



Research Article

PATIENT'S SATISFACTION WITH QUALITY OF CARE: A TOOL FOR HEALTH FACILITY AUDITING

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ABSTRACT

Background: Patients' perception of services and satisfaction with quality of care is an essential parameter to assessing healthcare system for improvement. However, inadequate discovery of their expectations may result in patient dissatisfaction.

Objective: The objective of this study was to determine patient satisfaction with care received within the health facility and utilize the data to audit services for quality improvement

Methodology: This study was a descriptive cross sectional study involving all patients seen at the adult general out-patient department (GOPD) of Plateau State Specialist Hospital Jos in June 2017. An interviewer administered questionnaire was administered to 370 consenting patients using a systematic random sampling technique.

The Concise Out-patient Department User Satisfaction Scale questionnaire was adapted and used for data collection. The scale evaluate on nine basic items: physical environment, equipment and facilities, appointment arrangement, waiting time, service of the dispensary/pharmacy, support staff, physician's professionalism and explanation given by the care physician and consultation time.

Results: A total of 370 patients consisting of 167 (45.1%) males and 203 (54.9%) female were enrolled for this study. Among the patients; 239(64.6%) had tertiary education with 122(33.0%) and 135 (36.5%) being civil servants and students respectively. A total of 201 (54.3%) of the patients were married while 138 (37.3%) were single.

One hundred and sixty nine(45.7%) of the patients rated high satisfaction with the facility physical environment and 137(37.1%) with the cleanliness. In terms of waiting time, 138 (37.3%) of the patients were not satisfied.

The respondents rated high satisfaction with the attitude of the health staffs (P= 0.01).

In terms of quality of care, 293 (79.2%) of the patients were not satisfied with the quality of care they received while 76 (20.5%) were fairly satisfied. Three hundred and eighteen (85.9%) of the patients were not sure of coming back to access care in the same facility while 309 (83.5%) were hesitant or not sure of recommending the facility to others for care.

Conclusion: Patients are becoming more aware of global best practices because of information available to them. There is need therefore for managers of public health facilities in conjunction with government to continually evaluate quality improvement in care, understand the expectations of patients so as to improve the quality of life of its citizens.

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INTRODUCTION

Patient satisfaction remains a major driving force that determines patronage of health facilities.¹ Patient satisfaction is an important endpoint in the assessment of the quality of care required by most accreditation agencies or colleges in monitoring the quality of hospital care.^{1,2}

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Healthcare systems mainly operates with the sole objective of providing their patients with quality healthcare services.³ The quality of patient care provides a sound influence on patient-clinician relationship because the patient is the most important person in a medical care system.^{3,4}

Healthcare systems all over the world takes into account the patient or subjective user satisfaction as a determining factor in evaluating the performance and quality of the medical services provided within a specific health institution.^{5,6}

The determinants of quality of patient care comprise quality of infrastructure, quality of training particularly of staffs, competence of the medical personnel and efficiency of operational systems.⁷ Improvement in quality of patient care constitutes part of the day to day duty of every health facility.^{8,9}

Understanding the patients perception of services received is essential as the parameters important to the patient may be different from that of the health care provider.¹ In rural Bangladesh, the most powerful determinant of client or patient satisfaction with the government services was provider behavior especially with regard to respect and politeness.¹⁰ This was rated much more important than provider technical competence.^{1,10,11} Other determinants of satisfaction stated include physical comfort, emotional support and respect for patient preferences.¹¹

Patients overall satisfaction with services offered in a health facility has been found to determine their continued use or otherwise of the facility.¹ It has been noted that both medical aspects of care such as treatment outcome, trained personnel, use of newer technologies and non-technical care such as kindness of the personnel and facility cleanliness were important determinants of patients overall satisfaction with the care they received.^{1,12}

It is important to evaluate the satisfaction of patients with the care they receive at health facilities with a view to evolving ways of improving service delivery.^{1,11,12} With improvement in quality of care, patients utilization of health care facilities in developing countries is expected to markedly increase with resultant increase in income generation and confidence.^{1,5,6,9,11,13,14}

METHODOLOGY

This study was carried out in the General Out-Patient Departments (GOPD) of Plateau State Specialist Hospital, Jos. The hospital is a tertiary health facility supervised by the State government. The facility provides both in-patient and out-patient care across all ages to inhabitants of Jos and serves as a referral center to neighboring local governments and States.

Approval to conduct the study was obtained from the ethical committee of the hospital. Informed consent was obtained from the patients, caregivers or legally acceptable representative.

This study was a descriptive cross sectional study involving all adult patients seen at the GOPD.

