

Patient Satisfaction Level in a Rural Tertiary Care Hospital, Bareilly

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(Received: December, 2014)

(Accepted: January, 2015)

ABSTRACT

The primary goal of the tertiary care hospital as a highest level of health care provision is to provide best possible health care to the patients. Patient satisfaction is one of the established yardsticks to measure success of the services being provided in the health facilities. The study was aimed to study satisfaction of outdoor patients regarding behavior of hospital's personnel, provision of basic services & facilities in the hospital and also to find out the relation of bio-social variables with the level of satisfaction of hospital staffs. A hospital based cross sectional study was carried out in a tertiary care hospital, Bareilly during January - March 2014 among outdoor patients reporting for corresponding. Study subjects was selected by systematic random sampling method and interviewed using a pre-tested & semi-structured interview schedule. Data entry and analysis were done using the Epi- info statistical software. A total of 292 OPD patients were included in the study. Majority of them were satisfied with the services & facilities available as well as with the behavior of hospital staffs. Statistically significant relation was seen between behavior of doctors and class III & IV staffs with satisfaction level, gender & cleanliness, gender & behavior of doctors and class III/IV employees and also education & behavior of doctors.

KEY WORDS: behavior, cleanliness, outdoor patients, patient satisfaction

INTRODUCTION:

Patient satisfaction is a multi-dimensional healthcare issue affected by many factors. It is a parameter for assessing the quality of patient care services.^[1] Quality services increase the confidence of the patient about hospital care. Patient satisfaction and healthcare service quality can be increased by using a multi-disciplinary approach that combines patient inputs as well as expert judgment.^[2] It is difficult to measure the patient satisfaction level. Both clinical and nonclinical outcomes of care have influence on patient satisfaction.^[3] Patients carry certain expectations before their visit and the resultant satisfaction or dissatisfaction is the outcome of their actual experience.^[4,5,6]

The primary goal of the tertiary care hospital as a highest level of health care provision 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 Government hospitals, it is the duty of every staff member of the hospital to deliver his optimum efforts to the entire satisfaction of the patient. Its assessment give us an opportunity to find loopholes in our services and future ratification. It is the nature of human being that by fulfilling one motive, another one takes the place which is to be fulfilled and the process goes on.^[7] It helps in continuous evolution process. Patient satisfaction is one of the established yardsticks to measure success of the services being provided in the health facilities. But it is difficult to measure the satisfaction and gauge responsiveness of the health systems as not only the clinical but also the non-clinical outcomes of care do influence the patient satisfaction.^[8]

Patients' perceptions about healthcare systems seem to have been largely ignored by health care managers in developing countries^[9,10]. This is despite the fact that patient satisfaction

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surveys are one of the established yardsticks to measure success of the service delivery system, functional at hospitals. Awareness about patient satisfaction is relevant in the sense that satisfied patients are more likely to abide by the treatment advised, to continue using medical services and to promote referrals, thereby increasing the service volumes.

Patient-centered outcomes have taken centre stage as the primary means of measuring the effectiveness of health care delivery.^[11,12] Health professional the feedback received is likely to help them in predicting their planning and identifying potential areas for service improvement.^[4,5] The aims of the study were to assess the level of patients' satisfaction as well as dissatisfaction regarding the services & facilities provided in the outdoor departments of a tertiary care hospital, to find out the relation of bio-social variables with the level of satisfaction of hospital staffs, to give recommendations regarding improvement in health center services.

MATERIALS AND METHODS:

A hospital based cross sectional study was carried out in a rural hospital, which is a 950 bedded tertiary care hospital attached to SRMS Institute of Medical Sciences, Bareilly, Uttar Pradesh. This is a hospital of teaching & training for undergraduate and postgraduate medical students and provides preventive, promotive & curative services to patients presenting to the hospital from peripheral villages.

