

## ORIGINAL ARTICLE

# Study of Health Care Services at Tertiary Care Setting and Patient Satisfaction

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## ABSTRACT

**Introduction:** The care of the patients is the main purpose of the hospitals. The performance of the hospital can best be measured by assessing the satisfaction of the patients. Patients' satisfaction with services of the health chiefly governs their compliance with the treatment, and therefore donates to optimistic effect on health. The satisfaction of the patients is related to the outcomes of health care and is related directly to the use of health care. The aim of the study is to evaluate the satisfaction level of patients and use of health services of outpatients admitted to the tertiary care hospital.

**Methods:** A cross-sectional study of outpatients (18 to 85 years old) admitted to different departments of Lahore General Hospital, Lahore for six-months duration from June 2021 to November 2021 was conducted. A systematic random sampling method was applied to select the participants. 160 total outpatients were recruited for the study. A partially structured, pre-tested, user-designed questionnaire was developed to assess patient satisfaction with healthcare services.

**Results:** 160 patients from the clinic were included in the study. 34.4% of outpatients are 30-45 years of age. 30% of the respondents were illiterate. 6.9% were graduates indicating a higher level of education. Most of the respondents (90.6%) are married. In the profession, 37.5% belong to the unskilled group. It can be seen that the percentage of rural areas is quite high. In access to hospital, 20.39% travelled less than 2 km to reach the hospital, and 35% travelled between 6 km and 10 km to access health services. 75% of patients travelled by bus to go to the health service (Table 2). All patients were asked why they chose this hospital. Good treatment (52.5%), easy access (53.8%) and lower cost / free service (47.65%) were the main reasons indicated by the respondents. Other reasons, such as ambulance service, drug supply, scientific research, and the availability of doctors, were not taken into account, and the satisfaction with the public hospital was below 20%

**Conclusion:** Patients are satisfied generally with the facilities of hospital. Hospital management should always pay attention to the patient's concerns about various deficiencies in order to improve the service provided to the satisfaction of patients.

**Keywords:** Patient satisfaction, Tertiary care hospital, High-quality medical care.

## INTRODUCTION

In recent years, consumers' perceptions and perceptions of the quality of services related to the choice of a specific healthcare facility have been studied by managers from the public and private sectors. The concept of patient satisfaction has a long history of discussion and debate<sup>1-2</sup>. However, patient satisfaction remains a subject of research. However, little is known about their importance and importance in monitoring the right to health. Patient satisfaction is multi-faceted and very difficult to define<sup>3-4</sup>. This seems easy to understand but hard to define. Satisfaction is a psychological concept that is defined in various ways. Pakistan is the fourth most populous country in the world after China, and is characterized by changing socio-political, demographic and disease patterns that have attracted worldwide attention in recent years. Under the Pakistan constitution, the state government is responsible for health<sup>5-6</sup>. Healthcare in Pakistan is planned at 3 levels: primary, secondary and tertiary. Public hospital care is cheaper and more accessible to rich and poor. Tertiary level inpatient services play a key and complementary role in primary and secondary care systems and together form a comprehensive health care system across the county<sup>7-8</sup>. Healthcare enjoyment refers to the availability and affordability of a home for the use of health-related services. Patient-centred outcomes come to the fore as the primary means of measuring the effectiveness of healthcare delivery. Quality is one of the main factors influencing satisfaction<sup>9-10</sup>. There is a strong correlation between the perception of the quality of health services and customer satisfaction. Providers will only be able to please their patients if they understand exactly what patients want, say they want quality, and only then will they be successful in the hospital. The main users of a hospital are patients. User expectations vary from person to person as everyone has specific thoughts, feelings, and needs. Therefore, it is very difficult to determine the true feelings of the patient<sup>11-12</sup>.

In countries where governments provide free or subsidized health therapies, citizens in poor households are more likely to use them<sup>13</sup>. High patient satisfaction is definitely a determinant of good treatment. Returning customers is a staple of marketing that is becoming increasingly important to healthcare providers in today's competitive environment. Satisfied patients are more likely to follow specific treatment regimens and treatment plans<sup>14</sup>. Any dissatisfied patient will not return to the hospital, wasting government resources and patient money.

## MATERIAL AND METHODS

A cross-sectional study of outpatients (18 to 85 years old) admitted different departments of Lahore General Hospital, Lahore for six-months duration from June 2021 to November 2021 was conducted. The hospital provides outpatient and inpatient advice to patients admitted to hospital from other levels of care or by self-referral. Patients are treated mainly in the General, Specialist Clinics and Emergency Departments.

