

To the Assessment of Patient Satisfaction in tertiary Care Hospital who are Scheduled for Elective Surgery

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Abstract

In healthcare, patients are external customers and employees are internal customers. Patient satisfaction can be defined as fulfillment or meeting of expectations of a person from a service or product. Patient satisfaction survey is a process of determining the level of current services offered and Identifying opportunities for business. The study could cover Operation Theater and a performance measure could be determined. Awareness about health is increasing tremendously among people in rural as well as urban areas. People today do expect high quality of medical care at the affordable cost. People show awareness about the technological, medical, physical facilities they get from a particular health service provider and the cost they have to pay for availing the services. Consumer of the health care sector is very alert and aware about his rights and the standards of services he is going today for services. Difficulties in defining Patient Satisfaction: It will not be wrong to state that there is no agreed definition of the concept of Patient Satisfaction. This may be because "Satisfaction" is multi-dimensional. Consumer councils worldwide have defined seven consumer principles to access the multi-dimensional nature of satisfaction.

Factors Influencing Satisfaction: Studies have shown that majority consumers (80% and above), express overall satisfaction with few respondents responding negatively to any given item. Patients appear very tolerant of deficiencies in healthcare and thus it may be reasonable to assume "that the quality of care is actually worse than surveys of patient satisfaction would seem to show". Overall, following parameters have been identified by various studies, as influencing satisfaction

Keywords: Patient Satisfaction, Modular Operation Theater, Tertiary care hospital, Elective surgery.

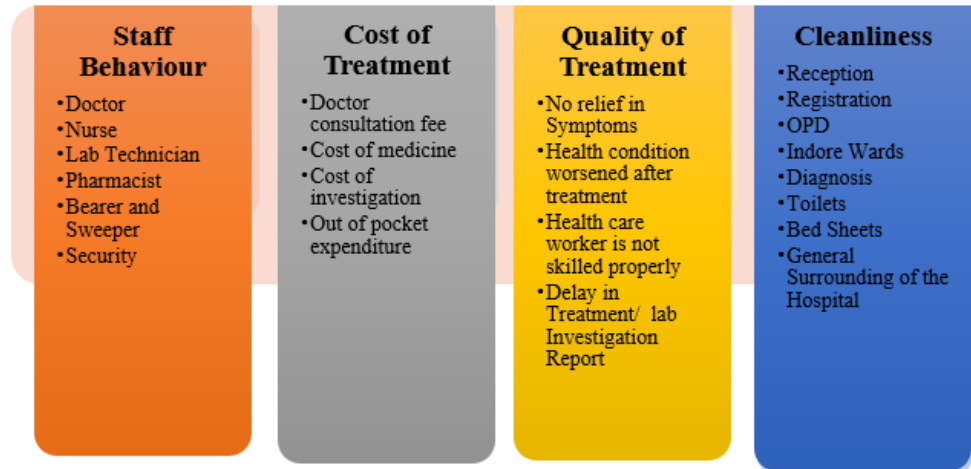
Introduction

Quality is the degree of adherence to predetermined standards based on existing knowledge, principles and practices. Quality is defined as "meeting the requirements of the customer." In healthcare, patients are external customers and employees are

internal customers. There are certain benchmarks at which the customer should be satisfied. Patients which are scheduled for elective surgery need to be satisfied with the service provided by the hospital. Patient satisfaction is fulfillment of requirement and expectation. The satisfaction of Patient reflects the quality of hospital. The major parameters are

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In early time doctor was treated as god. But now a day's doctors are service provide. Patients are customers so patient satisfaction is mandatory in all hospital. The advantage of patient satisfaction will improve the status of hospital, better staff morale, and great profitability. The best assessment tool for patient satisfaction is feedback mechanism and survey mechanism.

Review of Literature on Patient Satisfaction:

In 1950s the studies of patient satisfaction within healthcare were started in USA, and survey research was the most preferred method of choice. But, such research continued till 1970s, well in USA and Europe, it was undertaken with an academic perspective though it had little commercial success. The notable reasons were lack of money and expertise hampered similar research by healthcare providers. So, the greater importance was placed on Patient satisfaction and related surveys, as patients being redefined as consumers of healthcare (Claire et. al., 1994) In April 1987, a telephonic survey of nearly 9% of first quarter discharges at The New York Hospital, was undertaken in order to identify the boundaries of a patient satisfaction questionnaire and parameters of patient satisfaction. The questionnaire included several points which were measures of overall satisfaction with hospital services, satisfaction with ten aspects of service, and in end patient expectations. So, in turn high inter item correlations indicate that questionnaire can be shortened and same dimensions were measured. For calculating the relative values of measure, long questionnaire was needed. Patient expectations and satisfaction appears to be the best

