

Beneficiaries' Satisfaction at Hospital and Rehabilitation Centre for Disabled Children in 2017: A Cross Sectional Study

Prakash Yadav¹, MPH; Bibek Banskota^{1,2}, MRCS, MS; Ashok K Banskota^{1,2}, MD, FACS; Bikash M Singh¹, MBA, PGDPHA; Krishna P Bhattarai¹, MA

¹Hospital and Rehabilitation Centre for Disabled Children (HRDC), Janagal, Kavre, Nepal

²Department of Orthopedics, B & B Hospital, Gwarko, Lalitpur, Nepal.

Address for Correspondence:

Prakash Yadav, MPH

Hospital and Rehabilitation Centre for Disabled Children (HRDC), Janagal, Kavre, Nepal

Email: research@hrdcnepal.org

Received, 17 November, 2017

Accepted, 3 December, 2017

Beneficiary's satisfaction is considered as one of the most important and widely used indicator for the measurement of service quality. Dissatisfaction suggests opportunities for improvement of health services in the hospital hence, patients' opinions are important. Patient satisfaction reflects clinical outcomes, patient retention, and medical malpractice claims, including efficient, and patient-centered quality health care. Patient satisfaction is thus a proxy but one of the very effective indicators to measure the success of the hospital.

The primary objective of this study to assess the beneficiaries' satisfaction with the services provided by the Hospital and Rehabilitation Centre for Disabled Children (HRDC) in the year 2017.

A cross-sectional study carried out in 100 beneficiaries who received inpatient services at HRDC Nepal. Random sampling technique used to select the participants. Face to face interviews conducted with the primary care takers (parents). The chosen study participants were taken from those who have been admitted for a week or more only. Data collected on the basis of pre-designed and well-structured questionnaire in the first quarter of 2017 and analyzed using SPSS 20. An informed consents taken from all the participants for study.

The study revealed that beneficiaries had higher satisfaction with the hospital policy (4.39±0.46), followed by satisfaction with accessibility (4.26±0.43), satisfaction with inpatient services (4.13±0.48). Counselling and record keeping services satisfaction was good (2.44±0.55).

The participants were highly satisfied with the quality of health care services.

Keywords: beneficiaries, hospital, inpatients, satisfaction.

Beneficiary satisfaction is considered as one of the most important and widely used indicator for the measurement of service quality. Dissatisfaction suggests opportunities for improvement of health services in the hospital hence, patients' opinions are important. Patient satisfaction reflects clinical outcomes, patient retention, and medical malpractice claims, including efficient, and patient-centered delivery of quality health care. Patient satisfaction is thus a proxy, but one of the very effective indicator to measure the success of the hospital. It is also a very useful tool for monitoring of ongoing activities that may lead towards improvement of services.¹ Many countries have incorporated patients' satisfaction measures to form hospital policy and plan.^{2,3} Patient satisfaction is not a unitary concept but rather a distillation of perceptions and values. Perceptions are the beliefs of patients about occurrences and values are the weights patients apply to those occurrences. They reflect the degree to which patients consider specific occurrences to be desirable, expected, or necessary.⁴ Studies of this nature are deficient in Nepal. Hence, this study was carried out with an objective to assess the beneficiaries' satisfaction with the services provided by Hospital and Rehabilitation Centre for Disabled Children in the year 2017.

Materials & Methods

Study design: A Cross-sectional study.

Objective: To assess the beneficiaries' satisfaction with the services provided by Hospital and Rehabilitation Centre for Disabled Children in 2017.

Study population: Beneficiaries who have been inpatient at Hospital and Rehabilitation Centre for Disabled Children (HRDC) in Banepa, Nepal.

Study site: Hospital and Rehabilitation Centre for Disabled Children (HRDC). It is the only tertiary level hospital in Nepal for pediatric disability management which provides reconstructive surgeries and rehabilitation services to the children from vulnerable and under privileged, physically challenged children regardless of geographical boundaries. It is 74 bedded hospital with 99 percent of bed occupancy during the study period.

Data collection Period: 1st January to last of March, 2017.

Sample size: Sample size was calculated by using the formula: $n = 4pq/d^2$,

Where,

n = sample size, p = prevalence of patient satisfaction, $q = 100 - p$, d = Absolute error.

Now,

$$p = 50\%$$

$$q = 100 - p = 50\%$$

$$d = 10\%$$

$$\text{Now, } n = 4pq/d^2$$

$$4 \times 50 \times 50 / 10^2 = 10,000 / 100 = 100$$

Hence, the sample size is 100.

