

# PATIENT SATISFACTION;

## OPD services in a Tertiary Care Hospital of Lahore

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**ABSTRACT... Introduction:** Patient satisfaction is a relative phenomenon, which embodies the patients perceived need, his expectations from the health system, and experience of health care. **Objective:** To determine the level of patient satisfaction towards OPD services with reference to doctor-patient interaction, registration desk, waiting area, and overall health facilities. **Study Design:** Descriptive cross sectional study. **Setting:** Tertiary care hospital of Lahore. **Study Period:** April 2013. **Material & Methods:** A sample of 250 patients was selected by employing systematic random sampling technique. The patients were interviewed and data was collected using a pretested questionnaire. Data was analyzed using the statistical package for social sciences (SPSS) version 16.00. Data was presented in figures and tables. It was described using frequencies, percentages and mean. **Results:** Majority of the patients i.e 232 (94%) reported being satisfied with the doctor. A vast majority agreed that hospital was clean 233 (94%) and adequately ventilated 224 (90%). The hospital staff in the waiting area was found to be respectful 220 (89%) and fair 198 (80%) towards the patients. The patients had no difficulty locating the reception desk of the health facility 235 (95%). A large proportion of patients i.e.220 (89%) said they would re-visit the hospital. **Conclusions:** The patients were highly satisfied with their doctors and were ready to re-visit the hospital. It is recommended that further studies should be conducted to assess patient satisfaction in the secondary and primary care health facilities and efforts should be made to get regular feedback from the patients.

**Key words:** Patient satisfaction, waiting area, doctor-patient interaction, health facility.

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### INTRODUCTION

Patient satisfaction is a relative phenomenon, which has been around since 1960's but active research on the topic was initiated in late 1970's and early 1980's. This led to the replacement of the idea of 'quantity of life' by a more patient centered concept of 'quality of life'<sup>1</sup>. Patient satisfaction embodies the patients perceived need, his expectations from the health system, and experience of health care. This multi-dimensional concept includes both medical and non-medical aspects of health care<sup>2</sup>. Various theories of patient satisfaction in healthcare have been published. These theories include the expectancy value theory, which proposes patients beliefs, values and prior expectations regarding care to influence patient satisfaction and another is the health care quality theory, which emphasizes that interpersonal process of care plays a paramount role in ensuring patient satisfaction<sup>3</sup>.

The literature review highlights many factors that can

affect patient satisfaction. These determinants can be either provider-related or patient-related. Some provider-related factors are physician's proficiency and interpersonal communication skills, behavior of hospital staff, access to care, basic facilities, and infrastructure. Patient-related factors include socio-demographic characteristics of patients, stage of their disease as well as patients' perception of a relationship of trust and feeling of being involved in decisions about their care<sup>4,5,6</sup>.

The modern day patient is more aware and educated, has access to information, and has expectations from the health system. Hence, it is more important today than ever before to address issues related to service delivery in this context<sup>7</sup>. A patient with positive perceptions has a greater chance of translating it into positive outcomes. Whereas, negative attitudes in the patient and dissatisfaction with health care provided leads to poor compliance and, in extreme cases, patients resort to negative word-of-mouth that

discourages others from seeking health care from the system<sup>8,9</sup>. Studies have shown that individuals did not visit their local centers of primary health care in Africa even for severe illness due to perceived low quality of healthcare at these centers<sup>8</sup>.

Thus, the reason for laying great emphasis on patient satisfaction is that it is linked to improved compliance of doctors instructions, timely care seeking by the patient, and greater comprehension and retention of information provided by the health care provider<sup>2</sup>. All ensuring a favourable health outcome. Patient satisfaction is also one of the indicators of the quality of care. Its assessment can help in the improvement of health care services and their delivery based on input from the patient<sup>10</sup>.

In Pakistan, some studies have been conducted on patient satisfaction but with focus on specific areas such as the emergency department<sup>11</sup>, day-care surgery<sup>12</sup> or family medicine sections of the hospital<sup>13</sup>. This survey was conducted to study another important area of services in hospital i.e. Out-Patient Department (OPD) of a hospital. Therefore, a tertiary level care hospital in Lahore was selected for this study with the objectives to determine the level of patient satisfaction towards OPD services with reference to doctor-patient interaction, registration desk, waiting area, and overall health facilities. The results of the study will be useful for hospital administration and managers of health system at different levels to institute meaningful interventions.

