

**DETERMINING PATIENT SATISFACTION RATE IN OPD**

**A Dissertation submitted in partial fulfillment of the requirements for the award of**

**Post-Graduate Diploma in Health and Hospital Management**

**By**

**Dr. Priya Bist**



**International Institute of Health Management Research**

**New Delhi-110075**

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कार्यालय:-मुख्य चिकित्सा अधीक्षिका, चैनराय जिला महिला चिकित्सालय हरिद्वार

प्रेषक,

मुख्य चिकित्सा अधीक्षिका अधिकारी  
चैनराय जिला महिला चिकित्सालय  
हरिद्वार।

पत्राक- महिला चिकित्सालय/2013

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महोदय,

कु0 प्रिया विष्ट जिनका एनरॉल न0-पी0जी0/11/073 एवं **International Institute of Health Management Research** में PGDHHM की छात्रा हैं। इन्होंने 1 जनवरी 2013 से 1 अप्रैल 2013 की अवधि में अपना डिजरटेशन कार्य पूर्ण कर लिया है।  
उक्त सूचना आपकी सेवा में प्रेषित।

भवदीया

डा0 भवनी पाल

मुख्य चिकित्सा अधीक्षिका  
चैनराय जिला महिला चिकित्सालय  
हरिद्वार।

मुख्य चिकित्सा अधीक्षिका  
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हरिद्वार

### Certificate of Approval

The following dissertation titled "**Determining patient satisfaction rate in OPD**" is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

Name Signature

Dr. RAJESH BNALLA



Prof. I. Bhattacharya



### Certificate from Dissertation Advisory Committee

This is to certify that Dr Priya Bist(P.T.), a graduate student of the **Post – Graduate Diploma In Health and Hospital Management**, has worked under our guidance and supervision. She is submitting this dissertation titled “**Determining patient satisfaction in OPD**” in partial fulfilment of the requirements for the award of the Post- Graduate Diploma in Health and Hospital Management.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

  
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## FEEDBACK FORM

Name of the Student: Priya Bisht

Dissertation Organisation: Chainrai female Jila Hospital

Area of Dissertation: Operations

Attendance: Regular

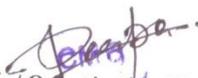
Objectives achieved: Yes

Deliverables: Analysis of patient satisfaction rate.

Strengths: (1) Smart (2) Punctual.  
(3) Hardworking.

Suggestions for Improvement: Needs to sharpen Management skills.

Signature of the Officer-in-Charge/Organisation Mentor (Dissertation)

  
Haridwar

Date: 22.04.2013

Place: Haridwar

## Table of contents

<b>S.No</b>	<b>Content</b>	<b>Page number</b>
1.	Introduction	7-21
2.	Rationale of study	24
3.	Justification of study	25
4.	Review of literature	26-42
5.	Objectives	45-46
6.	Results and findings	47-54
7.	Discussions	55
8.	Results	56
9.	Strengths and limitations	57
10.	Conclusion and recommendations	56-60
11.	References	61-63
12.	Annexure	63-65

## List of figures

<b>S. No</b>	<b>Figure</b>	<b>Description</b>	<b>Page Number</b>
<b>1.</b>	Figure 1	Perceived factors effecting patient's satisfaction	16
<b>2.</b>	Figure 2	Patient satisfaction survey paradigm	17
<b>3.</b>	Figure 3	Conceptual framework – patient satisfaction	21
<b>4.</b>	Figure 4	Patient expectation survey	44
<b>5.</b>	Figure 5	Patient satisfaction with availability of doctor in percentage	48
<b>6.</b>	Figure 6	Patient satisfaction with waiting time in percentage	49
<b>7.</b>	Figure 7	Patient satisfaction with behavior of doctors in percentage	50
<b>8.</b>	Figure 8	Patient satisfaction with behavior of nurses in percentage	51
<b>9.</b>	Figure 9	Patient satisfaction with atmosphere of OPD in percentage	52
<b>10.</b>	Figure 10	Patient satisfaction with investigation in percentage	53
<b>11.</b>	Figure 11	Patient overall satisfaction in percentage	<b>54</b>

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Priya Bist  
IIHMR-Delhi  
PG/11/073

## **List of abbreviations**

OPD – Out patient department

CFH – female hospital

MOH – Ministry of health

WHO- World health organization

JACHO- joint commission on accreditation of healthcare organization

OPD- Out patient department

CMO- Chief medical officer

HR- Human Resource

ICU -Intensive Care Unit

IPD- In-Patient Department

MRD - Medical Record Department

## **ORGANIZATION PROFILE**

Chainrai female hospital is unit of district hospital Haridwar, Uttarakhand. There are 3 hospitals as unit of district hospital 1. Jila hospital 2. Mela hospital 3. mahila jila hospital. A district hospital is major health care facility of its region. hospital is established in the year 1932. Situated in the heart of city it caters health to women especially in gynecology and obstetrics. It also runs many programmes as directed by the state for improving maternal and child health.

## **LOCATION OF HOSPITAL**

Chainrai female hospital

Haridwar (Uttarakhand)

## **SPECIALITY**

Specialized in providing health to women specially in the field of obstetrics and gynec and run many programmes as directed by state for improving maternal and child health.

Staff consists of 8 doctors dedicated in providing health to female section of the society.

## **INTRODUCTION**

“A hospital is integral part of a social and medical organization, the function of which is to provide for the population complete health care both curative as well as preventive. A hospital is also centre for training of health workers and biological research”.

Health care comes under the basic need of human being it is responsibility of the state to provide these facilities through health care units to prevent from common and fatal diseases to the society.

Human capital is very unique and the most important element for the development of nations; healthy minds can change the world around them with their creativity, efficacy and productivity.

This is a great challenge to address and a responsibility of the state to provide these facilities at minimum cost with an easy access to the common men to save them from agony and illness. Health Service is intangible in nature. Therefore, it is general assumption that services are difficult to measure.

Health care services are people based thus, are heterogeneous in nature depends upon mood, environment, actions and circumstances of service provider and service receiver; doctors treat same disease with variations and patients vary in their opinions as well for the same consultant. Patient satisfaction can be defined as judgment made by a recipient of care as to whether their expectations for care have been met or not.

It is the general perception that health care facilities provided in public health are not up to the mark, patients are not given proper care so it is very important to get feedback from the patient in order to know the satisfaction rate among them and therefore to know the health status of the society.

Selecting the health care and measuring its quality is very complex and has remained elusive yet the tools of its measurement have increasingly improved. Many factors including poor systems and stress of the caregivers affects the quality along with satisfaction of patients.

Patient satisfaction denotes the extent to which general health care needs of the clients are met to their requirements. Patients carry certain expectations before their visit and the resultant satisfaction or dissatisfaction is the outcome of their actual experience.

Patients' perceptions about healthcare systems seem to have been largely ignored by health care managers in Developing countries so it is very important to know the patient's perception about the health care facility.

One of the significant trends in the development of modern healthcare is the involvement of Patient / clients in the management of their care and treatment. This is recognized in current

health strategies both in Ireland and in other jurisdictions.

The Health Strategy – Quality and Fairness (DOHC 2001) makes a particular reference to the Inclusion of patient/clients in both the principles and the National Goals.

To support this development it is important to acknowledge that the experiences of patients/clients of health care vary considerably. Some may have an occasional intervention while others have a more permanent and long-term relationship with a service provider depending on the nature and extent of their need.

Person centered health care respects the dignity and value of each person. It is entirely desirable and proper that the views of patient/clients should be sought on their experiences and expectations of health care.

### Patient Satisfaction

A patient is the main user of a hospital. He is a person in distress. He expects from the hospital

1. Comfort
2. Care, and
3. cure.

His distress is more if<sup>8</sup>

- he is not attended to, but left alone
- the attending personnel do not ask him what his trouble is
- the attending personnel do not listen to him when he is explaining his problem
- his troubles (complaints) are not taken seriously (patients are some times told that they are exaggerating their problems)
- he does not get quick relief
- he is not told what is being done about him
- he is not told what he can expect in terms of attention and cure
- there is an atmosphere of pain and distress around him, particularly in general wards

- there is an atmosphere of filth and neglect (unkempt surroundings, dirty linen, pests on the food and walls)
- the discomfort through illness is accentuated by mosquitoes, loud noises like diwali crackers, marriage and music, etc.

The primary function of a hospital is patient care. The patient is the ultimate consumer to the hospital. It is one of the yardstick to measure the success of service that it produces. The effectiveness of the hospital relates to provision of good patient care as intended. The patient satisfaction is the real testimony to the efficiency of hospital administration<sup>9</sup>. As the hospital serves all the members of the society the expectations of the users differ from one individual to another individual because everyone carries a particular set of thoughts, feelings and needs. Hence determination of patients real feelings is very difficult. It is the responsibility of the administrator. "Put yourself in your patient's shoes," this proverb explains how to proceed with a patient. Though it is difficult one can get it by using some tips such as listening to the patients, asking questions and seeking answers, by doing something extra for each patient and by admitting mistakes gracefully and so on.

### **Concept of Satisfaction**

Satisfaction is an important element in the evaluation stage. It refers to the consumers' state of being adequately rewarded. Adequacy of satisfaction is a result of matching the actual past experience with the expected reward. Patients form certain expectations prior to the visit. Once patients come to the hospital and experience the facilities, they may then become either satisfied or dissatisfied. Satisfaction or dissatisfaction refers to emotional response to the evaluation of service, consumption, experience. It will have five key elements. They are:

1. **Expectations:** The seeds of patient satisfaction are sowed during the pre-purchase phase when consumers develop expectations or beliefs about what they expect to receive from the product. These expectations are carried forward and again activated at the time of reusing.
2. **Performance:** During the usage of services the patients experience the actual product in use and perceive its performance on the dimensions that are important to us.

