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A study on Patient's fulfillment with reference to our hospital services

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Abstract

Background: Even after full dedication of doctors and staff, hospital services to patients care, there was a difference of opinion at the end treatment. To understand the fulfillment of patient and improving health care status, a correction had to be made to attain the at most satisfaction. Present study is designed to extract this work by qualities of medical care feedback in orthopedic inpatient department of Akash institute of medical sciences, Bangalore.

Methods: After identification of key indicators by reviewing literature a pro-forma of questionnaires was prepared and feedback taken in to 9 domains from orthopedic ward patients at time of discharge. Total of 110 cases were surveyed among which 68 were male and 42 were female patients between 10 to 80 years. Statistical analysis was done, to compare & conclude.

Results: In the domain front office staff, 80% were satisfied with Polite, Friendly & helpful behavior of staff, and their explanation about admission procedure, room facility & tariff. In the Nursing domain 66.3% were satisfied with receiving the patient, response and attentiveness to their queries, timely medication and bed care. When it came to house Keeping which includes, everyday cleaning of rooms and toilet, Polite, Friendly & helpful behavior of the staff, 73.6% were satisfied. Doctor's explanation of disease, treatment skills, Counseling about treatment and Post operative care were satisfactory in 82%. When it came to physiotherapy services, only 65% were satisfied. 84.5% were satisfied with cost of treatment and pharmacy services. 47% showed satisfaction regarding dietary services. Billing services was acceptable in 88 out of 110 patients. 81.8% were satisfied with overall hospital service.

Conclusion: Most of the patients treated in our hospital were satisfied with the care in different domains. By fulfilling the deficiencies with respect to domains, a "new model of care" can be achieved they are 1. By recruiting more trained staff and making them learn local language. 2. Arranging transport for the visiting patients from nearest bus stop. 3. Upgradation of pharmacy for availability of all medicines. 4. Maintaining hygiene and cleanliness.

Keywords: Patient satisfaction, hospital services, fulfillment

Introduction

In India they say "a doctor (*vaidya*) should be considered as a form of God (Lord *Narayana*)."
Even after full dedication of doctors to patients and hospital services, there is a difference of opinion, at the end treatment. Why?

To understand the fulfillment of patient and improving health care status, a correction had to be made to attain at most satisfaction. The present study is designed to extract this work by qualities of medical care feedback in orthopedic in-patient department of Akash hospital.

Materials and Methods

The present study consists of 110 patients admitted in Akash institute of medical sciences and research hospital (AIMS&RC), Devanahalli, Bangalore (rural).

Criteria for selection of patients:

Inclusion Criteria

1. Both male and female patients admitted between 2017 January to 2020 June in orthopedic wards, treated by surgical, medical and physical modalities of treatment.
2. Age group ranging from 10 to 80 years.

Exclusion Criteria

1. Patients in ICU/ SICU
2. Patients with less than 10 years and more than 80 years
3. Less than 48 hours of hospital stay.

After identification of key indicators related to patient care by going through literature, we made a pro-forma of questionnaires to be answered. The same has been made in to feedback forms. Because they are realistic to asses' health care performance ^[1, 2, 3]. The feedback scale of assessment may vary from different studies in wording but there is a good agreement between studies about criteria's to decide fulfilment ^[4].

Some of the sample scales referred were British Nursing Index, CINAHL, EmBase, Medline, Popline and Psylit ^[5]. They are collected from patients (also called patient controlled analysis) ^[6] at the time of discharge from orthopedic wards. This is non interventional study conducted without any financial aid from any other sources.

Questionnaires were divided into nine domains

1. Receiving and relation officers gesture, communication, procedure and tariff explanation.
2. Nursing care given by staff.
3. Cleanliness and politeness maintained by ancillary staff.
4. Doctor's communication, treating skills and post-operative management.
5. Paramedical (physiotherapy) services and

communication.

6. Hospitality services.
7. Dietary services.
8. Billing staff communication and time taken for explaining.
9. General advice.

A total of 110 patients were studied in orthopedic ward who have admitted more than 2 days in Akash institute of medical sciences, between 2017 January to June 2020. Patient satisfaction was measured by validated questionnaires in nine domains. Each domain was scored from 1 to 5 and some individual responses. Lower the score indicates more is the satisfaction. One being excellent (maximum fulfillment) and five indicates poor satisfaction. Mean, median and mode, p-value and chin sq calculated ^[7]. The database Google scholar, Medline, Pub med and indexed journals are searched for comparison.

