

PATIENT SATISFACTION STUDY OF PATIENTS SATISFACTION WITH THE SERVICES PROVIDED BY DOCTORS AND PARAMEDICAL STAFF

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ABSTRACT

Objectives: To ascertain the patients satisfaction with services provided by the doctors and paramedical staff in a 600 bedded referral hospital. **Study Design:** Descriptive, Observational cross-sectional study period June 2016 to July 2016. **Setting:** Multan medical and dental college, Multan, Ibn-siena Hospital and Research center Multan. **Material and Methods:** A total of 100 patients admitted in different wards of tertiary care hospital were studied. These patients were enrolled for their interview on pretested questionnaire. Patient response was noted by their satisfactory and unsatisfactory reply. **Results:** Analysis was done on SPSS-17 and results were obtained accordingly. Overall 60% of the both male and female respondents were satisfied with the services while remaining 40% of both male and female were dissatisfied. Chi-square test was .010. **Conclusion:** Necessary feedback from patients regarding various deficiencies in health care system be considered by health care managers for improvement in the primary, secondary, and tertiary health care system. This will go in to the long way to a good result of improvement in the health care system.

Key words: Patient satisfaction, services, doctors, para-medical staff.

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INTRODUCTION

Technological advancements in the primary, secondary, and tertiary health care system have made health issues very intricate and complex. Now the unfelt needs are becoming felt needs, and felt needs are turning in to demands. Therefore, Patient satisfaction has become one of the most important indicator for provision of state of the art medical services by the health care system.^{1,2} Resultantly, consideration for the patients' felt, and unfelt needs has become vital to success of any primary, secondary, and tertiary health care system. Quality of health system has long been established on the old clinical practice standards due to which, Patients and their attendants' concept about the health care has still not been accepted as an important yard stick for work performance improvement, and for the best standards of professional acumen. Health

services consumer satisfaction has been defined as the degree of concurrence between a patient expectation of ideal care, and his or her real care, patient receives during indoor, and outdoor services in the hospital. This has got multiple facets, and represents an important mark for quality of health services. This aspect has been studied in the world, and it is the need of the hour to institutionalize it for research purposes for efficient functioning of primary, secondary and tertiary health care system. Health care providers, and managers need to consider it at the upper level due to the reason that consumers of health do not receive health services, which are up to mark resulting in to their dissatisfaction with the services delivered to them. There are multiple dimensions of patient satisfaction, and dissatisfaction ranging from indoor services up to the time of discharge including health

communication between patient and health care provider. Well recognized standards comprise response, Skill of the health care provider, accessibility, acceptability, cleanliness, waiting time, health communication, attitude of doctor, and behavior of paramedical staff.^{3,4} Resultantly, now the hospitals are undergoing transformation in the way that, instead of taking their health consumers, as illiterate, and uneducated having no or little health care choice, accept them as educated, and knowledgeable having multiple health issues, social, cultural, and other problems, which are to be solved on priority.⁷

Materials, and the methods:

Descriptive observational cross-sectional study conducted on the admitted patients of a teaching hospital situated in urban Pakistan. Hospital imparts training to undergraduate, and postgraduate students, having indoor capacity of 600 beds, and provides outdoor consultation, and indoor services to the patients referred from other levels of care or self-referral. Hospital receives patients from all parts of country including Multan itself, Central Punjab, and Southern Punjab.

RESULTS

A total of 100 patients admitted in different wards of the hospital were included in the study. Minimum age of patient was 14 years, and maximum was 70 years. Mean age of respondents came to be 38.44 years. Study population was 40% males and 60% females. As far as respondents of different occupations are concerned, 47% were labourers, 39% were housewives, and 14% were government servants. All the respondents were Muslims. 50% were illiterate, 23% were literate up to primary and above, and 27% were matric and above. When asked about the behavior of the doctor, respondents having different levels of education, such as illiterate, primary & above, matric & above, showing satisfaction were 32%, 18% and 11% respectively, while 18%, 5%, and 16% of all these categories showed dissatisfaction respectively. Chi-square test in this case is .021. It shows the relationship of level of education with

Table 1

Variable	Frequency(n)	%age
Gender		
Male	40	40
Female	60	60
Occupation		
Labrour	47	47
Housewife	39	39
Govt.servants	14	14
Education		
Illiterate	50	50
Up to Primary&above.	23	23
Matric and above	27	27

