

Patient Satisfaction with the Health Services Provided by the Hospital in Inpatient Units in a Tertiary-Level Hospital in Nepal

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ABSTRACT

Background: As the patients are an important stakeholder in the hospital, patient satisfaction is the indicator of the overall success of the hospital. It measures two parameters at once; that is, to what extent customers are satisfied and the success level of service providers. So it is crucial to measure patient satisfaction levels in order to adopt a continuous improvement strategy. The main objective of this study is to identify the level of hospital service provided by doctors nurses and other concerned sectors in the tertiary level private hospital.

Methodology: A descriptive cross-sectional study design was used. Similarly, as a measuring tool a structured survey questionnaire was employed. 183 discharged patients were selected for the study by using a convenience sampling technique.

Result: The patient satisfaction level was nearly very good in all domains. The majority of patients (43.6%) reported that the hospital service was very good and followed by 28.6% stated that the service was good and 27.9% told that the service was very extremely good. It indicated that the hospital services were very good. Analysis reveals that patient satisfaction varied according to educational status (among different levels of education) and occupation. On the contrary, patient satisfaction was not varied according to age, sex, marital status, literacy status, type of family, and address.

Conclusion: Assessment of patient satisfaction has long been a declared topic in both nursing and medical professional and research areas. This study shows that overall satisfaction of patient satisfaction was very good. However, there were spaces for improvement as well.

Keywords: patient satisfaction level, hospital services, measurement

RESEARCH OBJECTIVE

This study aimed to assess the extent of patient satisfaction at Manmohan Medical College and Teaching Hospital. Moreover, the study identified the relationship between the satisfactions of a patient with selected variables. Moreover, the strong areas and the areas for improvement pertaining to patient satisfaction were explored simultaneously.

RESEARCH QUESTIONS

1. What was the extent of patient satisfaction at Manmohan Medical College and Teaching Hospital?

BACKGROUND

Virtually, Patient satisfaction is a measure of the degree to which a patient is satisfied with the healthcare provided by health institutions. It is well-accepted that patient

satisfaction is one of the vital elements of quality care and an indication of decent relationships between patients and healthcare providers.^[1] It is not hyperbole that there is a lack of a universally agreeable definition of patient satisfaction as controversy is seen among various authors.^[2] However, it is claimed that patient satisfaction is a crucial and normally used indicator for measuring the quality of health care. Patient satisfaction with an encounter with health care services is mainly dependent on basic things like efficiency, timeliness of care, the behavior of the health care provider especially nurses, 'activities, doctors' ways of dealing with patients, cost, physical surroundings, availability of equipment, etc. all are included under patient satisfaction. However, nursing care was the most significant to raise overall patient satisfaction.^[3] It is well observed that Hospitals with higher numbers of satisfied patients are more possible to have large volumes compared to hospitals with less-satisfied patients. People are more likely to recommend a hospital to family and friends if their experiences were good.^[4] It compels us to think urgently to determine the magnitude of the problems immediately. Nursing care has a top role in patient satisfaction and patient satisfaction is an important indicator of the quality of care. Now a day healthcare institutions are concerned with maintaining high levels of satisfaction in order to keep on competing in the healthcare market.^[5] Patient satisfaction may include all services of health institutions that affect patients during their hospital stay like nurses' behavior, doctor's behavior, attitudes of paramedics, availability of food items in staff, cafeteria, hospital surroundings, etc.^[6] These days, Nepal Government has prioritized reform in the health sector. In order to implement such a new enthusiastic ambitious aim, hospital management must move from a supply-driven aspect to a demand-driven aspect of the healthcare system. In the wake of reformation, an efficient, cost-effective, and patient-

centered approach is supposed to be adopted. In this changing circumstance, before introducing a new concept, the state of patient satisfaction with the existing service of the hospital should be studied so that it will be easy to incorporate new additional strategies. It compels us to think about the magnitude of the issues. Therefore, it goes without saying that patient satisfaction to be studied at regular intervals without any hesitation.