Observations (results)

The following observations were made from the data collected. Among 110 cases, 68 were male and 42 were female patients. Oldest Patient was 80 years and youngest patient was 12 years old. Most of the patients were between 31 to 40 years. Mean age of 43.3 years. Median age was 41 years with most frequent patient age being 32 years.

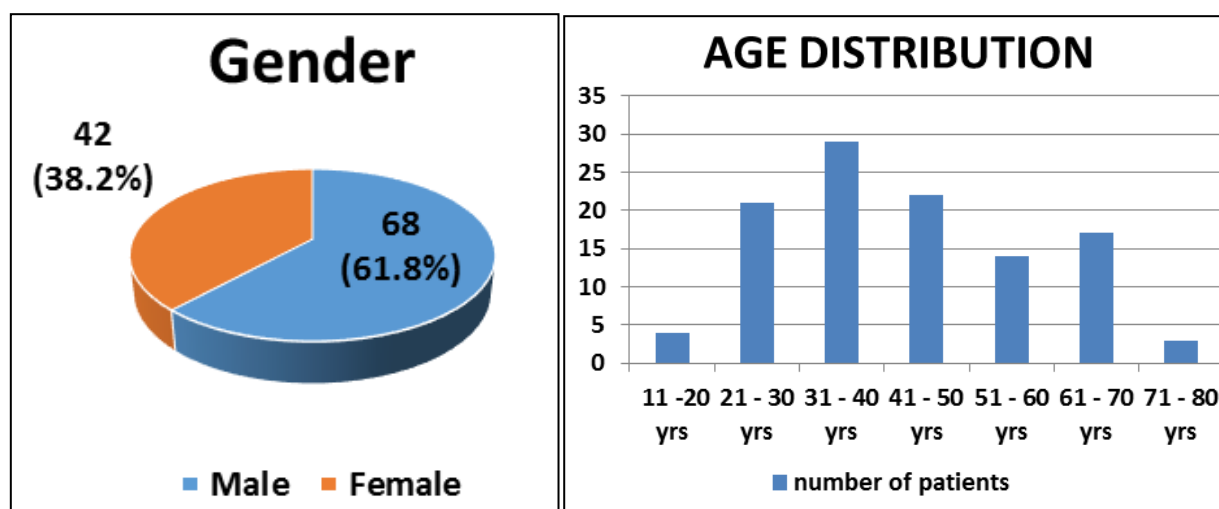


Fig 1.

In the response score of 1 to 5 and lesser the score the more is the satisfaction, for purpose of calculation less than 50% score (2.5) is considered satisfied.

In the domain of front office staff, 88 patients out of 110 (80%) (Scored less than 2.5) were satisfied with Polite, Friendly & helpful behavior of staff, and their explanation about admission procedure, room facility & tariff. In the Nursing domain, 73 patients out of 110 (66.3%) were satisfied with receiving the patient, response and attentiveness to their queries, timely medication and bed care (Changing sheets, cleanliness). When it came to house Keeping which includes, everyday cleaning of rooms and toilet, Polite, Friendly & helpful behavior of the staff, 81 patients out of 110 (73.6%) were satisfied. Doctor's explanation of disease, treatment skills, Counseling about approximate cost of treatment and Post operative care were satisfactory in 91 patients out of 110 (82%). When it came to receiving physiotherapy, only 72 out of 110 (65%) were satisfied. 93 patients out of 110 (84.5%)

were satisfied with cost of treatment and pharmacy services. Even though food was served free of cost for all in-patients, only 52 patients out of 110 (47%) showed satisfaction regarding food quality, taste and on-time services. After doctor's advice to discharge, explanation and doubt clarification regarding billing procedure and waiting time was acceptable in 88 out of 110 patients.

When we added maximum scores of domains it was 105. After adding all the responses of the patients in nine domains, if it is less than fifty percent we considered it as satisfactory. 86 patients among 110 (78%) were satisfied with overall hospital services.

