



## "A study to evaluate patient expectation and satisfaction towards services obtained from a tertiary care Government hospital, Agra district"

**Richa Gupta**

Lecturer, Dept. of Forensic Medicine & Toxicology

**Vikas Kumar**

Lecturer, Dept. of Microbiology S. N. Medical College, Agra

### ABSTRACT

**Background:** Patient satisfaction is a very important aspect of medical care. In modern times when expectation from healthcare institutions are increasing and level of satisfaction is decreasing, leading to increased number of legal suits and physical manhandling of medical professionals, it is very important to know the variables affecting patient satisfaction.

**Material and Method:** The present study was conducted among the patients attending the outpatient department (OPD) of SNMC&H, Agra. A total of 422 Patients, attending the Out Patient Department were selected.

**Results:** Expectations vis-à-vis performance observations showed that only 32% patients could get consultation time of more than 5 min. Similarly, 75% patients at SNMC&H were listened to, 64% who were answered, 79% patients reported that a physical examination was done, and 71% patients were referred for various investigations. Physician's attitude towards patients satisfied 70% of them but 19% patients reported other health staff to be rude and unpolite.

**Conclusion:** In this study, it is found that majority of the patients are satisfied with the services provided. They were satisfied with the guidance, logistic arrangements, support services, nursing care, Doctors consultation etc. However few areas need to be improved to remove the lacunae.

### KEYWORDS

patient's expectation, patient's satisfaction, health care services, Hospital.

### Introduction

In the perspective of health care, patient satisfaction has been defined as a combination of experiences, expectations and needs perceived. It has also been defined as the patients' subjective evaluation of their cognitive and emotional reactions as a result of the interaction between their expectations regarding ideal care and their perceptions of the actual care.<sup>2</sup>

There is a strong connection between health service quality perceptions and patient satisfaction. Only when the health service providers understand what standards of quality the patient is expecting, will they be able to satisfy their patients and achieve the goal of patients satisfaction. Hence it is essential to understand the dimensions of quality that affects patient satisfaction.<sup>3,4</sup>

### PATIENT EXPECTATION AND SATISFACTION

The satisfaction of patients coming to hospitals depends on the structure and function of the medical care system. The functioning of medical care system is based on the various social, technical and physical aspects. The structure of the medical care system is guided by the policies of the government and the type of government set-up prevailing in the country, whereas the functioning mainly depends on those who manage the system.

In a welfare state like India, where the government takes up the responsibility of providing free medical care to those who are unable to afford it, free consultation, medicines and treatment facilities have to be provided.

Those receiving these kinds of services may be satisfied with whatever services are being provided to them in the hospitals because they are free of cost. But, as soon as they come to realize that it is their right to receive these services and it is the responsibility of government to look after their well-being, when they cannot afford, rise in their level of expectations is uncontrollable.

### PATIENT SATISFACTION BENCHMARKING

With the advancement in technology and stiff competition, hospitals are always striving for improvement in their services. Patient expectations are constantly changing, so what satisfies a patient at one point in time may not satisfy him at some later date. As you improve your service levels on some patient satisfaction "attributes", you will change patient expectations on the remaining attributes. This is akin to saying that when you fix

something, something else that did not look too bad to start with, suddenly doesn't look so good. You may need more detail on the 'new' items in need of improvement to properly measure progress toward improvement.<sup>5</sup>

The primary goal of the tertiary care hospital is to provide best possible health care to the patients. The modern era where it is the right of every patient to demand best possible care in hospitals, it is the duty of every staff member of the hospital to deliver his optimum efforts to the entire satisfaction of the patient and its assessment will give us an opportunity to find loopholes in our services for future rectification.

### Materials and Methods:

The study design was cross sectional. The present study was conducted among the patients attending the outpatient department (OPD) of Sarojini Naidu Medical College & Hospital, Agra, Uttar Pradesh, a Tertiary care Teaching Hospital catering to urban as well as rural population. This is a 1000 bedded Hospital with a daily OPD patient attendance of about 800 – 1000 (approx.) Research Methodology- A total of 422 Patients, attending the Out Patient Department of SNMC&H, Agra were selected randomly from each of the OPD's of Medicine, General Surgery, Obstetrics and Gynaecology and Pediatrics. These patients were interviewed using a well-structured questionnaire containing close ended questions was developed. The questionnaire was pretested. The data was analyzed using appropriate statistical methods.

