

Original Research Article

Level of satisfaction of patients attending out-patient department of radiotherapy department of a tertiary hospital in Raipur, Chhattisgarh, India

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Received: 01 January 2018

Accepted: 03 February 2018

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ABSTRACT

Background: Like any service organization, the main aim of the Health Service organization is creation of satisfaction among their service consumers. Patient satisfaction has been defined as the degree of congruency between a patient's expectations of ideal case versus his perception of real care he or she receives. Mismatch between patient's expectation of the service received is related to decreased satisfaction. Therefore, assessing patient perspective gives them a voice, which can make public health services more responsive to people's needs and expectations.

Methods: The study used IN-PATSAT32 questionnaire developed by the European Organization for Research and Treatment of Cancer (EORTC) with a few modifications to suit all the patients (in or out-patients). Sample size:200 patients.

Results: Out of total patients assessed, 41.5% of patients were highly satisfied(excellent), 56% of patients were satisfied with the services provided by the radiotherapy department at Dr. B. R. A. M. hospital, Raipur and only 5% of patients rated the services as "poor" i.e. we're not satisfied.

Conclusions: The findings of the study will help us educate the prescribers about the various neglected areas of the consultation which will go a long way to develop a consistent relationship between the providers and the beneficiaries for the attainment of the "Health for all."

Keywords: Outpatient department, Patient Satisfaction, Tertiary Care hospital

INTRODUCTION

Like any service organization, the main aim of the Health Service organization is creation of satisfaction among their service consumers. Patient satisfaction has been defined as the degree of congruency between a patient's expectations of ideal case versus his perception of real care he or she receives. It is acknowledged that patients report of their satisfaction with the quality of care and

services are as important as many clinical health measures.¹

Patient's satisfaction depends upon many factors such as (i) Quality of clinical services provided (ii) Availability of medicines (iii) Behaviors of doctors and other health staff (iv) Cost of services (v) Hospital infrastructure (vi) Physical and emotional comfort.²

Mismatch between patient's expectation of the service received is related to decreased satisfaction.³ Therefore assessing patient perspective gives them a voice, which can make public health services more responsive to people's needs & expectations.⁴

Patient's feedback is necessary to identify problems that need to be resolved in impending the health service. Even if they still do not use this information systematically to improve care delivery and services, this type of feedback triggers a real interest that can lead to a change in their culture and their perception of patients.⁵ Over the last 25 years, health service researchers reported that satisfied and dissatisfied patient behaved differently. Satisfied patients are more likely to comply with treatment, keep follow up appointment and utilize health services. Such behavioral consequences related to satisfaction could affect outcome of care and health seeking behavior.

The aspect of healthcare has always been a major concern of the present mainly because of its significance and its obvious values. Its primary concern is for the improvement of the present health condition of the people and the ethical concept of promoting life itself due to which, significant efforts and concerns are always given for the quality of healthcare services. With this idea, society constantly monitors and evaluates the quality of healthcare services being rendered by institutions regarding its promoting, implementation and improvement.⁶

Cancer care, in general is different from the care of other illness, as it is care beyond cure. In providing health care services, the patient satisfaction cannot be neglected, as it is important as much as the treatment even the cure of disease. Especially when it comes to cancer care, the satisfaction of the patient has to be given priority, as the patient is not only struggling with the disease but also with mental agony, trauma, financial constraint, uncertainty of life and many other critical issues affecting well-being of cancer patient. However, level of satisfaction is difficult to measure, as it is very subjective and there is always possibility that different level may be regarded as the same level. Thus, some tools and techniques need to be standardized and then employed among the patient to know the quality of services provided.⁷

Outpatient department (OPD) is the first point of contact of the hospital with patients and serves as the shop window to any healthcare service provided to the community. The care in the OPD is believed to indicate the quality of services of a hospital and is reflected by patients' satisfaction with the services being provided.⁸ The present paper is based upon a study conducted at outpatient department of radiotherapy department of a tertiary care hospital in Raipur (C.G) to find out the satisfaction level of patients attending the out-patient department of the same department. The main objective of this paper is to share the findings of the level of

satisfaction on services provided by the doctors, by paramedical staffs, facilities in OPD and other service and care aspect.

