

# A STUDY ON PATIENT SATISFACTION IN OUTPATIENT DEPARTMENT PRIVATE HOSPITAL – CHENNAI

KEERTHIGA.S\*1, DR.S.N.SOUNDARARAJAN\*2

1 MBA Student, Saveetha School of Management, India.

2 Professor, Saveetha School of Management, India.

## ABSTRACT

Patient satisfaction survey is one of the important tools for measuring the quality of management. The main objective of the study is to examine satisfaction level of outpatient in both medical care and other facilities offered by the hospital and to find out the factors affecting satisfaction level of patient, and to give suggestions to overcome the barriers in achieving patient satisfaction in outpatient department. Data was collected from a private hospital outpatient department in Chennai, only convenient sampling was collected from 50 patients from the outpatient department. The data was analysed using SPSS. In this study, it is found that majority of patients are satisfied with the services provided. They were satisfied with the guidance, logistic arrangements, support services, nursing care, Doctors consultation etc. Though few patients were not satisfied with the waiting time in the reception, it is worthwhile to note that there is scope for improvement of the Out Patient Department Services. Therefore it can be concluded that the OPD services form an important component of Hospital services and feedback of patients are vital in quality improvement.

**KEY WORDS:** patient satisfaction, outpatient department, waiting time, health services.

---

## 1.1 INTRODUCTION

Patient satisfaction survey is one of the important tools for measuring the quality of management. It's valuable to get a view of what patients really think about the care and treatment they receive. These simple insights will lead to smart decisions on how to improve healthcare, patient happiness and the job satisfaction of doctors and nurses. Measuring the quality of intangible service products has become a great challenge for managers and administrators in the health services industry. Patient satisfaction or dissatisfaction is a complicated phenomenon that is linked to patient expectations, health status, personal characteristics, as well as health system characteristics. Nevertheless, patient satisfaction as an index of quality of healthcare has developed as an effect measure and patient satisfaction surveys are being increasingly identified to be instituted to measure success of the service delivery system functional at hospitals. In general, patient satisfaction has been defined as an evaluation that reflects the perceived differences between expectations of the patient to what is actually received during the process of care.

Outpatient Department (OPD) is the first point of contact of the hospital with patients and assists as the shop window to whatever health maintenance service provided to the residential area. There are various problems faced by the patients in outpatient department like overcrowding, delay in consultation, lack of proper guidance etc. that leads to patient

dissatisfaction. To overcome this type of problem survey is one the best method to find out how far patients are satisfied with the service and what action could take to avoid dissatisfaction of the patient. Patient satisfaction in health care is gaining widespread recognition as a step of determining how well health services are being delivered. Moreover, individuals with higher patient satisfaction had lower chances of emergency visits to health care systems and higher chances of inpatient admission. Satisfaction also pays a role in performance of expectations. Thus the hospitals must improve their quality and patients' satisfaction and have their strong motivation to meet the patients' needs so that the patients would choose them and the hospitals can survive and develop.

## **1.2 NEED FOR THE STUDY**

To understand the needs of the outpatient and find out reason for dissatisfaction if any and suggest the hospital to improve their satisfaction level.

## **1.3 OBJECTIVES OF THE STUDY:**

- The purpose of the survey was to examine satisfaction level of outpatient.
- To know the overall satisfaction of the patient receiving medical care and other facilities.
- To find out the factors that affects the satisfaction level of patients.

## **1.4 SCOPE OF THE STUDY**

- Assessing various needs of the patients.
- Identify and observing various roles of each department in the hospital.
- Understanding patient and doctor relationship.

## **1.5 LIMITATIONS OF THE STUDY**

- Limited period of time for the project.
- Only morning OP samples were collected.
- Out patients department is busy with their tasks so researcher couldn't gather complete information from the staff.
- Only convenient sampling taken.

## **2.1 REVIEW OF LITERATURE**

Surg Lt Cdr Athar Mohd ,Brig Abhijit Chakravarty (2014) defines that Patients' satisfaction is a useful measure to provide an indicator of quality in healthcare and thus needs to be measured frequently.

Roush, S. E., &Sonstroem , R. J. (1999) states that patient satisfaction has become an increasingly important issue in health care.Patient satisfaction has been conceptualized in recent years as a multidimensional construct. The multidimensional nature means that a person may be highly satisfied with one or more aspects of a health care encounter and simultaneously dissatisfied with other aspects.

Williams, B. (1994). Client satisfaction is fundamental importance as a measure of the quality of care because it gives information on the provider's success at meeting those client values and expectations which are matters on which the client is the ultimate authority. The measurement of satisfaction is, therefore, an important tool for research, administration, and planning.

