

PATIENT SATISFACTION SURVEY IN AN OBSTETRIC AND GYNAECOLOGY WARD OF A TERTIARY CARE HOSPITAL

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ABSTRACT

Objective: To find out the level of patient satisfaction related to different parameters of quality of health care.

Material and Methods: This descriptive study was conducted on 200 patients admitted to the Department of Obstetrics and Gynaecology, Hayatabad Medical Complex, Peshawar from March to December 2011. A quantitative structured questionnaire was used to record information and quantify satisfaction of the patients, taking the key elements of socio-demographic characteristics of the patients admitted, patient satisfaction regarding accessibility of health services, waiting area and waiting time, examination room and clinical consultation and the availability of medicines and other ancillary facilities.

Results: Sixty three percent (n=126) patients tolerated waiting before examination but just over 40% (n=80) considered it acceptable to wait during and before the results of lab tests were available. For 70% (n=140) of the patients, admission was a pleasant experience. Sixty five percent patients were happy with the time spent with the staff and 72% (n=144) were quite pleased with the way they were counseled, and various advices given. For only a third (34%, n=68) the cost was bearable to get treatment at this hospital. More than half of the patients complained about the cleanliness, especially of the wash-rooms. Over half of the patients (58%, n=116) considered recommending this hospital to others.

Conclusion: All the aspects needed improvement. However, cleanliness universally remained a most complained aspect of our facility. Patients were more satisfied with the medical and nursing staff than the lower ancillary staff.

Key Words: Patient satisfaction, Health services, Patients' tolerance.

INTRODUCTION

Quality of service in health means an affordable type of service with minimum side effects that can cure or relieve the health problems of the patients. It is easier to evaluate the patient's satisfaction towards the service than to 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 services¹. However, this may not reflect view of the medical staff². To ignore the input from the patient, to ignore the customer, to say the customer's desires are irrelevant is not living with reality³.

Health care consumers, today, are more informed than in the past and now demand increasingly more accurate and valid evidence of health plan quality. Patient-centered outcomes have become the primary means of measuring the effectiveness of health care delivery. It is commonly acknowledged that

patients' reports of their satisfaction with the quality of care and services, are as important as many clinical health measures. Patient satisfaction with the health care services largely determines their compliance with the treatment and thus contributes to the positive influence on health. This study was therefore undertaken with the aim to find out the level of patient satisfaction related to different parameters of quality health care in the Department of Obstetrics and Gynaecology in Hayatabad Medical Complex, Peshawar, Pakistan.

MATERIAL AND METHODS

This descriptive study was conducted among the patients admitted to the Department of Obstetrics and Gynaecology, Hayatabad Medical Complex, Peshawar from March to December 2011 through convenient sampling. Two hundred patients were recruited in the study. A "new" or "referred" patient admitted to the department from the date of commencement of study was included in the study while patients working in the health care facility or refusing to participate in the survey were excluded from the study. Patients related to health care personnel in the hospital were also excluded.

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The study was conducted after approval from the Hospital Ethical Committee. Informed verbal consent was taken from all the participating patients. Anonymity of the study was emphasized to them. Only house officers were allowed to fill the forms questionnaire for the patients and the doctor incharge of the patient was kept unaware of the questionnaire replies.

A quantitative structured questionnaire was used to record information taking the key elements of socio-demographic characteristics of the patients admitted, patient satisfaction regarding accessibility of health services, waiting area and waiting time, examination room and clinical consultation and the availability of medicines and other ancillary facilities. The satisfaction was graded as unsatisfactory (0-20%), satisfactory (21-40%), good (41-60%), very good (61-80%) and excellent (81-100%). In compiling results, only three columns were retained for Unsatisfactory, Acceptable (combining satisfactory and good) and Good (Very good and Excellent).

RESULTS

Ease of getting care: Hayatabad Medical Complex is relatively newer hospital and is not on the main vehicular route. Despite this factor, majority of patients felt it was easier to get care in this hospital. 82% agreed there was excellent accessibility for 12% it was not too bad and only 6% mentioned it was difficult to get into the hospital to be examined. Similarly for 97% patients, hospital hours were acceptable but only 3% thought working hours were not convenient Table 1.

