

# DYNAMICS OF PATIENT SATISFACTION FROM HEALTH CARE SERVICES

Iftikhar Ahmad, Allah Nawaz, Siraj ud Din

Department of Community Medicine, Gomal Medical College, Department of Public Administration and Department of Business Administration, Gomal University, D.I.Khan, Pakistan

## ABSTRACT

**Background:** Patient satisfaction is a critical issue for healthcare providers. It is a complex attitude because a multitude of variables have been identified as its predictors. Diversity in patients' demographics also moulds their perceptions about hospital facilities and services.

**Methodology:** This study measures the changes brought in the patient satisfaction of admitted patients in different wards in the public sector hospitals in district D.I.Khan. Primary data was collected through survey approach with systematic random sampling from 176 patients. A structured questionnaire was extracted from the literature relating to the patients' satisfaction from healthcare services.

**Results:** Males were 55 and females 121. Urbans were 33, Rural 103 and Suburbans 40. Representation from lower, middle and upper class was 16, 155 and 5 respectively. Twenty-eight patients were younger than 20 years whereas 20-40 years, 40-60 years and 60 or more were 82, 42 and 24 respectively. Female patients were more satisfied than males regarding treatment and management. While patients coming from suburbs were more satisfied with management of the hospitals and patients from middle class were satisfied with general environment of the hospital and elderly (age 60 and above) with management.

**Conclusion:** This study identified different demographic variables affecting their perception toward service delivery system of public sector hospitals. Young and middle-aged males from poor socio-economic class and rural background were least satisfied. These groups need more focus while planning and managing the healthcare system.

**KEY WORDS:** Patient satisfaction, Indoor patients, Public sector hospital.

## INTRODUCTION

Patient satisfaction is determined by the cultural setting of the people served. Medical care that fulfills the social and emotional needs of the patients is highly accepted.<sup>1</sup> It is determined by the interplay of two factors i.e. patient or client's expectations and the real services provided. If the performance falls short of expectations, the customer is dissatisfied and if the performance matches the expectations, it is satisfying. In case the performance exceeds expectations, the client is highly satisfied or delighted.<sup>2</sup>

Patient satisfaction means patient's attitudes and perceptions towards healthcare services.<sup>3</sup> Being intangible and subjective phenomenon, not easy to define<sup>4</sup>. Patient satisfaction is "The degree to which the individual regards the healthcare as useful, effective and beneficial."<sup>5</sup> Patient satisfaction has been defined as an evaluation and reaction based on the fulfillment of expectations.<sup>6,7</sup> It is the "combination of experiences, expectations and needs perceived."<sup>8</sup>

People's use of health services is influenced by a range of psychological, social, cultural, economic and political forces.<sup>9</sup> Healthcare includes several services therefore there are several factors of patients' satisfaction from doctors, Nurses, treatment, general environment and management.<sup>1</sup> An attempt to evaluate the level of patient satisfaction related to different parameters of quality health care at the health facilities provides us with certain areas that need efforts to improve hospitals' service quality.<sup>10</sup>

Doctors, nurses and other paramedics make up the staff of a health organization like hospital or clinic. Almost all the research on user perceptions includes questions about the personality, expertise, behavior and interpersonal skills of the doctors.<sup>11</sup> Patients have high expectations from the doctors in terms of showing care for the patient<sup>12</sup>, extending consultation and support.<sup>10,13</sup> The study of doctor-patient relationship (DPR) is critical in customizing the doctors' attitude according to the user requirements.<sup>14,15</sup>

Treatment is the process of getting healthcare services by the patients. The treatment has to be according to the patients' requirements. Most importantly, the treatment has to be instant. Patients hate waiting for treatment for longer durations.<sup>16</sup>

The physical environment of the hospital or clinic is critical to the quality of services provided and major determinant of patient satisfaction. Patients have a right to be cared for in a clean and safe environment. The housekeeping teams are a vital part of the service.<sup>12</sup>

Patient satisfaction from management is widely researched and reported with the evidence that administrative or managerial aspects of healthcare also affect the satisfaction of patients.<sup>1</sup> Incorporating the views of the users in the management of the health services will lead to fewer unsatisfied users.<sup>17</sup> Information obtained from satisfaction studies could be used for structural changes in health care system.<sup>18</sup>

There are several demographic variations among the patients, which influence the degrees of satisfaction from staff, treatment, environment & management, for example, gender, age, socio-economic status and residence.

## MATERIAL AND METHODS

This study measures the changes brought in the patient satisfaction of admitted patients in different wards in the public sector hospitals in district D.I.Khan, Khyber Pakhtunkhwa. Primary data was collected through survey approach using systematic random sampling design from a structured questionnaire was extracted from the literature relating to the patient satisfaction from healthcare services and distributed among 176 patients of all

demographic backgrounds. Surveys are very popular among the researchers on measuring patients' satisfaction from healthcare services around the world.<sup>10,11,16-18</sup> Five point Likert scale was used (1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree and 5 = strongly agree). All the primary data was inserted into SPSS 15.0 to create a database for analysis.

Two different tests of significance (t-Test & ANOVA) have been used to find the significance of differences between groupings of the respondents based on their demographic attributes.

## RESULTS

Males were 55 & females 121. Urbans were 33, Rural 103 & Suburbans 40. Representation from lower, middle & upper class was 16, 155 & 5 respectively. Twenty eight patients were younger than 20 years whereas those from 20-40 years, 40-60 years & 60 or more were 82, 42 & 24 respectively.

