

Feedback of Patients attending a Tertiary Healthcare Institute in Banda District, Uttar Pradesh: A Descriptive Cross-sectional Study

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ABSTRACT

Introduction: The term 'patient feedback' can be measured through various formal reactions, including levels of patient comfort, experience, perspectives, and assessments of care in terms of convenience, continuity, and quality. By recording the patient's viewpoint on the quality of care provided by a tertiary healthcare facility, it can be acknowledged through patient feedback. This data can then be utilised to improve health services and enhance the overall patient experience.

Aim: To assess patient satisfaction with the services provided at a tertiary care hospital in Banda.

Materials and Methods: This descriptive cross-sectional study was conducted at the government medical college in Banda, a district in the Bundelkhand region of Uttar Pradesh, a northern state of India. The study took place from December 2022 to February 2023 at the medical college and its associated hospital. A total of 400 participants who consented to be part of the study were included. Purposive sampling technique was employed for

data collection. Outpatients were interviewed upon exiting the clinics, while inpatients were interviewed in the wards.

Results: In the questionnaire, there was a question asking, about patient's overall satisfaction during the visit to the hospital. Since everyone's score was higher than the 'poor' category, all categories were merged into one word, 'satisfied,' except for the 'poor' category to facilitate better understanding. The majority of patients from the Outpatient Department (OPD) (91, 45.5%) and Inpatient Department (IPD) (198, 99%) were satisfied with the attitude and communication of the doctor. Additionally, 98.5% of IPD patients were satisfied with the doctor's knowledge. A total of 99% of participants responded "yes" when questioned about their preference to return to the hospital for treatment.

Conclusion: Overall, it was observed that the behaviour and care provided by hospital staff satisfied the majority of patients, who also expressed satisfaction with the indoor and outdoor services of the hospital.

Keywords: Communication, Outpatient and inpatient department, Questionnaire feedback

INTRODUCTION

Patient feedback can be understood by recording the patient's viewpoint on the quality of care, which is then used to learn how to improve processes and enhance the patient experience [1]. The term 'patient feedback' can be measured through various formal reactions, including levels of patient comfort, experience, perspectives, and assessments of care in terms of convenience, continuity, and quality [2]. Patients play a crucial role in defining and evaluating quality, providing information for others to verify, as mentioned by Donabedian. Consumers act as 'targets' of quality, determined by their connection between the control and production of care. The 'reformer' role involves direct involvement through administrative support and political action [3].

To improve internal processes and support strategic planning, effective communication with patients is essential as it is considered the initial step in patient involvement. Feedback can offer vital information to drive improvements in internal processes and strategy-making [4]. Hernan AL et al., conducted research on a patient feedback system where all patient feedback was compiled and analysed by a selected team. Subsequently, reports were provided to the health team for implementation in the action plan [5]. Some studies have highlighted the importance of timing and creating a friendly environment for patient involvement, aiming to enhance health outcomes and the care experience [6]. Care providers require these details to evaluate their practices and ensure they are aligned with actions that promote quality care [7].

Patients primarily complained about safety issues and service quality problems in their care [8] and were also concerned about their treatment and poor communication with healthcare professionals [9].

Services provided by the hospital in the IPD or OPD are accessed through a feedback form, highlighting the importance of patient feedback for patient safety and quality improvement [10-13]. Patients are sharing their healthcare experiences on an international scale via the Internet using publicly available websites such as Care Opinion, IWantGreatCare, and NHS.UK (formerly NHS Choices) [13-16]. Despite the increasing use and frequent association with patient-centered care, improved quality, and patient autonomy [10,11,17,18], limited research has explored the motivations, attitudes, potential impacts, and perceived barriers or enablers to incorporating online feedback in a healthcare organisation [13].

Numerous studies have been conducted worldwide, including in India, to assess patient satisfaction with services provided by hospitals. However, no such study has been found in the Bundelkhand region. Therefore, this study was planned with the objective of assessing patient satisfaction with services provided in a tertiary care hospital in Banda.

MATERIALS AND METHODS

This was a descriptive cross-sectional study conducted at a tertiary care center situated in the Banda district. The study took place from December 2022 to February 2023 at a medical college and its

associated hospital in a district in the Bundelkhand region of Uttar Pradesh, a northern state of India. The hospital serves a widespread catchment area and meets the needs of people from within and outside the state. It is a center for undergraduate and postgraduate medical education, with an operational strength of 430 beds. The hospital provides outpatient consultations and inpatient facilities to patients who presented to the hospital from other levels of care or through self-transfer. Registration for the morning shift at the OPD began at 8:00 am. The authors obtained ethical clearance from the institute Rani Durgavati Medical College, Banda with the reference number Ref No. IEC/RDMC/Cert/11.