The sample size was calculated using the formula¹⁵

$$N = \frac{Z^2PQ}{D^2}$$

Where

N = Minimum sample size

Z = Level of confidence (the standard normal deviation set at 1.96 corresponding to 95% confidence interval)

P = Prevalence from previous study on patient satisfaction of 59.8%¹¹

Q = 1-P

D = Precision/tolerable margin of error 5% (0.05)

Therefore

$$N = 1.96^2 \times 0.598 \times (1-0.598)/0.05^2$$

Therefore, minimum sample size was calculated to be 369; however, the sample size was approximated to 370.

The total estimated number of patients consulted daily at the adult General Out-Patients Departments of Plateau State Specialist hospital was 600

A total of 370 consenting patients were recruited into the study using a systematic random sampling technique.

$$K = \frac{\text{Average number of targeted population}}{\text{Minimum required sample size}}$$

Where K is the sample interval

$$K = 600/370$$

$$K = 1.6$$

This was approximated to 2 The Concise Out-patient Department User Satisfaction Scale questionnaire which evaluates nine domains of satisfaction was adapted and used for data collection. The nine items evaluated by the questionnaire are:¹⁶ (1) physical environment, (2) equipment and facilities, (3) appointment arrangement, (4) waiting time, (5) service of the dispensary/pharmacy, (6) support staff, (7) physician’s professionalism, (8) explanation given by the physician, and (9) consultation time.

The level of satisfaction for each question was graded on a scale of 1-5 (1=don’t know, 2=poor, 3=average, 4=good and 5=excellent). 1 and 2 is rated as not satisfied, 3 as fairly satisfied while 4 and 5 are scored as well/highly satisfied. The structured questionnaire was pre-tested with research assistants trained (not hospital staffs) on how to help patients enter or answer the questions appropriately if they cannot read or write. The patients were allowed to express their true level of satisfaction without fear of intimidation by hospital staffs. A piloted study with 20 patients was done. The patients were interviewed or expected to fill the questionnaire after receiving care at the clinic. EPI-INFO. Version 7.1.1.14 software was used to analyze the data. The data analyzed was presented in form of frequency tables and percentages. Chi-square was used to test for statistically significant associations set at p<0.05

RESULTS

A total of 370 consenting patients completed the questionnaires and all the completed questionnaires were analyzed. The distribution of the sample according to sex, educational status, occupation and marital status is as shown in table 1.

Table 1 Socio-demographic distribution of patients

| Characteristics | Frequency | Percentage |
|-------------------|-----------|------------|
| SEX: | | |
| Male | 167 | 45.1 |
| Female | 203 | 54.9 |
| TOTAL | 370 | 100.0 |
| EDUCATION STATUS: | | |
| None | 8 | 2.1 |
| Primary | 34 | 9.2 |
| Secondary | 89 | 24.1 |
| Tertiary | 239 | 64.6 |
| TOTAL | 370 | 100.0 |
| OCCUPATION: | | |
| Artisan | 27 | 7.3 |
| House wife | 66 | 17.8 |
| Civil servant | 122 | 33.0 |
| Retired | 20 | 5.4 |
| Student | 135 | 36.5 |
| TOTAL | 370 | 100.0 |
| MARITAL STATUS: | | |
| Single | 138 | 37.3 |
| Married | 216 | 58.4 |
| Widow | 16 | 4.3 |
| TOTAL | 370 | 100.0 |

Table 2 Patient's satisfaction with attitude of health facility staffs

| Satisfaction level | Doctors N(%) | Nurses N(%) | Pharmacist N(%) | Laboratory staff N(%) | Record N(%) | Cleaners N(%) | P-Value |
|--------------------|--------------|-------------|-----------------|-----------------------|-------------|---------------|---------|
| Not satisfied | 41(11.0) | 53(16.3) | 58(15.7) | 51(13.8) | 47(12.7) | 55(14.9) | 0.01 |
| Satisfied | 85(23.0) | 108(29.2) | 70(18.9) | 96(25.9) | 111(30.0) | 104(28.1) | 0.01 |
| Highly satisfied | 244(66.0) | 209(56.5) | 242(65.4) | 223(60.3) | 212(57.3) | 211(57.0) | 0.01 |
| Total | 370(100.0) | 370(100) | 370(100) | 370(100) | 370(100) | 370(100) | |

Table 3 Patient satisfaction with consultation time, waiting time, appointment and physical environment

| Satisfaction level | Consultation time N(%) | Waiting time N(%) | Appointment N(%) | Physical environment N(%) |
|--------------------|------------------------|-------------------|------------------|---------------------------|
| Not satisfied | 75(20.3) | 138(37.3) | 102(27.6) | 53(14.3) |
| Satisfied | 124(33.5) | 112(30.3) | 104(28.1) | 148(40.0) |
| Highly satisfied | 171(46.2) | 120(32.4) | 164(44.3) | 169(45.7) |
| Total | 370(100) | 370(100) | 370(100) | 370(100) |

