

**End Term Evaluation of Patient Satisfaction across
Secondary level Health Facilities in Rajasthan**

for

Rajasthan Health Systems Development Project

A study by:



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Executive Summary

For a health care organization to be successful, monitoring customer's perceptions is a simple but important strategy to assess and improve their performance. Assessment of patient satisfaction is required to help improve health system performance and promote better governance of the hospital services. Although most patients are generally satisfied with their service experience, they may not be uniformly satisfied with all the aspects of care they receive. Somehow, there are very few studies in India that measure patient satisfaction with the services provided by health care organizations

A baseline and a mid-term survey of Patient Satisfaction was conducted and comparisons drawn. Now with the Project heading towards closure it was felt apt to assess the impact of the Project inputs by conducting an end-term study.

The End Term Patient Satisfaction Study was undertaken by State Institute of Health and Family welfare for RHSDP to assess patient's satisfaction levels with the secondary level health facilities across the State. Besides comparing the level of patients' satisfaction with that of the Non Project and Private Facilities, and reasons of non-use of secondary level public health facilities were also identified.

Data was collected through structured questionnaire from in-patients (684) and out-patients (1907) of Project, Non Project and Private Facilities. Non-users (2100) from community within different range of Project Facilities were also interviewed. Finally, views of the facility-in-charge (91) of Project Facilities were taken.

To ensure consistency and accuracy, the data entry was done, by the supervisors of the respective teams from July 6-18, 2011. After the completion of data entry tables were generated for analysis using MS Access and SPSS 16.0.

Responses of In-patients

Interview was taken from those in-patients who were discharged after treatment or who had been admitted for at least 24hours. For Project Facilities easy accessibility (40.9%) and low expenses (44.8%) were the prime reasons cited by the in-patients. Similar reasons were given for the Non Project Facilities also. Low expenses were the main reason given by respondents of Project Facilities across education, gender and income status (BPL-50.9%).

More patients were able to locate the registration counter in Project Facilities (96.7%). Availability of staff at the registration counter has been reported almost 100% across region and various



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demographic characteristics (age, gender, caste, education and income) in Project Facilities. 53.4% of the in-patients of the Project Facilities rated the behavior as “good”, 25.5% as “fair” and 20.4% as “excellent”. When compared with Non Project Facilities, almost similar percentage considered the behavior to be “good”. Moreover, human behavior tends to get easily affected by a number of personal and environmental factors. Across region more in-patients from tribal and desert had considered the behavior as “excellent”.

Most of the in-patients admitted through emergency were satisfied as the admission process had taken less than 15 minutes. 82.9% of the respondents from the Project Facilities had paid for the IPD ticket and of this 20.9% were from the BPL category. Comparing it to Non Project Facilities (79.8%) a slightly higher percentage (24.1%) of BPL was amongst those who paid the admission fee. More in-patients from government facilities, both Project and Non Project, found admission fee as reasonable as compared to Private Facilities.

Patients of Project Facilities were more satisfied as there was somebody to help them find the ward (82.1%) as compared to Non Project (50%) and Private Facilities (70%). Approximately 95% in-patients were attended immediately after being admitted in all the types of facilities.

Of those who underwent investigations 66.24% of in-patients of the Project Facilities and 64.9% of Non Project Facilities had got their investigations done at the facility itself. More in-patients of BPL category from Project Facilities (50.3%) had their investigations done within the facility as compared to Non Project Facilities (43.9%). 57% of those interviewed at Project Facilities paid for their tests, a higher number 61.4% paid at the Non Project Facilities. More in-patients of Non Project Facilities got the tests done outside the facility due to non availability of technicians and functional equipments (NPF-15.4%; PF-9.8%).

57.8% in-patients from the Project Facility rated the behavior of the nursing staff as “good” while 51.9% from Non-Project Facilities rated such. More in-patients from BPL (PF-20.0%; NPF-17.1%) and Tribal population (PF-19.6%; NPF-5.6%) rated doctor’s behavior as “excellent” than in Non-Project.