3. Comparison: It will be done after usage with pre-usage expectations.
4. Confirmation/Disconfirmation: Comparison of expectations with actual performance results in satisfaction or dissatisfaction.
5. Discrepancy: If the performance levels are not equal, discrepancy results.

### **Factors Influencing Patient Satisfaction**

Every human being carries a particular set of thoughts, feelings and needs. The wishing list might be of value for those who want to know the real person within the patient. One must admit that there are a lot of things which could be altered. By getting to know the patients a little more to get their views on the care one ought to come closer to what the patients consider as a good care<sup>10</sup>.

It can be said that there are five determinants of patient satisfaction, they are

1. Reliability: the ability to perform promised service dependably and accurately.
2. Responsiveness: the willingness to help the patients and provide prompt service.
3. Assurance: The knowledge and courtesy of employees and their ability to convey trust and confidence.
4. Empathy: the provision of caring and individualized attention to patients.
5. Tangibles: the appearance of physical facilities, equipment, personal and communication materials.

### **Excellently managed healthcare organizations are having the following practices.**

1. Top service hospitals are patient obsessed. They have a clear sense of their target customers and their needs.
2. The best service hospitals set high service quality standards. The standards must be set appropriately high, which leads to patient satisfaction.
3. Culture, subculture and social classes are important in determining the satisfaction levels. Culture is the fundamental determinant of an individual's wants and behaviour. It refers to a set of feelings of the patient or his relatives. Social class reflects sex, income,

occupation, education, area of residence and recreational preferences, etc. which are important in determining the satisfaction levels.

4. The patient's behaviour is greatly influenced by social factors like reference groups, ideas, beliefs. Reference groups here refer to peers, relatives, neighbours and friends. The family members are the important persons in influencing the patient.
5. The person's satisfaction is influenced by the psychological factors such as perception, learning and attitudes.

Apart from the above, other factors that influences the patient satisfaction include availability of adequate staff, availability of physical facilities and equipment, design of the ward, cleanliness, environment, availability of clinical services, work load of the staff, behaviour of the doctors, nursing staff, paramedical staff, effectiveness of management functions, the leadership styles of administrators, communication channels, policies and procedures etc.

OPD in any hospital is considered to be the shop window of the hospital.

Outpatient service is the most important service provided by any hospital and is considered to be the point of contact between hospital and community. It is an ambulatory care center which provides to all members of community the whole scope of services that are needed to keep them in good state of health.

Main patients gain their first impression of the hospital through the OPD. Successful and efficient OPD can decrease the burden on the patient wards

Various functions affecting the services of OPD are:

- Arrival pattern of the patient
- Service time at various clinics of OPD
- Queue lengths at the waiting room of OPD

OPD in hospital serves the facility of diagnosis and treatment of nonresident patients.

**Difficulties in defining Patient Satisfaction:**

It will not be wrong to state that there is no agreed definition of the concept of Patient Satisfaction. This may be because “Satisfaction” is multi-dimensional.

Consumer councils worldwide have defined seven consumer principles to access the multi-dimensional nature of satisfaction

1. Access
2. Choice
3. Information
4. Redress
5. Safety
6. Value for Money
7. Equity

However, Patient Satisfaction studies fail to focus on addressing questions specifically related to healthcare like

1. Safety
2. Psychological problems
3. Outcome of treatment
4. Patient Choice.

### **Common problems to be encountered in the OPD system are as follows**

1. Long patient wait time in the front desk
2. Patient might be conveyed to wrong services
3. Large number of patients waiting to be served will result into uncomfortable conditions such as poor ventilation, noise, congestion.
4. Number of patients admitted within the working day will cause overburden for the doctors.
5. Doctors and patient's dissatisfaction will cause tense environment in the OPD.
6. Patient could prefer another clinic in case of improper management.

Studies have shown that majority consumers (80% and above), express overall satisfaction with few respondents responding negatively to any given item. Patients appear very tolerant of deficiencies in healthcare and thus it may be reasonable to assume “that the quality of care is actually worse than surveys of patient satisfaction would seem to show”.

Overall, following parameters have been identified by various studies, as influencing satisfaction

- Past experiences on health services.
- Lifestyle\Lack of knowledge of alternatives
- Level of expectation
- Socio-demographic variables: (Elderly people tend to record greater satisfaction; women tend to be more satisfied than men, etc.).
- Quality of questionnaire and way of administering it.

The most important factor, (but often neglected), is

- Freedom to choose a physician: The interaction and bond / trust between the physician and patient are the most important criteria on levels of satisfaction. Healthcare providers, including Indian hospitals / clinics, tend to neglect this point and needs more highlight in the development of facilities.

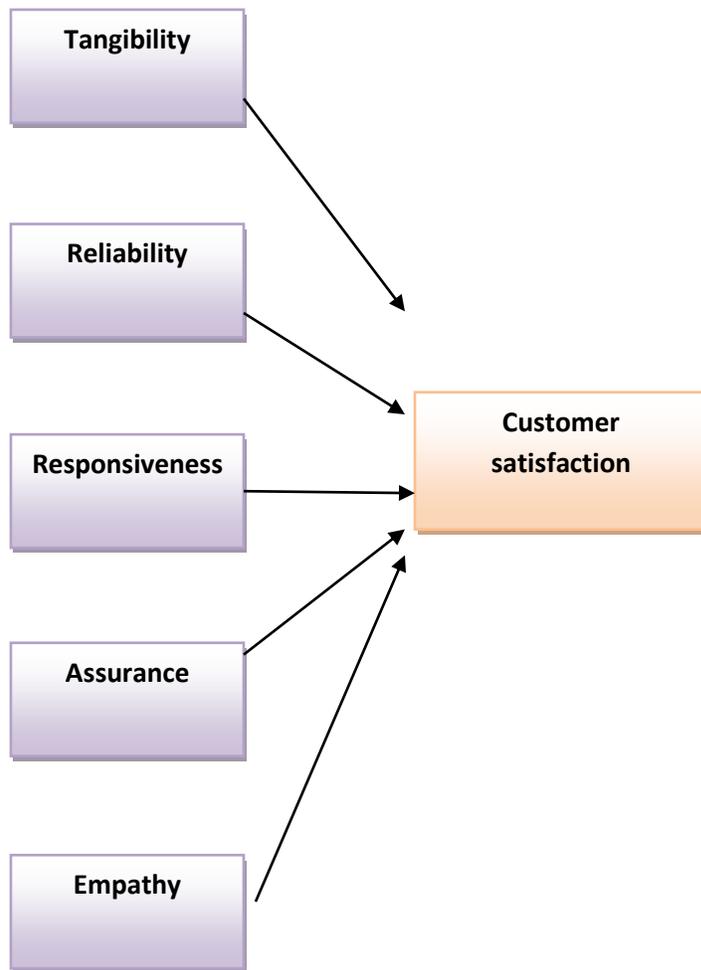
### **Satisfaction vs. Delight:**

There is enough evidence, through management studies, which indicates that satisfying customers is not enough to retain them because even satisfied customers defect at a high rate in many industries. Healthcare providers must focus on “Customer Delight & Outrage” - emotions that are more intense than satisfaction or dissatisfaction.

- *A Delighted patient* will become a loyal ‘apostle’, telling others about his / her great experience.
- *An Outraged patient* will certainly not return and propagate negative aspects of the healthcare provider in an emotional way.

Since in healthcare, word-of-mouth advertising is the most effective way of communication, both a delighted and an outraged customer will have a very high positive / negative impact on the healthcare provider’s business. Healthcare providers must work towards achieving Customer Delight and minimizing Outrage.

In a normal service industry, ‘Exceeding Expectations’ should work towards achieving Customer Delight. However, in healthcare, addressing customer’s needs is equally important, as the needs themselves are very ambivalent. Building customer relationship is important to identify Patient needs. Researchers recommend that **“Healthcare providers view Patients as People first and consumers second”**.



**Figure-1 perceived factors effecting customer’s satisfaction**

Customer satisfaction is the outcome of tangibility, reliability, responsiveness, assurance and empathy.

The organization should be reliable in order to gain the confidence of the customer; empathy and assurance also plays an important role in enhancing the satisfaction level of customer.

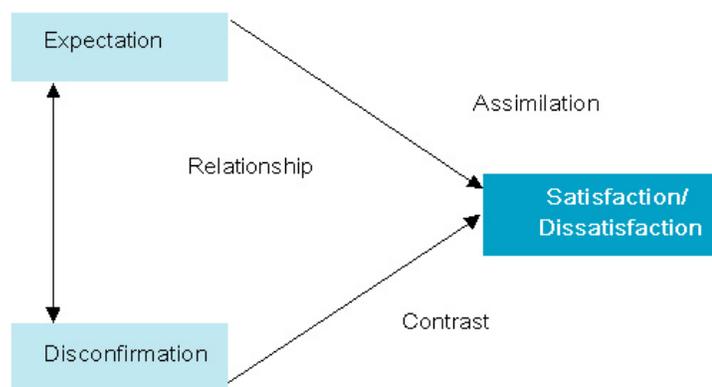
Benefits of patient satisfaction survey:

Customer satisfaction surveys are very important to marketer because it is a significant determinant of repeat sales, positive word-of-mouth, and consumer loyalty.

