

ASSESSING PATIENT SATISFACTION IN GYNAECOLOGY AND OBSTETRICS IN TERTIARY CARE HOSPITAL

Shahzadi Saima Hussain¹, Khawaja Fawad Pervez², Saadia Izzat³

¹⁻³ Department of Obstetrics and gynaecology, Lady Reading Hospital, Peshawar - Pakistan.

Address for correspondence:

Dr. Shahzadi Saima Hussain
Department of Obstetrics and gynaecology, Lady Reading Hospital, Peshawar - Pakistan.
E-mail: maple9894@yahoo.com

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ABSTRACT

Objective: To assess patient satisfaction in gynaecology and obstetrics in Tertiary care hospital and to highlight the areas of improvement.

Methodology: This cross sectional study was conducted in Gynaecology and Obstetrics unit B in Lady reading hospital Peshawar. Admitted Patients (who stayed in hospital for at least two days) were given an option to consent to inclusion in the study after consenting. Provided with a set of pre-furnished questions regarding the level of communication, satisfaction of treatment as well as the hygiene of the hospital was observed. Data was analyzed on SPSS 10.0 for descriptive data.

Results: A total of 1847 patients participated in this study. 90.9% (n=1679) of patients were satisfied with their treatment, 89% (n=1645) patients had confidence in their doctor's competency, 60% (n= 1109) thought treatment was easily affordable, cleanliness could satisfy 20% (n= 387) of patients, and the way doctors greeted their patients could satisfy 17% (n= 312) of patients, 5% (n=109) of patients were called by their names. 11% (n=218) of patients reported that their disease and reason of tests were explained to them. Communication skills of doctors and hospital cleanliness are the areas which require improvement.

Conclusion: Our Study Suggests that there is an imperative need to communicate effectively with the patients about their disease and the treatment, it will help to remove anxiety and misconceptions, and they will comply with the treatment and develop confidence in the health system for achieving the standards of good health.

Key Words: Patient's satisfaction, Health care, Level of communication.

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INTRODUCTION

The impact of satisfaction expressed by patients has been recently overwhelmingly shown impact on the health care system. Litigation with regards to treatment protocols has stunned the health care systems around the world and has created doubts in the overall results of therapy in cases where patient satisfaction was a doubt¹⁻⁶.

Definitions of level of care and trust of patients in their health management varies widely but outcome results are largely backed by how satisfied the patient really are. Patients have a prior imagination or expectation regarding their treatment and quality care that largely impacts the results. This can be considered as a summarization of the quality of care and standards of

good practice and professionalism⁷.

Interaction between doctor and patient starts with communication, and it is the key factor in patient satisfaction. All the discussed factors also result from better communication between the healthcare provider and end-user^{5,8,9}.

Patients of all ages and gender are affected by the level of communication with their health care provider but women of child bearing age and pregnant women are more prone to develop depression considering their fragility on social and psychological grounds. This calls for a more sympathetic and cooperative approach that comes at a background of good communication skills; that makes it imperative for Obstetrician and Gynaecologists to strictly comply with good communication^{2,10,11}.

The domains are also defined to access to good communication such as providing a comfortable environment quick responses, attitude and clinical skills¹².

The quality of care could be monitored and assessed in a number of ways. One way that is not fully used and monitored is what the patients themselves think of the services they are given. Assessments and perceptions of healthcare providers and administrators of the quality and standard of the service provided may often differ completely from the patients' perceptions of the same services¹³⁻¹⁵.

Obstetrics and gynecology despite all measures by employers and the health system has resulted in long working hours that can test the temperament of clinicians. This results in a double edged sword, that is beneficiary to the system but distressing for the employee and patient. The number of litigation cases are thus still on a rise despite such evaluations¹⁶, which may affect overall performance of obstetrician and gynecologist. This article focuses on patient satisfaction and its assessment in obstetrics and gynaecology and aims to highlight the areas of improvement.

METHODOLOGY

This was a cross sectional Study that was based on a questionnaire and was conducted in Gynaecology unit Lady Reading Hospital from 1st February 2014 till 1st July 2014.

Patients admitted during the course of study who stayed for at least 2 days were offered to participate in this study, aims of the study were explained to them, 1847 responded positively. They were asked to fill a semi structured questionnaire at time of their discharge which was collected back. Patients who did not have any formal education were facilitated by a trained personnel from the healthcare system. No patients' identifiable data was recorded to maintain confidentiality.

Questionnaire (adapted from previously used survey with slight modifications)^{14,15} consisted of specific questions evaluating main aspects of patient care, regarding behaviour of doctors, patient's involvement in their management plan, their satisfaction with treatment and cleanliness in hospital was assessed. Descriptive statistics was applied using Microsoft excel and the frequency and percentages were calculated and results were expressed in tables.