Table 4 Patient's assessment of overall care

| Satisfaction level | Quality of care N(%) | Re-visit facility N(%) | Recommend facility N(%) |
|--------------------|----------------------|------------------------|-------------------------|
| Not satisfied | 293(79.2) | 318(85.9) | 309(83.5) |
| Satisfied | 77(20.8) | 52(14.1) | 61(16.5) |
| Total | 370(100) | 370(100) | 370(100) |

DISCUSSION

The demographics of the patients surveyed in this study showed males constituting 45.1% (167) of the sample population while females constituted 54.9% (203). The gender composition of the study population we studied was similar to composition of an urban study among 207 patients in Karachi, Pakistan and in a similar study conducted in Nigeria on patient's satisfaction. A different study in Karachi reported a male dominance of 294(60%).^{1,14,17}

There were variations in the educational status of the study participants in this study with 237 (64.6%) of the population having tertiary education. This finding was similar to a hospital based study in Nigeria where 104 (33.9%) of the study participants had tertiary education.¹

In this study, 135(36.5%) of the population were students and this is in contrast to an urban study in Nigeria among 307 patients where 108(35.2%) of them were self-employed.¹

The major areas of satisfaction noted among the study population were attitude of the healthcare workers and explanations given by both the Physician and Pharmacist. This was similar to other reported studies.^{1,14,17} However, using such a tool to assess professionalism of staff by patients is limited by factors like the patient's knowledge, training and comprehension.^{1,18}

In terms of physical environment and cleanliness, 169(45.7%) and 137(37.1%) of the study population reported high satisfaction with the domains measured. The level of satisfaction with the cleanliness of the health facilities reported in the study lower than that reported in a hospital assessment in Nigeria where 93.8% of the patients rated their experience as highly satisfied. This may not be conclusive because physical environment and service delivery process varies from hospital to hospital.¹ There is therefore need for continuous improvement if the patient's satisfaction is measured repeatedly in both public and private facilities.^{1,14} In this study, 138(37.3%) of the patients reported dissatisfaction with the waiting time. This reported rate of

dissatisfaction with waiting time was higher compared to figures reported from similar studies in Northern and Eastern Nigeria on patient's satisfaction were 30.0% and 30.3% were reported respectively.^{1,19}

Similarly, long waiting time was identified as a major point of dissatisfaction in some other reported studies.^{20,21} Long waiting time could be a reflection in the patients assessment of the consultation time where 171(46.2%) were highly satisfied. This could be because 135(36.5%) of the study population were students and wanted to be seen quickly by the Physician.

In spite of overall patient's satisfaction with health care staffs and their professionalism, facility cleanliness and the environment; 293(79.2%) of the study population were not satisfied with the quality of care and will reluctantly come back for care in the facility. This is in variance with a study in Karachi, Pakistan where 96.5% of the study populations are satisfied and willing to utilize or re-visit the facility again.¹⁷ In a study in Northern and Eastern Nigeria on patient satisfaction with quality of care, 93.5% and 94.2% of the respective populations studied expressed satisfaction with the quality of care they received while in an Indian study, 96.9% of the respondents were satisfied with the quality of care they received.^{1,10,11}

Among the study participants, 309(83.5%) stated that they will recommend the facility to others hesitantly while in the Karachi study, 461(94.1%) of the respondents said they will recommend the facility to others.¹⁷ This was higher compared to a study in Eastern Nigeria where 47.2% of the population studied expressed that they will hesitantly recommend the health facility they utilized to others and 45.6% of the respondents stated that they will recommend the health facility strongly to other patients.¹

As noted earlier, patient satisfaction with a medical facility may not imply that all aspects of care were successfully delivered. Perhaps as the facility identifies the areas where patients are dissatisfied and address them, it is more likely that patients will recommend the facility strongly to others and re-visit for medical care.

CONCLUSION

Majority of the patients in this study expressed satisfaction with the attitude of staff and professionalism, consultation time, overall cleanliness of the health facility and physical structures. The major areas of dissatisfaction identified by the respondents were waiting time and the overall assessment of quality of care. A patient satisfaction survey serves as a valuable tool in hospital auditing and will help to improve quality of care from patients' perception. It is recommended that such surveys should be carried out periodically in both public and private health facilities and objectively assess reasons why patients are not satisfied with care.

Consent

Written informed consent was obtained from the patients and care-givers.

Conflict of interest

The Authors do not have a competing interest to declare.

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