A semi-structured, pre-assessed, self-designed questionnaire is designed to investigate various aspects of hospital care. The scale questions were developed on the basis of a literature review and in-depth interviews with patients admitted to the hospital.

It contained questions about the socio-demographic characteristics of the respondents. It also consists of 38 items that measure the seven central dimensions of patient satisfaction: access to a health center, enrolment process, perception of waiting time, reason for choosing a hospital, perception of basic services availability, and patient-healthcare provider relationships, cleaning of hospitals, availability of laboratory and pharmacy facilities, readiness to provide advice, information and communication. The questionnaire consists of a five-point Likert scale. The responses to the questionnaire variables received 1 point for "not at all satisfied", 2 for "dissatisfied", 3 for "undecided", 4 for "satisfied"

and 5 for "very satisfied". The analysis of the means was performed on individual factors. On average, 5 points were rated as very satisfied, 4 points as satisfied with the service provided, and on average 3 points as satisfied with the service provided.

**Inclusion Criteria:** A person over 18 years of age who goes to hospital with symptoms as part of the Consultation.

**Exclusion criteria:** Patients of paediatric, psychiatric, dental, prenatal and postnatal care units were excluded from the study. Sudden accidents are excluded. A systematic random sampling method was used. Preliminary approval of the ethics committee was obtained prior to the commencement of the study. Informed oral consent was obtained from all participating patients prior to the start of the interview. Doctors and support staff were largely up-to-date, save for the inevitable, to avoid bias in their behaviour towards patients. The respondents were assured of the confidentiality of their answers. All participants were encouraged to express their views freely and honestly. Actions were also taken to achieve objective results. The programs were explained by the researcher in the local language and self-completed. As the survey was conducted by the researcher himself, there was no problem of observer variability in the study. The survey was conducted in the morning during the OP.

The questionnaires were collected and encoded in an MS Excel database and analyzed using the SPSS statistical package, version 20. Descriptive statistics were performed on the sociodemographic data. Satisfaction score was expressed as the mean and standard deviation of overall satisfaction with health services. Friedman's test was conducted to compare satisfaction among the facilities available in the hospital.

## RESULTS

160 patients from the clinic were included in the study. 34.4% of outpatients are 30-45 years of age. 30% of the respondents were illiterate. 6.9% were graduates indicating a higher level of education. Most of the respondents (90.6%) are married. In the profession, 37.5% belong to the unskilled group. It can be seen that the percentage of rural areas is quite high (Table -1).

Table 1: Socio-demographic profile of the subjects from the out-patient department (OPD) (n = 160).

Characteristics	No. of Subjects (%)
Sex	
Male	70 (43.8)
Female	90 (56.2)
Age	
18-29	30 (18.8)
30-45	55 (34.4)
46-60	49 (30.6)
61-75	20 (12.5)
>75	6 (3.8)
Marital status	
Married	145 (90.6)
Single	15 (9.4)
Widow/separated	0 (0)
Place of residence	
Urban	46 (28.8)

Table 3: The satisfaction Level of facilities available in hospital.

Facilities	Neutral		Satisfied		Highly satisfied		Total	Mean
	N	%	N	%	N	%		
Basic amenities	70	43.8	76	47.5	14	8.8	160	3.1
Cleanliness of the Hospital	-	-	100	62.5	60	37.5	160	4.2
Registration System	-	-	120	75	40	25	160	4.2
Doctors Attitude and Practice	14	8.8	140	87.5	6	3.8	160	3.7
Pharmacy	20	12.5	94	58.8	34	21.3	160	4.4
Injection and Dressing Room	26	16.3	22	13.8	116	72.5	160	4.6
Overall satisfaction	31	19.4	73	46.6	56	35	160	3.6

Rural	114 (71.3)
Education	
Illiterate	48 (30)
Primary	31 (19.4)
Middle	30 (18.8)
High school	29 (18.1)
Higher secondary	11 (6.9)
Degree	11 (6.9)
Occupation	
Unemployed/dependent	80 (50)
Unskilled	60 (37.5)
Skilled	20 (12.5)
Family income (Rs)	
<3000	10 (6.3)
3001-5000	30 (18.8)
5001-10000	80 (50)
>10000	40 (25)

In access to hospital, 20.39% travelled less than 2 km to reach the hospital, and 35% travelled between 6 km and 10 km to access health services. 75% of patients travelled by bus to go to the health service (Table 2). All patients were asked why they chose this hospital. Good treatment (52.5%), easy access (53.8%) and lower cost / free service (47.65%) were the main reasons indicated by the respondents. Other reasons, such as ambulance service, drug supply, scientific research, and the availability of doctors, were not taken into account, and the satisfaction with the public hospital was below 20% (Table -2).

