EVALUATION OF PATIENT SATISFACTION IN INPATIENT DEPARTMENT OF A SECONDARY LEVEL HOSPITAL OF SOUTH KASHMIR

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Abstract

INTRODUCTION: This study was undertaken to evaluate patient satisfaction in inpatient departments of a secondary level hospital in South Kashmir, J&K. The experience in the inpatient units in District Hospital Shopian and the able guidance and unstinted encouragement by the supervisory guide motivated the investigator to undertake this study. The review of related literature helped the investigator to get a clear concept about the research topic. METHODOLOGY: For this study the latest edition of HCAHPS Survey Questionnaire (Revised March 2022) was used as the research tool. The information from the patients on various aspects of patient’s satisfaction like communication with doctors and nurses, assistance and responsiveness of hospital staff, cleanliness and quietness of the hospital environment, communication about medicines, discharge information, overall rating of the hospital, willingness to recommend the hospital and biodata was obtained by interview with patients based on the HCAHPS questionnaire proforma. Data collection was done from the month of March 2022 to June 2022, analyzed and interpreted using descriptive and inferential statistics.

The cleanliness of the toilets and hospital rooms was not optimal for the patients and needs to be improved. Although it may be done thrice a day and housekeeping staff is posted in all the wards round the clock in sufficient numbers to maintain the cleanliness of the wards/toilets, frequent and surprise checks by housekeeping executives and administrators will instill a sense of responsibility and alertness among housekeeping staff. The timing for activities like nursing, cleaning, ward rounds should be fixed, so that the patient is mentally prepared for the same and can take rest at other time and they should be regularly trained and sensitized about how to improve their image and behavior.

The patients went home directly after surgery without going to a skilled nursing facility. Developing skilled nursing facilities as a transitional place between the hospital and patients’ homes could increase patient satisfaction and decrease the duration of stays at the hospital.

In comparable settings, if care providers wish to improve the quality of health services from a patients’ perspective, they should give priority to provide the explanations and instructions in the discharge notes in writing about what symptoms or health problems to look out for after they left the hospital.

Moreover, the patients should always be given clear explanations about the indications and side effects of the new medications.

Sufficient number of nursing aids and other staff should be made available who would assist the patients in getting to the bathroom or in using a bedpan as soon as wanted by them.

Since this study shows the satisfaction level above the average in the IPD of District Hospital Shopian, in future a study can be conducted on OPD to check the level of satisfaction and relate the satisfaction level with the IPD. Conclusion: Feedback of patients is one of the key parameters in assessing the quality of hospitals. Patient satisfaction is mainly achieved by a patient-centered approach that focuses on a proper understanding and involvement of the patient in the provided care.

Keywords: Hygiene, satisfaction, survey, questionnaire.
INTRODUCTION

Patient’s satisfaction is a person’s feeling of pleasure or disappointment resulting from a service’s perceived performance or outcome in relation to his or her expectations. As this definition makes it clear, satisfaction is a function of perceived performance and expectations.1 If the performance falls short of expectations, the patient is dissatisfied. If the performance matches the expectations, the patient is satisfied. If the performance exceeds expectations, the patient is highly satisfied or delighted.2 It is an important and commonly used indicator to measure the quality of care that can contribute to a balanced evaluation of the structure, process, and outcome of services. Quality care can be divided by measurement into Structure, Process and Outcome.

Structure refers to basic infrastructure and the overall facility. Process means the way the care is delivered and Outcome points to the final result. Health care must guarantee quality care along with safety which is pivotal to quality care. In the present scenario where the hospital is recognized as a social institute and the patient is the only reason for its existence, the hospital must strive for patient-oriented services.3

Patient satisfaction is the concept of subjective personal perception of received health services, and its measurement and improvement are essential for maintaining a successful high-quality health care system.4,5 It is also a multidimensional aspect as, many factors contribute directly or indirectly to patient satisfaction, including accessibility and convenience of services, institutional structure, interpersonal relationships, the competence of health professionals and a patient’s expectations and preferences. More importance is now given to satisfaction of patients and their caregivers with hospital care. Patient Satisfaction is recognized as an important parameter for assessing the quality of patient care services.6 It is expected that this simple and cost-effective strategy involving continuous monitoring of expectations of patients will help to catalyse improvements in the quality of hospital care. It is important in case of inpatients who are seriously ill and require the plethora of nursing care and other variety of services, as the landscape of their problems make them expect highly from the hospitals. Patient satisfaction surveys will not only help the hospital administrators to revise their patient-care strategies but will also inform about patients health-related behaviour.7