**Inclusion criteria:** The study included the entire "new" or "referred" patient attending the OPD of SN Medical College and Hospital, Agra during the above mentioned duration.

**Exclusion criteria:** Patients working in the health care facility and follow-up patients were excluded from the study.

### Results & Discussion

Among the Demographic and socio-economic factors (Table-1), 56% were males as against 44% females. The median age of the patients was 36.4 years. 78% of respondents were matriculate or above. 33% of the respondents were noted to be farmers and 18% were in service.

Expectations vis-à-vis performance perceptions (Table-2) in our study showed that 49% respondents expected consultation time to be 5-10 min and 45% expected 10-20 min. But actual

performance is that only 32% patients could get consultation time of more than 5 min which needs to be improved markedly in comparison to a study conducted in a Super Specialty hospital, Thiruvananthapuram, Kerala, India, it was seen that with regard to the time spent by the doctors during consultation 96.5% of the patients were satisfied.<sup>6</sup>

100% patients at SNMC&H expected the physician to listen to their problems and answer their queries, as against 75% who were listened to and 64% who were answered to respectively. This finding could be a potential dissatisfaction causing factor & the physicians need to be sensitized about it. The satisfaction regarding the listening of the complaints was similar to that recorded by PeerasakLertrakarnnonet al, in their study, while it was higher than that reported by JankoKersniket al, who found it to be 69.1%.<sup>7,8</sup>

In a study by JankoKersniket al, it was observed 55.3% patients were physically examined.<sup>8</sup> While in our study, 79% patients reported that a physical examination was done. A physical examination may not be necessary in every visit, but this fact needs to be communicated to the patient who is expecting it nonetheless, and will set his/her mind at rest.

Expectations of patients related to dietary advice, also called as 'parhez' was observed to be so well ingrained in the North Indian Psyche, that respondents to the extent of 93% expected their physicians to give them specific dietary advice and health education. This expectation of the patients was met with by 64% of the physicians in this study, who advised dietary and health education wherever necessary.

It was seen that 100% patients at this hospital expected to be referred for investigations, 71% patients were referred for various investigations, mostly done within this hospital. This may possibly be explained by the type of patients visiting this Tertiary care Hospital probably being complicated cases requiring a lot of investigations.

Modern medicine is increasingly relying upon investigations and public have come to judge the services by the investigations performed. At the same time some patients feel that treatment in terms of medicines given are more important than ordering investigations. In any case decision for need / no need for investigations is the prerogative of the treating physician and this information should be clearly communicated to the patients in order to allay anxiety of patients. This will decidedly work for improving compliance and result in improved satisfaction.

In a study conducted in a Super Specialty hospital, Thiruvananthapuram, Kerala, India, with regard to the Doctors behavior 56% said that Doctors were well behaved, compassionate and patient, while 35.5% felt that they were well behaved but would have been better if they held more patience, to which in our study physician's performance excel to 70% but fall short in regard to patients expectation.<sup>6</sup> Similar to our study, a survey conducted by Department of Public Health, Ireland the level of satisfaction among the OPD attendees were 94%.<sup>9</sup> Doctors and nurses were perceived as friendly by 61% and 72% and rude by 1% and 1% of patients, respectively. The main reason might be due to huge patient load at this tertiary center, overworked physician and other hospital staff workers lose patience at times. But for improving the health facilities this feature should be markedly improved.

The registration time and waiting time was different from the observation of Dr. Syed Mohamed Aljunid in his study in Malaysia where the patients waited for 52 minutes on an average.<sup>10</sup> In our study (Table- 3), the Waiting time outside the OPD, majority of the patients (77%) had to wait for <30 minutes. Differences in satisfaction with long waiting time as compared to other studies by Dr. Syed Mohamed Aljunid, van Udenet al and Mahfouz et al, could be attributed to the differences in the perceptions and expectations of the people.<sup>10,11,12</sup>

The waiting time and area could also be utilized to provide health education to the people. Patient satisfaction surveys are useful in gaining an understanding of user's needs and their perception of the service received. Waiting area cleanliness need to be improved also, as only 22% patients report it to be clean and comfortable. Although seats were available to 54% patients but improvement is needed in this parameter also.