Table 2

Variable	Behaviour of Doctors		Behaviour of Paramedics		Overall assessment	
	Satis-factory	unsatis-factory	satis-factory	unsatis-factory	satis-factory	unsatis-factory
Education						
Illiterate	32	18	27	23	32	18
Up to Primary	18	5	19	9	17	6
Matric and above	11	16	10	17	11	16
Gender						
male	31	9	29	11	30	10
female	30	30	22	38	30	30
Occupation						
Labourer	39	8	38	9	37	10
Housewife	19	20	11	28	19	20
Govt.servant	3	11	2	12	4	10

the level of satisfaction. As far as satisfaction level regarding behavior of doctor in respect of males and females is concerned, 31% of males and 30% of females were satisfied while 9% of the males, and 30% of the females were dissatisfied respectively. Chi-square test in this case is .005. As regards satisfaction level of respondents from different occupations is concerned, 39% of labourers, 19% of house wives, and 3% of gov. servants showed satisfaction respectively, while 8%, 20% and 11% of same categories showed dissatisfaction with the behavior of the doctor. Chi-square test in this case is .000. When questioned about the behavior of paramedical staff, 29% of the males and 22% of females were satisfied, while 11% and 38% of these both categories were dissatisfied respectively. Chi-square test in this case is .000. Out of different educational groups, 27%, 19%, and 10% of

illiterate, up to primary & above, matric & above were satisfied respectively, while 23%, 9%, and 17% of these groups were dissatisfied in the same order. This is shown in table 1 and Table 2. Chi-square test in this is .2004

DISCUSSION

Present research made efforts to study patients' perception of satisfaction regarding medical care, and the actual medical services being provided to them by the doctors, and the paramedical staff at 600 bedded teaching hospital at Multan. The analysis of results revealed that patients of all categories were satisfied with the behavior of the doctor, and paramedical staff except govt. servants, housewives, and respondents having education 'matric and above', who were found unsatisfied. Education is one of the most important factor which determines the satisfaction level of the patients as has been studied by the CHOU- HSIA CHENG and others.⁵

Our study clearly shows that perception of satisfaction is different among the illiterate, less educated, and it is different among those who have more exposure to education as shown in the Table-2. Satisfaction level is also related with the gender, and occupation as studied by the Soufi G, and others, who ascertained that Women expect more as compared to men especially those who are housewives.⁶ This has also been proved in our study as the house wives were less satisfied with behavior of the doctors, and paramedical staff. In a study conducted by Baba I showed that majority of the patients were satisfied by the behavior of the staff.⁷ Study done by Qadri SS and others showed that maximum patients were satisfied with the services provided to them.⁸

All these findings are in different settings, and in different levels of quality of health services being provided by the doctors and the paramedical staff. Kumari R, Idris MZ and others showed high level of satisfaction among the patients regarding behavior of the doctor, and paramedical staff as also shown in our research in some categories⁹.

Javahar S.K and others showed 90-95% of the patients were satisfied with the services provided to them.¹¹ Findings on satisfaction level in this particular article is better as compared to our findings. It has been substantiated by some experts that there is no specific tool, and parameter by which satisfaction of the patients could be standardized.¹² Study by the Tiwari J, Kasar PK, and Kabir Panthi V, showed good results. In their study, they ascertained that 82% of the consumers were satisfied with the examination of the doctor, and 70% were satisfied with the response how the doctor listened to them.¹³

In some studies such as done by the chakraborty SN and others found that level of education, and marital status were the most important determinants of patients' satisfaction with the care in the hospital.¹⁵ just as in our study illiterate people are more satisfied as compared to literate people because literate people have a different view health care, and illiterate people have different view of health care. In the same way, gender is one of the most important factor which determines the patients' satisfaction. This has further been proved by the study done by Unadkat S, Yadav S, and others. In this study, majority of the women were of the view that behavior of doctors, and paramedical staff was good, while communication skills of attending doctor, and paramedics were not good.¹⁶

In our study, females are less satisfied as compared to males. In the same way, house wives are less satisfied being the most important occupational group. Results of our KAP study will also be very much helpful if the administrative authorities transform them in to practical steps for maximizing the quality of patient care in the hospital. High levels of satisfaction must be conceived for inclusion in to the context of teaching hospital, being a referral hospital, which takes in to its fold those patients, who have been ill- treated, mis-managed, and abused financially by untrained paramedics, Hakeems, and religious

quacks having misbeliefs, and superstitions.

Measurement of consumer concept of satisfaction has multiple objectives, but key rationale behind this are; firstly, such measurements help to analyse health care operating system from patients' point of view, secondly it helps to identify the unmet needs of patients, and thirdly it helps to formulate standing operating procedures towards solving these health care issues. Despite a suitable number of patients showing satisfaction, a moderate proportion of patients expressed dissatisfaction during this study. Consumer displeasure with the services clearly shows that health authorities need to exercise certain important measures in the areas which need improvement. To summarize, as far as overall satisfaction level in our study is concerned, it is 30% both among the males, and females, while dissatisfaction level among males is 10% and 30% among the females, and has the chi-Square Test as .010. Overall assessment measured in different occupational groups shows satisfaction level as 37%, 19%, and 4% among labourers, housewives, and govt. servants while the same group in the same order shows dissatisfaction level as 10%, 20%, and 10% respectively.

