



A Cross Sectional Study on Assessment of Patient's Satisfaction and Service Utilization in A Tertiary Care Hospital of Mumbai.

Dhananjay Kumar Singh	Senior Resident, Dept. of Community Medicine, H.B.T. Medical College & Dr. R.N. Cooper Municipal General Hospital, Mumbai
Shireen Sharma	Flight Lieutenant, Air force station, New Delhi.
Anshu Rai	junior Resident, Dept.of Orthodontics & Dentofacial Orthopedics. Rama Dental College- Hospital & Research Center, Kanpur
Arti Rai	BDS, Dental surgeon

ABSTRACT

Context: During the past few decades, there has been reawakening that health is a fundamental human right and a worldwide social goal; that it is essential to the satisfaction of basic human needs and to improve the productivity of nations
 Aims & Objectives: 1.To evaluate the socio-demographic profile of the study subjects.2.To assess the patient's satisfaction level related to different parameters of quality health care.3.To give recommendations regarding improvement in health care services in tertiary care hospital.

Materials & Methods: It is a cross-sectional study. The study was conducted in opd of tertiary care hospital of Mumbai
 Results & Conclusion: The mean age of study subjects was 30.06 years and median age was 25 years. The range of age of the respondents was 1 year (minimum) to 73 years (maximum).Out of the total 400 study subjects 215 (53.75%) were in the age group of 20-40 years.269 (67.25%) study subjects were females and 131 (32.75%) study subjects were males.

KEYWORDS

Satisfaction, Patient, Utilisation, Hospital services.

Introduction

All healthcare providers and programs in our country have overwhelming emphasis on quantitative aspect of service delivered, which means that, in a quest to chase runaway targets, we neglect the concept of quality of care, which is also a right of clients. Healthcare providers and programs worldwide have increasingly recognized that the quality of care they provide determines their overall success in attracting the clients and meeting their needs, and the quality improvement initiative has been started because poor quality is costly - to clients, to programs and to the society overall. People's perception about quality of care often determines whether they seek and continue to use services. Being intangible in nature, the perception directly affects the quality rating in service. So, there are attempts to scale and measure this perception. OPD is the window to any health system and OPD care indicates the quality care of hospital reflected by patient's perception in terms of satisfaction to the services they are provided. Assessing satisfaction is not a one-time action; instead it needs continuous monitoring and evaluation. By adopting this procedure, service providers are able to learn about deficiencies in the health delivery system and will be able to take timely appropriate alternative steps. The quality of service in health means an inexpensive type of service with minimal side effects that can cure or relieve the health problems of the patients. It is easier to evaluate the patient satisfaction towards the service rather than evaluate the quality of medical services that they receive. Therefore a research on patient satisfaction can be an important tool to improve the quality of services.

Aim & Objectives

1. To evaluate the socio-demographic profile of the study subjects.
2. To assess the patient's satisfaction level related to different parameters of quality health care.
3. To give recommendations regarding improvement in health care services in tertiary care hospital.

Materials & Methods

Study Design: A cross sectional study.

Study area: The study was conducted in of H. B. T. Medical College & Dr. R.N. Cooper Municipal General hospital, Mumbai. The hospital caters the population of about 8-10 lakhs which include people living in slums & resettlement colonies.

Study population: The study was conducted among the patients attending the Out Patient Department (OPD) of H. B. T. Medical College & Dr. R.N. Cooper Municipal General hospital, Mumbai.

Study Period: The study period was of 3 months.

Sampling Technique and Sample Size: On the basis of previous studies of patient satisfaction & quality of care and using an appropriate statistical formula for estimating minimum sample size in descriptive health studies ($n=4pq/d^2$), a sample size of 384 was calculated to assess the level of satisfaction among the study subjects. The sample size was further inflated to 400 to take care of non response & refusals. The prevalence (p) used for sample size estimation was taken as 50% with 10 % relative precision.

Data was collected by consecutive sampling technique. Patients visiting OPD were interviewed at the exit point & included in the study.