Sampling Technique: A total of 100 beneficiaries from inpatient department of HRDC were selected randomly from general ward, rehabilitation unit and ICU. All together there were 400 patients admitted in the hospital during the data collection period, out of which only 275 had meet the study criteria. Since this is a children's hospital, an interview was conducted with their caretakers (visitors). The beneficiaries were interviewed on the basis of well-structured questionnaire containing close ended questions. It covered the information related to socio-demographic characteristics, satisfaction with inpatient services, interpersonal skills of the staffs, accessibility, hospital policy and satisfaction with counselling & record keeping.

Scoring system: Altogether there were 27 items used as a beneficiaries' satisfaction instrument, with five dimensions of satisfaction with hospital services. Satisfaction with accessibility and hospital policy had 5 point Likert scale ranging from 1 to 5. It ranged from very dissatisfied to very satisfied. 4 and 5 was considered as satisfaction while 1 and 2 was considered as dissatisfaction. Score 3 was for those who were neutral or fair. If the mean was greater than equal to 3, it was classified as satisfied with the services, while the mean score greater than 4 considered as highly

satisfied.

Inclusion criteria:

- Patients who had been receiving inpatient services for at least one week or more.
- Presence of care taker during data collection.

Exclusion criteria:

- Duration of hospital stay less than one week.
- Those who did not give consent.
- Absence of a caretaker for interview.

Consent: An informed consent was taken prior to conduction of study.

Data analysis: Data was analyzed using appropriate statistical tool in SPSS 20 and presented on tabular and graphical form as per necessity.

Results

The study showed that 44 percent of the respondents (caretaker of children with disability) were between 16-30 years. 58 percent were female, 65 percent were married, and 51 percent were involved in agriculture. 36 percent of the respondents had no access to formal education (**Table 1**).

49 percent of the study participants respond that counselling service was excellent. However, 16.33 percent respond that because of the high volume of the patients, confidentiality during counselling was good but, could be improved.

Beneficiaries' Satisfaction at HRDC

Variables	Frequency	Percent
Age of respondents		
16-30 Years	44	44
31-45 Years	26	26
46-60 Years	25	25
61 Years and above	5	5
Sex		
Male	42	42
Female	58	58
Marital status		
Married	65	65
Unmarried	35	35
Occupation		
Agriculture	51	51
Service	13	13
Business	18	18
Households	11	11
Laborer	7	7
Educational status		
No access to formal education	36	36
Primary	28	28
Secondary	27	27
Certificate level	3	3
Bachelor	2	2
Masters & above	4	4

Table 1: Socio demographic characteristics of interviewees (n=100)

Hospital Services	Significant improvements desirable	Some Improvements desirable	Excellent standards
Cleanliness of hospital ward	7 (7%)	10 (10%)	83 (83%)
Cleanliness of bed	3 (3%)	5 (5%)	92 (92%)
Security & Safety	0	3 (3%)	97 (97%)
Satisfaction with food available at HRDC	1 (1%)	8 (8%)	91 (91%)
Satisfaction with comfort for rest & sleep	0	5 (5%)	95 (95%)
Average percent	2.2	6.2	91.6

Table 2: Satisfaction with inpatient service (n=100)

More than 90 percent of the participants revealed that hospital had maintained excellent standards of care (**Table 2**).

Interpersonal skill	Never	Sometimes	Often	Regular
Communication with nurses	0	0	35 (35%)	65 (65%)
Nursing staff answer your queries	0	0	20 (20%)	80 (80%)
Interaction with nurses	0	0	25 (25%)	75 (75%)
Doctors listen to you carefully	0	0	30 (30%)	70 (70%)
Doctors explain you what they are going to do for treatment	0	0	29 (29%)	65 (65%)
Satisfied with doctor's counseling	0	0	26 (26%)	74 (74%)
Doctors gave you adequate time	0	0	49 (49%)	51 (51%)
Other staff treat you with respect	6 (6%)	2 (2%)	56 (56%)	42 (42%)
Receptionist answer your queries	0	0	45 (45%)	55 (55%)
Average percent	0.67	0.22	35	64.11

Table 3: Satisfaction on interpersonal skills (n=100)

Mean ± SD 4.02 ± 0.44

Level of satisfaction of interpersonal skill of medical professionals had been depicted in **Table 3**.