Gender, residence, socio-economic status and age have emerged as significant factors changing the attitude of patients towards hospital facilities and services. Males and females have critical difference of opinion about their satisfaction from treatment (p= 0.003) and management (p=0.000) Table 1. Patients coming from suburbs were significantly satisfied with the management (p=0.014) of the hospitals Table 2. Other significant factors include Socio-economic status (p=0.015) and age (p=0.003) Tables 3 and 4. Patients from middle class were satisfied with general environment of the hospital and elderly (age 60 and above) with the management.

Other factors were insignificant having no role whatsoever in determining the attitude of patients' about the healthcare services in DIK.

**Table 1: Gender based comparison of patient related variables.**

Variables	Groups	N	Mean	t-value	p- value	Results
SFS (Satisfaction from Staff)	Male	55	4.2818	-1.470	.143	H0 accepted
	Female	121	4.3540			
SFT (Satisfaction from Treatment)	Male	55	3.5727	-2.993	.003	H0 rejected
	Female	121	3.6942			
SFE (Satisfaction from Environment)	Male	55	3.9818	-1.653	.100	H0 accepted
	Female	121	4.0233			
SFM (Satisfaction from Management)	Male	55	3.9236	-3.770	.000	H0 rejected
	Female	121	4.0496			

Hypothesis # 1 Gender does not affect Patient satisfaction.

**Table 2: Residence based comparison of patient related variables.**

Variables	Groups	N	Mean	F-Value	P-value	Remarks
SFS	Urban	33	4.3131	2.086	.127	H0 accepted
	Rural	103	4.3042			
	Suburban	40	4.4167			
SFT	Urban	33	3.6364	1.265	.285	H0 accepted
	Rural	103	3.6408			
	Suburban	40	3.7125			
SFE	Urban	33	3.9818	1.612	.203	H0 accepted
	Rural	103	4.0059			
	Suburban	40	4.0450			
SFM	Urban	33	4.0000	4.364	.014	H0 rejected
	Rural	103	3.9806			
	Suburban	40	4.0950			

Hypothesis # 2 Residence does not affect patient satisfaction.

**Table 3: Socio-economic class based comparison of patient related variables.**

Variables	Groups	N	Mean	F-Value	P-value	Remarks
SFS	Lower Class	16	4.43+0.25	1.140	.322	H0 accepted
	Middle Class	155	4.3194+0.30			
	Upper Class	5	4.3667+0.18			
SFT	Lower Class	16	3.6250+0.17	.915	.403	H0 accepted
	Middle Class	155	3.6548+0.26			
	Upper Class	5	3.8000+0.13			
SFE	Lower Class	16	3.9375+0.17	4.274	.015	H0 rejected
	Middle Class	155	4.0130+0.14			
	Upper Class	5	4.1600+0.26			
SFM	Lower Class	16	4.0125+0.23	.277	.758	H0 accepted
	Middle Class	155	4.0077+0.21			
	Upper Class	5	4.0800+0.27			

Hypothesis # 3 Socio-economic status does not determine the Satisfaction status.

**Table 4: Age group based comparison of patient related variables.**

Variables	Groups	N	Mean	F-Value	P-value	Remarks
SFS	0-20	28	4.3452+0.32	.785	.504	H0 accepted
	20-40	82	4.3557+0.30			
	40-60	42	4.3214+0.32			
	60 & above	24	4.2500+0.23			
SFT	0-20	28	3.6607+0.20	.453	.716	H0 accepted
	20-40	82	3.6728+0.26			
	40-60	42	3.6508+0.27			
	60 & above	24	3.6042+0.22			
SFE	0-20	28	4.0286+0.20	.703	.551	H0 accepted
	20-40	82	4.0198+0.14			
	40-60	42	4.0000+0.15			
	60 & above	24	3.9750+0.10			
SFM	0-20	28	4.0071+0.20	4.900	.003	H0 rejected
	20-40	82	4.0659+0.22			
	40-60	42	3.9667+0.19			
	60 & above	24	3.9000+0.17			

Hypothesis # 4 Age does not determine the Satisfaction level.

## DISCUSSION

Previous studies show significant influences of demographics on independent as well as dependent variables of satisfaction from health care. In this study it has been noted that females scored higher than males on satisfaction level from the treatment and management. These findings are different from the findings of Lolovska et al<sup>18</sup> and Al-Eisa et al<sup>19</sup> in which they found that males were significantly more satisfied than females. AlQatri et al<sup>20</sup> has also found a significant difference between males and females in terms of satisfaction. In his research males were more satisfied than females from different aspects of hospital services. It is worth noting that gender does not have any significant association in study by Aldana et al,<sup>1</sup> Gadallah et al<sup>21</sup> and Al-Dousari.<sup>22</sup>

Age has proved to be significant factor in determining the satisfaction level of patients. Elderly patients (60 and above) were significantly satisfied with the management of the hospitals than other age groups. These findings are in line with those of other researchers who also found older

patient to be more satisfied than younger from physical environment, staff and management.<sup>19</sup> Possible explanations include lower expectations and reluctance to communicate their dissatisfaction by the elderly.

Patients with middle class were more satisfied with the physical environment in this study. It is in contradiction to Lolovska et al<sup>18</sup> where personal earnings had no significant association with this variable.

## CONCLUSION

This study has identified different demographic variable affecting their perception toward service delivery system of the public sector hospitals. Young and middle-aged males from poor socio-economic class and rural set up were least satisfied.

These groups need more focus while planning and managing the health care system.

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**Corresponding author:**

Dr. Iftikhar Ahmad  
 Assistant Prof. Community Medicine  
 Gomal Medical College  
 D.I.Khan, Pakistan  
 E-mail. iftikharahmadgandapur@yahoo.com