



RESEARCH ARTICLE

SATISFACTION LEVELS OF INDOOR PATIENTS IN A RURAL TERTIARY CARE  
HOSPITAL IN HIMACHAL PRADESH

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ARTICLE INFO

Article History:

Received 12<sup>th</sup> February, 2017  
Received in revised form  
05<sup>th</sup> March, 2017  
Accepted 19<sup>th</sup> April, 2017  
Published online 23<sup>rd</sup> May, 2017

Key words:

Patient satisfaction,  
Quality of Care,  
Indoor Patients.

ABSTRACT

**Introduction:** Patient satisfaction is a measurable concept comprising of multidimensional elements such as access to care, quality of the provider patient interpersonal relationship and affordability of care. Identifying and understanding the needs and difficulties of patients helps in improving the services being provided.

**Aim:** The aim of the study was to determine the level of the patient satisfaction in a tertiary care hospital in Kangra, Himachal Pradesh.

**Methodology:** A cross sectional study was done in a tertiary level hospital to determine the patient satisfaction of all the admitted patients in medical, surgical, ortho, ENT, Eye wards using PSQ-18 as a tool to assess the satisfaction level of patients.

**Results:** 100 subjects were enrolled in this study. Generally 63% of the patients were satisfied with the hospital care but there were some areas where the patients were fairly or poorly satisfied.

**Conclusion:** Though the majority of patients were satisfied, there is still scope for improvement.

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Citation: Sundresh, N., Deepa, K Gupta, Sunil K Raina and Abhilash Sood, 2017. "Satisfaction levels of indoor patients in a rural tertiary care hospital in Himachal Pradesh", *International Journal of Current Research*, 9, (05), 50770-50772.

INTRODUCTION

Satisfaction can be considered as a consumer's opinion about a specific consumption experience. As a customer of healthcare, the patient remains the focus of health care delivery system. (Minhas, 2015). In the face of ever increasing pressure on health care expenditure from an ageing population, rising public expectations and introduction of new technology, the health care industry In India continues to grow at a tremendous pace. Measuring the quality of health care becomes even more important because it tells us how health care system is performing and leads to improved care. The meaning and interpretation of patient satisfaction has always been a matter of debate. However, patient satisfaction is a measurable concept comprising of multidimensional elements such as access to care, quality of the provider patient interpersonal relationship and affordability of care (Sood, 2013). Identifying and understanding the needs and difficulties of patients helps in improving the services being provided (Sood, 2016). It is easier to assess patient satisfaction compared to evaluating clinical services and the quality of health care services (Minhas, 2015).

Patient satisfaction thus can also be considered a proxy indicator of the quality of care in a health care delivery system. Although of much epidemiological significance, not much work has been done in this field in Himachal Pradesh. The present study tries to determine the level of patient satisfaction and identify patient satisfaction & feedback as a measure for quality improvement in health care delivery system.

MATERIAL AND METHODS

Study design

A Cross-sectional, Hospital based study was undertaken in month of January 2017 among indoor patients of Medicine, Surgery, Orthopaedics, Eye and ENT wards at Dr. Rajendra Prasad Government Medical College & Hospital (DRPGMC) Kangra at Tanda.

Inclusion Criteria

- Indoor patients (>18 years of age) admitted in wards.
- Those willing to participate in the study.

Exclusion Criteria

- Patients admitted in ICU.
- Patients in post operative care.

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Written informed consent was taken from the patients before including them in the study. In case of illiterate patients, the contents of consent were read out to them and explained in local language.

**Table 1. Sociodemographic profile of patients (N=100)**

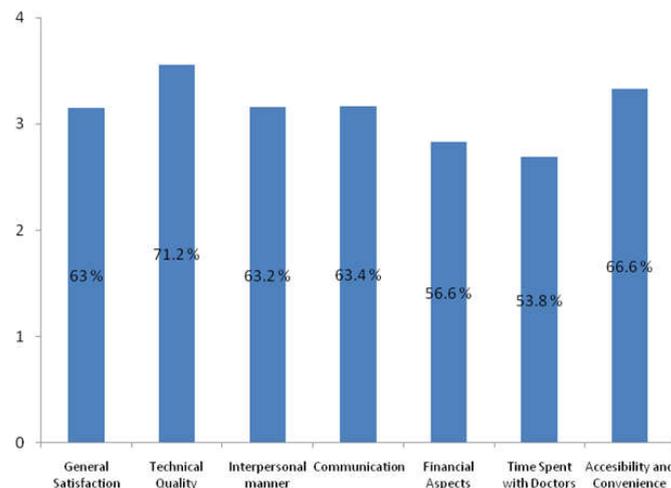
| Variable                  |             | Number of Patients | Percentage Patients |
|---------------------------|-------------|--------------------|---------------------|
| Age (Years)               | <20         | 9                  | 9                   |
|                           | 20-30       | 32                 | 32                  |
|                           | >30         | 59                 | 59                  |
| Sex                       | Male        | 35                 | 35                  |
|                           | Female      | 65                 | 65                  |
| Education                 | Illiterate  | 20                 | 20                  |
|                           | Primary     | 25                 | 25                  |
|                           | Secondary   | 27                 | 27                  |
|                           | Graduate    | 23                 | 23                  |
| Type of Family            | PG          | 5                  | 5                   |
|                           | Nuclear     | 63                 | 63                  |
|                           | Joint       | 37                 | 37                  |
| Area of current residence | Rural       | 91                 | 91                  |
|                           | Urban       | 9                  | 9                   |
| House                     | Kutch House | 16                 | 16                  |
|                           | Pucca House | 80                 | 80                  |
|                           | Mansion     | 4                  | 4                   |
|                           |             |                    |                     |
| Marital Status            | Unmarried   | 21                 | 21                  |
|                           | Married     | 79                 | 79                  |