Beattie, P. F., Pinto, M. B., Nelson, M. K., & Nelson, R. (2002) Patient satisfaction is often considered to be an abstract, multidimensional phenomenon. 6,7,9,10 Because it usually is not observable directly, patient satisfaction must often be measured in what we would consider an indirect manner (ie, from self-report measures). 1-4,6,11-14 A simple self-report method for assessing satisfaction is to ask global questions such as, "Overall, I am completely satisfied with my care." 6 These questions, although easy to administer, do not provide information about why a person is or is not satisfied; therefore, many authors 1-4, 6,9,10 recommend the use of multidimensional measures.

Gray, R., Rofail, D., Allen, J., & Newey, T. (2005) Treatment satisfaction is an important indicator of the quality of services that patients are receiving. Treatment satisfaction is a complex concept that, although widely used, is difficult to define. Most researchers agree that treatment satisfaction is a multi-dimensional concept influenced by many different subjective factors that may include: complexity of treatment regime; perceived benefits; side effects; involvement in treatment decisions; understanding of treatment and effective communication with clinicians.

A patient satisfaction rating is both a measure of care and a measure of the patient who provides the rating. (Ware 1983) Unmet patient expectations may also affect satisfaction. While most patients have specific expectations for their health care visit (Jackson 2001) Leiter, M.P. Harvie, P., & Frizzell, C (1998). Defined patient satisfaction as "a health care recipient's reaction to salient aspects of the context, process and result of their service experience .

Boyer, L., Francois, P., Doutré, E., Weil, G., & Labarere, J (2006). Patients' perception of health care has gained increasing attention over the past 20 years [1]. It is currently admitted that patients' opinion should supplement the usual indicators of quality in health care [2,3]. Patient expression is an important source of information in screening for problems and developing an effective plan of action for quality improvement in health care organizations

Boudreaux, E. D., & O'Hea, E. L. (2004). Patient satisfaction deserves attention not only because it is an intrinsically worthy goal, but also because it is a potentially significant mediator for a range of important outcomes. Satisfied patients may be more compliant with their medical regimens, suggesting that satisfaction may be an important component in promoting health and well-being

Delbanco, (1996) As techniques to measure the quality of healthcare proliferate and improve, health professionals are beginning to accept that patient/clients and their families hold unique vantage points as expert witnesses of care.

White (1999) Prior to conducting a patient satisfaction survey, it is vital that an organization be prepared and that they embrace a quality improvement culture. It has been shown that patient satisfaction is a measure of the quality of services being provided.

Sivalenka Srilata, 2000 in a patient satisfaction survey can help to show patients that a Healthcare organization is interested in quality and in making improvements. It demonstrates an organization's commitment to its patients.

Prasanta(2001) this patient satisfaction survey is the first of its kind for public hospitals in India. While the survey revealed depressing feedback, the motivation of APVVP top management to identify areas of concern and measure patient satisfaction is a step in the right direction. There would not be any scope to improve the services; unless such bold steps at measuring client satisfaction is pursued. We feel, repeating such studies at regular interval of say six months will be useful guide for managerial intervention.

## **RESEARCH METHODOLOGY**

### **3.1 RESEARCH DESIGN**

A research design is the plan of a research study. The design of a study defines the study type (descriptive, correlational, semi-experimental, experimental, review, meta-analytic) and sub-type (e.g., descriptive-longitudinal case study), research question, hypotheses, independent and dependent variables, experimental design, and, if applicable, data collection methods and a statistical analysis plan. Research design is the framework that has been created to seek answers to research questions.

### **3.2 TYPE OF DATA**

#### **3.2.1 PRIMARY DATA:**

Data collected by administering questionnaire.

### **3.3 SAMPLE SIZE**

Questionnaires are collected from 50 respondents in outpatients department.

### **3.4 PERIOD OF SURVEY**

The period of survey is from 19<sup>th</sup> June 2017 to 20<sup>th</sup> August 2017.

### **3.5 CONVENIENT SAMPLING**

A convenient sample is a type of non-probability sampling method where the sample is taken from a group of people easy to contact or to reach. For example, standing at a mall or a grocery store and asking people to answer questions would be an example of a convenience sample. This type of sampling is also known as grabbed sampling or availability sampling. There are no other criteria to the sampling method except that people be available and willing to participate. In addition, this type of sampling method does not require that a simple random sample is generated, since the only criteria is whether the participants agree to participate.

### **3.6 DATA ANALYSIS**

The data collected from the primary sourced were arranged sequentially and tabulated in systematic order.