Data collection technique & tools- Data was collected using a predesigned and pretested questionnaire. Informed verbal consent was taken from each patient and they were ensured about the confidentiality. Rapport building was done before the start of the interview and objective of the study was explained to the patient's. At the time of the exit of the OPD, face to face interview was conducted. This process was continued till the require sample size was completed. Ques-

tionnaire comprised of statements which measured different core dimensions of patient satisfaction like evaluation of health care facility, perception of waiting time, cleanliness of hospital, behavior of doctor. It also contained question on socio demographic characteristics of the respondents. The questionnaire consisted of five points likert scale items, with 5 and 1 indicating the highest and lowest level of satisfaction respectively. Patients indicated their level of satisfaction by selecting responses from ranging from very dissatisfied=1, dissatisfied=2, just satisfied=3, satisfied=4, very satisfied=5

Data Analysis: Data Entry was done using Microsoft excel & data will be analyzed using SPSS software version 16.

Inclusion Criteria

A) All patients attending OPD of Cooper Hospital & willing to participate in the study.

Parents of the beneficiaries less than 18 years of age were included in the study.

Exclusion Criteria

The patients who were previously interviewed in the study. Patients with serious physical pathologies were excluded from the study.

Results

Table 1: Age and sex wise distribution of study participants visiting Hospital

Age	Male (%)	Female (%)	Total (%)
<20	36(9)	47(11.75)	83(20.75)
21-40	44(11)	171(42.75)	215(53.75)
41-60	30(7.5)	33(8.25)	63(15.75)
>60	21(5.25)	18(4.5)	39(9.75)
Total	131(32.75)	269(67.25)	400(100)

The mean age of study subjects was 30.06 years and median age was 25 years. The range of age of the respondents was 1 year (minimum) to 73 years (maximum). Out of the total 400 study subjects 215 (53.75%) were in the age group of 20-40 years. 269 (67.25%) study subjects were females and 131 (32.75%) study subjects were males.

Table 2: Distribution of respondents by marital status

Marital Status	Male		Female		Total
	<21(yrs)	>21(yrs)	<18(yrs)	>18(yrs)	
Married	4	64	2	201	271
Unmarried	53	4	36	16	109
Divorced	0	0	0	3	3
Widowed	0	6	0	11	17
Total	57	74	38	231	400

Majority of the respondents 271 (67.75%) were married, while the rest were either unmarried 109 (27.25%) or separated from their spouse 20 (5%) due to reasons such as death or divorce.

Table 3: Distribution of study participants by socio-economic status
(As per B. G. Prasad Socio-economic Classification)

Social Class	Per Capita Monthly Income (Rs)	Frequency	Percentage (%)
Upper High	> 12001	6	1.5
High	6001 – 12000	7	1.75
Upper Middle	3501 – 6000	21	5.25
Lower Middle	1801 – 3500	99	24.75
Poor	601 – 1800	240	60
Very Poor	< 600	27	6.75

According to B. G. Prasad socio-economic classification, ma-

majority of the respondents belonged to the poor (60%) followed by Lower Middle (24.75%) class.

Figure 1: Distribution of study participants by educational status

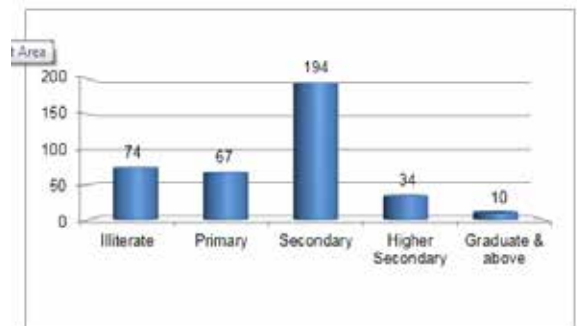


Table 4: Overall satisfaction of patients regarding health services in hospital

Satisfaction Level	Frequency	Percentage(%)
Very Dissatisfied	0	0
Dissatisfied	4	1
Just satisfied	132	33
Satisfied	208	52
Very Satisfied	56	14
Total	400	100

Very few patients were dissatisfied (1%). Among the patients showing satisfaction majority were in satisfied group (52%), followed by just satisfied (33%) and very satisfied (14%) group.

Table 5: Distribution of study participants as per attendance in different OPDs

OPD	Frequency	Percentage (%)
General Medicine	80	20
Paediatric	29	7.25
Tuberculosis	33	8.25
STI	24	6
Immunization	11	2.75
ANC	64	16
Surgery	35	8.75
Gynaecology	25	6.25
Dental	30	7.25
Psychiatry	25	6.25
Skin	12	3
Ophthalmology	9	2.25
ENT	23	5.75

Among the thirteen different OPDs running in the hospital; most of the respondents who were interviewed visited General Medicine OPD (20%) followed by ANC OPD (16%).

