

Patients' satisfaction with eye care services at Nepal Medical College

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ABSTRACT

Patient satisfaction surveys are conducted to evaluate and improve the quality of health care services. A patient satisfaction survey was conducted in the Department of Ophthalmology, Nepal Medical College Teaching Hospital. The objective of the study was to assess patients' satisfaction with respect to services received from the hospital: ease with which patients accessed care, perception of waiting time, patient- service provider relationship, payment and hospital facilities/environment. Slightly more than three quarters of the participants expressed overall satisfaction. Satisfaction with access to health facility was 75.5%, patient doctor relationship was 87.9%, affordability was 76.8% and waiting time was 62.0% respectively. Patient satisfaction surveys should be carried out periodically not only to determine the level of patient satisfaction about the various services of the hospital but also to get the patients' feedback which could be incorporated into the hospital service improvement plans.

Keywords: Eye care services, patient satisfaction survey.

INTRODUCTION

Health care quality is a global issue. The health care industry is undergoing a rapid transformation to meet the ever-increasing needs and demands of its patient population. Quality of health care services was traditionally based on professional practice standards, but in the last decade there has been a change in this thinking, with the patients' perception about the health care services being an important indicator for measuring health care services.¹ Patient satisfaction is the extent to which the patients feel that their needs and expectations are being met by the service provided.² It is a set of attitudes and perceptions of patients towards health care.³ Health service researchers have reported that satisfied and dissatisfied patients behaved differently; satisfied patients were more likely to comply with treatment.^{2,4} keep follow up appointments^{1,3} and utilize health services. Such behavioral consequences related to satisfaction could affect outcome of care^{2,5} and health-seeking behavior. Health care recipients in developing countries are particularly sensitive to perception of the quality of health care delivery compared with those in advanced countries.² While patients in developing countries use traditional or alternative care without voicing their dissatisfaction with the services received, patients in advanced countries have formed strong consumer protection groups that demand for quality care.²

Approaches to measuring patient satisfaction can be indirect or direct. In the indirect method, periodic field surveys sample the general population and patients from alternative health care delivery systems. The direct approach is to ask patients to evaluate their satisfaction with respect to particular health care facilities or with specific providers

in the form of exit interviews.^{6,7} The direct method is less cumbersome and provides information for total quality management and is used in this study.

The out-patient department in any hospital is considered to be the shop window of the hospital.^{8,9} There are various problems faced by the patients in the out-patient department like overcrowding, delay in consultation, lack of proper guidance that leads to patient dissatisfaction. Patients look for hassle-free and quick services. Patients' satisfaction is an important issue for evaluation and improvement of health care services. Studies on patients' satisfaction with health care services have been carried out in the developed world, but very few studies have been reported in Nepal. Therefore, an attempt was made to assess the satisfaction of patients with eye care services at Nepal Medical College Teaching Hospital (NMCTH). Indicators used to gauge patients' satisfaction were: ease with which patients' accessed care, perception of waiting time, patient-provider relationship, costs for treatment and hospital facilities/environment.

MATERIALS AND METHODS

This was a cross sectional descriptive study where all patients attending the Eye Out Patient Department at NMCTH from August – September 2012 were enrolled. Hence, the study was based on entire enumeration rather than a sample. Ethical clearance was obtained from the Institutional Review Board of NMCTH. Client exit interview was used as the data collection technique. Verbal informed consent was obtained from all patients. Guardians of patients who were younger than 18 years were asked to answer the questionnaire. Uncooperative patients, inpatients and patients younger than 18 years and not accompanied by guardians were

excluded from the study. Respondents were asked about the various aspects of satisfaction in the eye care services using a structured (both closed and open ended) questionnaire, according to the Likert scale of 1 to 5 ranging from strongly agree to agree ,satisfactory ,disagree to strongly disagree. The items were adapted from existing instruments used in previous patient satisfaction surveys conducted abroad.¹⁰ The questionnaire was translated to Nepali to enhance the validity .The patients were told that the purpose of the study was to assess the consumer satisfaction of services provided by the hospital so as to bring about further improvement of services. The patients were also told that the interviewee was not part of the treatment team. It was also emphasized that they were free to give their honest responses .The interview was done in private by an office secretary. The investigator supervised the data collection process. Data was entered in MS Excel and exported to SPSS for analysis.

