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A Study on Patient Satisfaction in reference to the Hospital Services



Hospital Management

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ABSTRACT

Health care management has evolved over the years from mere cure of a disease to overall well-being of the patient with a feel of compassion to them. Thus, the continual assessment of patient satisfaction has become an important tool to determine the quality of health care being administered to the patients, and to establish best practices towards the goal of patient care. This intern leads to 'word of mouth' publicity to the hospital for its better patient care services and good practices and help them in developing a sustainable model with a long term strategy to grow better with sound financial strength and good revenue generation.

Overall the Patient Satisfaction criteria has become a core element and a Key Performance Indicator in Total Quality Management in Health Care Delivery System related to the Patient care services.

A structured questionnaire with specific questions and a comprehensive feed-back form is an essential ingredient and parameter of the study to assess the patient satisfaction. Basing on a study of the response and perception, we can conclude as to what are the major criteria & factors for the patient satisfaction and how to use the resources (Manpower, Material, Machinery, Money, Methodology) wisely to ensure the same.

KEYWORDS:

Health is wealth, is a common adage. Health management has become a vital part of today's society; health care providers and hospitals are widely assessed on basis of the ability to cure sickness, not only physiologically, but also emotionally and mentally; thus the patient should not only be cured physically but also feel to have been cured with ultimate perception of overall compassion. Patient satisfaction is therefore an important facet of hospital management, which benefits society and the patients with a feel of compassion leading to a positive perception regarding the hospitals and in turn helps the hospitals for their sustainability to help them grow by all means with a good 'financial strength and revenue generation.

Providing quality health care up to the expectations of the patients and their demands and requirements is now a major challenging factor. Basing on this issue, the private and government hospitals are transforming at regular intervals to meet the needs, requirements and demands of the patients and gearing up to keep the pace in providing the facilities.

The sense of the growing gap between what patients demands & requirements and what a doctor perceives is important and has resulted in increased dissatisfaction of patients perception & satisfaction with the health care system. This is mainly due to lack of communication between the health care facilitators and patients/attendants.

Earlier the satisfaction of the patient and attendants was centered on clinical aspect but today it is largely extended to the non-clinical sections and many more. Few parameters mainly patients focus are the response, accessibility, approach of the health care provider and the quality of services being provided and also the trust, name and experience of the doctor / hospital, staff behavior, time spent with the patient, counseling, respect for patient preferences, ambience, facilities, supportive departments, emergency care etc..

Overall the todays scenario is that there is lot of awareness, information and knowledge regarding the Health care systems when compared to the earlier days and now the main focus is slowly being shifted on to the important parameter of health care delivery is The Accountable Care, which is and has become a direct proportional measure to the Patient Satisfaction criteria.

Nizam's Institute of Medical Sciences, Punjagutta, is a major tertiary care hospital situated in the heart of Hyderabad, Telangana state catering to the needs of the patients from far and wide not only from our state but also from neighbouring states of Andhra Pradesh, Karnataka and Maharashtra. A study was conducted in NIMS to ascertain the major factors that affect patient satisfaction and ways and means to bring about conducive conditions to optimize patient care, while also maximizing the hospital revenue. The patient satisfaction survey helps in identifying the gaps and their remedial measures while designing the

strategies for improvement of quality of care and in timely decision making process

Materials & Methods

A cross-sectional study was carried out on discharged patients in NIMS, Hyderabad. The patients were selected randomly from Medical specialties (Cardiology, General Medicine, Nephrology, Neurology, Rheumatology, Medical Gastroenterology, Medical Oncology) and Surgical specialties (CT surgery, Neurosurgery, Orthopaedics, Surgical Gastroenterology, Surgical Oncology, Urology, Vascular Surgery). The study was conducted for two weeks from 06th June 2015 to 20th June, 2016.

Questionnaire

NIMS, being a tertiary care hospital with most of the patients being referred from other health centers for higher specialty care. Accordingly the important aspects were included in the questionnaire and the patients were interviewed at the time of discharge on aspects including, OP Registration, waiting time, investigations, sociodemographic characteristics of patients, basic amenities, sanitation & cleanliness, services rendered by the doctors, nursing care, paramedical and class IV staff services & behaviour, hygiene, linen, toilets, drinking water, ambience, proper signage system, May I help you centers, Patient complaint box, dietary facility, ease of admission and discharge processes, credit letter and government schemes, ease of finding the department, pharmacy, costs etc..

