

Patient Satisfaction with Out - Patient Services of a Public Health Facility - A Cross - Sectional Study in North Indian Population

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ABSTRACT

Background: Rapid changes in technology, advances in health needs and increased expectations of people for better care have necessitated regular monitoring of the quality of health care services. Thus, we conducted a survey to investigate the level of satisfaction of beneficiaries towards various out-patient services of a public health facility, to identify deficient areas and suggestions to improve services for better utilization and management of health facility. **Methods:** A cross-sectional, single-center survey was conducted among 100 patients who attended medicine OPD. Participants were selected as per the inclusion and exclusion criteria through systematic sampling technique. Patients visiting healthcare facility were interviewed for collection of the data on socio-demographic details and level of satisfaction (using 5 points likert's scale; 1=very poor to 5=excellent) for quality of services of care providers, OPD registration process, laboratory and pharmacy services, waiting time. In addition to this, suggestions were also collected from beneficiaries for further improvements in health services. **Results:** It was found that majority of respondents were middle aged (78%) (mean 48.58±14.68 years), married (88%), resided in urban areas (92%), and belonged to middle to low socio-economic class (86%). The major reason for choosing the public health facility was inexpensive and positive feedback from old beneficiaries/friends. Amongst observation of varying levels of satisfaction towards various services, a vast majority (95%) of participants were satisfied with the physical facilities, care providers, registration process, pharmacy, and laboratory services. The major domain of concern was the long waiting time. One-fourth (25%) of the patients had to wait for ≥ 1 hour before consultation with physician and 20% of patients had to wait for >30 min for getting medicine from the pharmacy. Approximately half (47%) of patients could get more than three fourth of prescribed drugs from the pharmacy. **Conclusion:** Overall, according to the patient's opinion, the study reported good satisfaction with respect to physical facilities, care providers, registration process, pharmacy, and laboratory services of public health facility of a metropolitan city. Long waiting time and lack of medicines and supplies were the major areas of concern in the study. Complaint and suggestion boxes should be kept so that beneficiaries can freely put their complaints and suggestions for improvement. Future multi-centric studies on the determinants of patient satisfaction should be carried out in-depth to promote client-oriented public health services in India.

Key words: Patient satisfaction, Out Patient Department, hospital services, public health facility

Introduction

Patient satisfaction is a key priority of any healthcare system as it gives a glimpse of the quality and effectiveness of the system in order to address the needs of the consumer, which is the patient. Notwithstanding the eye-opening utility of such metrics, their use in gauging health-care systems in developing countries has been very limited. Part of this problem may be due to preconceived assumptions that health care systems in developing countries may be too resource-constrained to go beyond providing the basic medical services to the community and make additional accommodations. Additionally, measurement of patient satisfaction may be less objective than perceived as there are many non-clinical variables that could potentially influence this [1]. In general, patient satisfaction is defined as a process of evaluation that measures perceived differences between expectations of the patient and what is actually received during the process of care [2,3]. Patient satisfaction depends on many factors

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such as quality of clinical services provided, availability of medicine, behavior of doctor and other health staff, cost of services, hospital infrastructure, waiting time, physical comfort, emotional support, and respect for patient preferences [4,5]. Pre-visit expectations of patients prior to contact with health care system may also be playing a role [6]. An effective means to capture patient experience is using patient-surveys. The beneficiary of such surveys is not only the patient but also health care providers including health administrators and health professionals. The feedback received is likely to help them in identifying service gaps and potential areas for service improvement. Keeping the above points, this cross-sectional study was conducted to measure patient satisfaction of general medicine outpatient department (OPD) at a public health facility which provides clinical service at minimum cost to citizens of Delhi, North India.

Material and Methods

A cross sectional study was conducted among 100 patients who attended medicine OPD in a public health facility in Delhi, North India. Patients were selected using a systematic sampling technique by taking every third patient according to their order of attendance at the registration counter. Patients aged above 18 years were included in the study after taking written informed consent. Patients working in the health care facility and with serious physical or mental pathologies such as terminal disease and psychosis were excluded from the study.