Patient satisfaction is one of the buzzwords of the last decade. In the last 10 years, hospitals have realized that one of the most valuable assets to their business is the loyal patient. In today’s competitive healthcare market, patients expect more than just satisfaction. Patients are increasingly more demanding and more difficult to attract. So, patient satisfaction has become a high priority to hospitals and health plans across the country, because of its impact on patient loyalty, the hospital’s reputation, perceptions of quality of care, employee satisfaction and retention and the health of a hospital’s bottom line.

Patient satisfaction is a pre-requisite for achieving the goals of healthcare as it influences the patient’s decision to follow prescribed treatments and seek professional healthcare in the future.8 A patient’s satisfaction may not be totally influenced by the quality of care and the quality of physician available, but it reflects how medical care has been delivered. Although, their main expectation is getting cured and going back to their work, but there are other factors, which affect their satisfaction. To provide the highest level of satisfaction that is profitable to both the patient and the provider, management must control both the perception of expectation and the quality of delivery of the healthcare services. Patients are the foundation of our medical practice, and it is very obvious that they must be satisfied while in or out of the hospital. So Patient satisfaction has become one of the strongest determinants of hospital functioning and also it is an internationally accepted factor which needs to be studied repeatedly for the smooth functioning of the hospitals/healthcare systems.9

In countries like India where healthcare is in a competitive marketplace, success will only be guaranteed if healthcare organizations have the temperature and pulse and thermometer of their ultimate customer which is the patient and the patient satisfaction is the tool much like the thermometer and stethoscope.10 Patient satisfaction is one of the important goals of any health system, but it is difficult to measure the satisfaction and gauze responsiveness of health systems as not only the clinical but also the nonclinical outcomes of care do influence the customer satisfaction.11

Patient satisfaction is also a valuable competitive tool, to increase staff motivation. Recent research has shown that service satisfaction can significantly enhance patients’ quality of life. Further awareness among medical practitioners on the effect of patient characteristics over patient satisfaction will enable the provision of patient-oriented health care, satisfying both the health care provider and the patient. It will help strengthen patients’ trust and confidence in the health care professional.12

There are various methods for assessing patient’s satisfaction including using electronic forms, phone calls, and face to face interviews with patients. Performing the Satisfaction Survey using a questionnaire has the features of posing more questions,
reducing the possibility of bias, and also cost-effectiveness. There are many studies available on the satisfaction of patients with regards to outpatient services but very few studies were carried out in India for measuring inpatient satisfaction with hospital services. The purpose of the present study is to carry out an evaluation of the level of patient satisfaction related to different parameters of quality health care.

Hospitals in developed countries have been using the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey to assess satisfaction of hospitalized patients and guarantee continuous quality improvement. HCAHPS is the first survey that accurately measures patient satisfaction and provides data that could be compared between hospitals. It was originally developed by the Centers for Medicare and Medicaid Services (CMS) and the Agency for Healthcare Research and Quality in USA, and it was approved for use in 2005. Since then, it has been continuously in development. On the other hand, hospitals in developing countries still lack accurate data on patient satisfaction.

In this study, the latest edition of HCAHPS Survey Questionnaire (Revised March 2022) was used to measure the level of patient satisfaction in patients admitted in different wards of District Hospital, Shopian, J&K which is having a bed strength of 100.

Objectives

• To study the level of satisfaction of inpatients in general wards at a secondary level hospital.

• To study the different factors affecting inpatient satisfaction.

• To find the causes for dissatisfaction, if any and suggest remedial measures for improvement of services leading to better patient satisfaction

MATERIALS AND METHODOLOGY

Study design

This is a hospital based prospective study to evaluate the patient satisfaction in inpatient department of a secondary level hospital of South Kashmir, J&K.

