

## IN-PATIENT SERVICES SATISFACTION SURVEY IN PNS RAHAT HOSPITAL KARACHI

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### ABSTRACT

**Objective:** To study the key indicators of satisfaction for admitted patients in PNS Rahat.

**Study Design:** Single Step Cross-Sectional Survey.

**Place and Duration of Study:** PNS Rahat, June 2007 to Dec 2007.

**Patients and Methods:** Priority population of 450 admitted patients whose feedback was recorded through a written questionnaire having 15 close ended questions out of which 2 questions were later excogitated to reduce study bias (duplication).

**Results:** Ninety three point seven percent (n%) patients filled the questionnaire reducing the sample size to 422 out of 450 patient approached. Fifty six point three percent patients were highly satisfied, 29.1% patients were moderately satisfied, 11.56% patients were just satisfied and 2.7% remained unsatisfied with hospital services provided during admission. In highly satisfied patients, performance of consultants was rated 82.7%. In moderately satisfied patients, standard of catering in ward was rated 41.5 %. Twenty nine point five percent patients remained just satisfied and 25.4% were unsatisfied with hospital canteen services.

**Conclusion:** Winning hearts and minds of admitted patients relies on consultants' and nurses' competence and availability. However, patients are highly dissatisfied by substandard catering in wards, unhygienic conditions and insufficient hospital canteen services.

**Keywords:** Patient satisfaction, Single step cross-sectional survey, Written questionnaire.

### INTRODUCTION

The most common and cost effective method of collecting self-reported data is through the written questionnaires. Evaluation of the hospital indoor treatment system was conducted effectively through a single step cross-sectional survey at Pakistan Navy Hospital Rahat. Selected variables were analyzed quantitatively through a statistical check sheet to extract meaningful results.

The consultants and paramedical staff were appreciated for their outstanding contribution and grey areas were highlighted to the Quality Assurance Department for continuous quality improvement of the hospital services. To achieve optimum level of services, Delphi Technique was used to remodel the variables of this single-step survey into a multi-step survey.

### PATIENTS AND METHODS

This study was designed on Single Step Cross-Sectional Survey at PNS Rahat Karachi from June 2007 to Dec 2007 at the time of discharge. Male and female matriculate patients of 20 to 35 years of age admitted on even numbered bedswere surveyed in the general wards through a bilingual questionnaire (English and Urdu) to make it respondent friendly.

Data collection of 450 patients was done through random sampling adopting representative sampling. Data collection technique adopted was through self-reported data (questionnaire survey method). Patients aging between 20 to 35 years, independent of religion/sect, having broad range of income between Rs 15,000 to 40, 000 per month (only for males) residing in Karachi for last 3 years were surveyed. Descriptive analysis was done to represent the response in percentages and frequencies. Patient response was divided in four categories as highly satisfied (100-60%), moderately satisfied (60-30%), just satisfied (30-15%) and not satisfied (15-0%) based on their written response (fig-1).

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**RESULTS**

Performa consisting of 15 questions (variables) was completed after verbal consent

consultants (78.4%), attitude of nursing staff (73.4%), availability of consultants (71%), waiting time at OPD (70.8%) and availability of

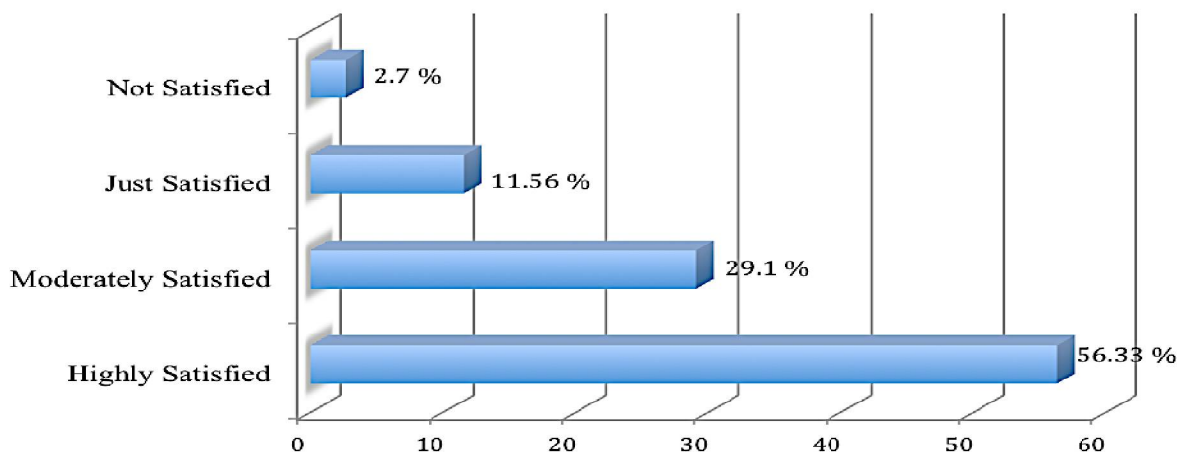
**Table-1: Frequency distribution of satisfaction levels for questionnaire based indicators.**

Key indicators selected for evaluation of satisfaction levels	Highly satisfied	Moderately satisfied	Just satisfied	Not satisfied
	Percentage (n%) values for 422 patients			
Performanceof consultants	82.7	13.9	3.0	-
Attitude of consultants	78.4	16.8	4.7	-
Attitude of nursing staff	73.4	23.6	2.3	-
Availability of consultants	71.0	21.9	6.3	0.5
Waiting time at OPD	70.8	23.5	5.2	-
Availability of nursing staff	69.4	25.6	4.7	-
Hygiene and cleanliness (ward)	49.8	39.8	10.0	0.2
Standard of electro medical equipment	47.8	36.8	14.4	0.7
Availability of laboratory investigations	46.7	38.2	13.7	0.9
Insect and pest control	43.3	37.6	16.0	2.8
Availability of radiography	42.0	36.6	19.1	2.3
Standard of ward catering	34.5	41.5	21.5	2.3
Standard of hospital canteen	22.5	22.5	29.5	25.4

by 422 patients provided information that could be converted into useful data showing compliance n%=93.7% (table-1). Questionnaire

nursing staff (69.4%).

