ORIGINAL ARTICLE

Patients' Satisfaction Regarding Outpatients Department Services in a Private Clinic of Karachi

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ABSTRACT

Objective: To evaluate patients' satisfaction with Out Patient Department (OPD) services at a private clinic in Karachi, Pakistan

Methodology: A prospective cross-sectional study was conducted in a private clinic from January 2018 to June 2018. A sample size of 103 was calculated with an expected score of patients' satisfactions as 85% and 5% level of significance. Patients were aged from 15 to 95 years. Informed verbal consent was obtained. Data was collected on a purposely developed pro forma and analyzed with SPSS Version 22. Patients were requested to score all variables of questionnaire as Agree, Disagree, or Don't Know. Quantitative variables like age were presented as mean and standard deviation. Qualitative variables like gender and OPD satisfaction aspects were presented as frequency and percentage.

Results: In 103 patients, the mean age was 34.36 ± 14.51 years. There were 70 (68%) patients ≤ 35 years of age and 33 (32%) patients ≥ 35 years. Females were 60.2%. Mean satisfaction score was 17.11 ± 2.43 (min 9, max 20). There was non-significant difference in the satisfaction score of patients when compared with age (p-value 0.942), gender (p-value 0.920), marital status (p-value 0.767), and educational level (p-value 0.445). Satisfaction rate with the OPD services was relatively higher (n=66, 64.1%) than that of dissatisfaction rate (n=37, 35.9%).

Conclusion: Over all, patients were satisfied with doctors and the staff's co-operation in OPD. However, people were unhappy with facilities of adequate drinking water and clean toilet availability at clinics.

Key Words: Out patient department, Patients' satisfaction, Private clinic

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INTRODUCTION

Patient satisfaction is a measure of the success of the health system as it assures a healthy society. Clean and appropriate clinical facilities reduce undue stress to patients and attendants. Outpatient Department (OPD) is the first place of contact of a patient with a hospital. OPD care acts as the backbone for healthcare services provided to the community and is reflected in patient satisfaction. ¹

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Patient satisfaction is defined as the difference between patient's expectations and what he/she received while seeking healthcare². Patient satisfaction is an important indicator of the quality and efficiency of the healthcare system.³

Studies have shown that it is easier for healthcare personnel to build rapport with satisfied patients who follow the doctors' recommendations about medicine, precautions regarding illness, and retain of information provided by the healthcare provider more seriously than dissatisfied patients^{4,5}.

Therefore, taking maximum measures for providing efficient health care services to ensure patient satisfaction is recommended⁶.

Organization managers and policy makers benefit by gaining a better understanding of patient views and perceptions, and hence improve the quality of care and services⁷. It has been seen that individuals with severe illnesses avoided consulting healthcare centers because of low quality OPD services⁸. Patients living in developing countries are deprived of even essential healthcare ^{9,10}. Extended waiting time, high treatment

costs, crowded waiting area, and lack of privacy discourage patients from following up. However, patient feedback is important for improvement in services¹¹.

It is advisable to do surveys periodically in OPDs¹². Therefore, we designed this study to evaluate how much our patients were satisfied with our OPD services. It could also compare our system with others during audit.

METHODOLOGY

A cross-sectional study was conducted in the Out Patient Department of a private clinic from January 2018 to June 2018. Approval from the healthcare centre was taken prior to the conducting of the study. Moreover, signed Informed Consent was also obtained from study participants after explaining the pros and cons of the study, and that their confidentiality and privacy will be maintained. Assurance was given to the patients that their opinion will not affect their treatment rather it will help to improve the system. Interviews of patients were done by the physician when they were leaving OPD.

All patients aged more than 15 years of either gender attending the OPD irrespective of the presenting complaint were consecutively included. While those patients who were in severe illness or pain or unwilling were excluded. A sample size of 103 was calculated with an expected score of patient's satisfactions as 85% and 5% level of significance.

The questionnaire was designed in English. Translation in Urdu also was available to those who have any difficulty in understanding. Questionnaire was developed with the help of internet and previous related studies¹⁻⁵. The questionnaire was further validated by estimating Cronbach's Alpha co-efficient for internal consistency, which was found to be 0.96, thus indicating high reliability of the study instrument¹³. This questionnaire was developed for data collection, containing questions regarding patient's sociodemographic history, satisfaction, opinion on all aspects including reception, waiting areas, waiting time, staff behaviour, and consultations. Patients were requested to score all variables as Agree, Disagree, or Don't Know.

Data were collected on a proforma and analyzed by SPSS Version 22. Quantitative variables like Age were presented as mean and standard deviation. Qualitative variables like Gender and OPD satisfaction aspects were presented as frequency and percentages. Stratified was done with respect of age, gender, and education standards to see the effect of these variables on the

outcome, i.e. satisfaction regarding OPD services. Inferential statistics were explored using chi-square test. P-value<0.05 was taken as significant.

RESULTS

Of 103 patients, mean age of the patients was 34.36 ± 14.51 years. There were 70 (68%) patients with \leq 35 years of age and 33 (32%) patients with \geq 35 years of age. The frequency of females was higher as compared to males, 62 (60.2%) and 41 (39.8%) respectively. Marital status of most of the patients was married, i.e. 72 (69.9%). There were 16 (15.5%) patients with uneducated status, 44 (42.7%), less than secondary education and 43 (41.7%) with more than secondary education.