In our study, basic facilities like availability of drinking water and clean and hygienic toilets in waiting area are far lagging behind as 55% patients could not avail the drinking water facility and toilets were reported unclean by 88% patients. The major patient load in this hospital being of nearby villages, the public is poorly educated about health, hygiene maintenance and keeping toilets clean, which leads to patient's dissatisfaction.

Basic amenities and services at the hospital has a much scope of improvement in terms of availability of medicine, drinking water, toilets / hand washing facility in the wards, cleanliness in the toilets and wards, fans / lights in the wards, bed sheets. Many were dissatisfied with the convenience of parking. There is gross negligence in aspects of provision of meals and retiring room for the attendants / relatives of the patient where no provision is there. It will be most appropriate to compare the results with the Thesis done by Chopra A, in 2003 at Rajinder hospital, Patiala.<sup>13</sup> Similar problems have also been found in the same hospital by Kulkarni et al in 2008.<sup>14</sup> Level of satisfaction among patients was found to be better with behaviour of doctors (87.76%). Dissatisfaction was found to be more with cleanliness in toilets (56.01%) as compared to the other hospital areas which was also statistically highly significant. Similar study at PGIMER, Chandigarh conducted by Sharma R. et al in 2011 also concludes that the overall satisfaction regarding the doctor-patient professional and behavioural communication was more than 80 per cent at almost all the levels of health care facilities.<sup>15</sup> In total, 55 per cent of respondents opined that doctors have shown little interest to listen to their problem. More than 70 per cent satisfaction level was observed with staff of laboratories.

The Respondents were asked about their expectation about a doctor's degrees /qualification vis-à-vis their competence (Table-4). 76% respondents expected their physician to be specialist, whereas 09% respondents said that they were unable to judge a physicians clinical competence.

Respondents were asked to rate the various attributes of hospital services (Table-5) in the order of relative importance as judged by them, with the most important rated as 1 and least important as 5. Good / Technically competent doctor was rated as the most important attribute. According to the respondents a good doctor is one who examines them, listens to their problems, answers their questions, is empathetic, polite, offers specific advice and one who is able to cure them (technically competent). Attitude of the doctors was rated 2nd important attribute and physical facilities and sanitation was rated last.

Table 1: Demographic & Socioeconomic data of Respondents (n= 422)

Demographic / Socioeconomic factors	
Median age of patients 36.4 yrs	
Gender	56 %
	44 %
Male	
Female	
Educational level	02%
	22%
	33%
	25%
	18%
Profession	18%
	14%
	03%
	33%

Farmer	33%
Unemployed	32%

**Table 2: Comparison of expectation& performance levels in SNMC&H, Agra**

Attributes of service by hospital/physician	Expectations (% of respondents)	Actual performance (% of respondents)
<b>1. Consultation time by physician</b>		
• 5 min	5%	56%
• 5 - 10 min	49%	16%
• 10 - 15 min	18%	02%
• 15 - 20 min	27%	16%
<b>2. Expect physician to listen to problems</b>		
• Yes	100%	75%
• No	0	07%
• Sometimes	0	18%
<b>3. Expect physicians to answer question put by patients?</b>		
• Yes	100%	54%
• No	0	22%
• Sometimes	0	14%
<b>4. Physician examination by physician</b>		
• Yes	100%	79%
• No	0	05%
• Sometimes	0	16%
<b>5. Discussion of problem with patient</b>		
• Yes	80%	57%
• No	20%	33%
<b>6. Health education &amp; dietary counseling by physicians?</b>		
• Yes	93%	54%
• No	07%	36%
<b>7. Reference for investigations</b>		
• Yes	100%	71%
• No	0	0
• Not every time	0	0
<b>8. Attitude / Behavior of physicians (empathy)</b>		
• Polite & Personal	100%	70%
• Attitude does not matter	0	15%
• Rude & Uncaring	0	15%
<b>9. Attitude / Behavior of other hospital personnels (empathy)</b>		
• Polite & Personal	84%	76%
• Attitude does not matter	16%	05%
• Rude & Uncaring	0	19%
<b>10. Privacy in physician's chambers</b>		
• Just doctor & patient	50%	46%
• Doctor, patient & Nurse	30%	31%
• Doctor, patient, Nurse & other patients	0%	12%
• Makes no difference	20%	11%

