survey questionnaire asks clientele general queries relating to reception/administration, hospital cleanliness, signage, hospital food, etc.

A patient satisfaction survey is important from the view of improvement of quality of services and to attain the maximum satisfaction of the in-patients. (Gupta SK, Garg N, n.d.) Clientele satisfaction is a multidimensional aspect, reflects a crucial indicator measuring the quality of healthcare delivery, and is accepted

worldwide. This critical quality indicator needs to be studied by healthcare managers time and again for the efficient functioning of healthcare organisations. (“An Assessment of Patients Satisfaction with Services Obtained From a Tertiary Care Hospital in Rural Haryana | Insight Medical Publishing,” n.d.)

The study is primarily conducted to assess the Level of Satisfaction of Civil in-patients in a service hospital with objectives of identifying the satisfiers and dissatisfiers to the patient and giving recommendations to improve the fields acting as dissatisfiers.

OBSERVATION AND DISCUSSIONS:-

The Healthcare setting under the study is 1082 bedded, horizontally spread, central government-funded, service hospital primarily for defence personnel, their dependents, and ex-servicemen. Being a teaching hospital, the organisation also provides healthcare services to non-defence civilian patients through 200 authorized beds for inpatient services and separate OPD block offering outpatient services.

The validated structured bilingual questionnaire in Marathi & English was designed to particularly analyse the admission procedure, hospital signages, cleanliness of the ward, linen, and toilet, dietary services, up keeping of privacy, dignity, and confidentiality of patients by healthcare workers, involvement of the patient in his care plan and answering of his queries by treating team.

A total of 113 civilian patients participated in the survey, of which 46 were female, and 67 were males admitted to various inpatient wards of the Service hospital during the study period.

The respondents in the civilian male ward, civilian female ward were 61 and 41, while in the paediatric ward were 11 under admitted under medical & allied and surgical & allied departments. Male patients were admitted in Ward 3, Female patients in ward 4, while all paediatric patients were admitted in ward 18. Concerning paediatric patient's responses were given by parents of the paediatric patients.

Amongst 113 respondents, 57 patients (Males-28, Females 29) were under the age of 35 yrs, 30 (Males -17, Females- 13) were between 30-60 yrs, and 26 patients (Males-22, Females 04) were above 60y age.

In the survey, 83% of patients were satisfied with the admission procedure (chart 1). They responded that the admission process is good to excellent. The survey identified that younger male patients showed much satisfaction in this regard. A similar study conducted by Dr. Shakti Gupta and Dr. Neeraj Garg at different hospitals in New Delhi also found 81% of patients are satisfied with the admission procedure. (Gupta SK, Garg N, n.d.) (Mishra & Gupta, 2012)

The study revealed that about 75% of participants particularly the young patients admitted to the female ward and for surgery and allied specialties felt that signages were extremely helpful (chart 2). About 3% of patients particularly of elder age group were not satisfied with the signages and way findings owing to decreased visual acuity, low literacy, inability to understand the language on signboards, and also as the hospital is horizontally spread with multiple alternative routes to reach the wards under study and the signages are placed at prominent places. A study conducted by Dr. Rambha Pathak in 2012 found that 16% of

