



A STUDY OF PATIENT SATISFACTION LEVEL ADMITTED IN THE DEPARTMENT OF PLASTIC SURGERY OF GOA MEDICAL COLLEGE AND HOSPITAL

Plastic Surgery

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ABSTRACT

Background: The concept of patient satisfaction is multidimensional and reflects patient's perceptions and expectations compared to the actual care they receive. Apart from treatment and cure, patient satisfactions depend on many other factors related to themselves and hospitals. Various causes of disputes and dissatisfactions are also discussed in this study. Plastic Surgery is a specialty in which patient satisfaction is an important determinant for reconstructive or aesthetic procedures. Because of the scarcity of research in the fields of plastic surgery, a study was needed to find the barriers and improve various factors affecting patient satisfaction.

Objectives: To study the level of satisfaction, factors affecting it and modify them to improve hospital services.

Materials and Methods: In a cross sectional study, data collected from 30 patients of both genders, various socio economic classes admitted in Plastic surgery ward, for various factors affecting patient's satisfaction during specific period and their opinions noted in a questionnaire.

Results: The overall satisfaction of patients was 90%, both genders equally satisfied, 90% patients were satisfied with the way doctors treated the patient with dignity and respect. The satisfaction regarding listening of complaints and behavior of doctor was around 76.66%, 46.66% were satisfied for assistance from administrative workers and clerks from the time of admission until discharge, 96.66% were satisfied with cleanliness of the washroom facilities, 83.33% were satisfied with food service, 50% of patients were satisfied with the admission process formalities and 53% were satisfied with comfort, cleanliness and other amenities at admission counter. Patients not at all satisfied (6.66%) and averagely satisfied (36.66%) with 'time taken from the OPD or casualty to the actual admission in ward'.

Conclusion: Major satisfier is related to doctor's services to patients while major factor for dissatisfaction is time mismanagement.

KEYWORDS

INTRODUCTION

Hospitals have changed over a period of time from government hospitals with just basic care to private hospitals with availability of different specialties, improved facilities, advanced newer technologies (2) leading to increased expectations of patients. Patient satisfaction is an indication of good relationships between patients and doctors forms an important component to measure the quality of care in a health care setup. The concept of patient satisfaction is multidimensional and reflects patient's perceptions and expectations compared to the actual care they receive.

When a patient visits a hospital having specific image of that hospital with main objective of getting cured, he experiences hospital services like interpersonal care provided by the hospital staff particularly doctors and nurses, efficient and caring administrative and housekeeping staff. Numerous factors influence how patients rate their experiences, such as his lifestyle, specific individual needs, care outcomes, prior experience, comparisons to those of fellow patients and the values of individual and society in terms of ethical and economical standings. Patient satisfaction depends on the structure and function of the health care system like hospital premises, its environment, ambience and hospitality structure, quality of food, other recreational amenities, convenience of admission, facilities provided, emergency power and lighting in operating rooms, inspection and cleaning of air intake sources, facilities for disposal of infectious waste, fire control etc. Though high satisfaction level does not ensure that the patient will remain loyal to the doctor or the hospital, it is still a strong motivating factor. (1)

Recently there has been increasing numbers of patient disputes and violence directed towards doctors which has raised serious concerns in the society because it severely affects job performance and quality of life of both patients as well as health workers. There are various causes of the poor doctor patient relationship which are poor quality of care

(lack of a competent workforce, poor communications, medical errors, lack of respect, poor accessibility), inappropriate financial arrangements (shortage of government investment and profit-driven services), poor health literacy of consumers (poor public understanding, disrespect for knowledge and intellectuals), and inadequate complaint management and legal systems.

Plastic Surgery is a specialty in which patient satisfaction is an important determinant for additional reconstructive or aesthetic procedures (3). Because of the scarcity of research in the fields of plastic surgery, a study was needed to find the barriers and improve various factors affecting patient satisfaction. Therefore this study on patient satisfaction level in a plastic surgery ward was designed to assess the patient satisfaction level and make necessary recommendation.

