

PATIENTS SATISFACTION ABOUT HEALTH CARE DELIVERY IN OUT-PATIENTS DEPARTMENT OF COMBINED MILITARY HOSPITAL RAWALPINDI

Tahir Sardar, Iqbal Ahmad Khan*, Muhammad Alamgir Khan

Army Medical College/National University of Medical Sciences (NUMS) Rawalpindi Pakistan, *Women Medical and Dental College, Abbottabad Pakistan

ABSTRACT

Objective: To determine patient's level of satisfaction and factors leading to dissatisfaction in selected patients group with health care delivery in outpatients department of CMH Rawalpindi.

Study Design: Cross sectional study.

Place and Duration of Study: Out Patients Department of Combined Military Hospital Rawalpindi, from Sep 2013 to Aug 2015.

Methodology: Before data collection, written informed consent was taken from all the participants. The study population comprised of armed forces personnel and their families. Patients, including both, males and females, coming to the outpatient department of Combined Military Hospital Rawalpindi were included in the study through consecutive sampling.

Results: Results revealed that only 30% were satisfied. 67% patients were satisfied with the facilities in reception and 70% were satisfied with cleanliness in waiting area. A relatively low level of satisfaction with dealing of nursing assistant was recorded while very high percentage of satisfaction with performance of doctor i.e. 91%, examination done by doctor 91% and information provided by doctor 93% was recorded. 90% patients reported high level of satisfaction with medicines provided. 95.33% patients were satisfied with lab tests being done in hospital.

Conclusion: Assessing satisfaction of patients is a simple and cost effective way for assessment of hospital services. Most of the patients were contented with services delivered in OPD and showed their trust in doctors, medicines provided and lab facilities offered. Majority were willing to revisit the hospital if required.

Keywords: Outpatient Department, Patients' Satisfaction, Tertiary Care.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Hospital is one of the places where health is provided to the people with the help of team of different professionals. Like other organizations in hospitals, there is interaction takes place between people. A place where human interaction takes place as a result a perception come out, this perception could be satisfaction or dissatisfaction about the interaction. This is the reason that why people get satisfied or dissatisfied from particular setup. Professional always keeps information about the satisfaction level of their customers to increase the efficiency of the organization and to reduce the dissatisfaction issues^{1,2}.

There are different identifiers of the patient

satisfaction that effect their perception about the hospital. These are quality of professional interaction, waiting time in the process of care, accurateness of the diagnostic services and reduction of waste of time with the speedy services and disposal of the patient³.

In hospital people come from different areas and from different background. As their culture and living is different they have different expectations from the hospital. Name of these expectation is the satisfaction. Health care professional always try to see their process from the eye of their customers. This is very important to know, what patients want from the hospital when they visit this facility⁴.

This customer perception about the organization is called or referred as satisfaction or dissatisfaction. Satisfaction is measured in the form

Correspondence: Dr Tahir Sardar, Vice Principal, Army Medical College Rawalpindi Pakistan

Received: 14 Dec 2020; revised received: 16 Dec 2020; accepted: 17 Dec 2020

of patients' feedback after they received the care or utilizes a particular service of the hospital. For this purpose, different satisfaction surveys are being conducted in different hospitals⁵⁻⁷.

Those organizations that take care of the satisfaction of their internal customers that are the employees of the organization, get more results in the satisfaction level of their external customers. In health care setups health professional are the internal customers of the hospital. Hospitals have to take care of their employees first to make their patients more satisfied patients. Those organizations that provided opportunities to their employees with fair method of promotion and benefits, they got highly satisfied employees that work for the more satisfaction of the customers of the organization⁸⁻¹⁰.

The present study was an attempt to assess the level of satisfaction of the patients with the various aspect of health care in a tertiary care military hospital. Pt satisfaction is a multi-dimensional concept, which is not only influenced by physician related factors but also aspects of patient experience with the health facility. The purpose of this descriptive study was to find out patient's level of satisfaction with health care delivery in outpatients department of Combined Military Hospital Rawalpindi.

