



## Patient satisfaction levels in a tertiary care medical college hospital in Punjab, North India

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### ABSTRACT

**Introduction:** The primary goal of the tertiary care hospital as a highest level of health care provision is to provide best possible health care to the patients. Patient satisfaction is one of the established yardsticks to measure success of the services being provided in the health facilities. **Aims and objectives:** To study satisfaction of indoor patients regarding patient care, behaviour of hospital's personnel and provision of basic services and amenities in the hospital. **Material and methods:** A hospital based cross sectional study was carried out in Rajindra hospital, Patiala in July – August 2013 among indoor patients going to be discharged. **Results:** Most of the patients were from underserved sections of the community. Time lapse between admission and initiation of treatment was more than 30 mins in 13% cases. 18 % of respondents described the behaviour of nurses as harsh/ rude/ avoiding.

21 % patients reported unavailability of drinking water, 43 % reported unavailability of toilets / hand washing facility in the wards. 62 % and 40 % were dissatisfied by the cleanliness in the toilets and wards respectively. **Discussion:** Basic amenities and services at the hospital has a much scope of improvement in terms of availability of medicine, drinking water, toilets / hand washing facility in the wards, cleanliness in the toilets and wards, fans / lights in the wards, bed sheets. **Conclusion:** This study shows assessing satisfaction of patients is simple and cost effective way for evaluation of hospital services and has helped finding that patients were more satisfied with behaviour of doctors and dissatisfaction was found to be more regarding cleanliness in the toilets and the wards. **Recommendations:** Continuous supervision of patient satisfaction levels should be done to deduct methods to improve hospital services.

**Key words:** Hospital services; Hospital management; Patient satisfaction; Patient care; Quality of medical care

### Introduction

The primary goal of the tertiary care hospital as a highest level of health care provision is to provide best possible health care to the patients. The modern era where it is the right of every patient to demand best possible care in Government hospitals, it is the duty of every staff member of the hospital to deliver his optimum efforts to the entire satisfaction of the patient. Its assessment will give us an opportunity to find loopholes in our services and future ratification. It is the nature of a human being that by fulfilling one motive, another one takes the place which is

to be fulfilled and the process goes on [1]. It helps in continuous evolution process.

Patient satisfaction is one of the established yardsticks to measure success of the services being provided in the health facilities. But it is difficult to measure the satisfaction and gauge responsiveness of the health systems as not only the clinical but also the non-clinical outcomes of care do influence the patient satisfaction [2].

Satisfaction is a psychological concept which is defined in different ways. Sometimes satisfaction is considered as a judgment of individuals regarding any

object or event after gathering some experience over time [3]. Human satisfaction is a complex concept that is related to a number of factors including lifestyle, past experiences, future expectations and the value of both individual and society [4].

The main beneficiary of a good health care system is clearly the patient. As a customer of healthcare, the patient is the focus of the health care delivery system. Patient's perceptions about health care system seem to have been largely ignored by the health care managers in the developing countries. Patient satisfaction depends upon many factors such as: quality of clinical services provided, availability of medicine, behaviour of doctors and other health staff, cost of the services, hospital infrastructure, physical comfort, emotional support and respect for patient preferences [5].

For health care organization to be successful monitoring of customer's perception is a simple but important strategy to assess and improve their performance [6,7]. But very few studies are being carried out in India for measuring satisfaction of patient with hospital services as a routine process.

The purpose of present study is to carry out evaluation of hospital services by getting feedback from indoor patients conducted at a medical college hospital in Punjab. A similar study was also done as a university dissertation/ thesis at Rajindra hospital (GMC Patiala) by Chopra A; 10 yrs back in 2003 to assess patient satisfaction among indoor patients admitted through emergency dept [8].

Another study done among indoor patients at Lata Mangeshkar Hospital which is a tertiary care hospital attached to NKPSIMS, Nagpur by Kulkarni et al in 2008 found level of satisfaction among patients to be better with behaviour of doctors (87.76%). Dissatisfaction was found to be more with cleanliness in toilets (56.01%) as compared to the other hospital areas [9].