AIMS AND OBJECTIVES

1. To study the level of patient satisfaction in plastic surgery ward of Goa Medical College.
2. To discuss the relationship of factors towards overall patient satisfaction.
3. To identify the barriers preventing healthy relationship among patients and doctors.
4. To suggest measures for improvement of services leading to better patient satisfaction.

METHODOLOGY

Research methodology consists of various steps adopted in evaluating a study design. It includes setting of the study, study population, research method tools for data collection and analysis achieved.

This is a descriptive cross sectional study conducted in the department plastic surgery of Goa Medical College, a 1000 bedded tertiary care hospital in Goa serving the population of Goa as well as the

neighbouring states. The plastic surgery department is a 24 bedded super specialty department dealing with reconstructive and aesthetic surgeries as well as specialised burns unit.

First 30 patients, both male and female, who were willing to reply the questionnaire, understand the questions in English or Konkani, admitted in plastic surgery ward were included in the study. In case of patients minor in age the questionnaire was addressed to the parents. Patients not willing to participate in study, disoriented or having altered mental status and who underwent day care surgery were excluded from this study.

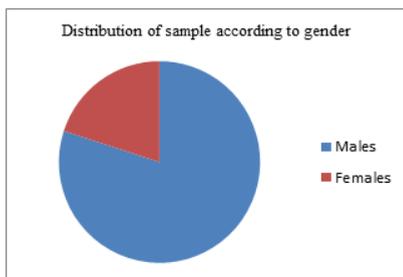
The study data was collected using a questionnaire which reflects on factors of quality care and resultant outcome affecting patient satisfaction. The questionnaire consisted of demographic data of the patient, their socioeconomic status, where was the admission done whether OPD or casualty, number of days of hospital stay and contact number. The patients were then questioned on four separate sections which were office appointment and admission, treatment by doctors, delivery of patient care and service in ward and the last section consisted of expenditure incurred while undergoing treatment, their level of trust and confidence in health care providers and overall satisfaction with hospital care.

Ethics approval was taken from the ethical committee of the Institutional Review Board of Goa Medical College and Hospital institution. Informed written consent was taken from the patient and parents or guardian (in case of minor) before collecting the data.

RESULTS

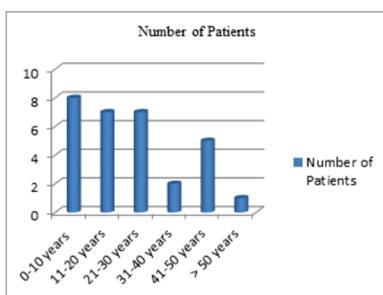
Following were the results of study about patient satisfaction.

Pie diagram of sample according to gender



Out of the total number of patients 24 (80%) were males and 6 (20%) were females.

Bar graph showing distribution of age group of patient sample

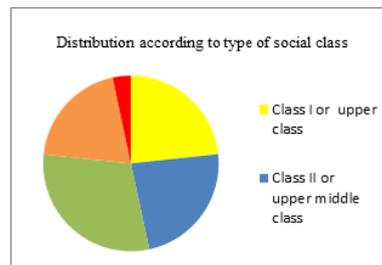


The age of the patients ranged from 5 months to 52 years.

Maximum number of the patients were from the age group of 0-10 years which were 8 (26.6%) in number and the mean age of the patients was 22.87.

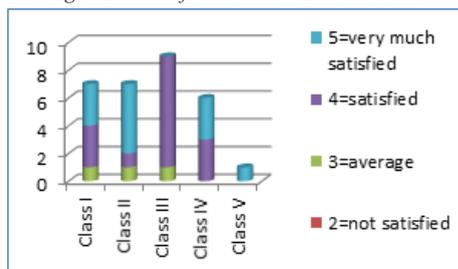
Of the entire patient sample 12 (40%) of the patients were employed while 18 (60%) were non working class which included children, students or retired people.

Pie chart showing distribution of patient sample according to type of social class



Depending upon the socioeconomic status as per B. G. Prasad classification, 7 (23.33%) patients belonged to upper class, 7 (23.33%) patients belonged to upper middle class, 9 (23.33%) patients belonged to middle class, 6 (20%) patients belonged to lower middle class, 1(0.03%) patients belonged to lower class patients.

