

# Level of Satisfaction of Admitted Patients

Abida Sultana , Bushra Anwar, Omera Naseer, Afifa Kulsoom  
Department of Community Medicine, Rawalpindi Medical College, Rawalpindi,

## Abstract

**Background:** To determine the level of satisfaction of admitted patients in respect of three components of health services (doctors, nurses, facilities) in different wards and its comparison of level of satisfaction between male and female patients.

**Methods:** In this cross sectional study admitted patients (n= 170) were surveyed using close-ended questionnaire. The variables noted were age, gender, type of room or ward, satisfaction with doctors, nurses and health facilities measured using different variables for each. Satisfaction level was graded as satisfied, no comments, not satisfied and was compared between male and female patients.

**Results:** Out of 170 patients 82.53% were satisfied with health facilities. Most satisfying variables were attitude of doctors for which 91% were satisfied with it and timeliness of nurses as 90% patients were satisfied with it. Most unsatisfying variable was free medication availability as 61% were dissatisfied; followed by cleanliness with which 23% were dissatisfied; and thirdly, expertise of nurses, with it 17% were dissatisfied. Overall 15.84% patients were dissatisfied with health services.

**Conclusion:** There was a reasonable degree of satisfaction in admitted patients of Holy Family Hospital with health services provided to them except for free medication and hygiene.

**Key Words:** Patient Satisfaction, Health care provider, Nursing staff, Health care facilities

## Introduction

Patient satisfaction survey is one of the four standard methods of measuring hospital performance upon which World Health Organization (WHO) has been stressing the developing countries, and they are now gaining interest in this research. World Health Organization has been stressing the developing countries for measuring health care quality and providing tools for it. <sup>1</sup> One of the best tools found is patient satisfaction. Without it, no health plans can get full accreditation. In 2003, the Health Evidence Network report stated that consumer surveys are among four standard methods of measuring hospital

performance. Other three included regulatory inspection, third party assessment and statistical indicators. Developing countries now, are gaining interest in this research.<sup>1</sup> This has identified ways to improve health services and implement reforms. <sup>1-3</sup>

There are many parameters which can be considered for measuring patient satisfaction.<sup>2</sup> A study done in Bangladesh showed attitude of health provider as a strong determinant of patient satisfaction. It was more important than the expertise or skill of the provider.<sup>1</sup> Another cause of disappointment as revealed in a study of Malaysia was unavailability of free drugs, which had to be bought by the patient himself. <sup>2</sup> In Pakistan, patients are bothered by many problems in public hospitals. Lack of facilities, unavailability of free drugs and unkind attitude of health care providers make disappointment for patients. <sup>2</sup> It has negative influence on patient compliance and cooperativity. <sup>4</sup> A study done in Swat showed 93 % dissatisfaction with staff efficiency and cleanliness. Free medication was provided for emergency only. <sup>9</sup> Another study done in OPD of Holy Family Hospital and Benazir Bhutto Hospital (old Rawalpindi General hospital) showed 62% satisfaction with attitude of doctors. <sup>2</sup>

Patient satisfaction surveys have become customary in developed countries but they are still relatively ignored in developing countries like Pakistan.<sup>2,3</sup> Quality of hospital care is not at all measured or reported to the public.<sup>2</sup> Also patient surveys are time consuming and demand effort so there is under reporting of patient satisfaction, but there is growing need to conduct this research frequently so that a patient centered health care plan could be developed.<sup>4</sup>

## Patients and Methods

This study was conducted in different wards of Holy Family Hospital, Rawalpindi, which is a public sector tertiary care hospital. It was conducted during May to July, 2013. Inclusion criteria was that patient should be admitted for at least 3 days in ward or private room and be well oriented with time, place and person, respondents should be more than 15 years of age. Exclusion criteria was patients who were feeling

