

Assessment of Patient Satisfaction in IPD Settings of AVBRH and Designing Strategies for providing Patient Centric Care.

Abstract:

Background: Health industry is changing and growing at a very rapid phase. Patient is the most important stake holder in healthcare now. Healthcare industry is a service industry where patient satisfaction are of paramount importance for success of any organization. Healthcare is becoming more and more customer centric. Patient satisfaction encompasses patient's expectation, perception and overall experience of healthcare services. Patient feedback helps a lot in improving services to patient satisfaction. This study aims to assess the satisfaction level and causes of dissatisfaction in AVBR Hospital and taking steps to provide patient centric healthcare.

Methodology: This will be a descriptive cross-sectional study. Patient satisfaction survey questionnaires will be administered and personal interviews will be conducted with 50 randomly selected patients admitted in AVBRH. The qualitative and quantitative data will be analysed using appropriate statistical tools.

Results: Key reflections are expected about patient satisfaction level regarding healthcare services at AVBRH which can provide guidance to frame policies for patient centric care.

Conclusion: Patient perception and feedback should be taken into account for formulating quality improvement strategic decision. Patient as the end user of service can judge the organizational and environmental dimension, empathetic work culture if not clinical aspect.

Keywords: Hospital, Healthcare, Patient satisfaction survey, Feedback, Patient Centric Care, Quality management, Designing Strategies.

Introduction:

Health industry is changing and growing at a very rapid phase. Patient is the most important stake holder in healthcare now. Healthcare industry is a service industry where patient are customers and customer satisfaction are of paramount importance for success of any organization. Healthcare is becoming more and more customer centric (patient centric)(1). Now patient is better informed and demand best quality services. Patient -centred -care is one that gives emphasis on customized care that is respectful and responsive to individual patient preferences and needs and which ensure patient participation in clinical decisions(1). Therefore, patient feedback ensures good quality healthcare that resonates patient need. Patient satisfaction must be the ultimate goal of an organization.

Increased competition in healthcare industry cause healthcare providers to enhance their quality of service, upgrade their technology and improve patient experience in healthcare(2) . Improving patient satisfaction in healthcare surely gain patient loyalty, help in creating a positive patient experience, and maintaining a good reputation and goodwill.

Although patient perception and expectation from healthcare can be totally subjective and can vary from time to time. Still it can be used to access the quality and efficiency of health care. As it reflects customer and provider gap. It helps to identify the strength and weakness of different services provided. To enhance the quality of care and improve patient satisfaction.(3)

It is the measure of administrative and managerial efficiency along with giving fair idea about clinical practice followed. It may also reflect coordination among various clinical, non-clinical, administrative and support services in a healthcare setting. Patient satisfaction survey can be used as a tool for quality management in Healthcare.

Aim:

To access patient satisfaction with the service provided in hospital and inpatient ward in AVBRH.

Objectives:

- To identify problems in inpatient ward causing dissatisfaction to patients. Provide suggestion to overcome the problems and improve patient satisfaction. For quality assessment in IPD ward.
- To understand the strength and weakness of hospital. Patient satisfaction will be accessed in each service area like registration, billing, physicians, nursing, dietary, housekeeping, pathology and radiology etc.

Methodology:

Descriptive Cross-sectional study conducted in two phases: first phase: patient satisfaction survey questionnaire. second phase: patient interview. Random sampling will be used as sampling technique.

Patient satisfaction survey questionnaire can be based on registration and admission process, billing nursing, quality of medical care, accommodation, dietary services, housekeeping and overall hospital atmosphere. Patient will be asked survey questioner and interviewed while they are still hospitalized so as to reduce recall bias. It is also cost effective and quick method. As the setting of research is a rural hospital most patients are uneducated telephone follow-up interview and mailing and receiving of questionnaire not feasible.

Face to face interview with patient about their experience in IPD ward can provide rich qualitative data. In interview open ended question will be asked to patients related to their stay in In-patient ward. Patient will be encouraged to express their opinions and views freely and fairly. Before survey and interview patients will be explained the purpose of survey and verbal consent will be obtained from patient. Questionnaire shall be read to patient in simple language they can understand and their response shall be noted. Patient confidentiality shall be maintained(2). Sufficient time shall be given to each face to face interview so that patient point of view regarding hospitalization noted. A sample of 50 patient selected using systemic random sampling. By all means patient wellbeing and comfort shall be maintained and considered during survey.