determinant of overall satisfaction with hospital care, but these were more related to the services in spite of nurse's control (Abramowitz S et. al., 1987). In 1990, more attention was paid towards patient perception of the quality of health services, by the most researchers, health policy makers and managers. (Behm et. al., 2000). In these years, the patient satisfaction studies have increased as shown by a PubMed search for "patient satisfaction" or "customer satisfaction" The patient satisfaction was initially considered as a difficult concept to be measured and interpreted, despite its large use. (Fitzpatrick & Hopkins, 1983; Williams, 1994). Agreeable consensus on the definition of satisfaction with healthcare is not already fully achieved (Avis et al, 1996; Baker, 1997) due to the Multidimensional and subjective nature of this concept, mainly affected by Individuals' expectations, needs or desires. For instance, when users have limited Knowledge of opportunities and low expectations of service quality, high satisfaction Scores may be recorded even though poor standards of care have been ensured. Factors influencing dissatisfaction could be somewhat different from factors generating satisfaction. While on one side an adequate or acceptable standard of quality might be considered as necessary, on the other, a feeling of satisfaction might result from a high-quality service. Moreover, when something negative happens consumers might be satisfied or not; for example, this depends on the factor whether the negative event is caused by the health professionals or it is not due to their behavior (Williams et. al., 1998). The ambiguities related to the "patient satisfaction" concept enhance the debate among researchers, health professionals

and managers. In recent years, new and precise approaches have also been evaluated and adopted to introduce more objective oriented measures of the service's quality. For example, using reporting and rating scales researchers ask people to report in detail their experience with health service. The results obtained could be considered more helpful in order to identify loopholes in the delivery and organization of the health services (Jenkinson et. al., 2002). The main criticism of patient satisfaction surveys is that their results are unreliable. In order to get the most out of the data, an organization should use statistical analysis to interpret survey responses into meaningful information. Brandi White in her article "Measuring Patient Satisfaction: How to do it and why to bother," suggests that organizations keep several things in mind for statistical reliability of their satisfaction surveys. These guidelines include determining an appropriate sample size, distribution method, considering the response rate and the actual number of responses received (1999). Despite this drawback, the benefits of conducting a patient satisfaction survey are great to a healthcare organization. These benefits include improving patient loyalty, reacting to changes in the market, identifying new opportunities ,retaining or gaining market share, increasing revenue, and reducing costs.

Objectives

To assess the level of satisfaction of patients scheduled for elective surgery in operation theatre services.

Materials and Methods

Research design

A cross-sectional research design was employed in the present study to determine patient satisfaction towards the operation theatre services.

Study area

A new modular OT Complex in PGIMS Rohtak will be selected for this study.

Reference population

Patients who attended the operation theatres of the new modular OT Complex in PGIMS Rohtak were the reference population.

Inclusion criteria

- Patients who are aged above 15 years.
- Patients who were able to read and write.
- Patients underwent Elective surgery.

Exclusion Criteria

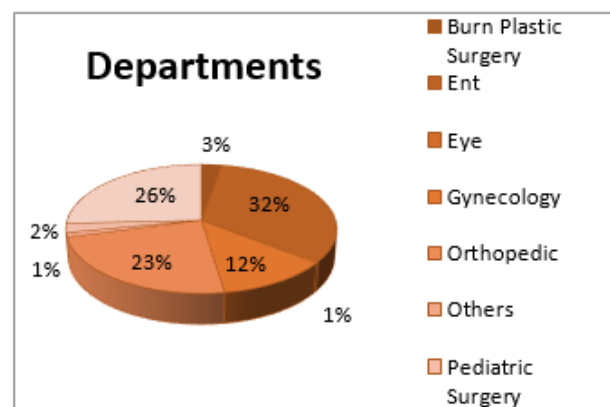
- Patients who were mentally challenged
- Patients who were not willing to participate