For study, we have considered the prevalence of patient satisfaction to be 60% with 6% absolute error and 10% non-response. Among the patients attending hospital from January 2014 and March 2014, every third patients who met the inclusion criteria was interviewed till the sample size was met. Patients between the ages of 18 and 75 years attending the outpatient department (OPD) were included in the study. However, patients referred or advised for admission, emergency conditions related to psychiatry or maternity and those with severe acute or chronic illness were excluded from the study. Thus a total of 292 patients were enrolled for the study. A systematic random sampling technique was used to select respondents from out patients department.

A pre- designed pre- tested 'Outdoor Patient Feedback Questionnaire Form' was designed and filled up to examine several aspect of hospital care. Questionnaire comprised of 35 items which measure

different core dimension of patient satisfaction like- evaluation of health care facility, perception of waiting time, cleanliness of waiting area, and behavior of health care providers etc. It also contained questions on socio demographic characteristics of the respondents. The questionnaire consisted of five points Likert scale items, with 1 and 5 indicating the highest and lowest levels of satisfaction respectively. Patients indicated their level of satisfaction by selecting responses (excellent=1, very good=2, average=3, bad=4 and very bad=5). Those who chose 'very bad' and 'bad' were considered dissatisfied while those who selected 'average', 'very good' and 'excellent' were considered satisfied. The prescribing doctor and the supporting staff were largely kept unaware of the survey, except in unavoidable circumstances, to avoid the bias in their behavior with the patient.

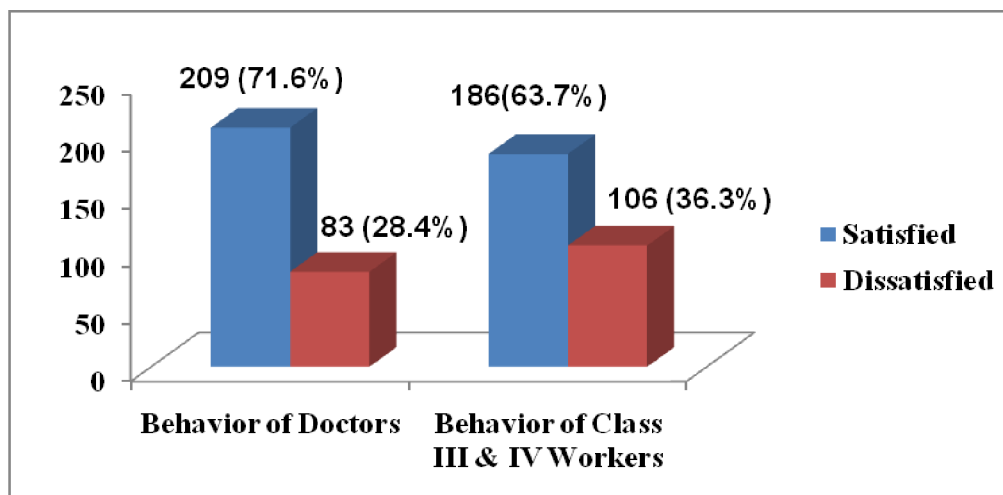
The questionnaire was administered by trained individuals after obtaining verbal consent from all subjects and complete confidentiality was maintained. Prior approval of the ethical board was obtained before beginning the survey. Outpatients were interviewed during their exit.

On the day of the attending the OPD, after informing the patient about objectives of the study, the patient was interviewed by the post graduate students and predesigned 'Outdoor Patient Feedback Form' was filled up. After completion the form was signed by the post graduate students and the patients. The surveyed questionnaires were collected and coded in a MS Excel database and after the end of three months the data was analyzed by using the Epi Info statistical package, version 3.4.1 by calculating proportions and chi- square test. Descriptive statistics were performed on the socio-demographic data and Pearson's chi-square test was used to examine the relationship between satisfaction levels of behavior of doctors and class III & IV staffs with bio social characteristics.

A new or referred patient attending the OPD of the respective health care facility were in checked is the study. Patients working in the health care facility and follow-up patients attending the OPD of the respective health care facility were excluded from the study. Those below 18 years of age were also excluded. In this study, OPD is defined as the hospital premises where patients received diagnosis and treatment services but did not stay overnight.

