

ORIGINAL ARTICLE

ASSESSMENT OF PATIENTS' SATISFACTION IN MEDICAL AND SURGICAL WARDS IN A TERTIARY CARE HOSPITAL

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Background: Evolution is the natural process that is not limited merely to the biological world but to the social world as well. The standards of living and the expectations change with time. This study was done to generate data that can help doctors and hospital administration to identify and solve problems.

Methods: It was a cross-sectional study conducted at a major tertiary care hospital of KPK through the month of July 2012. An interviewer based patient satisfaction questionnaire was used to estimate patients' satisfaction by asking questions regarding admission procedure, referral, clinical and lab investigation services, attitude of doctors and nurses, nursing services, cleanliness condition of the wards and overall level of satisfaction. **Results:** Study included 305 patients, 205 from surgical wards (144 males, 61 females) and 100 from Medical wards (52 males, 48 female). Satisfaction level was high among females than males. Most of the patients having low level of education and unemployed patients were satisfied. Cleanliness condition of wards and bathrooms was highly criticised. Attitude of doctors and nurses was much appreciated. About 70% of the patients were satisfied with explanation regarding their disease. More than half (59%) were not aware of post-surgical complications, and 67% were not aware of the use and possible side-effects of medication. About half of the patients couldn't utilise hospital lab. Overall satisfaction level was 68% in medical wards and 77% in surgical wards.

Conclusions: Overall level of satisfaction was fair in both wards. Attitude of doctors and nursing staff was appreciated, but cleanliness conditions were criticised. There is a need for availability of free medicine and improvement of laboratory services and cleanliness.

Keywords: Patients' satisfaction, Patients' experience, Quality of care

INTRODUCTION

Pakistan is a low income country with rapidly growing population of 180.71 million during the year 2011–12. Literacy remains much higher in urban areas than in rural areas and much higher for men than for women with 50% in Khyber Pakhtunkhwa.¹ Patients' satisfaction as a quality improvement tool for healthcare providers has been very well established; our health problems are numerous given the fact that health expenditure by the state is amongst the lowest in the world.²

Patient satisfaction is the degree to which the individual regards the health care service, product or the manner in which it is delivered by the provider as useful, effective or beneficial.³ The definition of patients' satisfaction, suggested by Wagner *et al*,⁴ continues to evolve. The dimensions of patient satisfaction include: art of care, technical quality of care, accessibility and convenience, finances, physical environment, availability, continuity of care, efficacy, and outcome of care. However, a working definition is the degree to which the patients' desired expectations, goals and/or preferences are met by the healthcare provider and/or service.⁵⁻⁷

Nevertheless, patient satisfaction is multi-dimensional in context. According to Cheung *et al*,⁸ patient satisfaction is an interplay of expectation and experience. The more a patient experiences than

expected, the higher will be the level of satisfaction. However, it is important to emphasise that expectations depend on various factors including cultural values, beliefs/thoughts about hospital stay, and personal needs.⁸ Perceptions of service quality ultimately affect customer satisfaction. People tend to be satisfied when their perceptions of the service that they received match their expectations. When the service falls short of expectations, they tend to be dissatisfied. Factors affecting expectations include reliability, responsiveness, empathy and the ability to put things right if mistakes are made.^{7,9}

Patient reports of their hospital experiences can serve a pivotal role in the development of action plans for improvement of services hence efforts to improve health care will be wasted unless they reflect what patients want from the service.¹⁰ Studies from UK show that the main reasons for complaints from inpatients, were clinical treatment followed by delay in admission/investigations, communication and attitude of staff.¹¹ Another study among the Pakistani population in England shows that the most dissatisfaction was with the care received from the nurses in hospital, and with information given about the condition or treatment.¹² A study in Japan shows that 'Process quality attributes' are patient satisfaction predecessors.¹³

Thus the purpose of patient satisfaction data is to evaluate quality of patient care and safety, identify areas of improvement to provide better delivery of care

and feedback in the form of return for care in future.^{7,14} Briefly, patients' satisfaction from healthcare decides the fate of healthcare providers and healthcare delivery system and hence needs to be periodically measured to enhance the quality of services.^{9,15} This study was carried out to generate data that can help doctors and hospital administration to identify and solve problems.

MATERIAL AND METHODS

This cross-sectional study was conducted at Ayub Teaching Hospital, Abbottabad. Patients seeking stay in medical and surgical units were studied in July 2012. Prior approval of the College Ethical Committee and permission from hospital administration was obtained before beginning the survey. Non-probability convenience sampling technique was used.

Patients between the ages of 15 and 80 years admitted to medical wards and postoperative patients in surgical wards with minimum of one day stay were included in the study. Patients seeking follow-up after a previous surgery were not included. Patients who were deaf, unconscious and unable to communicate were also excluded from the study.

Based on relevance of questions to healthcare services in Pakistan our final questionnaire included 25 questions on various aspects of care including questions regarding admission procedure, referral, clinical and lab investigation services, attitude of doctors and nurses, nursing services, cleanliness condition of the ward and overall level of satisfaction. Satisfaction level was graded as good, acceptable and poor.