RESULTS

Overall 82 patients were included in this study. 33 (40.2%) of the respondents were males while 49 (59.8%) were females yielding a sex ratio of 1:1.4. Their ages ranged from 13 to 68 years. Table-1 shows that 52.4% of the respondents were above 40 years. Four out of 5 (81%) respondents resided in the neighboring areas of the hospital.

Table-1: Sociodemographic characteristics of the respondents

Character	Male	Female	Total
Age Group			
<20	6 (18.2%)	8(16.3%)	14 (17.1%)
20-9	7 (21.2%)	10(20.4%)	17 (20.7%)
30-39	3 (9.1%)	5(10.2%)	8 (9.8%)
>40	17 (51.5%)	26(53.1%)	43 (52.4%)
Education Status			
Illiterate	4 (12.1)	7 (14.3)	11 (13.4)
Non formal	6 (18.2)	13 (26.5)	19 (23.1)
Primary	4 (12.1)	5 (10.2)	9 (11.0)
Secondary	11 (33.3)	14 (28.6)	25 (30.5)
Tertiary and above	8 (24.3)	10 (20.4)	18 (22.0)
Occupation			
Student	14 (42.4)	25(51.0)	39 (46.6)
Housewife	Not applicable	15 (30.6)	15 ((18.3)
Teacher	4 (12.1)	2 (4.1)	6 (7.3)
Farmer	7 (21.2)	2 (4.1)	9 (11.0)
Others	8 (24.3)	5 (10.2)	13 (15.9)
Religion			
Hindu	23 (69.7%)	38 (77.5%)	61 (74.4%)
Buddhist	7 (21.2%)	10 (20.4%)	17 (20.7%)
Christian	2 (6.0%)	1 (2.0%)	3 (3.7%)
Islam	1 (3.0%)	0	1 (1.2%)

Almost three quarters (74.4%) of the respondent were Hindus, followed by Buddhists (20.7%). Slightly less than half (47.5%) of the respondents were students. Among the remaining, 18.3% were housewives, 11.0 % were farmers and 9.7% were teachers, followed by others (15.8%) comprising of mechanics, businessmen and unemployed. The respondents who had tertiary education accounted for 22.0%, 30.5% had secondary school education, 11.0% had primary school education while 23.1% had no formal education and 13.4% were illiterate.

Patients' satisfaction with access to care: In assessing patients' perception of ease of getting care, they were asked to consider location, hours of operation, ability to get in to be seen, drug availability and follow up appointments. The percentage of patients indicating that these aspects of care were excellent, very good and good were 24.3 %, 32.9% and 18.3% respectively - indicating that 75.5% of patients were satisfied. In contrast, 15.8% and 8.5% of them selected fair and poor respectively showing that 24.5% were dissatisfied as shown in Table-2 and Table-3.

Patients' satisfaction with payment for services: With regard to payment for services, majority of the respondents 76.8% (35.4%, 29.3% and 12.1% of the respondents that selected excellent, very good and good) were satisfied with what they paid, while 23.2% (18.3% and 4.9% of the respondents selecting fair and poor) were dissatisfied.

Patients' perception of waiting time: Sixty two point two percent of patients were satisfied with the waiting time (the percentage of patients selecting excellent, very good and good were 19.5 %, 22.0% and 20.7% respectively). In contrast, 24.4% and 13.4% of them indicated that waiting time was fair and poor respectively - constituting 37.8% dissatisfied patients.