Customer satisfaction is very important for marketer as 1% increase in customer satisfaction can lead to 3% increase in market capitalization. It has been observed that it costs three to four times money to acquire new customer than to make repeat sales to an existing one.

- To estimate present level of the quality of services and medical facilities.
- This helps to improve further services and facilities that are not up to the mark.
- Efforts made to find out the views of the service users through patient satisfaction surveys even help to develop quality initiatives in many practices.
- It often helps to provide salient information for clinics and hospitals seeking to develop service provision (often it is the only method of finding out information on sensitive issues).

#### EXPECTANCY-DISCONFIRMATION PARADIGM: MODEL OF CONSUMER BEHAVIOUR



**Figure -2 Expectancy-disconfirmation paradigm[17]**

## Banchmark for assessment of quality services in hospitals[15]

### (1) Doctors:

1.	Have explained the disease to me and I have completely understood the diseases and treatment
2.	Have spent enough time with my child to evaluate the disease
3.	Attended to problems immediately or at the earliest
4.	Showed concern to child and family
5.	Treated my child with love and affection
<b>(2) (a) Technical delivery of nursing care</b>	
6.	Treated my child with love and affection
7.	Attended to problems immediately or at the earliest
8.	Are approachable to my personal problems
9.	Showed concern to child and family
10.	Advised to my satisfaction at the time of discharge
11.	Pleasant
12.	Indifferent
13.	Rude
<b>(3) Ward servants/sweepers</b>	
14.	Worked to my satisfaction
15.	Helpful
16.	No interaction
<b>(4) Available facilities for treatment</b>	
17.	Best
18.	Can be better

19.	Bad
<b>(5)</b>	<b>Facilities for patient attendants</b>
20.	No facilities
21.	All facilities
22.	Minimum facilities
<b>(6)</b>	<b>Cleanliness of ward and corridors</b>
23.	Very clean
24.	Clean
25.	Not clean
<b>(7)</b>	<b>Food</b>
26.	Very good
27.	Always good
28.	Occasionally good
29.	Worst
30.	Not applicable
<b>(8)</b>	<b>Toilets</b>
31.	Clean
32.	Need more frequent cleaning
33.	Always dirty
34.	Number of toilets inadequate
<b>(9)</b>	<b>OPD Services</b>
35.	Satisfactory
<b>(10)</b>	Open suggestions, if any.

## **PURPOSE OF STUDY**

A people centered health system identifies and responds to the needs of individuals is planned and delivered in a coordinated way; and helps individuals to participate in decision making to improve their health.

Feedback from patients/clients can influence the whole quality improvement agenda and provide an opportunity for organizational learning and development. It provides crucial information on what the patients/clients expectations are and how they perceive the quality of care, which may be different from that of all staff providing that care. (Generally, this information is collected by good management and good listening.)

Many healthcare organizations currently collect feedback but a study by the Irish Society for Quality and Safety in Healthcare on behalf of the Health Services National Partnership Forum showed that there was no structured method utilized.

A structured framework to collect information about patient/client satisfaction to ensure a systematic methodology that will facilitate benchmarking and allow collected information to be fed back into the overall decision making process. “The ‘people-centered’ health care system of the future will have dynamic, integrated structures, which can adapt to the diverse and changing health needs of society generally and of individuals



**Operational definitions:**

**Patient** - Is defined as the person who first attended OPD at the time of filling questionnaire form for treatment of himself or herself. It included patient visiting OPD of CFH for the first time.

**Outpatient department-** It referred to the hospital unit that a patient attended for treatment or consultation and did not stay overnight in hospital.

**Socio demographic characteristics** – It includes name, age, education, marital status of the respondent.

**Age** – Referred to the age of the patient counted in the year of the last birthday. Minimum age of the respondent was 15yrs.

**Marital status-** it is referred that whether the respondent is single, married, divorced, widow.

**Education-** it referred to the academic or study qualification of the respondent.

**Satisfaction-**it could be defined as individual feeling or perception towards the outpatient department health care services. The satisfaction was used as composite variable and its level was determined by accessing level of satisfaction for availability of doctor, waiting time in OPD, behavior of doctors, behavior of nurses, satisfaction with investigation and overall satisfaction.

**Physical facilities-**It includes service facilities such as general ventilation, light, noise, sitting facilities, toilets, and examination rooms.

**Doctor's service-**It includes courtesy and respect of the doctor for a patient and time spend by doctor in examination.

**Nurse's service-**It includes respect given by nurse and treatment given by her.

In order to determine satisfaction level respondents were asked 7 questions and rating was done as follows

- 1- Satisfied
- 2- Somewhat satisfied
- 3- Neutral
- 4- Somewhat dissatisfied
- 5- Dissatisfied
- 6- Not applicable

## **STAFF**

Staff consists of 8 doctors, four sisters and 11 staff nurses, 4 ward boys and two drivers totally dedicated in providing health services to the patients.

## **TIMINGS OF OPD**

OPD works from 9am to 3pm on six days in a week basis

Daily around more than 60 patients get benefited from the OPD.

OPD counter is the first point of contact for the patients where patients get their medical card made.

A card of Rs 13 is being made which is then valid for 15 days.

## **RATIONALE OF STUDY**

OPD is an important part of the hospital. It acts as the first point of contact between community and hospital. All patients get the first impression of hospital through OPD.

Health is the fundamental right of human being and it is the responsibility of the state to provide health to people. Ill person having extra ordinary knowledge and skills cannot be productive and active part of society unless properly cured and that is only possible when he has been provided necessary services of doctors and proper care by nursing staff.

Service quality and customers satisfaction is considered as two sides of a picture. Satisfaction comes in the mind of customers when they receive more than they expect .Customers satisfaction is the key to success, dissatisfied customers may create negative image through publicity which turns future potential customer out of the segment.

Quality maintenance is a controllable factor at the end of service providers; so to make customers more satisfied they may come up to the expectations of the customers. Therefore it is very important to measure patient satisfaction rate as public hospitals are also having very important role in determining health outcome of the society.

## **Justification of study**

Chainrai female hospital is unit of district hospital catering need of female health. The outpatient department gives service to more than 60 patients per day while inpatient bed capacity is 50 beds.

The hospital was built to provide health facility to district Haridwar. Haridwar is one of the major cities in Uttarakhand therefore patients coming from distant areas expect best medical care. The hospital staff, doctors, nurses and hospital management do their best to provide quality care to the patients but limited resources in terms of men, money, and material makes it difficult

OPD runs on six days in a week from 9am to 3pm in winters and from 9am to 4pm in summers.

We are living in the world of information and technology and patients are well aware of their needs and rights. Health facilities are developed to provide quality care to patients. If hospital fails to do so it is considered that it has failed to perform his duty.

Hospital's performance can be measured by level of patient's satisfaction. A complete satisfied patient believes that the organization has potential in understanding his problem, needs and demands related to health care.

## **REVIEW OF LITERATURE**

OPD is an important wing of the hospital which gives mirror image of working of hospital. It is visited by major section of the community and therefore is among the busiest areas of hospital.

Measuring patient satisfaction is essential to measure the quality of service provided by the hospital and what all measures that can be taken to improve it.

Studies about patient's satisfaction are important for smooth functioning of hospitals and hospitals should have self working mechanism to address the changing needs of patients.

Kaleen et al, (1996) suggested that studies related to the patient satisfaction are important but this topic has always been ignored by the service provider. Therefore it is important that regular internal audit may be conducted to assess the patient behavior and satisfaction. Establishing a regular internal audit system will help in identifying the patient's problems timely and providers will be able to work out the strategy to resolve them.

In 1960 many studies assessed the association of health care and patient satisfaction. In fact satisfaction is influenced by numerous factors and only continuous evaluation can identify the factors that can affect the satisfaction.

Donabedian (1990) studied patient satisfaction with several aspects and determined that when patient gets medical assistance needed and in sufficient amount and at appropriate cost he becomes satisfied and consider the service as accessible.

### **Experience (perception) to health care services**

Crow al, (2003) in their review of literature identified that satisfaction was linked to prior experience with health care and granting patient's desires e.g. for tests. The prior experience in this research was analyzed with references to convenience of care, quality of care and medical

expenses. Experience of patient creates expectations perceptive image about quality of care. Patient's cultural background, level of aspiration and worldview do exert some influence on the setting of experience.

### **Convenience**

It referred to availability of care when needed such as convenient hospital hours and availability of health care in need. It is an important factor with reference to the patient's experience. In a study by Srirantanabul and Pimpokovit (1973), of outpatient department, patients feeling were interviewed and found out that one third cases met some problem of convenience of service. It affected their level of satisfaction. Patient had to wait for many hours. Likun (1996) studied ways and means to reduce the waiting time and improve patient satisfaction. The association between waiting time, doctor, nurse and pharmacist services was computed with satisfaction and strong correlation was found between waiting time and nursing service with patient satisfaction. About 61% of patients reported that the waiting time was not reasonable. In a study at Ramathibodi hospital, it was shown that the waiting time was the most important factor influencing with satisfaction. At registration counter it was noticed that patients with higher education and longer waiting time had lower satisfaction. At pharmacy unit same pattern was observed.

### **Quality of care**

The American college of surgeon in 1913 established quality of hospital care as basic principle and subsequently introduced it in 1917 as its hospital standardization program. In 1951 American medical association, American college of physicians. The American hospital association and the Canadian hospital association joined to form the joint commission on accreditation of hospital (JACHO)

## **Medical expense**

In Sweden, in a study it was examined to which extent people may neglect getting PHC services due to the cost associating physical, social, demographic and psychological factors. A questionnaire was distributed in four hundred thousand people out of whom 30% respondents replied that they do not take treatment due to the cost. Those who were socially and financially deprived were students, unemployed and foreigner and single mothers. It was concluded that rapidly increasing patient charges particularly affect the weaker social group and thus hamper the idea of equitable service to all.