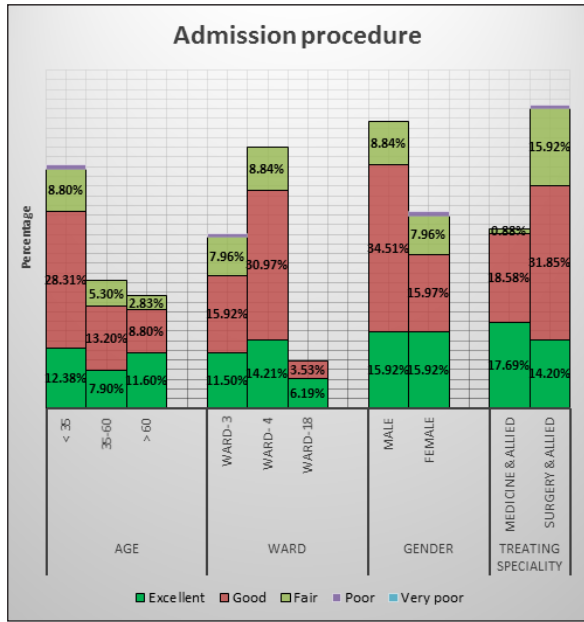


Chart 1: Satisfaction towards admission procedure

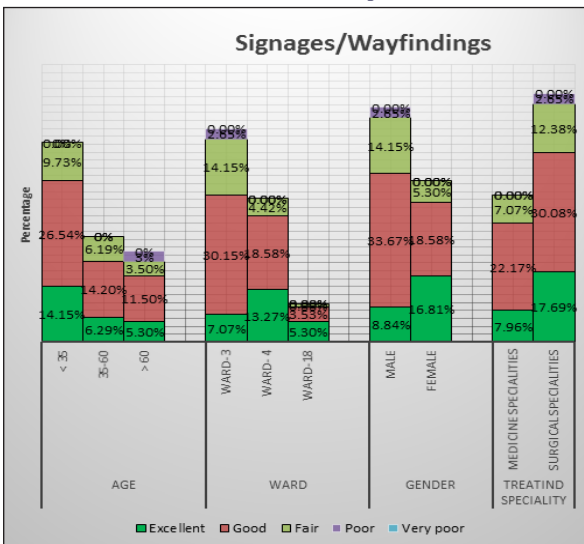


Chart 2 Satisfaction towards signages and way findins

respondents found it difficult to find the way to various departments owing to the lack of signboards in the hospital building. (Shuja Qadri et al., 2012)

In the survey, for the cleanliness of the ward, about 88% of patients were satisfied. Srivastav and Goel in their study in 2018 found 12% of patients are unsatisfied with cleanliness. (Srivastava & Goel, 2018)

The satisfaction was more associated with younger patients, male respondents, and those admitted to surgical wards. While 83% of respondents of the study were satisfied with the quality of linen provided, while 3% were not pleased. Dara Singh in 2009 in his study found that 87.96% of patients were satisfied with the linen & laundry provided by the hospital but only 58% of nurses were found satisfied. (Singh, Qadri, Kotwal, Syed, & Jan 2009)

66 % of participants of the survey are satisfied with the cleanliness of Toilets, while about 17% of patients were not satisfied with the cleanliness of toilets, particularly middle and elder age groups patients admitted to surgical care (chart 3). It is the leading dissatisfier in this study. 85% of those unsatisfied patients are admitted to a civilian male ward. In civilian male ward cleaning of the toilet is carried out only once in the morning by the housekeeper, but available to provide service as and when called for, as the services are shared amongst other wards. Dr. PH Mishra and Dr. Gupta's study in 2012 on patient satisfaction survey showed only 49% of patients were satisfied with the cleanliness of the toilet. (Mishra & Gupta, 2012)

About 87% of the respondents labelled hospital diet as excellent/ good, while 1 to 2% of younger females age group are unsatisfied with hospital diets. In a study by Dr. Mishra, only 78% of people were satisfied with the quality of food served in the hospital. (Mishra & Gupta, 2012)

