



A CRITICAL STUDY ON PATIENTS SATISFACTION WITH OUTPATIENT AND INPATIENT SERVICES REGARDING HOSPITALS HEALTH CARE SERVICES

*Samarendra Kumar Sharma, Research Scholar, Dept. of Management,
Himalayan Garhwal University, Uttarakhand (India)*

*Dr. Devesh Kumar, Associate Professor, Dept. of Management, Himalayan
Garhwal, University, Uttarakhand (India)*

ABSTRACT

The goal of health care delivery is for patients to be satisfied with the treatment they receive. Despite this, there is no data on client satisfaction with services rendered in India's public health facilities. Each of the 22 districts had all district hospitals, subdistrict hospitals, two community health centres (CHCs), and six primary health centres (PHCs) randomly chosen. Data was obtained using a 60-item pre-tested and validated questionnaire. Participants were interviewed at health care facilities (3278 outpatient departments [OPD] and 1614 inpatient departments [IPD]). The majority of OPD participants were pleased with the enrollment process, care professionals, and personal concerns such as health facility safety and security. Long wait times and concern for patients during lab tests and x-rays were major sources of frustration. The majority of IPD participants were pleased with the treatment provided by nurses and physicians, as well as the availability of medications and the hospital climate. The cleanliness of the rooms and toilets, as well as the quietness at night, were areas of frustration. Experiences during the stay, knowledge about new medication provided, pain management, and locomotion to the bathroom or using the bedpan all earned varying levels of satisfaction. Around 71% said they would recommend the health centre to others. Satisfaction with public health facilities varies depending on the situation. In our research, the most common reasons for dissatisfaction were a lack of medications and supplies, a lack of knowledge about medication, a long wait period, poor cleanliness, a lack of privacy, and a lack of peace.

Keywords: Client Satisfaction, community health centres, district hospitals; inpatient department, outpatient department; primary health centres;



INTRODUCTION

Patient satisfaction is the most critical aim for every country's healthcare system to succeed. Patient satisfaction is affected not only by the clinical care received, but also by the non-clinical aspects of healthcare services (Agarwal, 2006b). Patients' views of health-care systems seem to have shifted significantly in recent years, owing to evolving healthcare scenarios, especially in developing countries like India, where there is a large population, a wide range of diseases, and healthcare quality varies from poor to excellent depending on service providers. The following factors affect patients' decisions when it comes to health services: hospital facilities, medical costs, patient comfort, and physical and emotional support from health care professionals (Jenkinson et al., 2002).

A hospital is a medical facility that offers a wide variety of medical care to sick, wounded, or pregnant patients. It consists of medical, nursing, and support personnel who provide inpatient treatment to people who need close medical supervision and outpatient care to people who need ambulatory care. Hospitals provide services such as physical and mental health diagnosis and care, surgery, rehabilitation, health education programmes, and nursing and physician training. Patients are the key users of every hospital. Patient care is the hospital's primary feature. It is one of the metrics used to assess the success of the programmes it provides. The hospital's effectiveness is measured by its ability to provide high-quality patient care as expected. Patient satisfaction is the best indicator of hospital administration's effectiveness. Since the hospital serves all members of society, the users' expectations vary from one person to the next because everyone has their own collection of emotions, feelings, and needs. As a result, determining the patient's true feelings is important (Suresh et al. , 2015).

Dissatisfaction is connected to any inconsistency between patients' perceptions and the service rendered (McKinley and Roberts, 2001a). The results of this study are a detailed report on findings obtained by measuring heart patients' satisfaction in government, trust, corporate, private, and other super specialty heart hospitals in India's northern region. In this



segment, we've attempted to provide a theoretical context for the health industry, as well as a discussion of the existing consumer and cooperative market.