Many studies has been done in past to measure patient satisfaction. Some of the studies are as follows.

History of patient satisfaction surveys.

### **1. Measuring Patient Satisfaction: A Case Study to Improve Quality of Care at Public Health Facilities<sup>1</sup>**

The main objective of the study is to measure the satisfaction of OPD (Outpatient Department) patients.

Data was collected from OPD patients through pre-structured questionnaires at public health facilities in the sampled eight districts of Madhya Pradesh. Outpatient Departments of district hospital, civil hospital, community health centre, and primary health centre of the eight selected districts of Madhya Pradesh.

A total of 561 OPD patients were included in the study to know their perceptions towards the public health facilities, choosing health facility, registration process, basic amenities, perception towards doctors and other staff, perception towards pharmacy and dressing room services.

It was found that most of the respondents were youth and having low level of education. The major reason of choosing the public health facility was inexpensiveness, infrastructure, and proximity of health facility. Measuring patient satisfaction was more satisfied with the basic amenities at higher health facilities compared to lower level facilities.

It was also observed that the patients were more satisfied with the behavior of doctors and staff at lower health facilities compared to higher level facilities. The study findings suggest that following measures may be taken by the policy makers and hospital administrators to increase the patient satisfaction at public health facilities: 1) Efforts should be made to reduce the patient load at the higher level facilities so that doctors and other staff can give more attention and time to the patients; 2) Efforts are also needed to strengthen infrastructure and human resources at the lower level health facilities.

## **2. A study on satisfaction at OPD in super specialty hospital, Kerala.<sup>2</sup>**

This study was conducted to know the satisfaction level of patients and also get a feedback about the services provided in the outpatient departments.

The patients were randomly selected and a questionnaire was developed to evaluate patient satisfaction about the outpatient department services, logistic arrangement in the outpatient departments, waiting time, facilities, and perception about the performance of staff, appointment system, and behavior of staff, support service and any other suggestions of patients.

Out of 200 patients surveyed, 90-95% of patients were satisfied with the service offered in the hospital. This study also showed that some of the patients waiting time were prolonged and the friendliness of the nursing staff needs to be improved.

### **3. Measuring patient satisfaction: A cross sectional study to improve quality of care at a tertiary care hospital.<sup>3</sup>**

400 OPD patients were included in the study to know their perceptions towards the said hospital, reason for choosing the hospital, perception towards registration process, basic amenities & perception towards doctors and other staff. The major reason for choosing the health facility was skilled doctors. Majority of patients were satisfied with the facilities available as well as with the behavior of doctors and other health.

### **4. Study of patient satisfaction in territory referral hospital.<sup>4</sup>**

Two hundred fifty two in-patients admitted in the wards and intensive care unit of a teaching department of a public sector tertiary referral hospital was interviewed at the time of discharge. The perceptions and expectations of attendants regarding the quality of medical care, general satisfaction and infrastructure are assessed.

Very high levels of satisfaction were expressed on doctors' work. The technical aspects of nursing care were satisfactory to 88% of patients. Moderate levels of satisfaction were recorded regarding the general attitude of nurses and ward servants. Thirty seven percent of patients felt the treatment facilities could be better. The consumers recorded many suggestions.

### **5. Health care facility and patient satisfaction at civil hospital Karachi.<sup>5</sup>**

This study aims to assess the satisfaction level of the patients' approaching public hospitals for health care services with a deep focus upon socio demographic status of the patients. To analyze patients' satisfaction certain service quality dimensions influencing patients' overall quality perceptions are taken by using SERVQUAL Model, which has applied at one of the public sector

hospital “civil hospital Karachi”. An analysis of 135 patients has been taken from 15 wards of civil hospital Karachi. Results showed that majority of the Patients were poor having income in between Rs 5000-10000 per month. Out of all variables Tangibility (Physical Infrastructure) has received lesser satisfaction by Patients but overall patients were found satisfied with Services provided by Civil Hospital Karachi.

#### **6. Patient satisfaction: a comparative study in three superspeciality hospital.<sup>6</sup>**

Questionnaires were prepared for outpatients. The sample respondents were drawn through stratified random sampling. The outpatients were taken based on the average number of patients per day for each hospital. It is observed that approximately 3000 patients visit Osmania, 2500 visit Nizam's and 1000 visit Deccan. The schedules were distributed to 300 outpatients in Osmania and 270 respondents were selected for final analysis. In case of Nizam's 240 respondents opinions were taken for final analysis. In Deccan 100 schedules were distributed and 90 found to be good and taken for final analysis. Factors such as age, sex, education, nativity, profession, income, etc. have been considered to derive demographic and social background of the patients.

Majority of the respondents in Deccan expressed their satisfaction towards reception services. Considerable number of respondents in Nizam's expressed that they are not receiving adequate information from reception counter. High percentage of respondents in Osmania opined that they spent a lot of time at registration counter. Reasonably good number of respondents in Osmania and Nizam's opined that queue system is to be changed and number of counters increased. In Deccan it is observed that the registration procedure in is totally satisfactory. In Osmania a high percentage of respondents expressed the need for security near registration counters and it is observed that seating arrangements in waiting area are not adequate.

From the above, it can be said that a majority of the respondents in Deccan are under the impression that the procedure adopted before consulting the doctor is satisfactory and staff at the

waiting area are sympathetic towards the patients. Time interval between patient arrival and consulting the doctor is reasonable. In case of Osmania very limited number of respondents expressed their satisfaction towards space and physical facilities. Respondents are not happy with the time given by the doctor to narrate the illness. Reasonably good number of respondents in Nizam's is satisfied with the doctor. They said that doctor is sympathetic towards the problems of the patient. When the researcher tried to elicit the information regarding explanation of the doctor to the patient about the illness, reasonable number of respondents in the three sample hospitals expressed their neutral attitude. Very high percentage of respondents in Deccan and a good number of respondents in Nizam's expressed their satisfaction towards the treatment given by the doctor.

Majority of the respondents in Osmania and Nizam's opined that facilities at investigation room are not good. They claimed that laboratory tests were not done in time and also mentioned that space and staff at investigation area are not enough. It can be said that sophisticated equipment is being used for investigations in Deccan.

As a next step, the authors have tried to elicit the information related to outpatient department timings, performance of the outpatient department etc. Results are - it can be said that timings of the outpatient department in Osmania and Nizam's are to be changed; at the same time the respondents of Deccan are happy with the prevailing time schedule. Most of the respondents in Deccan told that they are going to recommend the hospital to their friends and relatives, that performance of the outpatient department is satisfactory and that they prefer to come to the same hospital again if necessary. In Osmania a majority of the respondents are not happy with the behavior of the staff. Reasonably good percentage of respondents in Osmania and Nizam's mentioned that they experienced discrimination in receiving treatment facilities.

## **7. Assessment of patient satisfaction at a traditional medicine hospital in NEPAL<sup>7</sup>**

This cross-sectional descriptive study was conducted regarding patient satisfaction with outpatient department (OPD) services at Naradevi Ayurveda hospital in Kathmandu, Nepal. A structured questionnaire was administered to 296 patients attending the OPD during February, 2012. The respondents were aged 18 years and above. Chi-square tests and multiple logistic regressions were performed to analyze the associations between independent and dependent variables.

The results show that most of the respondents (74.7%) had low level of satisfaction, and 25.3% of them had a high level of satisfaction. Other selected variables such as distance from home to hospital, long waiting time, adequate length of service hours of the OPD and actual expectations were significantly associated with patient satisfaction ( $p < 0.05$ ). After adjusting the potential factors, it was found that patients who had a low monthly income were more likely to have high satisfaction with the OPD services (OR=2.65, 95%CI=1.38-5.11). Patients who had to wait only a short time (OR=2.19, 95%CI=1.16-4.16) or who reported adequate service time (OR=2.53, 95%CI=1.35-4.75) were more likely to have a high level of satisfaction with OPD services.

In conclusion, low income, waiting time and service hours of OPD were the main predictors of satisfaction with OPD services. Hence, providing the health insurance scheme, increasing access to services at all levels of health institution, providing quick services, and increasing the length of OPD service hours can help to increase the level of patient satisfaction with the traditional health care system. Further qualitative and follow-up studies to further improve the quality of care are also recommended.

**8. Patient satisfaction about health care services: A cross sectional study of patients who visit the outpatient department of a civil hospital at Surendranagar, Gujarat<sup>8</sup>**

A randomly selected 100 patients were interviewed by using pre-structured questionnaires at the end of their O.P.D. visits for 5 days from 16th- 20th January, 2012 at Civil Hospital, Surendranagar.

The overall opinion about the efficiency of hospital was satisfactory in 92% of patients. 68% respondents said that the time of coming to hospital and consulted by doctor was too long. Although in 75% of patients the time devoted by doctor was only between 0-5 min., the communication and explanation of disease by doctors were found satisfactory in 80% and 91% respectively. The need of investigations was necessary as per 90% of patients. Time required to locate and get medicines from pharmacy was satisfactory in nearby all patients.

**9. Patient Satisfaction with Health Services at the Out-Patient Department Clinic of Wangmamyen Community Hospital, Sakeao Province, Thailand( Santhat Sermsri Jiraporn Chompikul)<sup>9</sup>**

This cross-sectional study was conducted to assess patients satisfaction with health services at the outpatient department (OPD) clinic of Wangnumyen Community Hospital, Sakeao province, Thailand, and to determine the association between satisfaction and explanatory factors. Suggestions and comments from the patients were also revealed in this study.

