

PATIENT SATISFACTION ; A COMPARATIVE STUDY AT TEACHING VERSUS DHQ LEVEL HOSPITAL IN LAHORE, PAKISTAN

Aleena Tasneem¹, Sundas Shaukat ¹, Fatima Amin¹ and . Khawaja Tahir Mahmood²

¹Department of Pharmacy, Lahore College for Women University, Lahore, Pakistan

²DTL, Lahore, Pakistan

ABSTRACT

The present study was designed to compare patient satisfaction in teaching hospitals and at DHQ level in Lahore, Pakistan. A retrospective study was conducted based on a data collection form designed to evaluate the present level of patient satisfaction at 3 different hospitals in Lahore. Patients' consent was taken and they were surveyed on a random basis and the results were compared on the following basis: (a) whether patients are satisfied with the treatment provided by the doctors (b) whether hospitals are adequately equipped to provide quality health services to patients (c) whether patients are satisfied with the hospital staff and with the overall environment of the hospital (d) whether patients are satisfied with the functioning of the OPD and the emergency department. Among the total patients who were surveyed it was observed that level of patient satisfaction at teaching hospitals was overall good but was less as compared to the results obtained at DHQ level. It was observed that patients are generally satisfied with the doctors and hospital care services but seem to be unaware of the role of pharmacist and pharmacy services hence the level of satisfaction on this parameter could not be monitored effectively. There is a definite scope of further improvement in patient satisfaction but an urgent intervention is needed to ensure that patients are made aware of the existence of pharmacists and their right to have access to them in order to rationalize drug treatment and therapy.

Keywords: Patient, patient satisfaction, pharmacists,

INTRODUCTION

The term 'Patient Satisfaction' was not extensively researched during the 1960's and the 70's. The topic was discussed more in the 1980's and between the period of 1980 and 1996 there was a fivefold increase in the research done on this topic. Measurement of patient satisfaction plays an important role in pushing health care providers towards being accountable to their patients. It is an important component of health care services provided by a hospital to its patients. A comparative study of patient satisfaction in teaching and non teaching hospitals will help to better understand the deficiencies of health care systems and to overcome them to ensure better quality services to the patients [1]. Patient satisfaction is an attitude – 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 networks [2]. It is emergent and fluid [3]. It has also been described as a particularly passive form of establishing consumer's views [4].

A patient satisfaction system should address each patient's medical care and service needs at the "point-of-care" before the patient leaves the medical facility. It should be patient centered by actively involving each patient in his /her own healthcare evaluation planning and continuous quality improvement. Patient needs are aligned with the required healthcare resources which simultaneously produces better and efficient results. [5]

Patient satisfaction is a highly desirable outcome of clinical care in the hospital and may even be an element of health status itself. A patient's expression of satisfaction or dissatisfaction is a judgement on the quality of hospital care in all of its aspects whatever its strengths and limitations. Patient satisfaction is an indication that should be indispensable to the assessment of the quality of care in hospitals.[6]

Patient-centered outcomes have taken center stage as the primary means of measuring the effectiveness of health care delivery. It is commonly acknowledged that patients' reports of their health and quality of life,

and their satisfaction with the quality of care and services, are as important as many clinical health measures. [7]

Pledging quality in health care services ought to be a priority for any health care system. The notion of quality has emerged more strongly because of the rising costs of treatments, constrained resources in health services and evidence of variations in clinical practice. A quality health care system is one which guarantees the continuum of care, not merely for curative services, but for health promotion as well as prevention. Assessment of quality usually focuses on technical concerns as well as the process through which care is delivered. This assessment becomes more authentic and legitimate if based on the application of professional standards integrating the patients' views, experiences and perceptions. However, an effective system can only function properly, if it operates on a regular assessment of people's perceptions and monitors itself based on their feedback [8]. Today, health care organizations have begun to conduct patient satisfaction surveys and use results for evaluation of the quality of medical care. Another goal of patient satisfaction research is to incorporate patient's views on what values should be associated with different outcomes when defining quality care [9]

METHODS AND MATERIAL

This study was conducted in Lahore in June 2010. Lahore's economic dominance has led to the massive influx of people from all areas of the country making it a multi-linguistic, multi-ethnic and multi-cultural region. To fulfill the requirements of the project assigned 3 hospitals were visited: two at government level and one at DHQ level. The patients were selected randomly and after obtaining consent, a pre-structured questionnaire was provided to the patients. Data was collected based on the patient's experience in the hospital, their demographic characteristics (age, sex), cost of treatment and patient satisfaction with

regard to services and management at the hospital. For the purpose of obtaining accurate results 140 patients were given the questionnaires and 50 patients were taken from government hospitals each and 40 from DHQ level. In order to effectively observe patient satisfaction throughout the hospitals the patients were selected from the Emergency department, OPD and General wards. Descriptive statistical analysis was carried out on the data collected.

