

Patient Satisfaction with Health Services at Medical Ward in Al-Kindy Teaching Hospital

Huda Adnan Habib*, Lamyaa Ali Hasan**, Sundus Shoki Khalil***

ABSTRACT:

BACKGROUND:

Patient satisfaction is generally considered as extend to which the patient feel that their needs and expectations are being met by services provided. Satisfied patient are more likely to maintain consistent relationship with their care provider leading to improved compliance and better health outcomes.

OBJECTIVE:

To evaluate the patient satisfaction to hospital services and identify factors that influences this satisfaction.

PATIENT AND METHODS:

Cross sectional study of 60 patients who were interviewed using a questionnaire that includes information under six main heading; 1) Patient general information; 2) Satisfaction about physician; 3) Satisfaction about nurses; 4) Satisfaction about pharmacy ; 5) Satisfaction about laboratory services ;6) Satisfaction about ventilation and cleanliness .

RESULTS:

More than half of satisfied patients were among those of ≥ 50 years old, female, and the majority of satisfied patients were among un-employed and those with single reason for admission. Statistical analysis showed a significant association between the reason for admission and patients satisfaction .

CONCLUSION:

The satisfaction of elderly was high and more in female, un- employed and less with those who admitted for more than one reason.

KEYWORDS: associated hospital services.

INTRODUCTION:

Patients have an important role as evaluators of healthcare. Obtaining feedback from patients about the quality of healthcare is a powerful way to develop more patient-centered approaches to healthcare delivery ⁽¹⁾.

Patient satisfaction has been recognized as an essential component of several methods of assessing quality of health care. Many investigators and policy makers feel that its role in the assessment of quality of care is crucial ⁽²⁾.

Patient satisfaction is generally considered as the extent to which the patients feel that their needs and expectations are being met by the services provided, satisfaction is the judgment of the patient on the care that has been provided ⁽³⁾.

Information about community perception with a thorough understanding of the needs and expectations of the community about the health

care services can help in better delivery and higher utilization of health services (4).

The physician remains a key element in patient satisfaction , satisfied patients are more likely to maintain consistent relationships with their care provider leading to improved compliance, continuity of care and ultimately better health outcomes(2).

Hospitals provide service not only to cure but also to comfort the sick-to improve pain, discomfort, and emotional distress. To ensure that sufficient levels of "caring" as well as "curing" are provided, it is necessary to identify and objectively measure patients' perceptions of caring functions such as access, satisfaction with services and results ⁽⁵⁾.

AIMS OF THE STUDY:

- 1) To evaluate the patient satisfaction to hospital services
- 2) To assess factors that influence patient satisfaction to hospital services.

PATIENT AND METHOD:

Study Design: A cross- sectional study.

Time and Place:

The study was carried out during the period from November 2010 to January 2011 in Al-Kindy

*Department of community medicine/AL-Kindy College of Medicine/Baghdad University,

** Al Mustanserria PHC Training Center of Family Medicine/ Baghdad,

*** Sulmainyia Health Directorate/ Quality Management Department.

Teaching Hospital in Baghdad / Internal Medicine Ward where patients using the hospital were expected to be found.

The Sample: A convenient sample of 60 patients of any age group who were admitted to medical ward regardless the reasons behind their admission.

METHOD:

The data was collected using a questionnaire which was filled by the researcher through a direct interview with each patient who had admitted to the hospital (medical ward). Patients were informed about the study objectives and procedures prior to the interview and that data collected would be used only for the stated research purpose.

The questionnaire includes information under 6 main headings:

1. The socio-demographic characteristics of the patients; these include general information: (age, sex, occupation, reason behind admission, duration of hospital stay and how many admissions per last year).
2. The patient perception to various aspects related to patient interaction with the physician working in the hospital; these included: (courtesy and humaneness, skills, consultation time satisfaction and overall satisfaction to physician care).
3. The patient perception to services provided by the nurse (courtesy and humaneness, overall satisfaction to nursing services,).
4. The patient perception to hospital environment (cleanliness, aeration, noise, patient visiting allowing and satisfaction to food).
5. The patient perception to laboratory and pharmacy (availability of drugs, availability of laboratory tests and the delay in test result).
6. The patient satisfaction to hospital services in general.