agitated, or difficulty in talking should not be interviewed. Questionnaire was non-structured and in English language. Questions were related to age, gender, ward and the 12 variables for measurement of satisfaction. Interviewers were trained before taking data and meanings of words relevant to variables in questionnaire were cleared, so that a common perception of words is maintained among the interviewers. Prior permission was taken verbally from in-charge of ward and then verbal consent taken from respondents and confidentiality of patients was assured. Their level of satisfaction was assessed by measuring their satisfaction with each of the three components of health services i.e. doctors, nurses and health facilities using different variables for each as mentioned later. For each variable, responses were graded as satisfied, no comments and dissatisfied. For doctor, variables measured were satisfaction with attitude of male, female doctors each, expertise, timeliness of response. For nurses, satisfaction with attitude, expertise and timeliness of response was measured. For health facilities, satisfaction with free medication availability, cleanliness, comfort of bedding, comfort of room was noted. Satisfaction was compared between male and female patients and between different wards and was tested for statistical significance using chi-square test. Percentage of overall satisfied or dissatisfied patients was calculated by taking mean of the satisfaction/ dissatisfaction percentage for all variables used. Statistical analysis was done using SPSS Version 21

### Results

Mean age of the patients was 6.2 ±21.1 years. Females were (74.1%) and males were 44 (25.88%). Majority were in age group 21-40 years (table 1). Males and females patients were satisfied with expertise of doctors, equally (84.09 and 84.9% respectively) (Table 2). Male patients were more satisfied with attitude of female doctors as compared with females, but it was statistically not significant (p-value 0.07). With expertise of nurses, 86% male and 78% female patients were satisfied; this difference observed was not significant (p-value 0.46) (Table 3), expertise remained the low scoring point for doctors and nurses. Most dissatisfying component was health facilities in ward (Table 3). A high percentage of patients was dissatisfied with free medication availability (61%). Regarding cleanliness in ward only 66% male patients and 81% female patients were satisfied and this difference observed was statistically significant (p-

value 0.04). According to twelve variables highest percent among these patients was found in E.N.T ward (30%), p value <0.243 (Table 4). We also calculated percentage of patients satisfied with at least 10 variables so that partial level of satisfaction can be assessed. It also came out to be highest in E.N.T ward (100%), then in medicine (92%), p value <0.227. The p values show that the difference of satisfaction levels between wards was statistically non-significant (Table 5). Overall 82.53% patients were satisfied with health services. This value was calculated by taking mean of frequencies of satisfaction measured for all variables. And overall percentage of dissatisfied patients, after taking mean in the same way, came out to be 27(15.84%).

**Table 1:Age of the patients**

Age (years)	No(%)
<20	31 (18.2)
21-40	78 (46.4)
41-60	42(24.7)
>60	18(10.5)

### Discussion

According to our study, a good percentage of patients (82.53%) was satisfied overall with the health services. Similarly, a local study done in Rawalpindi Railway Hospital showed overall 94% satisfactory responses.<sup>2</sup> In our study, a high percentage was satisfied with attitude of doctors (89.6% female patients and 95 to 100% male patients satisfied). Contrary to it, a Bangladesh study showed 68.9% satisfaction with health care provider's attitude.<sup>3</sup> This less satisfaction may be because in developing countries, usually staff is exhausted due to lack of facilities and more workload.<sup>9</sup>

A study done in Lahore showed overall 70% patients were satisfied with the health services. Also, in our study, 82.53% were satisfied overall.<sup>5</sup> This better outcome in our setup may be due to improved supervision. Also, satisfaction is affected by factors such as culture, expectations, and awareness of their rights therefore the degree of reported satisfaction varies widely in different setups with similar health outcomes.<sup>1</sup>

Regarding nursing care, a study done in Dera Ismail Khan showed only 45% patients were satisfied with nurses' care.<sup>2</sup> This is contrary to our study as overall 85% patients were satisfied with nurses' care. Nursing

**Table 2: Satisfaction with doctor**

Variable for measurement of satisfaction		Male patients' response (n=44)		Female patients' response (n=126) n=73 for male attitude (excluding patients from gynecology and obstetrics ward with no male doctors)			p-value	
		Satisfied	no comment	Dissatisfied	Satisfied	no comment		Dissatisfied
Attitude of doctor:	male doctor	42(95.45%)	0(0%)	2(4.5%)	66(90.41%)	2(2.73%)	7(9.58%)	0.33
	female doctor	44(100%)	0(0%)	0(0%)	112(88.88%)	3(2.38%)	11(8.73%)	0.07
Timeliness of response		39(88.6%)	0(0%)	5(11.3%)	112(88.88%)	2(1.58%)	12(9.52%)	0.66
Expertise of doctor		37(84.09%)	3(6.8%)	4(9.09%)	107(84.92%)	5(3.96%)	14(11.1%)	0.70