RESULTS

Out of 184 patients 1157 (62%) were admitted for obstetric reasons while 690 (37.35%) were admitted with gynaecological problems.

Satisfaction with treatment was 90.9% (n=1679), and 89% (n=1645) patients had confidence in their doctor's

competency. Cleanliness could satisfy 20% (n= 387) of patients.

The way doctors greeted their patients could satisfy 17% (n= 312) of patients, 5% (n=109) of patients were called by their names (Table 1).

DISCUSSION

The aim of health care is patient satisfaction, very few studies are conducted in Pakistan regarding patient satisfaction, which shows that due importance is not given to this aspect. Findings of this study are highlights of the key points that result in bad governance but the factors can be corrected if timely measures are undertaken rather than hesitancy resulting in a higher litigation rate.

Considering the determinants of good clinical governance, clinicians have to amend their duration of continuous medical education to improve skills of communication along side their clinical skills. Our study showed that majority of patients were not satisfied with the way their doctor greeted them, only 5.90% were called by their names. The other area of concern was lack of patient involvement in their management plan, only 2.27% were explained the reason for conducting medical tests. This highlights poor communication skills and requires training of doctors in this aspect. One related study in India reported 60% satisfaction with patient doctor communication^{17,18}. In this study satisfaction regarding listening to patients regarding their problem was 57%, it was similar to that recorded by Kernik, while lower than Lertrakarnnon, who found it to be 56.9% and 69.1% respectively^{19,20}.

Patient satisfaction regarding doctor's competence, diagnosis and treatment was > 80%, which is similar to another study conducted in India where it was 81%¹³.

Cleanliness promotes satisfaction among consumers in hospital and distinguish the hospital from its competitors, in our study 20.95% were satisfied with cleanliness in hospital, in another study conducted in Peshawar it was 13%, while it was reported as 31% by Kumari and Idris. Cleanliness is major problem in government hospitals in Pakistan and requires proper measures to tackle this problem^{18,21,22}.

In our study more than 75% of patients showed willingness to visit same hospital again and would recommend it to their friends which is higher than the average seen in US hospitals (68%), and study by Nisa at el which showed that 58% of patients considered recommending respective hospital to others. But is less as compared to another study where it was 98%²²⁻²³.

98% of patients felt no discrimination between patients admitted through private clinic of consultants and those who were admitted through OPD. This aspect is

Table 1: Assessment of patient satisfaction

Question asked	Number of Patients who agreed to the questions asked	Percentage
Doctor greeted me warmly	312	17.37 %
Doctor called me by name	109	5.90 %
I was allowed to explain my problem in detail without unnecessary intervention	1054	57.06%
Doctor showed interest in my problem and treatment.	1561	84.51%
i feel my doctor is competent and has good knowledge.	1645	89.06%
Doctor explained my disease to me, discussed treatment options	218	11.80%
I was fully involved in decision making of my treatment	658	35.62%
The reason for medical test is fully explained to me.	42	2.27%
I was given adequate time by doctor	1674	89.47%
Doctor treating me seemed to be in hurry.	372	20.14%
The doctor treated me with respect.	1159	62.75%
i can get admitted in hospital easily when i have a problem.	1769	95.77%
I felt there was discrimination between patients who went to private clinic of concerned doctor and those who haven't	32	1.73%
I am satisfied with cleanliness In hospital	387	20.95%
I can ask questions about my disease freely	1582	85.62%
I am satisfied with my treatment	1679	90.90
The treatment was affordable easily	1109	60.04%
I would like to visit this place again	1388	75.14%
I will recommend this hospital to my friends	1407	76.17%

not seen in any previous study for comparison.

One of the important aspect of health care is cost of treatment, in our study 60% reported that it was affordable as compared to 34% reported by Nisa et al²².

This study showed that overall satisfaction with treatment was 90% which is similar to 89.1% as reported by Qadri²⁵.

This study helped us to recognize the defects in the health system that primarily relies on patients level of satisfaction, areas where patient satisfaction was found to be lowest were, communication skills of doctors and cleanliness of hospital, both of these are important aspects of health care and there is imperative need to address these problems effectively and urgently in order to improve quality of care.

CONCLUSION

Assessment of patient satisfaction relating to health care provision highlighted grey areas needing efforts to

focus to improve patient well being and quality of care. Cleanliness in hospitals definitely needs improvement strategy. Also, there is an imperative need to communicate effectively with the patients about their disease and the treatment, it will help to remove anxiety and misconceptions, and they will comply with the treatment and develop confidence in the health system for achieving the standards of good health.

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CONTRIBUTORS

SSH participated in planning of study, data analysis and manuscript writing. KFP supervised the study and helped in manuscript writing. SI helped in data management. All authors contributed significantly to the final manuscript.