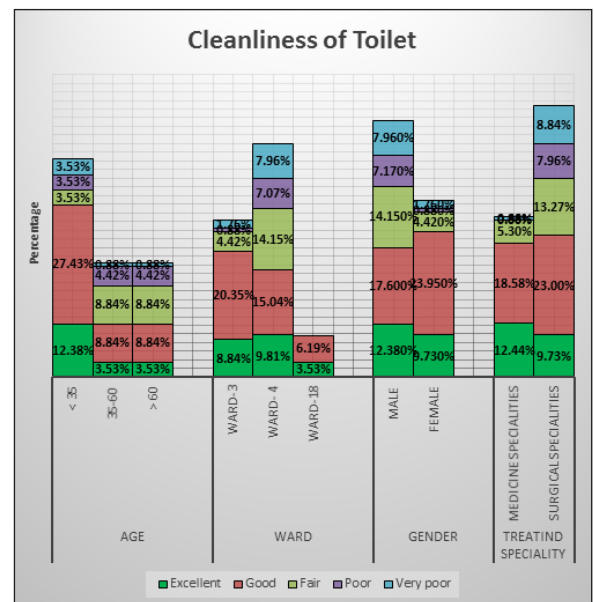


Chart 3. Cleanliness of Toilet

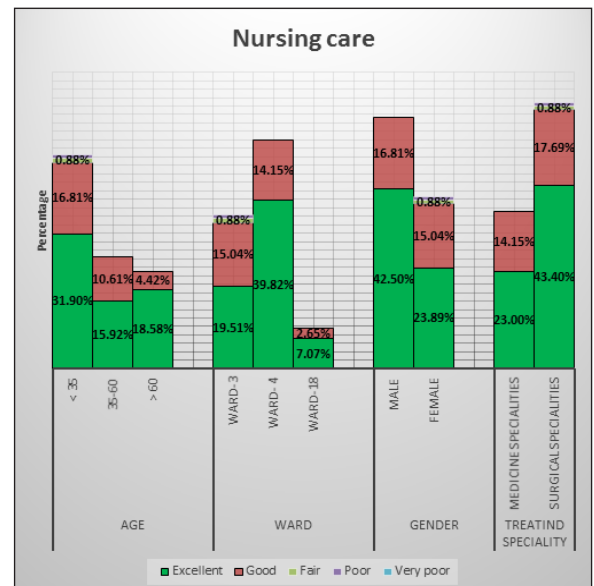


Chart 4. Satisfaction towards nursing care

Approximately 98% of patients were assured with the nursing care given to them (chart 4) and the efforts of nursing staff to upkeep their dignity, privacy and ensure confidentiality (chart 5). NWT Hospital Satisfaction Questionnaire in 2015 specific to the hospital in Fort Smith found that majority of respondents 92% provided ratings as satisfactory. (*Why do we conduct the questionnaire? How did we do the questionnaire?* n.d.) Study done by Dr. Gupta found approximately 89% of the patients are satisfied with the respectfulness of nurses. (Gupta SK, Garg N, n.d.)

About 91% of the respondents were satisfied with their queries being answered by the nurses and other staff. A study by Dr. Mahesh found that 78% of patients were labelled good to excellent to the queries answered by nurses. (Gupta SK, Garg N, n.d.) 81% of patients were satisfied with the services provided by the housekeeping staff. 3% are unsatisfied are male treatment taken from the surgical department.

About 98% of patients are satisfied with the treatment or care clearly explained and given to them by the doctors and labeled as good to excellent. In this tertiary care hospital, patients are coming from all over the state to get the treatment. Not a single patient is unsatisfied by the treatment given by the doctors.

RECOMMENDATIONS: -

1. The admission counter needs to be continuously manned throughout the working hours.
2. The Signages are to be of standard format providing information at least in bilingual, preferably in a local language, Hindi & English placed at appropriate places considering the horizontal spread of the hospital and multi/ alternative ways to reach the ward.