RESULTS AND DISCUSSION

A comparative study was conducted to measure patient satisfaction in teaching hospitals and at DHQ level. Different parameters of patient satisfaction were considered and all aspects pertaining to the patients were duly reflected in the data collection form i.e. the treatment provided by doctors, hospital environment and facilities, accessibility of facilities, services in emergency etc. It was seen that the patient satisfaction regarding treatment of doctors in government hospitals was above 77% whereas at DHQ level it was 95% as shown in Figure 1.

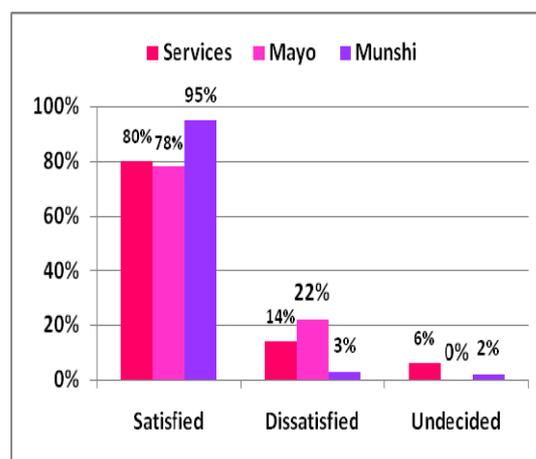


Figure 1. Satisfaction with the treatment of doctors

Most patients felt that the doctors treating them were able to treat their diseases and were confident about the treatment they were receiving when questioned. In government hospitals the 47% patients absolutely agreed that hospital environment

was what they needed to recover from their diseases while at DHQ level patients agreement were above 55% as shown in Figure 2.

Services provided in emergency department were also monitored, the results of which are shown in Figure 3.

The financial burden on the patients admitted at a hospital at DHQ level was less due to the fact that the hospital operates at a smaller scale and better able to fulfill the needs of the patients as shown in Figure 4.

Patient satisfaction regarding almost all the parameters was well above average and detailed analysis of figures 6-33 would show that it was considered to be somewhat better at DHQ level the reason being that a smaller hospital where almost all expenses are paid and fewer patients admitted leads to better overall care giving opportunities. Also DHQ level exhibits one man administration whereas the teaching hospitals have a number of administrators and hence clinical outcomes are somewhat affected. One purpose of the survey conducted was to assess the role of pharmacist in these hospitals. On evaluation of the results it was found that almost 100% of all the patients in these hospitals were not aware of who a pharmacist is and what his responsibilities are. Another disturbing factor that was illuminated was that the patients admitted in hospitals do not purchase drugs from the pharmacy of the hospital and are more comfortable getting their medicines from outside which naturally leads to almost no interaction with the pharmacist and no communication which leads to lack of knowledge and instructions regarding the patients medication and hence leads to drug related problems. As pharmacy is still a profession that is emerging the doctors here in Pakistan seem reluctant to encourage the use of a pharmacist in designing drug therapy regimens for patients. In general the government hospitals in Pakistan mostly cater to patients of the lower economic

