

PATIENT SATISFACTION EVALUATION TO IMPROVE THE QUALITY OF CARE IN WESTERN RAJASTHAN: AN ANALYTICAL STUDY

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ABSTRACT

Introduction: There are growing numbers of efforts to compare the service quality of health care organizations on the basis of patient satisfaction data. Such efforts inevitably raise questions about the fairness of the comparisons. Fair comparisons presumably should not penalize (or reward) health care organizations for factors that influence satisfaction scores but are not within the control of managers or clinicians. **Methods:** The present quantitative non-experimental Analytical study was conducted from August to September 2024 to assess the feedback of patients admitted at Goyal Hospital and Research centre Pvt Ltd. Patient Satisfaction assessed on 7 Areas of services through feedback format and assessed rating 1-10 on each service area and then Average of all the services analysed to check impact on quality of care. **Result:** The majority 53% of the respondents expressed their rating 7-8 out of 10, and 29% people rated 9-10 and are well satisfaction towards admission procedures and people at registration counter are helpful only few of the respondents expressed their dissatisfaction towards admission. Reception services are average 7-8 rating most and good response. **Conclusion:** The present study concluded that areas like Nursing services, Doctor's prescription, Surgery, visit time and Counselling given to patients, discharge services, Diagnostic services were among the most rated services. There is a need to maintain the patient satisfaction level and improve the quality care.

KEYWORDS: Patient, Satisfaction, Quality care, Nursing services.

INTRODUCTION

A significant problem for healthcare providers in emerging nations such as India is to enhance patient orientation. Indifferent patient care, unauthorized compensation to clinicians, insufficient patient privacy, and inadequate supply of medications and resources are prevalent, however seldom recognized by conventional quality assessment methods. Evaluating patient views empowers users, and if systematically addressed, enhances the responsiveness of services to individuals' needs and expectations, crucial components for improving the efficacy of health systems. The primary benefactor of an effective health-care system is unequivocally the patient. The patient is the central focus of the health care delivery system. Individuals who are only content frequently do not return, and organizations adhering to this principle of fulfillment surpass those that do not offer satisfaction. The sustained viability of hospitals relies on the allegiance of patients who return

or endorse the institution to others. The notion of patient pleasure is swiftly evolving into customer joy, indicating that the patient is not merely treated for their condition during the hospital stay. Patient satisfaction serves as an indicator for evaluating the quality of healthcare and its personnel. It demonstrates the provider's capacity to fulfill the patients' requirements. Patients who are content are more inclined than their dissatisfied counterparts to persist in utilizing health care services, sustaining their affiliations with particular health care providers and adhering to prescribed care regimens. An essential factor influencing patient satisfaction is 'nursing care,' as nurses participate in nearly every facet of a patient's care in a hospital setting. It is presumed that these patients have developed a favorable disposition towards the provider's service performance due to previous service utilization. Patients possess specific expectations prior to their visit, and their subsequent pleasure or discontent is determined by their actual

experience. Health care is undergoing fast transformation.

Customers are informed and are insisting that we fulfill their requirements. In an optimal service environment, our objective is not merely to satisfy customer wants, but to "delight" the customer. Consequently, it is essential to identify all of our clients. Patient-centered care can enhance treatment outcomes, and its adoption has been the focal point of national and local initiatives to optimize health and healthcare delivery. Patient satisfaction with care is a fundamental component of patient-centered care. Consequently, outcomes from patient satisfaction surveys (i.e., patient experience of care metrics) can significantly influence modifications in health care delivery, as institutions and individual doctors aspire to and actively pursue optimal survey results. Although there is agreement on the significance of patient satisfaction for quality assurance in medical services and hospitals, actual data regarding consumers' acceptance of healthcare procedures is lacking. Therefore present study was conducted to assess the patient satisfactions areas in a multi-specialities hospital in western Rajasthan, India.

OBJECTIVE

To assess satisfaction level of patient and impact on quality of care in Goyal Hospital and Research centre Pvt Ltd.

