

PATIENT SATISFACTION SURVEY IN SURGERY WARD: AN EMERGING TOOL IN IMPROVING PATIENT CARE

Yogeshwar P Shukla^A, Ramabhilash Dubey^B, Ashish Shrivastav^C, Aditi dubey^D,

^A - Senior Resident, Department Of Oncosurgery, Bombay Hospital Mumbai

^B - Assistant Professor, Department Of Surgery, Shyam Shah Medical College, Rewa

^C - Associate Professor, Department Of Surgery, Gajra Raja Medical College, Gwalior

^D - Assistant professor Department Of Ophthalmology, Gandhi Medical College, Bhopal

Surgery

Article Submitted on: 15
October 2017

Article Accepted on: 10
December 2017

Corresponding Author

Dr. Ramabhilash Dubey
Professor,
Department Of Surgery,
Shyam Shah Medical College,
Rewa (M.P.)
Email: ramabhilashdubey1961
@gmail.com
Mobile : 9425185607

Abstract:

As the health care needs of developing countries are different from the developed ones, so are the factors related to patients' satisfaction. Our aim is to evaluate level of satisfaction and areas where it is lacking among the patients in a surgical ward in a government tertiary care center. Patients were asked to fill a questionnaire at discharge that indicates their level of satisfaction to the care and facilities provided to them. 270 patients (response rate: 90%) filled the questionnaire. We found that majority of patients (91%) were satisfied with the hospital protocol and the surgical management, but general conditions of ward, sanitation and adequate number of staff in wards were major areas of patient's dissatisfaction (39%). Thus there is need for measuring patients satisfaction using a tailored questionnaire based on local factors to identify the deficient areas and improve the same for better patient care.

Keywords: patient satisfaction, surgery ward, quality of care, questionnaire

Introduction

Health is an important aspect of development of a nation. Today the healthcare has emerged as one of the most challenging sector as well as one of the largest service sector industries in India. The health care system strengthening is an important international priority for the World Health Organization¹

The burden on health care is increasing, so is the cost thus the patient satisfaction becomes an important evaluator of these services. With increase in level of education and awareness about health, patient satisfaction has become an important domain of the treatment protocol. The spectrum of duty of health care providers has increased, from treating disease to

managing over all wellbeing of the patients.

Keegan et al defined patient /client satisfaction as an attitude or a person's general orientation towards a total experience of health care. Satisfaction comprises both cognitive and emotional facets and relates to previous experiences, expectations and social networks². Satisfaction is achieved when the patient/client's perception of the quality of care and services that they receive in healthcare setting has been positive, satisfying, and meets their expectations³

Aims of a high quality medical care system should be safe, effective, patient centered, timely, efficient and equitable. The quality assessment of health care are divided under two headings, process measures

and outcomes. Process measures assess whether a patient received what is known to be good care. This can be referred to anything that is done as part of the encounter between a physician or other healthcare professional and a patient, such as providing information and emotional support, as well as involving patients in decisions in a way that is consistent with their preferences, etc. Outcomes referred to as change in patients' health status resulting from the medical care received which can be either intended as recovery, relief of pain or unintended as complications.⁴

Development of newer tools and techniques to assess patient opinion is an emerging trend around the globe. Studies are required to survey patient's opinion on general aspects of the care provided to them. Such studies are even more important developing countries especially in government hospitals where patient's treatment gets priority over patient wellbeing owing to limited resources and high patient load. Such a study becomes even more important in light of inability of many patients to afford expensive treatment modalities and the limited budget allocation to the health sector in developing nations like ours. The present study explores this untouched area of assessment of patient satisfaction in a government tertiary care hospital, in India.

Material & Methods

We conducted a cross sectional study on 270 consecutive male patients admitted in single surgical ward in department of surgery over a period of one year, from June 2015 to May 2017 in a government tertiary care hospital in central India. The study was conducted after approval from Institutional Ethics Committee and adheres to the tenets of Declaration of Helsinki. Data were collected after written informed consent from patients or guardian.