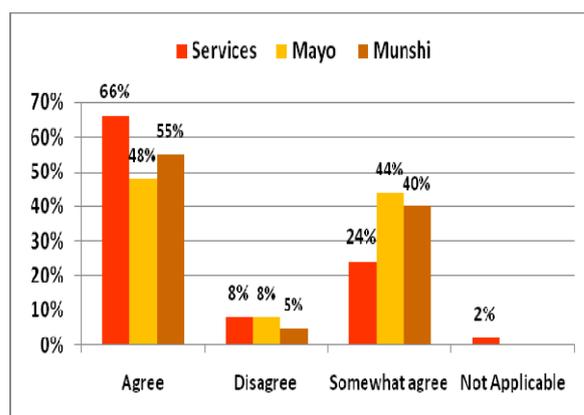


Figure 2. Satisfaction with the environment of hospital

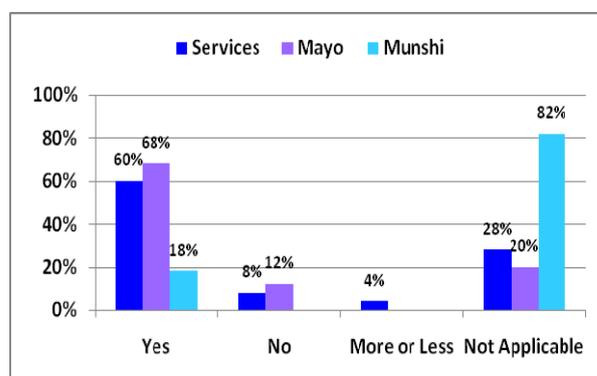


Figure 3. Satisfaction with getting medical aid in emergency department

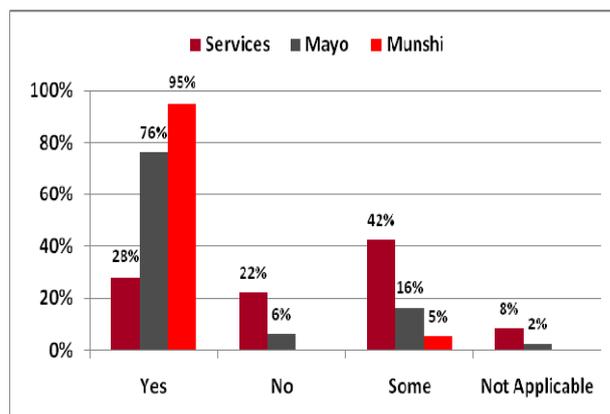


Figure 4. Satisfaction with the medications available free of cost in hospital

group and the reason for them to be satisfied wholly with the care and treatment provided here arises from the fact that the areas from which they come have barely any facilities to cater to their needs.

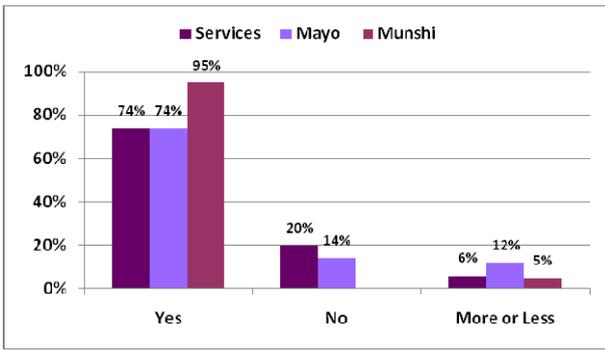


Figure 5. Satisfaction with the amount spent for Medical needs.