RESULTS:

Patients were more satisfied with behavior of

Figure 1: Satisfaction of the patients regarding behavior of hospital staffs**Table 1:** Gender wise satisfaction of the patients regarding cleanliness (n=292)

Satisfaction	Cleanliness in hospital			Chi-square value	p-value
	Male (%)	Female (%)	Total (%)		
Dissatisfied	41 (27.7%)	20 (13.9%)	61 (20.9%)	8.43	0.003
Satisfactory	107 (72.3%)	124 (86.1%)	231 (79.1%)		
Total	148 (50.7%)	144 (49.3%)	292 (100.0%)		

doctors 209(71.6 %) as compared to the behavior of Class III & Class IV workers 186(63.7%), and it was found to be statistically significant ($p < 0.05$). Better level of education among doctors may be the reason for present study finding.

Table 1 shows that female patients 124(86.1%) were more satisfied than male patients 107(72.3%) regarding cleanliness in the hospital, and this was found statistically significant ($p < 0.05$).

Majority of subjects told that the major source of information about hospital OPD was through media (News paper/Radio/TV) (49.3%), mode of transport from home to hospital was through own vehicles (43.8%), waiting period was less than 30 minute between arrival at OPD and attended by doctor (62.3%), major source of medicine at hospital was free medicine (54.1%) and type / Kind of hospital was a government hospital (56.8%) while only few patients (9.6%) knew rightly that it is a trust hospital (Table 2).

Most of the patients (75.3%) were satisfied with availability of drinking water in the hospital campus. The availability of water purifier (RO system) and winter & autumn season during the study, may be

the reasons for better availability of drinking water.

Most of the patients were equally satisfied with cost & given treatment (74.3% & 74.0%), may be due to free medicine distribution (54.1%) and better cure rate at hospital. Most of the patients agreed to visit hospital again (72.2%), motivate their friends/relatives to visit this hospital (80.5%), were aware about beneficiari schemes of SRMS Institute of Medical Sciences & Hospital (71.6%), had ever heard about Janhit Chikitsa Yojna / Samudayik Swasthya Yojna / AHSAS programme of SRMS IMS (61.3%), had ever attended patients attendant health education cell (69.9%), got new information from patients attendant health education cell (65.1%) and also wanted to attend patients attendants health education cell again (76.7%) (Table 3).

The Socio- demographic profile in table 4 shows the importance of the hospital because majority of the respondents were in the age group of 20 - 60 years, which is economically productive age group for the families belonging to underserved, needy section of the society, were more satisfied with behavior of the doctors and class III & IV workers than other age

Table 2: Reasons for selecting the facility

QUALITY OF SERVICES		RESPONSES	
		Number(n=292)	Percentage
Source of information about hospital OPD	Media(News paper/Radio/TV)	144	49.3
	Hospital staff	84	28.8
	Friends/Relatives	24	8.2
	Old patients	18	6.2
	Others	22	7.5
Mode of transport from home to hospital	Own vehicle	128	43.8
	Auto rickshaw	112	38.4
	Hospital bus	11	3.8
	Govt. roadways bus	24	8.2
	Others	16	5.6
Type / Kind of hospital	Government	166	56.8
	Private	70	24.0
	Charitable	10	3.4
	Trust	28	9.6
	Semi Government	18	6.2
Waiting period b/w arrival at OPD and attended by doctor	Less than ½ hour	182	62.3
	½ - 1 hour	94	32.2
	More than 1 hour	16	5.6
Source of medicine	Free medicine in hospital	158	54.1
	Paid medicine in hospital	122	41.8
	Free+ paid medicine at hospital	6	2.1
	Free medicine at hospital and other medicines from outside	8	2.7

groups.

Females were more satisfied than males with the behavior of doctors and class III & IV workers and statistically significant association was found between gender and behavior of doctors and class III & IV workers.