**10. Time, expectation and satisfaction : patients' experience at National Hospital Abuja, Nigeria ( Oluwagbenga Ogunfowokan; Muhammad Mora)<sup>10</sup>**

Long patient-clinic encounter time is typical of many hospital general outpatient departments (OPD) in Nigeria.

**Objectives:** The objectives of our study were to determine the time spent by patients at the service points in the general OPD of the National Hospital Abuja (NHA), to establish the perception of patients regarding the patient-clinic encounter time, and to describe the level of satisfaction of patients with the services received.

**Methods:** A cross-sectional study was conducted at the general OPD of the NHA. Information relating to the time spent at the various service points amongst others were obtained from 320 randomly selected patients using a patient administered validated questionnaire.

**Results:** Two hundred and seventy (84.4%) patients responded adequately and were analysed. The median patient-clinic encounter time was 2.7 hours (range 0.2-7.2 hours). The long patient-clinic encounter time was accounted for mainly by the waiting time to see a doctor which was a median of 1 hour (range 0-5.6 hours) and time spent at the medical records with median of 0.5 hours (range 0-5 hours). There was a significant relationship between a short waiting time as perceived by patients, clinic visit encounters where patients' expectations were met or surpassed, and overall patient satisfaction with the clinic visit encounter ( $p < 0.001$ ).

**Conclusion:** Reduction in patient-clinic encounter time and meeting patients' pre-visit expectations could significantly improve patient satisfaction after clinic visit encounter at the general OPD of NHA.

## **11. Cross sectional study on patient satisfaction for services received in OPD in tertiary care hospital(Patavegar Bilkish, Adhav Prakash)<sup>11</sup>**

Objective: The main objective of the study is to measure the satisfaction of OPD patients in tertiary care hospital and to know the relationship between various determinants & OPD patient's satisfaction.

Materials and methods: The present cross sectional study was conducted among 450 patients attending the outpatient departments (OPDs) of Sassoon General Hospital Pune during 6 months period. Systemic random sampling was used for patient selection.

Results: Maximum number of patients i.e. 197(43.78%) were in the age group of 49 and above. About 61% patients were females. About cleanliness of waiting area 44.5% patients were found unsatisfied. About explanation of treatment by pharmacist 77% patients were satisfied. 91% patient said that OPD timings were convenient. 176 (39.12%) patients had to wait less than 30 min before consulting doctor.

Conclusion: According to the patient's opinion, the study showed good satisfaction with respect to registration services, doctor services, nurse services, lab services and pharmacy staff services.

## **12. Measuring quality of service in Apollo hospital(ketaki pujari)<sup>12</sup>**

Sample size for analysis was collected from the patients visiting the Apollo clinic between 15th of April 06 to 2nd May 06.

Questionnaire forms were distributed randomly among the patients to give their feedback. 100 forms were distributed among patients, out of which 66 questionnaire forms were returned completely filled.

Questionnaire was divided into following categories:

- Nature of visit
- Information about treatment.
- Overall clinical experience
- Demographic characteristics of the patients.

In the feedback form space was given for patients to jot down about what delighted them about the clinic as well as what they thought clinic could do to improve patient care services. This helped to get information on some uncovered areas in the questionnaire. People were also interviewed to get their views on accessibility, physical facilities and infrastructure of the clinic.

People who were illiterate or unable fill up the feedback form were interviewed based on the questionnaire form.

People were assured about the secrecy of the feedbacks given by them.

Feedbacks of the questionnaire were analyzed and observations were recorded.

Data collected was tabulated and used to analyze following parameters

- Overall Care Index (OCI)
- Demographic and Other analysis

**Result was as follows**

**For overall care index**

<u>General Patient Information</u>	<u>Treatment and Related Information</u>	<u>Complaint Management</u>	<u>Patient Feedback on Overall Experience</u>
Weightage in Overall Satisfaction Index			
15%	50%	20%	15%
1) Courtesy and respect by doctors 2) Caring by nurses 3) Confidence in doctor 4) Waiting time	1) Explanation of treatment 2) Explanation of purpose and effects of medicine 3) Clinical skills of doctor 4) Promptness of nurses 5) Pre-information about care before diagnostic tests 6) Opportunity to ask questions 7) Helped by treatment	1) Willingness of staff to listen to needs and complaints 2) Help by staff	1) Cost of treatment 2) Satisfaction level 3) Chances of recommending clinic.

**Demographic and other analysis**

I .47% respondents are “*First Time*” visitors. (Potential lies to convert them converted to repeat visitors.)

II. **55%** respondents were for “**Health Check-up**”. (Since the Data Collection was done between 9 AM to 12 Noon, this finding may be skewed)

III. **39%** respondents were “**Walk-In**” customers. (There is a Direct relationship between Waiting-Time and “Walk-IN patients”. Efforts to promote prior Appointment will have a direct impact on the OCI).

IV. **59%** respondents were in the Age group of **25 – 50 yrs**. (Since maximum of these had come for Health Check-up).

V. **45%** respondents had an Annual Income of < Rs. 5 lakh. (This has a direct relation to the Cost of Treatment).

VI. 53% respondents paid by self, whereas 31% had Work-cover. **Only 7% had Medical Insurance**.

### **Feedback Questionnaire Patient Satisfaction Survey**

#### **Nature of Visit**

**Q1. Your visit to the clinic is:**

- First time visit
- Repeat visit
- Post-surgical follow-up visit.

**Q2. The clinical branch you visited for the treatment:**

- Orthopedic                       Gynecology                       Pediatric
- Neurology                       Ophthalmology                       Dermatology
- Health check-up                       Others ( Please mention): \_\_\_\_\_

**Q3. Was your appointment with the doctor planned?**

- Yes    No

**Q4. If there was any change in the date or time of the appointment, were you intimated? in advance regarding the changes?**

- Yes    No

#### **Information Regarding Treatment**

**Q5. Did you undergo any diagnostic tests during your treatment or health check-up in the clinic (x-ray, ECG, Pathology tests etc):**

Yes     No

**if yes, were you able to receive services for all the prescribed tests?**

Yes     No

**During your treatment how will you rate the following:**

	Excellent	Very Good	Good	Fair	Poor	Not Sure	Doesn't Apply
<b>Q6. Waiting period: not having to wait too long before being attended.</b>	<input type="checkbox"/>						
<b>Q7. Courtesy and respect you were given by the doctor</b>	<input type="checkbox"/>						
<b>Q8. The way doctor explained your treatment to you</b>	<input type="checkbox"/>						
<b>Q9. How well purpose of medicine and side effects of the medicine was explained to you by the doctor</b>	<input type="checkbox"/>						
<b>Q10. Your confidence in the doctor</b>	<input type="checkbox"/>						
<b>Q11. Overall interpersonal skills of the doctor</b>	<input type="checkbox"/>						
<b>Q12. Overall clinical skills of the doctor</b>	<input type="checkbox"/>						
<b>Q13. Courtesy, concern and caring by nurses</b>	<input type="checkbox"/>						
<b>Q14. Responsiveness of nurses to your needs: promptness in attending to the patient</b>	<input type="checkbox"/>						
<b>Q15. If you had to take IV or injections; courtesy of the person who gave you</b>	<input type="checkbox"/>						

injection

<b>Q16. Courtesy of the person who collected blood ; if done blood tests</b>	<input type="checkbox"/>						
<b>Q17. The way hospital staff helped you with your pain</b>	<input type="checkbox"/>						
<b>Q18. Were you informed about the care to be taken at home before undergoing any diagnostic tests? Ex: fasting, drinking lots of water etc.</b>	<input type="checkbox"/>						
<b>Q19. Recommended treatment and follow up: How well were you explained the future plan of treatment and follow up</b>	<input type="checkbox"/>						
<b>Q20. Opportunity to ask questions about your treatment</b>	<input type="checkbox"/>						
<b>Q21. Willingness of hospital staff to listen to your questions and problems</b>	<input type="checkbox"/>						
<b>Q22. Overall effectiveness of the treatment</b>	<input type="checkbox"/>						
<b>Q23. How comfortable are you with the cost of treatment.</b>	<input type="checkbox"/>						

**Q24. Did the assisting doctors check you on some of the visits?**

Yes  No

If Yes, Is this a concern for you?  Yes  No

**Q25. Were you satisfied with the assistant doctors:**

Yes  No.

If NO, is this a concern for you?  Yes  No.

**Q26. Presence of a nurse if male doctor checking the female patient:**

- Yes
- No.

If NO, is this a concern for you?  Yes  No.