Statistical Methods:

The data collected was entered the computer using Minitab version 14.0 and were handled using descriptive statistics (Frequencies and Percentages) and were analyzed using the chi-square (X^2) test to determine the association between variables. $P < 0.05$ was considered as a cut-off value for significance.

RESULTS:

1) The sample characteristics:

Table (1) show that out of 60 patients, More than half of them 36 (60%) aged ≥ 50 years, (51.7%) were females, (76.7%) were un employed, 51 (85%) were admitted for single reason, (78.3%) were admitted for less than three days and (88.3%) were with a history of less than two admissions during the last year.

2. Patient evaluation to different hospital health services

Table (2) showed that the majority of studied patients (85%) agreed that their physician did greet them, (83.3%) listened to them, (85%) performed a physical examination to them, and (95%) the consultation time was appropriate. The overall patient satisfaction to physical care was 90%.

On studying the interaction of the patients with nursing services table (2) showed that most of the patients (83.3%) reported that nurse was giving medication on time, (86.7%) answering them when requesting, and (93.3%) treating them kindly. The overall satisfaction to nursing care was (83.3%).

Regarding hospital environment, patients were satisfied about cleanliness (86.7%), while were dissatisfied with (98.3%) with noise. otherwise they were somehow satisfied with room ventilation with (63.3%).

Seventy percents of patients were satisfied with the availability of the drugs, and (86.7%) were satisfied to the availability of laboratory service

PATIENT SATISFACTION WITH HEALTH SERVICES

Table 1: The Distribution of the studied sample according to some socio-demographic characteristics.

Socio demographic characteristic	Yes No. (%)
Age(years)	
<50	24 (40)
≥50	36 (60)
Total	60 (100)
Gender	
Male	29 (48.3)
Female	31 (51.7)
Total	60(100)
Occupation	
Employed	14 (23.3)
Non- employed	46 (76.7)
Total	60(100)
Reasons for admission	
Single reason	51(85)
More than single reason	9(15)
Total	60(100)
Duration of admission(days)	47 (78.3)
<3	13(21.7)
≥3	60(100)
Total	Total
No. of admission /year	
<2	53(88.3)
≥2	7(11.7)
Total	60(100)
	Total

Table 2: Satisfaction of patient following interaction with different hospital services.

Patient-interaction with hospital services	YES NO. (%)	NO NO. (%)	TOTAL
Interaction to physician care			
• greeting the patient	51 (85)	9 (15)	60
• listening to patient	50 (83.3)	10 (16.7)	60
• physical exam performance	51 (85)	9 (15)	60
• appropriate consultation time	57 (95)	3 (5)	60
• satisfaction to physical care	54 (90)	6 (10)	60
interaction to nurse care			
• nursing with medication	50(83.3)	10(16.7)	60
• answering patient on request	52(86.7)	8(13.3)	60
• treating patient kindly	56(93.3)	4(6.7)	60
• satisfaction with nurse care	50(83.3)	10(16.7)	60
interaction with hospital environment			
• cleanliness	52(86.7)	8(13.3)	60
• good ventilation	38(63.3)	22(36.7)	60
• noise disturbance	1(1.7)	59(98.3)	60
• client relative visit allowance	48(80)	12(20)	60
• good food introduce	45(75)	15(25)	60
interaction with inpatient pharmacy			
• availability of the drug	42(70)	18(30)	60
interaction with lab services			
• availability of laboratory tests	52(86.7)	8(13.3)	60
• delay in getting the laboratory test result	26(43.3)	34(56.7)	60

3. Association between the patients overall satisfaction and some socio-demographic characteristics . Table(3) showed a statistically significant association between patient’s satisfaction and reasons for admission (p = 0.004).