Waiting: Waiting is the most annoying part of any hospital experience. Most patients tolerated waiting before examination but increasing number was perturbed by the waiting time during and before the results of lab tests were available. (Table 2).

In-patient admission: For 70% patients admission was a good experience, for 23% it was acceptable and only 7% were unhappy. A similar response was about examination and with the actual procedure. Table 3.

Staff interaction: Generally most patients were satisfied with their interaction with the medical staff. 72% were quite pleased with the way they were counseled and various advice given. For 14% this experience was not bad but a similar proportion was not happy with the way counseling was provided. Nursing and paramedical staff stood the same test of patient satisfaction (64% satisfied, 24% acceptable and 12% unacceptable). Other ancillary staff like ward boys, janitorial staff ensued less satisfaction with the same criteria Table 4.

Table 1: Ease of getting care

Variable	Unsatisfactory	Acceptable	Good
Accessibility	12 (6%)	24 (12%)	164 (82%)
Hospital hours	6 (3%)	20 (10%)	174 (87%)

Table 2: Waiting

Variable	Unsatisfactory	Acceptable	Good
Waiting in the waiting area	28 (14%)	68 (34%)	104 (52%)
Waiting in the examination room	22 (11%)	52 (26%)	126 (63%)
Waiting before the lab tests	36 (18%)	62 (31%)	82 (41%)
Waiting for lab results	68 (34%)	48 (24%)	84 (42%)

Table 3: In-patient admission

Variable	Unsatisfactory	Acceptable	Good
Admission	14 (7%)	46 (23%)	140 (70%)
Examination	14 (7%)	56 (28%)	130 (65%)
Actual procedure	16 (8%)	68 (34%)	116 (58%)

Table 4: Staff interaction

Variable	Unsatisfactory	Acceptable	Good
Medical Staff	22 (11%)	48 (24%)	130 (65%)
Counseling	28 (14%)	28 (14%)	144 (72%)
Paramedical staff	24 (12%)	48 (24%)	128 (64%)
Lower staff	100 (50%)	20 (10%)	80 (40%)

Expenses: Though our hospital is a public sector hospital and patients are supposed to be provided with all the facilities free of charge, in practice, patients have to bear indirect costs of various expendables. When asked about the expenses, for a third (34%, n=68) the cost was bearable, for nearly half (49%, n=98) it was expensive and for the rest (17%, n=34) it was not affordable at all.

Cleanliness: This was one aspect which universally attracted criticism. More than half of the patients out rightly complained about the cleanliness, especially of the wash-rooms. Only 13% were satisfied with the cleanliness and a further 20% barely accepted the status.

Recommendations: Over half of the patients (58%) considered recommending this hospital to others whereas one fourth (25%) would not recommend it to others. The rest were not sure.

DISCUSSION

The present study was an attempt to assess the level of satisfaction of the patients with various aspects of health care in a government health care facility of a typical large city. Very few similar studies have been done in this country and therefore we lack the data for comparison. Yet, the findings of the survey are quite helpful if areas of concern are addressed for improving the quality of health care.

Although the large catchment area of the tertiary health facilities makes it less accessible, yet people managed to come from far and wide to receive specialized services. The affordability of the cost involved in reaching the health facility by almost all signifies the readiness of the patients to pay for their health. Only 13% of those surveyed were not satisfied with the working hours and hence, the demand for evening OPD services might not be a cost effective method to increase patient access. Some level of dissatisfaction with the duration of the OPD at the tertiary level could be attributed to a number of factors such as short duration of four hours, compounded by late arrival, relative lack of appropriate signboards and misleading of the ignorant patients by people from private agencies, adding to the cost and suffering.

The waiting time and peoples' satisfaction with this arrangement was different to the observation in a study in Malaysia where the patients waited for 52 minutes on an average.⁴ Differences in satisfaction with long waiting time as compared to other studies could be attributed to the differences in the perceptions and expectations of the people.⁴⁻⁶ Reduction of the waiting time by triage of the patients and sending them to the appropriate doctor would save their time and also provide appropriate treatment. The waiting time and area could also be utilized to provide health education to the people. Most patients, however, rated waiting in the outpatient and actual examination as acceptable but rated the same in labs as less acceptable.