**I : Feedback Questionnaire**

Questions about overall hospital experience

**Q27. Thinking about all aspects how satisfied were you?**

- Very satisfied
- Fairly satisfied
- Not too satisfied
- Not satisfied
- Not sure

**Q28. How much do you think you were actually helped by treatment in the clinic?**

- Helped a great deal
- Helped quite a bit
- Helped a little
- Did not help at all
- Not sure

**Q29. What are the chances you will recommend the clinic to family and friends.**

- Great
- Quite a bit
- Little
- Not at all
- Not sure

**Q30. Write any two things that you delighted about the clinic**

**Q30. Write any two things that you delighted about the clinic**

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**Q31. Is there anything that the clinic could do to improve patient care services:**

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[Top](#)

**Some questions regarding the patient**

**Q30. How many times you have visited the clinic over the last 12 months**

- 1st Visit
- 1 – 4
- 5 – 9
- 10 or more

**Q31. Are you male or female?**

- Male  Female

**Q32. To which age group you belong?**

- Under 18 years
- 18-24 years
- 25-34 years
- 35-49 years
- 50-64 years
- 65-79 years
- 80 years and over

**Annexure - I: Feedback Questionnaire**

**Q33. Occupation:**

- Business
- Private sector
- Govt. service
- Housewife
- Student
- Retired

**Q34. Average annual family income**

- < Rs. 2 lakhs
- Rs. 2 – 5 lakhs
- Rs. 5 – 10 lakhs
- > Rs. 10 lakhs

**Q35. How did you pay for the medical expenses**

- Paid by self / family
- Used Medical policy
- Work cover
- Others; please specify \_\_\_\_\_

Name of Patient: \_\_\_\_\_

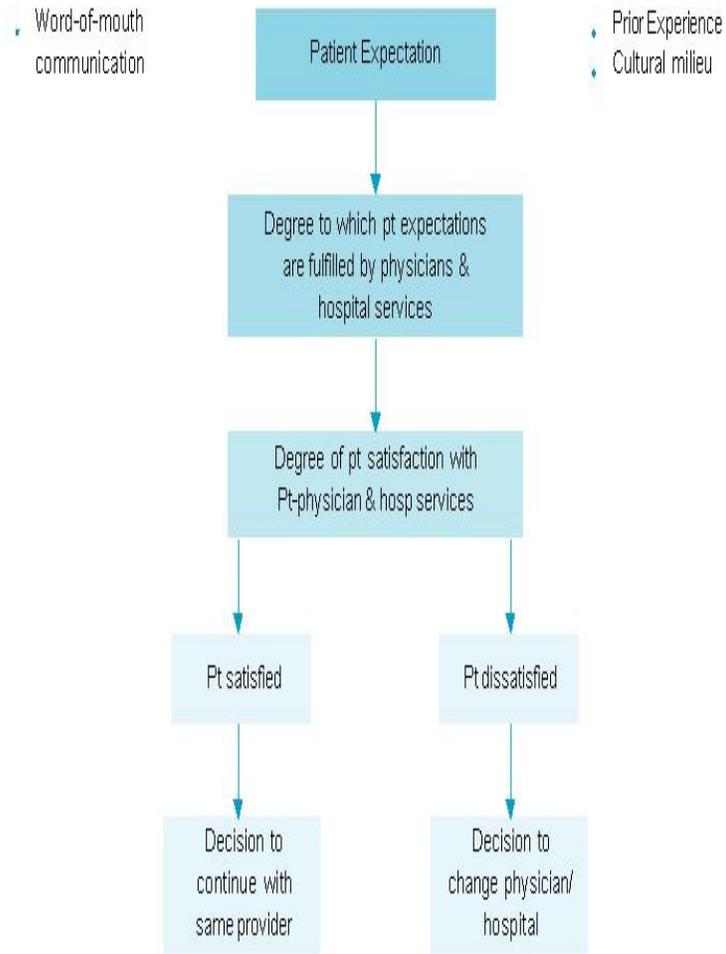
Date of Visit: \_\_\_\_\_

**Current Scenario:**

In today's world, healthcare market is growing very fast and there is intense competition within the health care market to grab a lion's share. However, key to become a successful health care provider is utmost satisfaction of health care users; the patients. In the past 50 years there has been a great change occurring in the health care sector. Health care market is becoming more buyer's market rather than seller's market. Therefore it is becoming more consumer (patient) oriented.

Awareness about health is increasing tremendously among people in rural as well as urban areas. People today do expect high quality of medical care at the affordable cost. People show awareness about the technological, medical, physical facilities they get from a particular health service provider and the cost they have to pay for availing the services. Consumer of the health care sector is very alert and aware about his rights and the standards of services he is going to pay.

**Patient Expectation Survey - A Relevant Marketing Tool for Hospitals**



Source: Adapted from Baron-Epel, et al, Evaluation of the Consumer Model; relationship between patients expectation, perceptions and satisfaction with care, International Journal for Quality in Healthcare 2001;13:317-323

**Figure -4 Patient expectation survey[18]**

**Source adapted from Baron-EPEL, el al , evaluation of consumer model; relationship between patient's expectations, perception and satisfaction with care International Journal For Quality In Healthcare 2001**

According to the patient satisfaction survey done patient's satisfaction depends upon the degree to which patient's expectations are fulfilled by the physicians and hospital's service as well. There are two outcomes of it, either the patient is satisfied or dissatisfied. If the patient is satisfied he continues to take treatment with the same physician or provider but if the patient is unsatisfied, he takes the decision to change the physician or provider.

Patient expectations are directly related to patient satisfaction. Fulfillment of patient expectations is key factors for predicting patient satisfaction. International studies have shown that dissatisfaction with physician is the good predictor of intention to change the physician

### **OBJECTIVES OF THE STUDY**

General objective –to determine the patient satisfaction rate in the OPD of chainrai female hospital.

Specific objective – data that gives satisfaction levels in the following areas of OPD care

- Availability of doctor
- Waiting time
- Behavior of doctor
- Behavior of nurses
- Satisfaction with investigation
- Total atmosphere of OPD
- Overall satisfaction

## **DATA AND METHOD**

### **Research design:**

A cross sectional descriptive study was done in CFH to determine patient satisfaction towards the outpatient services.

**Sampling universe:** female hospital OPD was selected as the study area. Study population was derived from the population visiting OPD at the time of data collection.

**Sample size: 300 patients**

**Study design:** Cross sectional descriptive study

**Sampling technique** – simple random and convenient sampling technique

**Sampling Tool:** Questionnaire

**Data collection:** Primary data was collected using structured questionnaire with closed ended questions.

**Data analysis:** The acquired data is analyzed using statistical methods like simple statistical methods

### **Analysis plan:**

- Tabulation : Data was tabulated with the help of computer
- Coding : for coding the patient's verbal responses has been converted into numerical codes where 1 stands for satisfied, 2 stands for somewhat satisfied, 3 stands for neutral, 4 stands for somewhat dissatisfied, 5 stands for dissatisfied , 6 stands for not applicable.
- Analysis has been done with the help of Microsoft

## **RESULTS AND FINDINGS**

Patients visiting OPD were interviewed .patients were asked seven questions and answers were rated as followed

- 1- Satisfied
- 2- Somewhat satisfied
- 3- Neutral
- 4- Somewhat dissatisfied
- 5- Dissatisfied
- 6- Not applicable

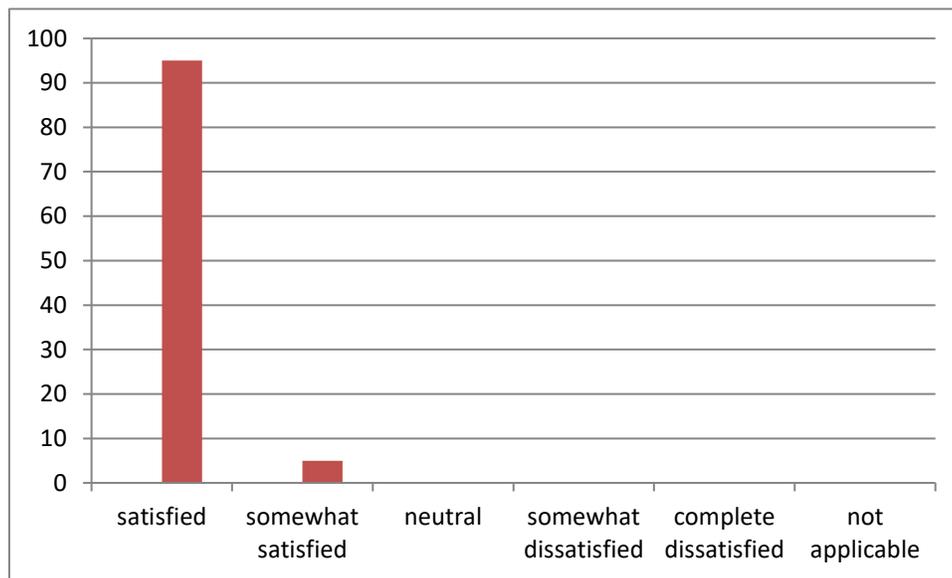
Questions asked were as follows

1. Are you satisfied with the availability of doctor while visiting OPD?
2. Are you satisfied with the waiting time in OPD?
3. Are you satisfied with the behavior of doctors?
4. Are you satisfied with the behavior of nurses
5. Are you satisfied with the investigation?
6. Are you satisfied with the atmosphere of OPD
7. Are you overall satisfied with OPD services?

## 1. Satisfaction with Availability of doctor

Patient visiting OPD were asked about their satisfaction regarding availability of doctor when they visit to that particular doctor, they were asked this question and response was rated on the scale satisfied, somewhat satisfied, neutral, somewhat dissatisfied, complete dissatisfied and not applicable

It was found that 95% patients were satisfied with the availability of doctor while 5% were somewhat satisfied with the availability of doctor, 0% was neutral, 0% was somewhat dissatisfied, 0% were complete dissatisfied and 0% not applicable.