Study design: Descriptive cross-sectional study.

Sample collection: Random sampling technique.

Sample size: 50

Duration of study: 30 days

Place of study: Acharya Vinoba Bhave Rural Hospital (AVBRH)

Participants: Patient admitted in Inpatient ward of AVBRH.

Inclusion criteria: Patient admitted in IPD ward for at least two days. Patient giving consent for survey and interview. Patient fit and comfortable to participate in survey and interview.

Exclusion criteria: Patient admitted in emergency ward. Patient not giving consent. Patient critically ill.

Bias: To reduce recall bias survey shall be conducted while patient is still admitted in In-patient ward. Patient with severe pain, critically ill with life threatening complication, chronic diseases and prolong hospitalization have a negative impact on patient satisfaction. Therefore, patient in emergency ward or other patient critically ill is excluded from survey (4).

Background of study: AVBRH Acharya Vinoba Bhave Rural Hospital is a 1525 bedded multi-specialty teaching hospital in Sawangi Wardha which is attached to deemed university Datta Meghe Institute of Medical Science (DMIMS). Its motto is “cure with care” and it is certainly living up to the same with its state of art facilities and highly qualified and dedicated work force. AVBRH has 25 years of experience in healthcare sector. It provides much needed healthcare facilities to rural area of Wardha. AVBRH is empanelled with Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY) launched by government of Maharashtra providing free quality critical care for low income families.

Expected outcome/ Results: Survey and face to face interview will provide data to assess level of patient satisfaction and identify the problem and provide suggestions for rectification. It helps to enhance positive and patient centric care.

Discussion:

During the past few decades the hospital care system has shifted from provider-based system to patient (receiver) based system(3). Patient expectation has changed greatly in the recent year and to keep up with their expectation and earn customer loyalty organization uses various strategies (2). Quality management and improvement is a continuous process. Timely patient feedback gives direction to the management to improve patient experience in healthcare and to gain competitive advantage.

Health industry in recent decade has changed to a great extent with many corporate hospitals coming up, increased competition and technological advances. Patient now are more aware and well informed; therefore, their expectation has increased(5). Along with treatment patient wants quality services and good experience which has changed the healthcare scenario completely. Patient now have ability to choose the healthcare which suits their need and budget causing increased competition among healthcare organizations.

The reason for choosing particular healthcare by patient can be distance of healthcare, recommendation and referral, low cost, health schemes, insurance policy, hospital facility, amenities, specialization and technology, or even particular physicians preferences(3). Strategies to gain new customer and retain old customers are made keeping patient preference in view.

Patients expectation from a healthcare facility are timely and adequate treatment along with empathy and emotional support, respect of privacy and consent, proper information regarding treatment and procedure, transparency in billing and cost, better communication between patient and staff, physical comfort and amenities, updated technology and equipment, sanitation and clean safe environment(6).

Patient satisfaction is the outcome of perceived needs of patient, patient expectations and actual patient experiences during hospitalization therefore it is a relative phenomenon(7). While Patient experience is the mix of both subjective and objective experiences of patient during the course of hospitalization and treatment. It can vary greatly from patient to patient. Still it can highlight the weakness in management of healthcare and allows rectification. Satisfied patient not only comply to treatment and appointment but also recommend it to others. Word-of-mouth Marketing helps to retain customers, attract new customers and also establishing good will.

Generally, physician's domain gains highest satisfaction score, nursing and pathology second(3). Physicians interpersonal skill and good communication with patient positively affects patient well-being. When physicians gave sufficient time resolving patient quarries and providing information, patient anxiety is greatly reduced and help in creating a positive image of organization. Well informed and educated patient are more likely to adhere to treatment and follow-ups(3).

Secondly, Nursing play a very important role in patient satisfaction as they are involved in every aspect of patient care. Compassion, good communication, prompt answering the call and attention provided by nurse goes a long way in patient satisfaction, good clinical outcome and creating a positive image of hospital(8).