Study approach

Survey approach is used for the present study using the HCAHPS Survey Questionnaire. The present study was conducted at a Secondary Level Hospital in district Shopian, J&K. A survey was conducted on 200 randomly selected patients in the inpatient department of Hospital. Institutional ethics committee approved this study.

Setting of the study

This study was conducted in the General Medicine, General Surgery and Gynaecology & Obstetrics wards of District Hospital Shopian, J&K. The rationale for selecting this institute for the study was that the researcher was more familiar with this institution and this type of study has not been conducted in the hospital before. District Hospital Shopian is the largest Secondary Level Hospital of Shopian District of South Kashmir with a bed strength of 100.

Study population

The target population of the study was both male and female patients, aged 18 years and above, admitted in the General Medicine, General Surgery and Gynaecology & Obstetrics wards of District Hospital Shopian, J&K.
Sample size

A total of 200 inpatients aged 18 years and above, who got admitted in the 100 bedded District Hospital, Shopian from March 2022 to June 2022 were the study population.

Criteria for sample selection

Inclusion criteria:
- Patients who are willing to participate in the study
- Patients who are due for discharge on the day of data collection.
- Patients aged above 18 years of both gender who got admitted and stayed in the hospital in the general ward for more than 2 days.

Exclusion criteria
- Patients on ventilator.
- Patients who are disoriented, have altered mental status or who do not respond.
- Patients diagnosed with a psychiatric illness.

Sampling technique

200 patients were randomly selected from the Indoor Patient Department during data collection period by Systematic Random Sampling Technique. Every fifth patient admitted in the general ward was being selected for the study. The survey was carried out twice weekly from March 2022 to June 2022. 80 patients were selected from the Gynaecology & Obstetrics ward, 60 patients from the General Medicine ward and 60 patients from the General Surgery ward.

Study tool

The HCAHPS Survey Questionnaire (Revised March 2022) was used as the study tool. The tool was examined by the supervisory guide at SKIMS, Soura, Srinagar, J&K. The research tool was finalized according to the expert’s opinion.

Description of the study tool

HCAHPS is the first survey that accurately measures patient satisfaction and provides data that could be compared between hospitals. It was originally developed by the Centers for Medicare and Medicaid Services (CMS) and the Agency for Healthcare Research and Quality in USA, and it was approved for use in 2005. Since then, it has been continuously in development.

The HCAHPS Survey is composed of 29 items: 19 items that encompass critical aspects of the hospital experience (communication with nurses, communication with doctors, responsiveness of hospital staff, communication about medicines, discharge information, care transition, cleanliness of the hospital environment, quietness of the hospital environment, overall rating of hospital, and recommendation of hospital); three items to skip patients to appropriate questions; five items to adjust for the mix of patients across hospitals; and two items to support congressionally-mandated reports.

The HCAHPS Survey asks recently discharged patients about aspects of their hospital experience that they are uniquely suited to address. The core of the survey contains 19 items that ask “how often” or whether patients experienced a critical aspect of hospital care, rather than whether they were “satisfied” with their care. Also included in the survey are three screener items that direct patients to relevant questions, five items to adjust for the mix of patients across hospitals, and two items that support Congressionally-mandated reports. Hospitals are permitted to add their own supplemental items after the 29 official HCAHPS
questions. CMS does not review, approve or obtain data from supplemental items; hospitals should limit their use to minimize any negative impact on survey response rates.

HCAHPS is administered to a random sample of adult inpatients between 48 hours and six weeks after discharge. Patients admitted in the Medical, Surgical and Maternity Care service lines are eligible for the survey; HCAHPS is not restricted to Medicare patients. Hospitals may use an approved survey vendor or collect their own HCAHPS data, if approved by CMS to do so. HCAHPS can be implemented in four survey modes, each of which requires multiple attempts to contact patients: Mail Only, Telephone Only, Mixed (mail with telephone follow-up), or Active Interactive Voice Response (IVR).