The satisfaction regarding listening to the complaints of patients, behavior of the doctors and paramedical staff was acceptable which is similar to that recorded by Peerasak L et al,⁷ in their study, while it was higher than that reported by Kersnik J et al,⁸ who found it to be 69.1% and 56.9%, respectively. In our survey, only 11-14 percent of the patients showed dissatisfaction with behaviour by medical and paramedical staff. Better communication skills of staff certainly promote patient satisfaction.⁹ However, the trend was reversed in case of the lower supporting staff like janitorial and security staff.

Cost was a considerable factor in the patients' satisfaction with the public system. However, just over

one third could easily afford the treatment whereas 17% could not afford it at all. In this regard, the hospital has a policy of providing all the medication for free to 30% of the patients through Zakat funds. Dissatisfaction with cleanliness has been universal with similar societal set up, Sivalenka S¹⁰ and Peerasak L et al,⁷ who also found these as the major areas of concern in their study.

Improvement of the skills of doctor-patient communication and other relevant areas would go a long way to enhance the level of satisfaction of the patients, considering the fact that most of the patients were drawn to the health facility because of their faith. However, the satisfaction is also related to patient expectations and that in turn is dependent on patients' educational level and the length of hospital stay.¹¹

CONCLUSION

Patient satisfaction surveys can give us guidelines to improve certain areas of health care in the government sector. Infrastructure and architectural corrections need to be made to enhance the comfort and satisfaction of the patients. Certain improvements are also needed in the waiting area by guidance and health education to patients and their relatives. Also, there is an imperative need to communicate effectively with the patients. As the doctors and paramedical staff more or less evoke favourable response, the lower staff needs in-service training for improving their communication skills and conflict management.

REFERENCES

1. Jawahar SK. A Study on Out Patient Satisfaction at a Super Specialty Hospital in India. *Internet J Med Update* 2007; 2: 13-17.
2. Aniuilienė R, Blaževičienė A, Riklikienė O. Quality of obstetric services: perspectives of patients, obstetricians, and midwives. *Medicina (Kaunas)* 2011; 47: 120-24.
3. Srinivasan AV. *Managing a Modern Hospital*. New Delhi: Sage Publishers; 2000. p. 53-69.
4. Aljunid SM. Role of Primary Care Doctors in Private Sector. Paper presented at the National Conference on Managed Care: Challenges Facing Primary Care Doctors, 17-18 August 1996.
5. Van Uden CJ, Ament AJ, Hobma SO, Zwietering PJ, Crebolder HF. Patient satisfaction with out-of-hours primary care in the Netherlands. *BMC Health Services Res* 2005; 5: 6-9.
6. Mahfouz AA, Al-Sharif AI, El-Gamal MN, Kisha AH. Primary health care services utilization and satisfaction among the elderly in Asia region, Saudi Arabia. *East Mediterr Health J* 2004; 10: 365-71.
7. Peerasak L, Surasak B, Pattanawadi U. Patient satisfaction on health service at the family

- medicine learning centers. *Chiang Mai Med Bull* 2004; 43: 67-76.
8. Kersnik J, Ropret T. An evaluation of patient satisfaction amongst family practice patients with diverse ethnic backgrounds. *Swiss Med Wkly* 2002; 132: 121-24.
 9. Quintana JM, Gonzalez N, Bilbao A, Aizpuru F, Escobar A, Esteban C, San-Sebastian JA, et al. Predictors of patient satisfaction with hospital health care *BMC Health Services Research* 2006, 6: 102. doi: 10.1186/1472-6963-6-102.
 10. Sivalenka S. Patient satisfaction surveys in public hospitals in India. [Online] 2011 [Cited on August 5, 2011]. Available from URL: <http://www.rand.org>.
 11. Renzi C, Abeni D, Picardi A, Agostini E, Melchi CF, Pasquini P, et al. Factors associated with patient satisfaction with care among dermatological outpatients. *Br J Dermatol* 2001; 145: 617-23.

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