METHODOLOGY

This cross-sectional study was carried out at CMH Rawalpindi, from Septemeber 2013 to August 2015, after obtaining institutional approval. Sample size was calculated using WHO sample size calculator. By keeping the input values of confidence level as 95%, anticipated population proportion as 0.5 and absolute precision as 0.06, a sample size of 267 was calculated. However, we used a sample size of 300. Before data collection, written informed consent was taken from all the participants. The study population comprised of armed forces personnel and their families. Patients, including both, males and females, coming to the outpatient department of CMH Rawalpindi were included in then study through convenience sampling. Data collection

tool was a self-administered questionnaire. The questionnaire comprised of 20 close-ended question having option 'yes' and 'no'. Questions were regarding the most commonly observed problems faced by patients during their visit to the outpatient department. The questionnaire was developed in both the languages, English and Urdu and was distributed to the patients as per their level of education. The questionnaire was sent to two experts to ensure its validity and reliability. A pilot study was conducted on 20 patients to evaluate feasibility and understandability of the questionnaire. Data obtained through the questionnaire were entered in SPSS version 26 for analysis.

RESULTS

A total of 300 forms were filled and analyzed. Out of these 300 respondents, there were 130 (43.33%) males and 170 (56.66%) were females, A waiting time of 60 patients (20%) was only 15min to get medical advice, 72 patients (24%) waited for 30 min, 51 (17%) had to wait for 1 hr. Twenty one (7%) waited for 1½ hr. Sixty three (21%) waited for 2 hrs. Twelve (4%), 9 (3%) and 12 (4%) had

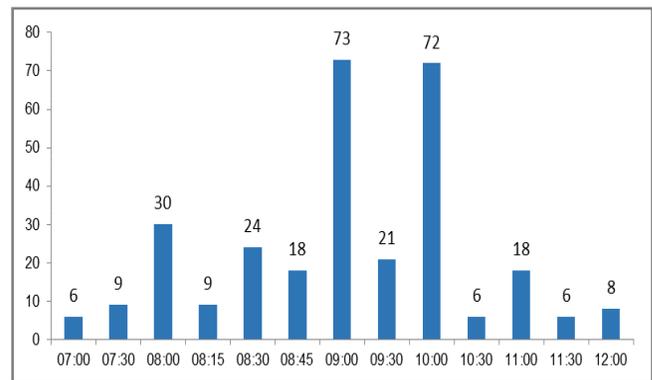


Figure-1: Time of reporting at health facility.

to wait for 2½ hrs, 3 hrs, and 4 hrs respectively before consultation by doctor was offered to them. Waiting time of maximum patients was less than 30 minutes.

Reporting time at facility ranged from 7am till 12am with maximum patients reporting from 9am to 12 am. Patients reported at facility as early as 7.00 am. Maximum number of patients repor-

ted at 9.00 73 (24.33%) and 10 am 72 (24%) (fig-1). More than 50% of the patients were seen within first hour and out of the rest, only one group who waited for 2hrs was of those patients who either went for labs or were referred to some specialist for consultation (fig-2).

Satisfaction level with the information and guidance provided at reception was as low as 70%. Only 90 (30%) patients responded affirmatively that they were satisfied with facilities at reception. When reasons for dis-satisfaction were sought. Seventy patients (33.33%) reported that no information about timing of doctor was pro-

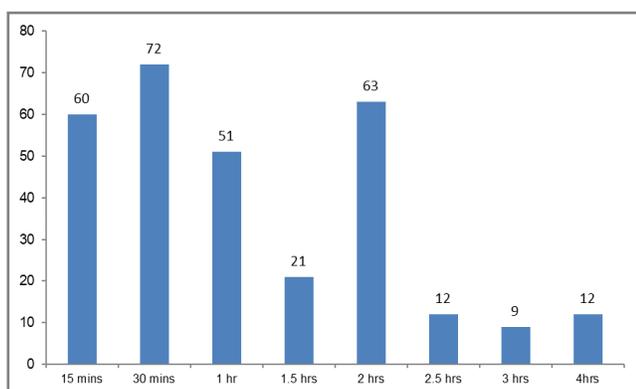


Figure-2: Waiting time of patients.

vided to them at reception. Forty two (20%) were not provided any guidance, 63 (30%) were dissatisfied because of careless behavior of receptionist, 28 (13.33%) thought that reception was noisy. Seven (3.33%) cited all of the above reasons for their dissatisfaction Patients were not satisfied and narrated that no information about timing of doctor was provided to them (33.3%) followed by lack of guidance, careless behavior of receptionist and noisy reception area (table-I).

