

Original article

Are patients satisfied with medical care in public hospital outpatient services?

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Abstract

Introduction: Hospitals are an important aspect of society having the tremendous responsibility to promote the health of the community it serves. The role of healthcare providers is not merely to cure diseases and provide medical treatment to their patients but to deliver a patient centered service which is closely matched and responsive to patient needs, wants and preferences.

Objective: To study patient satisfaction in the medical (specialty) and cardiology (super-specialty) outpatient departments of a general hospital and the need to improve the same

Method: The study was initiated in 50 patients each attending the OPDs of medicine and cardiology after institutional ethics committee approval and informed consent. A semi structured proforma was prepared to collect information and Patient Satisfaction Questionnaire & Improving Practice Questionnaire were used to study patient perceptions.

Results: Both groups were comparable on the demographic variables. Patients attending cardiology OPDs felt more satisfaction than the medical patients on the subscales of technical quality and communication by doctors which was statistically significant. No differences were seen in both group on the need to improve practice or doctor/staff behavior.

Conclusions: This study highlights issues of patient satisfaction in a large public hospital. Communication skills should be introduced as a module for doctors, staff nurses and other employees with a regular feedback obtained from the patients every 6 months to see if it is being implemented.

Key words: Patient satisfaction, public hospital, outpatient services

Introduction

Today, hospitals are an important aspect of society having the tremendous responsibility to promote the health of the community it serves. In a private set up where the patient is paying for all the services offered, all care is taken to satisfy patients' needs and expectations. With five and seven star hospitals coming up, affording patients prefer to spend money due to the facilities offered and time management which is seen in all big private hospitals. The scene is totally different in a public hospital. A general public hospital caters not only to a large group of patients but also offers free treatment. Patients are only charged a nominal amount for their investigations viz radiological

whereas all other treatments i.e. consultation and drug therapy is free. Here, the patients may not be aware that they can tell their grievances as they feel they are getting free treatment. A large public hospital which is a tertiary centre in a metro city of India, often ends up being the primary health care centre for many patients. This has burdened the system in terms of infra structure, adequate medical, paramedical and labor staff with an end result of perhaps decreased patient satisfaction.

Patient satisfaction measurement has been traditionally relegated to service improvement efforts by hospitals and larger physician practices and to fulfilling accreditation requirements of health plans.^{1,2} It is usually followed in private

sector hospitals but is apparently not given much importance in the public hospital setup. Dissatisfaction among the patients visiting government hospitals is widely publicized by the mass media; political leaders and community in general and has a feeling that the hospital performance is not matching with the expenditure incurred on creation of infrastructure.³ However, today with the changing health care facilities and hospitals coming under the consumer protection act, it has become an integral need of hospitals to find out “customer or client” satisfaction. Most hospitals are looking into these areas where “the patient comes first” and efforts are being done to improve communication and the doctor patient relationship.¹ A key parameter that is believed to measure quality of care in a hospital setting is patient satisfaction. Assessing patient perspectives offers the potential to make services more responsive to people’s needs and expectations and thus improve the health care delivery system.⁴ Today, the role of healthcare providers is not merely to cure diseases and provide medical treatment to their patients but to deliver a patient centered service which is closely matched and responsive to patient needs, wants and preferences.⁵⁻⁷

Patient satisfaction can be defined in different ways as personal evaluation of health care services and providers⁸, preferences of the patient, patient expectations of the healthcare service, and the actual care provided to the patient⁹ or patient satisfaction can be defined as ‘a health care recipient’s reaction to salient aspects of the context, process, and result of their service experience.’¹⁰

The health care delivery system in the city of Mumbai is based on public and private hospitals. There are several municipal dispensaries in each locality/ward to look after the primary needs of the citizens. These public hospitals and dispensaries

are run by the municipal corporation in collaboration with the state government. All the major municipal general hospitals in the city of Mumbai are well equipped with the different faculties and cater to mostly patients from the lower economic strata who are rather ignorant about illnesses. This burden of enlightening them about the disease model and treatment procedures therefore falls on the doctor in the tertiary centre rather than the patient’s local general practitioner. The patients are seen without appointment, on a first come first serve basis and an open door facility. As the major public hospitals have a medical college attached, most of the outpatient departments (OPDs) are being handled by the training resident doctors. These resident doctors do a dual responsibility of studying as well as imparting good services to the patients.

KEM Hospital at Mumbai is an 1800 bedded hospital of the Bombay Municipal Corporation. The workload of this hospital is quite heavy with the general medical OPD’s being extremely crowded and handling approximately 350-400 patients per day as compared to the super-specialty OPDs which are less crowded. There would hence be a difference in the doctor patient ratio seen in the general v/s superspecialty OPDs which would ultimately have an impact on the quality of care and health services offered to the patient.