Main domain for dissatisfaction is registration billing, dietary and housekeeping departments. Long waiting time, high hospital charges, lack of recovery, lack of communication and information about treatment, procedure and lack of sanitation, rude and unsympathetic behaviour of staff are some of the cause of dissatisfaction. Even navigation in a big hospital can be frustrating for an uneducated, elderly or new patient. There must be proper flow between various services in the healthcare so patient can easily navigate their way and patient time is not wasted.

In recent years patients have an active part in their healthcare whereas earlier patients wanted to be just directed by their physicians. Therefore, communication and interaction with staff and physicians now have become an important part for patient's satisfaction. Interpersonal skill and behaviour of clinical, non-clinical, administrative, clerical, support and even housekeeping staff has a direct impact on patient satisfaction. Warm, polite, empathetic and compassionate staff help to ease patients and their relative anxiety and creating trust and positive outlook towards health care.

Patient has an altogether different outlook on hospital and services provided, they make judgement based on convience, amenities, physical appearance, timely appointment, cost and courteous staff. As the user of the service they have first-hand experience to judge it. Also, as customers they have right to demand service that corresponds to their need and perception.

Importance of patient satisfaction:

1. Patient satisfaction survey performed on a regular basis update the management with changing expectation and need of patient, hence gain competitive advantage.
2. It creates constructive competition among organization resulting in quality improvement.
3. Help in patient retention and gaining patient loyalty.
4. Increase organizational productivity and profitability.
5. Better clinical outcome and prevention of malpractice.

6. Compliant with various accreditation regulating agencies like NABH, NABL, JCI, ISO etc as these are based on standard and quality of service provided.
7. Goodwill, positive image and reputation of organization.
8. Higher professional satisfaction and employee retention. Boost morale of employees.
9. Good word of mouth marketing. Satisfied patient recommends healthcare to other also.
10. Creating a work culture which reflects quality, compassion and empathy(5).

Scope or benefit: Patient satisfaction survey has proven to be quick, easy and cost-effective tool to access quality management or its efficiency. It also reduces bias. Patient satisfaction survey is widely used to access the quality of care provided. Firstly, as the service user they are the best judge to access aspects of care like accommodation, dietary, billing and registration time taken or interaction with health care provider. Secondly, healthcare has now become a service-oriented industry so feedback of patient is valuable for success of organization (4).

Patient needs and satisfaction fulfilment not only earn good name in market but also gain customer loyalty. And as a service user patient have to right to have part in decision making and factors affecting their needs. The survey is to access the patient's needs and expectation, give service user a voice. It cannot be used to judge clinical and technical quality but it represents humanitarian and empathetic care provided. The increasing competition in healthcare industry causes organization to get excellent patient feedback rating. It also highlights the importance of interpersonal, social, ethical and humanitarian aspect of service(9). A number of related articles and studies were reviewed (10-21).

Limitation: Inpatient experience can be difficult to access as it can be very subjective. There can be responder bias. Patient with poor health status or recovery can find inpatient care highly dissatisfactory. To eliminate responder biases study, exclude critically ill patient and patient with special need and care from survey (4).

Prospective of Quality of the care can be different for healthcare provider and that of patients. This study only considers patients experience during inpatient ward and patient's perception of the care provided. Although patient satisfaction is an important tool for quality management but it cannot be used to measure clinical quality. Study focus on patient's point of view and does not include healthcare provider, structural and end health outcomes.(22-23)

Conclusion: Many a times a gap between patient expectation and patient experience causes dissatisfaction, timely patient satisfaction survey helps to bridge the gap between patient expectation and that of service provider and management. Patient feedback can act as a driving force for improving organizational efficiency and work culture. It helps to strength the inter- disciplinary coordination and teamwork where administrative, clinical and other support services work in unison to provide patient centric services. It also helps to identify strength and weakness of different services provided and administrative efficiency.