Patients showed a very high level of satisfaction with laboratory tests being done in CMH as 286 (95.33%) were satisfied and only 14 (4.66%) were not satisfied which showed confidence of patients on the lab facility (table-II).

Patients wanted to revisit the facility foremost reason being availability of free medication. Two hundred fifteen (78.75%) patients listed provision of free treatment as the foremost reason for

their satisfaction and repeated visits to hospital, 11 (4.02%) thought treatment provided is good, 10 (3.66%) said that all specialist and test are available, 10 (3.66%) said qualified and professional

Table-I: Different reasons of dissatisfaction reported by the patients.

	n (%)
Reasons for dissatisfaction by the reception desk	
No information about doctor's timings	70 (33.33)
No guidance to patients	42 (20)
Careless behavior of receptionist	63 (30)
Noisy reception area	28 (13.33)
All of the above	7 (3.33)
Reasons for dissatisfaction with facilities provided at the reception	
Waiting room is congested and over-crowded	27 (27.3)
No drinking water available	30 (30.3)
No proper sitting arrangement available	23 (23.2)
Patients are seen out of turn	19 (19.2)
Reason for dissatisfaction with the cleanliness of the bathroom	
Not properly cleaned	26 (17.2)
Bad smell	15 (9.9)
non-functional flush	110 (72.9)
Reasons for dissatisfaction with dealing of nursing assistant	
Rude attitude	79 (62.7)
Disregard for turn of patient	22 (17.5)
Using mobile phones most of the time	15 (11.9)
All of the above	10 (7.9)
Reasons for dissatisfaction with the performance of the doctor	
Non-professional behavior	1 (3.7)
Did not listen to you	5 (18.51)
Gave very little time	21 (77.77)
Reasons for dissatisfaction with the medicine provided	
Medicines are substandard	2 (7.4)
Doctor prescribed routine medicines	18 (66.7)
Medicines are not available	7 (25.9)
Reasons for dissatisfaction with the laboratory services	
Results are not reliable	2 (14.3)
Staff is not experienced	-
Results are late	10 (71.4)
Staff attitude is not positive	2 (14.3)

doctors are available, 15 (5.49) said that free medicines are the reason for their repeated visits, 10 (3.66%) admired the management of hospital, 1 (0.36%) said that they had no better option and 1

(0.36%) said since they are old and retired so they cannot afford any other facility (table-III).

Table-II: Satisfaction level with the treatment provided.

Satisfaction level	n (%)
Fully satisfied	189 (63)
Partially satisfied	99 (33)
Not satisfied	12 (4)

Table-III: Reasons for willingness for a follow-up visit.

Reasons	n (%)
Free treatment is available	215 (78.75)
Treatment is good	11 (4.02)
All specialists and tests are available	10 (3.66)
Doctors are qualified and professional	10 (3.66)
Medicines are free	15 (5.49)
Good management	10 (3.66)
No other option	1 (0.36)
Inability to afford treatment from other hospitals	1 (0.36)

DISCUSSION

The present study was an attempt to assess the level of satisfaction of the patients with the various aspect of health care in a tertiary care military hospital. Patient satisfaction is a multi-dimensional concept, which is not only influenced by physician related factors but also aspects of patient experience with the health facility^{11,12}.

Waiting time of maximum patients in our study was less than 30 minutes as against study by Jyoti Tiwari¹³ where patient waited for 40-60 minutes for doctor. More than 50% of the patients were seen within first hour and out of the rest, only one group who waited for 2 hrs was of those patients who either went for labs or were referred to some specialist for consultation.