METHODS

Study design: Hospital based cross-sectional observational study. Study center: Department of Community Medicine, Pt. JNM Medical College Raipur. Study area: Department of Radiotherapy at Dr. B. R. A. M. Hospital. Raipur. Study duration: July- December 2016. Study subject: patients attending OPD of Radio therapy department of Dr. B.R.A.M. Hospital Raipur. Sample Size: 200 patients, Study Tool: The tool used for data collection was predesigned, pretested semi structured, IN-PATSAT 32 questionnaire are developed by the European organization for research and treatment of cancer (EORTC) with a few modifications to suit all the patients after pilot survey.

- Part I consists of assessment of patients' satisfaction on services provided by doctors.
- Part II consists of assessment of patients' satisfaction services provided by nurses.
- Part III Consists of patients' satisfaction on other services and care.

Study technique: Interview technique. Resources-Manpower: Doctors, nurses, technical staff Other resources: Infrastructure, money, medicines.

Inclusion criteria

All patients who gave consent during the data Collection period were eligible to be included within the study.

Exclusion criteria

- Communication Barrier
- Mentally ill patients
- Patients who were staff at this hospital
- Deaf and Dumb patient.

The data were collected with the help of medical undergraduates of Pt. J.N.M Medical College after due permission taken from the medical superintendent of the hospital. Proforma was designed and tested through pilot survey. The tool for data collection was then selected which was a predesigned, pre-tested, semi structured IN-PATSAT 32 questionnaire, developed by European organization for research and treatment of cancer (EORTC) with a few modifications to suit all the patients. Patient participation was voluntary. Informed verbal consent was taken from the participants. Patients were assured that anonymity and confidentiality will be maintained and participating in this study would have no effect on their treatment. All the patients were interviewed after they had consulted the doctor. The prescribing doctor was largely kept unaware of the

procedure, except in unavoidable circumstances, so as to avoid the bias in their behavior with the treatment.

RESULTS

The study population consisted of 200 patients out of which 129 (64.5%) patients were female and 71(35.5%) patients were males indicating higher participation of females in the study with their consent. Majority of the

cancer patients interviewed were in the age less than 60 years, out of which 3.1% of patients rated the overall services as Poor whereas 54.1% patients were satisfied and 42.8% rated the overall services as Excellent. In patients of age more than 60, in which no patients rated the overall services as Poor whereas 63.4% patients were satisfied and rest 36.6% rated the overall services as Excellent. The level of satisfaction with age and gender was not found to be significant statistically (Table 1).

Table 1: Level of satisfaction of patients with age and gender.

Age	Poor	%	Satisfied	%	Excellent	%
<60years (159)	5	3.1	86	54.1	68	42.8
≥ 60 years (41)	0	0	26	63.4	15	36.6
Chi-square value: 2.096, p value=0.3507						
Gender	Poor	%	Satisfied	%	Excellent	%
Male (71)	3	4.2	39	54.9	29	40.9
Female (129)	2	1.5	73	56.6	54	41.9
Chi-square value: 1.345, p value=0.5105						

Table 2: Patient satisfaction towards services provided by doctors.

Services	Poor	%	Satisfied	%	Excellent	%
Knowledge and experience of Illness	15	7.5	106	53	79	39.5
Treatment and medical follow up	20	10	86	43	94	47
Attention to physical problems	33	16.5	94	47	73	36.5
Comfort and support given	31	15.5	105	52.5	64	32
Information given about illness	27	13.5	86	43	87	43.5
Information given about medical tests	39	19.5	100	50	61	30.5
Information given about treatment	28	14	83	41.5	89	44.5
Frequency of visits	38	19	102	51	60	30
Time devoted during visits	44	22	93	46.5	63	31.5

5% of patients rated the services by Doctors as Poor whereas 45.5% patients were satisfied and 49.5% rated the services by Doctors as Excellent.

This shows that patients were highly satisfied with the various aspects related with Doctors care and services, the highest satisfaction level was with “The treatment and medical follow-up they provided” and the lowest satisfaction level was with “The time they devoted to patients visit and consultation” (Table 2).

This may be because of higher number of patients and limited OPD timing in a tertiary set-up.

Out of 200 study population, 10% of subjects rated the services by Nurses as Poor whereas 49.5% patients were satisfied and 40.5% rated the services by Nurses as Excellent. The highest satisfaction level was with “the way they carried out your physical examination” and the lowest satisfaction level was with “their human qualities” (Table 3). This was because of higher no. of patients and lack of nursing staff.