The intent of the HCAHPS initiative is to provide a standardized survey instrument and data collection methodology for measuring patients’ perspectives on hospital care. While many hospitals have collected information on patient satisfaction, prior to HCAHPS there was no national standard for collecting or publicly reporting patients’ perspectives of care information that would enable valid comparisons to be made across all hospitals. In order to make “apples to apples” comparisons to support consumer choice, it was necessary to introduce a standard measurement approach: the HCAHPS Survey, which is also known as the CAHPS® Hospital Survey, or Hospital CAHPS. HCAHPS is a core set of questions that can be combined with a broader, customized set of hospital-specific items. HCAHPS Survey items complement the data hospitals currently collect to support improvements in internal customer services and quality related activities.

Three broad goals have shaped the HCAHPS Survey. First, the survey is designed to produce comparable data on the patient’s perspective on care that allows objective and meaningful comparisons between hospitals on domains that are important to consumers. Second, public reporting of the survey results is designed to create incentives for hospitals to improve their quality of care. Third, public reporting will serve to enhance public accountability in health care by increasing the transparency of the quality of hospital care provided in return for the public investment. With these goals in mind, the HCAHPS project has taken substantial steps to assure that the survey is credible, useful, and practical. This methodology and the information it generates are available to the public.

In May 2005, the National Quality Forum (NQF), an organization established to standardize health care quality measurement and reporting, formally endorsed the CAHPS® Hospital Survey. The NQF endorsement represents the consensus of many health care providers, consumer groups, professional associations, purchasers, federal agencies, and research and quality organizations.

Data collection procedure

Prior approval of the Hospital Institutional Ethics Committee was obtained before beginning the survey. Permission from the Medical Superintendent was obtained before the survey was carried out in the hospital. The researcher first introduced himself to the patients and explained the need and purpose of the study. Informed verbal consent was taken from all the patients before the start of the interview.

Doctors, nurses and the supporting staff were largely kept unaware of the survey, except in unavoidable circumstances, to avoid the bias in their behaviour with the patients. Respondents were assured of confidentiality. All respondents were encouraged to express their opinion freely and fairly. Precautions were also taken to obtain unbiased results. Schedules are explained by the researcher personally in a vernacular language and were filled by him personally. Since the investigator himself carried out the survey, there was no problem of observer variation as far as the study is concerned.

Plan of analysis

A plan for data analysis was developed by the investigator after the data collection. The data obtained from the satisfaction questionnaire would be analysed by Descriptive statistics. Percentages would be used for describing the sample. In this study there are 29 questions. These questions are grouped into 8 major categories; they are :

1. Your Care From Nurses : Q1, Q2, Q3, Q4
2. Your Care From Doctors : Q5, Q6, Q7
3. The Hospital Environment : Q8, Q9
4. Your Experiences In This Hospital : Q10, Q11, Q12, Q13, Q14
5. When You Left The Hospital : Q15, Q16, Q17
6. Overall Rating Of Hospital : Q18, Q19
7. Understanding Your Care When You Left The Hospital : Q20, Q21, Q22
8. About You : Q23, Q4, Q25, Q26, Q27, Q28, Q29

OBSERVATIONS AND RESULTS

The observations and results in this study is analysed and arranged in the following sections :

5.1. Distribution of samples according to care from nurses.

5.2. Distribution of samples according to care from doctors.

5.3. Distribution of samples based on the evaluation of the hospital environment.

5.4. Distribution of samples according to the patient’s experiences in the hospital.

5.5. Distribution of samples based on the medical care at the time of discharge.

5.6. Distribution of samples based on the overall rating of the hospital.

5.7. Distribution of samples based on the understanding of patient’s own care at the time of discharge.

5.8. Distribution of samples based on the patient’s mode of admission, health status, educational qualification, origin, race and mother tongue.

5.1. Distribution of samples according to care from nurses.
During this hospital stay, how often did nurses treat you with courtesy and respect?

- Never: 0
- Sometimes: 12
- Usually: 54
- Always: 134
- I never pressed the call button: 110

During this hospital stay, how often did nurses listen carefully to you?

- Never: 0
- Sometimes: 0
- Usually: 30
- Always: 170
- I never pressed the call button: 12

During this hospital stay, how often did nurses explain things in a way you could understand?

- Never: 0
- Sometimes: 4
- Usually: 24
- Always: 172
- I never pressed the call button: 32

During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

- Never: 0
- Sometimes: 0
- Usually: 4
- Always: 32
- I never pressed the call button: 172

Figure 5.1, Table 5.1. Distribution of patient satisfaction about the care from nurses.

