

Patient satisfaction among patients admitted at Dr. Rajendra Prasad Centre for Ophthalmic Sciences, AIIMS

¹ Dr Pikee Saxena, ^{*2} Dr. Jawaid Hasan

¹ Professor Obstetrics and gynaecology, Lady Harding Medical College, New Delhi, Delhi, India

² Associate professor Community medicine, Varun Arjun Medical College, Banthra Shahjahanpur, Uttar Pradesh, India

Abstract

Introduction: The satisfaction of patients coming to hospitals depends on the expectation level of the patients, the interaction between the medical system and the patient and structure and function of the medical care system. Although their main expectation is getting cured and going back to their work, but there are other factors, which affects their satisfaction. Patient satisfaction depends on outcome of care; since it is ultimate well being that results from acceptable care. But satisfaction or dissatisfaction can also result from patient's judgement on certain aspects of care, calibrating the degree of their acceptability. Satisfaction also contributes to success of future care.

Objectives

1. To study the level of patient satisfaction at Dr Rajendra Prasad Centre for Ophthalmic Sciences of All India Institute of Medical Sciences.
2. To study the different factors affecting patient satisfaction.
3. To suggest measures for improvement of services leading to better patient satisfaction.

Material and Method: A standard questionnaire which was pretested and 50 patients and their relatives of Dr Rajendra Prasad Centre for Ophthalmic Sciences were interviewed. The questions were given same scale from excellent to poor for uniformity of comparison. Consent was taken before interviewing the patient. The data was analysed using appropriate statistical methods.

Results: Patients were satisfied (in decreasing order) by Information about disease and treatment by doctors and Behaviour of Doctors (96%) Security of the hospital (86%) Admission Reception and Admission policy of the hospital (80%) Food services (76%) (80%) behaviour of Nurses (64%) OPD, Ward and bed preparation at the time of admission (60%) . The major dissatisfier were Cleanliness of the toilets (30%) Behaviour of Orderlies/sweeper (56 %) the shortage of Hospital attendants for taking the patient for investigations and tests ,issuing only one visitor's pass and cockroaches in the ward.

Discussion: The patients and their relatives should be clearly informed about the rules and regulation, the quality of food e improved and pests like cockroaches controlled. The reception counter should have facility for photocopier with charges. Hospital and Sanitary attendants should be regularly trained the doctors should be trained in value of empathic care. The patient's attendants should be educated about the post operative care and a package for services should be introduced.

Conclusion: Top management, through its actions, must show that patient satisfaction is important to it. This can be done by acknowledging areas where the hospital needs to improve, involvement of management and employees and clear and frequent communication. The employees who contribute to patients' satisfaction should be recognized and rewarded. Patient-based improvement goals framed and incorporation of patient satisfaction skills into employee training programs be introduced.

Keywords: patient satisfaction, patients admitted, AIIMS

Introduction

Patient Satisfaction is an instrumental component in monitoring a hospital's quality of care in relation to costs and services. In the dynamic healthcare industry, many care providers are faced with cutting costs while maintaining high quality services. Patients, employers, business groups, health plans, and insurers are scrutinizing the delivery of care from both a quality and cost perspective. Patient's satisfaction provides data to understand patients' perceptions, thus initiating positive outcomes to meet or exceed patients' highest expectations.

Patient expectation and satisfaction

The satisfaction of patients coming to hospitals depends on the expectation level of the patients, the interaction between

the medical system and the patient and structure and function of the medical care system. The functioning of medical care system is based on the various social, technical and physical aspects. In a welfare state like India, when the government takes up the responsibility of providing free medical care to those who are unable to afford it, free consultation, medicines and treatment facilities have to be provided. Those receiving this kind of services may be satisfied with whatever services are being provided to them in the hospitals because they are free of cost. But as soon as they come to realise that it is their right to receive these services and it is the responsibility of government to look after their well being, when they cannot afford, rise in their level of expectations is incontrollable.

When a patient comes to a hospital, he has a pre set image of the various aspects of the hospital. Although their main

expectation is getting cured and going back to their work, but there are other factors, which affects their satisfaction. Sometimes they might have rated a hospital very low on the basis of information they have got from different sources, but they find it above their expectation and they are satisfied. Similarly if they have got a very high expectation from a hospital, but they find it below their expectation, they will not be satisfied.