Objective:

To study patient satisfaction in the medical (specialty) and cardiology (super-specialty) outpatient departments of a general hospital and the need to improve the same.

Method

The study was initiated in the OPDs of medicine and cardiology after institutional ethics committee approval. All the patients were informed about the study and its applications and voluntary written informed consent was taken. They were asked to

answer all questions honestly without any bias or fear and were also told that no doctor would be penalized for the information provided by them and confidentiality would be maintained.

A total of 145 patients were screened and only those who gave consent and were literate were included in the study. Data was collected over a fortnight. 2 groups of 50 patients each attending the medical and cardiology OPDs were available for analysis.

Tools:

1. A semi structured proforma was prepared to collect information on the demographic variables viz. age, sex, marital status, economic status, place of residence, education, time of visit whether first or follow up, whether seen by senior doctor or resident, diagnosis of the illness and scales pertaining to the aims of the study.

2. **Patient Satisfaction Questionnaire (PSQ) – 18**¹¹ :

PSQ –18 is a 5 point likert rated scale that taps global satisfaction with medical care as well as satisfaction on six aspects of care: technical quality, interpersonal manner, communication, financial aspects of care, time spent with doctor and accessibility of care. It gives a total and subscale scores.

3. **Improving Practice Questionnaire (IPQ)**¹² :

IPQ is a 27 item 5 point likert rated questionnaire that focuses on communication skills, attitudes of the doctors and staff, consultation and the services available, satisfaction in relation to the practice, the doctor concerned, the staff working in that practice and questions related to improving services of the hospital and the doctor. It gives subscale scores.

Statistical Analysis:

Group differences were analyzed using frequency distribution, chi square test with Yates correction

and Fischer's test where ever applicable and unpaired t test for the demographic variables, patient satisfaction and improving practice. Two tailed "p" values were obtained for all analyses. P value of < 0.05 was considered significant indicating 95% confidence limits.

Results

Demographic & hospital variables

The mean ages of patients attending the medical and cardiology OPDs were 37.32 ± 13.70 years and 46.24 ± 17.67 years respectively. Males (60%) outnumbered females (40%) in cardiology OPDs and vice versa. 60% of the patients in both the groups had secondary education and above. Nearly 80% of the patients were married and about 60% and more were employed in both the groups. All patients belonged to the lower socioeconomic class. About 50% of the patients in both the groups were coming from a distance of more than 10 km from the hospital or further i.e. from outskirts of city or their villages as compared to 32% who came from areas of about 5 km distance and 12-24% from a distance of about 5-10 km from the hospital. 60% of the patients in both the groups had come to the hospital by self referral and only a mere 20-30% of the patients were actually referred by the family physicians. Referrals from other consultants or rural doctors accounted for about 12-16% of the patients. More than 75% of the patients in both the groups had come for a follow up visit. 32% patients in medical OPDs had seen the consultant in their first visit to this hospital and this was statistically significant. **Table 1**

Patient satisfaction as per PSQ

When both the groups were compared for their overall satisfaction and satisfaction in relation to the various subscales then a significant difference was seen with the cardiology patients expressing more satisfaction as compared to the medical patients ($t = 2.055, p < 0.04$). On the various

subscales of technical quality, interpersonal manner of dealing by doctors, communication of doctors, financial aspects of treatment, the time spent with doctor and accessibility and convenience regarding the hospital and its services, significant differences were seen only on the sub scales of technical quality ($t = 3.03$, $p < 0.003$) and communication by doctors ($t = 2.65$, $p < 0.0107$) with the patients attending cardiology OPD's being more satisfied by the doctor's clinical skills and instruments available for diagnosis as also their doctor's

communication to them about their problem as compared to those attending the medical OPD's.

Table 2

Improving the practice

When the two groups were analyzed for differences regarding improvement in the various areas viz hospital / practice, doctors, other staff and practice related issues then there were no significant differences seen in the perceptions of the patients attending the medical and cardiology OPDs on all the subscales of the IPQ. **Table 3**

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Table1 Demographic & Hospital Variables

