

Original Article

A study on status of client satisfaction in patients attending government health facilities in Agra District.

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ABSTRACT

Background: It is easier to evaluate the patient's satisfaction towards the service than evaluate the quality of medical services that they receive. Patient satisfaction indicators remain stable over time as oppose to clinical indicators which will be changed with technology and pace of medical progress.

Objectives: 1) To assess the level of satisfaction of patients attending government health facilities. 2) To identify the area of low satisfaction at Government health facility.

Methodology: Multistage sampling technique was used for selecting primary and secondary level health facilities. Patients were interviewed, when they were leaving health facility by using pretested, predesigned, semi-structured schedule.

Results: A total of 600 clients were interviewed in this study and it was found that there was high level of satisfaction with signboard/display, courtesy and respect given by doctor, overall time duration given by doctor, skills of doctor, effectiveness of health services in solving problem, cost incurred on health services, and behavior of paramedical staff. Whereas comparatively low level of satisfaction was found regarding timings of OPD, registration procedure, waiting time, Cleanliness and comfort of waiting area and examination room, privacy measures and behavior of other non medical staff member. Major causes of dissatisfaction at primary level were Comfort and cleanliness of waiting area and service area, privacy measures, overall time duration given by doctor and behavior of supporting staff. However at higher i.e. secondary and tertiary level major causes found were inadequate OPD timing, mismanaged registration procedure and long waiting time to seek doctor.

Conclusion: To raise level of patients satisfaction there should be capacity building, training and orientation programmes for health professionals.

Keywords: Client satisfaction, health facilities, level of satisfaction

Introduction:

The role of government in ensuring that its country's healthcare system provides optimal services for its population has been greatly emphasized upon¹. All healthcare providers and programmes in our country have overwhelming emphasis on quantitative aspect of service delivered, which means that, in a quest to chase runaway targets, we neglect the concept of quality of care, which is also a right of clients². Out Patient Department in any hospital is considered to be a shop window of the hospital³. Now a days, patients are looking for hassle free and quick services. This demand is only possible with optimum utility of the resources through multitasking in a single window system of the OPD⁴. Monitoring patient satisfaction has some advantages over other clinical outcome indicators. Patient satisfaction indicators remain stable over time as oppose to clinical indicators which will be changed with technology and pace of medical progress⁵. Customer satisfaction is a person's feeling of pleasure or disappointment resulting for comparing a product / service's perceived performance or outcome in relation

to his or her expectations⁶. With above background the study was planned with following objectives.

1) To assess the level of satisfaction of patients attending government health facilities.

2) To identify the areas of dissatisfaction at Government health facilities.

Methodology:

Study design: Study was a cross sectional type which was conducted among patients and respondents attending outpatient department of primary, secondary and tertiary health facilities of Agra district from May 2010 to October 2011.

Sample size: It was calculated by using the formula, Sample Size(n) = $4pq/d^2$

Where, p = prevalence of patient satisfaction, q = 1 - p, d = absolute allowable error which was taken as 15% of p. As we had presumed maximum variability, hence p = 0.5; q = 0.5; d = 15% of p. Sample size thus yielded is of 178.

Adding a figure of 10% for incomplete interviews the total number came out to be 196 which is rounded off to a figure as 200 and were interviewed at each

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level of selected health facility. As per limited resources and time this sample size was considered feasible. As the study was undertaken at three levels i.e. primary, secondary and tertiary level, a total of 600 patients and or attendants were included in study and were interviewed.

Technique used was multistage simple random sampling. The sampling involved two stages of selection. In stage I purposively 4 primary health facilities and two community health centres which were roughly 10% of PHCs and CHCs in Agra district and also district hospital and Lady Lyall hospital was taken as secondary level. At tertiary level S.N Medical College hospital was taken for the study as it is the only state owned tertiary care hospital in Agra district. In stage II, consecutive sampling technique was used. From each level of health facility, 200 patients, giving consent were interviewed. At primary level and secondary level, fifty patients were interviewed from each selected health facility. At tertiary level, two hundred patients were interviewed at OPDs of S.N Medical college hospital. This gave a total figure of six hundred patients from three levels of health facilities.

Exclusion Criteria- Patient who were not willing to participate, patients working in Health Care facilities

and minors i.e. less than 18 years of age were excluded from the study.