Not much difference was found between the three types of facilities – Project Facilities – 75.6%; Non Project facilities – 74% and Private facilities – 78.9%. Doctor was available when called for by the patient more in Project Facilities (8.6%) than in Non Project Facilities (6.7%).

More in-patients from Project Facilities reported more than 5 minutes time given to them for examination by the doctor (PF-29.3%; NPF-27.9%). Satisfaction from treatment was higher amongst Tribal region in-patients and those from BPL category in Project Facilities. With the



increase in bed strength satisfaction level of in-patients show a rise in Project Facilities when compared to Non Project.

More care was taken in Project Facilities (81.4%) than in Non Project (76.9%) in terms of presence of female nurse/ attendant being present during examination of female patient by male doctor.

40.5% in-patients from Project Facilities received medicines from the facility while 38.5% received in Non Project Facilities. More tribal patients expressed satisfaction in Project Facilities where availability of medicines was concerned (P-57.1%; NP-33.3%) as were BPL in-patients.

More in-patients reported availability of signage (70.1% - PF; 65.4% - NPF), display of doctor's name (80.9% - PF; 77.9% - NPF), suggestion box (43.4% - PF; 35.6% - NPF); functional ambulance (85.7% - PF; 67.3% NPF), wheel chair/ trolley/ ramp (90.2% - PF; 82.7 % - NPF).

A very high percentage (97.1%) from Project Facilities preferred seeking treatment from same facility in future thus suggesting high satisfaction level.

Responses of Out-patients

Those out-patients were contacted who had consulted the doctor, got their tests done and purchased medicines. Easy accessibility was the main reason given by out-patients of Non Project Facility (48.9%) while besides this (45.1%) low expenses (41.7%) were also a major reason in Project Facilities. Tribal population and BPL patients of Project Facilities stated low expenses as major reason.

Approximately equal number of out-patients had paid registration fee in both Project and Non-Project Facilities (PF-80.1%; NPF-80.9%) but when compared across income status, less number of BPL out-patients paid fee for registration in Project Facilities (PF-55.8%; NPF-57.1%).

Out-patients were able to locate the OPD easily in all the three types of facilities. This suggests that either the proper signage was present or help was available when the patients asked for it. The consultation time (5 minutes and above) given to patients was more in Project Facilities than in Non Project Facilities which led to more wait time for the patients (PF-25.3%; NPF-20.1%). In order to avail the services in Project Facilities people do not mind to wait even for more than an hour there, while this is not so in Non Project Facilities. More BPL patients from Project Facilities were satisfied with consultation time (5 minutes and above) given to them by doctor (PF-26%; NPF-19.4%). Similarly, tribal population was also more satisfied in Project Facilities (PF-31.7%; NPF-13.6%).



In Project Facilities 23.1% out-patients reported that they received information on it. Comparatively, in the Private Facilities this information was given to more patients (39.8%).

More out-patients were prescribed tests in Project Facilities (31.9%) than in Non Project (26.7%). 76.5% out-patients from Project Facilities had their tests done within the facility as compared to 69.2% from Non Project Facilities. In the tribal region of Project Facilities 90.1% got the tests done within facility while in Non Project Facilities only 74.1% could get their tests done in facility. Amongst BPL patients also more investigations were done within facility in the Project Facilities (PF- 79%; NPF-75.6%). Non-availability of the test was cited highest in Non Project Facilities (30%) so was non availability of technician and equipment (22.5%).

More BPL patients from Non Project Facilities were charged for tests (32.4%) than in Project Facilities (27.1%). Even in tribal region less number of out patients had to pay for their tests in Project Facilities (PF-40%; NPF-55%)

15.5% of out-patients from Project Facilities of tribal regions rated doctor's behavior as "excellent" while only 11.6% of those from Non Project rated such. Similar views were expressed by 13.2% female out-patients from Project Facility as compared to 11.7% from Non Project Facilities. More patients from Project Facilities in the tribal region were satisfied with the examination and treatment given by doctor (PF-94.3%; NPF-93.7%).