Similar study in PGIMER, Chandigarh in 2011 by Sharma R. et al concludes that the overall satisfaction regarding the doctor-patient professional and behavioural communication was more than 80 per cent at almost all the levels of health care facilities. In total, 55 per cent of respondents opined that doctors have shown little interest to listen to their problem. More than 70 per cent satisfaction level was observed with staff of laboratories. More than 80.0 per cent were satisfied with basic amenities [10].

The key purpose of this paper is to share the findings on patient's satisfaction about various components of services.

## Aims and Objectives

To study satisfaction of the patients admitted in Govt. Medical College, Rajindra hospital regarding a) patient care provided in the hospital, b) behaviour of medical, nursing and supportive staff, c) availability of necessary services and amenities in the hospital.

## Materials and Methods

A hospital based cross sectional study was carried out in Rajindra hospital, which is a 1097 bedded tertiary care hospital attached to Government Medical College, Patiala. The study was conducted from July - August 2013 among patients admitted in wards of Medicine, General Surgery, Obstetrics And Gynaecology and Orthopaedics departments of Rajindra hospital (GMC Patiala) with a minimum hospital stay of 24 hrs preferably who have completed the indoor stay and are going to be discharged within next 24 hrs. All the patients (n=100) discharged during the study period were included in the study. 25 patients were taken from each selected department. On the day of the discharge, after taking informed consent the patients were interviewed. A pre- designed pre- tested "Indoor Patient Feedback Form" was filled up. The data was analysed by using MS Excel by calculating proportions.

## Results

The figures mentioned in table 1 shows that most of the admitted patients in this Govt. sector tertiary care hospital belonged to weaker section of the society with majority in the age group of 20 - 60 years which is economically productive age group. 44 % were illiterate and only 14% were having education beyond matriculation. 36% were unskilled workers, 10 % were unemployed and 28 % were housewives. 67 % belonged to families having income lesser than Rs.5000/ month.

The satisfaction levels of the studied patients in different aspects of hospital care areas are as described below. Table 2 shows the perception (satisfaction levels) regarding services at the time of admission to the hospital of the patients of whom 72 % were admitted through emergency and rest through outdoor. Most of them were satisfied in this aspect but still the areas needing attention are the sign boards showing direction and the time lapse between admission and initiation of treatment which was more than 30 mins in 13% cases.

Table 3 shows perception regarding quality of professional service by doctors at the hospital indicating higher levels of satisfaction with the functioning of the doctors but 26 % are unsatisfied with the no. of visits of

senior doctors/consultants. 94 % stated the time devoted by the doctor on them as adequate. 91 % of the respondents perceived the efficiency of the doctors of the hospital in managing the condition of the patient as satisfactory. Doctors described the disease status and lab reports to the patient/ respondent in 87 % and 84 % cases respectively.

<b>Table 1: Socio - demographic profile</b>	
<b>Respondent</b>	<b>n = 100</b>
a) Patient	51 %
b) Attendant	49 %
<b>Age of the patient</b>	
a) < 20	9 %
b) 21-40	48 %
c) 41-60	29 %
d) > 60	14 %
<b>Sex/ Gender of the patient</b>	
a) Male	48 %
b) Female	52 %
<b>Duration of stay/admission</b>	
a) < 2 days	1 %
b) 2-5 days	18 %
c) > 5 days	81 %
<b>Education of patient</b>	
a) Illiterate	44 %
b) Primary	20 %
c) Matriculation	22 %
d) Sen. Secondary	9 %
e) Graduate	5 %
<b>Occupation of patient</b>	
a) Skilled	23 %
b) Unskilled	36 %
c) Unemployed	10 %
d) Housewife	28 %
e) Student	3 %
<b>Family Income/ month</b>	
a) < Rs. 2000	23 %
b) Rs. 2000- 5000	44 %
c) Rs. 5000- 10,000	26 %
d) > Rs.10,000	7 %

