

Factors Affecting Outpatient Satisfaction at a Tertiary Care Hospital in Sikkim

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Abstract

Patient satisfaction has become a frequently researched outcome measure of the quality of health care delivery. The health care industry is undergoing a rapid transformation to meet the ever increasing needs and demands of its patient population. Today's patient is an educated consumer having many service demands and better care choices available. A valid and reliable questionnaire is a relevant tool for assessing patient satisfaction. A descriptive cross sectional questionnaire based survey using Patient Survey Questionnaire (PSQ) III short form was used to assess the outpatient satisfaction at a tertiary care hospital in Sikkim. A total of 6000 outpatients were interviewed and the response was assessed individually for each item as well as for the subscales and was expressed as mean. There was overall satisfaction with the medical care received by the patient.

Keyword: Outpatient; Patient Satisfaction; PSQ III; Sikkim.

Introduction

The quality of health care delivery is measured using several parameters and outcome measures; patient satisfaction is a frequently researched outcome measure. In order to meet the ever increasing needs and demands of the patient population, the health care industry also needs to undergo rapid transformation. Today's patient is an educated consumer who chooses the best available services depending on his expectations and demand [1]. There is a transformation of healthcare market from a seller's market into buyer's market and so health care providers are turning more and more towards marketing of their services. Patients are consumers and have ample opportunity to compare

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between the hospital qualities and choose the one, which in their opinion would provide the best care at an affordable cost. Hence, it is pertinent to assess the factors affecting patient satisfaction as there is definite association between patient satisfaction levels and patient's compliance thus resulting in better treatment outcome [2]. Literature pertaining to patient satisfaction in the inpatient setting is extensive but there is a paucity of data on patient satisfaction pertaining to outpatient clinical services. Identifying the factors affecting the satisfaction level of patients attending outpatient department will help to identify and rectify the voids and hence improve the quality of healthcare provided and outpatient statistics.

Materials and Methods

A descriptive cross sectional questionnaire based survey using Patient Survey Questionnaire (PSQ) III short form (PSQ III SF) was carried out to assess the satisfaction level of patients attending the outpatient department at a tertiary care hospital in Sikkim after

approval from the Institutional Ethics Committee. All consenting patients attending the outpatient department were included. After obtaining an informed verbal consent from the eligible participants, they were requested to fill the PSQ III SF.

Patient satisfaction questionnaire developed by Ware, Snyder and Wright (1976) for the National Center for Health Services Research (NCHSR) provided the foundation for PSQ III. The initial questionnaire was 80 item battery (PSQI) and was revised to 68 item questionnaire (PSQII) in 1983. It was further modified to 50 item questionnaire (PSQIII) and was well validated for use. Despite the noteworthy characteristics of the PSQ III, its 50 item length places significant burden on respondents requiring approximately 10-15 minutes to complete. This led to development of an abbreviated, yet reliable and valid version of the PSQ which increased the percentage with which patient satisfaction could be measured and encouraged its wider application for assessment of health care. PSQ III short form which has 18 items (PSQ18) tests for General Satisfaction (Items 3 and 17); Technical Quality (Items 2, 4, 6, and 14); Interpersonal Manner (Items 10 and 11); Communication (Items 1 and 13); Financial Aspects (Items 5 and 7); Time Spent with Doctor (Items 12 and 15); Accessibility and Convenience (Items 8, 9, 16, and 18). The instrument contains both positively worded and negatively worded items in order to control acquiescent responding. The items of different subscales are placed randomly in the questionnaire.

Participants were asked to indicate how they feel about the medical care they receive in general, with no reference to a specific time frame or visit. Each item is accompanied by five response categories (Strongly agree, agree, uncertain, disagree, strongly disagree) and scores from 1 to 5 are allotted to them. The respondent was asked to circle the number for

each statement that represents the opinion that is closest to his or her view.

Some PSQ-18 items (1,2,3,5,6,8,11,15,18) are worded so that agreement reflects satisfaction with medical care, whereas other items (4,7,9,10,12,13,14,16,17) are worded so that agreement reflects dissatisfaction with medical care. All items should be scored so that high scores for negative worded questions reflect satisfaction with medical care and low scores for positive worded questions reflect satisfaction as 1 stands for strongly agree, 2 for agree, 3 for uncertain, 4 for disagree and 5 for strongly disagree.

Statistical Analysis

After item scoring, items within the same subscale were analysed to create the seven subscale scores. Items left blank by respondents (missing data) were ignored when calculating scale scores. In other words, scale scores represent the average for all items in the scale that were answered. Internal consistency reliability estimates for the PSQ SF 18 scales have been calculated using Cronbach's coefficient alpha. The mean and standard deviation for each item were calculated individually as well as in subscales.