In the general domain for the question: patients experience as compared to previous visit in the hospital, 59 of 110 (54%) patients did not show response. 5 (4.5%) patients told it was better now because of improved infrastructure and cost of treatment is less compared to previous time. 18 (16.3%) patients told it was better before because of more nursing staff. Remaining

28 (25%) were of opinion that there is no change.

Most of the patients 103 out of 110 (93.4%) were intend to return to/ willing to recommend our hospital if needed to their relatives and friends. Among the patients most appreciated service being commented were doctors service, nursing, ward boys and in particular health insurance in-charge Mrs priya came to lime light for her punctual work.

Suggestions for better care of patients in hospital were given in feedback were

23 patients suggested hospital needs more staff, 19 patients in particular pointed it to senior nurses 24X7 when asked to specify. 17 patients stressed importance on cleanliness. 14 in-patients were of opinion that frequent bus facility from Devanahalli (nearest town bus stop) will facilitate more number of patients. 12 patients faced difficulty while buying some medicines which were not available in our pharmacy, they had to buy it from distant pharmacy. 11 patients stressed upon sisters being deficient in kannada which was important because our hospital caters to most of rural patients who are mono-linguistic. Seven patients felt cost of treatment is on higher side. 6 patients suggested for an improvement in food served and canteen facility both in taste and quality. 5 patients were unhappy about physiotherapy treatment and advised care has to improve. 3 of the patients had difficulty in contacting duty doctor in the night hours. Three of the patients who were not from nearby place suggested guest house for visitors, 3 patients told hospital need to do more camps and advertisement as people around still don't know about AIMS&RC hospital and its services.

If we are adding total grading score of all the columns it was 105. And rounding off to nearest 50% it will be 53. So if a patient score is less than 53 in total response score we have assumed satisfied. Among 110 patients 90 (81.8%) patients were satisfied.

Discussion

Among 110 cases, majority were male 68 (61.8%) and 42 (38.2%) were female patients majority is similar to other studies but percentage varied [8].

Association between each domain score and total outcome using chi-square test of association

Table 1.

Variable			Satisfaction outcome		χ^2 value	DF	P value*
			Average	Satisfied			
1	Gender	Female (n=42)	11.9%	88.1%	6.574	1	0.013
		Male (n=68)	33.8%	66.2%			

Table shows female patients were more satisfied than male patients relative to their number.

P value is also showing less than 0.05 so it is significant.

Jose MQ *et al.*, and Otani K *et al.* Study showed female patients less satisfied than male in large group of satisfaction survey which is against the results we have got [9].

Oldest Patient was 80 years and youngest patient was 12 years old. Most of the patients were between 31 to 40 years. Mean age of 43.3 years. Median age was 41 years with most frequent patient being 32 years.

In age group if we are considering more than 50 years as elderly and fifty and below as young, there were 37 (33%) patients who were elders and 73 (67%) were younger patients. Among elders 75.6% were satisfied and among younger

patients 82% were satisfied. So satisfaction was more among younger patients than elders. Our study shows different results compared to other studies and they have coated reason as 'older people may be less likely to complain, or take an active role in seeking information, according to a Victorian older person's organisation (COTA (Vic) 1994) ref: the role of patient satisfaction survey.

In our studies females and younger persons are more satisfied than male and older age group. A national survey performed in different hospital of Taiwan found characteristics like age gender and education has only slight influence on satisfaction. But Nguyen *et al.* and Jenkinson *et al.* declared from their studies that the two strongest and most consistent satisfactory determinants are gender and age [10, 11, 12]

Mean score of responses of patients towards fulfillment of their needs with respect to hospital services

Table 2.

S. No.	Subscale/Domain	Mean score	Standard deviation
1	Front office	8.05	1.69
2	Nursing	14.86	3.39
3	Housekeeping	8.08	1.98
4	Doctors	18.16	2.67
5	Physiotherapy	7.71	2.66
6	Hospital	12.63	2.74
7	Dietary	6.55	2.34
8	Billing	8.47	1.92

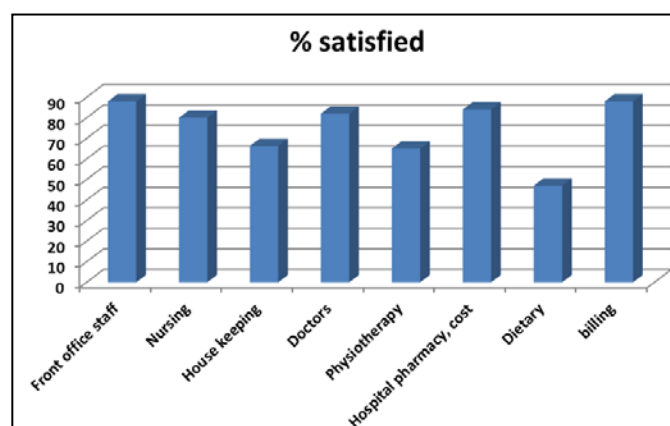


Fig 2.