**Table 3: Satisfaction with nurses**

Variable for measurement of satisfaction		Male patients' response (n=44)			Female patients' response (n=126)			p-value
		Satisfied	no comments	dissatisfied	Satisfied	no comments	Dissatisfied	
Attitude of nurses		41(93.18%)	0(0%)	3(6.81%)	106(84.12%)	4(3.17%)	16(12.6%)	0.25
Timeliness of response		40(90.9%)	0(0%)	4(9.09%)	112(88.88%)	0(0%)	14(11.11%)	0.70
Expertise of nurses		38(86.36%)	1(2.27%)	5(11.36%)	98(77.77%)	4(3.17%)	24(19.04%)	0.46

**Table 4: Satisfaction with health facilities**

Variable for measurement of satisfaction		Male patients' response (n=44)			Female patients' response (n=126)			p-value
		Satisfied	no comments	Dissatisfied	Satisfied	no comments	Dissatisfied	
Free medication		17(38.6%)	0(0%)	27(61.36%)	44(34.92%)	5(3.96%)	77(61.11%)	0.39
Comfort of bedding		37(84.09%)	0(0%)	7(15.90%)	107(84.92%)	5(3.96%)	14(11.1%)	0.30
Comfort of room		36(81.8%)	0(0%)	8(18.18%)	113(89.68%)	0(0%)	13(10.31%)	0.17
Cleanliness		29(65.90%)	0(0%)	15(34.09%)	102(80.95%)	0(0%)	24(19.04%)	0.04

**Table 5: Patients satisfied in different wards**

Ward	Medicine (n=37)	Gynecology (n=30)	Obstetrics (n=32)	Surgery (n=29)	Pediatrics (n=20)	E.N.T (n=11)	Neurosurgery (n=11)	P value
Patients satisfied with all the 12 variables	5 (13.51%)	0(0%)	0(0%)	7 (24.13%)	2(10%)	4 (36.36%)	1(9.0%)	0.243
Patients satisfied with at least 10 variables	33 (89.18%)	18(63.15%)	16(50%)	18 (62.06%)	7(35%)	11 (100%)	4(36.36%)	0.227

care is one of the most important factors required for patient satisfaction during hospital stay.<sup>17</sup> As in our study, in one of the wards where satisfaction level was lowest, the most dissatisfying service was of nurses. Therefore, nurses should know what factors influence patient satisfaction in order to improve health care services. United States, despite being a developed country, also showed less satisfaction level i.e., 67 to 70%. Again, their lower level of satisfaction was associated with deficiencies in nursing care.<sup>2</sup> In our setting the worst service was provision of free medication, that has to be provided by the government and its availability is to be ensured by hospital administration. This is similar to condition in Bangladesh where there was shortage of medicines provided by government in hospitals.<sup>1</sup> Similarly, in government hospitals of Malaysia, a big proportion of medicines are bought by the patients themselves, leading to dissatisfaction with government hospitals.<sup>8</sup> Fresh and hygienic environment has a very strong role in raising satisfaction level of patients.<sup>4</sup> In our study many patients were not satisfied with the hygiene of ward (34% males and 19% females), like in another hospital of Rawalpindi where the worst aspect was cleanliness.<sup>15</sup> In Bangladesh also, according to a study, in public hospitals most of the patients were not satisfied with cleanliness.<sup>1</sup> Different level of satisfaction is found in different settings, which can be due to different methodologies attained for measurement of satisfaction. But unless a universally accepted measurement tool is used for patient satisfaction, comparison of patient satisfaction in different setups may not be a very strong index of comparing their health care quality. So, more research is needed to establish a consistent measurement tool for patient's satisfaction.

### **Conclusion**

1. Majority of the admitted patients were satisfied with the health care services provided to them, but the lack of free medication availability and cleanliness need to be resolved to improve the level of satisfaction.
2. A consistent objective measurement tool, for patient satisfaction, needs to be developed.

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