General observation and interview methods were adopted to evaluate respondent's satisfaction towards various available health services such as care providers, physical facilities, laboratory and pharmacy services, accessibility to the clinic, waiting time, availability of drugs in the pharmacy. A pilot testing was done with convenient sample and a structured questionnaire was tested/validated (cronbach's $\alpha = 0.70$) and approved by specially trained experts.

The data were analyzed using Statistical Package for Social Sciences (SPSS version 20.0, Armonk, NY, USA: IBM Corp.). Normally distributed variables were reported as mean and standard deviation. Descriptive analysis was performed to examine the level of satisfaction of respondents. Varying levels of satisfaction were categorized into 5 points Likert's rating scale. The rating was done as following: 5= Excellent, 4= good, 3= fair, 2= poor, 1= very poor. Score of each category was calculated as percentage and frequency. The results of all scores will be illustrated in the form of graphs and histograms.

Results

Out of 112 respondents, 100 patients agreed to participate in the study. The mean age of the respondents was 48.58 ± 14.68

years of which more than three fourth (78%) of the respondents (56%) were between 40-59 years old. Most of the respondents were married (88%) and were from urban areas (92%). More than three fourth (82%) of the respondents were from the lower-middle and upper-lower class using Kuppuswamy's Socioeconomic Scale. More than half (55%) of patients visited the health facility due to reasons such as free OPD services and positive feedback from old beneficiaries and friends.

Amongst observation of varying levels of satisfaction towards various services, majority of participants were satisfied with the cleanliness and physical facilities (include buildings, their infrastructure, and building support systems such as patient waiting areas, including lobbies, cafeterias, registration area, power supply and backup and waste disposal), friendly behaviour and communication skills of registration staffs and the registration process.

Majority (98%) of patients were satisfied with the care received from care providers in respect to various aspects of care provision including friendliness/courtesy of the physicians/nurse/assistant, care provider's efforts in decision about patient treatment, and follow-up. However, 2% of respondents rated themselves as fairly satisfied with care providers. Overall, a total of 76% of participants availed laboratory services from the concerned health facility. The majority (92%) were satisfied with the laboratory services of the clinic with only around 8% being unsatisfied. Similarly, 94% utilized pharmacy services available in the clinic and majority (87%) were satisfied with pharmacy services. Overall, majority (98%) were satisfied with the services of the health facility (Table 2 and fig. 1).

As for convenience/accessibility of the basic health care provided by the OPD, it has demonstrated that 96% of respondents were agreed with OPD timings. In the current study, major domain of concern is waiting time before consultation and time for getting drugs from the pharmacy. One-fourth of respondents had to wait for more than 1 hour before consulting doctors and around 9% had to wait for getting medications. Around half of the patients (47%) could get more than 75% of prescribed medications from the pharmacy of the facility (Table 3).

When asked about stating priority area for system improvement, 24% of patients could not comment. More than one-fourth of the patients (36%) suggested that waiting time needs to be reduced, 29% of patients answered that other facility to be added such as LED display for queue management, online appointment system etc, only 3% responded about the need of the physical facilities to be improved (fig.2). Association between different categories has been identified using the "The Rule of Associate" method (table 4). It has been found that the group of variables

“Respondent of age (40-59), female, married, III level socio-economic class, urban, first-time visit” has 27% of support and lift the value of 2.29 at 100% confidence. Due to high lift value and support the association is considerable and the participants belonging to this group showed good satisfaction (Table 4).

Table 1: Socio-demographic characteristics of patient’s availing OPD Services (N=100).

Variables		Frequency n (%)
Age(in Year)		
	Mean±SD	48.58±14.68
Age range	20 – 39	22 (22)
	40 – 59	56 (56)
	60 – 79	22 (22)
Gender		
	Male	50 (50)
	Female	50 (50)
Marital Status		
	Married	88 (88)
	Unmarried	12 (12)
Residential area		
	Urban	92 (92)
	Semi urban/Rural	8 (8)
Socioeconomic Status		
	(I) Upper	4 (4)
	(II) Upper Middle	10 (10)
	(III) Lower Middle	44 (44)
	(II) Upper Lower	38 (38)
	(II) Lower	4 (4)
Type of Visit		
	First	44 (44)
	Follow up	56 (56)
Reason to visit the clinic (*R=229)		
	Near to Your House	26 (11)
	Free Services	71 (31)
	Quality of Doctors	42 (18)
	Easy accessibility of doctors	36 (16)
	Positive feedback of old beneficiaries& friends	54 (24)