**Table 2. Mean psq - 18 scores**

| Subscale and Item   | Mean | SD   |
|---|------|------|
| <b>General Satisfaction</b>   | 3.15 | 0.99 |
| The medical care I have been receiving is just perfect  | 3.67 | 0.77 |
| I am dissatisfied with some things about medical care   | 2.63 | 0.91 |
| <b>Technical Quality</b>  | 3.56 | 0.82 |
| I think my doctor's office has everything needed to provide complete medical care               | 3.34 | 0.83 |
| Sometimes doctors make me wonder if their diagnosis is correct                                  | 3.22 | 0.85 |
| When I go for medical care, they are careful to check everything when treating and examining me | 3.8  | 0.78 |
| I have some doubts about the ability of the doctors who treat me                                | 3.88 | 0.59 |
| <b>Interpersonal manner</b>   | 3.16 | 0.92 |
| Doctors act too businesslike and impersonal toward me   | 2.88 | 0.92 |
| My doctors treat me in a very friendly and courteous manner                                     | 3.44 | 0.82 |
| <b>Communication</b>  | 3.17 | 1.08 |
| Doctors are good about explaining the reason for medical tests                                  | 3.42 | 1.08 |
| Doctors sometimes ignores what I tell them  | 2.92 | 1.01 |
| <b>Financial Aspects</b>  | 2.83 | 0.93 |
| I feel confident that I can get the medical care I need without being set back financially      | 3.02 | 0.78 |
| I have to pay for more of my medical care than I can afford                                     | 2.65 | 1.03 |
| <b>Time Spent with doctor</b>   | 2.69 | 0.89 |
| Those who provide my medical care sometimes hurry too much when they treat me                   | 2.77 | 0.94 |
| Doctors usually spend plenty of time with me  | 2.62 | 0.84 |
| <b>Accessibility and convenience</b>  | 3.33 | 0.89 |
| I have easy access to medical specialists I need  | 3.43 | 0.81 |
| When I get medical care, people have to wait too long for emergency treatment                   | 3.16 | 1.05 |
| I find it hard to get an appointment for medical care right away                                | 3.27 | 0.79 |
| I am able to get medical care whenever I need it  | 3.44 | 0.86 |

Those patients who consented to participate in the study were then administered the questionnaire. The responses of patients were recorded on the pre-tested, Patient Satisfaction Questionnaire (PSQ- 18). The PSQ-18 assesses patient satisfaction on a 5 point Likert's scale in terms of seven subscales, i.e. general satisfaction, technical quality, interpersonal

manner, communication, financial aspects, time spent with provider and accessibility and convenience. The PSQ- 18 scale authors have provided evidence that technical quality, interpersonal manners, communication and time spent with provider are substantially correlated and can be aggregated into a single sub-scale reflecting 2 satisfaction with one's provider (Carey, 1993).



**Figure 1. Levels of satisfaction**

**RESULTS**

The present study was aimed to assess the patient satisfaction among the admitted patients in Medicine, Surgical, Orthopedics, ENT, Eye Wards at Dr. Rajendra Prasad Govt. Medical College, Kangra at Tanda, Himachal Pradesh. After fulfilling inclusion and exclusion criteria, a total of 100 subjects were included in the study. The sociodemographic profile of the patients is shown in Table I. Majority of the patients were females, above 30 years of age. Table II shows the satisfaction levels of the patients, as assessed through PSQ-18. The subjects were more satisfied with technical quality, interpersonal manner, communication, and general satisfaction. The subjects were least satisfied in financial aspects and time spent with doctors. The mean scores for general satisfaction were 3.15 ± 0.99, technical quality 3.56 ± 0.82, for the interpersonal manner 3.16 ± 0.92, for communication 3.17 ± 1.08, for financial aspects was 2.83 ± 0.93 and for time spent during the visit, the mean score was 2.69 ± 0.89. The mean score for accessibility and convenience was found to be 3.33 ± 0.89 (Table II Figure I). It was seen that the subjects were more satisfied with technical quality, interpersonal manner, communication, and general satisfaction. The subjects were least satisfied in financial aspects and time spent with doctors.

**DISCUSSION**

Patient satisfaction is a realistic tool for the quality improvement of care, strategic decision making, to meet patient expectations and making future plans. Results of our study have been similar to many other studies conducted in other places. However, our results are not in accordance with the results obtained in a similar study conducted in the same settings by Minhas et al. (Minhas, 2015). Our study reported a satisfaction level of 63% while Minhas et al. reported satisfaction levels of 58%. While our study reported minimal scores with financial aspects of care and time spent with doctors, Minhas et al reported minimal scores with accessibility and convenience and general satisfaction.

However, another study by Sood *et al* (Sood, 2013), among HIV patients also reported minimal scores for financial aspects of care, with overall satisfaction levels of 61.6%. A study was conducted at San Francisco, California and Denver, using the 42-item Patient Satisfaction Questionnaire (PSQ-III-42). The authors of this study reported that satisfaction levels were the highest for interpersonal relations and communication (74%) and lowest for financial aspects (60%) and general satisfaction (58%). These findings are also comparable to our findings (Kat Mitchell, 1997). The present study tried to assess the satisfaction levels of indoor patients in a tertiary care hospital. It opens up an area for future research to assess satisfaction as a tool for quality improvement in health care delivery system. However, the study has some limitations. The study was conducted in a short period of time with a very small sample and in indoor settings of a tertiary care hospital. The results so obtained may not truly representative of the general population.

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