Inclusion criteria: Those who want to participate in this study are required to give consent.

Exclusion criteria: Severely ill or intubated patients who do not give consent are excluded.

Sample size estimation :

$$N = \frac{(Z\alpha/2)^2 \times p(1-p)}{e^2}$$

The reported patient satisfaction was 87.8%, as per a study conducted by Pankaj Bahuguna DS in health facilities in North India [19]. Based on this proportion, with a 5% absolute precision and a 95% confidence interval, the calculated sample size was 187, which was rounded off to 200. A final sample size of 200 each from the OPD and IPD, totaling 400, was determined. Purposive sampling technique was employed for data collection.

Procedure

Questionnaire: A pre-designed semi-structured questionnaire [20] was used to assess various aspects of hospital care. Two separate questionnaires were used in this study, one for the OPD and the other for the IPD. The OPD questionnaire comprised a total of 14 questions, with 10 closed-ended and 4 open-ended questions, while the IPD questionnaire consisted of a total of 24 questions, with 20 closed-ended and 4 open-ended questions. The authors used the Hindi language for better communication with patients. Questionnaires were sourced from an authentic site [20]. The questionnaire consisted of items rated on a five-point Likert scale, with 1 indicating the lowest level of satisfaction and 5 indicating the highest. Patients expressed their satisfaction levels by choosing responses ranging from poor=1, fair=2, good=3, very good=4, and excellent=5. Terms satisfied included fair, good, very good, and excellent. All categories were merged into one category "satisfied" except for the poor category for easy and better understanding.

Patients were also asked if they had specific complaints or recommendations regarding their hospital experience. The questionnaire was administered by trained MBBS interns to individuals after obtaining informed written consent. Outpatients were interviewed as they exited the clinics, while inpatients were interviewed in the wards.

STATISTICAL ANALYSIS

The data was entered and analysed using MS Excel. Descriptive analysis was performed to calculate frequency and percentage with a confidence interval of 95% and a significance level of 0.05%.

RESULTS

A total of 192 (48%) study participants belong to the 21-40 years age group, 98 (24.5%) belong to the 41-60 years age group, 62 (15.5%) belong to the ≤20 years age group, and 48 (12%) belong to the >60 years age group. Male participants accounted for 180 (55%), while females accounted for 220(45%) [Table/Fig-1].

When asked, about reason for taking treatment in the hospital, the participants' responses were as follows: 43 (21.5%) cited being near home, 36 (18%) mentioned the good doctor, 12 (6%) reported

Characteristics	IPD n (%) (Total N=200)	OPD n (%) (Total N=200)	Total n (%)
Age (in years)			
≤20	30 (15.0)	32 (16.0)	62 (15.5)
21-40	93 (46.5)	99 (49.5)	192 (48.0)
41-60	45 (22.5)	53 (26.5)	98 (24.5)
>60	32 (16.0)	16 (8.0)	48 (12.0)
Gender			
Female	94 (47.0)	86 (43.0)	180 (45.0)
Male	106 (53.0)	114 (57.0)	220 (55.0)

[Table/Fig-1]: Demographic characteristics.

fever and 10 (5%) stated they had a fracture or were referred from a DH/CHC. Other minor reasons included pain in the abdomen, swelling of the scrotum, nose, and neck, hernia, benign prostatic hypertrophy with urinary tract infection, road traffic accidents, etc.,. A total of 54 patients (27%) visited the OPD for pain, followed by fever, cough, and the common cold (27, 13.5%), swelling (10, 5%), and other reasons such as abscess, hypertension, breathlessness, loss of appetite, injury, etc.,.

The majority of the OPD participants were satisfied with different hospital services. When asked regarding proper conveying of the information in the hospital, 96 (48%) responded as Good. Regarding query about availability of prescribed drugs at the hospital dispensary the response was good by 71 (35.5%) participants. The attitude and communication of doctors received a very good response from the majority, with 75 (37.5%) rating it very good. Regarding overall satisfaction during the visit to the hospital 78 (39%) responded good [Table/Fig-2].

