

Are your patients satisfied?

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ABSTRACT •

Introduction: Patient Satisfaction is an important element in patient care. There is an association between satisfaction level, patient adherence and success of the treatment. This study was conducted to measure patient satisfaction in the department general Outpatient Department (OPD) and Emergency.

Method: This was a cross sectional descriptive study conducted in Patan Hospital on 18th August 2011. All patients registering in emergency or OPD were interviewed. A questionnaire based on the Press Ganey Questionnaire was used. Satisfaction was assessed on the basis of response to each domain which included patients' details and waiting time, registration process, physical comfort and nursing care, physician care and finally overall satisfaction with the emergency and outpatient department.

Result: Total 92 patients were included from emergency. Average waiting time was 11.7 minutes with range of 2 to 35 minutes. Patients' satisfaction was 83.6% while there was no patient whose satisfaction was below average. Patients were satisfied on behavior of staff at registration (93.5%), and unsatisfied about doctor not telling side effects of medicine (33.7%). Similarly 196 patients were included from OPD. Patient's satisfaction was 84.7%. Satisfaction level was highest with behavior of staff at pharmacy (94%). In OPD also patients were unsatisfied with doctors not telling side effect of medicine (41.8%).

Conclusion: Our study highlights importance of communication with patients, specifically about medicine side effects for satisfaction of patients in outpatient and emergency departments.

Keyword: communication. patient satisfaction, satisfaction survey,

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Introduction

The priorities of hospital are shifting from viewing patients as uneducated with little health care choices to recognizing that they are educated consumers and have many service demands and health care choices available.¹ Patients need to be better informed about what is good and bad for their health, why not all expectations can be met and that they have rights which all providers should respect.² So, patients' satisfaction is one of the important factor in the assessment of quality of health care.

Satisfaction can be defined as the extent of individual's experience compared with his or her expectations.³ Satisfaction is an important element in the evaluation stage.⁴ Recent studies have shown an increased association between satisfaction level, patient adherence and success of the treatment.^{5,6}

Recent research indicates that the way health systems are designed, managed and financed seriously affects people's lives and equitable health outcomes are essential for global prosperity and the well being of society. So, many countries are developing initiatives to measure performance to guide and inform the improvement process which is increasingly being stated as "evidence based policy".8

Patient satisfaction is an area which has not been extensively reviewed in our part of the world. This study was conducted to measure satisfaction of the patients visiting general outpatient department (OPD) and emergency managed by the Department of General Practice and Emergency Medicine.

Method

This was a cross sectional descriptive study conducted in Patan Hospital on 18th August 2011. All patients registering in emergency or OPD were interviewed. Patients not giving consent, brought dead or an unaccompanied patient not in the state of giving interview were excluded. In cases of a sick patient, the interview was taken from the accompanying person. In case of OPD patient, those who did not use four essentially listed facilities of the hospital (OPD, Lab, X-ray, and Pharmacy) were also excluded.

A group of medical students were oriented on data collection and for consent. Data were collected with their help. An informed verbal consent was taken from the patient. A set questionnaire was administered to the patient. Patients were assured that secrecy will be maintained. The questionnaire was in Nepali. A short orientation was conducted to the interviewee prior to the study to help clarify the questionnaire in case of need.

Items of the questionnaire were based on the Press Ganey² Questionnaire with minor changes according to local context. The questionnaire was distributed to academic members to confirm its validity. The response of the questionnaire was based on Liker scale. Questionnaire was classified as satisfaction to hospital facility, physician, nursing staff and other medical staff.

General patient details were initially taken. Satisfaction was assessed on the basis of responses to each domain which included patients' details and waiting time, registration process, physical comfort and nursing care, physician care and finally overall satisfaction with the emergency and OPD. Data were entered and processed in Statistical Package for the Social Sciences (SPSS) 16.0. Chi square and T test were used where applicable.

Result

Emergency Department

Out of 115 records, 23 were excluded because of incomplete entries, as patient or their relatives did not fill more than 50% of the items. So, 92 records were taken for analysis. Mean age of the patient was 37.3 years, ranging from 14 to 88 years.