Table 2.

Domains	% of satisfied patients in our study	% of patients satisfied Jalil <i>et al.</i> study ¹³
Front office	88	70.2
Nursing	80	--
House keeping	66.3	62
Doctors	82	77.8
Physiotherapy	65	71.7
Hospital pharmacy & Affordability	84	73.8
Dietary	47	54.9
Billing	88	72.2

Over all % of satisfaction except dietary services are when compared with other studies is better in out hospital. As we can observe in the chart most percentage of domain satisfaction are from front office, billing, hospital pharmacy and doctors (>80%) which are called pillars of hospital and health care, they are the first contact persons. It gave us boost by knowing the score.

Even though nursing services is also one of the important pillar, it has scored 80% that mean 80 percent of patients are satisfied. Less number of nursing staff is contributing to decline in the percentage for nursing services. Ann K *et al.* study says that nursing is a key component of patient satisfaction^[14]. The following domains have to be improved i.e. physiotherapy, housekeeping because they have below

80% of patient satisfaction.

Dietary services were only satisfied in 47%. In contrast, in most studies abroad patients satisfaction with hospital food services have higher than 80% have been rated good or very good. This indicates that special attention to nutritional status in public hospital is essential^[13].

Association between each domain score and total outcome using chi-square test of association:

Table 3.

S. No.	Domain with score		Satisfaction outcome		χ^2 value	df	P value*
			Average (n=28)	Satisfied (n=82)			
1	Front office	Low (<5)	4 (14.3%)	1 (1.2%)	8.213	1	0.015
		High(>5)	24 (85.7%)	81 (98.8%)			
2	Nursing	Low (<10)	8 (28.6%)	4 (4.9%)	12.056	1	0.002
		High(>10)	20 (71.4%)	78 (95.1%)			
3	Housekeeping	Low (<5)	6 (21.4%)	3 (3.7%)	8.774	1	0.008
		High(>5)	22 (78.6%)	79 (96.3%)			
4	Doctors	Low (<10)	-	-	Cannot be computed		
		High(>10)	28 (25.5%)	82 (74.5%)			
5	Physiotherapy	Low (<10)	12 (42.9%)	7 (8.5%)	17.206	1	<0.001
		High(>10)	16 (57.1%)	75 (91.5%)			
6	Hospital	Low(<7)	5 (17.9%)	1 (1.2%)	11.204	1	0.004
		High (>7)	23 (82.1%)	81 (98.8%)			
7	Dietary	Low (<10)	7 (25%)	27 (32.9%)	0.614	1	0.143
		High(>10)	21 (75%)	55 (67.1%)			
8	Billing	Low (<10)	6 (21.4%)	2 (2.4%)	11.161	1	0.003
		High(>10)	22 (78.6%)	80 (97.6%)			

* $p < 0.05$ - statistically significant

All domains, except dietary domain, are associated in a statistically significant manner with the final satisfaction outcome. 9th domain as mentioned in the text is not a domain that can be scored. It can only be described as texts.

If we are adding total score of all the columns it will be 105. And rounding off to nearest 50% it will be 53. So if a patient score is less than 53 in total response we have assumed satisfied. Among 110 patients 90 patients were satisfied^[13].

In general domain, response to patients Experience as compared to previous visit to the hospital, 59 of 110 (65%) showed no response may be due to their first visit or could have been treated in different department. When compared to the previous admission, 5 patients (10%) expressed its better now than previous visit in view of infrastructure and cost effectiveness. 18 (51%) patients told It was better before in view of staff and sisters. 28 (28%) did not see any difference. This indicates that over a period of time (not specified infrastructure and cost effectiveness has improved and staff services had to improve.