Table 1: Patients' Satisfaction Regarding OPD Services (n=103)

Variables	Satisfied	
	n	%
Information received	93	90.3
Timings and availability of consultants	91	88.3
Queue system	93	90.3
Courteousness of staff	94	91.3
Registration time	81	78.6
Waiting area	88	85.4
Seating facility	84	81.6
Drinking water	56	54.4
Toilet facility	59	57.3
Courteousness of paramedical staff	91	88.3
Time taken for checking vitals	94	91.3
Proper time delivery	93	90.3
BP examination	97	94.2
Availability of previous medical record	94	91.3
Timing between arrival in OPD and consultation	87	84.5
Number of doctors	100	97.0
Explanation of sickness and counseling of doctors	96	93.2
Dignity and privacy	96	93.2

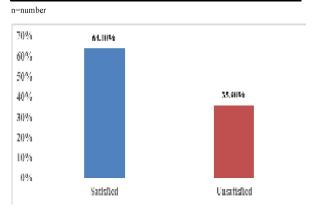


Figure 1: OPD Satisfaction Rate of Patients (n=103)

Drinking water (n=56, 54.4%) and toilet facility (n=59, 57.3%) were the only aspects that were declared

unsatisfactory otherwise all the factors had satisfactory opinion by visitors (Table 1). The mean satisfaction score was found to be 17.11 ± 2.43 (min 9, max 20). The satisfaction rate with the OPD services was relatively higher (n=66, 64.1%) than that of dissatisfaction rate (n=37, 35.9%) (Figure 1).

There was non-significant difference in the satisfaction score of patients when compared with age (p-value 0.942), gender (p-value 0.920), marital status (p-value 0.767), and educational level (p-value 0.445).

DISCUSSION

Patient satisfaction is described as whether expectations of patients from an experience of consultation were fulfilled or not. Patient satisfaction is used to help doctors and hospital to improve facilities provided to patients¹⁴.

Patients are the main focus of any hospital¹⁵. In our country, patients are facing problems in relation to waiting time and consultation¹⁶. Sun et al have noted that waiting time has impact on patient satisfaction¹⁷. In another study, Javed et al found that registration services and increased waiting time has negative impact on patients¹⁸. A study conducted by Hafeez M et al revealed that the waiting room environment and comfort of seats also contributed to satisfaction¹⁹. There is a very strong relationship between doctors and patients²⁰. In Pakistan, patients have issues in this doctor patient relationship due to lack of time, physical examination, and discussion provided by the doctor²¹.

In the present study, the over all satisfaction rate of patients with OPD was 64.1% whereas in other studies this figure was 63.2%, 72%, 73%, 80%, 81.6%, 84%^{9,22-,26}. A study done in Rawalpindi showed that 92% patients were satisfied with availability of previous medical record which is almost similar to our study i.e. 91%²⁷. Almost 90% of patients were satisfied with the queue system. Sonali K et alreported that 92% patients were satisfied with registration time while in our study satisfaction level is 78.6%²⁸. In the present study, most of the respondents i,e. more than 90% were satisfied with the time taken to check vitals.

Regarding seating facility, 81.6% patients were satisfied while other studies show 63%, 70.5%, $82\%^{5,28,29}$. Most of our patients i.e. 90.3% were of the opinion that they were provided with full information whatever they enquired from hospital staff, while in a local study conducted by Khan OA et al this figure went up to $96\%^{27}$.

In the present study, it was found that 57.3% patients were satisfied with toilet facilities but in other studies

32%,46.54%,70.9% patients were satisfied with this facility 26,28,29 .

Jadhav sb et al had reported 68.41% patients were satisfied with drinking water availability, Sonali et al found it to be 44% while here it is 54%^{28,29}.

The current study found that 84% respondents were satisfied with the time spent between arrival in OPD and consultation which is very similar i.e. 80% to a study done in Maharashtra and 92% in Gujrat^{26,28}.

In the context of doctor-patient relationship, most of the respondents (97.1%) agreed that a number of doctors are accessible enough. Satisfaction level about doctors' behaviour was 93.2% in present study which is the same as observed by Nitin Kumar et al, Tasneem A et al, Anchal Jain et al at 92%, 95.5% and 97% respectively but higher than Qadri SS et al and Solani K et al which are 66.8% and 78% respectively 23,26,28,30,,31. It is observed that 88.3% respondents were satisfied with timings and availability of doctors. Perception of OPD patients regarding explanation and counseling by doctors is 93% but others have found it to be 62%, 78.8%, 79%, 97% 23,26,28,32.

Majority of patients, 93.2% found that the doctors maintained their dignity and privacy which is in accordance with other studies where 85% of patients were treated with dignity and privacy while in another study conducted in Karachi by Jawaid et al, 62.4% of patients were satisfied ^{33,34}. Majority of patients (88.3%) were satisfied with the behaviour of the paramedical staff. While in a study done by Soomro et al in Pakistan, this figure is 81% ³².

The study has certain limitations. Firstly, the study was a descriptive cross-sectional study. Secondly, certain important predictor variables like socioeconomic status, residence, duration of treatment, were not included in this study. Lastly, the sample size of the study was relatively small. However, despite these limitations, this study is the first step in reporting satisfaction survey regarding OPD services in a private clinic of Karachi, Pakistan. Further large scale multi-centre comparative studies are recommended that can validate the findings of this study.

CONCLUSION

Over all, the patients were highly satisfied with doctors and their staff's co-operation in the OPD. However, people were unhappy with facilities of adequate drinking water and clean toilets at clinics. We suggest further studies should be carried out to get feedback of patient's satisfaction from rural health centers regarding health facilities they seek. It will also identify regions to be improved in other healthcare departments.

Conflict of Interest: Authors have none to declare.

Authors' contribution: ZH worked on Conception, study design, data collection, Manuscript writing, data interpretation. UN worked on Study design, Manuscript writing, Data Analysis. ZA worked on Drafting of article and critical revision of article. MS worked on collection and assembly of data. MR worked on Data interpretation.

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