METHODOLOGY

A cross-sectional descriptive study design was adopted. Study design, study site, population and sample of the study, tools and instrumentation, data collection procedures, analysis and interpretation, validity and reliability, and ethical considerations were explained in this section

Research Site, Population, and Sampling and sample size of the Study

The study area was selected

The locations of this research study will be all units of Manmohan Medical College and Teaching Hospital. It is a tertiary-level hospital. For this study, a convenience sampling technique was adopted. All patients at the time of discharge from different wards (medical ward, surgical ward, and maternity ward), who were willing to participate in the study were included in the study. The sample size consisted of 183 patients. Although there were 183 patients included in this study, only valid 140 were analyzed after discarding the not applicable part in statistical analysis.

Tools and Instrumentation

Taking into consideration that the development of tools is a noteworthy matter in order to assemble the required data, we have given special attention to selecting the proper tool and instrument. From an extensive literature review and after consultation with experts and peers, researchers themselves have constructed

twenty-eight items questionnaires six-point Likert Scale questionnaires as a main instrument of data collection. Finally, questionnaires consisted of two parts that assessing

- a. Demographic information
- b. Information regarding the patient satisfaction

Data Collection Procedure

In order to collect data researchers went to each selected respondents (discharged patient) introduced themselves as researchers, and then stated the purpose of the study. The researcher took an interview the respondents. Respondents who would want to participate in this study had imparted written consent before starting the interview with them. It took nearly half an hour to 45 minutes to complete the interview.

Data Analysis Procedure

Data were entered, edited, processed, and analyzed in SPSS 25.0 version. Mean, standard deviation, and percentage were calculated for descriptive statistics, and a chi-square test was done to determine the association between categorical variables. A p-value less than 0.05 was considered statistically significant.

Ultimately, the findings of the study were interconnected with the purpose and research questions. Similarly, each finding was related to reviewed literature and findings of other similar kinds of studies conducted nationally or globally

Validity and Reliability

In order to maintain validity extensive literature review, and consultation with nurse experts, health professionals, and

peers have been done extensively. Additionally, to analyze questionnaire validity, three experts (senior Nurses, a research expert, and hospital managers) were asked for their opinion. They were asked to complete the questionnaire as if they were actual respondents. Their suggestions and feedback were incorporated while developing the questionnaire.

Reliability is the confidence in measuring an instrument to give us the same numeric value when the measurement is repeated on the same object. Taking this theoretical consideration in mind, we gave specific emphasis on reliability. Pretesting of the instrument will be done among 10% of participants and for internal consistency of the items Cronbach alpha was calculated. Cronbach alpha was .903 that means internal consistency of the items was excellent Necessary modification had done after the pretest result and the participant's suggestion or opinion

Ethical Consideration

The ethical aspect of the study was consciously followed. Written proposal had submitted and approval will be taken from the institutional research committee of Manmohan Memorial Medical College and Teaching Hospital. Alike, selected patients from different units of the hospital were approached and written consent had taken for their voluntary participation in this study. The respondents were assured of anonymity; confidentiality and privacy of information given by them. Respondents were permitted to withdraw their participation from the study at any time. Researchers followed the coding system to maintain the subject's anonymity or privacy.

RESULT

Table 1: Demographic Distribution of Participants (n=183)

Variables	Categories	Number	Percentages
Age	Young adulthood (20-39 Years)	94	51.36
	Middle adulthood (39-59 Years)	51	27.87
	Elderly (60 and above Years)	38	20.77
Gender	Female	91	49.73
	Male	92	50.23
Marital Status	Unmarried	50	27.32
	Married	132	72.13
	Widow	1	0.55

Educational Status	Illiterate	35	19.13
	Literate – under SLC	45	24.59
	SLC	25	13.66
	12 Completed	39	21.31
	Bachelor Completed	34	18.58
	Master & Above	5	2.73
Occupation	Student	26	14.2
	Housewife	60	32.8
	Government service	11	6.0
	Farmers	25	13.7
	Business	25	13.7
	Others	36	19.7
Types of family	Nuclear	103	56.3
	Joint am	80	43.7
Geographic Location	Within Valley	80	43.7
	Out of Valley	103	56.3
Total		183	100