Patients aged 18 to 70 years were taken, who underwent different surgical procedures. All patients included in the present study were asked to fill a detailed questionnaire at the time of discharge. They answered the questions indicating their level of satisfaction regarding the care and the facilities provided from admission till discharge.

The questionnaire was designed based on process measures as defined by Institute Of Medicine, New York⁴. The questionnaire was divided in nine categories and each had several questions pertaining to its different aspects. The

categories were: admission protocol, behavior of doctor, behavior of supporting staff, general condition of wards and hospital premises, sanitation, preoperative counseling and consent, operative experience, postoperative care, discharge process and discharge counseling.

The response was measured in likert scale in relation to different variables⁵. Those patients who reported 'very satisfied' or 'satisfied' were categorized as satisfied and those who were either 'unsure' or 'not satisfied' were categorized as 'not satisfied'.

Results

Questionnaire was distributed to 300 patients and 270 responded back. Response rate was 90%. The age group of study population was 18 to 70 years, with mean age 44.33 years (standard deviation of 16.46 years). Patient's experience to the various aspects of hospitalization and treatment is shown in table 1 and table 2.

It was observed that 94.8% patients were satisfied with the admission protocol which includes the admission process, bed allotment and initiation of treatment. Most of the patients (99.3%) were satisfied by behavior of treating doctors which included both consultants and residents, where as 6.2% patients were not satisfied with the behavior of supporting staff (nurses and ward boys). A large group of patients were dissatisfied with the general condition of wards and hospital premises (35.6%). 42.2% found sanitary condition of toilets to be unsatisfactory.

94.1% patients consider that the preoperative counseling given to them was satisfactory, explaining the type of disease, treatment options and possible outcomes. 13.3% patients in present study were not satisfied with the operative care. Postoperative care included pain management wound dressing and medication. 92.2% patients considered the level of post-operative care offered by the hospital was satisfactory. Also for 91.9% patients the discharge process was smooth and discharge counseling was satisfactory.

Discussion

India is a developing country and health care has evolved as a major industry. The quality of health care has been increasing and patient satisfaction is an important indicator

for this. One of the significant trends in the development of modern healthcare is the involvement of patient in the management of their own care. Feedback from patient provides crucial information on what the patient's expectations are and how they perceive the quality of care, which may be different from that of the organization providing the care. This can be used as an opportunity for organizational learning and development. Patient satisfaction questionnaire is a validated instrument to assess the level of the satisfaction of adult patients⁶. Tashonna et al studied similar predictive factors in inpatient and outpatient setting and compared the two questionnaires. They concluded that these questionnaires are brief and can be integrated into health systems strengthening efforts⁷.

The present study found that majority of patients (91%) were satisfied with the hospital protocol and the surgical management irrespective of the outcome, but the general conditions of ward and sanitation in and around hospital was a major area of patient's dissatisfaction (39%). Similar study in Punjab, India by Sheena Ann Mammen et al found 87.12% patients to be satisfied with health care services in a tertiary care hospital⁸. Another Indian study in Delhi found about 88% patients were satisfied with the treatment and medical care they had received and nearly 86% patients found that the hospital services were excellent⁶. José Joaquín Mira et al found 77% of inpatients to be satisfied with care in surgery ward in Spain⁹. The overall better satisfaction score of our patients as we understand can be because of a different expectations of our patients from those of the western countries. Patients coming to this hospital mainly comprise of rural population, who still look at doctors as a 'god like' figure and do not question or doubt the treatment provided to them, unlike the west where every action of the treating facility is under strict scrutiny of the patient and their attendants.

With respect to admission process Aashima et al found 76% patients did not have any difficulty in the admission procedures of the hospital⁶, and the present study found 91% patients to be satisfied with the admission protocol followed in the hospital, which included time to get the registration, file work, allotment of bed and initiation of the treatment.

Another factor which has a universal concern is behaviour of attending doctor and supporting staff of the hospital, which includes availability of staff in need, their communication skills, and adequate management of patient problems.

