

ASSESSMENT OF SATISFACTION LEVELS OF ADMITTED PATIENTS IN A TERTIARY CARE PRIVATE HOSPITAL OF LAHORE

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ABSTRACT:

OBJECTIVE: This study was done to assess the opinion of patients regarding the services of a tertiary care hospital in Lahore.

DESIGN: Cross-sectional study.

METHODS: It was conducted on a convenient sample of 200 available patients admitted in Shalamar Hospital, Lahore during the months of July to August 2016. A modified, pretested, structured Picker Patient Experience (15) questionnaire was used. Informed consent was obtained from the participants. Confidentiality and anonymity of the participants was preserved. Data entry was done on SPSS version 23 for Microsoft Windows.

RESULTS: The department of interview of all participants was; general outdoors 39.5% (n=79), private outdoors 13.5% (n=27), accident and emergency 41% (n=82) and private rooms 6 % (n=12). Among all, 23% (n=46) were uneducated, 22% (n=44) or attained education till primary school, 34% (n=68) were matriculated and 21% (n=42) were educated till bachelors and above. A significant ($p = 0.003$) association between cleanliness of hospital toilets and bathrooms and overall experience of a patient in hospital setting exists. Only 7% (n=14) of the surveyed patients were not satisfied with respect and dignity towards them. A good 56.5% (n= 113) were satisfied with their experience at the hospital, whereas another 39.5% (n=79) rated the services of the hospital as good. Only 4% (n=8) of the admitted patients were not satisfied with the hospital services.

CONCLUSION: The overall experience of the patients in terms of physical comfort, timeliness, respect, dignity, assistance and responsiveness towards patients visiting this setting was satisfying. Periodic patient satisfaction survey should be institutionalized for further research.

KEYWORDS: Patient Satisfaction, Picker Patient Experience 15

INTRODUCTION:

Service quality and patient satisfaction have a momentous impact in health care^[1]. Donabedian in 1966 outlined a structure to incorporate patient opinion in quality evaluation of hospitals^[2]. Since then, many other models including Bamako initiative and World Health Organizations Conceptual Model of Quality Framework have been used to assess the quality at various levels of care. Quality entails the concept of regular delivery of service in anticipated standards^[3].

Arguably, apart from the level of satisfaction of patients no other specific index can be used to gauge the quality of hospital services^[4]. Patient experience is vital for exceptional healthcare deliverance^[5]. Internationally, healthcare establishments regard consumer's personal

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contentment to evaluate the worth of the health services^[6]. In the health care facilities, the patients are clients while the medical and paramedical staffs are the service providers^[1]. A patient is the decisive consumer of the hospital and Patient contentment is a reputable index to gauge accomplishment of provision of appropriate health service in the hospitals^[7]. Not only, the patients are appropriate consumers in the health facility but they are also the right adjudicators who can easily point out the weaknesses and limitations of the operational systems of a hospital^[8].

Patients' appraisal of care is the practical means to improve health facility's decision making, trim down expenditure, scrutinize performance and standardize the healthcare institutions across the board^[2]. Assessing satisfaction of patients is simple and cost effective way for evaluation of hospital services^[7-9].

Patient satisfaction is the extent of harmony amid patient's expectations of best care and their opinion of actual care received^[2,10]. Patient satisfaction is a sign of patients' participation in decision making and their role as associates in improving the quality of healthcare services^[2].

Determinants of quality of services provided by the health care institutions include quality of infrastructure, proficiency and skills of medical and paramedical staff and effectiveness of operational system^[11]. The leading aspects affecting patient satisfaction include physical ease, emotional support and value for patient choice in decision making^[11].

Regrettably, the tertiary care institutions of Pakistan have not been able to lead the globe regarding patient satisfaction^[6]. It is a well-documented fact that contented patients are more likely to observe with prescribed treatment and suggestions of hospital staff^[10]. They are expected to revisit for supplementary care when needed and arguably ready to compensate for services and eventually increase the profits^[10]. This study therefore was done to assess the opinions of patients regarding the services of a tertiary care hospital in Lahore.