5.2. Distribution of samples according to care from doctors.
Graph 5.2, Table 5.2. Distribution of patient satisfaction about the care from doctors.

5.3. Distribution of samples based on the evaluation of the hospital environment
Graph 5.3, Table 5.3. Distribution of patient satisfaction about the hospital environment

5.4. Distribution of samples according to the patient’s experiences in the hospital.
5.4. Distribution of patient satisfaction about the experiences in the hospital.

During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

- Yes: 122
- No: 78
- Never: 122
- Sometimes: 0
- Usually: 0
- Always: 0

How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

- 0
- 42
- 158

During this hospital stay, were you given any medicine that you had not taken before?

- Yes: 42
- No: 158
- Never: 122
- Sometimes: 0
- Usually: 0
- Always: 0

Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

- Yes: 10
- No: 32
- Never: 122
- Sometimes: 4
- Usually: 4
- Always: 2

Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

- Yes: 1212
- No: 8
- Never: 122
- Sometimes: 4
- Usually: 4
- Always: 2

Graph 5.4, Table 5.4. Distribution of patient satisfaction about the experiences in the hospital.

5.5. Distribution of samples based on the medical care at the time of discharge.
Graph 5.5, Table 5.5. Distribution of patient satisfaction about the medical care at the time of discharge.

5.6. Distribution of samples based on the overall rating of the hospital
Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

Graph 5.6. Overall rating of the hospital.

Would you recommend this hospital to your friends and family?

Graph 5.7. Willingness to recommend the hospital

5.7. Distribution of samples based on the understanding of patient’s own care at the time of discharge.
Graph 5.8, Table 5.6, Distribution of patient satisfaction based on the understanding of patient’s own care at the time of discharge.

5.8. Distribution of samples based on the patient’s mode of admission, health status, educational qualification, origin/descent, race and mother tongue.
During this hospital stay, were you admitted to this hospital through the Emergency Room?

- Yes: 34
- No: 166

In general, how would you rate your overall health?

- Excellent: 6
- Very good: 122
- Good: 54
- Fair: 12
- Poor: 6

In general, how would you rate your overall mental or emotional health?

- Excellent: 4
- Very good: 152
- Good: 36
- Fair: 8
- Poor: 0

Graph 5.9, Table 5.7. Mode of admission and health status after discharge.
Graph 5.10. Educational Qualification

- 8th grade or less: 38%
- More than 4-year college degree: 12%
- 4-year college graduate: 7%
- Some college or 2-year degree: 5%
- High school graduate or GED: 11%
- Some high school, but did not graduate: 27%

Graph 5.11. Origin/descent and race of patients

- Are you of Spanish, Hispanic or Latino origin or descent?
  - No, not Spanish/Hispanic/Latino: 200
  - Yes, Puerto Rican: 0
  - Yes, Mexican, Mexican American, Chicano: 0
  - Yes, other Spanish/Hispanic/Latino: 0

- What is your race? Please choose one or more.
  - White: 200
  - Black or African American: 0
  - Asian: 0
  - Native Hawaiian or other Pacific Islander: 0
  - American Indian or Alaska Native: 0
DISCUSSION

The healthcare system is basically service based, so patient experiences and their satisfaction is of the utmost importance. It has a direct impact on improving the quality of care in the health service. Measuring patient satisfaction has many purposes, but there are three prominent reasons to do so. It will help to evaluate healthcare services from the patient’s point of view, facilitate the identification of problem areas and help generate ideas towards resolving these problems. The goal of the healthcare system is to provide the best possible care to patients. The HCAHPS survey was designed to measure the quality of this care and follow up on improvements to the healthcare system to deliver the highest possible outcomes while monitoring patient satisfaction over time.

In this study an attempt was made to assess the quality of services rendered at this secondary level hospital with a view to improving them by identifying the gaps and bridging them. In addition, this study also tried to identify factors associated with the perception of quality of services and overall satisfaction of the patients. The findings of the survey are quite helpful if they are transformed into actions for improving the quality of healthcare.