Study sample

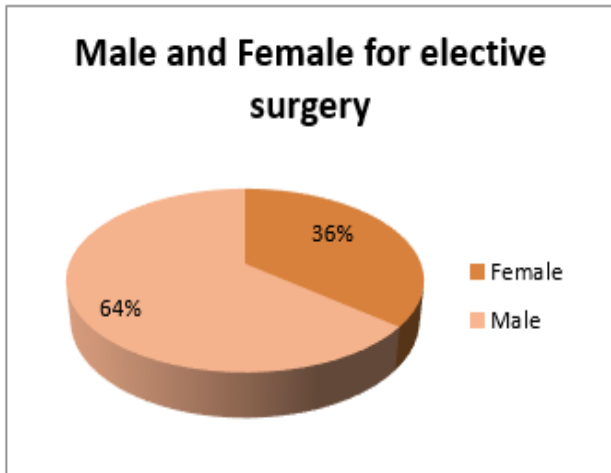
Patients who fulfilled the inclusion criteria were selected. Sampling technique and sample size the sample was drawn Simple random sampling from a daily OT list generated by surgeons for the month of September 2021

Result and observation

Total Question in this study is 10. Which was asked on likert scale ranging from 1 to 5. The maximum scoring in this study is 50 and the minimum scoring is five. 91 patients had scored 32. Maximum.



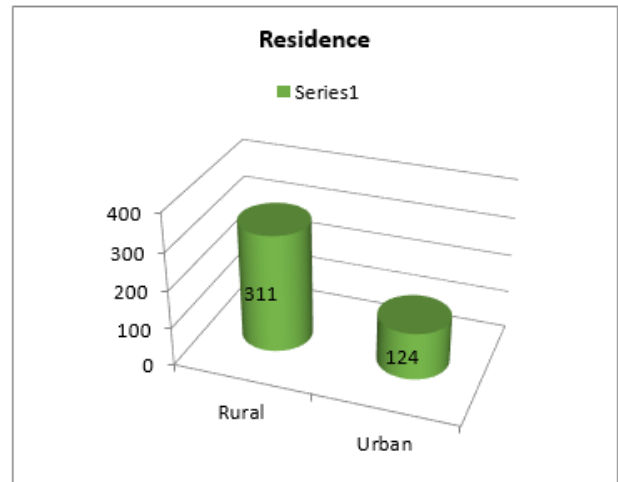
It is observed that maximum operation is performed by ENT Department i.e. 32% (141). The minimum operation performed by EYE Department i.e. 3%



Out of total beneficiary (435) 64% was Male and 36% was female during the month of September schedule for elective surgery.

The rural population has faith in PGIMS because 71% of people have reached for elective operation.

Maximum patient were having Secondary education i.e.199. 342 patients were working in private sector. The Maximum people were from Haryana i.e. 407.



Out of total beneficiary 311 are from rural.

Out of total beneficiary 98% of patient are having 1 to 10 days waiting time that shows patient satisfaction.

Table 1: showing education wise response by nurse’s patient call.

		Education				Total
		Graduate	Post Graduate	Secondary	Senior Secondary	
Do nurses provide prompt responses for your call?	1	0	0	4	0	4
	2	15	2	12	10	39
	3	131	7	143	40	321
	4	17	3	35	10	65
	5	1	0	5	0	6
Total		164	12	199	60	435

Out of 435 patients operated in New Modular OT/ICU complex. Patient who is above and equal to Secondary education are most satisfied. the

number is 392. It statically significant with P-Value-0.52 because educated patient can understand more doctors counseling.

Table 2: Showing patient satisfaction with respect to waiting Time.

		Waiting time			Total
		01-10 Days	11-20 Days	21-30 Days	
Do nurses provide prompt responses for your call?	1	3	1	0	4
	2	38	1	0	39
	3	317	1	3	321
	4	61	4	0	65
	5	6	0	0	6
Total		425	7	3	435

It is also observed that 384 patient is having 1 to 10 day Waiting time and found statically significant with P-Value- 0.001. Because of less waiting time leads to more patient satisfaction.

Patient of rural area feel that the communication skills of the physicians is best in PGIMS and an understandable way. 311 patients were satisfied with the communication skills. It was found statically significant with P-Value- 0.012.

The cost of treatment is very affordable as 413 patient replays that waiting period was 1 to 10 days and affordable cost of treatment. P-Value was found statically significant with 0.004.

As 296 rural patients were satisfied with quality of your operation and P-Value was found statically significant with 0.045. Because it is new built operation theater and surgeon and anesthetist were providing best quality of treatment.

Conclusion

Overall patient satisfaction with scheduled operative procedure and services was satisfied. Patients are ready to pay to get all facilities, so their medicine and other facilities made available to them. Nurses are specifically trained according to patients as they need special medical as well as emotional care. The OT services which were experienced by patient had a notable impact on the level of satisfaction. Overall 95% patient were satisfied with all services provided in New Modular OT complex with regard to doctor nurses and all paramedical staff.

Conflict of interest: There is no conflict of interest

Funds: There were no funds raised for this study

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