Scoring- A 5 scale scoring was modified and adopted, developed by Ware and his colleagues (Ware, Snyder, and Wright, 1976)⁷ for patient satisfaction questionnaire. We scaled it as $\leq 20\%$ = poor satisfaction, 21-40% = dissatisfied, 41-60% = satisfied, 61-80% = good, 81-100% = excellent. Questions regarding accessibility and approachability, equipments and services, skills and interpersonal qualities of doctor and supportive staff, cost and effectiveness of services were asked. Low level of literacy and negligible exposure to this kind of study made it difficult for respondents to comprehend the scale. It was therefore, adapted to a 'money scale': 20 paise (poor), 40 paise (unsatisfactory), 60 paise (satisfactory), 80 paise (good), and 100 paise (very good) for the purpose of completing the questionnaire. Permission to conduct the study was taken from the superintendents or medical officer incharge of the concerned health care facility. All the patients were interviewed, when they were leaving the health facility after getting OPD services. Informed written consent was taken from all the participating patients before the start of the interview. The prescribing doctor and health facility staff was largely kept unaware of the procedure to avoid the bias in their behavior with the patient.

Table 1: Selected biosocial variables of study group

S.No	Variables		Level of health facility						Total	
			Primary		Secondary		Tertiary			
			No.	%	No.	%	No.	%		
1	Age	18-30	53	26.5	56	28.0	57	28.5	166	27.7
		31-40	58	29.0	58	29.0	60	30.0	176	29.3
		41-50	55	27.5	50	25.0	35	17.5	140	23.3
		51-60	24	12.0	17	8.5	30	15.0	71	11.8
		61-70	7	3.5	12	6.0	12	6.0	31	5.2
		71 and above	3	1.5	7	3.5	6	3.0	16	2.7
2	Sex	Male	134	67.0	107	53.5	103	51.5	344	57.3
		Female	66	33.0	93	46.5	97	48.5	256	42.7
3.	Education									
	Illiterate		70	35.0	56	28.0	50	25.0	176	29.3
	Upto V		63	31.5	46	23.0	41	21.5	150	25.0
	VI-VIII		33	16.5	38	19.0	38	19.0	109	18.2
	IX-X		16	8	34	17.0	32	16.0	82	13.7
	XI-XII		11	5.5	14	7.0	20	10.0	45	7.5
	Graduate/P.G		4	2	8	4.0	12	6.0	24	4.0
	Professional course		3	1.5	4	2.0	7	3.5	14	2.3
4.	Socio-e conomic status									
	I		5	2.5	10	5.0	15	7.5	30	5.0
	II		32	16.0	49	24.5	56	28.0	137	22.8
	III		50	25.0	52	26.0	57	28.5	159	26.5
	IV		84	42.0	66	33.0	60	30.0	210	35.0
	V		29	14.5	23	11.5	12	6.0	64	10.7

Patients of age group 31-40(29%) years most commonly visited to all the three level of facilities i.e. 29%, 29% and 30% at primary, secondary and tertiary level respectively and percentage of male patient seeking health facility was in majority at each level of health facility.

At Primary health facilities 65% of patients interviewed were literate and most of the patients belong to socio economic class III (25%) and IV (42%), at higher level of facilities majority of respondents were literate and of socioeconomic class III and IV according to B.G Prasad classification²¹.