<b>Table 2 : Services available at Admission (n = 100)</b>	
<b>Mode of admission</b>	
a) Through emergency	72 %
b) Through outdoor	28 %
<b>Helpfulness of the person at Registration desk</b>	
a) Unsatisfactory	4 %
b) Average	26 %
c) Satisfactory	62 %
d) Good	8 %
<b>Availability of Wheel chair / Stretcher N = 83 (Not required = 17)</b>	
a) Available	72 (86.75%)
b) Not available	11 (13.25%)
<b>Ward attendant/ Support staff for assistance at entrance</b>	
a) Available	88 %
b) Not available	12 %
<b>Ward location</b>	
a) Approachable	96 %
b) Difficult to approach	4 %
<b>Sign Boards</b>	
a) Adequate & helpful	82 %
b) Inadequate	18 %
<b>Time taken between Admission and Initiation of treatment</b>	
a) Immediate	20 %
b) < 10 mins	51 %
c) 10 -30 mins	16 %
d) >30 mins	13 %

<b>Table 3: Perception regarding Quality of Professional service by Doctors ( n= 100)</b>	
<b>Time devoted by the Doctor at the time of admission</b>	
a) Adequate	94 %
b) Inadequate	6 %
<b>Description of disease status by Doctor</b>	
a) Adequate/ Satisfactory	87 %
b) Inadequate/ Unsatisfactory	13 %
<b>General communication of Doctor</b>	
a) Good/ Pleasant	56 %
b) Satisfactory	32 %
c) Unsatisfactory	12 %
<b>Perception of Efficiency of Doctors in handling illness of patients</b>	
a) Satisfactory	91 %
b) Unsatisfactory	9 %
<b>Doctors discussed Lab investigation with Patient</b>	
a) Satisfactory	84 %
b) Unsatisfactory	16 %
<b>No. of visits of senior doctors/ consultants</b>	
a) Satisfactory	74 %
b) Unsatisfactory	26 %

Regarding services available in laboratories of the hospital table 4 interpret a good satisfaction levels. Availability of lab technician was found to be 98% and 89 % were satisfied with their approach towards patients. But the problem lies with the difficulty to locate the labs and time taken to reach the labs for investigations which was 10-30 mins in 71% of cases and more than 30 mins in 7 % of the cases with 27 % admitting that they had a problem in locating the labs.

Satisfaction levels regarding quality of service by nursing and paramedical staff in the patients as shown in table 5 were also found to be high as 98 % of the patients stated the no. of the nurses as adequate. 83 % patients affirmed that they were provided medication in timely manner by the nurses and rated communication / behaviour of the nurses as good / pleasant and satisfactory in 23 % and 59 % of the cases respectively, but 18 % of respondents described their behaviour as harsh/ rude/ avoiding. 84% respondents reported availability of investigation results on scheduled time.

Regarding the availability of basic amenities and services at the hospital as shown in Table 6; 56% of the patients stated unavailability of medicine; 21 % patients reported unavailability of drinking water; 43 % reported unavailability of toilets / hand washing facility in the wards. 62 % and 40 % were dissatisfied by the cleanliness in the toilets and wards respectively. 34 % stated inadequacy of Fans / Lights in the wards. Only 20% of the patients were satisfied with the timely

change of bed sheets. Around 63 % of the respondents were dissatisfied with the convenience of parking. Only 18 % of the patients were provided meals, all of them were pregnant females in the obstetrics ward and were provided meals under JSSK.

<b>Table 4: Perception of Quality of Laboratory services ( n = 100 )</b>	
<b>Have you been told about the location / room no./ department where investigations were advised</b>	
a) Yes	91 %
b) No	9 %
<b>Location of Labs for investigations</b>	
a) Easily approachable / locatable	73 %
b) Difficult to locate/ Approach	27 %
<b>Time to reach lab/ department for investigations</b>	
a) <10 mins	22 %
b) 10-30 mins	71 %
c) > 30 mins	7 %
<b>Availability of Lab Technician</b>	
a) Yes	98 %
b) No	2 %
<b>Approach/ behaviour of Lab Technician</b>	
a) Satisfactory	89 %
b) Unsatisfactory	11 %
<b>Availability of Investigations results</b>	
a) Available on scheduled time	84 %
b) Delayed	16 %