Table 3: Association between the patient overall satisfaction and some socio-demographic characteristics.

Socio demographic characteristic	General satisfaction		Total	P-Value
	Yes No.(%)	No No.(%)		
Age(years)				
<50	20(41.7)	4(33.3)	24	0.598
≥50	28(58.3)	8(66.7)	36	
Total	48(100)	12(100)	60	
Gender				
Male	23(47.9)	6(50)	29	0.89
Female	25(52.1)	6(50)	31	
Total	48(100)	12(100)	60	
Occupation				
Employed	10(20.8)	4(33.3)	14	0.36
Non -employed(housewives)	38 (79.2)	8(66.7)	46	
Total	48 (100)	12(100)	60	
Reasons for admission				
Single reason	44(91.6)	7(58.3)	51	0.004
More than single reason	4(8.4)	5(14.6)	9	
Total	48 (100)	12(100)	60	
Duration of admission(days)				
<3	39(81.2)	8(66.6)	47	0.27
≥3	9(18.8)	4(33.4)	13	
Total	48 (100)	12(100)	60	
No. of admission /year				
<2	42 (87.5)	11(91.6)	53	0.68
≥2	6 (12.50)	1 (8.4)	7	
Total	48 (100)	12(100)	60	

DISCUSSION:

Because physicians are the leaders of health services and the decision-makers for inpatient care, patient desires and expectations for physician care should be considered seriously. The overall satisfaction of our patients with physician services was high; this figure is comparable to some studies and more than other studies, particularly those from similar Arab cultures ⁽⁶⁾.

This difference might be explained as a majority of doctors in Arab world are foreigner while in our country all doctors are Iraqi doctors those speaking the same language, dealing with the patient according to the same believe, cultural and social background that lead to good communication with patients. On the other hand, interpreting differences among studies without adequate information about health system characteristics and sociocultural values and attitudes is difficult. Patient satisfaction with physician care is determined by many factors such as job satisfaction of physicians, delivery models and organizational structures ⁽⁷⁾.

The fact that satisfaction with nursing services was identified in the present study as the aspect of care most highly correlated with overall patient satisfaction indicates that nursing care would be a key factor to monitor ⁽⁸⁾.

Regarding that most of satisfied patient in the present study were of old age that can be explained by the fact that most Patients admitted to hospitals are generally old and in some cases have different handicaps or functional limitations that prevent or make it difficult for them to complain or even can complete a questionnaire. For this reason, the interviewed patient may enlist the help of a relative or friend to answer the questionnaire, and this could be a source of bias ⁽⁹⁾. Similar to other studies showed that older patients tended to have higher satisfaction scores ^(10,11).

The present study showed that most of the satisfied patients were female; this can be due to the fact that female patients used to be more satisfied with most physician services which could be related to the

result of the greater courtesy that is often given to females than males. Studies investigating the influence of patient gender on communication in the medical visit show that female patients generally receive more information, ask more questions, and have more partnership-building with physicians than male patients⁽¹²⁾. It is also quite likely that the physicians acted in accordance with Arab or Islamic cultures^(13,14).

In contrast to other studies that showed that men tended to have higher satisfaction scores than women⁽¹⁵⁾.

on studying the influence of the working status of our respondents, Most of the satisfied respondents were unemployed but, unlike others⁽¹⁶⁾, we did not find that this variable had any influence on our sample patient satisfaction. This can be due, in our case, to the fact that there was little variability since most male respondents had retired and most women were working at home

the present study showed that ;the longer the length of stay in hospital after admission, the lower the satisfaction seemed logical, as in other studies⁽¹⁷⁾ as it is accepted that the satisfaction on specific domains such as comfort, visiting, and cleanliness diminished by the increase in the number of days of admission.

In addition, the present study shows that patients who already had had a previous hospital admission were less satisfied as patient who had previous admission tended to be more demanding or critical and have lower satisfaction levels on relevant areas such as information or human care, comfort, visiting, or cleanliness⁽¹⁵⁾.