Human satisfaction is a very complex concept that is affected by a number of factors like life style, past experience, future expectation and the values of individual and society in terms of ethical and economical standings.

Patient as a consumer-

Marketing experts are aware that consumers make their decision about utilisation of a services on the basis of their perception of the service rather than the reality and hence marketing and patient satisfaction has become of paramount

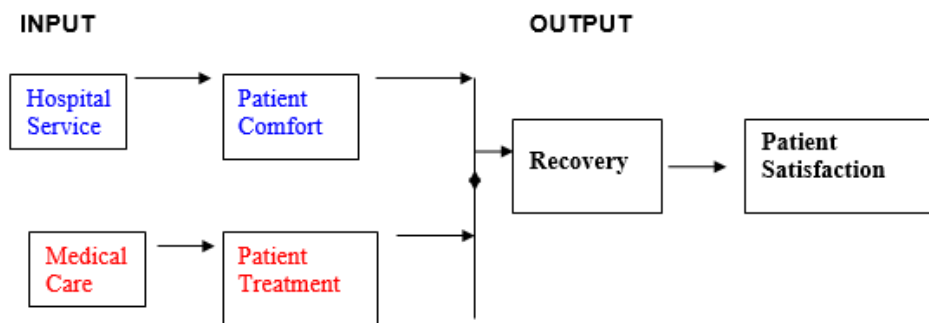
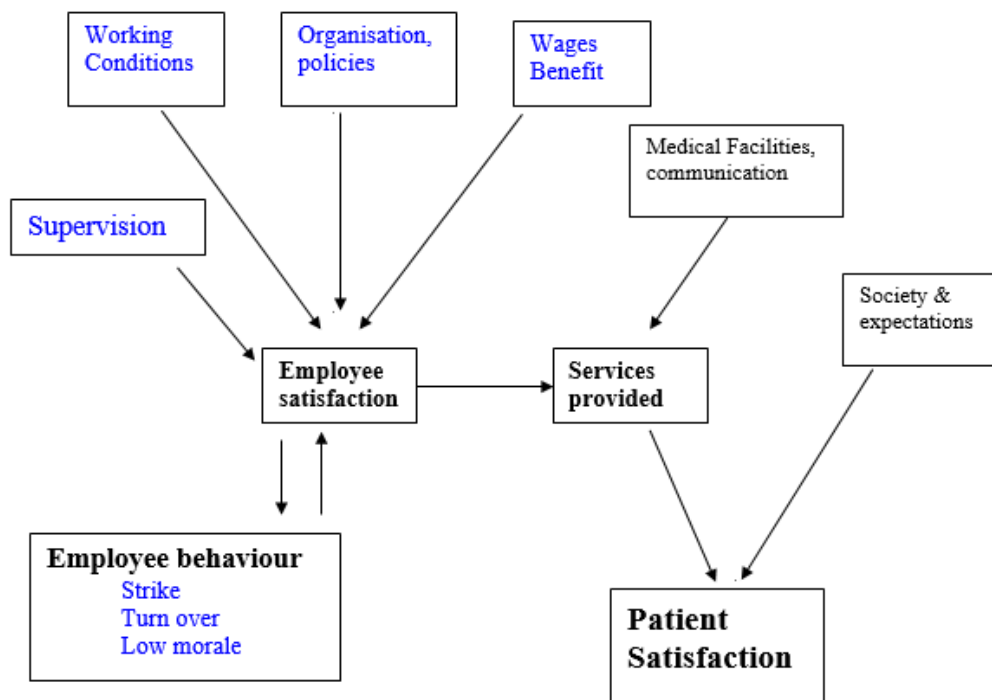
importance as mouth publicity and personal referral is the most common and influential cause of using a particular health facility.

Patient satisfaction depends on outcome of care; since it is ultimate well being that results from acceptable care. But satisfaction or dissatisfaction can also result from patient’s judgement on certain aspects of care, calibrating the degree of their acceptability. Satisfaction also contributes to success of future care.

Objectives

1. To study the level of patient satisfaction at Dr Rajendra Prasad Centre for Ophthalmic Sciences of All India Institute of Medical Sciences.
2. To study the different factors affecting patient satisfaction.
3. To suggest measures for improvement of services leading to better patient satisfaction.

Hypothetical model for hospital perform



Material and Method

Place of Study- The study of patient satisfaction with hospital services was carried out in the Dr Rajendra Prasad Centre for Ophthalmic Sciences of the All India Institute of Medical Sciences, New Delhi.