Most of the patients 103 out of 110 (93.4%) were intend to return /willing to recommend our hospital if needed to their relatives and friends which indicates they were happy with the amount of care. Our patients were better satisfied and were more willing to recommend or return when compared to Jalil M study where only 83.7% of patients were willing^[13].

Among the patients most appreciated services were related to doctor, nursing and ward attenders services. In particular Mrs priya health insurance incharge came to lime light for her punctual work. This indicates that all person in each domain has got particular role and responsibility to play to be appreciated.

Suggestions for better care of patients in hospital were given in feedback were

They are graphed according to number of patient's response and its importance. This has helped us in prioritising our strategic management and allocating budget for coming years.

Table 4.

Suggestions	No of patients
Hospital needs more staff	23
Senior nurse staff needed 24X7	19
Stressed importance on cleanliness	17
Transport facility from Devanahalli has to arranged	14
Some medicines are not available in our pharmacy	12
Nurses need to learn kannada	11
cost of treatment is on higher side	7
Food served and canteen facility has to improve	6
Physiotherapy care has to improve	5
Difficulty in contacting doctor in night hours	3
Guest house and camps needed	3
More camps and advertisement is needed	3

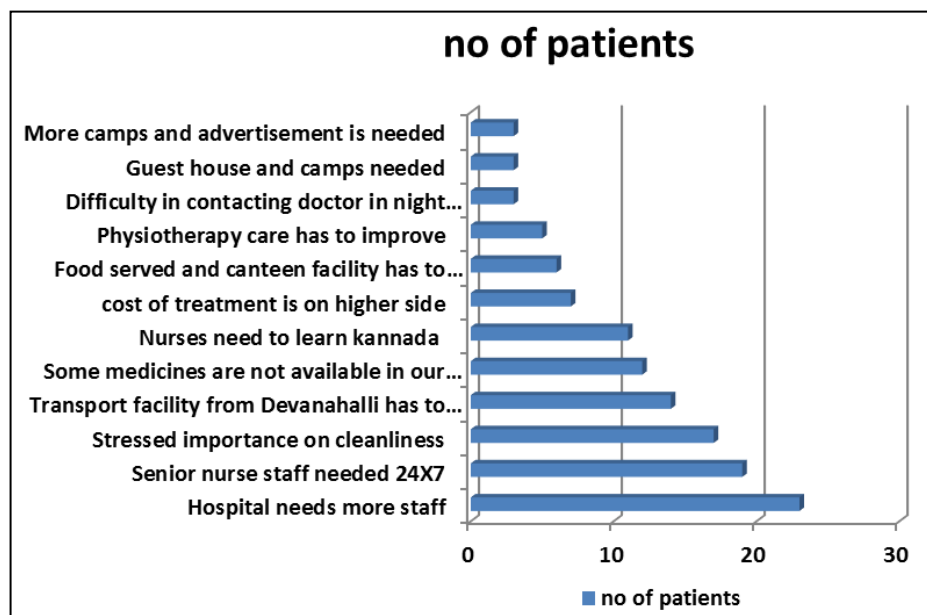


Fig 3.

Drawbacks of study and scope for further survey:

1. Previous experience of hospital means time not specified before what date?
2. Only one department is surveyed?
3. Single doctor has been surveyed?
4. Inter departmental survey and inter consultant survey in the same hospital and between hospitals will compare if same scale is being used.
5. No universal measuring scale is present.
6. Sensitive data being published

Advantages of our study compared to other studies here we have taken feedback from patients in person, and before patient going out of hospital which minimizing error of duration (Neither postal nor telephonic feedback) [7]. Our Study led to facilitate participation by those traditionally marginalized by mainstream health services. Made organization more aware of significant areas of dissatisfaction with care services [15]. After receiving the suggestions and feedback, the strategizing of work to be done and budget allocation, plan of action was clear for the model care unit to evolve [5, 16, 17].

Conclusion: Most of the patients treated in our hospital were satisfied with the care in different domains. By fulfilling the deficiencies with respect to domains, a “new model of care” can be achieved they are 1. By recruiting more trained staff and making them learn local language. 2. Arranging transport from nearest bus stop. 3. Upgradation of pharmacy for availability of all medicines. 4. Maintaining hygiene and cleanliness.

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