Table 6: Patient's satisfaction regarding accessibility of health services in Hospital

Accessibility Factor	Frequency	Percentage (%)	
Mode of Transport	Walking	269	67.25
	Private Vehicle	52	13
	Public Vehicle	79	19.75
Convenience of Transport	Convenient	282	70.5
	Not Convenient	118	29.5
Parking Space	Adequate	82	20.5
	Not Adequate	318	79.5
Time needed to reach	< 30 minutes	302	75.5
	30 – 60 minutes	64	16
	>60 minutes	34	8.5
Cost for Reaching	Affordable	314	78.5
	Not Affordable	86	21.5

Timing of OPD	Convenient	283	70.75
	Not Convenient	117	29.25
Duration of OPD	Sufficient	311	77.75
	Not Sufficient	89	22.25

Majority of respondents (67.2%) came to Hospital by walking and time needed to reach the Hospital was < 30 minutes for most of the respondents (75.5%). Timing and duration of OPD was reported as convenient and sufficient respectively by majority.

Table 7: Patient's satisfaction regarding doctor patient communication in Hospital

Variables		Frequency	Percentage (%)
Listening to complaints	Yes	365	91.25
	No	35	8.75
Explanation about disease	Yes	369	92.25
	No	31	7.75
Explanation about treatment	Yes	362	90.5
	No	38	9.5
Investigations discussed	Yes	229	57.25
	No	171	42.75
Advice about prevention	Yes	198	49.5
	No	202	50.5

(>90%) respondents mentioned that their complaints were listened; explanation about disease and treatment was given by doctor. (57.2%) & (49.5%) reported that investigations were discussed and advice about prevention was given respectively.

Table 8: Motivating factors for the visit to Hospital

Factors	Frequency *	Percentage (%)
Cost Effective	324	81
Faith on doctors / health facility	89	22.25
Facilities for investigations present	39	9.75
Someone works in Hospital	2	0.5
Near to residence	259	64.75
No benefit from other facilities	63	15.75

*Includes multiple responses

The most important motivating factor for the visit to the Hospital was cost effectiveness (81%), followed by proximity of Hospital to residence (64.75%).22.75% respondents mentioned faith on doctors or health facility as motivating factor.

Conclusions

All healthcare providers and programmes in our country have overwhelming emphasis on quantitative aspect of service delivered, which means that, in a quest to chase runaway targets, we neglect the concept of quality of care, which is also a right of clients. People's perception about quality of care often determines whether they seek and continue to use services. OPD is the window to any health system and OPD care indicates the quality care of hospital reflected by patient's perception in terms of satisfaction to the services they are provided.

Following conclusions were drawn from the study:

- Majority of respondents were very satisfied regarding the accessibility.
- The unsatisfactory availability of drinking water and absence of clean toilets resulted in client dissatisfaction.
- Timing and duration of OPD was reported as convenient and sufficient respectively by majority.
- Most of the respondents were satisfied with behaviour of doctors and other staffs.
- Majority of respondents were very satisfied with examination & consultation in the hospital.

The study concludes that client's satisfaction was reflected by their happy expression about general facility, doctor's consultations, easy accessibility and also by consistent regular utilization by majority. On the contrary, they were dissatisfied with unsuitable/inadequate service hours, long waiting time. Their felt-need for long service hours, improved drug supply, infor-

mation desk or enquiry counter for guidance.

Recommendations

The following are some of the recommendations that have emanated from the analysis, discussion and conclusions of this study. These are broadly in two groups as follows:

General Recommendations :

- A system may be instituted for a short and precise questionnaire to be filled up by patients and dropped anonymously at some convenient location. This can be used to monitor quality of care and patient satisfaction on a regular basis.
- Patients need good behaviour on part of doctor and staff of the hospital. It is recommended that short training course in communication skills should be given to doctors and other staff so that they can use their expertise more effectively.
- Doctors and other health care staff are central in outpatient care. Their perceptions about patient satisfaction dissatisfaction and other related issues are important to be considered for assessment in the future.

Specific Recommendations: These pertained to the following :

- To get a holistic picture of levels and perceptions of satisfaction among the clientele base of hospital, in addition to outpatients, community who use services at the hospital may be carried out as an extension of this research in future.
- Physicians may be encouraged to improve communications with their patients regarding investigations and prevention of disease.
- Information desk or enquiry counter for guidance of clients may be made available as suggested by some patients.
- The staff working in the hospital should be motivated in terms of careful and enthusiastic services with regular monitoring and supervision of the services.

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