## METHODOLOGY

A descriptive cross sectional study was conducted in a tertiary care hospital of Lahore in April 2013. The patients attending OPD services of the hospital comprised the study population. A sample of 250 patients was selected by employing systematic random sampling technique. The previous average OPD attendance was taken as the population size, to calculate the sampling interval or the nth number for a

sample of 250 patients. Every nth patient was selected for the interview. This process was continued till the required sample size was completed. The questionnaire developed for data collection contained both open ended and closed ended questions regarding patients socio-demographic history, satisfaction with the doctor, location of registration desk, adequate seats in the waiting area, behavior of the staff and reasons for re-visiting the hospital. It was pilot tested, and after appropriate amendments was used to collect data from the patients. Informed and voluntary consent was taken from the patients after explaining the purpose of the study to them. Data was analyzed using the statistical package for social sciences (SPSS) version 16.00. Data was presented in figures and tables. It was described using frequencies, percentages and mean.

## RESULTS

A total of 250 patients were sampled for the study, but two questionnaires were incomplete, therefore, 248 of them were entered and analyzed. There was almost equal representation of males 127 (51%) and females 121 (49%). The mean age of the respondents was  $34 \pm 1.58$ . The age category of 15-30 years comprised of 110 (44%) of the respondents, whereas, 18 (7%) were in the age category of 60-75 years. Of the total respondents, 159 (64%) were married, 86 (35%) were never married and 3 (1%) were divorced/widowed. The education of the patients was categorized into five categories: illiterate, primary, secondary, undergraduate, and graduate. Among them 41 (17%) were illiterate, 40 (16%) completed primary school, 74 (30%) completed secondary school, 78 (31%) were undergraduates and 15 (6%) were graduates. Majority of the patients were unemployed i.e. 157 (63%), which among others included housewives and students. Of the working population, 48 (19.4%) were involved in service, sales and elementary occupations, 10 (4.0%) were managers, 14 (5.6%) were professionals (doctors, engineers and highly skilled) and 11 (4.4%) were involved with agriculture. Very few respondents

worked as clerks i.e. 7 (2.8%) of them and one respondent belonged to the armed forces 1 (0.4%).

The patients were asked about their satisfaction with the doctor and 232 (94%) patients reported satisfaction with the doctor (figure 1).

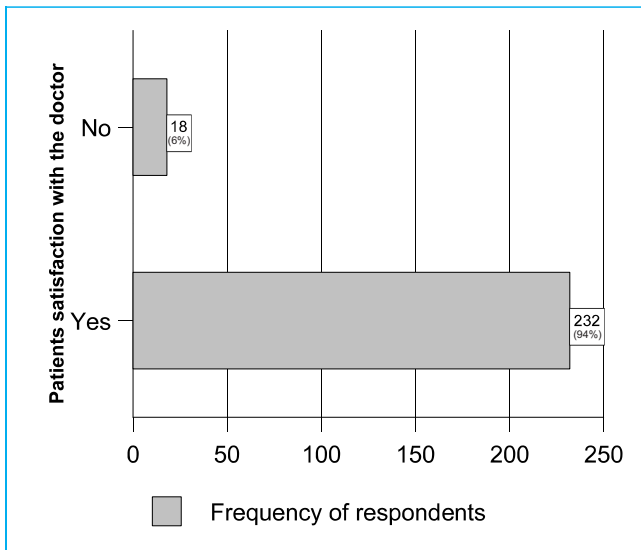


Fig-1. Patients' satisfaction with the doctor

The doctor-patient interaction was explored and analyzed on a 5-point Likert Scale including: 1= strongly agree, up to 5= strongly disagree. Various aspects of doctor-patient interaction were explored, including respect, privacy, confidentiality, communication skills, informed consent, and addressing the patients' queries (Table I).

The patient's responses towards general aspects of health facility and hospital staff are shown in table no. II. A vast majority agreed that hospital was clean 233 (94%) and adequately ventilated 224 (90%). The hospital staff in the waiting area was found to be respectful 220 (89%) and fair 198 (80%) towards the patients. The patients had no difficulty locating the reception desk of the health facility 235 (95%).

Patients were enquired if they would like to visit the hospital again, to which a large proportion of patients

responded positively i.e.220 (89%) as is highlighted in figure 2.