The interviewer based questionnaires were filled after obtaining verbal informed consent from all subjects. Data were analysed using SPSS-16 to calculate relative frequencies and means.

RESULTS

A total of 305 patients were included in the study. The mean age of the sample in surgical wards was 35.63±20.90 years, while it was 52.49±18.91 years in medical wards. Sample included 70% (n=144) males and 30% (n=61) females in surgical wards while 52% (n=52) males and 48% (n=48) females in medical wards. Table-1 shows educational and occupational status of the patients.

Level of patient satisfaction during admission process was assessed by asking questions regarding guidance offered by hospital staff, time taken during admission process, check-up by doctor and initiation of treatment. Fifty-nine percent patients in medical and 52.7% in surgical wards were satisfied with these services. It took 73 minutes to complete admission process in surgical, and 38 minutes in medical wards.

Seventy-six percent patients in surgical wards and 68% in medical wards had good level of satisfaction. Level of satisfaction was high among the unemployed patients in both wards. Eighty percent patients graded attitude of doctors as 'Good' in both wards, 73% were satisfied with the attitude of nurses in medical compared to 66% in surgical wards. More patients were satisfied with the cleanliness condition of wards, but the condition of washrooms was highly criticised (Table-2). Among the hospital services, patient satisfaction was assessed by studying provision of free medicine to the patients and utilisation of hospital laboratory by patients (Table-3).

About one third of the patients (69.7% in medical and 70.7% in surgical wards) were properly briefed about their disease while no information was given to the rest. Most of the patients (36.6%) in surgical wards were unaware of the surgical procedure. Only 41% of the patients were briefed about post-surgical complications. Only 33% of the patients were told about the use and side-effects of medication in medical wards. At the end 81% medical and 71.2% surgical patients recommended ATH for care in future.

Table-1: Educational and occupational status of subjects [n (%)]

	Surgical Wards	Medical Wards
Education		
Primary	42 (20.5)	10 (10)
Middle	23 (11.2)	10 (10)
Matriculation	25 (12.2)	10 (10)
Intermediate	14 (6.8)	5 (5)
Graduate	21 (10.3)	3 (3)
no schooling	80 (39)	62 (62)
Occupation		
Government servant	10 (4.9)	14 (14)
Business	14 (6.8)	5 (5)
Farmer	20 (9.8)	6 (6)
Student	38 (18.5)	2 (2)
Unemployed	37 (18)	7 (7)
daily wages labour	17 (8.3)	12 (12)
Housewife	43 (21)	43 (43)
Any other	26 (12)	11 (11)

Table-2: Overall satisfaction level, attitude of staff and cleanliness condition [n (%)]

variables	Good		Acceptable		Poor		
	Surgical wards	Medical wards	Surgical wards	Medical wards	Surgical wards	Medical wards	
Overall level of satisfaction.	156(76.1)	68 (68)	38 (18.5)	25 (25)	11 (5.4)	7 (7)	
Attitude of Doctors.	164 (80)	81 (81)	32 (15.6)	16 (16)	9 (4.4)	3 (3)	
Attitude of Nurses.	137 (66.9)	73(73)	55 (26.8)	20(20)	13 (6.3)	7(7)	
Cleanliness	Wards	74 (36.1)	43 (43)	96 (46.8)	43 (43)	35 (17.1)	14 (14)
	Washrooms	10 (4.9)	13 (13)	30 (14.6)	31 (31)	165 (80.1)	56 (56)

Table-3: Hospital Services [n (%)]

Variables	Nil		Few		Half		All	
	Surgical	Medical	Surgical	Medical	Surgical	Medical	Surgical	Medical
Medicine provided by hospital	146 (71.3)	78 (78)	29 (14.1)	14 (14)	5 (2.4)	4 (4)	25 (12.2)	4 (4)
Lab investigations	43 (21)	31 (31)	48 (23.4)	17 (17)	43 (21)	32 (32)	71 (34.6)	17 (17)

Table-4: Guidance, disease explanation, pain management and hospital recommendation [n (%)]

Questions asked from patients:	Surgical wards		Medical wards	
	Yes	No	Yes	No
Were you guided by hospital staff for locating your wards?	138 (67.3)	67 (32.7)	59 (59)	38 (38)
Was explanation given to you about your disease?	145 (70.7)	60 (29.3)	69 (69)	30 (30)
Was explanation given to you about the possible side effects/post surgical complication?	84 (41)	121 (59)	33 (33)	67 (67)
Is staff available when you call them? (pain/other reason)	182 (88.8)	23 (11.2)	94 (94)	6 (6)
Would you suggest this hospital to your family/friends?	146 (71.2)	59 (28.8)	81 (81)	19 (19)

DISCUSSION

There is an increasing need to improve the quality of care in health and patients’ satisfaction is its key determinant. The concept of quality of healthcare and patient satisfaction is still in its infancy in Pakistan. In this study we assessed patients’ opinions concerning their general care and cure, admission process, hospital environment, attitude of hospital staff, the extent of information conveyed to them about their disease and the extent of hospital facilities provided to them.

