

PILOT SURVEY OF PATIENT SATISFACTION TOWARDS OUTPATIENT SERVICES AT A TERTIARY CARDIAC CARE HOSPITAL

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ABSTRACT

Objective: To evaluate patient satisfaction in an outpatient department services of a tertiary cardiac care hospital.

Study Design: Descriptive cross-sectional study.

Place and Duration of study: Outpatient department of AFIC&NIHD Rawalpindi Pakistan from 1st November to 31st December, 2014.

Methods: Patient representative sample was selected through purposive convenience sampling consisting of outpatients visiting a tertiary cardiac center. A structured pre-tested questionnaire was applied through interview, including the following variables: personal characteristics (gender, age, and occupation), distribution of responses toward various OPD services including physical facilities, doctor services and pharmacy services.

Results: Maximum number of patients n = 533(53%) were in the age group of 41 to 60 years. Amongst them 847(84%) patients were males and 153(15%) were females. Majority of patients were retired army personnel 253(25%) and serving army personnel 209 (20%) whereas 360(36%) of the patients were reluctant to disclose their occupation. Overall satisfaction towards OPD services was 96%. The areas where satisfaction was less than 80% were pharmacy services.

Conclusion: Evaluation allowed a better knowledge about the provided service and discretely delineated the key areas for continual improvement in quality of outpatient healthcare although a high level of satisfaction regarding the provided service was observed.

Keywords: Outpatient, Patient satisfaction, Quality of health care, Tertiary cardiac care hospital.

INTRODUCTION

Surveys to assess patient satisfaction in the outpatient setting are often used to provide patient feedback of the quality of care. Satisfaction measurement plays an important role in improving the interaction between service provider and user. Patient satisfactions surveys are also useful for inter facility comparison of quality in different types of healthcare organizations^{1,2}.

Patient satisfaction is multidimensional with different aspects of health service provision inclusive of the process of care as well as the outcome. The various aspects encompassed are staff courtesy, accessibility, professional competence of healthcare staff, safe and comfortable environment, overall quality of care and continuity of care^{3,4}.

The data gathered through patient

satisfaction surveys facilitates decision-making and constitutes an important component of any healthcare facility's accrediting process⁵.

Patient satisfaction is difficult to measure encompassing both the clinical and non-clinical outcomes of care which influence customer satisfaction. Moreover; there is a scarcity of studies that evaluate outpatients' satisfaction in the cardiac set up. This study evaluates users' characteristics and satisfaction in the cardiac outpatient setting at a tertiary cardiac care center, aiming at continual improvement of the health care system.

MATERIAL AND METHODS

This cross-sectional descriptive study was carried out at the outpatient department of AFIC&NIHD Rawalpindi Pakistan from 1st November to 31st December, 2014. The Institutional Ethical committee approved the methodology and data collection procedure of the study. The tertiary Cardiac Care Hospital serves as a referral centre and has a 250 bed capacity with an average daily outpatient

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workload of 1500 patients. The study population consisted of patients attending the outpatient clinics in the hospital from the departments of the Adult Cardiology, Pediatric cardiology and Surgery, Adult cardiac surgery and Cardiac Gynecological outpatients. Purposive convenience sampling was used and a sample of 1000 patients attending these outpatient units of the hospital was recruited into the study over a period of one month. All patients who gave informed verbal consent were enlisted into the study while critically ill patients were excluded. Data was gathered using a set of comprehensive and pretested questionnaires, administered by two trained research assistants. The questionnaires sought such information as socio-demographic characteristics like age, gender and occupation. Other information elicited from the patients included, time spent in the waiting rooms for doctors consultation and pharmacy services and the level of satisfaction with services offered by the hospital. Patient satisfaction was determined by asking such questions about comfort in the waiting room, physical environment, patient-doctor interaction, conduct of other health care providers, availability of medical resources, quality of health care etc. For the purpose of this study, the time spent in the waiting room was considered as the time the patient entered the waiting room until all the protocols leading to being registered to see the doctor are completed. Data analysis was done in SPSS version 21 software computer program. Cross tabulation of variables were made where feasible, to determine statistical significance of variables.

RESULTS

The study included 1000 patients attending various OPDs. Maximum number of patients' n=533(53.3%) were in the age group of 41 to 60 years. Amongst them 847(84.7%) patients were males and 153(15%) were females. Majority of patients were retired army personnel 253(25.3%) and serving army personnel 209 (20%) whereas 360(36%) of the patients were reluctant to disclose their occupation (Table-1).

Most of the out patients n=358(35.8) were receiving consultation in 1 to 2 hours whereas only 277(27.8%) were getting consultation in less than 30 minutes (Table-3) The number of patients receiving medication in less than 30 minutes was 297(29%) while most of the patients were receiving their medication from the hospital pharmacy within 30 minutes to 1

Table-1: Demographics n=1000.

S.No	Variables	Frequency n (%)
1	Age (Years):	n=1000
	< 15	7(0.7%)
	15-20	27(2.7%)
	21-40	158 (15.8%)
	41-60	533(53.3%)
	More than 60	275(27.5%)
2	Gender	
	Male	847(84.7%)
	Female	153(15.3%)
3	Occupation	209(20.9%)
	Army personnel	253(25.3%)
	Retire army personnel	65(6.5%)
	Government servants	113(11.3%)
	Private business	360(36.0%)

hour; n= 381 (38%) as shown in Table-3.