Table 2 : Level of satisfaction regarding various aspects of health facilities

Items	Levels of satisfaction														
	Poor			Dissatisfied			Satisfied			Good			Excellent		
	PHF (%)	SHF (%)	THF (%)	PHF (%)	SHF (%)	THF (%)	PHF (%)	SHF (%)	THF (%)	PHF (%)	SHF (%)	THF (%)	PHF (%)	SHF (%)	THF (%)
Timings of OPD	3.0	5.5	10.0	9.0	12.0	11.0	26.5	45.0	57.0	46.5	30.0	16.0	15.0	7.5	6.0
Signboard/ display	0.5	.5	0.0	3.0	1.5	1.0	45.0	47.5	37.0	26.5	36.0	37.5	25.0	14.5	24.5
Registration procedure	0.0	4.5	11.0	1.0	19.0	24.5	20.5	40.5	50.5	52.0	28.0	11.5	26.5	8.0	2.5
waiting time	1.5	2.5	8.0	.5	13.0	29.5	24.0	37.5	47.0	48.5	35.0	12.5	25.5	12.0	3.0
Comfort of waiting area	11.0	5.0	2.0	20.5	15.0	7.5	39.5	40.0	45.5	26.5	33.0	37.0	2.5	7.0	8.0
Cleanliness and comfort place where patient received service	19.5	9.0	5.0	17.0	13.0	10.0	37.0	36.0	38.0	24.5	35.0	37.0	2.0	14.0	10.0
Privacy	10.0	6.5	4.0	26.5	9.5	9.5	58.5	62.5	55.0	4.5	17.5	19.0	.5	4.0	12.5
Courtesy and respect by the Doctor	3.0	2.0	0.0	9.0	5.0	3.5	44.5	42.0	23.0	24.0	35.0	49.0	14.5	16.0	24.5
Overall time duration given by doctor	8.0	5.0	3.0	14.0	10.0	6.0	37.0	29.0	18.0	32.5	34.5	44.0	8.5	21.5	29.0
Skills of doctor	5.0	1.0	0.0	6.5	3.0	2.5	34.5	30.0	18.0	25.5	26.0	24.0	28.5	40.0	55.5
Behavior of paramedical staff	6.0	5.0	3.0	20.5	10.5	4.0	48.0	37.5	40.0	20.5	34.5	38.0	5.0	11.5	15.0
Behavior of other non medical staff	7.5	7.0	4.0	23.5	19.0	10.0	51.0	40.5	43.5	15.0	19.0	23.5	3.0	14.5	24.0
Effectiveness of health services in problem solving	9.0	4.5	2.0	5.5	4.0	2.5	11.5	8.0	10.0	32.5	40.5	30.5	41.5	43.0	55.0
Cost incurred on health services	1.0	2.0	5.5	3.0	3.5	6.5	10.0	23.0	25.5	14.0	11.0	11.5	72.0	60.5	51.0

* PHF=Primary level of health facility, SHF=Secondary level of health facility, THF= Tertiary level of health facility

It was observed that regarding timing of OPD, level of satisfaction was found to be decreased from primary to tertiary level as maximum number of clients (46.5%) at primary level responded as good whereas at secondary and tertiary level clients were just satisfied. Satisfaction level for signboard/display was found to be considerably high as compared to registration procedure at all the three levels of health facilities. It was observed from the data that level of satisfaction for waiting time was seen highest at primary level where maximum number of clients gave good response however at secondary and tertiary level just satisfied response was given by maximum number of clients. Cleanliness and comfort of waiting area, examination room/place where patient received services and privacy measures taken during discussion of problem with doctor or being examined generated higher level of satisfaction at tertiary

level followed by secondary and primary level. Clients visiting at tertiary level and secondary level facilities were treated with more courtesy and respect as compared to those visiting at OPDs of PHCs. Similar pattern was also seen for overall time duration given by doctor to the patients. Most of the patients showed excellent level of satisfaction towards skills of the doctor at all the three levels. With behavior of paramedical and other non medical staff at health facilities, maximum number of patients were just satisfied however behavior of paramedical staff was found better than those of other non medical staff. For effectiveness of health services majority of patients gave good and excellent responses at all the three levels but satisfaction was comparatively found to be better at tertiary level, however cost incurred at health services showed best level of satisfaction at primary level.

Table 3: Areas of dissatisfaction

S. No.	Areas of dissatisfaction	PHF (%)	SHF (%)	THF (%)
1	Timings of OPD	12.0	17.5	21
2	Signboard/display	3.5	2.0	1.0
3	Registration procedure	1.0	23.5	35.5
4	Waiting time	2.0	15.5	37.5
5	Comfort of waiting area	31.5	20	9.5
6.	Cleanliness and comfort place where patient received service	36.5	22.0	15
7.	Privacy	36.5	16	13.5
8.	Courtesy and respect by the doctor	12.0	5.5	3.5
9.	Overall time duration given by doctor	22.0	15.0	9.0
10.	Skills of doctor	11.5	4.0	2.5
11.	Behavior of paramedical staff	26.5	15.5	7.0
12	Behavior of other non medical staff	31.0	26.0	14.0
13	Effectiveness of health services in problem solving	14.5	8.5	8.0
14.	Cost incurred on health services	4.0	5.5	12.0