Registration process and experience before meeting the doctor	Poor	Fair	Good	Very good	Excellent
Attributes	n (%)	n (%)	n (%)	n (%)	n (%)
Availability of sufficient information in hospital	7 (3.5)	35 (17.5)	96 (48.0)	44 (22.0)	18 (9.0)
Waiting time at the registration counter	13 (6.5)	72 (36.0)	62 (31.0)	31 (15.5)	22 (11.0)
Behaviour and attitude of hospital staff	5 (2.5)	44 (22.0)	66 (33.0)	63 (31.5)	22 (11.0)
Amenities in waiting area	26 (13.0)	46 (23.0)	74 (37.0)	42 (21.0)	12 (6.0)
Attitude and communication of doctors	9 (4.5)	22 (11.0)	55 (27.5)	75 (37.5)	39 (19.5)
Time spent by doctor on consultation, examination and counselling	5 (2.5)	35 (17.5)	69 (34.5)	55 (27.5)	36 (18.0)
Availability of laboratory and radiology investigation facilities within the hospital	23 (11.5)	54 (27.0)	67 (33.5)	43 (21.5)	13 (6.5)
Promptness at medicine distribution counter	13 (6.5)	51 (25.5)	84(42.0)	37 (18.5)	15 (7.5)
Availability of prescribed drugs at the hospital dispensary	25 (12.5)	55 (27.5)	71 (35.5)	46 (23.0)	3 (1.5)
Your overall satisfaction during the visit to the hospital	7 (3.5)	54 (27.0)	78 (39.0)	37 (18.5)	24 (12.0)

[Table/Fig-2]: Respondents who visited the Outpatient Department (OPD) of a tertiary care hospital.;Total N=200

A total of 90 (22.5%) of participants desired improvements in water availability, 86 (21.5%) in cleanliness, and 84 (21%) in medicine availability. Other areas of improvement mentioned by some participants include direction and indication marks, Ultrasonography availability, Computed Tomography (CT) scan

facility, seating arrangement, availability of wheelchairs, security, investigation facilities, timing of doctors, etc., in response to questioning about improvements to be inculcated in the hospital. A total of 95.5% participants answered positive about returning to hospital again next time for treatment. The suggestions provided by participants regarding the OPD mainly focused on cleanliness (28, 14%), medicine availability (27, 13.5%), water availability (22, 11%), and radiological examinations (X-ray/USG/CT) (8, 4%). Other suggestions from a few participants included investigation facilities, availability of directions in the hospital, availability of specialist doctors, wheelchair and stretcher facilities, bathrooms and toilets, security, etc.,

The majority of the IPD participants were satisfied with different hospital services and responded with good, fair, and very good for the different services. Only a few participants were not satisfied and responded with poor for the different services. For "Availability of sufficient information at Registration/Admission counter", 197 (98.5%); "Behaviour and attitude of hospital staff at the registration/admission counter", 193 (96.5%); "Discharge process", 194 (97%) "Cleanliness of the ward", 185 (92.5%); "Cleanliness of bed sheets, pillow-covers", 181 (90.5%) patients were satisfied. A total of 184 (92%) patients were satisfied with the cleanliness of surroundings and campus drains. A total of 199 (99.5%) patients were satisfied with the attitude and communication of the Doctor, and 190 (95%) respondents were satisfied with the time spent for examination of the patient and counseling. "Promptness in response by nurses in the ward," 195 (97.5%); "Round-the-clock availability of nurses in the ward," 199 (99.5%), and attitude and communication of nurses. "Availability, attitude, and doctor's knowledge". Most patients, 192 (96%), were satisfied with the diagnostic services provided within the hospital. "Timeliness of supply of the diet", 76 (38%), and its quality responded good. "Overall satisfaction during the treatment as an in-patient", 100 (50%) of patients responded with good [Table/Fig-3].