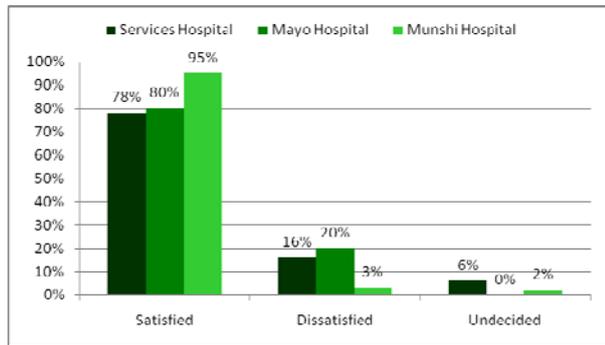


Figure 6. Time waited by the patient to be seen by doctor

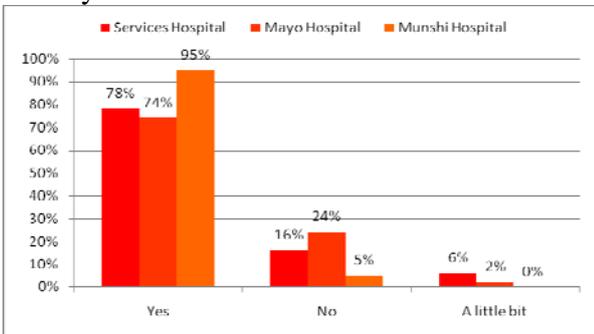


Figure 7. General interest taken by the doctor in the patient as a person

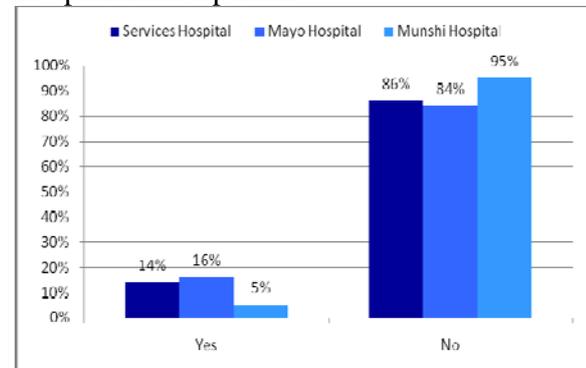


Figure 8. Should doctors give more respect

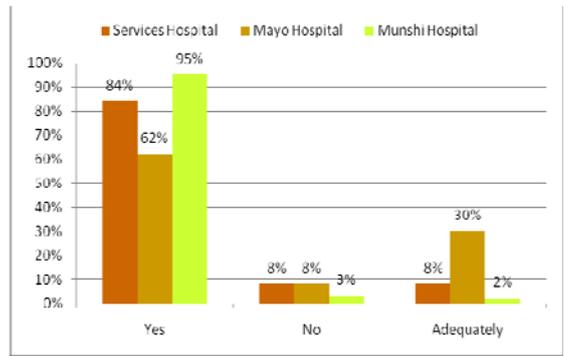


Figure 9. Hospital adequately equipped to provide complete medical care

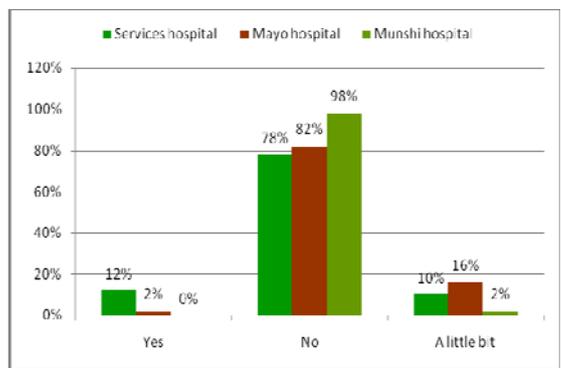


Figure 10. Doubts about the ability of the doctors

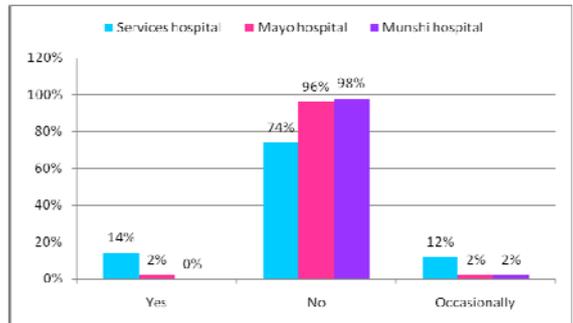


Figure 11. More attention to privacy whilst receiving medical care

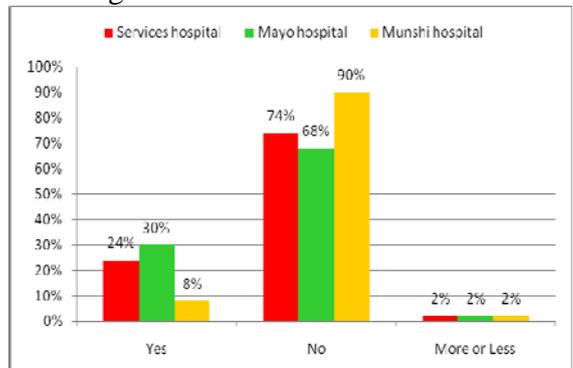


Figure 12. Thoroughness in treatment and examination

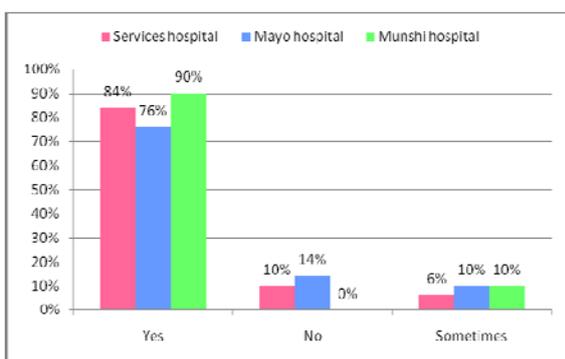


Figure 13. Allowed to say everything patient thinks is important during medical visits