Variable	Medicine group (n=50)	Cardiology group (n=50)	t test, Chi square with Yates correction (df)	p value
Age in years	Mean ± SD 37.32 ± 13.70	Mean ± SD 46.24 SD ± 17.67	1.99	0.052
Gender Male Female	22(44%) 28(56%)	30(60%) 20(40%)	1.963 (1)	0.16
Marital status Unmarried Married Divorced/Separated	6(12%) 40(80%) 4(8%)	4(8%) 44(88%) 2(4%)	1.19(2)	0.55
Education Primary Secondary Graduate	18(36%) 20(40 %) 12(24%)	16(32 %) 22 (44%) 12 (24%)	0.74 (2)	0.69
Employment Employed Unemployed	16(32 %) 34(68%)	22(44%) 28(56%)	1.06(1)	0.30
Distance to hospital 5 km 5-10 km > 10 km	16 (32%) 12 (24%) 22 (44%)	16 (32%) 6 (12%) 28 (56%)	2.7 (2)	0.25
Source of referral Self GP Other / rural doctors	34 (68%) 10 (20%) 6 (12%)	28 (56%) 14 (28%) 8 (16%)	1.5(2)	0.46
Visit to the doctors First Follow up	6 (12%) 44 (88%)	12 (24%) 38 (76%)	1.69(1)	0.193
Seen by consultant Yes No	16 (32%) 34 (68%)	6 (12%) 44 (88%)	4.720(1)	0.02*

Table 2: Patient Satisfaction As Per PSQ

<i>Sub scales of PSQ</i>	Medicine group (n=50) Mean ± SD	Cardiology group (n=50) Mean ± SD	t test	p value
General satisfaction	5.08 ± 1.47	5 ± 1.19	0.211	0.83
Technical quality	8.2 ± 2.02	10.04 ± 2.26	3.03	0.003**
Interpersonal manner	4.64 ± 1.604	5.36 ± 1.075	1.86	0.06
Communication	4.64 ± 1.35	5.56 ± 1.08	2.65	0.0107*
Financial aspects	4.2 ± 1.95	5.08 ± 1.03	1.986	0.05
Time spent with doctor	5.32 ± 1.6	6.08 ± 1.9	1.49	0.1417
Accessibility and convenience	8.32 ± 2.26	8.56 ± 1.82	0.412	0.68
Total score	40.8 ± 7.34	44.7 ± 6.09	2.055	0.04*

*Significant, ** Very significant,

Table3: Improving the Practice as per IPQ

Sub scales of IPQ	Medicine group (n=50) Mean ± SD	Cardiology group (n=50) Mean ± SD	t test	p value
Practice	15.4 ± 5.79	17.3 ± 4.99	1.255	0.215
Doctor	38.9 ± 9.4	35 ± 7.7	1.524	0.13
Staff	6.6 ± 2.21	5.5 ± 1.87	1.792	0.07
Other practice related issues	8.44 ± 2.67	8 ± 2.87	0.5602	0.578

Discussion

Demographic & hospital variables

The demographic variables studied did not achieve statistical significance and hence both groups were comparable. There was a male preponderance in the cardiac OPD and vice versa in the medical OPDs. Some researchers have reported a male preponderance¹³ in their studies while others have given equal preponderance.¹⁴ A higher literacy rate would demand better health care facilities and would also be useful to document patient satisfaction. People who are literate and want to be investigated and treated would prefer to go to a large public hospital and bear the queues and the waiting time rather than go to the family doctor. It also seems that majority of the people believe that going to a big public hospital is cheaper and services of the doctors in the public hospital are better than those doctors at the level of primary health centre or in the private sector which was reflected in our findings. Sharma and Kamra¹⁴ in their study however found that two-third of urban patients visited both public (61.7%) and private (61.8%) hospitals, while rural patients constituted only 37.2% in public hospitals and 38.3% in private hospitals. Researchers have found that people who were illiterate or with primary/secondary education were more likely to visit government hospitals whereas those with higher education flocked to private hospitals.^{13,14} Unemployment would account for a high influx of patients to the public hospital where treatment is free of charge. Studies from urban areas show that users of public hospital belong to middle, lower middle income groups and the poor or those living in slums.¹⁴ However Bhatia and Cleland¹⁵ in their study found that a large majority (80%) of consultations was with private practitioners and women travelled longer distances to consult these practitioners than to consult government

practitioners because of faith in the efficacy of their treatment.

In our study, despite the distance of the hospital from the place of residence people came to a public hospital as they felt that they would get the right treatment and in more than 75% patients it was a follow up visit. However, this reflects poorly on the Government policy and infra structure where though dispensaries and local hospitals have been established and provided in every ward of Mumbai for the people, they still preferred to go to the tertiary hospitals. One of the reasons for this flocking to big hospitals could be that probably the dispensaries were understaffed or may not be availing all services to patients. This therefore drains the big public hospital in terms of budgetary expenditure and medicine / drugs which may go out of stock as the patient load increases. Also some of the drugs schemes for illnesses like tuberculosis and HIV AIDS are available only in big public hospitals and not the small municipal hospitals. The demands on the hospital to provide adequate and proper patient care, provision of health care facilities and drug supply could therefore compromise patient satisfaction.