<b>Table 5: Perception regarding quality of service by Nursing and paramedical staff</b>	
<b>Availability of Nursing staff in the wards</b>	
a) Adequate	98 %
b) Inadequate	2 %
<b>Communication/ behaviour of Nursing staff towards patient</b>	
a) Good/ Pleasant	23 %
b) Satisfactory	59 %
c) Harsh / Rude	12 %
d) Avoiding	6 %
<b>Dispensing/ Providing prescribed medications in timely manner</b>	
a) Yes	83 %
b) No, Has to be asked	12 %
c) Not known	5 %
<b>Availability of Para medical Staff to the Patients</b>	
a) Adequate	82 %
b) Inadequate	18 %
<b>Approach of other Paramedical staff towards patients/ attendants</b>	
a) Satisfactory	97 %
b) Unsatisfactory	3 %
<b>Quality of Health care / Support provided by Para medical staff</b>	
a) Satisfactory	81 %
b) Unsatisfactory	19 %

<b>Table 6: Perception regarding availability of basic amenities/services n = 100</b>	
<b>Availability / Provision of Medicines by Hospital</b>	
a) Available	19 %
b) Very few	25 %
c) Unavailable	56 %
<b>Availability of Oxygen Cylinders during admission n = 57 ( NOT applicable = 43)</b>	
a) Available	36 (63.16 %)
b) Very few	12 (21.05 %)
c) Unavailable	9 (15.79 %)
<b>Availability of Drinking Water In the premises</b>	
a) Available	79 %
b) Unavailable	21 %
<b>Availability of toilet / Handwashing facility in the wards</b>	
a) Yes	57 %
b) No	43 %
<b>Toilets well maintained / Cleaned by Staff</b>	
a) Yes	38 %
b) No	62 %
<b>Cleanliness in the wards</b>	
a) Satisfactory	60 %
b) Unsatisfactory	40 %
<b>Availability of Fans / Lights In wards</b>	
a) Adequate	66 %
b) Inadequate	34 %
<b>Availability/ Regular change of bed sheets</b>	
a) Available on scheduled time	20 %
b) Delayed	44 %
c) Available but not usable/ unclean	7 %
d) Not available	29 %
<b>Convenience of parking n = 70 (NOT applicable = 30 )</b>	
a) Good	5 (7.1%)
b) Satisfactory	21 (30 %)
c) Unsatisfactory	44 (62.9%)
<b>Meals available / provided in the ward</b>	
a) Yes	18 %
b) No	82 %
<b>If Yes, Quality of food provided n = 18</b>	
a) Satisfactory	16 (88.8%)
b) Unsatisfactory	2 (11.2%)
<b>Availability of Retiring / Waiting room for relatives/ attendants</b>	
a) Available	0 %
b) Unavailable	100 %

## Discussion

The Socio- demographic profile in table 1 itself shows the importance of the hospital because majority of the respondent were in the age group of 20 - 60 years which is economically productive age group for the families belonging to underserved, needy section of the society. Among them 44 % were illiterate and only 14% were having education beyond matriculation. 36% were unskilled workers; 10 % were unemployed and 28 % were housewives. 67 % belonged to families having income lesser than Rs.5000/ month. This weaker section is largely dependent on the Govt. sector hospital and these needy people do not have large expectations from the hospital besides their medical treatment and provision of basic amenities during the stay at hospital. At least this much is the right of every human being which should be well considered and provided by the Government.

It was good to find the perception of the patients about the efficiency of doctors in handling illness of patients which showed satisfaction in 91% of the cases in opposition to the local media reports of patients not having faith in hospital's doctors. No. of visits of senior doctors must be suitably planned and adjusted so that they can fulfil both the call duties and regular visits. The findings in the table 4 interpret a good satisfaction levels with the services provided at the laboratories of the hospital but the problem lies with the difficulty to locate the labs taking much time to reach the labs for investigations which was ascribed by the patients due to absence of sign boards and in some of the cases samples have to be taken to some of the departments like pathology and microbiology situated in medical college building on other side of the road. This should be taken care of with adequate boards indicating direction of departments and room no. of designated labs at the entrance gate of the hospital and medical college.

