

Original Research Article

## **Evaluation of Patient satisfaction in Emergency Department of a tertiary care hospital in North India**

**Susan Jalali<sup>1</sup>, Farooq A Jan<sup>2</sup>, Haroon Rashid<sup>3</sup>, Shahnawaz Hamid<sup>4</sup>**

<sup>1</sup>Resident Medical officer SKIMS

<sup>2</sup>Additional professor, Hospital Administration, SKIMS

<sup>3</sup>Assistant Professor, Hospital Administration, SKIMS

<sup>4</sup>Senior Resident, Hospital Administration, SKIMS

### **\*Corresponding author**

Dr. Shahnawaz Hamid

Email: [drshahnawazk@rediffmail.com](mailto:drshahnawazk@rediffmail.com)

---

**Abstract:** Health as a fundamental right, is gaining popularity in the past few decades and it has become a social goal. Health care scenario is fast changing all over the world Patient satisfaction is one of the established parameter to measure success of the health care services that is provided in the hospitals. It was a cross sectional study conducted in Sheri Kashmir institute of medical sciences (SKIMS) a tertiary care hospital in North India. The study was conducted from Jan 2016 to May 2016 by introducing a questionnaire among 200 patients or their attendants admitted in the emergency wards of the hospital chosen randomly who fulfilled our inclusion criteria. Present research revealed that majority of the patients were satisfied with services provided during admission process like availability of trolley and wheel chairs, registration, behavior of MRD staff, behavior of security staff, time taken by doctor to visit patient, time given by the doctor during admission and privacy to examination by doctor.

**Keywords:** Sheri Kashmir institute of medical sciences (SKIMS), MRD.

---

### **INTRODUCTION**

Health as a fundamental right, is gaining popularity in the past few decades and it has become a social goal. Health care scenario is fast changing all over the world [1]. Patient satisfaction is one of the established parameter to measure success of the health care services that is provided in the hospitals [2]. There are high expectations and demands from consumers because of improved socioeconomic status and easy accessibility to medical care [3]. Successful monitoring of customer's perception has become a simple but important strategy [4, 5]. A patient who is in distress is the ultimate consumer of the hospital, expecting comfort, care and cure from hospital. Patients have certain expectations prior to visit. A patient may become either satisfied or dissatisfied after coming to the hospital and experiencing the facilities [6]. The measurement of patient satisfaction is an important tool for research, administration, and planning [7]. Patient is one who decides the quality, who accepts the services, who makes others to accept it, who gives correct feedback about the performance of hospital and makes the programme of total quality management successful [8]. Patient's perceptions about health care system seem

to have been largely ignored by the health care managers in the developing countries. Human satisfaction is a complex concept that is related to a number of factors including lifestyle, past experiences, future expectations and the value of both individual and society quality of clinical services provided, availability of medicine, behavior of doctors and other health staff, cost of the services, hospital infrastructure, physical comfort, emotional support and respect for patient preferences[9]. Therefore, assessing patient perspectives gives them a voice, which can make public health services more responsive to people's need and expectations [10, 11]. The aim of this study was to evaluate patient satisfaction viz a viz emergency services provided by a tertiary care hospital in Northern India.

### **MATERIALS AND METHODOLOGY**

It was a cross sectional study conducted in Sheri Kashmir institute of medical sciences (SKIMS) a tertiary care hospital in North India. The study was conducted from Jan 2016 to May 2016 by introducing a questionnaire among 200 patients or their attendants

admitted in the emergency wards of the hospital chosen randomly who fulfilled our inclusion criteria.

**Inclusion criteria**

A patient attending department of emergency medicine at SKIMS with length of stay more than 24 hours

**Exclusion criteria**

Patients with length of stay less than 24 hours and those who do not want to be part of satisfaction survey. The target population were patients available in the emergency wards at the time of data collection. The

patients were explained the purpose of the study before administering the interview schedule and data was collected from those who agreed to participate in the study. The variables included in the survey to assess the patient’s satisfaction were perception about the hospital admission process, pharmacy service, laboratory services, Radiology Services, billing service, Nutrition & Dietary services, cleanliness, pantry service, nursing care, general information about attitude of doctors and overall perception.

**OBSERVATIONS**

**Table 1: Mode of Transport**

Total no. of cases seen	No. of cases using Ambulance		No. of cases using public transport		No. of cases using personal cars	
	No.	% age	No.	% age	No.	% age
200	N= 39	20	N= 46	23	N= 115	57

Table (1) shows that among 200 patients who were interviewed Majority (57%) used personnel vehicles to reach Skims emergency. Only 20% of

patients attending SKIMS emergency utilized ambulance services to reach hospital for care.