MATERIALS AND METHODS:

This was a cross-sectional study to assess the level of satisfaction of patients admitted in

Shalamar Hospital, Lahore. No prior surveys to assess the opinion of patients regarding the satisfaction with the services delivered by Shalamar Hospital, a private tertiary care hospital in Lahore have been published. It was conducted on a convenience sample of 200 available patients admitted in Shalamar Hospital, Lahore during the months of July to August 2016. Primarily, a couple of conventional methods qualitative and quantitative can be used to estimate patient contentment^[2]; Quantitative technique is regarded to be more accurate because it uses standardized uniform, unvarying questionnaires^[2]. A ranges of pretested questionnaires are on hand to quantify patient experience across medical setting^[5]. The Picker Institute Europe has developed a variety of tools and mechanisms for the evaluation and subsequent analysis of patient experience data^[5]. The Picker Patient Experience-15 (PPE-15) is a 15 question assessment tool which assesses 8 important areas of care including; information, dexterity of care; physical comfort; emotional support; respect for patient choices; participation of relatives and acquaintances; uninterrupted treatment process; and general attention^[5,12-13]. A pilot study was conducted by the research team to finalize the questions to be included in the questionnaire. A modified structured PPE-15 questionnaire was used. The data was entered in SPSS version 23 for statistical analysis. The selected participants were methodically briefed while informed consent was also acquired. Confidentiality and anonymity of the participants was preserved. Pearson's chi-square test was used to examine the relationship between patient's satisfaction and other variables.

RESULTS:

The response rate was 100 percent (n=200). Twenty eight and a half percent (n=57) respondents were males & 71.5% (n=143) were females. The department of interview of all participants was; general outdoors 39.5% (n=79), private outdoors 13.5% (n=27), accident and emergency 41% (n=82) and private rooms 6 % (n=12). Among all, 23% (n=46) were uneducated, 22% (n=44) or

attained education till primary school, 34% (n=68) were matriculated and 21% (n=42) were educated till bachelors and above. A good 56.5% (n= 113) were satisfied with their experience at the hospital, whereas another 39.5% (n=79) rated the services of the hospital as good. Only 4% (n=8) of the admitted patients were not satisfied with the hospital services. A selection of salient measures used to evaluate patient satisfaction is given in the figure 1. Borderline significant association ($p=.051$) was observed between the gender of

respondent, information provided to the caregivers ($p=.051$) and overall experience. Whereas, highly significant associations ($p<0.05$) between the overall experience and the factors; cleanliness of hospital toilets and bathrooms, understandable answers given to questions when nurses were asked, enough nurses on duty, time in minutes when help arrived after pressing call button, revisiting the hospital were observed (Table:1). The table 1 registers noteworthy associations cross tabulated with overall experience.

Table 1: Factors affecting patient satisfaction (n=200)

		How would you rate the overall experience in hospital?			p Value
		Good n (%)	Satisfactory n (%)	Not satisfactory n (%)	
Gender of the Respondents	Male	28 (14)	25(12.5)	4(2)	0.051
	Female	51(25.5)	88(44)	4(2)	
Admission date changed by hospital	Yes	19(9.5)	13(6.5)	1(0.5)	0.067
	No	60(30)	100(50)	7(3.5)	
Cleanliness of hospital toilets and bathrooms	Clean	45(22.5)	40(20)	2(1)	0.003*
	Satisfactory	34(17)	60(30)	5(2.5)	
	Not Satisfactory	0(0)	13(6.5)	1(0.5)	
Understandable answers given to questions when asked a nurse	Yes	72(36)	90(45)	4(2)	0.005*
	No	2(1)	11(5.5)	3(1.5)	
	I had no need to ask	5(2.5)	12(6)	1(0.5)	
Enough nurses on duty to care in hospital	Yes	77(38.5)	89(44.5)	4(2)	0.000*
	No	2(1)	24(12)	4(2)	
Time in minutes when help arrived after pressing call button	1-2 minutes	45(22.5)	30(15)	0(0)	0.000*
	3-5 minutes	20(10)	26(13)	3(1.5)	
	More than 5 minutes	6(3)	12(6)	2(1)	
	I never used the call button	8(4)	45(22.5)	3(1.5)	
Information regarding discharge side effects of medication at discharge	Yes	52(26)	81(40.5)	2(1)	0.071
	No	16(8)	21(10.5)	3(1.5)	
	Needed no explanation	11(5.5)	11(5.5)	3(1.5)	
Availability of printed information about medicine	Yes	68(34)	108(54)	7(3.5)	0.062
	No	11(5.5)	5(2.5)	1(0.5)	
Information provided to care giver	Yes	73(36.5)	109(54.5)	7(3.5)	0.051
	No	4(2)	4(2)	0(0)	
	Not needed	2(1)	0(0)	1(0.5)	
Information about complaints	Yes	34(17)	59(29.5)	1(0.5)	0.062
	No	45(22.5)	54(27)	7(3.5)	
Revisiting the hospital	Yes	62(31)	84(42)	2(1)	0.004*
	No	17(8.5)	29(14.5)	6(3)	

p value of <0.05 is considered statistically significant



Figure 1: Patient profile and service quality assessment (n=200)