Satisfaction levels regarding quality of service by nursing and paramedical staff in the patients were also found to be high as most of the patients were satisfied with the availability, communication / behaviour of nurses and paramedical staff in the wards during admission, but 18 % of respondents described their behaviour as harsh/ rude/ avoiding which needs further look into the causes whether it is due to overburden of work or staff needs training towards this.

Basic amenities and services at the hospital has a much scope of improvement in terms of availability of medicine, drinking water, toilets / hand washing facility in the wards, cleanliness in the toilets and wards, fans / lights

in the wards, bed sheets. Many were dissatisfied with the convenience of parking. There is gross negligence in aspects of provision of meals and retiring room for the attendants / relatives of the patient where no provision is there.

It will be most appropriate to compare the results with the Thesis done by Chopra A, in 2003 at same hospital [8].

**Table 7: Comparison with the previous study in the same hospital (2003)**

Indicator	Present study (2013)	Thesis (2003) Dr. Chopra
Perception of efficiency of doctors	91 %	90.20 %
Doctors discussed lab investigation results	84 %	39.40 %
General communication of Doctor	56 %	77.60 %
a) Good /Pleasant	32 %	13.40 %
b) Satisfactory		
Availability of wheel chair/ stretcher	72 %	88 %
Availability of drinking water	79 %	6.80 %
Availability of bed sheets	64 %	16.30 %
Cleanliness of wards	60 %	32.3 %

Above table gives an interpretation that the problem areas which were present previously although improved but are still problematic.

Similar problems have also been found by Kulkarni et al in 2008. Level of satisfaction among patients was found to be better with behaviour of doctors (87.76%). Dissatisfaction was found to be more with cleanliness in toilets (56.01%) as compared to the other hospital areas which was also statistically highly significant [9].

Sharma R. et al also concludes that the overall satisfaction regarding the doctor-patient professional and behavioural communication was more than 80 per cent at almost all the levels of health care facilities. In total, 55 per cent of respondents opined that doctors have shown little interest to listen to their problem. More than 70 per cent satisfaction level was observed with staff of laboratories. More than 80.0 per cent were satisfied with basic amenities; which is far better as compared to studied hospital [10].

## Conclusions

This study shows assessing satisfaction of patients is simple, easy and cost effective way for evaluation of hospital services and has helped finding that indoor patients admitted in Rajindra Hospital were more satisfied with behaviour of doctors but problem lies with the availability of basic amenities and dissatisfaction was found to be more regarding cleanliness in the toilets and the wards. Bed sheets, drinking water, fans availability should be some urgent issues needing concern. Time to reach labs is also a problem area.

## Limitations of the study

This is only a baseline study with a lesser sample, which was carried out for evaluating hospital services as it was a self funded project. A continuous ongoing process of evaluating the services at the time of discharge is required for getting definitive results. We believe the scores obtained from the present study can serve as baseline against which to compare the results from future surveys.

## Recommendations

It is well understood that the problem areas will vary in every hospital and each institution has its own problem. But such kind of studies if followed sequentially after some interventions to improve patient satisfaction in one hospital will guide the other Public sector health institutions as a model to develop infrastructural developments. Regarding this hospital there is a scope for improving services in the hospital. Behaviour of hospital staff although good but should be improved by conducting special sessions for behaviour change communication regularly. More sign boards should be put indicating ways to the labs both in the Hospital and Medical college premises. Emphasis should be given to improve cleanliness in the hospital especially in the toilets. Sufficient quantity of drinking water should be made available at any time throughout the year. There should be a Hospital administration department attached with Medical Superintendent Office of the hospital as present in many of the medical colleges with regular staff

for continuous supervision of patient satisfaction and methods to improve hospital services. This department will help in producing future hospital management professionals among doctors and also improve understanding of management principles by undergraduate students. This work can initially be started in collaboration with Department of Community Medicine which is presently involved in teaching these skills to students. At least in-service training of doctors who are going to act as Hospital administrators must be compulsory. Seniority cannot be the indicator of better administrative skills.

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