Methodology

The present quantitative non-experimental Analytical study was conducted from August to September 2024 to assess the feedback of patients admitted at Goyal Hospital and Research centre Pvt Ltd. Patient Satisfaction assessed on 7 Areas of services through feedback format and assessed rating 1-10 on each service area and then Average of all the services Analasie to check impact on quality of care. The sample respondents were drawn through stratified random sampling. The indoor patients were taken based on final number of the sample was taken based on the discharge from hospital. It was observed that there are approximately 200 bedded hospital and average 4000 patient Admit and Discharge Yearly In the month of August 2024 Total 230 respondents were selected for final analysis and there respondents opinion were taken for final analysis. Development of Questionnaire: Initially a Feedback form was prepared in Hindi Language easy to understand all 7 parameter and Feedback rating was recorded on random samples were carried out to find out the views of patients about the services provided in the hospital. The feedback form was distributed when the patient were in private rooms/ward and before their discharge from the hospital. Each patient was given a brief explanation about the purpose of the enquiry and asked that strict confidentiality was maintained. During interviews the research attempted to establish for patients a neutral and independent position, when patients were in the hospitals. The questionnaire was collected back after two hours.

RESULT

Table 1: Socio-demographic profile of the participants. N=230

Variables		Frequency	Percentage
Mean age	51.28±20.83 years		
Gender	Male	130	56.52%
	Female	100	43.48%
Residence	Urban	185	80.43%
	Rural	45	19.57%
Employment	Government	66	28.70%
	Private	09	3.91%
	Self	88	38.26%
	Agriculture	60	26.09%
	Retired	07	3.04%
Education	Illiterate	14	6.08%
	Up to higher secondary	42	18.26%
	Under graduate	66	28.70%
	Post graduate	108	46.96%

Table 2: Mean score of the various components related to patient satisfaction. N=230.

Variables	Admission	Room accomodation	Nursing services	Diagnostic	House keeping services	Medical services	Discharge procedure	Overall
Mean	7.2173913	7.34348	8.74783	7.26957	6.97391	8.565217	8.0521739	7.738509
Sd	1.98590056	2.08746	1.76498	2.26159	1.72807	1.99401	1.9640591	0.860069

Perceptions of patients

The present study revealed that majority of the respondents (53%) expressed their rating 7-8 out of 10, and 29% people rated 9-10 and are well satisfaction towards admission procedures and people at registration counter are helpful while few of the respondents expressed their dissatisfaction towards admission process. Reception services were most and good response (7-8 rating). The respondents were happy with trolleys and wheel chair facilities and finding the bed is difficult Cleanliness was not good in ward and rooms 37% (85) patient has given Average response and rated 5-6 for Room services in term of beds, chair and room furniture AC etc. and 10% (22) Rated 4 or less shows not satisfied with room services and 21% people person Rated 7-8.and 32% Patient Rated 9-10 patient. 37% (85) patient given 9-10 rating for Diagnostic services and 35%(82) given average and 12% (29) are unsatisfied with diagnostic services delayed response. Two third patients given 9-10 rating and fully satisfied with services provided by nurses. (Table-2)

Only 3% (8) were not satisfied and had worst experience with services provided by Nursing Department. 65%

(149) are well satisfied with Doctors prescription, Surgery, visit time and Counselling given to patients and rated 9-10 score, only 15% rated 7-8 and 14% Rated 5-6 where unsatisfied with Medical services was only 6%. While we analyse feedback given on housekeeping services providing in hospital from OPD to ICU till Discharge 9% (21) rated less than 4 and shown dissatisfaction, where 34% and 36% Given Average and Good Rating and 21%(49) given 9-10 rating and fully satisfied with housekeeping services (Table-2).

At last patient while complete discharge process from doctor order to exit from hospital gate including billing, discharge medicine advice 52% (118) Patient shown fully satisfaction and rated 9-10, 11%(28) rated 7-8 and 37% (84) shown average rating 5-6, no one Dissatisfied fully with Discharge Services. for all 7 services cumulative feedback minimum Average rating score 5.29 and maximum average rating score is 9.86. Mean score 7.73 and Median of cumulative average score of all 7 services is 7.71. Cumulative feedback of all 7 services 25% patient given rating above 9 and above, and less the 5 rating was given 0%, 71% patient given rating score between 7-8.9 (Figure-1).