The questions included in this study could be replied in choice like satisfactory/ unsatisfactory, adequate/inadequate, yes/no, good/ moderate/ poor. Respondents were also asked if they had specific complaints or recommendations or any suggestions for efficient patient care services. The questionnaire was used by trained individ uals and to maintain confidentiality, no names were recorded on the questionnaire.

The doctors and the supporting staff were largely kept unaware about the survey except in unavoidable circumstances to avoid the bias in their behavior with the patient.

The participants were those who were discharged from general wards / special rooms admitted through OPD. They were conscious, oriented and stable enough to understand the form. The questionnaire form is in two basic languages used in the area i.e. English and Telugu.

There were also options for rating the overall experience and for stating the reason for choosing the hospital, suggestions for improvement and lastly, whether they would like to visit the hospital again for their families and friends.

The total discharges for the study period were 1469 and the total feed

backs collected were 1059 (72%).

Results

Demographic data of OPD patients:

66% patients were males and rest 34% were females. The maximum number of respondents (65%) belongs to the age group of 16-30 years and minimum respondents (6%) to 0-15 year age group. The education level of the respondents was poor as most of them were either illiterate (29%) or primary passed (10%). 55 % are from rural area and remaining 45 % from urban area.

Out Patient Department:

Regarding the registration process, 74% OPD patients said the registration counter was over crowded. However, 68% of the patients were happy with the behavior of registration clerks at all the facilities. Most of the BPL Category OPD patients (87%) were unhappy with the Aarogyasri registration procedure.

Basic amenities:

It was observed that respondents were not satisfied with the basic amenities such as seating arrangement for the patients and attendants, cleanliness, fans, toilets, drinking water. More than half of the respondents (68%) found seating arrangement is inadequate and 71% respondents found hospital is insufficiently clean. Regarding toilet facility, 34% respondents said it was not available, but 66% respondents said it was available but not clean. More than half of the respondents (69%) reported that drinking water facility was not available. 75% opined that availability of wheel chairs and stretchers is difficult. 56% of the respondents reported lack of charging facility for mobiles in hospital. 231 respondents utilized the OP dressing room bacility, of these, 63% patients felt that the dressing room was too small and crowded, most of the patients (73%) stated that as the dressing room was adjacent to toilets, cleanliness and hygiene is required.

Perception of OPD patients towards treating staff:

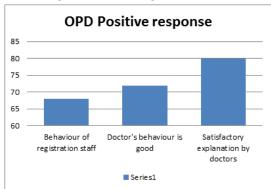
It was observed from the data that the waiting time for OPD patients is more, because of the high patient load. Most of the patients (28%) said that they have to wait more than 30 minutes for the doctor, 52% waited between 1-2 hours, whereas in case of 20%, they had to wait for more than 2 hours.

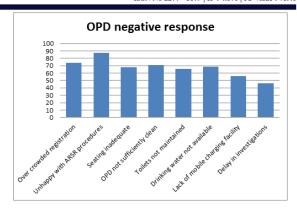
Majority of the patients (72%) have opined that doctor's behavior was good and they also felt that the doctor has given them adequate time. However, 33% felt that enough privacy is not given while discussing with the doctor.

In 65% of patients, the time devoted by doctor was between 10-15 min., the communication and explanation of disease by doctors were found satisfactory in 80%.

OPInvestigations:

Time required to locate and get investigations on the same day was not satisfactory. The time taken for Investigations is more than three days for MRI / CT Scan and for ultrasound it is more than a week. About 46 % of the patients have mentioned that there was delay in the investigations. 41% of the respondents mentioned that they had to go from one building to another for investigations.





Inpatient Treatment - Ward / Paying room

General information:

Hospital bed strength is 1175 beds and daily admissions on an average are 110. Around 84 % are admitted through Out-patient department, remaining 16 % through Emergency care. 45% are paying category, 37% in Aarogyasri scheme run by State Government for BPL families, 18% credit referral from various central and state government organizations. 56% patients mentioned that the Admission process is delayed.

Perception of discharged patients towards treating staff:

84% are satisfied with Doctors response, 58% are satisfied with behavior of nursing staff, 67% of respondents are dissatisfied with Class IV staff. 38% patients/ attendants are not satisfied with Aarogyasri scheme procedures and guidelines. 32% complained of delay due to cross consultation by other specialists. 67% patients stated that they were made to purchase medicines outside pharmacy. 24% mentioned that there is delay in undergoing investigations, also in investigation reports.