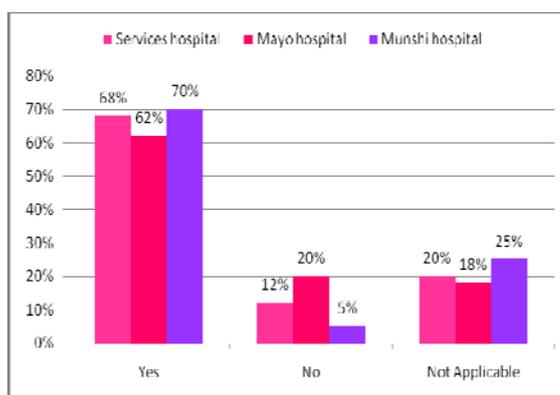


Figure 17. Admission to this hospital without any trouble

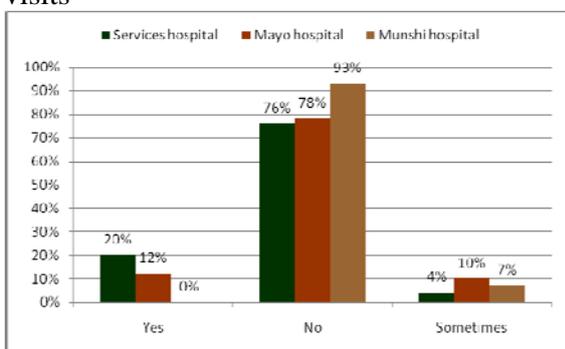


Figure 14. Usage of medical terms by doctors without their explanation

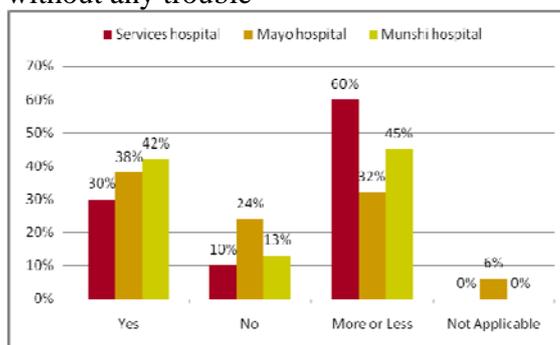


Figure 18. Location of hospital convenient

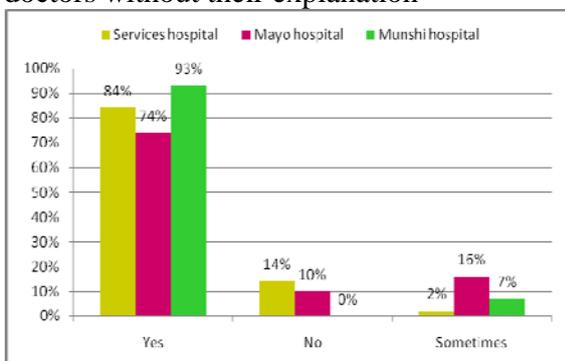


Figure 15. Do doctors listen carefully to what patients say

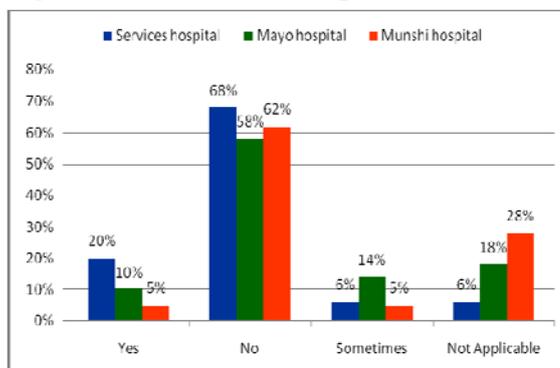


Figure 19. Medical care available on short notice

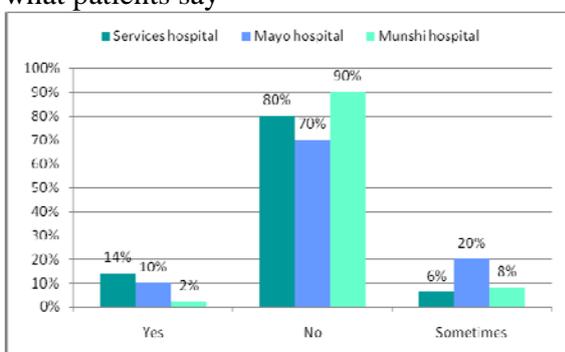