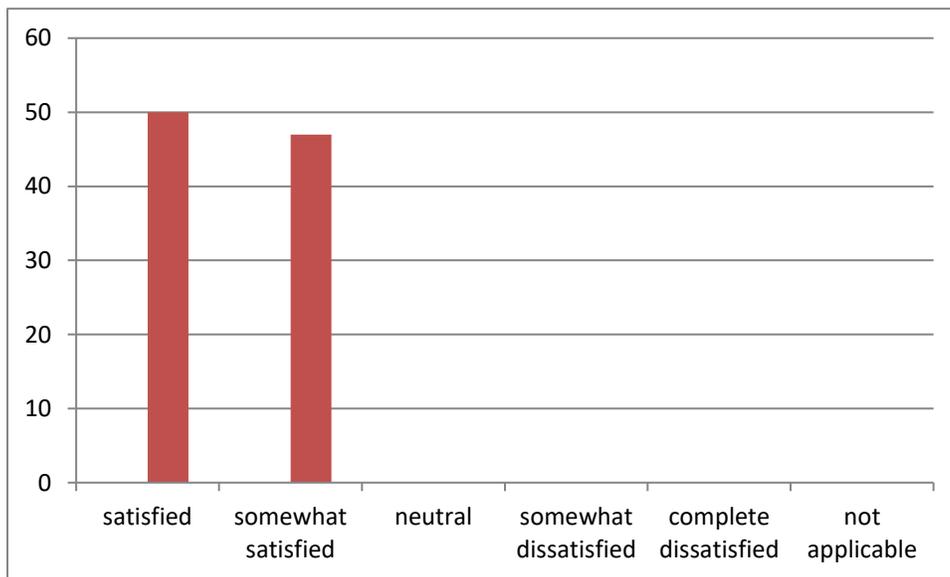


**Figure 5. Patient satisfaction with availability of doctor in OPD in percentage**

## 2. Satisfaction with waiting time

Patients were asked for the satisfaction with waiting time that is it acceptable to them.

Questions were being asked to them. There was slight dissatisfaction regarding waiting time but it was acceptable to some patients. 50% of patient was satisfied with the waiting time while 40% patients were somewhat satisfied with the waiting time



**Figure 6. Patient satisfaction with waiting time in OPD in percentage**

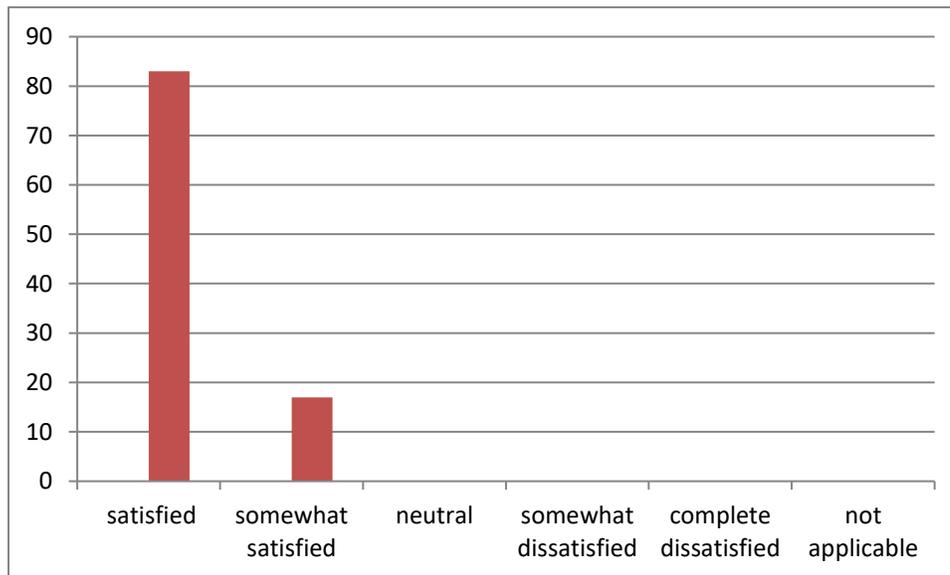
### 3. Satisfaction with Behavior of doctor

Patients were interviewed about their satisfaction with behavior of doctor. Behavior of doctor refers to courtesy shown by the doctor while giving treatment and in investigation.

Most of the patients were found to be satisfied with the behavior of doctor

It was found that 82% patients were satisfied with the behavior of doctor. They replied that behavior of doctor was good and they were treated with respect.

18% patients were somewhat satisfied with the behavior of doctors.

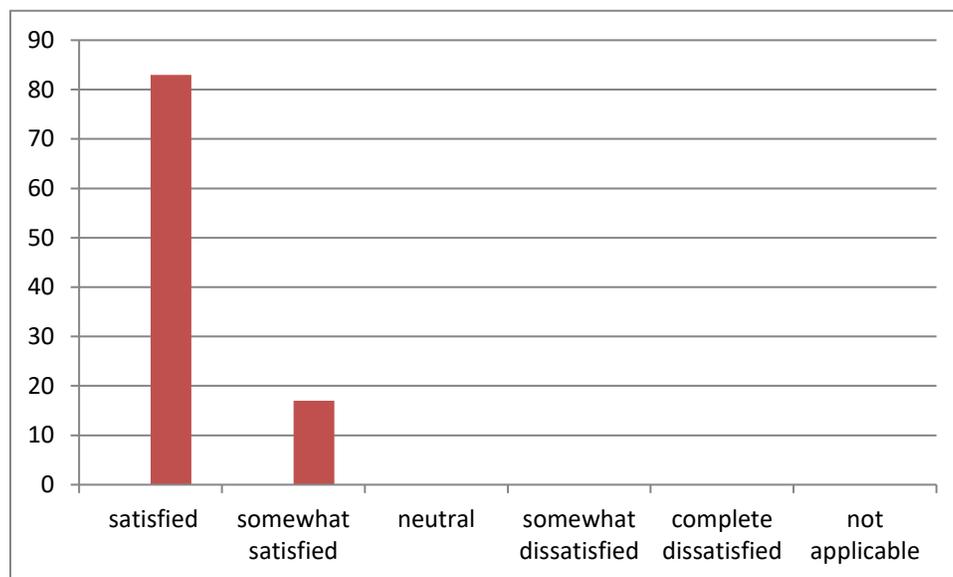


**Figure 7. Patient satisfaction with behavior of doctors in OPD in percentage**

#### 4. Satisfaction with Behavior of nurses

Behavior of nurses also plays a very important role in the satisfaction of patients. In CFW behavior of nurses was found to be good. According to the patients they were cooperative and treated and explained things with respect.

86% patients were found to be satisfied with the behavior of nurses and 14% were found to be somewhat satisfied with the behavior of nurses.

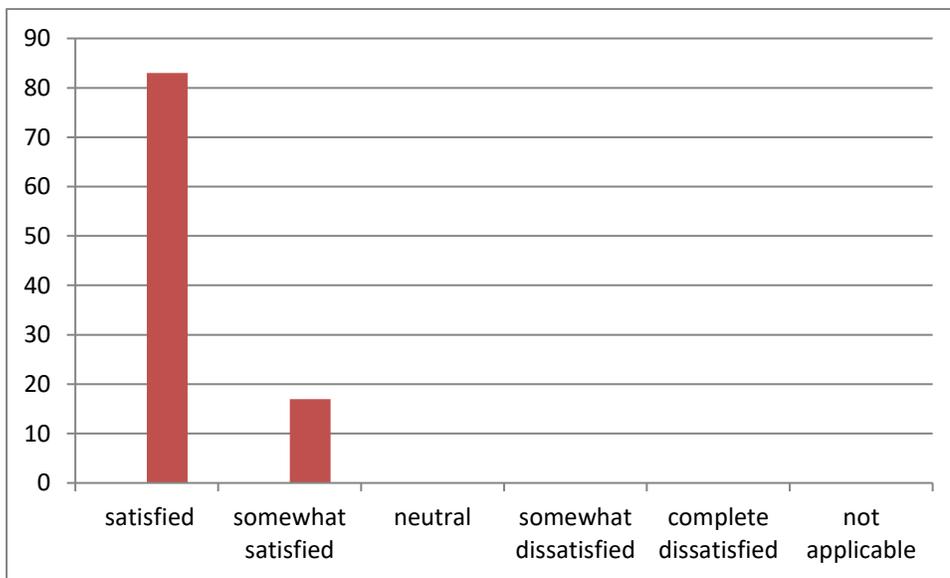


**Figure 8. Patient satisfaction with behavior of nurses in OPD in percentage**

## 5. Atmosphere of OPD

Patients were interviewed about the overall atmosphere of OPD, whether they are satisfied with it, friendliness of staff in OPD, presence of physical facilities as well as level of comfort in OPD.

86% patients were found to be satisfied with the atmosphere of OPD while 14% were found to be somewhat satisfied with the atmosphere of OPD.



**Figure 9. Patient satisfaction with atmosphere of OPD in percentage**

## 6. Satisfaction with investigation

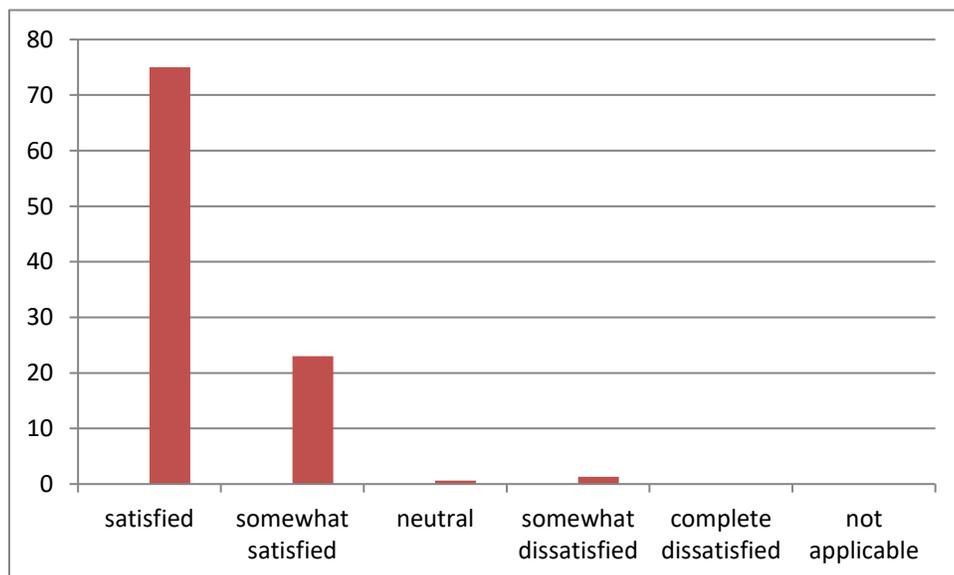
Satisfaction with the investigation contributes to the overall satisfaction of a patient

Patients were interviewed about their satisfaction with the investigation done in OPD.