## **TOOLS USED FOR DATA ANALYSIS**

- one way-ANOVA TEST
- percentage analysis

## DATA ANALYSIS & INTERPRETATION

### 4.1 ANOVA ONE WAY

#### 4.1.1 ANALYSIS OF GENDER AND WAITING TIME IN RECEPTION

**H0:** There is no significant difference among the Gender of patients with respect to waiting time in reception

**H1:** There is a significant difference among the Gender of patients with respect to waiting time in reception

TABLE 4.1.1 ANOVA

Gender of the patient

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	1.057	5	.211	.826	.538
Within Groups	11.263	44	.256		
Total	12.320	49			

#### INTERPRETATION:

Table shows that the significant value is  $>0.05$  so there is no significant difference among the Gender of patients with respect to waiting time in reception.

#### 4.1.2 ANALYSIS OF MONTHLY INCOME AND MEDICAL BILLS

**H0:** There is no significant difference among the monthly income of customers with respect to medical bills

**H1:** There is a significant difference among the monthly income of customers with respect to medical bills

TABLE 4.1.2 ANOVA

What is the monthly income of the patient

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	37.055	2	18.527	4.779	.013
Within Groups	182.225	47	3.877		
Total	219.280	49			

#### INTERPRETATION:

Table shows that the significant value is  $<0.05$  so there is significant difference among the monthly income of the patient and the medical bill. Lesser monthly income of patients feel medical bill in hospital is high.

### 4.1.3 ANALYSIS OF EDUCATIONAL QUALIFICATION OF PATIENTS AND SUITABLE MAGAZINES /TV / NEWSPAPER FACILITY

**H0:** There is no significant difference among the different educational qualification with suitable magazines/TV/newspaper facility.

**H1:** There is a significant difference among the different educational qualification with suitable magazines/TV/newspaper facility.

**TABLE 4.1.3 ANOVA**

What is the highest level of formal education you have completed

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	10.515	2	5.258	4.952	.011
Within Groups	49.905	47	1.062		
Total	60.420	49			

### INTERPRETATION:

The table shows that the significant value is lesser than 0.05 and hence there is significant association between the educational qualification of the patients and suitable magazines/newspapers/TV facility.

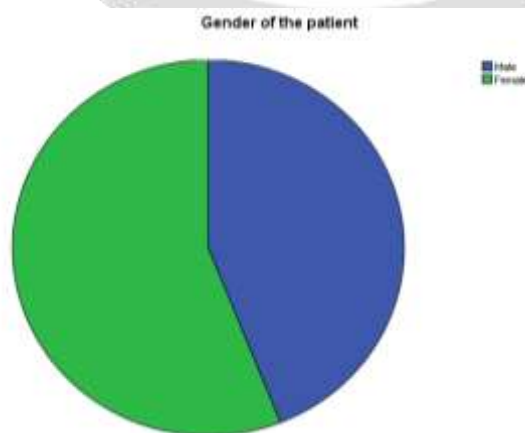
## 4.2 PERCENTAGE ANALYSIS

### 4.2.1 Gender of the patients

**TABLE 4.2.1 Gender of the patient**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	22	44.0	44.0	44.0
Valid Female	28	56.0	56.0	100.0
Total	50	100.0	100.0	

**FIG: 1**



### INTERPRETATION

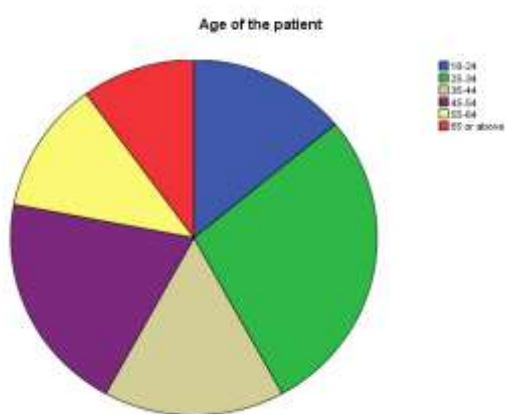
The above table and the pie chart show that majority of the patient are female 56.0% and 44.0% are male.

### 4.2.2 AGE OF THE PATIENTS

TABLE 4.2.2

Age of the patient					
		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	18-24	7	14.0	14.0	14.0
	25-34	14	28.0	28.0	42.0
	35-44	8	16.0	16.0	58.0
	45-54	10	20.0	20.0	78.0
	55-64	6	12.0	12.0	90.0
	65 or above	5	10.0	10.0	100.0
	Total	50	100.0	100.0	

FIG: 2



### INTERPRETATION

The above table shows that 28% of the patients are between the age 25-34 ,20% are between the age of 45-54, 16% are between 35- 44, 14% are between 18- 24, 12% are between 55- 64, 10% are between 60 and above.