Figure 16. Do doctors ignore what patients tell them

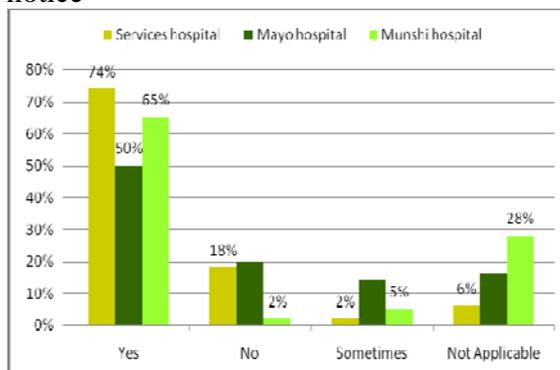


Figure 20. Medical care whenever patient needs it

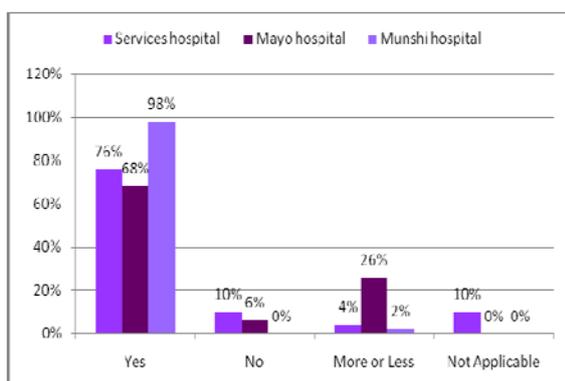


Figure 21. Easy access to medical specialists in the hospital

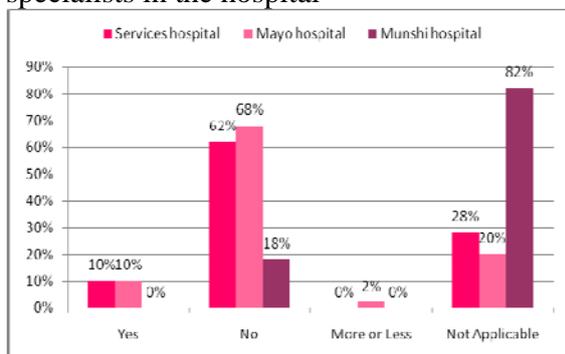


Figure 22. Wait too long for emergency treatment in this hospital

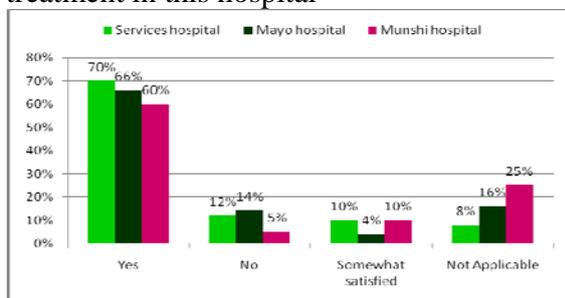


Figure 23. Satisfaction with the nursing care in the hospitals

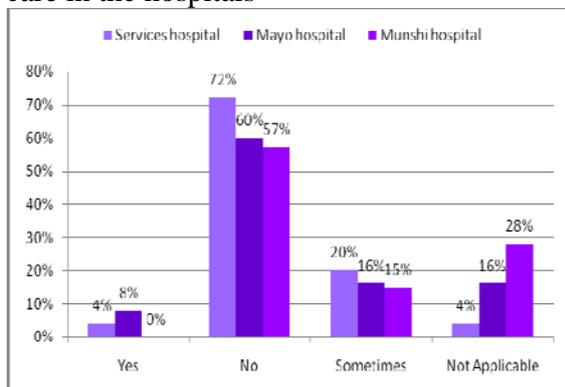