Improper investigation can lead to improper treatment therefore it is very necessary to have proper investigation done. The results for the satisfaction with investigation were as follows.

75% patients were fully satisfied with the investigation, 23% were somewhat satisfied with investigation, .6% patients were neutral about it while 1.3 percent patients were somewhat dissatisfied with the investigation.

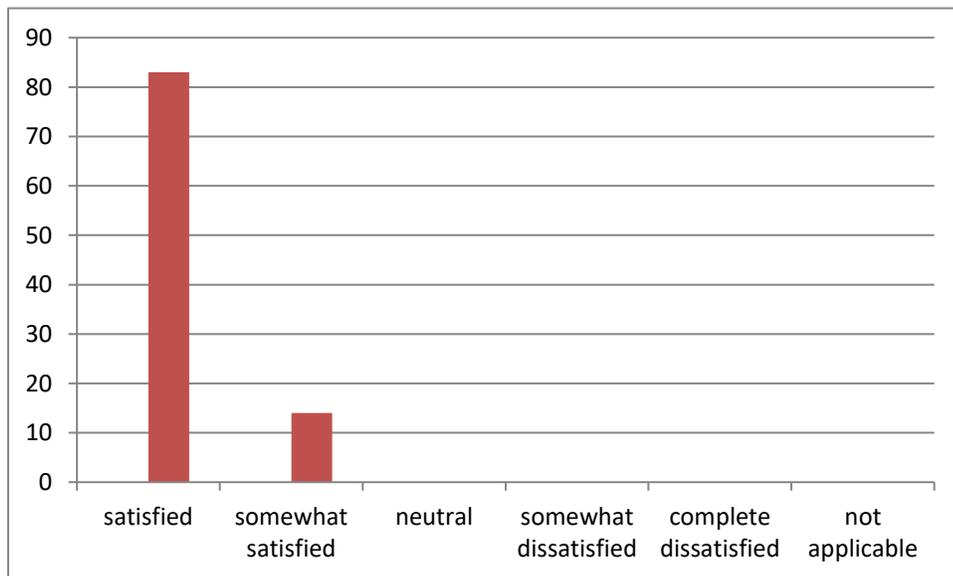
The reason of dissatisfaction was found to be the format in which investigation reports are being delivered to them. According to them it is in handwritten form and thus not acceptable outside by others.



**Figure 9. Patient satisfaction with investigation in OPD in percentage**

## 7. Overall satisfaction

Patients were interviewed for their overall satisfaction in OPD. It was found that 83% patients are fully satisfied with while 17% were somewhat satisfied with the OPD



**Figure 10. Overall satisfaction in OPD in percentage**

## **DISCUSSIONS**

Quality care is one of the central dimensions of public health. Good quality care needs to be delivered at the earliest and at the proper time which is a basic right of consumers.

In recent years it has become clear that quality care can be measured easily. Quality care can be divided by measurement into Structure, Process and Outcome. Structure refers to basic infrastructure and the overall facility and Process means the way the care is delivered and Outcome points to final result.

Health care must guarantee quality care along with safety which is pivotal to quality care. In this particular the study, the most of the patients interviewed were satisfied with the services at this tertiary institute. This is consistent with many studies done elsewhere.

The behavior of the doctors and paramedical staff in our study was found to be satisfactory. Major client dissatisfaction was with waiting time. It was observed during the study that the ultimate satisfaction of a patient is his/her rapport with the doctor. A patient forgets the toll that takes him to reach the services if a doctor sees the patient with compassion.

Dissatisfaction was seen in patient regarding the format in which investigation report gets delivered to them as it is not acceptable outside by others.

## **RESULTS**

A total of 300 patients were selected in the study to know their satisfaction rate on various parameters like availability of doctor, waiting time, behavior of doctor, behavior of nurse, atmosphere of OPD, satisfaction with investigation, and overall satisfaction.

It was found that most of the respondents were young .The major reason of choosing the public health facility was inexpensiveness, infrastructure, and proximity of health facility.

Measuring patient satisfaction they more satisfied with various facilities provided. It was also observed that the patients were more satisfied with the behavior of doctors and staff.

However they were somewhat satisfied with the waiting time but it was acceptable to them. Overall most of the patients were satisfied with the treatment and atmosphere of OPD.

## **STRENGTH AND LIMITATIONS**

### **Strength**

Patient satisfaction is an important indicator for analyzing the quality of care and in turn hospital functioning. This research has provided information related to the satisfaction and non satisfaction areas of the hospital. Managers may utilize this data to understand the weak and strong areas related to the hospital functioning and plan corrective measures.

The systematic sampling in this study will enhance the reliability of the research by involving various patients. The results thus achieved will be more reliable and authentic.

In normal life people hesitate to give their opinion on different vital issues including the problem related to the hospital. The confidential and anonymous nature of the study had motivated the people of all quarter to put forward their view point.

### **Limitations**

This study done in CFH is limited only to female section of society hence will show picture of satisfaction only related to this section. These results cannot be generalized to apply in other institutions.

This study has to be collected within limited timeframe with limited resources .Therefore many important variable and questions could not be included.

Result and output of the study depends upon the data collection. Only fully trained, honest and skilled data collection collectors can maintain the sanctity of the data. Any bias collector would be able to tamper the data collection effect the outcome of final result.

Other limitations are as follows

- The study is subjected to the understanding, bias and prejudices of respondents.
- Although participants were assured of confidentiality, it may still be possible that they either over or underreported their level of satisfaction.
- Low response rates: this was due to the fact that most of the patients were of rural background and were illiterate and unable to read questionnaire ,for such patients questionnaire was being interviewed
- Some of the patients were being brought to the hospital by ASHA workers so their responses were influenced by them

## **CONCLUSION AND RECOMMENDATIONS**

An attempt to evaluate the level of patient satisfaction related to different parameters of quality health care at the health facilities has provided us with the certain areas that need corrective efforts to improve hospitals' service quality.

Infrastructure and architectural corrections need to be made to enhance the comfort and satisfaction of the patients .Certain improvements are also needed in the waiting area by making it informative and comfortable

In present scenario where the hospital is recognized as a social institute and patient is the only reason for its existence, the hospital must strive for patient oriented services. Assessing the overall scenario of OPD, it can be recommended that needs to bring out some simple changes to improve patient satisfaction. These include:

1. Introducing simpler methods of registration so that waiting time can be reduced.
2. Amenities like drinking water and clean toilets

3. Investigation reports given in proper format so that they are acceptable outside hospital too
4. Waiting area should be more spacious
5. Regarding the design of OPD, the registration counter and enquiry desk should be open and near to the entrance of OPD, all diagnostic departments should be near to the consultancy rooms.
6. Hospital authorities should appoint more senior and qualified staff in the OPD.
7. There should be proper parking space for the OPD.
8. When there are more patients in waiting area of OPD, then the seats are not enough for patients in OPD. So, more chairs can be placed in the waiting area to accommodate all waiting patient.
9. Housekeeping supervisors have to take strict steps for cleaning of the room and toilets by giving morning, afternoon, evening and night surprise visits, by putting a chart on the back of the front gate of the room/toilets, which should have column of date day and signature of housekeeper/in charge.
10. With so many activities simultaneously occurring within a short span of time of 4 to 5 hours in a busy OPD, the prime requirement is coordination and control. All the departments in OPD should work in coordination to ensure shorter waiting time and queues at the departments and hence patient comfort

### **Recommendations for future research**

Subsequent repeat study may be conducted to know the latest satisfaction level. Future studies should include other public hospitals of the area in order to compare the differences in services delivery imparted by the identical institutions.

Moreover services of public hospital can also be compared with hospitals working in private sector by using the important indicators of patient satisfaction.

Many findings of this study may be useful for future improvements. Patient satisfaction assessment should be a regular assignment of all hospitals that should be conducted atleast twice a year. It will help knowing the problems of patients and improving the quality of care, ultimately earning good name and prestige for the institution.

Another effective way of knowing the level of patient satisfaction may be community based survey. The results will have less bias and will provide wide spread opinion of the community regarding the quality of care and hospital functioning.

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## ANNEXURE

### Questionnaire

1. Name

2. Age

3. Availability of doctor

- Satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Dissatisfied
- Not applicable

4. Waiting time

- Satisfied
- Somewhat satisfied

- Neutral
- Somewhat dissatisfied
- Dissatisfied
- Not applicable

5. Behavior of doctor

- Satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Dissatisfied
- Not applicable

6. Behavior of nurses

- Satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Dissatisfied
- Not applicable

7. Atmosphere of OPD

- Satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Dissatisfied

Not applicable

8. Satisfaction with investigation

Satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Dissatisfied

Not applicable

9. Overall satisfaction

Satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Dissatisfied

Not applicable