With respect to educational qualification, as the educational status increases, they tend to be more satisfied with behavior of the doctors and class III & IV workers. Here significant association was found between education and satisfaction with behavior of doctors ($p < 0.05$)

According to B.G.Prasad's SES scale, patients belonging to lower class SES were equally (50.0%) satisfied and dissatisfied with behavior of the doctors and class III & IV workers and here significant association was not found between SES class and satisfaction with employees of hospital. Joint family patients were more satisfied with behavior of doctors & class III & IV workers than other types of family.

DISCUSSION:

For any health care organization to be successful, monitoring patients' perception is a simple and important strategy to assess and improve their performance. The present study was an attempt to provide an insight on the level of patients' satisfaction as well as dissatisfaction with hospital services in a newly established peripheral teaching and training hospital in Bareilly (UP).

Majority of the patients (71.6%) were satisfied with doctor's behavior at all the facilities and they also felt that the doctor has given adequate treatment (74.0%) to the patients. Similar finding was also reported by Arshad A S *et al*^[13] (66%). In another study, Arpita Bhattacharya *et al*^[14] reported 98.2% patients were satisfied with behavior of doctors.

In present study, 79.1% patients replied that they were satisfied with cleanliness of hospital. In another study done by Sodani *et al*^[15] found 65% satisfied patients with respect to cleanliness. The better

Table 3: Satisfaction of patients regarding quality of services availability.

QUALITY OF SERVICES	RESPONSES		
	Yes/ No	Number (n=292)	Percentage
Availability of drinking water	Yes	220	75.3
	No	72	24.7
Satisfaction with cost of treatment	Yes	217	74.3
	No	75	25.7
Satisfaction with given treatment	Yes	216	74.0
	No	76	26.0
Would you like to visit health centre again	Yes	211	72.2
	No	81	27.8
Would you motivate to your friends/relatives to visit this health centre	Yes	235	80.5
	No	57	19.5
Are you aware about any beneficial scheme of SRMS IMS	Yes	209	71.6
	No	83	28.4
Are you ever heard about Janhit Chikitsa Yojna / Samudayik Swasthya Yojna / AHSAS programme of SRMS IMS	Yes	179	61.3
	No	113	38.7
Have you ever attended patients attendant health education cell (PAHEC)	Yes	204	69.9
	No	88	30.1
Are you getting new information from this patients attendant health education cell (PAHEC)	Yes	190	65.1
	No	102	34.9
Would you like to attend patients attendant health education cell (PAHEC) again	Yes	224	76.7
	No	68	23.3

cleanliness could be due to sufficient & trained class IV employees of this hospital.

About 62.3% patients had to wait less than 30 minute before consulting doctors. Ranjeeta Kumari *et al*^[16] found 22.55% patient waited less than ½ hours. Whereas in another study conducted by Prasanna KS *et al*^[17] showed that 20% patient waited less than 30 minutes. This could be due to time management of working health staffs of this hospital.

A large majority of respondents (75.3%) felt that the drinking water facility available at this hospital for patients was better, which is more close finding (79%) to Singh S *et al*^[18]. This may be due to 24x7 electricity and RO system purifier available at this hospital.

Males and females, patients were in equal proportion (50.7% & 49.3% respectively). The maximum number of respondents (55.8%) belong to the age group of 20-40 years and minimum respondents (6.5%) belong to less than 20 & more than 60 age groups (Table 4).

The education level of the respondents was slightly better as most of them were either graduate (27.4%)

or post graduate (20.5%). A study done by Sodani *et al*^[15] showed that 39% of respondents were illiterate or primary passed (18%), which was in contrast to our findings. As the educational status increases, they tend to be more satisfied with behavior of the doctors and class IV employee. Majority of the patients were belonging to lower SES family and they were equally satisfied & dissatisfied with behavior of the doctors as well as class IV workers.