Table 3: Patient satisfaction towards services provided by nursing staff.

Services	Poor	%	Satisfied	%	Excellent	%
Way of carrying out physical examination	24	12	110	55	66	33
Way of care	27	13.5	103	51.5	70	35
Attention for physical comfort	37	18.5	103	51.5	60	30
Human qualities	55	27.5	85	42.5	60	30
Time devoted	45	22.5	109	54.5	46	23

Out of 200 patients, 19% of patients rated the services by Technical staff as Poor whereas 65% patients were satisfied and 16% rated the services by Technical staff as Excellent. The highest satisfaction level was with “The kindness and helpfulness of technical, reception,

laboratory personnel” and the lowest satisfaction level was with “The waiting time for obtaining results of medical tests”. This might be due to higher number of patients and lack of technical staff (Table 4).

Table 4: Patient satisfaction towards services provided by technical staff.

Services	Poor	%	Satisfied	%	Excellent	%
Waiting facilities	37	18.5	102	51	61	30.5
Kindness and helpfulness	32	16	105	52.5	63	31.5
Waiting time for obtaining results of tests	102	51	80	40	18	9

The highest satisfaction of patients towards infrastructure services was with service of separate place for

examination while the lowest satisfaction was with the water and sanitation facilities which was mainly due to overcrowding and lack of cleaning staff (Table 5).

Table 5: Patient satisfaction towards Infrastructure.

Services	Poor	%	Satisfied	%	Excellent	%
Separate place for examination	17	8.5	93	46.5	90	45
Ease of access	34	17	105	52.5	61	30.5
Ease of finding different departments	68	34	103	51.5	29	14.5
Environment of building	39	19.5	94	47	67	33.5
Water and sanitation facilities	105	52.5	72	36	23	11.5

10% of patients rated the care received during their treatment period as Poor whereas 54.5% patients were satisfied and 35.5% rated the care received during their

treatment period as Excellent. 14.5% of patients rated the out of pocket expenditure for their treatment as poor whereas 47% patients were satisfied and 38.5% rated the out of pocket expenditure as excellent (Table 6).

Table 6: Patient satisfaction towards general services.

Services	Poor	%	Satisfied	%	Excellent	%
Care during treatment period	20	10	109	54.5	71	35.5
Out of pocket expenditure for treatment	29	14.5	94	47	77	38.5

Out of total patients assessed, 41.5% of patients were highly satisfied(excellent), 56% of patients were satisfied with the services provided by the radiotherapy

department at Dr. B. R. A. M. hospital, Raipur and only 5% of patients rated the services as “poor” i.e. we’re not satisfied (Table 7).

Table 7: Overall satisfaction level of patients.

Grade	Poor	%	Satisfied	%	Excellent	%
Overall	5	2.5	112	56	83	41.5

DISCUSSION

In a study conducted by Kagashe et al for assessment of level of satisfaction in HIV clinic, female constituted 63.8% and the rest constituted male.⁹

In a study conducted by Mohapatra et al, showed that interpersonal rapport and good doctor-patient relationship have been a cornerstone of higher patient satisfaction. Highest level of satisfaction was for communication by the doctors. It is necessary to keep in mind here that the Indian patient is always found to be reluctant to express his negative views at the time of discharge unless his dissatisfaction is very strong.¹⁰

In a study conducted by Piang et al at tertiary care cancer hospitals in India in which 6 regions were interviewed showed that 83% to 87% of the patients were satisfied with the various aspects related with doctors' care and services. For patient satisfaction level towards technical staff, the lowest satisfaction level was for waiting time of results and highest satisfaction level was with that of lab staff behavior. For infrastructure provision services, the lowest satisfaction was with "the ease of finding way to different departments."¹¹⁻¹⁶

CONCLUSION

About 2/5th patients were highly satisfied and half of the subjects were satisfied with the services provided in the out-patient department of Radiotherapy in Pt. J.N.M Medical College, Raipur. Still there 10 % people who are not satisfied with the services.

It has been proposed that the effectiveness of health care is determined to some degree by satisfaction with the health service provided.

Patient assessment survey have become a primary form of health care quality measurement as evidence has shown that information from patients can facilitate quality improvements for practitioners and lead to positive market wide changes.¹⁶ The findings of the study will help us educate the prescribers about the various neglected areas of the consultation which will go a long way to develop a consistent relationship between the providers and the beneficiaries for the attainment of the "Health for all.