Only 12-28% of patients in both the groups were referred by general practitioners or rural doctors with majority of them being self referred. Also though majority of the patients were routinely seen by the resident doctors about 32% of the patients were seen by the medical consultant, which was statistically significant. The chances of the consultant seeing routine patients is higher in the specialty OPDs as compared to the super-specialty OPDs as there only difficult cases would be probably shown to the consultants.

Patient satisfaction as per PSQ

In our sample patients attending the cardiology OPD were very satisfied with the communication styles where the doctor explained in detail about

the illness and the technical quality where they felt the doctor understood their problem and could reach a diagnosis. On the other subscales too they had higher means than the medical patients on feeling satisfied with their experience. This could be due to the fact that medical OPDs generally cater to a large number of patients who come for a minor or major ailment. Hence the doctors may not be able to give enough time to each and every patient, probably leaving the queries unanswered. On the other hand, cardiology OPD's usually cater to patients having specific problems. Also majority of the patients get referred to the specialized OPD's only after they are screened or seen in the general or medical OPD's. Hence the influx of patients attending the super-specialty OPD like cardiology is less than the general OPD's with presumably a better doctor patient ratio. This would account for better patient satisfaction as documented by the patients attending the super-specialty OPD.

Patients in our survey did feel that at times, the amount of time given by the doctor for them to tell their woes was not enough but they felt it was expected as there was such a huge crowd waiting for consultation. They also claimed that doctors did treat them properly but at times were brusque. Hence in both groups no significant differences were seen on the subscales of time spent with doctor and interpersonal manner.

Though there was no statistical significance seen on the subscale of financial aspects patients attending both OPDs felt economically burdened by the cost of medicines which they had to purchase from outside as the drug supply of the hospital was inadequate. Patients attending the cardiology OPD were more burdened than those attending the medical OPD as they were advised costly investigations like stress test, angiography and were then taken up for angioplasty etc. They also felt that though they did get free consultation,

the cost of going for investigations and further management drained their family as most of them had only a single earning member. They also felt that though the doctors referred them to the social service department for monetary help, it was often late in coming and sometimes not possible.

In terms of accessibility and convenience all the patients were aware that all sort of medical help and specialists were available in this hospital but as the registration counter closed early, patients had to come the next day for other referrals. Despite this, they were satisfied with the emergency services available in this hospital. A number of studies have looked at other factors which influence patient satisfaction like staff behavior, cleanliness, waiting time, infrastructure, nursing care, hospital bed occupancy or discharge information^{3,13,14} than only related to medical care. Researchers have found a lowered patient satisfaction in studies done in public hospitals in Pakistan¹⁶, Bangladesh¹⁷, Egypt¹⁸ and Turkey¹⁹. Sharma³ found in his study that though patients were not happy with amenities 74% were happy with the attention given by the doctor. Similarly Tiwari et al¹³ found that 82% were satisfied with the knowledge and attitude of the doctor. However Hassali et al²⁰ found that half of the respondents were fully satisfied with current healthcare services in Malaysia and waiting time was the main factor that affected patient satisfaction level. Other factors that influenced the satisfaction level included the length of consultations and the process of patient registration.

Improving the practice

Our study did not find any statistical differences between the groups on the areas of improvement needed. On the subscale of improvement needed in practice the patients felt that as they were coming to a public hospital they knew about the waiting room facilities and time taken to see the doctor.

They did express that this could be improved but were happy that they could see doctor on the same day without appointment. They were happy with the doctors concern, examination skills and behavior towards them but felt that the staff nurses and ward boys could improve on their communication skills. Overall they were happy with the services available to them in the public hospital. Similar findings were reported by Hassali et al²⁰ where patients were noncommittal about behavior of hospital staff.

The study has certain limitations. The sample size was small and illiterate patients were excluded. Hence, the findings might not be generalized to the wider population.

Conclusions

This study highlights issues of patient satisfaction in a large public hospital. These should be taken

into account and improvising should be done by streamlining patients who have come for first visit or follow up. Scroll boards could also be used for signage and giving directions for the various facilities in the hospital. Communication skills should be introduced as a module for doctors, staff nurses and other employees with a regular feed back obtained from the patients every 6 months to see if it is being implemented.

The policy makers should also upgrade the existing infrastructure at the level of the PHC or district hospitals so that people can avail of the services there rather than burden the tertiary care centers so that quality of services and patient satisfaction will improve.

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