More than 2/3rd of the patients were benefited from beneficial schemes (Janhit Chikitsa Yojna Samudayik Swasthya Yojna / AHSAS programe) of SRMS Institute of Medical Sciences & Hospital and also benefited from patient's attendant health education cell (PAHEC). Patient's attendant health education is a set of planned educational activities designed to improve patients' health behaviors and health status. Its main purpose is to maintain or to improve patient health or, in some cases, to slow deterioration.

CONCLUSION:

Client's satisfaction was reflected by their

Table 4: Association of satisfaction levels with bio-social characteristics.

Bio-social characters		Satisfaction with doctors			Satisfaction with class III & IV workers		
		Satisfied 209 (%)	Not-satisfied 83 (%)	p- value	Satisfied 186 (%)	Not-satisfied 106 (%)	p- value
Age	Less than 20 yrs	15(7.2%)	4(4.8)	0.23	13(7.0)	6(5.7)	0.70
	20-40 yrs	120(57.4%)	43(51.8)		103(55.4)	60(56.6)	
	40-60 yrs	64(30.6%)	27(32.5)		60(32.3)	31(29.2)	
	More than 60 yrs	10(4.8%)	9(10.8)		10(5.4)	9(8.5)	
Sex	Male	95(45.5%)	53(63.9)	0.004	83(44.6)	65(61.3)	0.006
	Female	114(54.5)	30(36.1)		103(55.4)	41(38.7)	
Education	Post graduate	45(21.5)	15(18.1)	0.007	36(19.4)	24(22.6)	0.85
	Graduate	58(27.8)	22(26.5)		48(25.8)	32(30.1)	
	Intermediate	31(14.8)	22(26.5)		34(18.3)	19(17.9)	
	High school	40(19.1)	4(4.8)		30(16.1)	14(13.2)	
	Junior high school	18(8.6)	6(7.2)		16(8.6)	8(7.5)	
	Primary school	9(4.3)	8(9.6)		11(5.9)	6(5.7)	
	Illiterate	8(3.8)	6(7.2)		11(5.9)	3(2.8)	
	Upper	20(9.6)	9(10.8)		22(11.8)	7(6.6)	
Socio economic status	Upper middle	47(22.5)	18(21.6)	0.99	37(19.9)	28(26.4)	0.49
	Middle	17(8.1)	7(8.4)		16(8.6)	8(7.5)	
	Lower middle	21(10.0)	7(8.4)		17(9.1)	11(10.4)	
	Lower	104(49.8)	42(50.6)		94(50.5)	52(49.1)	
Type of family	Nuclear family	58(27.8)	27(32.5)	0.70	59(31.7)	26(24.5)	0.42
	Joint family	125(59.8)	47(56.6)		105(56.5)	67(63.2)	
	3generation family	26(12.4)	9(10.8)		22(11.8)	13(12.3)	

happy expression about general facility, doctor's behavior, superiority of their health system and also by consistent regular utilization by majority. Assessment of satisfaction of patients is a simple and cost effective way for evaluation of hospital services. The findings of the present study carried out for assessing satisfaction of outdoor patients came in hospital reveals that majority of the patients were satisfied with behavior of doctors and class III & IV workers, cleanliness and availability of drinking water in hospital premises etc. Females were more satisfied with behavior of the doctors and class III & IV workers. Majority of the patients were benefited from the beneficial schemes & patient's attendant health education cell available at this hospital. Therefore, it can be concluded that the OPD services form an important component of Hospital services and feedback of patients are vital in quality improvement.

Continuous supervision of patient satisfaction levels should be done to deduct methods to improve hospital services. In the OPDs, complaint and suggestion box should be kept, so that patients can freely put their complaints and suggestions.

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How to cite this article: Singh JP, Kariwal P, Gupta SB, Shrotria VP: Patient Satisfaction Level in a Rural Tertiary Care Hospital, Bareilly. PJSR 2015; 8 (1):39-45.

Source of Support: Nil, **Conflict of Interest:** None declared.