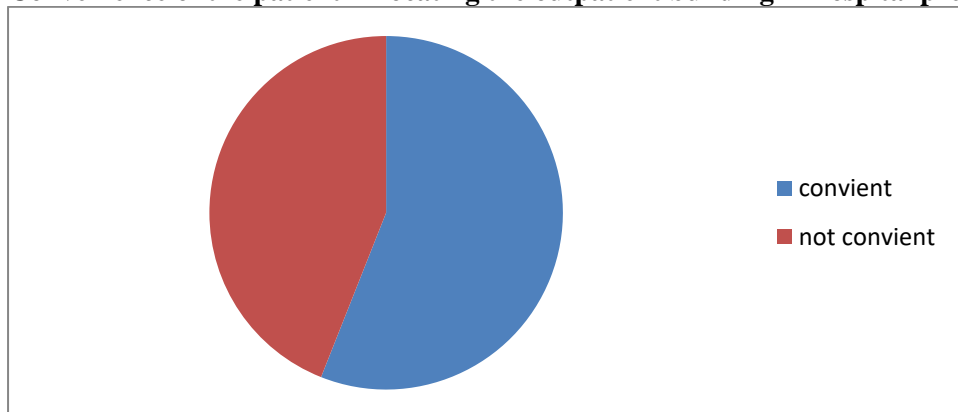
### 4.2.3 CONVENIENCE OF THE PATIENT IN LOCATING THE OUTPATIENT BUILDING IN HOSPITAL PREMISES.

TABLE 4.2.3 convenience of the patient in locating the outpatient building in hospital premises

		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	Yes	28	56.0	56.0	56.0
	No	22	44.0	44.0	100.0
	Total	50	100.0	100.0	

FIG: 3

**Convenience of the patient in locating the outpatient building in hospital premises**



**INTERPRETATION**

The above table shows that 56.0% of the patients are able to locate outpatient department building in hospital premises and 44.0% of the patients are not able to locate.

**4.2.4WAITING TIME IN RECEPTION**

**TABLE 4.2.4** waiting time in the reception area

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid extremely dissatisfied	1	2.0	2.0	2.0
very dissatisfied	3	6.0	6.0	8.0
Dissatisfied	17	34.0	34.0	42.0
Satisfied	20	40.0	40.0	82.0
very satisfied	7	14.0	14.0	96.0
extremely satisfied	2	4.0	4.0	100.0
Total	50	100.0	100.0	

**FIG: 4**



**INTERPRETATION**



The table shows that 40.0% of the patients are satisfied, 34.0% of the patients are dissatisfied, 14% are very satisfied, 6% are very dissatisfied, 4% are extremely satisfied about the waiting time in reception.

## **FINDINGS:**

### **FINDINGS FROM ANOVA:**

- There is no significant difference among the Gender of patients with respect to waiting time in reception.
- There is significant difference among the monthly income of the patient and the medical bill. Lesser monthly income of patients feel medical bill in hospital is high.
- There is significant association between the educational qualification of the patients and suitable magazines/newspapers/ TV facility.so health awareness related magazine can be provided in both languages (Tamil and English).

### **FINDINGS FROM PERCENTAGE ANALYSIS**

- The majority of the patient are female 56.0% and 44.0% are male.
- The above table shows that 28% of the patients are between the age 25-34 ,20% are between the age of 45-54, 16% are between 35- 44, 14% are between 18- 24, 12% are between 55- 64, 10% are between 60 and above.
- The 56.0% of the patients are able to locate outpatient building in hospital premises and 44.0% of the patients are not able to locate.
- The 40.0% of the patients are satisfied and 34.0% of the patients are dissatisfied about the waiting time in reception.

### **SUGGESTION:**

- Information desk can be provided.
- Vital signs can be checked doing the waiting time, this may minimise the waiting time of patient during consultation.
- Since the majority of the patient are educated, therefore the outpatient reception could provide with magazines and newspaper related to health care, awareness of different disease condition and preventive actions to be taken by patient and health education etc., both in Tamil and English.
- Since most of the patients are dissatisfied with the waiting time in the reception, the hospital could take proper care for this problem by improving software regarding appointment timing.
- Improve Wi-Fi facility in hospital waiting area.

