

Original Article
Surgery

**PATIENT
SATISFACTION
LEVEL IN A DAY
CARE SURGICAL
UNIT OF A TERTIARY
CARE TEACHING
HOSPITAL-A STUDY
FROM CENTRAL
INDIA**

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Abstract:

Introduction: Patients satisfaction may not be totally influenced by the quality of physician available, but it reflects how the medical care has been delivered.

Material and methods: It was a descriptive study conducted in the Department of Surgery and Anesthesia, Chirayu Medical College and Hospital, Bhopal, Madhya Pradesh between January 2012 to May 2017.

Results: In our study, out of total 200 responses in patients who underwent day care surgery, doctors communication, history taking skill, explanation of disease was found satisfactory among 160 (80%), 166 (84%), 132 (66%) of the respondents respectively. 188 (96%) of the patients or their relatives found overall cleanliness in the hospital as satisfactory. Time taken to find the department and operation theater, time taken to consult the doctor, time taken for investigations was found satisfactory among 192 (96%), 164 (82%), 134 (67%) of the respondents respectively.

Conclusion: Most of the patients or their relatives were satisfied with the majority of the services provided by the hospital. Most of the patients were comfortable with second visit to the hospital whenever required. Though there were some issues like quality of the food and time required to buy the drugs from the pharmacy which needs to be improved by the hospital to further improve the quality of care provided by the hospital.

Key words: Patient's Satisfaction level, Hospital services, Tertiary care institute.

Introduction

Patients satisfaction may not be totally influenced by the quality of care. Patients satisfaction may not be totally influenced by the quality of physician available, but it reflects how the medical care has been delivered. To provide highest level of satisfaction that is profitable to both the patient and the provider, management must control both the perception of expectation and the quality of delivery of the healthcare services.¹ The health care system depends on availability, affordability, efficiency, feasibility and other factors.² Patient satisfaction depends up on many factors such as: Quality of clinical services provided, availability of medicine, behavior of doctors and other health staff, cost of services, hospital infrastructure, physical comfort, emotional support, and respect for patient preferences.³ Any shortfall in the patient's expectation will result into the decreased level of satisfaction. Therefore, assessing patient perspectives gives them a voice, which can make public health services more responsive to people's needs and expectations.^{4,5} There is evidence that satisfaction is an important measure of the outcome, both because it is related to improvement in health status and because it is useful in assessing patterns of communication. The latter is particularly important in pediatric care, because the quality of care has to satisfy both the children and their accompanying parents. Additionally, because the aim of outpatient surgery is to maximize surgical capacity, it is important to ensure that increased efficiency is not obtained at the expense of the overall quality of the treatment. The main aim of the study was to evaluate the level of patient or relatives satisfaction in cases with paediatric day care surgeries

at a tertiary care institute and to get feedback from them.

Material and methods

Study design: Descriptive study.

Study place: It was conducted in the Department of Surgery and Anesthesia, Chirayu Medical College and Hospital, Bhopal, Madhya Pradesh.

Study duration: between January 2012 to May 2017.

Sample size: A sample size of 200 was taken 4 times more than a similar type of study conducted by Mishra PH and Gupta S in 2012.⁶

Procedure: A sample size of 200 was taken from IPD patients who were admitted for day care surgery in Paediatric surgery unit and their relatives for the study purpose. Verbal Informed consent was taken from the study subject and their guardians before the collection of data. Interviews were conducted which included questionnaires that were pretested before by doing a pilot study. Detailed information was taken from all the subjects or their relatives regarding their perception and views about the various services and facilities like behavior of doctors, explanation about disease and treatment, attitude of staff at admission counter, behavior and cooperation of nurses, cleanliness of toilets, quality of food, explanation about rules and regulation, Preoperative orders and preparations, behavior of sanitary attendant and room preparedness which they were provided by the hospital during the tenure of their treatment in the hospital and this was noted in proforma in simple format. Before discharge parents were given a self-completion questionnaire. They had been informed that their answers would not effect the care

given to their children. Parents were asked to answer questions regarding their level of satisfaction in several areas; communication with doctors (surgeon and anesthesiologist), physical conditions, staff's care, patients' problems. Questions could be answered; very satisfied, satisfied, not sure, dissatisfied and extremely dissatisfied. But because of statistical problems questions were evaluated as satisfied (very satisfied, satisfied) or non satisfied (not sure, dissatisfied and extremely dissatisfied). Responses from questionnaires were entered into statistical software for analysis. Standardized methods for exploration of ordinal variables were used. Inferences were examined by cross-table analysis (pearson χ^2 , likelihood, continuity correction and fishers exact tests). Differences were considered significant at a probability level of $p < 0.05$.

Ethical clearance and consent: Permission from the institutional ethical committee was sought and written informed consent was obtained for each assessment.

Results

Table no. 1: Distribution of the responses according to the availability of services

Services	Satisfaction level	Responses	Percentage (%)
Cleanliness	Satisfactory	188	96
	Not satisfactory	12	06
Timings of OPD	Satisfactory	155	77.5
	Not satisfactory	45	22.5
Availability of doctor	Satisfactory	176	88
	Not satisfactory	24	12
Services by paramedical staff	Satisfactory	167	83.5
	Not satisfactory	33	16.5
Services by other hospital staff	Satisfactory	150	75
	Not satisfactory	50	25
Quality of food	Satisfactory	131	65.5
	Not satisfactory	69	34.5
Cost of services	Satisfactory	112	56
	Not satisfactory	88	44

In our study, out of total 200 responses, 188 (96%) of the patients or their relatives found overall cleanliness in the hospital as satisfactory. Timings of the OPD was found satisfactory by 155 (77.5%) of the respondents. The total cost of the overall services provided by the hospital was found least satisfactory in among 112 (56%) of the total respondents.