From the 92 records taken for study, 40 had the time of visit to ER missing. In remaining 52, the average waiting time was 11.7 (median 10) minutes, range 2 to 35 minutes. On general question asked to patients whether they were satisfied or not (overall satisfaction), 83.6% had satisfaction level above average on Likert scale (Table 1).

 Table 1. Analysis of association of demographic variable with satisfaction

Variables	Sub categories (Total respondents in average,	Overall satisfaction	Overall Satisfaction	P Value	
	below average and average category)	Above Average	below average		
Waiting time	≤ 10 minutes(70)	57	7 5		
	> 10 minutes (22)	20	1		
Age	≤ 30 years (46)	41	3	0.5	
	> 30 years (46)	36	2		
Sex	Male (50)	35	4	0.03	
	Female (42)	42	3		
Ethnicity	Kami, Damai (1)	1	0	0.9	
	Rai Limbu (25)	21	1		
	Terai cast (3)	3	0		
	Newar (22)	17	2		
	Chettri, Brahmin (41)	35	3		
Education	Illiterate (21)	18	1	0.2	
	Not passed school (31)	27	2		
	Under graduate (32)	24	5		
	Graduate and above (8)	8	0		
Address	Lalitpur (43)	4	0	0.2	
	Kathmandu (18)	17	1		
	Bhaktapur (4)	37	3		
	Others (27)	19	4		
Respondents	Patient (50)	15	1	0.2	
	Attendant (16)	39	5		
	Missing (26)	16	4		
Patients first	Yes (69)	51	11	0.2	
visit to hospital	No (23)	17	2		

 Table 2. Analysis of different items of survey on patient coming to emergency

	1	2	3	4	5
Are you satisfied with the treatment?	31.5	45.7	14.1	8.7	0
How was doctor's behavior towards you?	23.9ª	63.0°	12.0°	1.1 a	0 a
How was doctor's work?	23.9ª	66.3 ª	8.7ª	1.1 a	0 a
Did you get satisfactory answer from medical staff?	71.7	16.3	8.7	3.3	0
Did doctor clearly tell you about your disease?	38.0	43.5	9.8	8.7	0
Did you get satisfactory answer from nursing staff?	63.0	21.7	8.7	6.5	0
Did doctor tell you about side effect of drug?	22.2	19.6	19.6	28.3	5.4
Did doctor tell you how to use medicine?	47.8	28.3	16.3	6.5	1.1
Was privacy maintained while doctor examined you?	29.3	32.6	20.7	15.2	2.2
How was nursing care?	16.3ª	65.2 ª	13.0°	5.4ª	0 a
How was the behavior or X ray staff?	32.6ª	50.0°	12.0°	3.3ª	2.2 a

		1	1	1	1
How was the behavior of staff at registration?	17.4°	76.1ª	4.3 a	2.2ª	0 a
How was the behavior of staff at admission?	34.8ª	54.3ª	9.8ª	1.1 ^a	0 a
How was behavior of staff at laboratory?	25.0ª	51.1ª	15.2°	6.5ª	2.2 a
Was waiting time appropriate for registration?	34.8	45.7	5.4	8.7	5.4
Was the waiting time appropriate to see the doctor?	33.7	39.1	4.3	19.6	3.3
Was waiting area appropriate?	45.7	19.6	9.8	18.5	6.5
Did you feel secure at hospital?	19.6	47.8	27.2	4.3	1.1
How was the cleanliness around hospital?	23.9ª	33.7ª	29.9°	9.8ª	3.3 ª
How was parking facility at hospital?	42.4ª	42.4ª	14.1 a	1.1 a	0 a
Were signs in hospital appropriate?	30.4	41.3	26.1	2.2	0
Were you anxious while visiting hospital?	32.6	47.8	7.6	9.8	2.2
Did health care profession relieve your pain and suffering?	34.8	46.7	7.6	4.3	6.5
Did doctor address your pain immediately?	55.4	29.3	5.4	7.6	2.2

¹⁼ Definitely Yes, 2= Yes, 3= May be, 4= No, 5= definitely not; 1a= Very good, 2a = Good, 3a= Not sure, 4a= Bad, 5a= Very bad

Satisfaction with behavior of staff at registration was 93.5%, doctor's work 90.2%, behavior of staff at admission 89.1%, and doctor answering their query 88.0% and .