Patients' satisfaction with patient-provider relationship: When assessing respondents satisfaction with the service providers, they were asked to indicate if the physicians were courteous, listened to their complaints, took enough time with them, explained what they wanted to know and gave them good advice and treatment. In this aspect of care, 87.9% of respondents were satisfied (this comprised 31.7%, 29.3% and 26.9% of the respondents selecting excellent, very good and good respectively). On the other hand 12.1 % of the respondents were dissatisfied (this comprised 8.5% and 3.6 % choosing fair and poor respectively).

The same questions were asked regarding the relationship between patients and other health workers (optometrists, ophthalmic assistants, office staff, and opd attendants). In this regard, 30.4%, 27.0% and 24.4% of the respondents indicated that their relationship with these workers were excellent, very good and good respectively, this makes 82% of the satisfied group. The remaining 12.0% and 6.0% selected fair and poor respectively constituting 18.0% dissatisfied patients.

Patients' satisfaction with the hospital facilities and

Table-2: Patients' Rating of Different Aspects of Eye Care Services at Nepal Medical College Teaching Hospital

Aspect of care	Patient Rating				
	Excellent	Very good	Good	Fair	Poor
Access to health care	24.3%	32.9%	18.3%	15.8%	8.5%
Affordability	35.4 %	29.3%	12.1%	18.3%	4.9%
Waiting time	19.5 %	22.0%	20.7%	24.4%	13.4%
Patient-doctor relationship	31.7%	29.3%	26.9%	8.5%	3.6%
Patient relationship with other health workers	30.4%	27.0%	24.4%	12.1%	6.1%
Hospital facilities/Environment	29.3%	25.6%	22.0%	12.1%	11.0%

environment: Concerning satisfaction of the respondents with the facilities in the hospital and cleanliness of the hospital environment, 29.3%, 25.6%, 22.0% chose excellent, very good and good respectively while 12.1% and 11.0% said they were fair resulting in 76.8% satisfied and 23.2% dissatisfied patients respectively

Patients' satisfaction with the overall satisfaction: If those that selected excellent, very good and good are pooled across all the categories, it shows that 76.8% of the patients were satisfied with the overall eye care services received from NMCTH, while the remaining 23.2% were dissatisfied.

DISCUSSION

Measuring patient satisfaction has many purposes, but there are three prominent reasons to do so. Such interviews help to evaluate health care services from the patient's point of view, facilitate the identification of problem areas and help generate ideas towards solving these problems.¹¹

Patient satisfaction surveys about eye care services are very few and varied, especially in developing countries like Nepal. The overall patients' satisfaction level (76.8%) is consistent with the findings of Gurung (74%) in Kathmandu.¹² Studies conducted to estimate the patient satisfaction with eye care services in South India,¹³ Central India,¹⁴ Brazil,¹⁵ Ghana¹⁶ and Uganda¹⁷ and showed an overall satisfaction of around 78%, 90%, 77%, 90% and 79% respectively, all relatively higher than that of ours. The difference in the satisfaction level is due to the variation in the ways services are delivered, differences in the study population, socio cultural differences and variation in levels of literacy. The relatively low literacy of our respondents could have reduced the threshold of satisfaction. The variation in methodology could also explain the differences.¹¹ This calls for caution while comparing our findings with other findings.

Majority of patients' satisfaction surveys were designed to access the satisfaction with respect to all clinical departments of a hospital. In Nepal, Dahal¹⁸ reported a patient satisfaction of 73% in a survey conducted in the Western Zonal Hospital, Pokhara, Nepal. Many patients' satisfaction studies have been carried out in India such as, studies by Qadri *et al*¹⁹ showing overall satisfaction of 79.3% in rural

Haryana,¹⁹ Deva *et al* in Kashmir (80%),²⁰ Kumari *et al* in Lucknow, (81.6%)²¹ and Qureshi *et al* in Kashmir (72%)²² Bhattacharya *et al* (88%),²³ Jawhar *et al* (90-95%).⁹ In Africa Ofili colleagues reported the satisfaction as (83%) in Benin city²⁴ and Iliyasu and colleagues (83%) from Kano, Nigeria.²⁵

Slightly over three quarters of the patients were satisfied with the ease of accessing care from the centre (75.5%). Our findings contrast with those reported from Uganda¹⁷ in which only 13% of those referred to the district hospital attended because of the distance to the referral hospital. This may not be unrelated with the fact that majority of the respondents lived within the neighborhood of this hospital, thus making the hospital easily accessible.