Attributes	Poor	Fair	Good	Very good	Excellent
	n (%)	n (%)	n (%)	n (%)	n (%)
Availability of sufficient information at Registration/ Admission counter	3 (1.5)	57 (28.5)	93 (46.5)	43 (21.5)	4 (2.0)
Waiting time at the registration/admission counter	4 (2.0)	80 (40.0)	76 (38.0)	31 (15.5)	9 (4.5)
Behaviour and attitude of hospital staff at the registration/admission counter	7 (3.5)	50 (25.0)	91 (45.5)	45 (22.5)	7 (3.5.0)
Your feedback on discharge process	6 (3.0)	41 (20.5)	100 (50.0)	50 (25.0)	3 (1.5)
Cleanliness of the ward	15 (7.5)	67 (33.5)	80 (40.0)	28 (14.0)	10 (5.0)
Cleanliness of bathroom and toilets	47 (23.5)	70 (35.0)	56 (28.2)	23 (11.5)	4 (2.0)
Cleanliness of bed sheets, pillow-covers etc.,	19 (9.5)	70 (35.0)	73 (36.5)	31 (15.5)	7 (3.5)
Cleanliness of surroundings and campus drains	16 (8.0)	62 (31.0)	72 (36.0)	35 (17.5)	15 (7.5)
Regularity of Doctor's attention	3 (1.5)	23 (11.5)	66 (33.0)	76 (38.0)	32 (16.0)
Attitude and communication of doctors	1 (0.5)	22 (11.0)	66 (33.0)	74 (37.0)	37 (18.5)
Time spent by doctor on consultation, examination and counselling	10 (5.0)	25 (12.5)	88 (44.0)	45 (22.5)	32 (16.0)
Promptness in response by nurses in the ward	5 (2.5)	39 (19.5)	93 (46.5)	56 (28.0)	7 (3.5)

Round the clock availability of nurses in the ward	1 (0.5)	31 (15.5)	92 (46.0)	63 (31.5)	13 (6.5)
Attitude and communication of nurses	10 (5.0)	38 (19.0)	91 (45.5)	53 (26.5)	8 (4.0)
Availability, attitude and promptness of ward boys/girls	14 (7.0)	39 (19.5)	102 (51.0)	39 (19.5)	6 (3.0)
Availability of prescribed drugs from hospital supply	10 (5.0)	70 (35.0)	77 (38.2)	38 (19.0)	5 (2.5)
Your perception of doctor's knowledge	3 (1.5)	20 (10.0)	73 (36.5)	70 (35.0)	34 (17.0)
Provision of diagnostics services provided within the hospital	8 (4.0)	57 (28.5)	83 (41.5)	42 (21.0)	10 (5.0)
Timeliness of supply of the diet and its quality	3 (1.5)	36 (18.0)	76 (38.0)	56 (28.0)	29 (14.5)
Your over-all satisfaction during the treatment as an in-patient	2 (1.0)	31 (15.5)	100 (50.0)	52 (26.0)	15 (7.5)

[Table/Fig-3]: Respondents who visited the Inpatient Department (IPD) of a tertiary care hospital.

A total of 99% of the IPD participants responded positive for returning to the hospital again the next time for treatment.

The suggestions given by participants regarding IPD were mainly about cleanliness, 67 (33.5%); water availability, 44 (22%); medicine distribution, 27 (13.5%); availability of medicines, 13 (6.5%); and proper lighting, 11 (5.5%). Other minor suggestions included availability of more staff, washrooms, investigation availability, a map in the hospital, and security guards, etc.,

DISCUSSION

Patient satisfaction is an important part of the health system, therefore, there is a need to assess patient satisfaction to improve services and strengthen the healthcare organisations. In the present study, patients were divided into an OPD and an IPD with several subheadings, including availability of sufficient information at the registration/admission counter, Waiting time at the registration/admission counter, Behaviour and attitude of hospital staff at the registration/admission counter, Feedback on the discharge process, cleanliness of the ward, cleanliness of bathroom & toilets, cleanliness of bed sheets, pillow covers, etc.,

The participants, suggested improvements in the hospital mainly with cleanliness, water supply, availability of medicines, and other minor suggestions, including wheelchair/ward boy availability, nursing staff behaviour, doctor's presence on time, and toilets, etc., 99% gave positive feedback on returning to the hospital again next time for the treatment.

The suggestions given by participants regarding the IPD were mainly about cleanliness, water availability, medicine distribution, availability of medicines, and proper lighting. Other minor suggestions included the availability of more staff, washrooms, investigation availability, a map in the hospital, security guards, etc., In the present study, the waiting time at the registration counter in the poor category was in the IPD 4 (2%), but Kumari R et al., found that 62.5% of patients had waiting times of more than 30 minutes while attending the tertiary level health facility [21].

The majority of patients from the OPD (91%) and IPD (99%) were satisfied with the attitude and communication of the doctors. A 98.5% of IPD patients were satisfied with the knowledge of the doctors. A similar study conducted by Kumari R et al., and Singh J et al., found a very good experience in IPD, with 99.5% and 95% of patients satisfied with the behaviour of the doctors and staff nurses in the OPD, respectively. Approximately, 95% of IPD patients informed that they were given enough time to explain their complaints to the

doctor. A total of 62.3% of the doctors explained the disease to the patients, and 70.9% of patients explained their treatment [21,22].