Medium level of satisfaction was reported from facilities in reception area 201 (67%) patients were satisfied with facilities in the reception area while 99 (33%) said that they were unsatisfied. Reason of dissatisfaction as narrated by patients were congested and overcrowded room, non-availability of drinking water and crib against doctor that they were seeing patients out of turn with 27 (27.27%) reported that waiting room was congested and overcrowded, 30 (30.33%) reported that no drinking water facility was available,

23 (23.33%) reported that no proper sitting arrangement was available in the reception area, 19 (19.99%) reported that patients were seen out of turn by physician. Although unscheduled emergencies call for skipping turns as human life holds utmost importance but it should not be a norm. Better space with good furniture and queuing system can help improve patient's perception of quality care^{14,15}.

The number of patients who were satisfied with the nursing assistant's behaviour was 174 (58%) while 126 (42%) said they were not satisfied with the nursing assistant behaviour. Generally, patients were satisfied with attitude of nursing assistant (58%) but the percentage shows room for improvement in attitude of nursing staff. When reasons for dissatisfaction were sought 79 (62.69%) said that nursing assistant was rude to them, 22 (17.46%) said that there was disregard for turn of the patient by the nursing staff, 15 (11.90%) said most of the time nursing assistant were using mobile phone, 10 (7.93%) gave all of above reason for their dissatisfaction of nursing assistant behaviour. In a study conducted by Lee and McHugh¹⁶ shows improving nursing assistant's working environment as well as patient nurse ratios can help in overall improvement in behavior of nursing staff. Further inclusion of behavioral education and attitude building should be made a part of curriculum of nursing staff.

High level of satisfaction has been reported with doctors, with examination conducted by doctors (91%) while only 9% were not satisfied. Two hundred seventy nine (93%) were satisfied by the information provided to them about their disease by the doctor while only 21 (7%) said the adequate information was not provided to them regarding their disease by the doctor. While narrating the reasons for dissatisfaction, 1 (3.7%) thought that doctor has non-professional behaviour, 5 (18.51%) said that the doctor did not listen to them properly and 21 (77.77%) complained about very less time given to them by the doctor. Time given by doctor in a public facility is usually less compared to a private facility reason being a greater workload with ever-increasing

number of patients however, it is appreciable that with all the workload doctors are maintaining an exemplary satisfaction level with the patients¹⁷.

Patients reported very high satisfaction with medicine as against study by Jain¹⁸ in which only 25.6% were satisfied with pharmacy of hospital. However in our study 273 (91%) patients were satisfied with the medicine provided to them in CMH in contrast to only 27 (9%) were not satisfied with medicine provided to them. When these 27 patients were asked about reasons, 2 patients (7.40%) thought medicine to be substandard, 18 (66.66%) thought doctors were prescribing routine medicines and 7 (25.92%) were of the opinion that medicines are not usually available.

Level of satisfaction with treatment provided by CMH was highly acknowledged by majority of patients, as only 4% patients were not satisfied with treatment. One hundred eighty nine (63%) were fully satisfied with treatment provided at the outpatient department of CMH Rawalpindi and 99 (33%) were partially satisfied showing very high level of satisfaction with the facility. Out of 300 respondents 273 patients agreed that they would like to come back to same facility in time of need as they are satisfied which showed very high confidence of patients and only 27 (9%) said that they would not fall back to same hospital again.

Patients wanted to revisit the facility foremost reason being availability of free medication. Two hundred fifteen (78.75%) patients listed provision of free treatment as the foremost reason for their satisfaction and repeated visits to hospital, 11 (4.02%) thought treatment provided is good, 10 (3.66%) said that all specialist and test are available, 10 (3.66%) said qualified and professional doctors are available, 15 (5.49) said that free medicines are the reason for their repeated visits, 10 (3.66%) admired the management of hospital, 1 (0.36%) said that they had no better option and 1 (0.36%) said since they are old and retired so they cannot afford any other facility. Free treatment remains the hallmark for utilization of services but improvement in infrastructure, availability of

highly professional doctors, presence of fully functional diagnostic department offering free of cost tests coupled with good management and above all free medicine provision attract patients to this tertiary care facility.

CONCLUSION

Assessing satisfaction of patients is a simple and cost effective way for assessment of hospital services. Most of the patients were contented with services delivered in OPD and showed their trust in doctors, medicines provided and lab facilities offered. Majority were willing to revisit the hospital if required.