**Table 3: Patient satisfaction regarding waiting area & waiting time SNMC&H**

Parameters	% N =422
1.Signboard to guide	46%
• Present	31%
• Already know	33%
• Not of use	

2.Waiting time	77%
• <30 min	23%
• >30	
3.Waiting area	22%
• Clean and comfortable	46%
• Clean but not comfortable	32%
• Poor hygiene	
4.Seats available	54%
• Enough	46%
• Not got	
5.Overcrowding	80%
• Present	
6. Drinking water available	40%
• Yes	25%
• No	35%
• Don't know	
7.Toilets available	12%
• Yes	48%
• No	40%
• Don't know	
8. Toilets cleanliness	12%
• Yes	88%
• No	

**Table 4: Expectations about physician's clinical competence / qualification**

Expectations	Percentage (%)
• Specialist MD/DM/MCH	76%
• MBBS	15%
• Degree doesn't matter / can't judge competence	09%

**Table 5: Rating of various attributes of hospital services in the order of importance as deemed by patients.(1=Most important, 5 = least important)**

Attribute	Percentage (%)
• Good physician (technically competent)	1 (68%)
• Physical facilities / sanitation	5 (18%)
• Treatment / Medicine	3 (35%)
• Investigations	4 (32%)
• Attitude of physicians & other staff	2 (46%)

#### Specific Suggestions

**1. Staff Behavior:** Staff behavior has the largest effect on inpatients satisfaction in hospitals. Because, inpatients associated with the hospital staff, they are provide not only a treatment but also mercy and concerned.

**2. To increase number of staff in outpatient department:** There is need to increase number of physicians and nurses in Outpatient department in order to respond to the needs of a big number of patients visiting this department. The increase of staff will also need to increase the number of consultation rooms to provide a place to be used by additional staff.

**3. To strengthen the capacity building of health care providers.**

The strengthening of capacity building of staff is necessary for health provider's staff working in Outpatient department to give a quick service to the patient.The capacity building strengthening is also needed to the health staff working in primary and community health centers so that many diseases can be treated at low level and the number of transfers from Health center to the hospital is decreased.

**4. Develop a staffing plan that puts more effort in the beginning of the week**

The staffing plan should be developed depending on the trend of patients during the working days. This means that the Outpatient department should provide a big number of nurses and physicians in the beginning of the week in order to respond to the big number of patients coming in these days. The consultation in Outpatient department should also begin in the morning as early as possible so that the patients who are coming in the morning can be served without spending a long time on the queue..

5. Hospital Infrastructure: The efforts are also needed to strengthen infrastructure and human resources not only at tertiary level but also at lower level health facilities.

6. Food Arrangements needed to be Strengthen: The dietary units stand as the second major department of a hospital from the point of view of expenditure. The patients are not happy with the quality of food provided to them that is why most of them get food from their houses or from relatives. There is a problem of excess diet consumption when compared to the number of in-patients in the hospital resulting into huge expenditure.

7. Interpersonal Skills of the Medical Personnel: The importance of patients' feedback in hospital settings. The findings indicate areas for improvement including removal of poor interpersonal relationships between providers and patients. These skills are improved among the medical personnel.

### Scope of Future Research

1. "HEALTH AT DOOR STEPS" this should be the future concept of health services, health services preferably OPD services should be easily available nearby to the public. This will not only benefit patients but also reduce the tertiary hospital overload. In this direction "MOHALLA CLINIC" is an encouraging initiative already taken by few states and similar clinics should be followed by others too.

### Conclusion

Patient satisfaction is the desired outcome of every hospital. Patient's satisfaction from healthcare decides the fate of healthcare providers and healthcare delivery system. The hospital market has today changed from a sellers' market to a buyers' market, where the patient is all-important. In order to achieve patient satisfaction, the hospital has to develop itself technologically, as well as become more service-oriented.

Patient satisfaction surveys are useful in gaining an understanding of user's needs and their perception of the service received. In this study, it is found that majority of the patients are satisfied with the services provided. They were satisfied with the guidance, logistic arrangements, support services, nursing care, Doctors consultation etc. However few areas need to be improved to remove the lacunae.

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