Figure 24. Nurses in the hospital aloof and discourteous

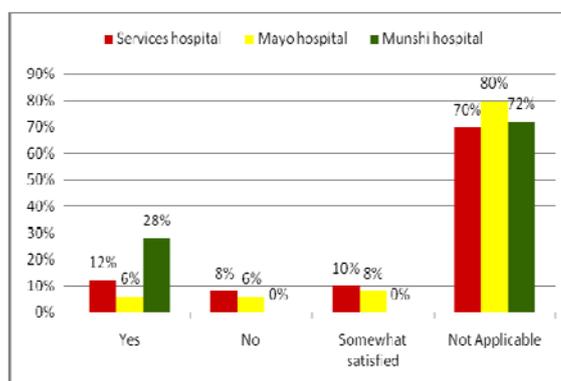


Figure 25. Satisfaction with the services provided in the OPD

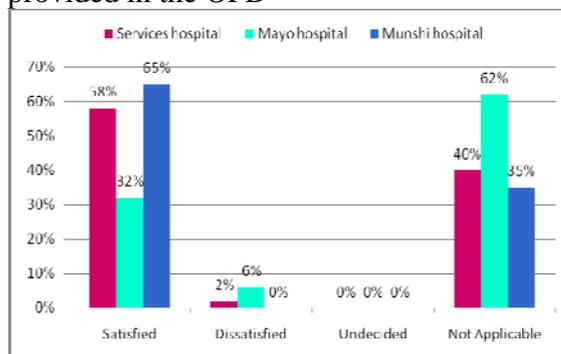


Figure 26. Amount of time patient had to wait long before having X-rays performed

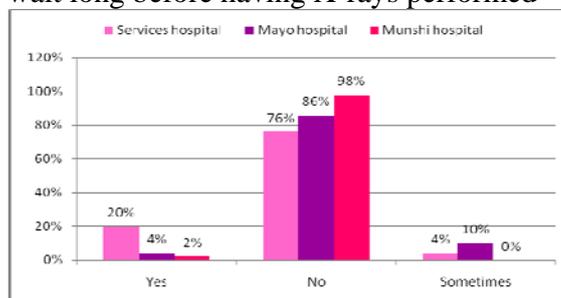


Figure 27. Patients leave without medical care because it is expensive

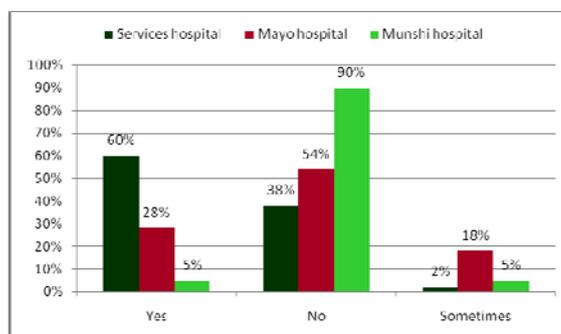


Figure 28. Worry about having to pay large amounts of money for medicines from outside

