

# Patient Satisfaction Survey in Surgery Ward: An Emerging Tool in Improving Patient Care

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## ABSTRACT

**Introduction:** The burden on health care is increasing, so is the cost thus the patient satisfaction becomes an important factor to be evaluated. There are many different factors which determine the patient satisfaction in government hospitals of developing nations like ours as compared to those in the developed nations. Aim of this study is to evaluate level of patients' satisfaction and its felt need in improving patient care.

**Material and Methods:** A cross sectional study was conducted on 270 consecutive male patients admitted in department of surgery of our institution from June 2012 to May 2013 in a government tertiary care hospital in central India. Patients aged 18 to 70 years were taken, who underwent different surgical procedures. The level of satisfaction was measured in likert scale in relation to different variables.

**Results:** A total of 270 patients (response rate: 90%) filled the questionnaire. The present study found that majority of patients (91%) were satisfied with the hospital protocol and the surgical management irrespective of the outcome, but the general conditions of ward and sanitation in and around hospital was a major area of patient's dissatisfaction (39%).

**Conclusion:** Feedback from patients provides crucial information on what the patient expectations are and how they perceive the quality of care, which may be different from that, of the staff providing care. Thus there is need for measuring patients satisfaction and a standardized questionnaire for better care and comparison so that health care providers can treat patients in a better way.

**Keywords:** patient satisfaction, surgery ward, quality of care, questionnaire

## INTRODUCTION

Health is an important aspect of development of a nation. Today the healthcare has emerged as one of the most challenging sector as well as one of the largest service sector industries in India. The health care system strengthening is an important international priority for the World Health Organization.<sup>1</sup>

The burden on health care is increasing, so is the cost thus the patient satisfaction becomes an important evaluator of these services. With increase in level of education and awareness about health, patient satisfaction has become an important domain of the treatment protocol. The spectrum of duty of health care providers has increased, from treating disease to managing over all wellbeing of the patients.

Keegan et al defined patient satisfaction as an attitude or a person's general orientation towards a total experience of health care. Satisfaction comprises both cognitive and emotional facets and relates to previous experiences, expectations and social background.<sup>2</sup> Satisfaction is achieved when

the patients' perception of the quality of care and services that they receive in healthcare setting has been positive, satisfying, and meets their expectations.<sup>3</sup>

Aims of a high quality medical care system should be safe, effective, patient centered, timely, efficient and equitable. The quality assessment of health care are divided under two headings, process measures and outcomes. Process measures assess whether a patient received what is known to be good care. This can be referred to anything that is done as part of the encounter between a physician or other healthcare professional and a patient, such as providing information and emotional support, as well as involving patients in decisions in a way that is consistent with their preferences, etc. Outcomes referred to as change in patients' health status resulting from the medical care received which can be either intended as recovery, relief of pain or unintended as complications.<sup>4</sup>

Development of newer tools and techniques to assess patient opinion is an emerging trend around the globe. Studies are required to survey patients' opinion on general aspects of the care provided to them. Such studies are even more important developing countries especially in government hospitals where patients' treatment gets priority over patient wellbeing owing to limited resources and high patient load. A study like this becomes even more important in light of inability of many patients to afford expensive treatment modalities in the private sector and the limited budget allocation to the health sector in a government sector in a developing nation like ours. The present study explores this untouched area of assessment of patient satisfaction in a government tertiary care hospital, in India.

## MATERIAL AND METHODS

We conducted a cross sectional study on 270 consecutive male patients admitted in single surgical ward in department of surgery of our institution affiliated with government tertiary care hospital in central India over a period of one year, from June 2012 to May 2013. Patients aged 18 to 70 years

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were taken, who underwent different surgical procedures. All patients included in the present study were asked to fill a detailed questionnaire at the time of discharge. They answered the questions indicating their level of satisfaction regarding the care and the facilities provided to them from admission till discharge.

The questionnaire was designed based on process measures as defined by Institute Of Medicine, New York.<sup>4</sup> The questionnaire was divided in nine categories and each had several questions pertaining to its different aspects. The categories were: admission protocol, behavior of doctor, behavior of supporting staff, general condition of wards and hospital premises, sanitation, preoperative counseling and consent, operative experience, postoperative care, discharge process and discharge counseling.