Patient perception and feedback should be taken into account for formulating quality improvement strategic decision. Patient as the end user of service can judge the organizational and environmental dimension, empathetic work culture if not clinical aspect. While negative feedback indicates room for improvement likewise positive feedback gives a moral boost to thrive for excellence. Main aim of survey is to identify cause of dissatisfaction and enhance quality of service provided.

References:

1. Gangai DB. PATIENT SATISFACTION WITH HEALTH SERVICES IN A RURAL DISTRICT HOSPITAL. :70.
2. Agarwal A, Garg S, Pareek U. A study assessing patient satisfaction in a tertiary care hospital in India: the changing healthcare scenario. *J Commun Dis.* 2009 Jun;41(2):109–12.
3. Makarem J, Larijani B, Joodaki K, Ghaderi S, Nayeri F, Mohammadpoor M. Patients' satisfaction with inpatient services provided in hospitals affiliated to Tehran University of Medical Sciences, Iran, during 2011-2013. *J Med Ethics Hist Med [Internet].* 2016 Jun 11 [cited 2020 Oct 22];9. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4958929/>
4. Iliffe S, Wilcock J, Manthorpe J, Moriarty J, Cornes M, Clough R, et al. Can clinicians benefit from patient satisfaction surveys? Evaluating the NSF for Older People, 2005–2006. *J R Soc Med.* 2008 Dec 1;101(12):598–604.
5. Prakash B. Patient Satisfaction. *J Cutan Aesthetic Surg.* 2010;3(3):151–5.
6. Ahmed F, Burt J, Roland M. Measuring Patient Experience: Concepts and Methods. *Patient - Patient-Centered Outcomes Res.* 2014 Sep 1;7(3):235–41.
7. Fatima Mukhtar, Aftab Anjum, Muhammad Aslam Bajwa, Shahzana, Shahzana Shahzad, shahzeb Hamid , Zahra Masood, Ramsha Mustafa, Dr Fatima Mukhtar, Dr Aftab Anjum, Dr Muhamaad Aslam Bajwa , Shahzana, Shahzeb Hamid, Zahra Masood, Ramsha Mustafa. Patient satisfaction; OPD services in a tertiary care hospital of Lahore | | Virtual Health Sciences Library [Internet]. [cited 2020 Oct 21]. Available from: <https://vlibrary.emro.who.int/imemr/patient-satisfaction-opd-services-in-a-tertiary-care-hospital-of-lahore-2/>
8. Sreenivas T, Babu NS. A STUDY ON PATIENT SATISFACTION IN HOSPITALS. 2012;20.
9. Al-Abri R, Al-Balushi A. Patient Satisfaction Survey as a Tool Towards Quality Improvement. *Oman Med J.* 2014 Jan;29(1):3–7.
10. Ghogare, A., and A. Saboo. "A Cross-Sectional Study of Comorbid Depression in Patients with Chronic Tension-Type Headache in Psychiatry Outpatient." *Journal of Datta Meghe Institute of Medical Sciences University* 14, no. 4 (2019): 283–87. https://doi.org/10.4103/jdmimsu.jdmimsu_107_19.
11. Ghogare, A.S., and P.S. Patil. "A Cross-Sectional Study of Co-Morbid Generalized Anxiety Disorder and Major Depressive Disorder in Patients with Tension-Type Headache Attending Tertiary Health Care Centre in Central Rural India." *The Nigerian Postgraduate Medical Journal* 27, no. 3 (2020): 224–29. https://doi.org/10.4103/npmj.npmj_23_20.
12. Jawaharani, A., S. Acharya, S. Kumar, A. Gadegone, and N. Raisinghani. "The Effect of Music Therapy in Critically Ill Patients Admitted to the Intensive Care Unit of a Tertiary Care Center." *Journal of Datta Meghe Institute of Medical Sciences University* 14, no. 4 (2019): 320–25. https://doi.org/10.4103/jdmimsu.jdmimsu_41_20.