As illustrated in Table 1, more than half of the patients (51.36%) were from young adulthood; the age ranged from 20 years to 39 years, followed by 27.87% from middle adulthood and only 20.77% of participants were with the age of 60 and above. The mean age was 43.8 years with a standard deviation of 17.8 years. In terms of gender, there was an equal no of participants (91 female & 92 male). Among 183 patients almost 3 in 4 participants (72.13%) were married and followed by one-fourth (27.32%), unmarried and one was a widow. According to educational status, a large no of participants (24.59) was under SLC. SLC

completed participants were 13.66%, twelve classes completed participants were 21.31% and very few percentage participants (2.73%) completed master and above. Talking about occupation, almost one-third (32.8%) were housewives followed by farmers and businessmen in equal numbers. 14.2 % of students and very few percent of participants (6%) were doing government jobs. Similarly, the majority of participants (56.3%) were from a nuclear family. Geographically majority of participants (56.3%) were from outside the Kathmandu Valley.

Table 2: Descriptive statistics of the score of the different domains of service of hospital perceived by patients

Variables	N	Maximum	Minimum	Mean	SD
Nursing service	179	11	40	29.6	5.8
Physician service	178	11	35	26.0	5.6
Pharmacy service	170	4	20	14.2	3.6
Environmental service	179	4	20	15.3	3.7
Canteen service	148	5	25	13.9	6.5
Grand Total	140	54	140	99.5	21.3

As shown in Table 2, different areas of service of the hospital were analyzed by using mean. Output to be decided whether the service is more than good or less than good. For different domains of hospital services, cut-off points were decided on the basis of the mean. The decided cutoff points were 24 for nursing service, 21 for physician service, 12 for environment and pharmacy, and 15 for the canteen. The patient satisfaction level was nearly very good in all domains. Thus, it can be said that the overall satisfaction of the patient

towards hospital services seemed to be nearly very good.

Table 3: Respondents According to the Extent of Satisfaction with Hospital Service (N=140)

Variable category (Extent)	Number	Percentage
Poor	0	0
Fair	0	0
Good	40	28.6
Very good	61	43.6
Extremely very good	39	27.9
Total	140	100

Table 3 shows that out of valid 140 respondents (patients), the majority of

patients (43.6%) reported that the hospital service was very good and followed by 28.6% stated that the service was good and

27.9% told that the service was very extremely good. It indicated that the hospital services were very good.

Table 4: Association of demographical variables and patient satisfaction

Variable	Categories	Patients Satisfaction			Chi-square	P value
		Good	Very good	Extreme		
Age	Below 40 years	23(30.7%)	31(41.3%)	21(28.0%)	2.6	0.62
	40-59 years	9(20.5%)	22(50.0%)	13(29.5%)		
	60 and above years	8(38.1%)	8(38.1%)	5(23.8%)		
	Total	40(28.6%)	61(43.6%)	39(27.9%)		
Sex	Male	21(29.6%)	35(49.3%)	15(21.1%)	3.4	0.17
	Female	19(27.5%)	26(37.7%)	24(34.8%)		
Marital status	Unmarried	9(24.3%)	15(40.5%)	13(35.1%)	4.1	0.38
	Married	31(30.4%)	46(45.1%)	25(24.5%)		
	Widow	0(0.0%)	0(0.0%)	1(100.0%)		
Literacy Status	Illiterate	5(20.8%)	8(33.3%)	11(45.8%)	4.6	0.097
	Literate	35(30.2%)	53(45.7%)	28(24.1%)		
Educational level	Below SLC	10(32.3%)	14(45.2%)	7(22.6%)	15.9	0.049
	SLC	4(20.0%)	15(75.0%)	1(5.0%)		
	12 completed	9(27.3%)	14(42.4%)	10(30.3%)		
	Bachelor	9(32.1%)	9(32.1%)	10(35.7%)		
	Master and above	3(75.0%)	1(25.0%)	0(0.0%)		
Occupation	Student	4(18.2%)	9(40.9%)	9(40.9%)	20.2	0.027
	Housewife	14(29.8%)	20(42.6%)	13(27.7%)		
	Government service	4(57.1%)	1(14.3%)	2(28.6%)		
	Farmer	5(25.0%)	12(60.0%)	3(15.0%)		
	Business	10(52.6%)	8(42.1%)	1(5.3%)		
	Others	3(12.0%)	11(44.0%)	11(44.0%)		
Types of family	Nuclear	21(25.0%)	37(44.0%)	26(31.0%)	1.6	0.43
	Joint	19(33.9%)	24(42.9%)	13(23.2%)		
Address	Valley	19(34.5%)	22(40.0%)	14(25.5%)	1.5	0.45
	Out of valley	21(24.7%)	39(45.9%)	25(29.4%)		