**Table 2: Satisfaction viz a viz physical facilities available at reception**

Satisfaction Variable	%age of patients satisfied	%age of patients not satisfied	Total no of patients (n)
Availability of emergency parking for vehicles	12% (n= 14)	88 (n= 101)	115
Availability of trolleys and wheel chairs	80% (n=160)	20% (n=40)	200
Availability of Sign boards and way finding	75% (n= 150)	25% (n= 50)	200

Observation Table (2) reveals that 12% of patients were satisfied with the availability of parking space for their vehicles in emergency area. Majority (88%) said that they didn’t get appropriate space to park their vehicles immediately after reaching the emergency

area. Regarding availability of trolleys and wheel chairs, majority (80%) were satisfied. Similarly Majority of patients (75%) and attendants were satisfied with sign boards for identification of various hospital areas.

**Table 3: Satisfaction viz a viz Security & MRD Staff**

Satisfaction Variable	%age of patients satisfied	%age of patients not satisfied	Total no of patients (n)
Behaviour of Security Personnel	90% (n= 180)	10% (n= 20)	200
Behaviour of MRD staff	95% (n=190)	5% (n=10)	200

Observation Table (3) reveals that majority (90%) of patients or attendants were satisfied with the behaviour of security personnel posted in Emergency.

Behaviour of MRD staff and their services at emergency were also considered satisfactory by majority (95%).

**Table 4: Satisfaction viz a viz clinical care**

Satisfaction Variable	%age of patients satisfied	%age of patients not satisfied	Total no of patients (n)
Doctor visiting in time	90% (n=180)	10% (n=20)	200
Information given during treatment by doctor	74% (n= 148)	26% (n=52)	200

Clinical care received by patients is an essential pre requisite for quality health care. Observation Table (4) shows that majority (90%) of patients were satisfied with quick approach of doctors

towards them. Lesser percentage (74%) of patients were satisfied with the information provided to them by doctors regarding disease and treatment

**Table 5: Satisfaction viz a viz nursing care**

Satisfaction Variable	%age of patients satisfied	%age of patients not satisfied	Total no of patients (n)
Nursing care and concern	95% (n= 190)	5% (n=10)	200
Insertion of cannula/given injectable	79% (n= 158)	21% (n= 42)	200

Observation Table (5) reveals that majority (95%) of patients were satisfied with nursing care and concern towards them. Regarding injections or

cannulation by nursing staff, 79% of patients considered their services satisfactory.

**Table 6: LAB TESTS**

Total no. of cases seen (n)	No. of cases whose tests were advised	No. of cases where tests were not advised	No. of cases where Nursing Aid took samples to lab	No. of cases where Nursing Aid didn't take samples to lab	No. of cases where results were delayed	No. of cases not delayed and satisfied	No. of cases where lab reports were missing
200	180 (90%)	20 (10%)	135(67%)	45 (23%)	30(15%)	150 (75 %)	22(11%)

Diagnostic back up of emergency services constitute an important essential and satisfactory level regarding the services provided and important data for delivery of quality patient care. Among 200 cases interviewed Table (6) reveals that 90% of patients were

advised blood tests out of which 67% of patients said that their blood tests were taken to laboratory by nursing aids while 23% of patients revealed that their blood tests were taken to labs by their attendants as nursing aids were not available.

**Table 7: Satisfaction viz a viz diagnostic facilities**

Satisfaction Variable	%age of patients satisfied	%age of patients not satisfied	Total no of patients (n)
Lab investigations( Biochemistry, pathology, microbiology, etc)	74% (n=148)	26% (n=52)	180
Radiological investigations	91% (n=182)	9% (n=18)	163

Observation for patients viz a viz lab/radiological investigations Table (7) shows that majority of patients were satisfied with both lab investigations as well as radiological investigations.

However satisfaction viz a viz radiological investigations was more (94%) than routine lab investigations (74%).

**Table 8: Satisfaction viz a viz pharmacy services**

Satisfaction Variable	%age of patients satisfied	%age of patients not satisfied	Total no of patients (n)
Availability of drugs	79% (n=158)	21% (n=42)	200
Waiting time at counter	38% (n=76)	62% (n=124)	200
Behaviour of staff	82% (n=164)	18% (n= 36)	200

Table (8) reveals that Pharmacy services were considered to be satisfactory viz a viz availability of prescribed drugs by majority (79%) of patients. However regarding waiting time majority ( 62% ) were

dissatisfied with the services. Taking into account the behaviour of pharmacy staff only 18% shared dissatisfaction.