The response was measured in likert scale in relation to different variables.<sup>5</sup> Those patients who reported '5=very satisfied' or '4=satisfied' were categorized as satisfied and those who were '3=unsure', '2=not satisfied' or '1=highly unsatisfied' were categorized as 'not satisfied'.

## RESULTS

Questionnaire was given to 300 patients and 270 responded back. Response rate was 90%. The age group of study population was 18 to 70 years, with mean age 44.33years (standard deviation of 16.46years). Patient's experience to the various aspects of hospitalization and treatment is shown in table 1 and table 2.

It was observed that 94.8% patients were satisfied with the admission protocol which includes the admission process, bed allotment and initiation of treatment. Most of the patients

(99.3 %) were satisfied by behavior of treating doctors which included both consultants and residents, where as 6.2% patients were not satisfied with the behavior of supporting staff (nurses and ward boys). A large group of patients were dissatisfied with the general condition of wards and hospital premises (35.6%). 42.2% found sanitary condition of toilets to be unsatisfactory.

94.1% patients consider that the preoperative counseling given to them was satisfactory, explaining the type of disease, treatment options and possible outcomes. 13.3% patients in present study were not satisfied with the operative care. 92.2% patients considered the level of post-operative care offered by the hospital was satisfactory. Also for 91.9 % patients the discharge process was smooth and discharge counseling was satisfactory.

## STATISTICAL ANALYSIS

Results are based on the descriptive statistics done with the help of SPSS version 19.

## DISCUSSION

India is a developing country and health care has evolved as a major industry. The quality of health care has been increasing and patient satisfaction is an important indicator for this. One of the significant trends in the development of modern healthcare is the involvement of patient in the management of their own care. Feedback from patient provides crucial information on what the patients' expectations are and how they perceive the quality of care, which may be different from that of the organization providing the care. This can be used as an opportunity for organizational learn-

Likert scale score→	5	4	3	2	1
Admission protocol	77	179	3	9	2
Admission process					
Initiation of treatment					
Allotment of bed					
Behavior of doctors	132	136	2	0	0
Behavior of residents					
Behavior of Consultants					
Behavior of supporting staff	82	174	4	9	1
Behavior of nurses					
Behavior of wardboys					
Staff attention to the problems					
General condition of wards and hospital premises	53	121	30	58	8
Drinking water					
Availability of fan/ cooler/ heater					
Ventillation and light arrangements					
Sanitation	46	110	14	88	12
Cleanliness in wards and toilet					
Preoperative counseling and informed consent	92	162	12	4	0
Operative experience	88	146	20	16	0
Waiting period					
Peroperative experiences					
Postoperative care	112	137	8	12	1
Proper timing of medication					
Appropriate wound dressings					
Treatment outcome					
Discharge process and discharge counseling	104	144	15	4	3

Table-1: Patient feedback (Likert scale score)

Patients experience	Satisfied	Not satisfied
Admission protocol	94.8%	5.2%
Behavior of doctor	99.3%	0.7%
Behavior of supporting staff	94.8%	5.2%
General condition of wards and hospital premises	64.4%	35.6%
Sanitation	57.8%	42.2%
Preoperative counseling and consent	94.1%	5.9%
Operative experience	86.7%	13.3%
Postoperative care	92.2%	7.8%
Discharge process and discharge counseling	91.9%	8.1%

**Table-2:** Percentage of patient satisfied and not satisfied over various aspects

ing and development. Patient satisfaction questionnaire is a validated instrument to assess the level of the satisfaction of adult patients.<sup>6</sup> Tashonna et al studied similar predictive factors in inpatient and outpatient setting and compared the two questionnaires. They concluded that these questionnaires are brief and can be integrated into health systems strengthening efforts.<sup>7</sup>

The present study found that majority of patients (91%) were satisfied with the hospital protocol and the surgical management irrespective of the outcome, but the general conditions of ward and sanitation in and around hospital was a major area of patient's dissatisfaction (39%). Similar study in Punjab, India by Sheena Ann Mammen et al found 87.12% patients to be satisfied with health care services in a tertiary care hospital.<sup>8</sup> Another Indian study in Delhi found about 88% patients were satisfied with the treatment and medical care they had received and nearly 86% patients found that the hospital services were excellent.<sup>6</sup> José Joaquín Mira et al found 77% of inpatients to be satisfied with care in surgery ward in Spain.<sup>9</sup> The overall better satisfaction score of our patients as we understand can be because of a different expectations of our patients from those of the western countries. Patients coming to this hospital mainly comprise of rural population, who still look at doctors as a 'god like' figure and do not question or doubt the treatment provided to them, unlike the west where every action of the treating doctor is under strict scrutiny of the patient and their attendants.