CONCLUSION:

1. Patients were generally satisfied with the hospital services provided to them on admission.

2. The overall patient satisfaction was high in elderly, unemployed, female patients.

REFERENCES:

1. Marcinowicz L, Chlabicz S, Grebowski R. Patient Satisfaction with Health Care Provided by Family Doctors: Primary Dimensions and an Attempt at Typology. *BMC Health Services Research*. 2009;9:63.
2. Evans GA, Abdul-Aziz S, Habib OS. Client Exit Survey on Satisfaction with Primary Health Care Services and Perception of Antenatal Care and Child Care in Basrah, Iraq. Final Summary Report Iraq Health Systems Strengthening Project Prepared by Abt Associates Inc. 2004.

3. Al-Eisa IS, Al-Mutar MS, Radwan MM, Al-Terkit AM. Patients' Satisfaction with Primary Health Care Services at Capital Health Region, Kuwait. *Middle East Journal of Family Medicine*. 2005;3 :10-15.
4. Chandwani H, Jivarajani P, Jivarajani H. Community Perception And Client Satisfaction About The Primary Health Care Services In A Tribal Setting Of Gujarat - India. *The Internet Journal of Health*. 2009;9.
5. WHO: Client satisfaction evaluation. 2000, http://www.emcdda.europa.eu/attachements.cfm/att_5868_EN_6_client_satisfaction_evaluation_s.pdf , Accessed 2010;25.
6. Al-Doghaither A.H. Inpatient satisfaction with physician services at King Khalid University Hospital, Riyadh, Saudi Arabia. *Saudi medical journal*, 2004;10:358-64.
7. Di Matteo MR, Hayes RD, Prince LM. Relationship of physicians' non-verbal communication skill to patient satisfaction, appointment noncompliance, and physician workload. *Health psychology*, 1986;5:581-94.
8. Walker A. H. and Restuccia J.D. Obtaining Information on Patient Satisfaction with Hospital Care: *Health Services Research* , 1984;19:291-306.
9. Showers N, Simon EP, Blumenfield S, Holden G, Showers N, Simon EP, Blumenfield S, Holden G: Predictors of patient and proxy satisfaction with discharge plans *Soc Work Health Care* 1995 ;22:19-35.
10. Hargraves JL, Wilson IB, Zaslavsky A, James C, Walker JD, Rogers G, Cleary PD: Adjusting for patient characteristics when analyzing reports from patients about hospital care *Med Care* 2001; 39:635-41.
11. Ross, C.K., Steward, C.A. and Sinacore, J.M., "A comparative study of seven measures of patient satisfaction", *Medical Care*, 1995;33: 392-406.
12. Verbrugge LM, Steiner RP. Physician treatment of men and women patients: sex bias or appropriate care? *Med Care*.1981;19:609-32.
13. Tucker JL 3rd, Kelley VA. The influence of patient sociodemographic characteristics on patient satisfaction. *Military medicine*, 2000;165:72-6.
14. Hall MC, Elliot KM, Stiles GW. Hospital patient satisfaction: correlates, dimensionality, and determinants. *Journal of hospital marketing*, 1993;7:77-90.

15. Quintana J.M., González N., Bilbao A., Aizpuru F. and Thompson A. Predictors of patient satisfaction with hospital health care. *BMC Health Services Research* 2006; 6:102.
16. Crow R, Gage H, Hampson S, Hart J, Kimber A, Storey L, Thomas H: The measurement of satisfaction with healthcare: implications for practice from a systematic review of the literature. *Health Technol Assess* 2002;6:1-244.
17. Rosenheck R, Wilson NJ, Meterko M, Rosenheck R, Wilson NJ, Meterko M: Influence of patient and hospital factors on consumer satisfaction with inpatient mental health treatment. *Psychiatr Serv* 1997 ;48:1553-61.