

## **Patient Satisfaction survey based on standard Press Ganey questionnaire at Emergency dept of Nizams Institute of Medical sciences, a tertiary care institute at Hyderabad.**

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### **I. Introduction**

Customer is always the king in any business and healthcare is no exception. For hospitals to be sustainable over a period of time, customer satisfaction plays a pivotal role. Emergency dept is the first point of contact and acts as the window of the hospital. Although it may seem impossible to keep all clients satisfied, we can achieve a high level of satisfaction by working on related indicators and trying to improve them <sup>2</sup>Studies from other countries indicate that using the results obtained from satisfaction surveys can have a profound effect on the quality of services<sup>3,4,5</sup>

### **Objectives of the study**

1. To identify the satisfaction level among patients visiting ED at NIMS.
2. To identify specific factors which are causing dissatisfaction among patients

### **II. Review of Literature:**

Patient satisfaction is considered one of the important quality indicator(s) at the ED [1]. Measurement of patient satisfaction stands poised to play an increasingly important role in the growing push toward accountability among health care providers [3]. According to the report of Press Ganey Associates (2009), the emergency department (ED) has become the hospital's front door, now accounting for more than half of all admissions in the United States [6]. This has placed considerable strain on many facilities, with the increasing demand for service - much of it inappropriate to the site of care - leading to long waiting times, crowded conditions, boarding patients in hallways, increased ambulance diversions, and highly variable care and outcomes [6].

### **III. Methodology**

Place of study: Emergency Dept of Nizam's Institute of Medical Sciences, a 1300 bedded tertiary care center.

Duration of study: Study was done in December 2017 over a period of one month.

Sample: Sample size of 200 patients who visited Emergency Dept of NIMS was selected for the study. Sample was selected randomly.

The questionnaire used in our study is from the Press Ganey Institute .In our study, we used this questionnaire with minor modification of some items as was done in an earlier study at Iran by Hassan Soleimanpour.

The study used the highly valid and reliable Press Ganey questionnaire consisting of standard questions organized into four sections:

- 1- Identification and waiting time
- 2- Registration process, physical comfort and nursing care
- 3- Physician care
- 4- Overall satisfaction with the emergency department.

Interviews were conducted by research team members.

In this study, the waiting time before the first examination of the patient was also measured. The exact time of the patient's arrival was recorded in his/her medical records upon their arrival, as was the first examination by the physician.

The collected data were analyzed using SPSS version 13. Nominal and ordinal scale data were reported as absolute and relative frequency, and normally distributed data were presented as means  $\pm$  standard deviation. To determine any differences between groups, data were analyzed by X<sup>2</sup> test; the odds ratio and 95% confidence

interval were calculated to determine the relationships between the variables examined.  $P < 0.05$  was considered to be statistically significant.

#### IV. Observations & Results

Analysis of the data indicates that 200 clients out of the total number of clients referred to the ED agreed to participate in the study. Because some questionnaires were not fully answered by the participants, a small proportion of the data was regarded as missing.

Demographic characteristics.

Population-specific demographic	Percent
<b>Gender</b>	
Female	40.8
Male	59.2
<b>Time of visit</b>	
Morning	35.5
Evening	37.5
Night	25.2
Missing	1.8
<b>Patient's first visit here</b>	
Yes	57.3
No	42.7
<b>Who has completed the questionnaire</b>	
Patient	9.4
Another one	89
Missing	1.6
<b>Living location</b>	
Urban	62.5
Rural	37.3
Missing	0.2
<b>Patient's disposition</b>	
Discharge	40.6
Admission	35.9
Expired	3.7

This study reveals that the average waiting time (WT) for the first visit to emergency medicine residents or specialists was 14.15 min.

For the association analysis between waiting time and satisfaction levels,  $P = 0.03$  indicates that those with longer WTs were dissatisfied.

Satisfaction level of clients in regard to items of the questionnaire.