In this study, most of the patients were satisfied with most of the services offered at this secondary care hospital. They were mostly satisfied as 69% of the patients rated the overall experience with a score over 7 on a score level from 1–10 (Graph 5.6).
and 89% of the patients would probably recommend the hospital to friends and relatives (Graph 5.7). This is similar to the study by Farghaly et al.35 in which the patients were mostly satisfied as 48.8% of the patients rated the overall experience with a score over 8 on a score level from (1–10) and 79.2% of the patients would recommend the hospital to friends and relatives. Sathish Raju N et al.30 reported that the overall satisfaction of patients with services received from this healthcare center came out to be 92.32%. BantiKumar and Sudhinder Singh Chowhan 32 reported that 80% respondents indicated that they were satisfied with their period of inpatient care. Dhanaraj SA. et al.34 reported that the overall satisfaction level of inpatients was found to be a mean of 3.9 could be probably due to the cleanliness of the environment, nursing care, and health improvement that contributes to the satisfaction of inpatients.

Doctor’s behaviour has the greatest effect on patient satisfaction.39 Attributes that hold steady for good doctor-patient relationship are sympathy and kind-ness, good communication between patients and doctors, and patience and shared responsibility in managing illness of the patient. In the present study more than 85% of the patients were satisfied by the professional services rendered by the doctor like care and attentiveness towards them and discussion about their clinical conditions and treatment rendered, etc. The findings of the current study are similar to the studies by Sathish Raju N et al.30, wherein more than 90% of the patients were satisfied by the professional services and treatment rendered by the doctors; Verma et al.31 wherein 84% of the patients expressed their satisfaction in response to the description of disease status by doctors; Kulkarni et al.40 wherein 87.8% patients were more satisfied with the behaviour of doctors. Bhattacharya et al.41 also reported 98.2% of patients were satisfied with the behaviour of doctors and the study by Dhanaraj SA. et al.34 shows 95% of the inpatients were satisfied with doctors to visit.

The nursing care provided by the nursing staff is regarded as the most important factor in the patient assessment of their satisfaction with healthcare. Nurses are the front-liners in healthcare; they stay with patients more than the other members of the healthcare team. Nurses have a critical role in the delivery of high-quality, efficient care that will overall affect the patient satisfaction.42 In the present study, more than 80% of patients were found satisfied with attention and care provided by nursing staff. The findings of the current study are similar to the studies by Sathish Raju N et al.30 which shows that 92% of patients were satisfied with providing prescribed medications in a timely manner whereas it was 93% as studied by Verma et al.31. The study by Dhanaraj SA. et al.34 also shows that 97% patients were satisfied with nurse’s promptness in answering patients and 98.2% patients were satisfied with the cleanliness maintained in the wards. Sathish Raju N et al.30 reported that 92% of the patients were satisfied with the cleanliness of the toilet. Qureshi et al.34 and Kulkarni et al.40 reported that 12% & 18.96% patients respectively were dissatisfied with cleanliness in toilets. In the study by Kumari et al.45, it was found that the cleanliness of toilet was 27.3%. This is in contrast to the study by Sathish Raju N et al.30, which shows that more than 80% of the patients/patient’s relatives were satisfied with cleanliness maintained in the wards as well as of this healthcare center.

Regarding the overall cleanliness of the hospital the present study observed satisfaction level was found to be low with less than 50% which shows the lack of concern towards patient services by the government hospitals which has to be rectified. A similar finding was observed in Sumeet et al.43 study that, 43% reported unavailability of toilets/handwashing facility in the wards. 62% and 40% were dissatisfied with the cleanliness in the toilets and wards respectively. In a study by Verma et al.31, 79% patients were unsatisfied about the cleanliness of the toilet. Qureshi et al.44 and Kulkarni et al.40 reported that 12% & 18.96% patients respectively were dissatisfied with cleanliness in toilets. In the study by Kumari et al.45, it was found that the cleanliness of toilet was 27.3%. This is in contrast to the study by Sathish Raju N et al.30, which shows that more than 80% of the patients/patient’s relatives were satisfied with cleanliness maintained in the wards as well as of this healthcare center.