In the study by Rao KD et al., it was reported that 48% of patients were satisfied with complete information from doctors regarding their illness and treatment, and 78% of the respondents had adequate time for consultation [23]. The majority of respondents agreed that doctors showed adequate concern for their problems [22]. In the present study, 97.5% of OPD patients and 95% of IPD patients were satisfied with the time spent on consultation, counselling, and examination.

A 92% of IPD patients were satisfied with the cleanliness of the hospital surroundings and campus drains. The Government of India has initiated campaigns such as "Swachh Bharat Abhiyan" and "Kayakalp" for cleanliness, and the hospital follows the guidelines for cleanliness [24,25]. However, according to Rajkumari B and Nula P, one-third of the participants were not satisfied when asked about the cleanliness of the hospital. Sodani PR et al., showed that 65% of patients were satisfied with the cleanliness of the hospital premises [26,27]. In a newly built medical college hospital in northeast India, 32.4% of patients were not satisfied with the cleanliness of the ward [27].

In the hospital environment, around 92% of the participants were satisfied with the hospital environment, with 23.5% reporting problems with the cleanliness of toilets and rooms. In the IPD, 92.5% and 90.5% were satisfied with the cleanliness of the ward and the cleanliness of bed sheets and pillow covers, respectively.

This is similar to the findings reported by Malangu N and Westhuisen VJ where 80% of participants were happy with the cleanliness of wards, bedding, ablution facilities, and safety at night [28]. However, in the study by Mishra PH and Mishra T, only 49% of inpatients were satisfied with the cleanliness of the toilets. The results of this study confirm that perception and judgment of quality are highly individualistic and dynamic, and consequently, client satisfaction has an important reflection on the quality of the healthcare process [29].

Most patients who visit government hospitals in India expect free medicines. In this study, 87.5% of OPD patients agreed that the hospital has all the essential medicines, which is much higher than in other studies like Rao KD et al., where only 48% of patients agreed to the availability of the medicine needed by them [23]. The Government of India revised a new list of essential medicines in 2015, ensuring the availability of essential medicines more than ever [30].

Most OPD participants (96.5%) were satisfied with their visit to the hospital, and in IPD, 99% were satisfied with the overall treatment and care received. The overall treatment satisfaction percentage in our study is much higher than in other studies in the developing world [31-37]. Previous studies from India have reported satisfaction scores ranging from 60% to 88% [38,39]. In this study, the higher level of satisfaction among the OPD participants may be attributable to the availability of free medicines and lower costs for laboratory tests. Politeness and behaviour are culture-specific and cannot be directly compared across different cultures. One of the key strengths of this study was the comprehensive assessment of both OPD and IPD services from different departments, which was found to be more effective than either OPD or IPD services regarding patients' satisfaction. Another strength was the use of a validated questionnaire tool that has shown plausible results. Some possible recommendations could be that the registration process should be smooth and easy so that the time and energy of the patient can be saved. Similarly, laboratory services and investigations such as X-rays, ultrasounds, etc., should be provided comfortably to patients to improve their satisfaction. More attention should be given to the safety and security of clients, as well as the cleanliness and sanitation of health services, along with the provision of medicines.

Before starting any new medication, the side-effects and purpose of starting the new medicine must be explained to the patients. Finally, a routine feedback system from clients should be established to improve the quality and care of health services.

Limitation(s)

Due to the subjective nature of the assessment, there are certain limitations that cannot be denied. On the Likert scale, results may be clustered around the middle or at either end of the scale because respondents may either lean toward choosing the most extreme option or express no opinion at all. This makes it hard to distinguish between strongly and weakly held opinions, implying that the gap between each possibility is equidistant, which is not true in practice. Additionally, certain biases such as acquiescence and gratitude bias may have resulted in higher scores in certain domains. Respondents may select responses from the Likert Scale that they believe to be the most socially acceptable, which can reduce honesty and may mean that the reactions are not entirely representative of the survey pool.

CONCLUSION(S)

The majority of participants were satisfied with the hospital staff's behaviour and attitude, as well as the communication of doctors in both the OPD and the IPD. Here, doctors and nurses provided adequate time to them. Doctors took proper patient histories, conducted detailed examinations, and explained their illness, treatment, and prognosis. IPD participants were satisfied with the knowledge of the doctors. The majority of respondents agreed that doctors showed adequate concern for their problems. Most OPD and IPD patients were satisfied with the time spent on consultations, counselling, and examinations.

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