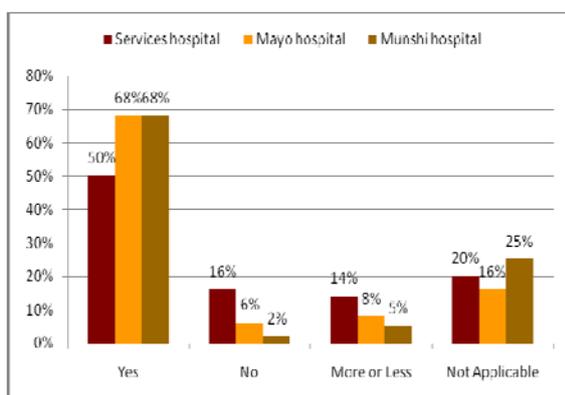


Figure 29. Comfortable with bed and surroundings

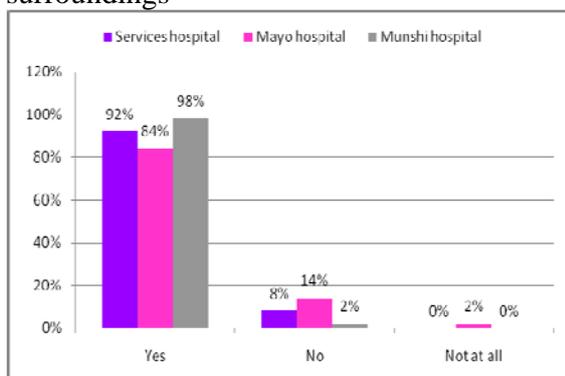


Figure 30. Satisfaction with the general cleanliness of the hospital

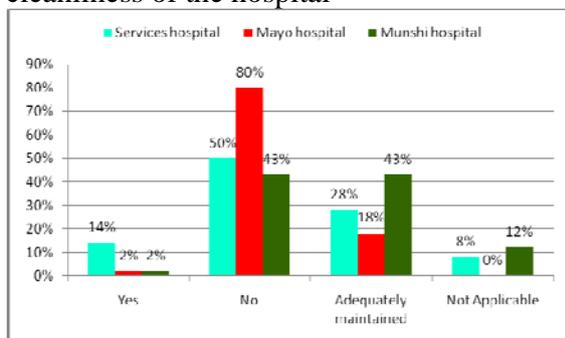


Figure 31. Maintenance of toilets in the hospital

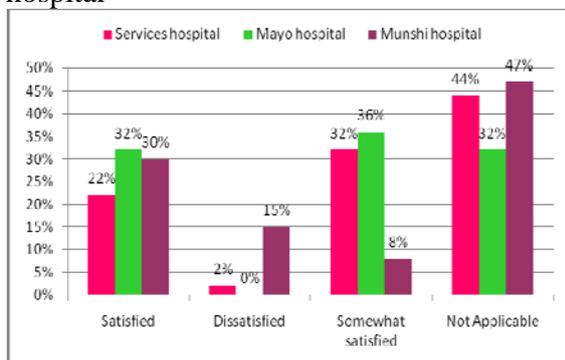


Figure 32. Satisfaction with the location of parking at the hospital

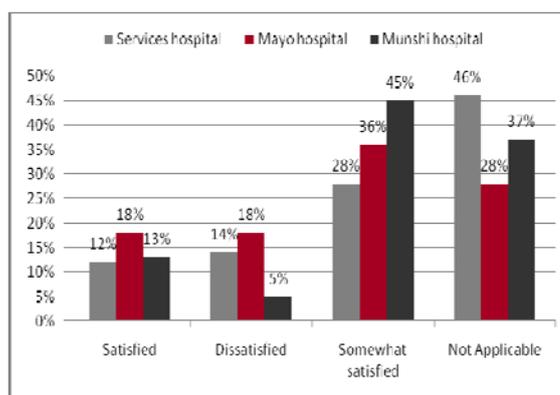


Figure 33. Satisfaction with the hospital food

CONCLUSION

The results clearly show that patient satisfaction at DHQ level is profoundly greater when compared to that of teaching hospitals as better health care services can be provided when a hospital has one man administration and hence improved setting for accommodating patients.

There is definitely room for improvement regarding patient satisfaction in these hospitals and patients need to be made aware of their rights so that they can demand better health care services from the doctors and the health care facilities so that measures are taken to promote rational drug therapy and to improve the patients quality of life.

ACKNOWLEDGEMENTS

The authors are grateful and acknowledge Dr. Prof Bushra Mateen Vice Chancellor of L.C.W.U , Lahore for her support during this project

REFERENCES

- [1] C. Carolyn Thiedke, MD A review of the literature reveals practical ways to improve patient satisfaction and compelling reasons to do so *Fam Pract manag.* 2007 Jan;14(1):33-36.
- [2] Keegan, O., McDarby, V, Tansy, A., and McGee H, 2003 Community involvement in A/E satisfaction survey (submitted for publication). Meridith J and Wood, N 1995
- [3] The development of the Royal College of Surgeons of England's patient satisfaction

- audit service. *Journal Quality in clinical Practice* 15:67-74
- [4] McIvor, S. and Carr-Hill, R. The NHS and its customers- A survey of current practices of customer relations, University of York: Centre of health economics, 1989.
- [5] Sommers PA, Dropik R, Heilman G, Vaughan T. Patient satisfaction in 21st century medicine: revolution or evolution? *J Med Pract Manage.* 2007 Nov-Dec;23(3):157-62.
- [6] Patrick J. Torcson, MD, MMM, FACP Patient Satisfaction: the Hospitalist's Role *The Hospitalist*, Jul/Aug 2005
- [7] Roger Bolus, Ph.D., and Jennifer Pitts, Ph.D. Patient Satisfaction: The Indispensable Outcome *MANAGED CARE April 1999.* ©1999 Stezzi communications
- [8] Babar T. Shaikh (Department of Community Health Sciences, Aga Khan University Hospital, Karachi, Quality of health care: an absolute necessity for patient satisfaction *JPMA* Vol. 55, No. 11, November 2005 515
- [9] Patient Warming Plays a Significant Role in Patient Satisfaction, Clinical Outcomes *Infection Control today* May 19, 2008