CONFLICT OF INTEREST

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

REFERENCES

1. Webster TR, Mantopoulos J, Jackson E, Cole-Lewis H, Kidane L, Kebede S, et al. A brief questionnaire for assessing patient healthcare experiences in low-income settings. *Intl J Qual Health Care* 2011; 23(3): 258-68.
2. Platonova EA, Shewchuk RM. Patient assessment of primary care physician communication: segmentation approach. *Int J Health Care Qual Assur* 2015; 28(4): 332-42.
3. Rajbanshi L, Dungana G, Gurung Y, Koirala D. Satisfaction with health care services of out patient department at chitwan medical college teaching hospital, Nepal. *J Chitwan Med Coll* 2014; 4(1): 11-18.
4. Sagaro GG, Yalaw AW, Koyira MM. Patients' satisfaction and associated factors among outpatient Department at Wolaita Sodo University Teaching Hospital, southern Ethiopia: a cross sectional study. *Sci J Clin Med* 2015; 4(5): 109-16.
5. Babure ZK, Jiru FA, Weldemariam TD. Client satisfaction among private wing and regular health care services at Nekemte referral hospital, east Wollega zone, Oromia regional state, Western Ethiopia: a comparative cross-sectional study, 2016. *J Publ Health Epidemiol* 2018; 10(2): 43-61.
6. Naseer M, Zahidie A, Shaikh BT. Determinants of patient's satisfaction with health care system in Pakistan: a critical review. *Pak J Public Health* 2012; 2(2): 52-61.
7. Jalil A, Zakar R, Zakar MZ, Fischer F. Patient satisfaction with doctor-patient interactions: a mixed methods study among diabetes mellitus patients in Pakistan. *BMC Health Serv Res* 2017; 17(1): 155.
8. Gross DA, Zyzanski SJ, Borawski EA, Cebul RD, Stange KC. Patient satisfaction with time spent with their physician. *J Fam Pract* 1998; 47(2): 133-38.
9. Bilkish N, Sangita S, Prakash A, Manjunath K. A cross sectional study of patient's satisfaction towards services received at tertiary care hospital on OPD basis. *Natl J Community Med* 2012; 3(2): 232-37.
10. Kashkoli SA, Zarei E, Daneshkohan A, Khodakarim S. Hospital responsiveness and its effect on overall patient satisfaction: a cross-sectional study in Iran. *Int J Health Care Qual Assur* 2017; 30(8): 728-36.

11. Hussain M, Khan S, Ahmed W. Inpatient satisfaction at tertiary care public hospitals of a metropolitan city of Pakistan. *J Pak Med Assoc* 2014; 12(64): 1392-97.
 12. Heather F, Enrique R, Christian M, Leah H, Anthony M, Thomas B, et al. Patient satisfaction surveys and quality of care: An information paper. *Ann Emerg Med* 2014; 64(4): 351-57.
 13. Tiwari J, Kasar PK, Kabirpanthi V. Assessment of patient satisfaction: A descriptive study at outpatient department of a tertiary care public hospital in Jabalpur. *Int J Med Sci Public Health* 2014; 3(12): 1511-14.
 14. Soleimanpour H, Gholipouri C, Salarilak S, Raoufi P, Vahidi RG. Emergency department patient satisfaction survey in Imam Reza Hospital, Tabriz, Iran. *Int J Emerg Med* 2011; 4(1): 2-5.
 15. Ahsan N. Assessment of patients' satisfaction in medical and surgical wards in a tertiary care Hospital. *J Ayub Med Coll Abbottabad* 2012; 24(3-4): 147-50.
 16. Kutney-Lee A, McHugh MD, Sloane DM, Cimiotti JP, Flynn L, Neff DF, Aiken LH. Nursing: a key to patient satisfaction. *Health Aff (Millwood)* 2009; 28(4): w669-77.
 17. Schoenfelder T, Klewer J, Kugler J. Determinants of patient satisfaction: A study among 39 hospitals in an in-patient setting in Germany. *Int J Qual Health Care* 2011; 23(5): 503-09.
 18. Jain A, Mishra N, Pandey C. A study to assess patient satisfaction in out patient department of a tertiary care hospital in north India. *Int J Community Med Public Health* 2017; 3(1): 328-34.
-