Graph showing overall satisfaction based on social class



As far as the overall satisfaction with the quality of treatment, none of the socioeconomic class was dissatisfied with the treatment.

In class I or upper class, none of the patients were dissatisfied, 14.28% were neutral and 85.71% were satisfied. In class II or upper middle class, none of the patients were dissatisfied, 14.28% were neutral and 85.71% were satisfied.

In class III or middle class, none of the patients were dissatisfied, 11.11% were neutral and 88.88% were satisfied. In class IV or lower middle class, none of the patients were dissatisfied and 100% were satisfied. In class V or lower class, none of the patients were dissatisfied, 14.28% were neutral and 85.71 were satisfied.

There was not much variation in the satisfaction level depending upon the socioeconomic class.

Table 1 showing satisfaction of patients based on different aspects of office appointment and admission

Office appointment and admission	Not satisfied		Neutral		Satisfied	
	N	%	n	%	n	%
Convenience of the date of appointment for operative procedure given	1	3.33	10	33.33	19	63.33
Time taken to be seen by the doctor before admission at opd or casualty level	0	0	10	33.33	20	66.66
Preparation of the doctors and staff for your admission at opd or casualty level	0	0	9	30	21	70
Convenience and smoothness of admission process formalities	1	3.33	14	46.66	15	50
Comfort, cleanliness and other amenities at the admission counter	1	3.33	13	43.33	16	53.33
Time taken from the opd or casualty till the time you were actually admitted in ward	2	6.66	11	36.66	17	56.66

For convenience of the date of appointment for operative procedure given 3.33% of staff was not satisfied, 33.3% rated it as average and 63.33% of staff was satisfied with it. With time taken to be seen by the doctor before admission at OPD or casualty level 33.33% rated it as average and 66.66% of staff was satisfied with it. Of all the patients 30% rated preparation of the doctors and staff before admission at OPD or casualty level as average and 70% were satisfied with it.

As far as convenience and smoothness of admission process formalities 3.33% of staff was not satisfied, 46.66% rated it as average and 50% of staff was satisfied with it. With comfort, cleanliness and other amenities at the admission counter 3.33% of staff was not satisfied, 43.33% rated it as average and 53.33% of staff was satisfied with it. For the time taken from the OPD or casualty till the time of actual admission in ward 6.66% of staff was not satisfied, 36.66% rated it as average and 56.66% of staff was satisfied with it.

Table 2 showing satisfaction of patients based on different aspects of treatment by doctors

Treatment by doctors	Not satisfied		Neutral		Satisfied	
	N	%	n	%	n	%
The way doctors listened to your complaints before examination and treatment	2	6.66	5	16.66	23	76.66
Doctor's explanation of the diagnosis	0	0	2	6.66	28	93.33
Doctor's explanation of the treatment and operative procedure	0	0	2	6.66	28	93.33
Doctor's explanation of likely side effects and complications of treatment	1	3.33	8	26.66	21	70
The way the doctors treated the patient with dignity and respect	0	0	3	10	27	90
Were you overall satisfied with the treatment given by the doctor	0	0	3	10	27	90

With the way doctors listened to complaints before examination and treatment 6.66% of staff was not satisfied, 16.66% rated it as average and 76.66% of staff was satisfied with it. With doctor's explanation of the diagnosis 6.66% of staff rated it as average and 93.33% of staff was satisfied with it.

With doctor's explanation of the treatment and operative procedure 6.66% of staff rated it as average and 93.3% of staff was satisfied with it. Among all 3.33% of staff was not satisfied with explanation of likely side effects and complications of treatment by doctors, 26.66% rated it as average and 70% of staff was satisfied with it.

As far as the way doctors treated the patient with dignity and respect 10% of staff rated it as average and 90% of staff was satisfied with it. For overall satisfaction with the treatment given by the doctor 6.66% of staff was not satisfied, 10% rated it as average and 90% of staff was satisfied with it.