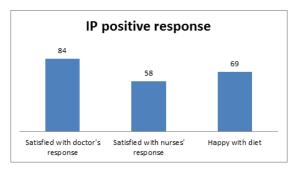
Facilities in IP area:

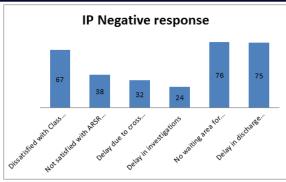
76% complained that there is no waiting area or rest room for patients' attendants. Patients also mentioned inadequate Stretchers and wheel chairs (36%), insufficient Class IV staff (47%) and delay in procuring medicines from in-house pharmacy (22%). 58%

complained of lack of western type toilets in wards and regarding improper maintenance of the toilets (81%). As most of the patients are from districts, referred from district hospitals/ PHCs for higher specialty care they suggest to provide bathrooms and toilets for fresh up. About 69% respondents were happy with the diet provided. However, there is a delay in discharge process (75% of respondents). A few respondents (13%) suggested that there should be separate dedicated block for Arogyasri patients, due to socio-economic factors.

The overall opinion about the efficiency of hospital was satisfactory in 72% of patients.

They (71%) stated that they would recommend the hospital to their families and friends basing the overall experience and out of these mentioned the standard of treatment (65%) and cost-effective billing (70%) as the main reasons for choosing the hospital.





Suggestions & Recommendations:

To Develop The Accountable Care concept in the hospital.

To establish proper patient waiting areas with adequate seat arrangements.

To establish patient attendants waiting areas with basic facilities.

To reduce the waiting time for consultation, Diagnostics & Treatment.

To Increase the number of Trolleys and Wheelchairs.

To Create separate Trolley & Wheelchair Bays for better patient transfer & transport.

To Establish proper Signage system in the hospital with proper name boards, directions with clear arrow marks.

To Establish Help desks & May I Help You centers.

To maintain clean toilets in adequate and proper sanitation standards in the hospital.

To provide safe and potable drinking water available at important areas in the hospital.

To provide safety & security measures.

To provide proper Queuing system with adequate number of registration counters

To provide separate queue lines for Physically challenged & Senior Citizens

To provide the basic amenities in adequate quantity in the in patient areas.

To reduce the delay in discharge process and to improve the process to simplify and ease the Admission criteria.

Conclusion:

Public health services will be more effective if patients' views and their needs, requirements and demands are taken into consideration. It improves the services by rectifying the issues identified by the patients. An in-depth study of patient satisfaction shows that there is a huge scope of improvement in patient care services by reducing the waiting period for consultation, timely investigations, ease of admission/ discharge, improving behavior pattern of employees, bettering pharmacy services, provision of help desk and provision of basic amenities like clean toilets, seating areas and drinking water. Decrease of waiting period of investigations/ cross-consultations decreases inpatients' length of stay. There is a requirement of patient counselors (medico social workers) in OPD as well as wards for co-ordination between patients and doctors/investigating departments.

Patient satisfaction is directly proportional to patient turnover. Giving proper attention to small issues will bring about a positive outcome and revamp the image of the hospital, thus bringing about better patient satisfaction and increased hospital revenue.

- 1. Jawahar SK. A Study on Out Patient Satisfaction at a Super Specialty Hospital in India. Internet Journal of Medical Update 2007;2(2):13-7.
- Prasanna KS, Bashith MA, Sucharitha S. Consumer satisfaction about hospital services: A study from the outpatient department of a private medical college hospital at Mangalore. Indian J Community Med 2009;34(2):156-9.
- Acharya JP, Acharya I. A study on compliance and behavioral responses of patients in an outpatient clinic. Indian J Community Med 2003;28(1):19-25.

 Al-Elisa, I.AL Mutar, M Radwan . A patients satisfaction with primary health care services at capital health region, Kuwat, Middle East. Journal of family medicine. 2005; 3.
- 5
- Boyer L, Francois P, Doutrc E etal. Perception and use of the results of patient satisfaction surveroviders in a French teaching hospital. Int J Qual health care 2006; 18: 359-64 Jenkinson C, Coulter A, Bruster S, Richards N, Chandola T. Patients 'experiences and 6.
- Jenkinson C, Coulier A, Bruster S, Richards N, Chandola I. Patients experiences and satisfaction with health care: results of a questionnaire study of specific aspects of care. Quality and Safety in Health Care. 2004; 11:335-339.

 Kumari R, Idris M, Bhushan V, Khanna A, Agarwal M, Singh S. Study on patient satisfaction in the government allopathic health facilities of Lucknow district, India. Indian J Community Med. 2009; 34(1):35-42.

Wagner D, Bear M. Patient satisfaction with nursing care, a concept analysis within a nursing frame work. Journal of advanced nursing 2009; 65 (3): 692-701.