The Centre has its own separate building with 288 beds in the General Ward and 20 beds in the Private Ward. All of the wards have 36 beds with six rooms with six beds each. There are 2 bathrooms and 4 lavatories in each ward. The private single bedded rooms with attached toilet and bathrooms.

Design of the study

This study was done by studying the national & international literature and developing a standard questionnaire which was pretested and 50 patients and their relatives of Dr Rajendra Prasad Centre for Ophthalmic Sciences were interviewed. The questions asked were about the process of patient getting admitted, their reception in the ward, room preparation, behaviour of doctors, nurses, orderlies, food services, cleanliness of toilet etc. The questions were given same scale from excellent to poor for uniformity of comparison. There were two blank columns about their opinion about the problems and suggestions for improvement of services. Consent was taken before interviewing the patient. The data was analysed using appropriate statistical methods.

Results

1. OPD: 4% patients felt it was excellent, 16% very good, 40% felt good, 20% felt it was average and 20% poor. Thus 60% people were satisfied with the OPD.
2. Admission Reception- 22% patients felt it was excellent, 22% very good, 36% good and 20% average. None of them said it to be poor. So 80% people were satisfied with the services at admission counter.
3. Briefing about rules and regulations-6% patients felt it was excellent, 14% very good, 50% good, 14% average and 16% poor. So 70% people were satisfied with the briefing about rules and regulations at the time of admission.
4. Ward and bed preparation at the time of admission- 4% patients felt it was excellent, 36% very good, 20% t good, 24% average and 16% poor. So 60% people were satisfied with the room preparation at the time of admission.
5. Attitude of Nurses at the time of admission-6% patients felt it was excellent, 20% very good, 30% good, 24% average and 20% poor. So 56% people were satisfied with the cooperation of Nurses at the time of admission.
6. Information about disease and treatment by doctors- 38% patients felt it was excellent, 40% very good, 18% good, 2% average and 2% poor. So 96% people were satisfied with the explanation about disease and treatment by doctors.
7. Cleanliness of the toilets-None of the patient felt it was excellent, 4% patients felt very good, 26% felt good, 30% felt it was average and 40% of them said it to be

- poor. So only 30% people were satisfied with the cleanliness of the toilets.
8. Food services- 10% patients felt it was excellent, 30% very good, 36% good and 24% average. None of them said it to be poor. So on a whole 76% people were satisfied with the quality of food served in the hospital.
9. Behaviour of Nurses- 4% patients/attendants felt it was excellent, 26% very good, 34% good and 36% average. None of them said it to be poor. So on a whole 64% people were satisfied with the briefing about behaviour of Nurses.
10. Behaviour of Doctors- 40% patients/attendants felt it was excellent, 30% very good, 26% good and 4% average. None of them said it to be poor. So on a whole 96% people were satisfied with the briefing about behaviour of Doctors.
11. Behaviour of Orderlies/sweeper- 6% patients/attendants felt it was excellent, 20% very good, 30% good, 34% average and 10% of poor. So on a whole 56% people were satisfied with the behaviour of Orderlies/sweeper.
12. Security of the hospital- 20% patients/attendants felt it was excellent, 20% very good, 46% good and 14% average. None of them said it to be poor. So on a whole 86% people were satisfied with the security of the hospital.
13. Admission policy of the hospital- 20% patients/attendants felt it was excellent, 20% very good, 40% good and 20% average. None of them said it to be poor. So on a whole 80% people were satisfied with the admission policy of the hospital.
14. The shortage of Hospital attendants for taking the patient for investigations and tests was also reported.
15. All tests to be carried out were not told at the time admission, which caused frequent delay in treatment and procedures.
16. There is procedure of issuing only one attendant's pass. However if the attendant is a lady and the attendant has to go out to get any medicines etc, then she has problem.
17. Many patients require more information about their disease and nature of treatment. Also requested for some information in writing, which they could reread and remember at home.
18. There were many complaints of cockroaches and rodents in the ward.
19. The senior doctors do not take the round of toilets etc.