Results

Item analysis and subscale analysis of response of consenting participants (n=6000) is depicted in Table 1 and 2 respectively.

The subscales were calculated according to the following groups: General Satisfaction (Items 3 and 17); Technical Quality (Items 2, 4, 6, and 14); Interpersonal Manner (Items 10 and 11); Communication (Items 1 and 13); Financial Aspects

Table 1: Showing item analysis of the response (n=6000)

Statement	mean	SD
Doctors are good about explaining the reason for medical tests	1.32	1.03
I think my doctor's office has everything needed to provide complete care	1.35	1.06
The medical care I have been receiving is just about perfect	1.32	1.04
Sometimes doctors make me wonder if their diagnosis is correct	3.58	1.36
I feel confident that I can get the medical care I need without being set back financially	1.33	1.04
When I go for medical care, they are careful to check everything when treating and examining me	1.35	1.05
I have to pay for more of my medical care than I can afford	2.97	1.35
I have easy access to the medical specialists I need	1.34	1.05
Where I get medical care, people have to wait too long for emergency treatment	3.57	1.36
Doctors act too business like and impersonal toward me	3.56	1.37
My doctors treat me in a very friendly and courteous manner	1.33	1.05
Those who provide my medical care sometimes hurry too much when they treat me	3.57	1.36
Doctors sometimes ignore what I tell them	3.57	1.36
I have some doubts about the ability of the doctors who treat me	3.52	1.39
Doctors usually spend plenty of time with me	1.34	1.08
I find it hard to get an appointment for medical care right away	2.33	1.07
I am dissatisfied with some things about the medical care I receive	3.51	1.39
I am able to get medical care whenever I need it	1.36	1.09

Table 2: showing subscale analysis of the response (n=6000)

Subscales	mean	SD
General Satisfaction (Items 3 and 17)	2.91	1.21
Technical Quality (Items 2, 4, 6, and 14)	2.89	1.2
Interpersonal Manner (Items 10 and 11)	2.93	1.2
Communication (Items 1 and 13)	2.94	1.19
Financial Aspects (Items 5 and 7)	2.65	1.19
Time Spent with Doctor (Items 12 and 15)	2.95	1.22
Accessibility and Convenience (Items 8, 9, 16, and 18)	2.64	1.14

(Items 5 and 7); Time Spent with Doctor (Items 12 and 15); Accessibility and Convenience (Items 8, 9, 16, and 18) and the results were as depicted in Table 2.

Discussion

It was observed in the survey that scoring of PSQ-18 items (1,2,3,5,6,8,11,15,18) which reflects satisfaction with medical care, there was general agreement, whereas other items (4,7,9,10,12,13,14,16,17) which reflects dissatisfaction with medical care, there was general disagreement except for Item 16 ie. The patients find hard to get an appointment for medical care right away. There was overall satisfaction with the medical care which they had received.

Patient satisfaction is a multifactorial attribute with various aspects of care. Apart from patient centred, timely and efficient health care, there are several other associated functional services such as pharmacy, laboratory, hospital policies, attitude and mannerism of the supportive staff, work culture etc. which may be an obstacle to patient satisfaction even if the initial three factors are in place. The communication style of doctor, both verbal and non verbal is also an important factor that determines the effectiveness and quality of health care. How we convey the diagnosis is as important as what is the diagnosis. A clinician may often equate a successful outcome as a success of health care system but it may not necessarily be so from patient's perspective.

There are limitations of patient satisfaction survey being used as a tool for assessing patient satisfaction. Researchers have often criticised the use of survey method as assessment due to the gap between the clinical knowledge of patients and health care providers. A high satisfaction rating may not actually be representative of

quality of health services. Most items in such survey actually assesses evaluative data related to health services rather than descriptive data related to patient satisfaction [3-4]. Respondent's characteristics such as age, educational level, socio economic status, expectation level, psycho socio condition etc. often influence the ratings. Several methodological factors such as sampling technique, data collection procedure, questionnaire format and the response rate also influence the accuracy of the ratings [5].

Conclusion

The satisfaction trends in any health care setup should strive for improvement. Priority should be in improving the satisfaction levels of the patients attending the hospital and not only improving the statistics and revenue. Conducting regular surveys, adopting an effective feedback mechanism, accepting the deficiencies with dignity and employing corrective measures can improve patient satisfaction.

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