Around 76.8% of patients were satisfied with the affordability of the hospital services and the overall hospital facilities and environment. A high percentage of the patients were satisfied with the patient doctor relationship (87.9%) and relationship with other supporting staff of the department (82%).

The main dissatisfaction factor was about the waiting time where 37.8% were dissatisfied. Patients' waiting time in outpatient clinics is often the major reason for patients' complaints regarding their experiences in outpatient clinics. Therefore, patient satisfaction with waiting time plays a crucial role in the overall satisfaction with services. In the present study, waiting time had the highest proportion of dissatisfied patients accounting for 37.8%. In eye care services the waiting time is more unlike in other clinical departments because of the need to do various ocular investigations. A detailed fundus evaluation under mydriasis

Table-3: Patients' satisfaction with Eye services at Nepal Medical College Teaching Hospital

Aspect of care	Satisfied		Dissatisfied	
	n	(%)	n	(%)
Access to health care	62	(75.5)	20	(24.5%)
Affordability	63	(6.8%)	19	(23.2%)
Waiting time	51	(2.2%)	31	(37.8%)
Patient-doctor relationship	72	(7.9%)	10	(12.1%)
Patient relationship with other health workers	67	(2.0%)	15	(18.3%)
Hospital facilities/Environment	63	(6.8%)	19	(23.2%)

is needed in patients especially attending the retina clinic and for this the patient has to wait for a longer time.

This study found that a high proportion of patients (87.9% and 82% respectively) were satisfied with care provided by doctors, and other health workers. Patients were particularly satisfied with physician's advice and treatment, explanation and their listening abilities. Good communication between patients and care providers has been described as the single most important component of good medical practice, not only because it identifies problems quickly and clearly, but it also defines expectation and help to establish trust between the clinician and the patient^{2,3}. In contrast, bad communication, particularly, when the doctor appears indifferent, unsympathetic or short of time make most patients dissatisfied². The high level of satisfaction with providers in the present study may be attributed to the fact that majority of the respondents were students and civil servants who are literate and hence more likely to have better understanding of how the health care provider is suppose to be and what he is suppose to do. Good doctor-patient relationship is in itself therapeutic and successful consultation with a trusted and respected practitioner will therefore have beneficial effect irrespective of any other therapy given.^{2,3}

The overall satisfaction of the patient from the eye care services at NMCTH is 76.8% which is quite remarkable. The main dissatisfaction factor was the waiting time. The limitation of this study was that the sample size was small and only the satisfaction about the eye care services was carried out. A similar kind of patient satisfaction survey which incorporates all the other clinical departments of this teaching hospital could provide a more detailed picture about the hospital services as a whole and not any department in particular. Patient satisfaction surveys should be carried out periodically not only to determine the level of patient satisfaction about the various services of the hospital but also to get the patients' feedback which could be incorporated into the hospital service improvement plans.

