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ORIGINAL ARTICLE

Assessment Of Satisfaction Among Patients Attending Surgical Outpatient

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ABSTRACT

Objective: To find out patient satisfaction with the Surgical Outpatient Department in Adesh Institute of Medical Sciences and Research, Bathinda which is a tertiary care teaching hospital using Concise OPD User Satisfaction Scale.

Methodology: From August 2009 to January 2010, only new patients attending the surgical OPD of Adesh Institute of Medical Sciences and Research, Bathinda were included in this observational study after taking informed consent. The Concise Outpatient Department User Satisfaction Scale was used to measure patient satisfaction. The items in this score were (i) physical environment, (ii) equipment and facilities, (iii) appointment arrangement, (iv) waiting time, (v) service of the dispensary, (vi) support staff (vii) physician's professionalism, (viii) explanation given by the case physician, (ix) consultation time.

Results: A total of 510 patients, 308 (60.39%) males and 202 (39.61%) females attending the Surgical Outpatient Department were included in this cross-sectional study from August 2009 to January 2010. Physician's professionalism scored maximum with a mean \pm SD score of 7.71 ± 1.68 and service of dispensary scored minimum with a mean \pm SD of 3.67 ± 1.57 . Significant difference was found between gender, with males satisfied more in terms of support staff, physician's professionalism, explanation and consultation time given by physicians.

Conclusion: Patient satisfaction level was overall good with the Surgical Outpatient Department. The patients were most satisfied with physician's professionalism and least satisfied with service of dispensary.

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the patient's satisfaction towards the service than evaluate the quality of medical services that they receive [1]. Satisfaction can be defined as the extent of an individual's experience compared with his or her expectations [2] The goal of the health care team is to provide the best quality of health care and service to the patient. It is now a worldwide trend in the healthcare system to include subjective user satisfaction into the evaluation of quality of medical service provided [3],[4]. Unfortunately, this trend is still very much at infancy level in our country. It is reported that satisfied patients are more likely than their dissatisfied counterparts to show positive illness behaviors [5]. Therefore, knowledge of users' satisfaction with the service can serve not only as a

Introduction

The quality of service in health means an inexpensive type of service with minimum side effects that can cure or relieve the health problems of the patients. It is easier to evaluate

performance indicator but also to identify areas of improvement to provide better delivery of care and services to the patients.

Patient satisfaction is a domain not given much importance in our part of the world, especially if we talk about tertiary care public hospitals. This study was planned to measure the patient satisfaction in a surgical OPD of a tertiary care teaching hospital to improve the quality of care provided. There are very few user satisfaction scales that are suitable for use in outpatient settings across different specialties [6]. Some reported satisfactory or good levels of psychometric properties, but very often they contain many items (typically 20-30 items) [6],[7],[8]. We used the validated the 9-item Concise Outpatient Department User Satisfaction Scale to measure patient satisfaction [9]. This scale has the following advantages: Short - a 9-item score so that it is administrable in a busy surgical OPD; items not specialty-specific; and items not culture or region-specific [9]. Apart from these advantages, this scale is very easily explainable to the patients.

Materials and Methods

Patients attending the surgical OPD of Adesh Institute of Medical Sciences and Research, Bathinda were included in this cross-sectional study from August 2009 to January 2010 after taking informed consent. To minimize a possible bias in sampling, we recruited only new patients, as there is evidence that satisfaction varies with visit frequency. Based on average daily estimate of new patients attending surgical OPD it was decided to include 1% of patients on two days a week by random sampling for six months.

The Concise Outpatient Department User Satisfaction Scale was used to measure patient satisfaction. The items in this score were (i) physical environment, (ii) equipment and facilities, (iii) appointment arrangement, (iv) waiting time, (v) service of the dispensary, (vi) support staff, (vii) physician's professionalism, (viii) explanation given by the case physician, (ix) consultation time. Respondents need to answer each item in a response format of a 10-point anchored numerical scale, where '1' indicates not satisfied at all and '10' extremely

satisfied. All the patients were interviewed after attending their physicians and visit of the hospital pharmacy. Data was collected in a specially designed proforma and analyzed. Mean and Standard Deviation were calculated. Unpaired t-test was used to find patient satisfaction score between genders.

Results

Total 510 patients, 308 (60.39%) males and 202 (39.61%) females, attending the Surgical Outpatient Department of Adesh Institute of Medical Sciences and Research, Bathinda were included in this study.

Patients satisfaction with different items of Concise Outpatient Department User Satisfaction scale with Mean±SD are shown in [Table/Fig 1].

(Table/Fig 1) Results of the Concise OPD User Satisfaction Scale

	Mean	Std. Deviation
Physical environment	6.98	0.78
Equipment and facilities	7.08	1.21
Appointment arrangement	6.54	1.59
Waiting time	6.30	1.60
Service of dispensary	3.67	1.57
Support staff	6.96	2.03
Physician's professionalism	7.71	1.68
Explanation given by physician	6.17	1.42
Consultation time given	7.13	1.01

Physician's professionalism scored maximum with a mean ± SD score of 7.71 ± 1.68 and service of dispensary scored minimum with a mean ± SD of 3.67 ± 1.57.