*R; number of responses (multiple responses from single participant)

Table 2: Distribution of responses towards various health services

Services in the health facility	Level of satisfaction (Likert’s 5 point scale) N (%)				
	Excellent	Good	Fair	Poor	Very poor
Physical facilities (n=100)	26(26)	73(73)	1 (1)	0(0)	0
Registration services(n=100)	22(22)	76(76)	0 (0)	2(2)	0
Doctor's services(n=100)	50(50)	48(48)	2 (2)	0(0)	0
Nurse's services(n=74)	14(19)	60(81)	0 (0)	0(0)	0
Laboratory services(n=76)	12(15.8)	58(76.3)	2 (2.6)	4(5.3)	0
Pharmacy services(n=94)	10(10.6)	72(76.6)	12(12.8)	0(0)	0
Quality of services(n=100)	20(20)	78(78)	2 (2)	0(0)	0

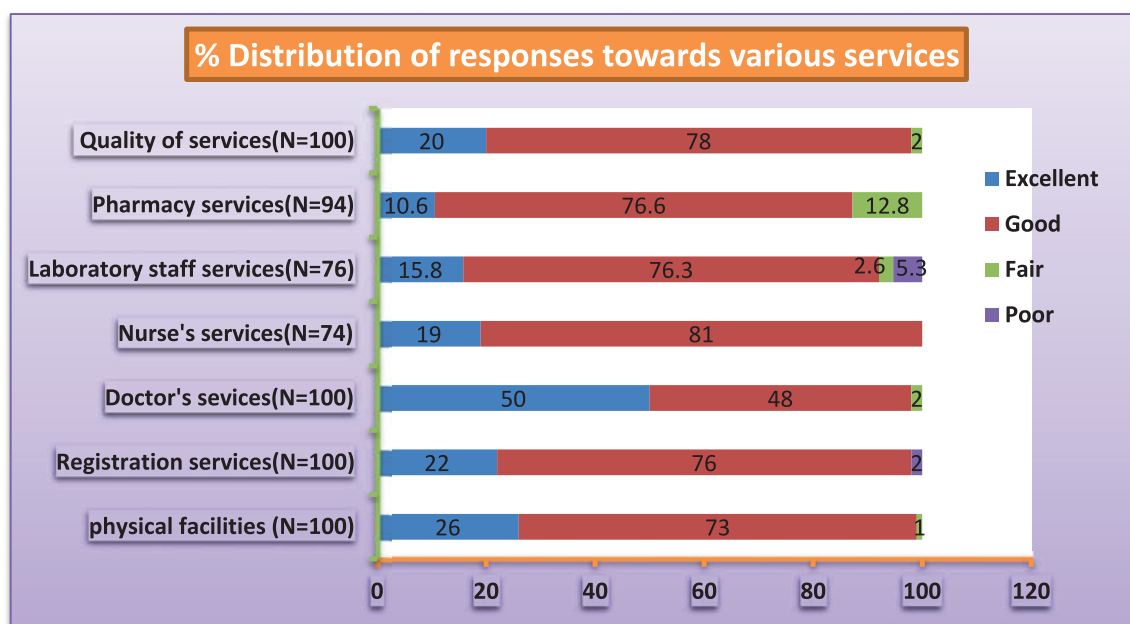


Figure 1: Distribution (%) of responses towards various health services

Table 3: Waiting Time towards various services

Variables	N (%)
OPD timings convenient	N=100
• Yes	96 (96)
• No	4 (4)
Waiting time before consulting doctors	N=100
• Less than 30 min.	35 (35)
• 30 min.-1hr.	40 (40)
• ≥1hr.	25 (25)
Waiting time for getting drugs	N=94
• Less than 30 min.	75 (80)
• 30 min.-1hr.	10 (11)
• ≥1hr.	9 (9)
% of drugs available at pharmacy	N=94
• 76-100	44 (47)
• 51-75	39 (42)
• 26-50	7 (7)
• ≤25	4 (4)