With respect to admission process Aashima et al found 76% patients did not have any difficulty in the admission procedures of the hospital.<sup>6</sup> and the present study found 91% patients to be satisfied with the admission protocol followed in the hospital, which included time to get the registration, file work, allotment of bed and initiation of the treatment.

Another factor which has a universal concern is behaviour of attending doctor and supporting staff of the hospital, which includes availability of staff in need, their communication skills, and adequate management of patient problems. Present study found 99% patients satisfied in these parameters while 94.8% satisfied with other supporting staff. The difference in satisfaction can be because of lack of proper training to the supporting staff and also lack of adequate staff in wards in relation to high patient load in a government hospital. Another similar study from Delhi found 75% patients did

not find any difficulty in calling the nurse and taking her help as and when needed. About 67% patients felt that the doctors looked after them properly.<sup>6</sup> Authors from Europe and the United States had studied patient safety, satisfaction, and quality of hospital care.<sup>10</sup> also concluded that there is association between number of trained nurses and patient outcome. You LM et al stated that more number of baccalaureate nurses were strongly related to better patient satisfaction.<sup>11</sup> Cleanliness and sanitation is the factor which has not been studied in western countries while Indian studies have found it to be significantly related to overall satisfaction of the patients.<sup>6</sup> Cleanliness becomes important in developing world due to limited resources and high patient load in the hospitals. Present study found 35% were not satisfied with the cleanliness in the hospital and 42% found the sanitation facilities to be in poor condition. In another similar study by Aashima et al from Delhi, India, found 51% patients were not satisfied with the cleanliness of the hospital.<sup>6</sup> The poor sanitation facilities in developing country like ours is both due to lack of resources to provide and maintain a good facility and the burden to the facility owing to the overflow of patients in government hospitals.

José Joaquín Mira et al studied predictors of patient satisfaction in surgery wards and informed consent was found to be one of the most influential factors on inpatient satisfaction.<sup>9</sup> Present study found 94% patients to be satisfied with preoperative counseling which includes explanation regarding nature of the disease, available treatment options, informed consent and prognosis. The use of discharge counseling is one of the factors related to patient satisfaction, health provider performance and clinical outcomes.<sup>12,13</sup> In present study it was found that 91% patients were satisfied with the discharge information provided to them.

Operative experience was perceived unsatisfactory by 13% patients in present study and 7% found postoperative care to be inadequate. The main concerns of the patients were preoperative anxiety, long waiting hours before surgery due to less number of operating theatres, intraoperative awareness in patients being operated in regional anesthesia and post-operative pain. One more important concern of the patients was non availability of a separate ward for sick patients on ventilators, thus arousing anxiety and discomfort to otherwise normal post-operative patients. Similar were the causes of low satisfaction in surgical patients as studied by D L Williams et al.<sup>14</sup>

So most of the factors which lead to a unsatisfied patient in a surgical ward are because of the limited understanding of patients which can be either due to lack of knowledge as on their own part or the lack of communication on the health care providers part. These factors stand common in the developing and a developed world. Another factor which is exclusive to the developing world is the poor infrastructure, which along with heavy patients load throttles the system leading to unsatisfied patient.

## CONCLUSION

Strengthening health service delivery requires special attention to the experiences of patients as it is a key indicator of whether improvements in health care delivery have been

made and where to focus future improvement efforts. Thus the future of health care lies in active participation of the patients in policy making.

In conclusion, it is worth emphasizing that there is no "gold standard" measure of patient satisfaction.<sup>15</sup> Sitzia J. et al reviewed over 100 articles and stated that patients' expectations, demographic and psychosocial variables are important determinants.<sup>16</sup> As in present study in the government tertiary care hospital, the areas of concern to the patients are cleanliness in the hospital premises, sanitation facilities, adequate infrastructure, proper training and adequate number of supporting staff. Thus it becomes important to formulate a questionnaire based on cultural and socioeconomic condition of the population which is being catered. Feedback from the patients should be taken and their views should be incorporated in policy making in a particular healthcare facility.

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