While comparing results by gender, statistically significant difference was found between support staff, physician's professionalism and explanation given by physician. In all three domains males were more satisfied as compared to females as shown in [Table/Fig 2].

(Table/Fig 2) Gender difference with satisfaction of Surgical OPD

	Male	Female	p-value*
	Mean±SD	Mean±SD	
Physical environment	6.99±0.77	6.97±0.79	NS
Equipment and facilities	7.19±1.25	6.90±1.13	NS
Appointment arrangement	7.50±1.02	5.09±1.13	NS
Waiting time	6.29±1.79	6.31±1.27	NS
Service of dispensary	3.51±1.50	3.90±1.63	NS
Support staff	8.08±1.20	5.25±1.83	<.05
Physician's professionalism	8.69±1.10	6.23±1.30	<.001
Explanation given by physician	5.88±1.57	6.60±1.02	<.001
Consultation time given	7.29±0.89	6.90±1.37	<.001

Discussion

Our results showed that most of the patients are satisfied with the surgical OPD with a mean score in different domains of more than six. This is contrary to our expectations, as we believe there are a lot of improvements which can be done to elevate the quality of service provided. One reason may be that patients wanted to be good patients and a negative answer negated this aspect. The other explanation is that being a private sector tertiary care hospital, all treatment provided is at its best and accordingly the quality of services and the accountability of health providers is very high.

Satisfaction with the quality of care provided is a very sensitive issue, but unfortunately little work was done in our country about this important aspect of patient care [10],[11],[12],[13]. One reason is that we are still struggling for the primary care provision to all of our population rather than talking about its quality. By literature search, we were unable to find any reference about satisfaction with the surgical OPD but reports on satisfaction in some other domains were found [1],[9],[10],[11],[12],[20].

A Nigerian study about patient satisfaction with the services provided at a general outpatients' clinic showed high level of satisfaction with the different aspects of care assessed. However, bad experiences were reported with the organization of the clinic, attitude of record clerks' and consultation process.¹⁴ A survey was conducted of 1500 health centers in Trinidad and Tobago to evaluate the impact of health centers on patients and their characteristics. Results showed that the

services most in need of improvement were pharmacies (35.1%) and physicians' care (27.4%) [15]. In a study about an outpatient department of plastic surgery, the most important predictors of patient satisfaction were those related to efficient clinic operation (scheduling of appointments and clinic waiting time) and the quality of the patient-physician interaction [16]. Another study from a dental OPD from Turkey showed that the most important components of satisfaction were found to be relationship between doctor and patients, organized service system and scientific ability of dental personnel while the most prominent complaints were long treatment span, disorganized service system and slowness of radiographic examination procedures [17].

These findings, including that of present study, point to a very important determinant of patient satisfaction which was pointed out by Calnan et al. in 1988 [18]. According to them, during the early visits, patients were more passive and less critical about how they were treated. But as the level of interaction increased with their physicians, patients gained more information and became more critical about the professional practices [18]. The same observation was also reported by Cho et al [19]. According to them, through multiple visits, patients become more informed about the health care service and their physician, and they are able to include a wider range of factors into their assessment of overall service quality. As the frequency of visits increased, patients were weighing "physician's care," a core health care service dimension, as the most important determinant of their satisfaction. This contrasts to the attention paid to the more auxiliary or peripheral dimensions of health care service by patients in their early visits to the hospital. In our study we included only the first time visitors. Maybe that is the reason that the patients scored physician's professionalism as the highest. Often it is not the lack of a particular service that upsets the patients, but the lack of knowledge about the available services. If the patients know the reason behind services or a particular procedure that are not available or even know why the service is not available, they are less likely to complain [2].

Gender difference showed that females were less satisfied as compared to males in three items: support staff, physician's professionalism, explanation and consultation time given by physician. We do not know any solid reason but maybe males being more confident and more vocal are likely to ask questions if they do not understand and so they were more satisfied. Females are mostly accompanied by male attendants, and most of the time, all communication about investigations and treatment occur between doctor and the attendant, which may have result in less satisfaction with the physician's professionalism and explanation given by physicians in our study. However, more work needs to be done about this important finding.

Limitation of the Study

One limitation of the study is the single-site sample used in this study which limits the generalizability of the findings. Different hospitals may have different systems of service delivery and physical atmospheres. So there is need to do multi-centric studies. Reasons for less satisfaction of female patients in different aspects need to be explored more in future studies.

Conclusion

Patient satisfaction level was overall good with the Surgical Outpatient Department. The patients were most satisfied with physician's professionalism and least satisfied with service of dispensary. This study points out different areas of surgical OPD service of a tertiary care hospital that need improvement. This improvement can be achieved and maintained by repeated monitoring of patient satisfaction.

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