Table 2: The patients distribution grounded on factors persuading services utilization (n= 160).

Characteristics	No. of Subjects (%)
Reasons	
Easily accessible	86 (53.8)
Treatment Good	84 (52.5)
Less expenses /free services	76 (47.5)
Mode of transport	
By-bus	120 (75)
Auto	10 (6.3)
Car	0 (0)
Two-wheeler	18 (11.3)
Walk	7 (4.4)
Ambulance Service	1 (0.6)
Cycle	4 (2.5)
Time taken to reach the facility	
<30 min	122 (76.3)
<1 hr	30 (18.8)
1-2 hr	04 (2.5)
>2 hr	04 (2.5)
Distance	
<2 km	39 (24.4)
3-5 km	40 (25)
6-10 km	56 (35)
11-20 km	20 (12.5)
>20 km	4 (2.5)

In terms of overall satisfaction, the Friedman test was carried out to compare the health services offered in the hospital. The observed data show that the average for injections and dressing rooms followed by the average pharmacy, registry and hospital cleanliness, doctors' attitudes and practices given in Table 4.

Table 4: The standard deviation and Mean of satisfaction level of facilities

Facilities	Mean	Standard Deviation	Mean rank	Friedman's Test value	P value	Friedman's multiple comparison test Result
Other amenities	3.10	0.10	1.11	569.98	<0.001	INJ >CL>PHAR>REG> DAP> OA
Cleanliness of the hospital	5.01	0.17	5.10			
Registration system	4.35	0.38	3.49			
Doctors practice and attitude	3.99	0.30	2.30			
Pharmacy	4.00	0.61	3.70			
Injection and dressing room	4.33	1.21	5.31			

## DISCUSSION

The purpose of this study was to assess patient satisfaction with various aspects of medical care at Chidambaram Second Level Hospital. Research results show that most of the participants are satisfied with the services they receive<sup>13-14</sup>. There are very few studies on patient satisfaction in Pakistan higher hospitals and therefore we have no data to compare as well as from tertiary care hospitals. However, the survey results are useful to further improve the functioning of the hospital. The location of the hospital may determine its use<sup>15-16</sup>. After the patient enters the hospital, the first entry to the registration point takes place<sup>17</sup>. The behaviour of the staff, especially polite was considered a requirement for the provision of OPD services in the hospital. The behaviour of doctors and medical personnel in our study turned out to be satisfactory as in the study by Syed et al. (86.6%) and low (66%) in the study by Andrabi et al<sup>18</sup>. An important feature determining the level of patient satisfaction is the duration of the consultation with the doctor. Research has shown that longer contact time is significantly associated with better recognition and coping with physical problems, and with patient empowerment. In this study, 90.1% of respondents believe that the doctor devotes enough time to them, which is a result higher than in the study by Andrabi et al<sup>4</sup> (77%)<sup>19-20</sup>. In contrast, satisfaction with doctor-patient communication by Ranjeet et al. decreased by 68% in the Lucknow study. Availability in terms of time and distance is important to patient satisfaction<sup>21-22</sup>. In this study, 35% of patients travelled 6-10 km to access this hospital's services. In contrast, at Haryana Tertiary Hospital, a high level of dissatisfaction (84%) with the availability of healthcare by Syed et al study. Patient willingness to pay for their health.

In this study, with regard to hospital cleanliness, a high level of satisfaction was found with the Friedman score, which indicates a change in attitude and interest in patient services by part of the government. Hospitals are very valuable<sup>23-24</sup>. No other study in Pakistan has shown this level of satisfaction with the cleanliness of public hospitals. In our current study, respondents were very satisfied with the injection and dressing (behaviour, waiting time, and cleanliness)<sup>25</sup>.

## CONCLUSION

Our research shows that patients are generally satisfied with hospital facilities. Attempting to assess the level of satisfaction with the quality of healthcare provided us with some areas that require corrective action to improve the quality of hospital services. Patient response depends on their socioeconomic profile and perception. Most of the respondents were from rural areas, with illiteracy and low socioeconomic status, which contributed to overall satisfaction. It may be advisable for hospital management to make some simple changes to improve services, such as safe drinking water; infrastructure enhancement; Provision of catering and telephone services on the premises of hospital facilities.

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