Question	Very poor	Poor	Fair	Good	Very good
Courtesy of staff in the registration area	4.5	2.7	16.3	2.7	4.5
Comfort and pleasantness of the waiting area	8.7	10	25.3	21.5	34.5
Comfort and pleasantness during examination	12.5	3.4	14.6	14.3	55.2

Question	Very poor	Poor	Fair	Good	Very good
Friendliness/courtesy of the nurse	6.1	2.9	13	17.9	61
Concern the nurse showed for doing medical orders	6.2	3.8	12.9	28	56.3
Courtesy of security staff	6.8	2.3	12.7	18.6	59.6
Courtesy of staff who transfer the patients	11	4.3	11.5	19.6	53.6
Length of wait before going to an exam room	16.8	9.4	15.6	17.3	40.9
Friendliness/courtesy of the care provider	4.9	2.2	10.4	16.7	65.8
Explanations the care provider gave you about your condition	8.6	7.8	16.4	16.4	50.8
Concern the care provider showed for your questions or worries	7	7	18.5	18.8	48.7
Care provider's efforts to include you in decisions about your treatment	17.8	8.7	13.2	14.3	46
Information the care provider gave you about medications	10	8.3	14.5	17.8	49.4
Instructions the care provider gave you about follow-up care	7.8	8.1	11.3	15.6	57.2
Degree to which care provider talked with you using words you could understand	6.9	5.1	15.2	13.3	59.5
Amount of time the care provider spent with you	9.3	10.9	15.4	15.7	48.7
Frequency of being visit by physicians	9.8	5.5	19.3	16.7	48.7
Overall cheerfulness of our practice	7.7	5.8	23.3	28.3	34.9
Overall cleanliness of our practice	14.5	7.7	19.8	29.3	28.7
Likelihood of your recommending our practice to others	10.9	7.5	16.6	27	38

## V. Discussion & Conclusion

Items with a high level of satisfaction included: physicians' courtesy and behavior with the patients (82.5%), security guards' courtesy (78.3%) and nurses' courtesy with the patients (78%).

The lowest level of satisfaction refers to the following items: care provider's efforts to get the patients involved in making decisions about their own treatment (26.5%), waiting time (WT) for the first visit (26.2%), and cleanness and neatness (22.2%).

The mean waiting time for the patients to be visited by a specialist was 14.15 min, ranging between 35 min as the maximum and 1 min as the minimum waiting times. The highest level of satisfaction with the ED was related to physicians' courtesy (83.1%), and the lowest level was related to service men's friendliness (15.4%). The participants also rated their overall satisfaction of care received during their visit as very high (35/9%), high (28.3%), average (23.3%), low (5.8%) and very low (7.8%).

Thus, the data indicate that overall satisfaction was 63.2%, although (13.6%) were dissatisfied. Once the patients themselves were interviewed, their satisfaction level was 60.6%. On the other hand, their relatives' satisfaction level was 63.2%. Also, 18.5% of patients and 13% of their relatives reported dissatisfaction. The difference in satisfaction rate between the two groups was statistically significant ( $P = 0.03$ ).

In regard to work shifts, subjects' satisfaction with the morning, evening and night shifts were 62.4%, 64.3% and 63.3%, respectively. Their dissatisfaction levels were 12%, 12.7% and 14.3%, respectively. Although the overall dissatisfaction rate for the night shift was less than that for the other shifts, there was no meaningful statistical difference among the different shifts.

The data also indicate that living area, either urban or rural, showed no meaningful relation to satisfaction level.

Due to the fact that the ED is a unique department among other medical care services, understanding of the factors affecting patient satisfaction is essential<sup>5</sup>.

The study by Hall and Press (1996) in the US shows that variables such as age and gender do not have a profound impact on satisfaction level. It also shows that an association exists between patients' satisfaction and the respect they receive from physicians and nurses during waiting times<sup>5</sup>.

The findings of the study by Omidvari and colleagues at five large hospitals of the Tehran University of Medical Sciences were to some extent similar to our findings: 85.6% and 41.8% of clients showed satisfaction above average and very good, respectively. Those with higher education were less satisfied, but there was no significant relationship between marital status, occupation, gender, work shift and satisfaction level. It is also true that those who waited longer were less satisfied<sup>7</sup>

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