Present study found 99% patients satisfied in these parameters while 94.8% satisfied with other supporting staff. The difference in satisfaction can be because of lack of proper training to the supporting staff and also lack of adequate staff in wards in relation to high patient load in a government hospital. Another similar study from Delhi found 75% patients did not find any difficulty in calling the nurse and taking her help as and when needed. About 67% patients felt that the doctors looked after them properly⁶. Authors from Europe and the United States had studied patient safety, satisfaction, and quality of hospital care¹⁰, also concluded that there is association between nurses and patient outcome. You LM et al stated that more number of baccalaureate nurses were strongly related to better patient satisfaction¹¹.

Cleanliness and sanitation is the factor which has not been studied in western countries while Indian studies have found it to be significantly related to overall satisfaction of the patients⁶. Cleanliness becomes important in developing world due to limited resources and high patient load in the hospitals. Present study found 35% were not satisfied with the cleanliness in the hospital and 42% found the sanitation facilities to be in poor condition. In another similar study by Aashima et al from Delhi, India, found 51% patients were not satisfied with the cleanliness of the hospital⁶. The poor sanitation facilities in developing country like ours is both due to lack of resources to provide and maintain a good facility and the over burden to the facility owing to the overflow of patients in government hospitals.

José Joaquín Mira et al studied predictors of patient satisfaction in surgery wards and informed consent was found to be one of the most influential factors on inpatient satisfaction⁹. Present study found 94% patients to be satisfied with preoperative counseling which includes explanation regarding nature of the disease, available treatment options, informed consent and prognosis. The use of discharge counseling is one of the factors related to patient satisfaction, health provider performance and clinical outcomes^{12,13}. In present study it was found that 91% patients were satisfied with the discharge information provided to them.

Operative experience was perceived unsatisfactory by 13% patients in present study and 7% found postoperative care to be inadequate. The main concerns of the patients were preoperative anxiety, long waiting hours before surgery due to less number of operating theatres, intraoperative

awareness in patients being operated in regional anesthesia and post-operative pain. One more important concern of the patients was non availability of a separate ward for sick patients on ventilators, thus arousing anxiety and discomfort to otherwise normal post-operative patients. Similar were the causes of low satisfaction in surgical patients as studied by D L Williams et al.¹⁴.

So most of the factors which lead to a unsatisfied patient in a surgical ward are because of the limited understanding of patients which can be either due to lack of knowledge as on their own part or the lack of communication on the health care providers part. These factors stand common in the developing and a developed world. Another factor which is exclusive to the developing world is the poor infrastructure, which along with large patients load throttles the system leading to unsatisfied patient.

Conclusion

Strengthening health service delivery requires special attention to the experiences of patients as it is a key indicator of whether improvements in health care delivery have been made and where to focus future improvement efforts. Thus the future of health care lies in active participation of the patients in policy making.

In conclusion, it is worth emphasizing that there is no “gold standard” measure of patient satisfaction¹⁵. Sitzia J. et al reviewed over 100 articles and stated that patients’ expectations, demographic and psychosocial variables are important determinants¹⁶. As in present study in the government tertiary care hospital, the areas of concern are cleanliness in the hospital premises, sanitation facilities, adequate infrastructure, proper training and adequate number of supporting staff. Also it becomes important to formulate a questionnaire based on cultural and socioeconomic condition of the population which is being catered, take a feedback from the patients and incorporate their views in policy making and decision taking in a particular healthcare facility.

Table 1: likert score of different factors under study

Likert scale score -	5	4	3	2	1
1. Admission protocol					
Admission process	80	182	0	8	0
Initiation of treatment	80	182	0	7	1
Allotment of bed	72	174	8	15	1
2. Behavior of doctor					
	132	136	2	0	0
3. Behavior of supporting staff					
Behavior of nurses	158	162	0	9	1
Behavior of wardboy	76	176	4	13	1
Proper attention to the problems by staff	70	184	8	8	0
4. General condition of wards and hospital premises					
Drinking water	54	124	30	48	14
Availability of fan/ cooler/ heater	52	118	30	69	1
5. Sanitation					
Cleanliness in wards and toilet	46	110	14	91	9
6. Preoperative counseling and informed consent					
	92	162	12	4	0
7. Operative factors					
Waiting area conditions	64	144	34	24	4
Operating time	88	146	20	16	2
8. Postoperative care					
Proper timing of medication	102	154	4	8	2
Appropriate wound dressing	102	134	14	20	0
Treatment outcome	130	124	4	12	0
9. Discharge counseling					
Discharge counseling	110	140	14	4	2
Discharge process	98	148	16	4	4