**Table 9: Surgical Cases**

Total no. of cases seen	No. of cases requiring surgical procedure		No. of cases where proper consent taken		No. of cases satisfied with stitching and cleaning wounds		No. of cases satisfied with EoT availability	
	No.	%age	No.	% age	No.	% age	No.	% age
<b>24</b>	24	100	24	100	24	100	20	83

Table (9) reveals that among 200 cases interviewed, 24 cases were surgical and had to undergo one or other surgical procedure. Among these 24

surgical patients all were satisfied with procedures and post-operative care while majority (83%) were satisfied with availability of EOT table when required.

**Table 10: Satisfaction viz a viz Aesthetics in Emergency department**

Satisfaction Variable	%age of patients satisfied	%age of patients not satisfied	Total no of patients (n)
Cleanliness of toilets	31% (n=62)	69% (n=138)	200
Cleanliness of wards	76% (n= 152)	24% (n= 48)	200
Noise	27% (n= 54)	73% (n= 146)	200
Privacy	72% (n=144)	28% (n=56)	200
Crowd Control	34% (n= 68)	66% (n=132)	200

Proper aesthetics plays an important role in improving patient satisfaction with overall services delivered by the hospital. Observations of table (10) reveal that Cleanliness of Emergency medicine ward was considered to be satisfactory by 76% of attending patients. In contrast 69% of patients considered available toilet as unclean and were dissatisfied. Majority (73%) of patients considered the emergency area as noisy. Crowd control was also considered poor as 66% of patients expressed dissatisfaction. 70% of patients said that their privacy was maintained during examination and hence were satisfied

**DISCUSSION**

Quality care is one of the central dimensions of public health. Good quality care needs to be delivered at the earliest and at the proper time which is a basic right of consumers. In recent years it has become clear that quality care can be measured easily .Patient satisfaction is the essential indicator that reflects the service quality at any level of health services. Assessing satisfaction of patients is simple and cost effective way for evaluation of health centre services.

Present research revealed that majority of the patients were satisfied with services provided during admission process like availability of trolley and wheel

chairs, registration, behavior of MRD staff, behavior of security staff, time taken by doctor to visit patient, time given by the doctor during admission and privacy to examination by doctor. The results were consistent with the study done by Summet Singh *et al.*; in Punjab [12] and Syed Shuja Qadri [13] in rural Haryana. In the current study patients were less satisfied with environment viz-a-viz crowd at the place & waiting time at drug counter. This may be due to shortage of staff in this hospital. A high percentage of the patients in present study were satisfied with the physician services like availability of the doctor, doctor’s care and the treatment given by them, which were comparable with study in Ireland where 61% of the patients viewed Public Health doctors ‘friendly’ and only one per cent viewed them ‘rude’. Another study by Singh JP *et al.*; [15] revealed that patients were more satisfied with behavior of class III &IV staffs than doctors and nursing staffs.

Present study revealed that most of the patients were satisfied by the professional services rendered by the doctor .About 90% patients were satisfied regarding time taken by doctor to visit the patient .72% patients were satisfied viz-a-viz privacy maintained by doctor while examining. 74% were satisfied viz-a-viz information given by doctor to a patient. Ranjeeta

Kumari *et al.*; [16] found 22.55% patient waited less than ½ an hour. Another study conducted by Prasanna KS *et al.*; [17] showed that 20% patient waited less than 30 minutes. Present study showed that majority of the patients had to wait for less time; this could be due to better time management of working.

Present research revealed that most (95%) of the patients were satisfied with the nursing staff. Quite good numbers of the respondents were satisfied with the various components of nursing services like availability of nursing personnel, nursing care and drug dispensing to the patients. A survey conducted by the Department of Public Health, Ireland, states that nurses were perceived as 'friendly' by 72 per cent and 'rude' by 1 per cent of the patients[18].

The current study shows that patient satisfaction with various pharmacy services like the time-spent, billing and drug information varies whereas another study done by de, Brun C *et al.*; states that the average satisfaction rate among the patients for the pharmacy services was 88 per cent [29]. Pharmacy service has a definite bearing for patient satisfaction [29].82% patients were satisfied viz-a-viz behavior of pharmacy.

Most of the patients in the present study were satisfied with the laboratory services. It was consistent with a study done by sumeet singh *et al.*; and Prasanna KS *et al.*; [12, 17].

In the present study patients were less satisfied by the cleanliness in the toilet than the ward and campus area. Only 31% patients were satisfied viz-a-viz cleanliness of toilets and 76% were satisfied viz-a-viz emergency cleanliness. Only 27% of the patients were satisfied with level of noise. In a similar study by Anjum Javed *et al.*; [19] 90.5% patients were satisfied with cleanliness of hospital. In another study done by Sodani PR *et al.*; [20] also found 65% satisfied patients with respect to cleanliness. A study done by pichertj w *et al.*; revealed that 7 per cent of the patients complain against cleanliness or safety of the environment [14].Patients were satisfied with the cleanliness in the toilet particularly in private medical college hospital in a study done by Rajagopal Rao Kodali and P. Sita Ramacharyulu in a private medical college in Andhra Pradesh [21].