Table 3 showing patients satisfaction based on delivery of patient care and service

Delivery of patient care and service	Not satisfied		Neutral		Satisfied	
	n	%	N	%	n	%
How was the service and care given by sisters of ward	0	0	8	26.66	22	73.33
How helpful were the servants of the ward	0	0	12	40	18	60
How helpful were the administrative workers and clerks from the time of admission until discharge	0	0	16	53.33	14	46.66
How was the quality of food served from the hospital kitchen	1	3.33	4	13.33	25	83.33
How was the cleanliness of the ward	0	0	0	0	30	100
How was the cleanliness of the washroom facilities	0	0	1	3.33	29	96.66
How was the overall quality of treatment received at GMC	0	0	1	3.33	29	96.66

Among all the patients 26.66% of staff rated service and care given by sisters of ward as average and 73.33% of staff was satisfied with it.

As far as helpfulness by the servants of the ward 40% of staff rated it as average and 60% of staff was satisfied with it.

For helpfulness by the administrative workers and clerks from the time

of admission until discharge 53.33% of staff rated it as average and 46.66% of staff was satisfied with it.

With the quality of food served from the hospital kitchen 3.33% of staff was not satisfied, 13.33% rated it as average and 83.33% of staff was satisfied with it.

Regarding cleanliness of the ward 100% of staff was satisfied with it. Regarding cleanliness of the washroom facilities 3.33% of staff rated it as average and 96.66% of staff was satisfied with it. For overall quality of treatment received at GMC 3.33% of staff was not satisfied, 96.66% rated it as average and 90% of staff was satisfied with it.

Following is the difference in response of patients at casualty and OPD level for the two important patient satisfaction factors.

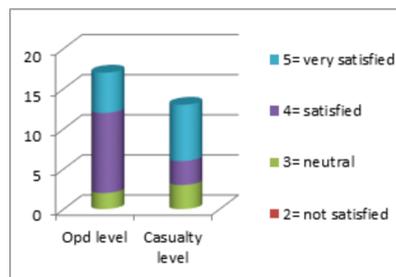
Table 4 showing patient satisfaction for time taken to be seen by the doctor before admission at OPD level and casualty level

Factor	Not satisfied		Neutral		Satisfied	
	n	%	n	%	n	%
Time taken to be seen by the doctor before admission						
OPD level	0	0	5	27.77	13	72.22
Casualty level	0	0	6	46.15	7	53.84

Table 5 showing overall satisfaction with the quality of treatment at OPD level and casualty level

Factor	Not satisfied		Neutral		Satisfied	
	N	%	N	%	n	%
Overall satisfaction with the quality of treatment						
OPD level	0	0	2	11.76	15	88.23
Casualty level	0	0	3	30	10	76.92

Overall satisfaction with the quality of treatment



The most highly satisfied subscale among the patients related to office appointment and admission was preparation of the doctors and staff before admission at OPD or casualty level, related to treatment by doctors was doctor's explanation of the treatment and operative procedure (43.33%) and related to delivery of patient care and service in ward was cleanliness of ward. (43.33%).

The criteria for which maximum numbers of patients were not at all satisfied was time taken from the OPD or casualty till the time you were actually admitted in ward.

Very few patients (33%) had to spend on medicines or drugs and investigations. Most patients felt safe at the admission ward premises and most said they would recommend this hospital in future for other patients.

DISCUSSION

The results of the present study showed that most of the patients interviewed were satisfied with the services they received. Even though many patients had good satisfaction with many factors, there were few areas where they opined the service was average which gives an opportunity to improve such aspects of health care.

The overall satisfaction of patients in this current study conducted was 90% whereas it was lower in other studies which were 79.3% by Syed et al (7), 81.6% by Kumari et al (8) in Lucknow, This could be attributed towards good patient care system and facilities provided.

Study by Sharmila et al (9) at Chennai hospital showed satisfaction level did not differ significantly among patients of various age groups. However, as compared to younger patients, those above 50 years of age appeared to be more satisfied with the quality of services provided. Female patients appeared more satisfied with the services in

comparison to male patients unlike in our study where both males and females were equally satisfied.