Satisfaction about doctor not telling side effects of medicine was 33.7%, inappropriate waiting area 25%, waiting time to see doctor 22.9%, behavior of staff at laboratory 21.7% and nursing care 18.4%.

Out Patient Department

Demographic Characteristics

Out of 388 patients visiting OPD on the day of study, 196 (50.5%) records were available, 27 (6.9%) were excluded as they were incompletely filled by patients or their attendants. And 32 (8.2%) children who came for immunization only were also excluded as they did not use all the facilities included in this study. Total 133 (34.4%) patients who did not use four (OPD, Lab, X ray, Pharmacy) essentially listed facilities of the hospital were also excluded.

Table 3. Demographic data of patient coming to OPD

Variables	Sub categories (Total respondents in average, below average and average category)	Overall satisfaction Above Average	Overall Satisfaction below average	P Value	
Ago	≤ 30 years(56)	36	11	0.6	
Age	> 30 years (140)	82	17	0.6	
Cov	Male (89)	72	2	0.2	
Sex	Female (107)	94	0	0.3	
	Kami, Damai (4)	3	0		
	Rai Limbu (44)	37	2		
Ethnicity	Terai cast (10)	8	1	0.2	
	Newar (50) 42 4		4		
	Chettri, Brahmin (88)	76	3		

	Illiterate (31)	30	1	
Education	Not passed school(76)	65	6] , ,
Education	Under graduate(53)	42	9	0.2
	Graduate and above (36)	29	4	
	Lalitpur (86)	76	7	
Address	Kathmandu(57)	49	8	0.2
Address	Bhaktapur(12)	11	1	
	Others(41)	30	7	
	Patient (108)	75	8	
Respondents	Attendant(69)	33	12	0.2
	Missing (19)	11	7	
Patients first visit to hospital	Yes (145)	87	13	0.2
	No (51)	42	9	

Overall satisfaction rate of patient coming to OPD was 84.7%.

Table 4. Analysis of different items of survey on patient coming to OPD

	1	2	3	4	5
Are you satisfied with the treatment?	19.4	58.2	12.8	8.7	1.0
How was doctor's behavior towards you?	23.0.9ª	66.3°	8.7°	2.0°	0 a
How was doctor's work?	16.8ª	74.0°	7.7°	1.5ª	0 a
Did you get satisfactory answer from medical staff?	65.8	16.3	11.7	6.1	0
Did doctor clearly tell you about your disease?	51.5	34.7	4.1	8.7	1.0
Did doctor tell you about side effect of drug?	23.5	27.0	7.7	32.1	9.7
Did doctor tell you how to use medicine?	47.4	36.2	0.5	11.7	4.1
Was privacy maintained while doctor examined you?	37.8	31.6	14.8	9.7	6.1
How was the behavior or X ray staff?	33.2ª	43.9°	19.4ª	3.1ª	0.5 ª
How was the behavior of staff at registration?	12.22ª	64.3ª	13.3°	7.1ª	3.1 a
How was the behavior of staff at admission?	18.9ª	59.7°	14.8 a	4.6ª	2.0°
How was behavior of staff at laboratory?	24.0ª	52.6ª	18.4ª	3.6ª	1.5 ª
How was the behavior of staff at pharmacy?	23.0ª	71.4ª	4.6ª	1.0ª	Oª
Was waiting time appropriate for registration?	10.7	62.2	6.6	18.9	1.5
Was the waiting time appropriate to see the doctor?	9.7	48.5	7.7	28.1	6.1
Was waiting area appropriate?	49.9	19.4	3.1	24.0	4.6
Did you feel secure at hospital?	17.9	33.7	38.3	8.7	1.5
How was the cleanliness around hospital?	13.3ª	46.9°	34.2 ª	4.6ª	1.0°
How was parking facility at hospital?	35.7ª	30.6ª	27.6ª	5.6°	0.5°
Were signs in hospital appropriate?	17.3	46.9	28.6	6.1	1.0
Were you anxious while visiting hospital?	25.5	55.1	6.1	12.2	1.0
Did health care profession address your problem immediately?	75.5	14.8	6.6	3.1	0