DISCUSSION

Patient-centered care is the fulcrum of health care quality. Evaluation of outpatient healthcare service delivery quality depends on both subjective and objective criteria⁶. The characteristics of our patient cohort has indicated the prevalence of individuals over 40 years of age, which correlates with the burden of cardiovascular diseases in the adult population⁷. There was a male preponderance of 84%. Gender might affect the mean level of patient satisfaction or the relative strength of predictors of satisfaction. Evidence for gender differences in mean satisfaction levels is mixed. Some authors report a preponderance of evidence that women are more satisfied than men with medical care received⁸. 25% of the respondents were retired army personnel and 36% did not disclose their occupational status. Majority of outpatients in our sample received consultation within 1-2 hours consistent with the average waiting time for consultation, of about 90 minutes in a study

carried out by Mendoza et al, considering waiting time as an important objective to be introduced in a process of active intervention,

positively judged the quality of provided service with more than 90% of the patients wanting to avail the OPD services in future and

Table-2: Association between various determinants and total satisfaction & Overall satisfaction towards OPD services.

In-Hospital Services	Level of Satisfaction	
	Satisfactory (%)	Unsatisfactory (%)
OPD facilities		
Facility at waiting area	957 (96%)	21 (2%)
Non – Disclosure	22 (2.2%)	
Staff Services		
Staff cooperation	813 (81%)	167 (17%)
Non – Disclosure	20 (2%)	
Staff communication skills	820 (82%)	157 (16%)
Non- Disclosure	23 (2.3%)	
Consultant services		
Doctor services	863 (86%)	119 (12%)
Non – Disclosure	18 (1.8%)	
Satisfaction towards consultancy	871 (87%)	112 (11%)
Non – Disclosure	17 (1.7%)	
Pharmacy Services		
Pharmacist cooperation	752 (76%)	202 (20%)
Non –Disclosure	46 (4.6%)	
Satisfaction towards pharmacy	766 (77%)	201 (20%)
Non–Disclosure	33 (3.3%)	
Overall Quality of OPD services	YES	NO
Further recommendation to other patients	916 (92%)	61 (6%)
Non –Disclosure	23 (2.3%)	
Avail services in future	959 (96%)	16 (2%)
Non –Disclosure	25(2.5%)	
Satisfaction with overall quality of OPD services	960 (96%)	15 (2%)
Non –Disclosure	25 (2.5%)	

because it is usually one of the major reasons for patients' complaints⁹.

In comparison with patient perceptions towards facilities at waiting area where satisfaction level was more than 90%, the satisfaction level was less than 90% towards staff services and consultation services inclusive of staff co-operation, communication skills and doctor services the doctor-patient relationship is one of the vital foundations for the establishment of a quality health service¹⁰.

Patients in this study were satisfied with the rendered quality of services as a whole and

recommending these services to others about 3.3% did not disclose their views on availing of OPD services.

One of the limitations of this study was that it did not include perception towards diagnostics; although keeping in view the high satisfaction levels towards overall quality of OPD services this would not be perceived as confounding. Satisfaction results were high and unrelated to diagnostic testing in a study carried out by Caddel et al where no predictors were identified¹¹. A better understanding of

reasons that determine dissatisfaction should be elucidated in future studies of this kind.

Table-3: Statistical significant association of total patient satisfaction with waiting time before consulting the doctor, waiting time before getting the medication (n=1000).

Waiting time to consultation	n (%)	p-value
Less than 30 min	277(27.7 %)	0.046
30 Min- 1 hr	259(25.9%)	
1-2 hrs	358(35.8%)	
2 hrs	105(10.5%)	
Time to receipt of medication	n (%)	p value
less than 30 min	297(29%)	0.000
30 min-1 hr	381(38%)	
>1 hr	321(32%)	
Age:		
< than 15	7(0.7%)	0.65
15-20	27(2.7%)	
21-40	158 (15.8%)	
41-60	533(53.3%)	
More than 60	274(27.4%)	

We excluded acutely ill patients in our sample and did not include functional status of the patients in our survey. The ability to cope with chronic conditions is strongly associated with patient satisfaction and improvements in patient education and self-management may lead to improved satisfaction and quality of care¹².

Factors that influence satisfaction levels but which are not within the control of the clinicians and hospital administration might include the demographic characteristics of patients like age and gender. Age was not a significant determinant of patient satisfaction in our cohort of patients ($p \geq 0.05$) unlike the findings of a study conducted by Young et al where patient demographics like age and race consistently had a statistically significant effect on satisfaction levels¹³.

Trust in physician scale was not included in this survey whereas trust in one's clinician is associated with increased patient satisfaction¹⁴.

One of the key areas to focus upon in order to increase out patient satisfaction levels as

highlighted in our study is staff and clinicians' communication skills. An interventional study conducted in a Rural Health Center in Karachi showed a 34% level of patient satisfaction level at the baseline which increased to 80% over one year after improving doctor and staff communications skills and capacity building on disease management¹⁵.

The attitude of the pharmacist, availability of special services, facilities, and convenient hours of pharmacy operation have been significant factors contributing to satisfaction with pharmacy service¹⁶. About 30% of the patients received medication from the hospital pharmacy within 30 minutes and less than 80% were satisfied with Pharmacist co-operation. Thus, delineating a key area for improvement.

CONCLUSION

Cardiacout patient service providers should be aware that despite of technological advances, it is still important to pay attention to patients' needs and expectations in order to achieve patient satisfaction. In our particular set-up, although the over-all satisfaction towards outpatient healthcare service delivery was high, the key areas for continual improvement such as decrease in waiting times and capacity building to improve staff communication and interpersonal skills were highlighted.

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Conflict of Interest

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

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