The factor for which maximum numbers of patients were very satisfied in our study was doctor's explanation of the treatment and operative procedure and how good was the cleanliness of the ward. This study found 90% patients were satisfied with the way doctors treated the patient with dignity and respect. The service and care given by sister as well as explanation of diagnosis and treatment by doctors satisfied 73% and 93% of patients. Mishra et al (6) also showed similar result with 92% satisfied with explanation about disease and treatment by doctors and behaviour of doctors and nurses.

The satisfaction regarding listening of complaints and behavior of doctor was around 76.66% which is higher than study by Syed et al (60%) in Haryana (7), Jain and Prasad et al (70%) (5) and Kumari et al (73%) (8). Study by Sharmila et al (9) at Chennai hospital showed similar result with 70% and 60% meaning that physicians and nurses are good in their approach and attitude towards the patients respectively.

As far as assistance from administrative workers and clerks from the time of admission until discharge is concerned, 46.66% were satisfied which was less than other studies like Syed et al (50%) (7), and Sharmila et al (59%). (9). Mishra et al (6) in his study showed 82% people were satisfied with the service at the admission counter. These findings suggest there is scope for further improving the efficiency of administrative workers.

With respect to general cleanliness of the hospital 74.5% were satisfied in our study which was more than those found in study by Sharmila et al (9) at Chennai hospital (60%).

The present study found 96.66% were satisfied with cleanliness of the washroom facilities whereas respondents from other studies showed it less, Aleena et al (80%) (10), Syed et al (35.5%) (7) and Mishra et al (49%) (6) regarding toilet facilities. Also study by Srilata (11) and Peersak et al (12) (3.52%) showed lowest level of satisfaction.

Food service in hospital also forms an important component in determining the level of patient satisfaction. In our study 83.33% were satisfied which is higher compared to other studies like Syed et al (18.25%) (7) regarding canteen/food facilities and Aleena et al (18%) (10). Mishra et al (6) showed similar result with 78.8% and 78% patients being satisfied with overall quality of food services in hospitals respectively as also by Jain and Prasad et al (66.4%) (5).

The study found 50% of patients were satisfied with the admission process formalities and 53% were satisfied with comfort, cleanliness and other amenities at admission counter suggesting need for further improvement in admission procedure and improving basic facilities at admission counter.

The criteria for which maximum numbers of patients were not at all satisfied (6.66%) and averagely satisfied (36.66%) was time taken from the OPD or casualty to the actual admission in ward. Other factors for which maximum people termed the service as average were convenience and smoothness of admission process formalities and helpfulness of administrative workers and clerks from the time of admission until discharge. Other studies showed different factors of dissatisfaction.

Review of patient satisfaction conducted in hospitals in Australia by Jim et al (13) showed that major causes of dissatisfaction were uncaring staff, waiting for admission, lack of staff, poor information and not able to discuss personal matters. The major causes of dissatisfaction were high medical bills, incompetent healthcare delivery and lack of empathy, over-supply of unnecessary medical services, drug unavailability, excessive waiting times and cumbersome procedures. Mishra et al (6) at in his study concluded that The five major dissatisfies were cleanliness of toilets, quality of food, explanation about rules and regulation, behavior of orderlies and sanitary attendant and room preparedness.

The patient satisfaction levels varies with the way services are delivered in different study population, socio cultural differences and variations in levels of literacy hence patient's expectations differ. Also changes in methodology and timing of the study could explain some of

the differences. The findings of the survey are helpful if they can be transformed into actions for improving the quality of health care.

CONCLUSION

The present study showed majority patients were satisfied with most of the services provided in the hospital. Major satisfiers were doctor's explanation of the diagnosis, explanation of the treatment and operative procedure, the way doctors treated the patient with dignity and respect, treatment given by the doctor as well as food services, cleanliness of the ward and washroom facilities.

There were very few factors of dissatisfaction among the patients. Major dissatisfier was time taken from the OPD or casualty till the time of actual admission in ward. Patients admitted at OPD level were more satisfied than casualty level patients due to time taken to be seen by the doctor before admission and the quality of treatment. It suggests there is a need to take measures to improve treatment quality for casualty patients. A Study with large sample size would give conclusive evidence of patient satisfaction.

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