### **CONCLUSION:**

Patients attending each hospital are responsible for spreading the good image of the hospital and therefore satisfaction of patients attending the hospital is equally important for

hospital management. Various studies about Out Patient Services have elicited problems like overcrowding, delay in consultation, proper behaviour of staff etc. The project is conducted to study about the patients satisfaction in Private multi-speciality hospital .In this study, it is found that majority of the patients are satisfied with the services provided. They were satisfied with the guidance, logistic arrangements, support services, nursing care, Doctors consultation etc. Though few patients were not satisfied with the waiting time in the reception .It is worthwhile to note that there is scope for improvement of the Out Patient Department Services. Therefore it can be concluded that the OPD services form an important component of Hospital services and feedback of patients are vital in quality improvement.

## BIBLIOGRAPHY

1. Surg Lt Cdr Athar Mohd , Brig Abhijit Chakravarty Patient satisfaction with services of the outpatient department. June 24, 2014
2. Roush, S. E., & Sonstroem, R. J. (1999). Development of the physical therapy outpatient satisfaction survey (PTOPS). *Physical Therapy*, 79(2), 159-170.
3. Williams, B. (1994). Patient satisfaction: a valid concept. *Social science & medicine*, 38(4), 509-516.
4. Beattie, P. F., Pinto, M. B., Nelson, M. K., & Nelson, R. (2002). Patient satisfaction with outpatient physical therapy: instrument validation. *Physical Therapy*, 82(6), 557-565.
5. Gray, R., Rofail, D., Allen, J., & Newey, T. (2005). A survey of patient satisfaction with and subjective experiences of treatment with antipsychotic medication. *Journal of advanced nursing*, 52(1), 31-37.
6. Ware, J. E., Snyder, M. K., Wright, W. R., & Davies, A. R. (1983). Defining and measuring patient satisfaction with medical care. *Evaluation and program planning*, 6(3), 247-263.
7. Jackson, J. L., Chamberlin, J., & Kroenke, K. (2001). Predictors of patient satisfaction. *Social science & medicine*, 52(4), 609-620.
8. Leiter, M. P., Harvie, P., & Frizzell, C. (1998). The correspondence of patient satisfaction and nurse burnout. *Social science & medicine*, 47(10), 1611-1617.
9. Boyer, L., Francois, P., Dautre, E., Weil, G., & Labarere, J. (2006). 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*, 18(5), 359-364.
10. Boudreaux, E. D., & O'Hea, E. L. (2004). Patient satisfaction in the emergency department: a review of the literature and implications for practice. *The Journal of emergency medicine*, 26(1), 13-26.
11. Delbanco, T., 1996. Quality of care through the patient's eyes. Satisfaction surveys are just the start of an emerging science. *British Medical Journal* 313:832-833.
12. The Journal of Heart and Lung Transplantation, Volume 18, Issue 3, Pages 202–210rch 1999 Patient Satisfaction Surveys in Public Hospitals in India: Srilata Sivalenka,2000 Prasanta Mahapatra, Srilatha. S, Sridhar.P “ A journal of academy of hospital administration”Vol. 13, No. 2 (2001-07 - 2001-12)

13. Sharma Raman , Sharma Meenakshi , Sharma R.K. , (2011) "The patient satisfaction study in a multispecialty tertiary level hospital, PGIMER, Chandigarh, India", *Leadership in Health Services*, Vol. 24 Iss: 1, pp.64 – 73
14. Joshi, Krupal, Kishor Sochaliya, Shyamal Purani, and Girija Kartha. 2013. Patient satisfaction about health care services: A cross sectional study of patients who visit the outpatient department of a civil hospital at Surendranagar, Gujarat. *International Journal of Medical Science and Public Health*, 2 (3), 659-663. doi:10.5455/ijmsph.2013.250420131
15. Chahal Hardeep , Mehta Shivani , (2013) "Modeling patient satisfaction construct in the Indian health care context", *International Journal of Pharmaceutical and Healthcare Marketing*, Vol. 7 , pg.75 – 92
16. Oliver, R.L. A conceptual model of service quality and service satisfaction: Compatible goals, different concepts. In: Swartz TA, Bowen DE, Brown SN, and Stephen Advances in services marketing and management: Research and practice, Vol. 2, Greenwich, CT: JAI Press, 1993. pp. 65-85.
17. Swan, et al.; deepening the understanding of hospital patient satisfaction fulfilment and quality effects. *J health care marketing*. 1985.
18. Doborah L. Consumerism reflexivity and the medical encounter. *Soc Sci Med*. 1997; 45(3): 373-81. 13.
19. Aday LA, Anderson RM. Equity of access to medical care: a concept and empirical overview. *Med care* 1981.
20. Dornan M.C. Patient socio-demographic characteristics as predictor of satisfaction with medical care: meta-analysis. *Social science and medicine*. 1990.