Goals of Patient Satisfaction: Good Health and Quality of Life

Everyone's basic need is for a high quality of life. Health was described a century ago by the World Health Organization (WHO) on wider terms as calculated broadly and from a deficit viewpoint, often using measures of morbidity or mortality. However, the public health community considers health as a multidimensional concept that includes physical, emotional, and social realms (WHO, 1948). It is currently defined as a state of well-being that enables a person to live a complete and happy life. One should be able to adapt fully to the physical and social environment (Arora, 2001). The general definition of health is useful for management and policies, and it can also aid doctors in their everyday contact with patients because it emphasises patient control (for example, by improving one's lifestyle), which the doctor can discuss rather than simply eliminating symptoms with a medication. However, operational concepts are needed for purposes of calculation, research, and intervention evaluation (Huber et al., 2011).

Patients' satisfaction with treatment and their quality of life are indicators of the care they receive. A patient's ability to recommend a facility to a friend or relative is affected by the patient-provider relationship, facility selection, and information on diagnosis and care options (Kleeberg et al., 2005)

The majority of recent patient satisfaction surveys have concentrated on total satisfaction rather than satisfaction with particular aspects of health care delivery. Multidimensional satisfaction domains have been established, including hospital structure, medical processes, and health-care service outcomes. 14 In recent years, the World Bank and other donors have advised developing countries to ensure that scarce resources not only have the best possible effect on population health at an affordable rate, but also that health programmes are tailored to the needs of individual clients. In India, the majority of research on patient satisfaction with health services has focused on family planning services. In this context, the aim of this



study was to assess client satisfaction with public health facility outpatient and inpatient services in a north Indian state.

MATERIAL AND METHODS

Users or clients accessing health care at public institutions such as district hospitals (DHs), subdistrict hospitals (SDHs), community health centres (CHCs), and primary health centres (PHCs) provided information (PHCs). Exit interviews were performed using a standardised research tool/interview schedule at each chosen hospital/health facility from people seeking outpatient and inpatient health care. Each district usually has one DH and one SDH for secondary care institutions, as well as several CHCs and PHCs for primary care institutions. As a result, the sample included both DHs and SDHs, and two CHCs and six PHCs were chosen at random from a list of CHCs and PHCs in each of the 22 districts. The research took place between January and February of 2021. At any given time, the incidence of illness in the Indian population averages about 10%. Assuming that 10% of the population seeks outpatient department (OPD) health care, a sample size of 150 was required for each district, with a power of 80% and precision of 5%, and a 10% non-response rate. Hospitalization rates in a country range from 1% to 5% of the total population. Based on a 5% hospitalisation rate, a sample size of 74 inpatients was calculated for each district. As a result, the overall sample size for each district was $150 + 74 = 224$, and the state level table-1 allowed a sample size of $224 \times 22 = 4928$.

Table 1: Sampling framework for the clients' satisfaction survey in Punjab

S.No.	Type of facility	Number of patients from OPD	Number of patients from IPD
1.	DH	30	20
2.	SDH	30	20
3.	2 CHCs	$2 \times 15 = 30$	$2 \times 5 = 10$
4.	6 PHCs	$6 \times 10 = 60$	$6 \times 4 = 24$
	Total	150	74
	Grand total (for each district)	224	



Persons seeking treatment were chosen at random from each of the hospitals and health facilities to represent the surgical and nonsurgical departments, including emergency, using a simple random sampling technique. In the case of paediatric patients, adult caregivers were asked about their hospital experiences. Clients who were mentally challenged, under the influence of any substance or alcohol, hearing impaired, or unable to communicate for any other purpose were not permitted to participate.