Table 4: Association of level of satisfaction among different group

Sl no	Variables	Support	Lift value (confidence)
1	Age (20-39), Female, married, I-III level, first time visit	17.82%	1.54 (CI90%)
2	Age (40-59), Female, married, III level, urban, first-time visit	27.7%	2.29 (CI99%)
3	Age (40-59), Male, married, IV level, urban, follow up	19.8%	1.31 (CI99%)
4	Age (60-79), Male, IV level, urban, follow up	17.8%	1.31 (CI99%)

Discussion

Patient satisfaction of healthcare facilities is the primary objective of a robust healthcare delivery system. Towards that goal, assessment of patient satisfaction holds the key to improvement of the quality of services. Unfortunately, the

use of such instruments to measure health care delivery in India is neglected which, we think, could be a critical factor in not achieving global health goals. In the present cross-sectional study from a single public health facility of North India, we have demonstrated some glimpses of how health consumers would respond to usual level of care in an

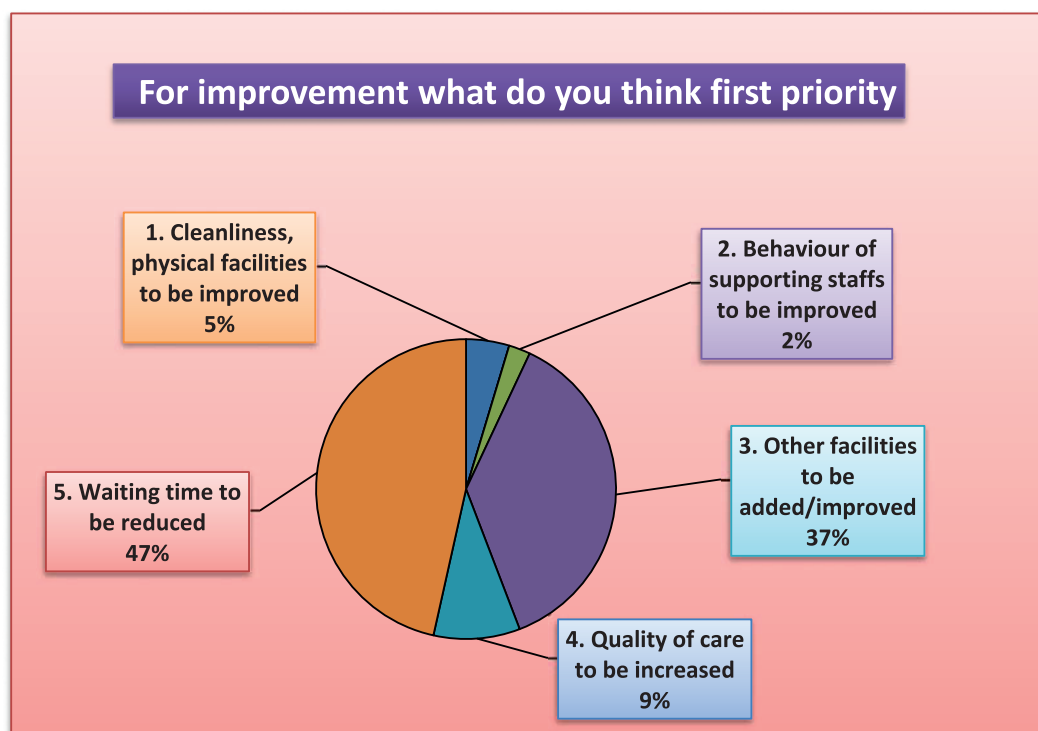


Figure 2: Feedback from respondent towards various OPD services.

outpatient setting. Majority of our respondents were middle aged (78%) (mean 48.58 ± 14.68 years), married (88%), residents of urban areas (92%) with middle to low socio-economic class (86%) which is largely representative of most patient populations seen in urban health care centres. Both sexes were equally reported. The major reason for choosing the public health facility was inexpensive and positive feedback from old beneficiaries/friends. Only one-fourth of patients were elderly (age ≥ 60 years).