Recommendations

The study finding suggest that following measures may be taken by the policy makers and hospital administrations to increase the patient satisfaction at public health facilities.

- Effort should be made to reduce the patient load at the higher-level facilities so that doctors and other staff can give more attention and time to the patients.

- Efforts are also needed to strengthen infrastructure and human resources at the lower level health facilities. The finding of the satisfaction of patients availing such public health facilities.
- The doctors and nurses should be motivated by conducting CME programs, seminars and sensitization workshops periodically. Medical and nursing audits can be introduced to improve the quality of medical care and to reduce the cost to the patients.
- Housekeeping staff should be posted in all the wards round the clock in sufficient numbers and maintain the neatness of the wards by using disinfectants and their work should be supervised from time to time.
- The billing departmental personnel should be properly instructed to and motivated regarding correct billing and to provide the detailed billing information to the patient's attendants.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

REFERENCES

1. Akoijam BS, Konjengbam S, Bishwalata R, Singh TA. Patients' satisfaction with hospital care in a referral institute in Manipur. *Indian J Public Health*. 2007;51(4):240.
2. Jenkinson C, Coulter A, Bruster S, Richards N, Chandola T. Patients' experiences and satisfaction with health care: results of a questionnaire study of specific aspects of care. *Qual Saf Health Care*. 2002;11(4):335-9.
3. McKinley RK, Roberts C. Patient satisfaction with out of hours primary medical care. *Quality and Safety in Health Care*. 2001;10(1):23-8.
4. World health organization. The world health report 2000. Health systems: Improving performance. Url: <http://www.who.int/whr/2000/en/> (Lat accessed on 02/12/2017).
5. Boyer L, Francois P, Dautre E, Weil G, Labarere J. Perception and use of the results of patient satisfaction surveys by care providers in a French teaching hospital. *International Journal for quality in health care*. 2006;18(5):359-64.
6. Fleming-AOD, Inc. (September 2004). Inpatient Rehabilitation Facilities Patient Satisfaction System. 1606 20th Street, NW. Washington, DC 20009. Url: <https://web2.erehabdata.com/erehabdata/help/IRFPatientSatisfaction.pdf>. (December 2, 2017)
7. Mahapatra S, Nayak S, Pati S. Quality of care in cancer: An exploration of patient perspectives. *Journal of family medicine and primary care*. 2016;5(2):338.
8. Arshad AS, Shamila H, Jabeen R, Fazli A. Measuring patient satisfaction, a cross sectional study to improve quality of care at a tertiary care hospital. *Healthline*. 2012;3:59-62.

9. Patient satisfaction. In: Organisation and management of hospitals, Practical Manual of PGDHHM 03, IGNOU. 2001;14-25.
10. Kagashe GA, Rwebangila F. Patient satisfaction with health care services provided at HIV clinics at Amana and Muhimbili hospitals in Dar es Salaam. *African health sciences.* 2011;11(3):60-6.
11. Piang LK, Tiwari VK, Nair KS, Raj S, Kaur H, Gandotra R. Patients Satisfaction with Quality of Services Providers at the Tertiary Care Cancer Hospitals in India. *Indian J. Prev. Soc. Med.* 2012;43(4):396-404.
12. Carr-Hill RA. The measurement of patient satisfaction. *Journal of public health.* 1992;14(3):236-49.
13. Sitzia J, Wood N. Patient satisfaction: a review of issues and concepts. *Social science and medicine.* 1997;45(12):1829-43.
14. Fitzpatrick R. Survey of patient satisfaction: 1- Important general considerations *Br. Med J.* 1991; 302:887-9.
15. Longo DR, Land G, Schramm W, Fraas J, Hoskins B, Howell V. Consumer reports in health care: do they make a difference in patient care? *JAMA.* 1997;278(19):1579-84.
16. Hibbard JH, Harris-Kojetin L, Mullin P, Lubalin J, Garfinkel S. Increasing the impact of health plan report cards by addressing consumers' concerns. *Health Affairs.* 2000;19(5):138-43.

Cite this article as: Panda PS, Sinha AK, Soni GP. Level of satisfaction of patients attending out-patient department of radiotherapy department of a tertiary hospital in Raipur, Chhattisgarh, India. *Int J Res Med Sci* 2018;6:922-7.