Table 1: Comparative table of Satisfaction with different services

S. No	Services	% of excellent Response	% of V. good Response	% of good Response	% of Average Response	% of Poor Response
1	OPD experience	4	16	40	20	20
2	Admission counter	7	22	52	11	8
3	Briefing about rules and regulations	6	14	50	14	16
4	Ward and bed Preparation	4	36	24	26	16
5	Nurses at admission	3	13	50	40	22
6	Explaining about disease and treatment	37	40	17	3	3
7	Cleanliness of the toilets	0	4	26	36	40
8	Food services	10	30	36	24	0
9	Behaviour of Nurses	4	26	36	24	0
10	Behaviour of Doctors	40	30	26	4	0
11	Behaviour of Orderlies/sweeper	13	26	42	13	6

Discussion

1. Briefing about the rules and regulations of hospital was the biggest dissatisfier (40% average and 22% of poor response.). The patients and their relatives should be clearly informed about the rules and regulation
2. The quality of food and its presentation should be improved (second major dissatisfier 22% average)
3. The reception counter should have facility for photocopier with charges
4. Room preparation should be improved by more cleaning and anti pest and anti rodent measures.
5. Hospital and Sanitary attendants should be regularly trained and sensitised about how to improve their image and behaviour.
6. The shortage of hospital attendants for taking the patient for investigations was also reported.
7. Patient should be explained in detail about the tests and procedures to be carried out and, be pre planned and preferably got done from the OPD.
8. The doctors should be trained in value of empathic care.
9. The policy of issuing two passes may have to be reconsidered in genuine cases.
10. The pest control department should do regular sprays and ensure effective control.
11. The senior doctors should do surprise inspections of the service areas to make sanitary attendants more aware about cleanliness and responsibility.
12. The patient's attendants should be educated about the post operative care.
13. There should be package charges for procedures to avoid running around by patient's attendant for minor requirements.
14. The media coverage should be improved to improve the image of the institute.

Conclusion

Patient satisfaction research is not an end unto itself. The purpose, of course, in measuring patient satisfaction is to see where a hospital stands in this regard in the eyes of its patients, thereby enabling service and product improvements which will lead to higher satisfaction levels. The research is just one component in the quest to improve patient satisfaction. There are many factors which are discussed below:

1. **Top Management Commitment:** Top management, through its actions, must show that patient satisfaction is important to it. This can be done by acknowledging areas where the hospital needs to improve, Involvement of management and employees and clear and frequent communication.
2. **Recognition of Employees Who Contribute to Patients' Satisfaction:** This is an inexpensive way to foster patient satisfaction by making sure that all employees are aware of why a particular employee is being recognised and each employee being recognised is worthy of recognition.
3. **Identification, Measurement, and Tracking of Operational Variables Which Drive Satisfaction Scores:** The results of a patient satisfaction survey need to be evaluated to determine what needs to be improved Goals should be as specific as possible like "we want to reduce wait times during peak periods from an average of

twenty minutes from one hour by the end of June," than to say "we need to reduce patient waiting times."

4. **Patient-based Improvement Goals:** Needs be identified and develop a plan for improving each identified area. Such plans need to be based on what patients really need, rather than what management believes to be a good goal.
5. **Incorporation of Patient Satisfaction Skills into Employee Training Programs:** description of the importance of patient satisfaction to the hospital, what keeps patients satisfied and description of patient satisfaction measurement programs, recognition programs, and incentive programs,
6. **Measurement of and Plans for Improvement of Employee Satisfaction:** Unhappy employees will have difficulty in keeping patients happy so develop action plans to improve employee satisfaction.

References

1. Emory Codman A. a study of hospital efficiency; the first five years, Boston Thomas Todd Co. 1916.
2. James Doyle C. Unnecessary Ovariectomies, Journal of American Medical Association 148, no 13, March 29, 1952, Hysterectomies, Journal of American Medical Association. 1953; 151(5):360-65.
3. Hendrickson G. Implementation of a variety of computerised bedside nursing information, comput-Nurs. 1995; 13(3):96-102.
4. Bregan MA. Outcomes of hospital based managed care: a multivariate analysis of cost and quality. Obstet-Gynae. 1995; 86(5):809-14.
5. Cock DJ. Continuous Quality Study, Mc. Master University, Faculty of Health Sciences, Ontario.
6. Houston CS, Pasanen WF. Patient's perception of hospital, Hospital JAHA. 1972; 46:70-74.
7. Ray DB. A Study of Patient Satisfaction with AIIMS hospital, Research Thesis, Deptt. Of Hospital Administration. 1973.
8. Aarti Gupta. Patient Satisfaction at AIIMS, Unpublished Thesis research work. 1997.