Patient satisfaction issues identified in this study included perceived quality of clinical services, availability of prescription medicines, professional behaviour of care providers and supportive staff, out of pocket expenses, hospital infrastructure, physical comfort and emotional support. The current study demonstrated that most of the participants (more than 95%) were satisfied with overall care received such as physical facilities, registration process, care providers, laboratory, and pharmacy services. This is surprisingly higher than previously reported in other studies from developing nations [7-11]. Similar studies from India showed level of patient satisfaction to range from 60% to 89% [12-15]. We attribute such high level of patient satisfaction to the availability of free services such as doctor consultation, supply of prescription medicines, and low cost of prescribed laboratory tests. Similar observations have been made in a recently published study from Punjab, North India in public sector health facilities [16,17].

In our study, a vast majority (98%) of patients were satisfied

with the care received from health care providers in respect to various aspects of care provision including friendliness/courtesy of the physicians/nurse/assistant, care provider's efforts in decision about patient treatment, and follow-up. These results were consistent with other previous studies [17-20] done in Pakistan, South, North, and Central India. In contrast to this, in another study from a government health facility in Bangladesh, only around 69% of participants have expressed satisfaction with the care received from care providers. [9] Results from previous studies done in Government health facilities in Dhaka, Bangladesh and Hyderabad, India, reported only 25 % and 13% satisfaction with care providers respectively [21-22].

Our study showed that the major area of patient dissatisfaction was long waiting time before seeing the doctor or getting medications from the pharmacy. One-fourth (25%) of respondents had to wait for more than 1 hour before consulting doctors and around 9% had to wait for more than 1 hour for getting medicines. This may reflect large volume of patients handled by these clinics and may reflect the resource-constraints in health care delivery systems. Prasanna KS et al. reported 80% of patients waited for more than 30 min before doctor consultation [19]. Md. Ziaul et al. reported that only 38% of patients could get drugs within 30 min [21]. In a study from Nigeria, 48.3% of respondents were dissatisfied with the long waiting time [10]. In another study to evaluate patient satisfaction with the quality of care provided by government health facility in rural Bangladesh,

28.2% of beneficiaries were dissatisfied with the waiting time [9]. In a study from public health facilities from North India, 7.5% of respondents were dissatisfied with the long waiting time for consultation [17]. None-the less half of the respondents noted that they could get more than three fourth of the prescribed drugs from the pharmacy. Similar findings were reported in a study done from Maharashtra, India (58% could get >75% of drugs [20]. Another encouraging point identified was that 96% of participants found OPD hours convenient. The results were consistent with the study done in Punjab, India, where the majority (97.2%) of users were satisfied with OPD hours [17]. This contrasts with a study from Bangladesh, where a significant number of users (34.2%) were dissatisfied with the length of time the health facilities open to the public [9]. We also noted that a vast majority (99%) of respondents were satisfied with cleanliness of waiting area and adequate sitting area contrasting with findings from previous studies which reported 45% to 65% satisfaction with such issues [17,20,23].

While it is difficult to generalize findings of our study to indicate the success/ failure of the studied institution in terms of delivery of quality health care delivery, temporal trends of patient satisfaction scores are likely to help generate data for quality improvement. It is also important to note clinical variables which impact satisfaction scores such as age, socioeconomic status, marital status, waiting time, and availability/accessibility of services in OPD. It is likely that these variables influence, not only the perception of quality, but also indicate different levels of expectations from health care systems. Major drawbacks of our study were small sample size and single centre data thereby limiting ability to see any institution-specific factors that may affect ratings.

Conclusion and recommendations

This patient satisfaction survey in a urban government funded outpatient clinic indicated that majority of patients were satisfied with the resources available to meeting their basic needs. Nonetheless, waiting time and shortage of certain prescription drugs in the pharmacy were major areas of concerns which need to be address and at institutional and governmental levels. We recommend periodic assessment of health care delivery through patient feedback as an essential measure to remove health-care disparities over and beyond resource allocation and formulation of health care priorities.

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