1= Definitely Yes, 2= Yes, 3= May be, 4= No, 5= definitely not; 1a= Very good, 2a = Good, 3a= Not sure, 4a= Bad, 5a= Very bad

Satisfaction level with behavior of staff at pharmacy was 94%, doctor's work 90.8%, addressing health problem immediately 90.3%, doctor's behavior 90.1% and doctor clearly telling about disease 86.2%). Highest levels of dissatisfaction were with doctors not telling side effect of medicine (41.8%), waiting time to see doctor (34.2%), waiting area (28.6%), waiting time for registration (20.4%), doctor not telling how to use medicine (15.8%) and doctor not maintaining privacy of patient (15.8%).

From the general comments, patients were not satisfied with behavior of doctor, nurses and x-ray staff (5.2%, 10.4%, 5.2% respectively), followed by lack of explanation of disease (1.5%). Total 1.5% of patients said that waiting time to see doctor was very long. X-ray (1.5%) and lab (1.5%) facilities were unsatisfactory to the patient during night. Some patients also highlighted the necessity of communication at the pharmacy department (1.5%). Total 1.5% of patients said that the hospital was business oriented and 1.02% of patients said that it is very expensive. Some 3.5% of patients commented on the cleanliness of the hospital and 4.5% said that toilet was not clean.

Discussion

In our study, patient satisfaction was high both in emergency (83.6%) and OPD (84.7%). Satisfaction with the quality of care provided is a very sensitive issue, but little work has been done about this important aspect of patient care. 9-11 Studies done to see if clinicians benefit from patient satisfaction surveys showed that they can be used as formative assessments of services. The response rates to surveys and the likelihood of responder bias mean that patient satisfaction survey data of this sort cannot be used to judge or compare services in a summative way, but can highlight areas where remedial action is needed.²

Most of the patients in emergency were satisfied with staff behavior at registration and in OPD they were satisfied with behavior of staff at pharmacy. These were followed by doctor's work. A study done in Bathinda showed physician professionalism scored maximum with mean \pm SD of 7.71 \pm 1.68 and dispensary service scored minimum with a mean and SD of 3.67 \pm 1.57 which is opposite to our findings. They also found a significant difference between genders, with male more satisfied in terms of support, staff, physician professionalism,

explanation and consultation time given by physicians.⁹ There was however no significant difference in our study in patient satisfaction in terms of age, sex, ethnic group, place of residence, education level and whether first or other visit.

Another study done in Tanzania showed that most of the patients were satisfied with the service. A very low proportion of patients expressed dissatisfaction with various aspects of service especially with what they perceived as long waiting time. ¹⁰ Similar findings were observed in a study done at Tumkir which showed 60% of responders felt that waiting period was long. ¹ In our study there was no issue with waiting time in emergency department, possibly due to very short waiting time (11.7 minutes with range of 2- 35 minutes). However more patients coming to OPD had concerns about longer waiting time for registration (20.4%) and to see the doctor (34.2%).

A common concern of patients coming to ER and OPD was that doctors were not explaining side effects of medicine. Other concerns included nursing care in ER and behavior of staff at laboratory. These can be improved with communication skill workshop. In Tailor's study in Australia, staff orientation with an educational film and workshop on how to communicate effectively with patients and having a nurse to explain the diagnostic and treatment process to patients improved patient satisfaction.¹¹

Recommendation

It would be important to repeat the process after such an intervention to assess any impact – a true audit

Limitation

There are some confounders in our study e.g. duration of stay in emergency department and in case of OPD patients the time they spent in hospital (entry to exit time) which were not recorded. These could affect the satisfaction rate. The survey result may not be generalisable due to regional differences but the process can be adopted to see the changes and factors affecting the change. Finally we were not able to include all patients coming to hospital due to logistic errors and this may have caused some selection bias.

Conclusion

Patient satisfaction was observed to be high both in Emergency and OPD. Common concern of patients was that doctors were not explaining side effects of medicine, inadequacy of nursing care in ER, and behavior of staff at laboratory. Our study highlights the necessity of improving communication skill and addressing logistics to improve the quality of care. Communication can be improved with communication skill training or workshops. This may be another area of research to see the changes in satisfaction with communication skill trainings.

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