Development of clients' satisfaction tool

Four focus group discussions (FGDs) were conducted in various parts of the state: two rural and two urban, one with a high-income group and the other with a low-income group, each to identify common problems in health care institutions that decide or impact service satisfaction. Existing scales were examined and modified. Additional items were introduced in response to concerns raised during focus groups. Following that, a group of experts (academics, analysts, and health-care providers) was created to determine suitable items for the tool's formulation. The finalised tool for OPD participants had a 5-point Likert-type scale of great, decent, fair, bad, and very poor questions and answers. These 5 points were given scores ranging from least to most favourable (1-5). Each sub-component of the scale discussed various aspects of caregiving, such as registration experiences, nurse experiences, doctor experiences and satisfaction, medication and infrastructure availability, and the health facility's surrounding environment. A 4-point (always, typically, occasionally, and never) Likert-type scale was also included in the scale for inpatient department (IPD) participants. Medicine availability, patient records, personnel behaviour, doctor behaviour, and hospital infrastructure were defined as five dimensions of perceived efficiency, and relevant parts of the tool were created to collect information on each of them. The tool was created in English and then translated back and forth into Punjabi, the local language. Validity and reliability of the established questionnaire were checked in health facilities in Chandigarh's neighbouring territory. Based on the pilot testing, minor changes were made to ensure that all applicable domains were covered and that the language and structure of the questions were consistent.



Data management and analysis

The Statistical Package for Social Sciences (SPSS) version 14.1 was used to analyse the data. The level of patient satisfaction was determined using descriptive analysis. The participants' level of satisfaction was divided into five categories for OPD participants and four categories for IPD participants, with percentage scores measured for each group.

RESULTS AND DISCUSSION

For the research, 3278 patients or their caregivers from the OPD and 1614 from the IPD were interviewed. The majority of patients were female and from rural areas (58.7% of IPD participants and 58.3% of OPD participants) (57.4 percent for IPD and 50.1 percent for OPD). Except for professionals, who used IPD more often than OPD, various occupational classes tended to use public health facilities in comparable proportions for IPD and OPD. IPD appeared to be used more frequently by younger age groups, while OPD appeared to be used more frequently by older age groups (Table 2).

Table: 2. Socio - demographic characteristics of the study participants (N = 4928)

S.No.	Variables	Socio demographic characteristics	IPD (N = 1614) N (%)	OPD (N = 3278) N (%)
1	Place of residence	Rural	947 (58.7)	1911 (58.3)
		Urban	667 (41.3)	1367 (41.7)
2	Age (y)	18-30	632 (39.2)	143 (4.4)
		31-40	454 (28.1)	893 (27.2)
		41-50	244 (15.2)	880 (26.8)
		51-60	188 (11.6)	517 (15.8)
		Above 60	96 (5.9)	513 (15.6)
3	Gender	Female	924 (57.2)	1644 (50.1)
		Male	690 (42.8)	1634 (49.9)
4	Marital status	Married	1412 (87.5)	2557 (78.0)



		Single	202 (12.5)	721 (22.0)
5	Educational level	Below primary	381 (23.6)	846 (25.8)
		Up to middle	254 (15.7)	501 (15.3)
		Secondary	358 (22.2)	648 (19.8)
		Higher secondary	407 (25.2)	751 (22.9)
		Diploma/graduation and above	214 (13.3)	532 (16.2)
6	Occupation	Professional	286 (17.7)	235 (7.2)
		Farmer	156 (9.7)	428 (13.1)
		Skilled worker	258 (16.0)	470 (14.3)
		House wife	731 (45.3)	1159 (35.4)
		Retired	24 (1.5)	56 (1.7)
		Business person	153 (9.5)	400 (12.2)
		Unemployed	0 (0.0)	154 (4.7)
		Student	6 (0.3)	376 (11.5)
7	Religion	Hindu	624 (38.7)	1247 (38.0)
		Sikh	944 (58.5)	1906 (58.1)
		Others	46 (2.8)	125 (3.8)

Inpatient Department

Mean age of participants from IPD was 36.56 ± 21.23 years with majority being in age range of 31 to 50 years. Around 59% of participants had education above secondary level. About 11% of participants were below poverty line (BPL) and monthly household income was more than INR 7000 for approximately more than 75% of the participants- table-2.

Majority (78.2%) of participants reported to be satisfied with overall care received from nurses with less than 3% being unsatisfied (Figure 3). The nurses treated the participants with courtesy, listened to them carefully, and explained the things in an understandable way and



participants got help as soon as wanted from the nurses as less than 1% of total participants answered to these questions as never table-3.

Table- 3 Rating of different domains of care received from nurses and doctors and of the hospital environment by the IPD participants.