Table no. 2: Distribution of the responses regarding clinical care

Clinical care	Satisfaction level	Responses	Percentage (%)
Doctors approach	Satisfactory	175	87.5
	Not satisfactory	25	12.5
Doctors communication	Satisfactory	160	80
	Not satisfactory	40	20
History taking skill	Satisfactory	166	83
	Not satisfactory	34	17
Explanation of disease	Satisfactory	132	66
	Not satisfactory	68	34
Explaining the need of investigations	Satisfactory	114	57
	Not satisfactory	86	43
Overall time given by the doctor	Satisfactory	115	57.5
	Not satisfactory	85	42.5
Instruction for taking medication and discharge summary	Satisfactory	178	89
	Not satisfactory	22	11

In our study, doctors approach towards the patient was found satisfactory among 175 (87.5%) of the respondents. Doctors communication, History taking skill, Explanation of disease was found satisfactory among 160 (80%), 166 (84%), 132 (66%) of the respondents respectively. Overall time given by the doctor was found least satisfactory in among 115 (57.5%) of the total respondents.

Table no. 3: Distribution of the responses from the respondents regarding waiting time

Services	Satisfaction level	Responses	Percentage (%)
Time taken for registration and waiting time	Satisfactory	118	59
	Not satisfactory	82	41
Time taken to find the operation theater	Satisfactory	192	96
	Not satisfactory	08	04
Time taken to consult the doctor	Satisfactory	164	82
	Not satisfactory	36	18
Time taken for investigations and surgery	Satisfactory	134	67
	Not satisfactory	66	33
Time taken to purchase drugs from pharmacy	Satisfactory	108	54
	Not satisfactory	92	46

In our study, out of total 200 responses, Time taken for registration was found satisfactory among 118 (59%) of the respondents. Time taken to find the operation theater, Time taken to consult the doctor, Time taken for investigations was found satisfactory among 192 (96%), 164 (82%), 134 (67%) of the respondents respectively. Time taken to purchase drugs from pharmacy was found least satisfactory in among 108 (54%) of the total respondents.

Discussion

In our study, Overall satisfaction regarding availability of services like cleanliness in the hospital, timings of the OPD, services of paramedical and other hospital staff and Quality of food was good. The total cost of the overall services provided by the hospital was found least satisfactory in among 112 (56%) of the total respondents. In a similar type of study, conducted by Joshi KJ et al in Gujarat in 2013, 95% were satisfied about cleanliness, 93% for OPD timing, 83% regarding services provided by the paramedical staff and only 41% of respondents were having some kind of difficulty in finding the specialists in the department in OPD.⁷

In our study, doctors approach towards the patient was found satisfactory among 175 (87.5%) of the respondents. Doctors communication, history taking skill, explanation of disease was found satisfactory among most of the respondents. Overall time given by the anesthetist doctor was found least satisfactory in among 115 (57.5%) of the total respondents. In a similar type of study, conducted by Sharma A et al, majority of the respondents were satisfied with doctor's examination and explanation about treatment, 50% satisfied with

understanding illness after consultation with doctor.⁸

In our study, time taken for registration was found satisfactory among 118 (59%) of the respondents. Time taken to find the department, time taken to consult the doctor, time taken for investigations was found satisfactory among majority of the respondents. Time taken to purchase drugs from pharmacy was found least satisfactory in among 108 (54%) of the total respondents. In a similar type OS study conducted by Lyngkhai R and Brindha G in 2015, 36% of the respondents found the waiting period for most of the services were good and 64% of the respondents found it to be satisfactory.⁹

In our study, the services which were found to be most satisfactory by the patient or their relatives were overall cleanliness in the hospital, doctors approach towards the patient and time taken to find the department. Whereas, the services which were found to be most satisfactory by the patient or their relatives were quality of food, overall cost of the services, time taken for investigations and time taken to purchase drugs from pharmacy. Similar type of results were found in a study conducted by Jawahar SK in 2007 in Kerala.¹⁰ Day case surgery is generally regarded positively and appreciated by parents, children and the doctors involved, and is therefore indispensable for the daily routine in the hospital. A further advantage of day case surgery is the supposition that these children will not display behavioral disturbances, in contrast to those children who are hospitalized longer. For day care separate secretarial services, waiting room, operating rooms, and a recovery area are desirable. Playrooms for both preoperative pediatric patients and

those recovering after surgery make the environment more comfortable and are recommended. Variability in parental expectations may explain higher satisfaction among those with low parental education levels. In our study, parents were highly satisfied with overall care. Most parents stated that, if given a choice they would opt for day surgery for their children again. This finding supports other studies; in Tönz et al, 98%, Hicklin et al, 87%, Callanon et al, 70%. In summary, there is a high rate of satisfaction with day case surgery. However, considerable effort is needed to prepare better physical conditions, better time schedule organizations, more anesthesia out patient clinic consultations. Improvements in these areas should result in further enhancement of parental satisfaction.

Conclusion

It was found in our present study, that most of the patients or their relatives were satisfied with the majority of the services provided by the hospital. Though there were some issues like quality of the food and time required to buy the drugs from the pharmacy which needs to be improved by the hospital to further improve the quality of care provided by the hospital.

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