The results of the current study also showed that 76% of the patients indicated that the side effects of new medicines prescribed to them were not explained. This is consistent with the study by Farghaly et al.35, wherein 92.4% of the patients indicated that the side effects of new medicines prescribed to them were not explained. Moreover, the present study found that 100% of the patients had not received any instruction or explanations in the discharge notes in writing. 88% of the patients felt they had better health condition after leaving the hospital and 61% of the patients were not assisted to go to the bathroom. The study by Farghaly et al.35 shows that 90% of the patients felt they had better condition after leaving the hospital and 90.9% of the patients were assisted to go to the bathroom. The current study also shows that the patients went home directly after surgery without going to a skilled nursing facility, which is also in consistent with the study by Farghaly et al.35. This implies a need for skilled nursing facilities in district Shopian of South Kashmir, which could increase patient satisfaction and improve outcomes.

Despite a pretty good level of overall patient satisfaction, a small proportion of patients expressed dissatisfaction. The fact that patients expressed dissatisfaction with the services indicates that hospital administration needs to do more in the drive towards improving services.
CONCLUSION

This study was undertaken to evaluate the patient satisfaction in inpatient departments of a secondary level hospital in South Kashmir, J&K. The experience in the inpatient units in District Hospital Shopian and the able guidance and unstinted encouragement by the supervisory guide motivated the investigator to undertake this study. The review of related literature helped the investigator to get a clear concept about research topic. For this study the latest edition of HCAHPS Survey Questionnaire (Revised March 2022) was used as the research tool. The information from the patients on various aspects of patient’s satisfaction like communication with doctors and nurses, assistance and responsiveness of hospital staff, cleanliness and quietness of the hospital environment, communication about medicines, discharge information, overall rating of the hospital, willingness to recommend the hospital and biodata was obtained by interview with patients based on the HCAHPS questionnaire proforma. Data collection was done from the month of March 2022 to June 2022, analysed and interpreted using descriptive and inferential statistics.

Limitation

• The Sample Size is limited to 200.
• Patients aged 18 years and above.
• The study was limited to the inpatient units of General Medicine, General Surgery and Gynaecology & Obstetrics of District Hospital Shopian, J&K.

Major findings of the study

Major satisfiers were:

• Courtesy of doctors and nurses.
• Explanation about disease and treatment by the doctors.
• Attention & care provided by doctors and nurses.
• Nurses’ promptness in answering patients call and meeting their needs.
• Patients’ overall rating for the hospital and recommending the hospital to their friends and relatives.
• Consideration of patient’s preferences.
• Better health condition after leaving the hospital.

Dissatisfiers were:

• Cleanliness not maintained in the toilets and the wards.
• Explanations and instructions not received in writing in the discharge notes.
• Indications and side effects of the new medications were unclear.
• Assistance not provided in getting to the bathroom or in using a bedpan.
Recommendations

The cleanliness of the toilets and hospital rooms was not optimal for the patients and needs to be improved. Although it may be done thrice a day and housekeeping staff is posted in all the wards round the clock in sufficient numbers to maintain the cleanliness of the wards/toilets, frequent and surprise checks by housekeeping executives and administrators will instil a sense of responsibility and alertness among housekeeping staff. The timing for activities like nursing, cleaning, ward rounds should be fixed, so that the patient is mentally prepared for the same and can take rest at other time and they should be regularly trained and sensitized about how to improve their image and behaviour.

The patients went home directly after surgery without going to a skilled nursing facility. Developing skilled nursing facilities as a transitional place between the hospital and patients’ homes could increase patient satisfaction and decrease the duration of stays at the hospital.

In comparable settings, if care providers wish to improve the quality of health services from a patients’ perspective, they should give priority to provide the explanations and instructions in the discharge notes in writing about what symptoms or health problems to look out for after they left the hospital.

Moreover, the patients should always be given clear explanations about the indications and side effects of the new medications.

Sufficient number of nursing aids and other staff should be made available who would assist the patients in getting to the bathroom or in using a bedpan as soon as wanted by them.

Since this study shows the satisfaction level above the average in the IPD of District Hospital Shopian, so in future a study can be conducted on OPD to check the level of satisfaction and relate the satisfaction level with the IPD.

Overall present study shows that assessing satisfaction of patients is simple, easy and cost effective way for evaluating the hospital services. There is a need to address these identified lacunae to improve the quality of services provided to the needy patients.

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