Characteristics	Very difficult	Difficult	Somewhat easy	Easy	Very easy
Ease for getting consult at OPD	0	0	26 (26%)	25 (25%)	49 (49%)
Ease of admission	0	0	4 (4%)	28 (28%)	68 (68%)
Ease for getting a bed	0	0	66 (66%)	34 (34%)	0
Ease for access to health care providers	0	0	17 (17%)	28 (28%)	55 (55%)
Ease of access to lab & x-ray facility	0	0	0	29 (29%)	71 (71%)
Average percent	0	0	22.6	28.8	48.6

Table 4: Satisfaction with Accessibility (n=100)

Mean ± SD 4.26 ± 0.43

Level of satisfaction in accessibility to different services to the hospital had been depicted in **Table 4**.

Hospital policy	Very poor	Poor	Fair	Good	Very good
Patient and family orientation when presenting to the hospital for the first visit	0	9 (9%)	13 (13%)	24 (24%)	54 (54%)
Admission/ Discharge information	0	0	18 (18%)	23 (23%)	59 (59%)
Record keeping	0	0	0	33 (33%)	67 (67%)
Average percent	0	3	10.33	26.67	60

Table 5: Satisfaction with information sharing about the hospital (n=100)

Mean ± SD 4.39 ± 0.46

Level of satisfaction in different policies of the hospital at different levels has been depicted in Table 5.

Counselling & record keeping	Good	Very Good	Excellent
Counselling appropriateness	0	30 (30%)	70 (70%)
Time given to you for counselling	0	50 (50%)	50 (50%)
Confidentiality during counselling	49 (49%)	24 (24%)	27 (27%)
Average percent	16.33	34.67	49

Table 6: Satisfaction with counselling services (n=100)

Mean ± SD 2.44± 0.55

Of total, 49% of the study participants responded that counselling service was excellent (Table 6). However, 16.33% responded that because of the high volume of the patients, confidentiality during counselling was good but, could be improved.

Discussion

Beneficiary satisfaction is a surrogate marker of good patient care. This in turn is important for the image of the hospital in society. Hospital policies aiming to make life easier for the patient from the time they come to the hospital to the time they are discharged play a pivotal role in this cycle. The present study was undertaken to address this important issue at our hospital,

and learn from the findings to make necessary improvements in practice. Studies of this nature are sparse in the literature. Subedi et al. showed that 80.6 percent, 81.5 percent, 82.4 percent and 56.86 percent of the participants were just “fairly satisfied” with cleanliness of hospital, cleanliness of bed, security & safety and food available respectively at the hospital they studied.⁵ More than 90 percent

of our participants revealed that HRDC maintains excellent standards of care. A study conducted in India in a tertiary care hospital, showed that 74 percent of the participants were satisfied with the doctor's advice, which is similar to our study.⁶

This study had several limitations. The caretakers were interviewed as opposed to the patients (who were minors) and this may not be exactly reflective of "patient opinion". This is a cross-sectional study with limited number of participants. The predesigned structured questionnaire that was administered was not validated, hence may represent subjective opinions only.

In summary, overall beneficiary satisfaction was excellent regarding the quality of health care services, leadership, logistic arrangements, information system, support services, nursing care, and doctor's consultation at HRDC. Among the different domains of patient satisfaction, respondents were highly satisfied with services provided by nurses and doctors. Though the overall services provided by HRDC were excellent, it is necessary to improve counselling services and record keeping to handle the large inflow of patients going through these departments at any given time.

Conflict of Interest: None

References

1. Boyer L, Francois P, Doutrc E etal. Perception and use of the results of patient satisfaction surveroviders in a French teaching hospital. *Int J Qual health care* 2006;18: 359-64.
2. Rosenthal GE, Harper DL. Cleveland health quality choice: a model for collaborative community-based outcomes assessment. *Joint Comm J Qual Improv.* 1994;20:425-42.
3. Spoeri RK, Ullman R. Measuring and reporting managed care performance: lessons learned and new initiatives. *Ann Intern Med.* 1997;127:726-32.
4. Kravitz Richard. Patient satisfaction with health care. *Journal of General Internal Medicine.* 1998;13:280-2.
5. Subedi D, Upreti K: Patient satisfaction with Hospital Services in Kathmandu: *Journal of Chitwan Medical College:* 2013: 4:25-31
6. Sharma A, Kasar P, Sharma R: Patient Satisfaction about Hospital Services: A study from the outpatient Department of Tertiary Care Hospital, Jabalpur, MP, India: *National Journal of Community Medicine: Volume 5: Issue 2: 2013;* 199-203.