Table 4 shows the association between demographic variables and patient satisfaction. A chi-square test was applied. Analysis reveals that patient satisfaction varied according to education level and occupation (p= 0.049 & 0.027 respectively). On the contrary, patient satisfaction was not varied according to age, sex, marital status, literacy status, type of family, and address (p=0.62, 0.17, 0.38, 0.097, 0.43 & 0.45 respectively).

DISCUSSION

Under the discussion, the results obtained from the data analysis have been viewed according to the research objectives and research questions. Also, the results have been compared and contrasted with the results of other recently conducted studies related to patient satisfaction.

Regarding the demographic variables, more than half of the patients (51.36%) were from young adulthood; the age ranged from 20 years to 39 years, followed by 27.87% from middle adulthood, and only 20.77% of participants were aged 60 and above. The

mean age was 43.8 years with a standard deviation of 17.88. In this study age groups, were categorized according to the concept of Erik Erikson's stages of psychological development. In terms of gender, there was nearly an equal no of participants (91 female & 92 male). More patients from young adulthood (20-39 years of age) than in middle adulthood and even than elderly (60 and above years of age) which is attention-grabbing. This may be due to more young patients liking to participate than another age group or maybe because of convenience sampling.

Comparing the findings of this study with Adhikari et al. 2021^[6], some differences were found. For example, in this study, the majority said that the services were very good, while in the aforementioned study, only 39% were fully satisfied. The same thing that 92% of them considered good in terms of interpersonal skills, overall aspects of this study showed a very good level of satisfaction. In this study level of patient satisfaction was associated with the level of

education and occupation. The findings of this study were in contrast to the findings of a study conducted by Shrestha, Devkota, and Shrestha where none of the variables were associated with the level of patient satisfaction.^[7]

The interesting thing about the present study is that none of the respondents reported that hospital services were poor or fair. In my personal opinion, there can be two reasons for this. Firstly, since this hospital is private, the nurses- patients, and doctors – patients ratio might be good to somewhat extent, so the service may have been good. Secondly, the interview was conducted by the nursing personnel within the hospital, so the patients may have given a positive response. Therefore, in the coming days, it is better to conduct a study by taking a sample on large scale and collecting data from researchers outside the hospital. Effects of the previous hospitalization may influence the present satisfaction level, this aspect is not considered in this study. As all studies have their limitations, this study also has some noteworthy limitations such as lack of randomization, including only one hospital, and a small sample size.

CONCLUSION

Assessment of patient satisfaction has long been a declared topic in both nursing and medical professional and research areas. This study shows that overall satisfaction of patient satisfaction was very good. However, there were spaces for improvement as well. According to the study, hospital services are considered very well. Staying static because it looks good is definitely not good, so how to make it better and how to improve the weak areas is important. In addition to this, it is definitely better to study patient satisfaction on a regular basis and always pay attention for improving and maintaining according to the findings

Declaration by Authors

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