## CONCLUSION

In conclusion the study established that patients were satisfied with most of the services provided in Emergency department. The information obtained through this study is valuable to remove discrepancies which are distorting the patient satisfaction so as to make the hospital more attractive for the patients. Patients attending each hospital are

responsible for spreading the good image of the hospital and therefore satisfaction of patients attending the hospital is equally important for hospital management.

## REFERENCES

1. Verma A, Sarma RK. Evaluation of the exit proform as in use at special wards of public sector tertiary care center. Journal of Academy of hospital administration. 2000; 12(1):01-2000.
2. Sreenivas T, Prasad G. Patient satisfaction—A comparative study. J Acad Hosp Adm. 2003; 15(2):07-12.
3. Kulkarni MV, Deoke N. Study of satisfaction of patients admitted in a tertiary care hospital in Nagpur. National journal of community medicine. 2011; 2(1):37-9.
4. Bhattacharya A, Menon P, Koushal, Rao KLN; Study of patient satisfaction in a Tertiary referral hospital. Journal of Academy of Hospital Administration, 2003; 15(1): (2003-01- 2003-06)
5. Singh B, Sarma RK, Skarma DK, Singh V, Arya S. Deepak: Assessment of hospital services by consumers: A study from NDDTC, AIIMS, Ghaziabad. Medico-Legal Update. 2005; 5(1):1-6.
6. Kulkarni MV, Deoke N. Study of satisfaction of patients admitted in a tertiary care hospital in Nagpur. National journal of community medicine. 2011; 2(1):37-9.
7. WHO, World Health Organization, Technical Report Series, 706. Geneva: WHO; 1984.
8. Demir C, Celik Y. Determinants of patient satisfaction in a military teaching hospital. Journal for Healthcare Quality. 2002 Mar 4; 24(2):30-4.
9. Jenkinson C, Coulter A, Bruster S, Richards N, Chandola T. Patients' experiences and satisfaction with health care: results of a questionnaire study of specific aspects of care. Quality and safety in health care. 2002 Dec 1; 11(4):335-9.
10. World Health Organization. The World Health Report 2000- Health Systems: Improving Performance. Geneva: WHO, 2000.
11. Rao KD, Peters DH, Bandeen-Roche K. Towards patient-centered health services in India—a scale to measure patient perceptions of quality. International Journal for Quality in Health Care. 2006 Dec 1; 18(6):414-21.
12. Singh S, Kaur P, Rochwani R. Patient satisfaction levels in a tertiary care medical college hospital in Punjab, North India. Int J Res Dev Health. 2013 Nov; 1(4):172-82.
13. Qadri SS, Pathak R, Singh M, Ahluwalia SK, Saini S, Garg PK. An assessment of patient's satisfaction with services obtained from a tertiary care hospital in rural Haryana. International Journal of Collaborative Research on Internal Medicine & Public Health. 2012; 4(8):1524-37.
14. Pichert JW, Federspiel CF, Hickson GB, Miller CS, Gauld-Jaeger J, Gray CL. Identifying medical

- center units with disproportionate shares of patient complaints. The Joint Commission journal on quality improvement. 1999 Jun;25(6):288-99.
15. Singh JP, Kariwal P, Singh DK. An Assessment of Patients Satisfaction with Services Obtained From a Primary Urban Health Centre, Bareilly (UP). Sch. J. App. Med. Sci., 2014; 2(5D):1746-1750
  16. Kumari R, Idris MZ, Bhushan V, Khanna A, Agarwal M, Singh SK. Study on patient satisfaction in the government allopathic health facilities of Lucknow district, India. Indian Journal of Community Medicine. 2009 Jan 1; 34(1):35.
  17. Prasanna KS, Bashith MA, Sucharitha S. Consumer satisfaction about hospital services: A study from the outpatient department of a private medical college hospital at Mangalore. Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine. 2009 Apr; 34(2):156.
  18. De Brun C, Howell F, Bedford D, Corcoran R, Kelly A. Outpatient experiences in acute hospitals. Irish journal of medical science. 2002 Apr 1; 171(2):89-93.
  19. JAVED A. Patient satisfaction towards outpatient department services in Pakistan Institute of Medical Sciences, Islamabad (Doctoral dissertation, Mahidol University).
  20. Sodani PR, Kumar RK, Srivastava J, Sharma L. Measuring patient satisfaction: A case study to improve quality of care at public health facilities. Indian Journal of Community Medicine. 2010 Jan 1; 35(1):52.