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REFERENCES

- Ware JE, Snyder MR, Wright R. Defining and measuring patient satisfaction with medical care. *Eval Prog Planning* 1983; 6: 247-63.
- Nguyen Thi PL, Briançon S, Empereur F, Guillemin F: Factors determining inpatient satisfaction with care. *Soc Sci Med* 2002; 54:493-504.
- Hulka BS, Zyzanski JC, Thompson S. Scale for the measurement of attitudes towards physicians and medical care. *Med Care* 1970; 8: 429-35.
- Wilson P, McNamara JR. How perceptions of a simulated physician-patient interaction influence intended satisfaction and compliance. *Soc Sci Med* 1982; 16: 1699-1704.
- Linn MW, Linn BS, Stein SR. Satisfaction with ambulatory care and compliance in older patients. *Med Care* 1982; 20: 606-14.
- Pope CR. Consumer satisfaction in a health maintenance organization. *J Health Soc Behav* 1978; 19: 291-303.
- Ware JE, Hays RD. Methods for measuring patient satisfaction with specific medical encounters. *Med Care* 1988; 26: 393-402.
- Kunders GD. Hospitals planning, design and management. Tata Mc Graw-Hill Publishing Company Ltd, New Delhi, 1998: 328-42.
- Jawahar SK. A study on out patient satisfaction at a super specialty hospital in India. *Internet J Med Update* 2007; 2: 3-5.
- Marshall GN, Hays RD. The patient satisfaction questionnaire short-form (PSQ-18). RAND Corporation, Paper P1994: 7865. Accessed at http://www.rand.org/health/surveys_tools/psq/index.html on 20th August 2012.
- Sitzia J, Wood N. Patient satisfaction a review of issues and concepts. *Soc Sci Med* 1997; 45: 1829-43.
- Gurung K, Baniya B, Rai N *et al*. Patient's perception towards the eye health care system in a tertiary eye care centre in Nepal. *Nepal Med Coll J* 2006; 8: 115-7.
- Kovai V, Rao GN, Holden B, Sannapaneni K, Bhatt SK, Khurana R. Comparison of patient satisfaction with services of vision centres in rural areas of Andhra Pradesh. *Indian J Ophthalmol* 2010; 58: 407-13.
- Sudhan A, Khandekar R, Deveragonda S *et al*. Patient satisfaction regarding eye care services at tertiary hospital of Central India. *Oman J Ophthalmol*. 2011; 4: 73-6.
- de Oliveira DF, Arieta CE, Temporini ER, Kara-Jose N. Quality of health care: Patient satisfaction in a university hospital. *Arg Bras Ophthalmol* 2006; 69: 731-6.
- Baba I. Experiences in quality assurance at Bawku Hospital eye department, Ghana. *J Comm Eye Health* 2004; 17: 31-5.
- Whitworth J, Pickering H, Mulwany F, Ruerantwari A, Dolin P, Johnson G. Determinants of attendance and patient satisfaction at eye clinics in South-Western Uganda. *Health Policy Plan* 1999; 14: 77-81.
- Dahal S, Bhandari RP. Patients' and caretakers' satisfaction in western regional hospital, Pokhara, Nepal. *Dhaulagiri J Soc Anthropol* 2011; 5: 205-16.
- Qadri SS, Pathak R, Singh M, Ahluwalia SK, Saina S, Garg PK. Patient satisfaction with services obtained from a tertiary care hospital in Rural Haryana. *Int'l J Collaborative Res Int'l Med Public Health* 2012; 4: 1524-37.
- Deva SA, Haamid M, Naqishbandi JJ, Kadri SM, Khalid S, Thakur N. Patient satisfaction survey in outpatient department of a tertiary care institute. *J Community Med*. 2010; 6: 18-22.
- Kumar R, Idris M, Bhusan V, Khama A, Agrawal M, Singh SK. Study on patient satisfaction in the government allopathic health facilities of Lucknow district, India. *Indian J Community Med* 2009; 34: 35-42.
- Qureshi W, Naikoo GM, Baha AA *et al*. A patient satisfaction at tertiary care hospitals in Kashmir: A study from the Lala Ded Hospital Kashmir, India. *Internet J Health*. 2009; 8(2):
- Bhattacharya A, Menon P, Koushal V, Rao KLN. Study of patient satisfaction in a tertiary referral hospital. *J Acad Hosp Adm* 2003; 15: 11-5.
- Ofili AN, Oforwe CE. Patients' assessment of efficiency services at a teaching hospital in a developing country. *Ann African Med* 2005; 4: 150-3.
- Iliyasu Z, Abubakar IS, Abubakar S, Lawan UM, Gajida AU. Patients' satisfaction with services obtained from Aminu Kano Teaching Hospital, Northern Nigeria. *Niger J Clin Pract* 2010; 13: 371-8.