Moderate satisfaction levels (Group 2) with 60% to 30% satisfaction, were observed for



**Figure-1: Frequency distribution of satisfaction levels of the patients.**

focused on 6 quality domains i.e. efficiency of medical staff, their attitude, quality of medical care, physical comfort, accommodation and relevance. However, 2 questions were later removed to reduce the bias (table-1).

Highest satisfaction levels (Group-1) with 100 to 60% satisfaction, were observed for consultant performance (82.7%), attitude of

standard of ward catering (41.5%), hygiene of wards (39.8%), availability of laboratory investigations (38.2%), pest control (37.6%) and availability of radiography (36.6%).

Just satisfied levels (Group 3) with 30% to 15% satisfaction, were observed for standard of canteen catering (29.5%), standard of ward

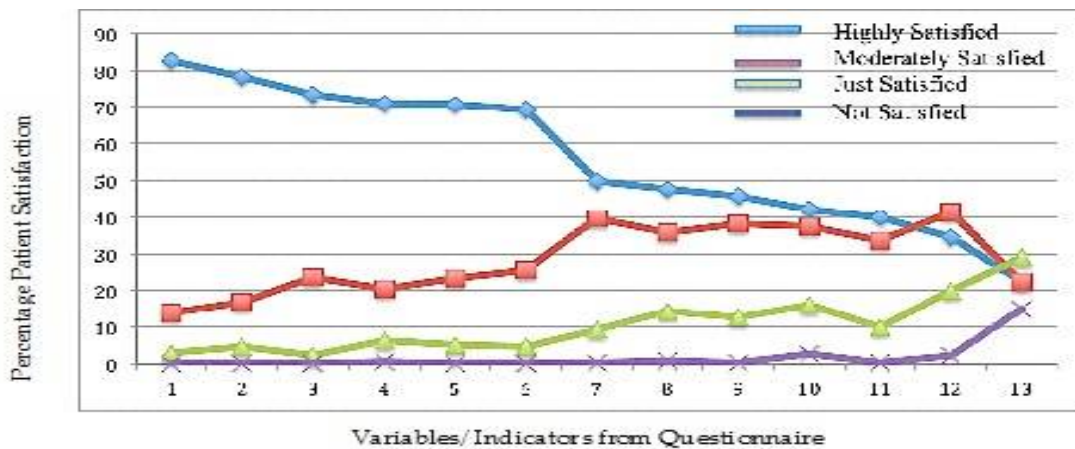
catering (21.5%), availability of radiography (19.1%) and pest control (16.0%).

Not Satisfied Levels (Group 4) with 15% to 0% satisfaction, were observed for pest control (2.8%), standard of ward catering/availability of radiography (2.3%), standard of electro medical equipment (0.9%), availability of consultants (0.5%) and hygiene of wards (0.2%) (fig-2).

**DISCUSSION**

The concept of achieving quality in medical services is relatively new in military hospital milieu. Multiple approaches are applied to satisfy patients and then gauge patient response through single step surveys. Guidelines for

be different from those of NHS, UK. Only 2.3% of admitted patients were not satisfied with wards catering standards at PNS RAHAT as compared to 46% unsatisfied admitted patients surveyed in NHS<sup>6</sup>. NHS provided standard hospital diets prescribed by the nutritionist so lack of selection in the menu caused dissatisfaction in admitted patients. 25.4% patients admitted at PNS RAHAT were not satisfied with hospital canteen services which drew attention of the hospital administration to improve the standard of cooking and hygiene. Previously conducted studies by Hall and Press (1996) in US and Aragon's study<sup>7</sup> shows that variables such as age and gender do not have profound impact<sup>8</sup> on



**Figure-2: Percentage scatter graph of various satisfaction levels against selected variables.**

formulating this questionnaire included variables adopted from other similar studies like Picker Patient Experience 15 Points Questionnaire used by Press Graney Institute<sup>1</sup> with respect to waiting timing, consultant skills, consultant availability, nursing care skills and their availability<sup>2</sup>.

This study focuses on various healthcare aspects of admitted patients in general wards while all previous studies in Pakistan were based on emergency department<sup>3</sup>, daycare surgery<sup>4</sup>, and family medicine<sup>5</sup>. This survey was conducted by adopting face-to-face questioning whereas similar survey adopted by NHS was based on mailed questionnaire. In mailing survey, there is a tendency to overestimate the patient satisfaction. So results of this study may

satisfaction level of the admitted patients therefore demographic considerations like gender or age were not specified in this study.

**CONCLUSION**

A multidisciplinary approach is essential to win the hearts and minds of the admitted patients in a military hospital with emphasis on consultant and paramedical staff availability, their performance and apportioning. Substandard catering in hospital wards or canteens and unhygienic conditions disappoint patients. Medical diagnostic equipment and facilities must be improved regularly to abet patients. These small measures add personal touch to various satisfaction benchmarks significantly raising the gratification of the admitted patients.

### CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

### AUTHORS CONTRIBUTION

Mobeen Ahmad, main author, Muhammad Hatif Iqbal, analysis interpretation, Riaz ul Haq, data analysis.

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