S.No.	Variables	Always N (%)	Usually N (%)	Sometimes N (%)	Never N (%)
1.	How often did nurses treat you with courtesy and respect?	731 (45.3)	739 (45.8)	130 (9.9)	14 (0.9)
2.	How often did nurses listen carefully to you?	798 (49.4)	706 (43.7)	99 (6.0)	13 (0.9)
3.	How often did nurses explain things in a way you could understand?	836 (51.8)	626 (38.8)	138 (8.5)	14 (0.9)
4.	How often did you get help as soon as you wanted it from hospital staff?	829 (51.4)	632 (39.2)	142 (8.7)	11 (0.7)
5.	How often did doctors treat you with courtesy and respect?	801 (49.6)	728 (45.1)	80 (4.9)	5 (0.3)
6.	How often did doctors listen carefully to you?	889 (55.1)	667 (41.3)	53 (3.3)	5 (0.3)
7.	How often did doctors explain things in a way you could understand?	881 (54.6)	570 (35.3)	157 (9.7)	6 (0.4)
8.	How often your room and bathroom were kept clean?	650 (40.3)	761 (47.1)	168 (10.4)	35 (2.2)
9.	How often was the area around your room quiet at night?	939 (58.2)	567 (35.1)	97 (6.0)	10 (0.7)

Similarly, the vast majority of participants (80%) expressed satisfaction with the overall treatment given by the doctors, with just 2% expressing dissatisfaction. Table-3 shows how



the doctors treated the participants with courtesy and respect, listened to them carefully, and explained things to them in a way that they could understand. Around 2% of participants said their rooms and bathrooms were never clean, while another 10% said they were clean only occasionally. Similarly, around 1% and 6% of participants said the area around their room was never or just sometimes quiet at night, respectively. Just 46% of the participants were happy with the hospital environment as a whole. In the realms of other interactions during hospitalisation, 23.1 percent of 130 patients who needed assistance going to the toilet or using a bedpan said they never got support from nurses or other hospital personnel, and about 21% said they only got help occasionally. Similarly, of the 658 patients who needed pain medication, about 1% and 6% said their pain was never well managed and had pain controlled only occasionally, respectively. Around 5% and 14% of the 729 participants who said they were given drugs they had never taken before said they were never told what the medication was for and often only told what the medicine was for, respectively. Around 35% of those who were given new drugs said they weren't advised about the potential side effects in a way they could understand. However, 84 percent of inpatient participants were pleased with the provision of medicine in the hospital/health facility, and 71% said they would recommend the hospital/health facility to others for admissions.

For all health-care organizations, assessing patient satisfaction is essential for optimising services and strategizing goals. The majority of OPD participants in our study (97%) were pleased with the overall treatment they got. This is significantly higher than any other research from the developed world. Previous Indian studies have reported patient satisfaction levels ranging from 60% to 88 percent. The availability of free medicines and low-cost laboratory tests may account for the higher level of satisfaction among OPD participants in our research. Politeness and courtesy are context and culture specific, and they cannot be compared directly across cultures. It is important, however, that clients regard service providers' behaviour as appropriate. The vast majority of our study participants (98%) were pleased with the hospital/health facility staff's overall politeness, and about 95% of OPD participants were likely to recommend the hospital/health facility to others. In a survey of patients at a public tertiary hospital in Nigeria, 78.5 percent said they were pleased with the



hospital's facilities, and 91.7 percent said they would recommend it to a friend. 22 Just 68.9% of patients visiting government health facilities in rural Bangladesh reported satisfaction with the provider's normal conduct, according to another survey.

CONCLUSIONS

The study showed strong satisfaction with registration services, doctor services, nurse services, lab services, and pharmacy staff services, according to the patient's view. A substantial number of patients were unhappy with the cleanliness of the waiting room and the adequacy of the seating arrangement. Total patient satisfaction was found to have a statistically significant relationship with gender, socioeconomic status, waiting time before seeing a doctor, waiting time before receiving medications, and percent of drugs available in the study.

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