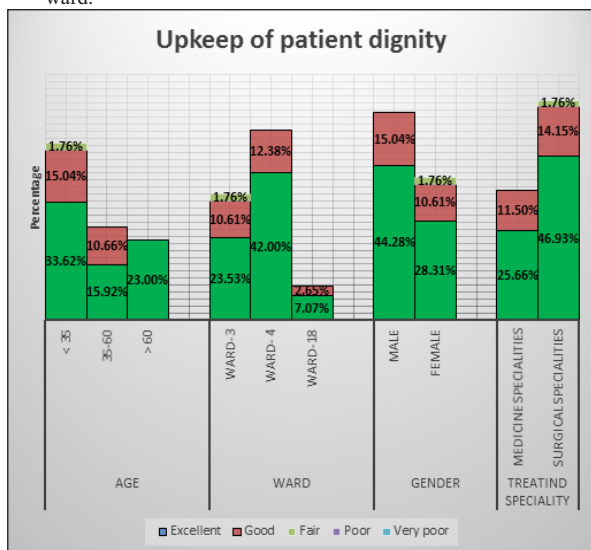


Chart 5. Satisfaction towards upkeep of patient dignity

1. Hygiene & Sanitation of the male ward needs to be improved by cleaning the toilets twice a day and also as and when called for, by the nursing staff.
2. The Dietary services provided to the patients are to be closely monitored by the treating physician, dietician, as well as the nurse-in-charge of the ward. It is recommended the distribution of food to the patient is carried out at/near nursing staff on duty.
3. Complaints and suggestion boxes can be placed in the ward, so that patient can freely readdress their grievances and contribute to improving services at the ward/ Hospital.
4. Discharge interviews of the patients for feedback by the treating physician can improve the satisfaction level of patients
5. Most of the patients were satisfied with the cleanliness of the wards. It is recommended to improve the same by placing an appropriate checklist for the cleaning process.

CONCLUSIONS: -

In this study, it is observed that patients from all over the state come to this prestigious hospital for treatment. It was found in the present study that most of the patients are satisfied with most of the services provided to them. The major satisfiers were treatment given by doctors, nursing care given to patients, and respectfulness of nurses. The major dissatisfiers were the cleanliness of the toilet and wards.

It can be concluded that Inpatient services are important components of hospital services and feedback from patients are vital in quality improvement. Continuous supervision of patients' satisfaction levels should be done to deduct methods to improve hospital services.

REFERENCES

1. An Assessment of Patients Satisfaction with Services Obtained From a Tertiary Care Hospital in Rural Haryana | Insight Medical Publishing. (n.d.).
2. Donabedian, A. (1980) The definition of quality and approaches to its assessment Exploration in quality assessment and monitoring, Volume 1. Health Administration Press, Ann Arbor. -References - Scientific Research Publishing. (n.d.).
3. Drain, M., Paul, M. ; & Clark, A. (n.d.). Measuring Experience from the Patient's Perspective: Implications for National Initiatives.
4. Gupta SK, Garg N, M. R. (n.d.). Patient Satisfaction Survey at a Tertiary Care Speciality Hospital. Int J Res Foundation Hosp Health Adm 2014; 2 (2):79-83. <https://doi.org/10.5005/jp-journals-10035-1019>
5. Mishra, P. H., & Gupta, S. (2012). Study of patient satisfaction in a surgical unit of a tertiary care teaching hospital. Journal of Clinical Orthopaedics and Trauma, 3(1), 43-47. <https://doi.org/10.1016/j.jcot.2012.04.002>
6. Shuja Qadri, S., Pathak, R., Singh, M., Ahluwalia, S., Saini, S., & Garg, P. (2012). An Assessment of Patients Satisfaction with Services Obtained From a Tertiary Care Hospital in Rural Haryana. In International Journal of Collaborative Research on Internal Medicine & Public Health (Vol. 4).
7. Singh, D., Qadri, G., Kotwal, M., Syed, A., & Jan, F. (2009). Quality control in linen and laundry service at a tertiary care teaching hospital in India. International Journal of Health Sciences, 3(1), 33-44.
8. Srivastava, N., & Goel, S. (2018). A study of patient satisfaction level in inpatient spine department of a tertiary care multi-speciality hospital. Journal of Medical Research and Innovation, e000147. <https://doi.org/10.15419/jmri.147>
9. Why do we conduct the questionnaire? How did we do the questionnaire? (n.d.).