Privacy was well maintained in the Private Facilities (94%) and not so much in the Project Facilities (79.3%) which was better than Non Project Facilities (75.2%). Out-patients of Project Facilities were more satisfied with the behavior of technicians (60.8%) than that of the nursing staff (56.4%).

The prescribed medicines were available in the facility to 44.8% of out-patients from Project Facilities and 38.4% from Non Project Facilities. The patients from Non Project Facilities (66.7%) reported that they always had to purchase medicines from outside while this figure was 55.6% in Project Facilities. A subsidized medical store was reported to be available in the health facility by 70.7% of out-patients from Project Facilities while this number was only 51.3% in Non Project Facilities and more so as 29.5% in Private Facilities.

Amongst region more out-patients from Project Facilities in the tribal area stated that hospital premises were clean than those from Non Project Facilities (PF-97.7%; NPF-94.7%). More awareness in out-patients of Project Facilities was visible in terms of Signage (72.6% - PF; 62.6%



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- NPF), Display of doctor's name (79.3% - PF; 66.3% - NPF), Suggestion box (56.3% - PF; 46.4% - NPF), Functional ambulance (79.7% - PF; 60.4% - NPF), Wheelchair/ ramp (79.4% - PF; 70.8% - NPF), Trash disposal (70.7% - PF; 68.6% - NPF). The efforts have led to more satisfaction in tribal region and thus out-patients from Project Facilities had stated preferring treatment again from the same facility (PF-97.7%; NPF-93.7%). Even BPL patients were more satisfied in Project Facilities (PF-97.7%; NPF-95.9%). The tribal population of Project Facility came to know about the services through media more than in Non Project Facility (PF-32.9%; NPF-25.4%).

Responses of Non Users

People from the community who either themselves or any of their family members had fallen sick in the past three months but did not avail services from Project Facility were interviewed to know the reasons for not going to that facility and preferring another one.

The major reasons given by Non Users for not availing services from Project Facility were no personal attention given by doctors (25%); non-availability of services (24.7%); non-availability of doctors (21.7%); bad image of hospital (12.5%) and long waiting time (11.8%).

Further they were asked to give reasons for preferring another facility which here came out to be a private facility. The reasons given were personal attention by doctors (43.7%); Goodwill of doctor (28%); facilities under one roof (27.8%) and proper management (14.3%).

Responses of Medical Officer-in-Charge

Out of 101 MO I/Cs to be contacted, 91 could be actually interviewed and they were asked questions to understand the changes occurred in their facility with the interventions made by RHSDP.

89% believed that positive changes have taken place. HSIC, HCWM, HMIS, MMJRK, RMRS were all reported to be functional at all the facilities.

A lot of civil work in form of renovation was mentioned but somehow 35% were satisfied with the work done and 40.7% considered it to be average.

Regarding HCWM, 87% of them reported their staff complied with the guidelines; there was also adequate supply of bins and bags. 95.6% also stated that staff had received the training on HCWM. However waste management practices had improved after trainings, need for refresher training was expressed.



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The intense IEC activities had led to increased patient load at their facilities but there was not sufficient staff to meet the requirements.

59.3% stated that they had made several efforts to motivate the community to avail the services of the facility.

73.6% reported that arrangements were made to ensure the tests prescribed were made available to the patients.

The equipments supplied by RHSDP were reported to be very useful for critical services but it was expressed by MO I/Cs of smaller facilities that they required specialists to make the equipments functional whereas those of higher facilities required more equipments to provide services to their patients.

75.8% of the respondents state that drug supply was made regular but in case of shortage arrangements through RMRS were made.

Regarding trainings 89% believed that trainings upgraded the skills of the staff. 61.5% considered that adequate trainings had been provided while 31.9% expressed need for more skill based trainings.

Overall, the Project Facilities have improved to a greater extent over the years more evident when compared to the baseline survey.