According to Donabedian, as mentioned by Gouveia GC⁶ 30–40% of health care users’ satisfaction is explained by the physicians’ diagnostic and therapeutic skill and 40–50% by the physician-patient relationship. Patient recovery is directly related to a satisfied mind which is highly affected by the attitude of a doctor. Most of the patients who were seeking medical care at ATH were satisfied with the attitude of doctors except 3% medical and 4% surgical patients who were not satisfied. These results are consistent with the study by Imam *et al*¹⁶ which shows that <1% of patient did not have the confidence or trust in their doctors. Regarding attitude of nurses, 73% medical and 66% surgical patients were well satisfied in comparison to the study by Saeed Anwar *et al*¹⁷ which show that 90% patients were not feeling comfortable talking to nurses, 84% patients had negative experiences as they observed nurses were not attentive to their needs, particularly during night duty. The lack of awareness regarding the responsibilities of nursing staff can be attributed to the lack of confidence in nurses. Another study in India¹⁵ showed that 84% patients were satisfied about friendliness of nurses which is consistent with our findings.

The overall satisfaction level in our study is nearly similar in medical and surgical wards which excludes the influence of age on satisfaction level. Our study shows that women were more satisfied than men while a study in India¹⁸ showed that women were less satisfied compared to men. This high satisfaction level among women can be explained by the fact that women in our culture are confined to home and less exposed to society and hence unaware of the standards of care.

The overall satisfaction levels in our study are very high compared to a study done in Nigeria where overall 55% of the respondents were satisfied with the service delivery in the hospital with 36% of the

respondents rating the services as satisfactory, while 19% of them rated the services as very satisfactory.¹⁹

Cleanliness being directly related to the health of the patient is one of the most important factors regarding satisfaction level. According to Imam *et al*¹⁶, very few patients reported any degree of dissatisfaction with the cleanliness of the wards or the washrooms. Our study suggests that it is below satisfaction level because 56% medical and 80.5% surgical patients claimed that the cleanliness of the bathrooms was poor. But in comparison to another study at Lahore²⁰, 50% patients were comfortable with the bed and surroundings, 14% with the condition of toilets. Similarly another study at Hayatabad Medical Complex, Peshawar²¹ showed that only 13% were satisfied with the cleanliness and a further 20% barely accepted the status showing that cleanliness is a common problem in the region.

Our study shows that 29.3% surgical and 30.3% medical patients were not given any information about their disease. Study done by Imam *et al*¹⁶ shows that only 5.3% felt that they were not given enough information. Our study statistics are higher, the reason may be the lack of interest in knowing about the diagnosis among our people due to lack of education and awareness. On the contrary, another study from Karachi²² showed that patients want an explanation of the diagnosis and treatment and not necessarily want a prescription, investigation, or referral to a specialist, at the end of the consultation. Awareness studies in a tertiary care hospital in Peshawar² shows that 30% of the patients are not aware of their diagnosis. The same study shows that 60% of the patients had received no information from the doctors/nurses regarding their illness and treatment which is comparable to our study.

Often it is not the lack of a particular service that upsets the patients, but the lack of knowledge about the available services.¹⁸ Our study shows that 50.5% medical and 55.6% surgical patients had 50–100% of their lab investigations by hospital laboratory. Only 78% medical and 71.2% surgical did not receive any free medicine from the hospital. Sultana *et al*²³ found that 57% patients did not receive any of the prescribed medicines, another study at Lahore²⁰ shows that only 16% received some and 6% received no free medicine. Eighty-one percent medical and 71.2% surgical patients considered recommending ATH to others in comparison to study done at Hayatabad Medical Complex,

Peshawar²¹ where about half of the patients (58%) considered recommending this hospital to others.

There were certain limitations such as the sampling was convenient sampling which may be a source of selection bias in the study. Serious patients, as they cannot be interviewed, were excluded from the survey, so their perceptions about the quality of care are not reflected in this study. It was limited only to surgical and medical wards of the hospital, and the results may not be applicable to other departments.

CONCLUSIONS

The overall level of satisfaction was high especially women were more satisfied than men. Overall education status of the patients was very poor; lower the education level, more the satisfaction. Unemployed patients were mostly satisfied indicating that consciousness and awareness regarding healthcare facilities were the main factors that determined the satisfaction level. Most of the patients were satisfied, and attitude of doctors and nurses was appreciated. Nurses were found competent in their duty. Explanation of disease before surgery was not given to about a third of the patients hence healthcare teams should make sure that they explain all the risks and benefits to the patients and patiently listen and answer their questions before getting consent form signed for every procedure. Improvement of laboratory services, and provision of free medicines to poor patients need consideration. The cleanliness conditions need to be improved.

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