The patients were asked to identify their reasons for re-visiting the hospital facility, and the open-ended responses of the respondents are shown in table no. III.

**DISCUSSION**

The present study was an attempt to assess the level of satisfaction of the patients with the various aspects of health care in a tertiary care hospital of Lahore. Patient satisfaction is a multi-dimensional concept, which is not only influenced by physician related factors but also aspects of patient's experience with the health facility<sup>13</sup>. This study looked at the level of satisfaction of patients with their doctor, and it was seen that 94% of the patients who visited the OPD were satisfied with their doctor. This is a positive response and it is this patient satisfaction, which is in turn responsible for greater compliance with follow up visits and prescribed medicine intake. Contrary results were obtained from a study carried out in Scotland where only 52% of patients were reasonably satisfied with their doctors<sup>14</sup>.

Patients' views on various aspects of doctor-patient interaction were ascertained. Majority of patients found the doctor to be courteous (98%), listened attentively to the patients (88%), gave patients an opportunity to talk about their illness (87%), provided instructions regarding dose and time of medication (82%), advised follow up to the patients (80%) and made the patient comfortable during examination (79%). This is comparable to other international studies which reported that 88–92% of their patients believed that they were treated with respect and dignity<sup>15,16</sup>. According to a study carried out in Karachi 58.6% of patients said that consent was taken before examination and 62.4% of the patients agreed that the doctor maintained privacy<sup>17</sup>. The quality of doctors communication during history taking and discussion

Doctor patient interaction	Strongly Agree 1	Agree 2	Neutral 3	Disagree 4	Strongly Disagree 5	Mean
Doctor was courteous towards the patient	94 (38%)	137 (55%)	15 (6.0%)	2 (1%)	0(0%)	1.7
Doctor maintained confidentiality	66 (26.6%)	96 (39%)	63 (25%)	22 (9%)	1 (0.4%)	2.18
Patient given opportunity to talk about his illness	93 (38%)	122 (49%)	25 (10%)	8 (3%)	0(0%)	1.78
Doctor listened to patients problems attentively	96 (39%)	122 (49%)	18 (7%)	10 (4%)	2 (1%)	1.79
Patient given adequate time during consultation	66 (27%)	117 (47%)	41 (16%)	22 (9%)	2 (1%)	2.1
Patient given information regarding his health condition	70 (28%)	91 (37%)	48 (19%)	25 (10%)	14 (6%)	2.28
Doctor addressed patients queries regarding health condition	71 (29%)	95 (38%)	51 (20%)	27 (11%)	4 (2%)	2.19
Doctor provided instruction regarding dose and time of medication	102 (41%)	101 (41%)	30 (12%)	13 (5%)	2 (1%)	1.84
Doctor explained side effects of medication	32 (13%)	48 (19%)	49 (20%)	76 (31%)	43 (17%)	3.2
Doctor explained the reason for advising investigations	51 (21%)	54 (22%)	61 (24%)	60 (24%)	22 (9%)	2.79
Doctor advised follow up to the patient	98 (40%)	100 (40%)	26 (10%)	21 (9%)	3 (1%)	1.92
Doctor took informed consent before examination	49 (20%)	59 (24%)	67 (27%)	61 (24%)	12 (5%)	2.71
Doctor made the patient comfortable during the examination	69 (28%)	127 (51%)	38 (15%)	9 (4%)	5 (2%)	2.01
Doctor maintained privacy during examination	50 (20%)	83 (33%)	60 (24%)	36 (15%)	19 (8%)	2.56

Table-I. Patients' views towards various aspects of doctor-patient interaction

with the patient has an impact on the health outcome of the patient<sup>18</sup>. We also found that 119 (48%) and 82 (33%) patients were of the view that doctors didn't explain the side effects of medication and didn't explain the reason for advising prescription respectively.