DISCUSSION:

The most significant predictor of patient satisfaction in the domain of the facility/physical environment was the presence of clean restrooms^[14]. About 43.5 % (n= 87) participants in our study labeled the toilets and bathrooms in this hospital clean, whereas 49.5 % (n= 99) labeled the cleanliness of the toilets and bathrooms as satisfactory. About 7% (n= 14) were not satisfied with the cleanliness of bathrooms and toilets. In Canada in 2001 a study argued that 84% of patients were satisfied with the levels of hygiene and cleanliness^[10]. In comparison 19 % (n= 172) of the patients visiting tertiary care hospital in Nagpur, India were unsatisfied with the levels of cleanliness in hospital. Similarly Qureshi et al in 2005, evaluated that about 12% (n= 12) of patients visiting SMHS Hospital, Srinagar were dissatisfied with cleanliness of toilets and bathrooms^[4]. In another assessment of patients satisfaction with services obtained from a tertiary care hospital in rural Haryana, India 54% (n=243) patients rated the level of sanitation as particularly worrisome^[8]. Similarly, Ofili and Ofovwre (2005) at the University of Benin Teaching Hospital, Benin State, Nigeria evaluated that 54% (n= 135) of the patients were dissatisfied with the level of cleanliness of hospital toilets and bathrooms^[10]. This study also found a significant ($p = 0.003$) association between cleanliness of hospital toilets and bathrooms and overall experience of a patient in hospital setting.

Another considerable predictor of patient contentment was respect and courteousness for the patient^[2,14]. The results of this study showed that only 7% (n=14) of the surveyed patients were dissatisfied with respect and dignity towards them. This corresponds very well with Ann-Chatrin Linqvist Leonardsen et al who evaluated patient experiences in Østfold County, located in southeastern Norway using the Picker Patient Experience Questionnaire and found that a negligible proportion 9% (n=42) of problems were observed for regarding respect and dignity towards patients^[12].

Jain et al in 2015 argued that younger patients are lesser satisfied than the older ones^[15]. Whereas, Leonardsen et al and Jain et al in separate studies have argued that male patients tend to be more satisfied than the female ones^[12,15]. This study also found a borderline ($p = 0.051$) association between gender and overall experience of a patient in a

hospital setting.

The overall experience in hospital was rated to be good by 39.5% (n= 79) of the surveyed patients. In comparison, Kulkarni MV et al in 2011 evaluated overall level of satisfaction of the patients regarding hospital services in a tertiary care hospital in Nagpur India to be 75% (n=681)^[7]. About 21% (n=190) of the patients visiting the hospital had an average experience whereas, about 4% (n=36) thought of the services to be poor^[7]. This corresponds well with our study which also found out that only 4% (n=8) of the patients who visited this tertiary care setting were not satisfied. On the other hand, this study concluded that a good 56.5% (n= 113) were satisfied with their experience at the hospital whereas 39.5% (n=79) rated the hospital experience as good.

CONCLUSION:

The overall experience of the patients visiting this setting was satisfying with respect to physical comfort, access, timeliness, respect dignity, assistance and responsiveness. Periodic patient satisfaction surveys should be institutionalized to provide continuous feedback for continuous quality improvement^[8,16-19].

LIMITATIONS:

Questionnaires require the patients to have capacity to answer. In cases where the patient lacks capacity, questions can be discussed with relatives even if, their views may be different from that of the patient^[5]. Secondly due to the volume of discharges it is not possible to undertake questionnaires with every patient^[5]. The questionnaires are collected while the patient was still in hospital^[5]. While this may positively bias the results, as patients are less likely to complain about their care whilst still in hospital, it allows any problems presented to be addressed directly^[5]. One of the major limitations of this study was convenience sampling technique. Caution should be used while generalizing the results of study which are not regarded to be representative of the population^[20]. Further studies should take into account the above mentioned limitations.

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