Table 2: patient satisfaction to different variables under study

Patients experience	Satisfied	Not satisfied
Admission protocol	94.8%	5.2%
Behavior of doctor	99.3%	0.7% ⁰
Behavior of supporting staff	94.8%	5.2%
General condition of wards and hospital premises	64.4%	35.6%
Sanitation	57.8%	42.2%
Preoperative counseling and consent	94.1%	5.9%
Operative experience	86.7%	13.3%
Postoperative care	92.2%	7.8%
Discharge process and discharge counseling	91.9%	8.1%

References

1. WHO (2007) everybody's Business: Strengthening Health Systems to Improve Health Outcomes. http://www.who.int/healthsystems/strategy/everybodys_business.pdf. Accessed on 28 Nov 2013
2. Keegan O, McDarby V, Tansey A, McGee H(2003) Community involvement in A/E satisfaction survey. Available at: <http://www.lenus.ie/hse/bitstream/10147/43559/1/3498.pdf>. Accessed 20 October 2013
3. Irish society for quality and safety in healthcare (2003) Measurement of Patient Satisfaction: Guidelines http://www.dohc.ie/issues/health_strategy/action48.pdf?direct=1 accessed on 5 Nov 2013
4. Cleary PD, O'kane ME (2003) Evaluating the quality of healthcare. In: e-source Behavioral & social services research. National Institute of health <http://www.esourceresearch.org/tabid/794/Default.aspx> accessed on 15 Oct 2013
5. Fitzpatrick R(1991) Surveys of patient satisfaction: II-Designing a questionnaire and conducting a survey *BMJ* 302: 1129-32
6. Agarwal A, Garg S, Pareek U (2009) A Study Assessing Patient Satisfaction in a Tertiary Care Hospital in India: The Changing Healthcare Scenario. *J Commun Dis* 41(2): 109-112
7. Webster TR, Mantopoulos J, Jackson E, Cole-Lewis H, KidaneL,Kebede S, et al (2011)A brief questionnaire for assessing patient healthcare experiences in low-income settings.*International Journal for Quality in Health Care*.Doi: 10.1093/intqhc/mzr019
8. Mammen SA, Varghese S R, Isaac R (2009) Satisfaction of in-patients concerning patient care in a tertiary care hospital in Punjab. *Indian J Public Health*. 53: 49-51
9. Mira JJ, Tomás O, Virtudes-Pérez M, Nebot C, Rodríguez-Marín J (2009) Predictors of patient satisfaction in surgery. *Surgery*.Doi:10.1016/j.surg.2009.01.012
10. Aiken LH, Sermeus W, Heede KV, Sloane DM, Busse R, McKee M, et al (2012) Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. *BMJ*.Doi: 10.1136/bmj.e1717
11. You LM, Aiken LH, Sloane DM, Liu K, He GP, Hu Y, et al (2013) Hospital nursing, care quality, and patient satisfaction: cross-sectional surveys of nurses and patients in hospitals in China and Europe. *Int J Nurs Stud*. 50(2): 154-61
12. Sun BC, Brinkley M, Morrissey J, et al (2004) A patient education intervention does not improve satisfaction with emergency care. *Ann Emerg Med*. 44: 378-383.
13. Clark PA, Drain M, Gesell SB, et al (2005) Patient perceptions of quality in discharge instruction. *Patient EducCouns*. 59: 56-68.
14. Myles PS, Williams DL, Hendrata M, Anderson H, Weeks AM (2000) patient satisfaction after anesthesia and surgery: results of a prospective survey of 10811 patients. *BJA*. 84(1): 6-10
15. Fitzpatrick R (1991) Surveys of patient satisfaction: 1-important general considerations. *BMJ* Doi: 10.1136/bmj.302.6781.887
16. Sitzia J, Wood N (1997) patient satisfaction: A review of issues and concepts. *Social Science & Medicine*. 45(12): 1829-43