13. Quazi, S., S.K. Varma, S. Khan, B.R. Singh, and S. Zilate. "Experience of Prescription Audit of Drugs Prescribed in Outpatient Attendees of Private Teaching Hospitals in Central India." *International Journal of Current Research and Review* 12, no. 16 (2020): 66–72. <https://doi.org/10.31782/IJCRR.2020.121614>.
14. James, Spencer L, Chris D Castle, Zachary V Dingels, Jack T Fox, Erin B Hamilton, Zichen Liu, Nicholas L S Roberts, et al. "Estimating Global Injuries Morbidity and Mortality: Methods and Data Used in the Global Burden of Disease 2017 Study." *Injury Prevention* 26, no. Supp 1 (October 2020): i125–53. <https://doi.org/10.1136/injuryprev-2019-043531>.
15. James, Spencer L, Chris D Castle, Zachary V Dingels, Jack T Fox, Erin B Hamilton, Zichen Liu, Nicholas L S Roberts, et al. "Global Injury Morbidity and Mortality from 1990 to 2017: Results from the Global Burden of Disease Study 2017." *Injury Prevention* 26, no. Supp 1 (October 2020): i96–114. <https://doi.org/10.1136/injuryprev-2019-043494>.
16. Murray, Christopher J L, Cristiana Abbafati, Kaja M Abbas, Mohammad Abbasi, Mohsen Abbasi-Kangevari, Foad Abd-Allah, Mohammad Abdollahi, et al. "Five Insights from the Global Burden of Disease Study 2019." *The Lancet* 396, no. 10258 (October 2020): 1135–59. [https://doi.org/10.1016/S0140-6736\(20\)31404-5](https://doi.org/10.1016/S0140-6736(20)31404-5).
17. Murray, Christopher J L, Aleksandr Y Aravkin, Peng Zheng, Cristiana Abbafati, Kaja M Abbas, Mohsen Abbasi-Kangevari, Foad Abd-Allah, et al. "Global Burden of 87 Risk Factors in 204 Countries and Territories, 1990–2019: A Systematic Analysis for the Global Burden of Disease Study 2019." *The Lancet* 396, no. 10258 (October 2020): 1223–49. [https://doi.org/10.1016/S0140-6736\(20\)30752-2](https://doi.org/10.1016/S0140-6736(20)30752-2).
18. Vos, Theo, Stephen S Lim, Cristiana Abbafati, Kaja M Abbas, Mohammad Abbasi, Mitra Abbasifard, Mohsen Abbasi-Kangevari, et al. "Global Burden of 369 Diseases and Injuries in 204 Countries and Territories, 1990–2019: A Systematic Analysis for the Global Burden of Disease Study 2019." *The Lancet* 396, no. 10258 (October 2020): 1204–22. [https://doi.org/10.1016/S0140-6736\(20\)30925-9](https://doi.org/10.1016/S0140-6736(20)30925-9).
19. Nagrale AV, Glynn P, Joshi A, Ramteke G. The efficacy of an integrated neuromuscular inhibition technique on upper trapezius trigger points in subjects with non-specific neck pain: a randomized controlled trial. *Journal of Manual & Manipulative Therapy*. 2010 Mar 1;18(1):37-43.
20. Dhar R, Singh S, Talwar D, Mohan M, Tripathi SK, Swarnakar R, Trivedi S, Rajagopala S, D'Souza G, Padmanabhan A, Baburao A. Bronchiectasis in India: results from the European multicentre bronchiectasis audit and research collaboration (EMBARC) and respiratory research network of India registry. *The Lancet Global Health*. 2019 Sep 1;7(9):e1269-79.
21. Agrawal A, Cincu R, Goel A. Current concepts and controversies in the management of non-functioning giant pituitary macroadenomas. *Clinical neurology and neurosurgery*. 2007 Oct 1;109(8):645-50.
22. Chole RH, Gondivkar SM, Gadbail AR, Balsaraf S, Chaudhary S, Dhore SV, Ghonmode S, Balwani S, Mankar M, Tiwari M, Parikh RV. Review of drug treatment of oral submucous fibrosis. *Oral oncology*. 2012 May 1;48(5):393-8.
23. Korde SD, Basak A, Chaudhary M, Goyal M, Vagga A. Enhanced nitrosative and oxidative stress with decreased total antioxidant capacity in patients with oral precancer and oral squamous cell carcinoma. *Oncology*. 2011;80(5-6):382-9.