Data revealed that most of the clients visiting at primary and secondary level health facilities were happy with signboard/display at all the three levels of facilities. Clients visiting at primary and secondary level were satisfied with timing of OPD hours, registration procedure

and waiting time remarkably as compared to tertiary level. This high dissatisfaction at tertiary level may be attributed to various factors such as short duration of OPD hours, clash of OPD hours with client's duty hours, late arrival due to long distance from residence, long

and improperly managed queue at registration window and huge number of patients. For Cleanliness and comfort of waiting area, examination room or place where clients received service and privacy measures taken while discussing problem with doctor or being examined, clients visiting at tertiary level were comparably less dissatisfied. This may be due to poor drinking water and toilet facilities, less number of sitting facilities in waiting area, non functional fans due to poor maintenance and inadequate electricity supply in waiting area, miserable cleanliness of waiting area and examination room, dirty bed sheets used on examination surface, more than one patient entering at a time in doctors room, unavailability of proper examination room at PHCs. Courtesy and respect by the doctor, overall time given by him and his skills generated relatively more dissatisfaction at primary level and also similar pattern of more dissatisfaction at lower level was seen due to behavior of supporting staff, this may be due to availability of specialist services, better conduct with patients at higher level by doctor and the supporting staff. Services available at PHCs were not effective in resolving crisis as that of higher level but were notably affordable than that of tertiary levels.

Discussion:

Study was aimed to assess the level of satisfaction and cause of dissatisfaction with various aspects of health care. Regarding OPD timings and signboard/display similar finding was reported by Kumari R. et al. (2006)⁸ at primary, secondary and tertiary level but regarding timing, Prasanna K.S. et al. (2005)⁹ found contrary results and revealed 98% satisfaction with OPD timing. For registration procedure Vinoi Kumar C (2006)¹⁰ and Qureshi W. et al. (2009)¹¹ also reported high satisfaction of 88% and 82%. Significantly low satisfaction for registration procedure was found by Bhardwaj A. (2001)¹². For waiting time to seek doctor comparable findings were revealed by Vinoi Kumar C (2006)¹⁰ and Rashmi et al. (2008)¹³ whereas significantly low satisfaction was shown by and Fekadu A. et al. (2010)¹⁸. Alike findings for overall cleanliness and comfort of waiting area and examination room was depicted by Kumari R. et al. (2006)⁸, but this was comparably low than that revealed by Prasanna K.S. et al. (2005)⁹ at private Medical College Hospital at Mangalore. This can be attributed to better waiting area and examinations room in private setup. Sodani P. R. et al. (2007)¹⁹ also illustrated that respondents

were more satisfied with the basic amenities at higher level facility. Satisfaction with behavior of doctor was similar to as shown by Paul J. (2008), Kumari R. et al. (2006)⁸ and Sodani P. R. et al. (2007)¹⁹. Muhondw E.P.Y. et al. (2004)²⁰ at Muhimbili national hospital in Dares Salaam, Tanzania also established that (95.9%) respondents were well attended by the doctors. The satisfaction regarding overall time duration given by doctor was similar to that recorded by Sodani P. R. et al. (2007)¹⁹. Relatively low satisfaction at primary health facilities may be due to disinterest of doctor for usual patients who visit health facility frequently for minor ailments. However, comparably higher satisfaction was shown by Prasanna K.S. et al. (2005)⁹. The satisfaction regarding skills of doctor was similar to that found by Bhattacharya A. et. al. (2001)¹⁴ while it was higher than that reported by Ipe M. (2005)¹⁵ and Rashmi et al (2008)⁽¹³⁾ who found it to be 74% and 85% respectively. Sharma R. et. al. (2011)¹⁶ at Post Graduate Institute of Medical Education and Research (PGIMER) also showed that the overall satisfaction regarding the doctor-patient professional and behavioral communication was more than 80 per cent. Result of present study was comparably less than that found by Verma A. and Sharma R.K. (2000)¹⁷ this may be because of better level of health services at Delhi.

Behavior of paramedical staff resulted in less satisfaction as found by Vinoi Kumar C. (2006)¹⁰, may attributed to difference in type of health facilities.

However, satisfaction with regard to behavior of other non medical staff corroborate with that of Bhattacharya A. et. al.(2001), that 77% of patients were satisfied by non paramedical staff.

For satisfaction with Effectiveness of health services in problem solving was found to be less than that depicted by Prasanna K.S. et al. (2005)⁹.

Cost incurred on the health services generated significantly less satisfaction than found by Prasanna K.S. et al. (2005)⁹ however it was more than that found by Kumari R. et al. (2006)⁸.

Conclusions:

The findings of this study suggest that following measures can be taken by policy makers and administrators to increase level of satisfaction at health facilities

- Capacity building of Health facilities. Training and orientation programmes for the service provider (doctor) and supporting staff should be carried out to increase their interpersonal qualities and managerial skills so

that physical and social environment at health facility can become more user friendly.

- Hospital should start implementing changes to meet their clients' suggestions like the need to improve and increase the seating capacity of the OPD, put up a directory map and instructional materials and installation of toilet and drinking water facilities.
- Evening OPD should be conducted for making the health services more user-friendly.

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