Chi- Square test in this case is .001. As far as relation of overall assessment with educational level is concerned, it is 32%, 17%, and 11% among illiterate, up to primary & above, matric & above respectively, while dissatisfaction level is 18%, 6%, and 16% in the same order. Pearson chi-square is .042. All these figures show the level of satisfaction with the educational level, gender, and occupation (Table 1, and 2 above).

RECOMMENDATIONS

This paper attempts to evaluate level of satisfaction among the health consumers at the teaching hospital level. From this study and from literature review it has been ascertained that patients are more satisfied with the health care services if the health system shows prompt response and takes in to account felt and unfelt

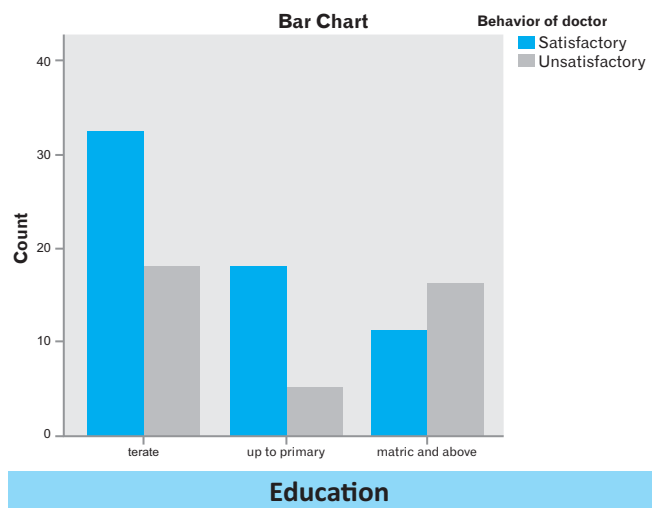
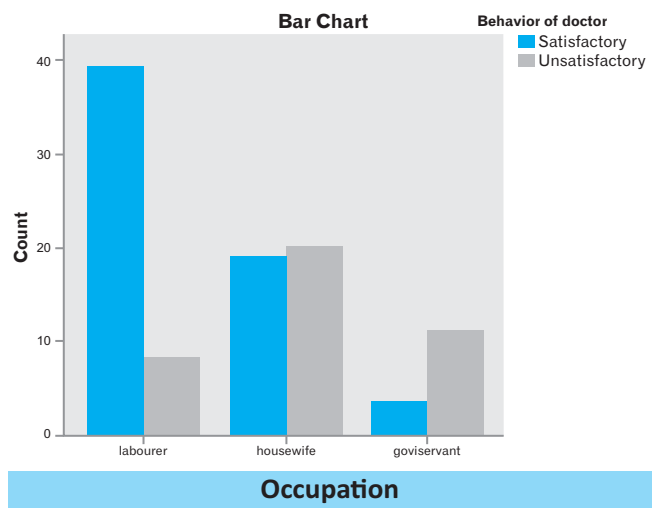
needs to meet their ideal of health care. Patients' concept of ideal health care and determinants of dissatisfaction must be translated in to practical steps in a hospital setting. To achieve this goal, interventions at individual level, hospital level, and health care system level are to be enforced. Introduction of concept of quality care among health professionals, improvement of professional acumen of staff, and quality of imparting health education leads to increased patients trust and satisfaction.

raining the health personnel in interpersonal and communication skills should be taken under serious consideration because that's an important factor in development of trust and a good doctor- patient relationship. Above all, incorporation of research findings at the national and international level will help in developing patient trust over health care delivery system in Pakistan. In addition to it, strengthening of the primary health care system, at the gross root level will go in the long way towards provision of health education, prevention of endemic diseases, maternal and child health care including family planning, adequate water supply, and basic sanitation, based on the principles of primary health care will go in the long way towards satisfaction of patients irrespective of the gender, education, and occupation.

CONCLUSION

In summary, research revealed a suitable level of approval, and satisfaction by the patients with the medical support provided by doctors, and paramedical staff in a teaching hospital setting. A number of potential factors have been observed, which determine the patient satisfaction or dissatisfaction in our particular traditional society, which still possess the inherent religious beliefs, and superstitions influencing the disease outcome, and prognosis. Behavior of doctors can be improved through inclusion of curriculum on behavioral sciences, and behavior of paramedical staff may be improved through awarding incentives or punishments in extreme cases.

Diagnostic facilities can be improved through inclusion of modern equipment, and efficient health information system. This will go in the long way towards improving all the service infrastructure through improving professional competence, and health communication acumen of doctors, and paramedical staff. Research work on patient satisfaction should be continued as a routine educational activity in the hospital to ensure the provision of state of the art medical services.



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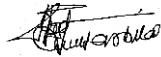
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