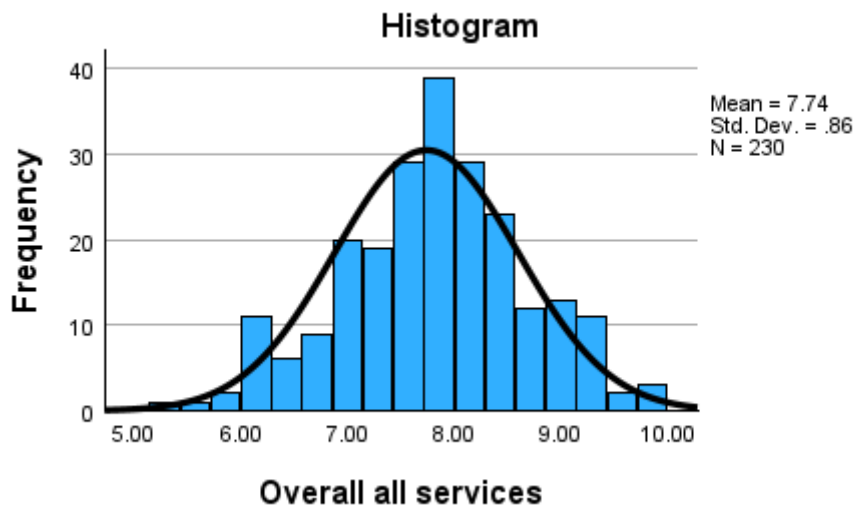


Figure 1: Overall mean rating scores of the services.

DISCUSSION

The present study revealed that the majority 53% of the respondents expressed their rating 7-8 out of 10, and 29% people rated 9-10 and are well satisfaction towards admission procedures and people at registration counter are helpful only few of the respondents expressed their dissatisfaction towards admission. Reception services are average 7-8 rating most and good response. Kumari R et al (2009) revealed that the satisfaction with the duration of the outpatient department (OPD) (64.6%) and the presence of signboards (46.6%) was also found to be low. The overall satisfaction regarding the doctor-patient communication was more than 60% at all the levels of health care facilities but that with the examination and consultation was less than 60% at the primary level as

compared to more than 80% elsewhere. The present study findings were also in context with these findings. Additionally, the present study revealed that 97% patients were satisfied with services provided by Nursing Department. In this context, Parihar, Raju Ram, and Anju Suthar (2023) indicated that majority (70%) of the sample were highly satisfied with nursing care. The majority of the participants were highly satisfied with quality of nursing care provided in private hospital. In this support, our study also revealed that majority of the patients were satisfied with the services. The present revealed that mean satisfaction rating score was 7.73 ± 0.86 . A similar study by Kaur R et al (2022) among 200 OPD attendees of a secondary-care hospital was done. The overall satisfaction with the OPD services,

most common responses were “good” or “very-good”, with mean (SD) score of 3.8 (0.77). Kumar M et al (2022) Patients who were asked for follow-up were found to be significantly associated with being overall satisfied with the attending doctor. The majority of study participants were found to be satisfied with overall facilities available at the hospital. These findings were in similar to our research findings. The present study also explored that majority of patients were satisfied with doctors. In this reference, a study by Panda PS et al (2108) stated that majority of patients in their response to communication and explanation by the doctor, and the time devoted to examining “good” or above level of satisfaction.

CONCLUSION

The majority of individuals utilizing outpatient services expressed satisfaction with the healthcare received, as well as with amenities such as drinking water & sanitary restrooms. The majority of participants deemed the consultation time provided by doctors to be sufficient. Nevertheless, the majority of patients expressed dissatisfaction with the prolonged duration at the registration window. The registration process must be optimized to minimize the waiting time. Likewise, the majority of participants indicated that the conduct of hospital staff was inadequate. This underscores the necessity of reorientation training in communication and interpersonal skills for all levels of healthcare personnel.

Recommendation

On The Bases of all study and result we need still improvement on Housekeeping, Room and Diagnostic Services because these services impact on quality of care, good diagnostic services impact on prompt diagnosis and improve quality of care. and good housekeeping services will reduce hospital stay and Health care associated infection. Somehow Admission and Discharge services also need improvement from average rating 5-6 to best ration 9-10.

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Conflict of interest

None declared.

Ethical approval

The study was approved by the Institutional Ethics Committee.

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