Patients were asked about hospital cleanliness, adequate ventilation, location of the registration desk and availability of seats and toilet facility in the waiting area. Majority of the patients were found satisfied with respect to these facilities. In a study conducted by University of North Carolina at Charlotte, patient

Variable	Yes		No	
	Frequency	%age	Frequency	%age
<b>Reception desk</b>				
Reception desk was easy to locate	235	95	13	05
Faced problem in obtaining OPD ticket	46	18	202	82
<b>Waiting area</b>				
Waiting area was comfortable	155	63	93	37
Availability of adequate seating	155	63	93	37
Availability of drinking water	172	69	76	31
Staff in waiting area was respectful towards patients	220	89	28	11
Staff in waiting area treated patients on fair ground	198	80	50	20
<b>Overall health facility</b>				
Health facility was clean	233	94	15	06
Health facility was adequately ventilated	224	90	24	10

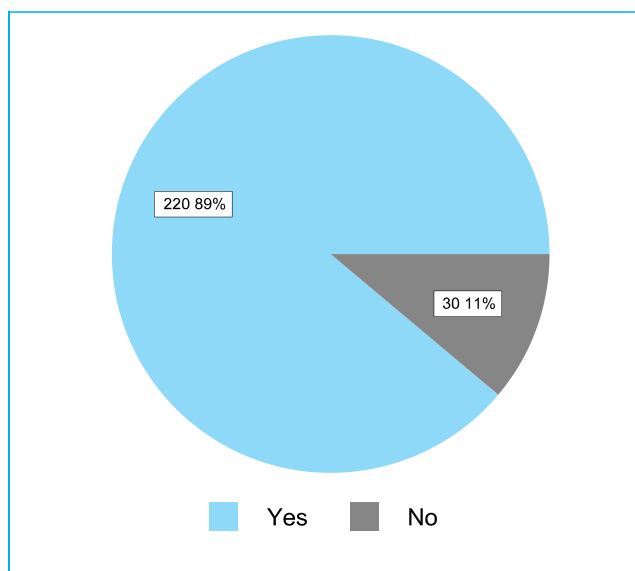
**Table-II. Patients’ opinion regarding reception desk, waiting area and overall health facility**

satisfaction with waiting time, accessibility of services, and cleanliness of the facility was also high (mean score of 1.70 out of 2)<sup>19</sup>. However, opposing results were found in a study conducted by PIMS Institute, Islamabad. Patient satisfaction with waiting time, accessibility of services, confidentiality and cleanliness of the facility was only 54%<sup>20</sup>.

According to the protocol followed in the hospital, patients have to obtain a slip from the reception desk before they proceed for their check-up by the doctor.

Predominant number of patients found the reception desk easy to locate. Once in the waiting area the patient interacts with the attendant who is responsible for sending patients inside the doctors room according to their slip numbers. Patients reported being treated fairly and respectfully by the staff in the waiting area.

Such issues involving the attitude of hospital staff with



**Fig-2. Patients’ response towards re-visiting the health facility**

patients can greatly influence the reputation of a hospital and is an important factor towards patient

satisfaction. Similar results were obtained in the study conducted in Rawalpindi, Pakistan where according to 92.3% of patients, registration and documentation at the hospital reception was convenient and 96% were satisfied with reception staff attitude<sup>21</sup>.

A large proportion of patients (89%) were found to be satisfied and willing to re-visit the hospital. This was found to be a very encouraging response and portrays a high satisfaction of the patients with the hospital. Patient satisfaction is an indirect or a proxy indicator of the quality of doctor or hospital performance. This high satisfaction found by the study could be attributed to the hospital being a private hospital<sup>22</sup>.

Reasons for re-visiting the hospital
“overall environment and doctors behaviour was good”
“Very affordable fee, efficient doctors and facility near my house”
“trust in doctors, satisfied with the treatment”
“treatment affordable, hospital clean and ventilated”
“I am regular patient, satisfied with the doctor”
“polite behaviour of the doctor”
“near my home”
“near to my residence, well reputed doctors
“close to house, clean and doctors are helpful”
“health facility up to date”
“the medicines prescribed to me were effective”
“hospital is well organized and competent doctors”
“doctors gave their full attention”
“have always been coming here”
“enough time given and good behaviour of staff”
“doctors are kind and cooperative”

**Table-III. Reasons identified by patients for re-visiting the hospital**

## CONCLUSIONS

The patients were highly satisfied with their doctors. They found them courteous and attentive towards the patients. The health facility was clean and adequately ventilated. Majority of the patients were ready to re-visit the hospital.

## RECOMMENDATIONS

It is recommended that further studies should be conducted to assess patient satisfaction in the secondary and primary care health facilities. Efforts should be made to get regular feedback from the patients.

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