

FEEDBACK ANALYSIS OF PATIENTS IN A TERTIARY CARE HOSPITAL

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ABSTRACT

Objective: To analyze feedback and pattern of response by patients over a period of two years in a tertiary care hospital.

Study Design: Descriptive study.

Place and Duration of Study: Quality Assurance Department of Combined Military Hospital Malir, from Jan 2014 till Dec 2015.

Material and Methods: Combined Military Hospital Malir is a quality management System/International organization of standardization 9001-2008 certified since 2013 and has a well-established quality assurance department. Before conducting this study it was ensured that every department of the hospital has a prominently placed complaint/suggestion register along with the pre-designed feedback proformas. Patients feedbacks submitted spontaneously were collected from all 40 departments of the hospital on regular basis.

All the data collected were then analyzed at the quality assurance department. Patients' responses were broadly grouped into three major categories which were: Complaints, Suggestions and Compliments.

These three major categories of feedbacks were analyzed in terms of frequency and percentages which were further analyzed against six parameters depending upon their relation. These parameters were hospital staff, hospital environment, medicine & treatment, infrastructure, hospital comforts and basic amenities.

All the data were analyzed on SPSS 20.

Results: In the year 2014, Combined Military Hospital received 1528 patients' feedback from all the departments. A total of 1071 (70%) out of these were complaints, 153 (10%) were compliments and 304 (20%) were suggestions. In the year 2015, we received 593 patients' feedback constituting 187 (32%) complaints, 258 (43%) compliments and 148 (25%) suggestions. Out of 1071 complaints majority 244 (23%) were related to basic amenities followed by 213 (20%) related to hospital environment. Complaints pertaining to staff behavior were 195 (18%) while 178 (17%) were directed towards medicines and treatment. About 170 (16%) people were not satisfied with the infrastructure of the hospital while only 71 (7%) people showed dissatisfaction towards hospital comforts.

On comparing the results of year 2014 to 2015, we found that there was a reduction of 62% in total number of feedbacks (1528 to 593). Complaints declined by 82% (1071 to 187) while compliments increased from 10% to 43%. Most of the complaints were regarding basic amenities 41% (76) followed by 19% (35), 17% (31) and 16% (29) related to hospital comforts, medicines/treatment and staff respectively.

Conclusion: In a public hospital set up most of the complaints are generated towards basic amenities like provision of quality food, clean drinking water and hygienic washrooms followed by hospital general environment and staff behavior. Simultaneously it is also found that timely action taken by board of doctors and administration on patients feedback and complaints minimize chances of their recurrence and increase the confidence of the patients towards an organisation in the form of compliments.

Keywords: Health care facilities, Patient satisfaction, Quality of health care.

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INTRODUCTION

Access to health care is a basic human right and cannot be denied legally or morally in any

society. Provision of this basic facility in a respectful and dignified manner is the responsibility of the government¹.

Health sector is one of the major service sectors of a country needed to develop and maintain a healthy human capital for

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achievement of national goals. Unfortunately in a developing country like Pakistan, this facility is inadequate not only in terms of infrastructure but also in quality¹.

Similar to all developing countries of the world, the public and private health sectors in Pakistan co-exist both complimenting and conflicting with each other. Health care sector has become a highly competitive and fast growing service industry where patients are the customers and key evaluators in measuring the quality of service provided by the hospital¹. Public hospitals are owned and run by the government while private hospitals operate independently are generally more profit oriented. In the recent past, private hospitals have gained popularity in middle and upper class because of their focus toward providing customer satisfaction².

Health care services are intangible in nature and hence it is onerous to assess and measure their quality. Patients satisfaction is mostly dependent upon their sagacity and the perception of quality health care services provided which is further influenced by their culture and taboos². Ahmed et al reported that diversity in patient's demographics molds their perceptions about hospital facilities and services. Their study measures the changes brought in the patient satisfaction of admitted patients in different wards of the public sector hospitals in the D.I. Khan district³.

Patient satisfaction serves as an important tool for self-evaluation for an organization⁴. Unfortunately public hospitals are not only deficient in provision of basic health facilities in the form of lack of man power, medicines and diagnostics but are also least focused towards patient feedback⁴. According to Chakraborty⁵, Rezaei⁶, Aniza⁷ and Chaaker⁸ satisfaction is a psychological concept, which is defined in different ways. The satisfaction of a patient should be addressed in a continuous manner for organizational growth.

Aim of this study was to analyze patient's feedback on the working of this hospital, type

and area generating complaints, along with appreciations and suggestions. This study helped the administration in identifying weak areas that required attention and timely implementation of appropriate corrective measures for quality health care. Analyzing feedback gave a direct insight into the working of the hospital and changes required for improvement.

MATERIAL AND METHODS

This descriptive study was carried out in Quality Assurance Department (QAD) of Combined Military Hospital (CMH) Malir which is a 500 hundred bedded tertiary care hospital with average bed occupancy of 65-70% and approximate daily outdoor sick report of 1200 patients. CMH Malir is QMS ISO 9001-2008 certified since 2013 and has a well-established Quality Assurance Department comprising of QMR (Quality Management Representative), DQMR (Deputy Quality Management Representative), DCR (Document Control Representative) and Clerical staff. The period of study was from January 2014 till Dec 2015.

Prior permission from the hospital ethical committee was acquired before the commencement of the study and it was ensured that all departments had complaint/suggestion registers along with pre designed patient feedback proformas placed at a prominent and accessible place. Only written responses were included in this study to keep the traceability and objectivity. Verbal and anonymous complaints and suggestions were not included.

Patient's response was gathered on these complaint registers and on predesigned feedback proformas. Quality Assurance Department proactively encouraged all the departments to get feedback from patients to determine their satisfaction level in five major departments of the hospital including Pathology, Radiology, Pharmacy, Outdoor and Indoor of the hospital. As per laid down policy each complaint/feedback was presented to the hospital administration for prompt and propitious action. Furthermore each feedback

was routed to QAD for its documentation, analysis and verification. Finally feedback analysis was presented to the top management of the hospital including all heads of departments.

All the data were collected and analyzed in Quality Assurance Department. The patient response was broadly categorized in three major categories as complaints, suggestions and compliments which were analyzed in terms of

categories were further analyzed as per the given parameters. Number of complaints, suggestions and compliments were calculated as frequency and percentages on SPSS version 20.

RESULTS

In year 2014 Combined Military Hospital received a total of 1528 patient feedback from patients from all the departments. Out of these

Table-I: Parameters of complaints of the patients.

<ol style="list-style-type: none"> 1. Hospital Staff <ul style="list-style-type: none"> • Behaviour • Competence • Strength 2. Hospital Environment <ul style="list-style-type: none"> • Waiting Area Facilitates • Lights • Fans • Chairs 3. Medicine and Treatment <ul style="list-style-type: none"> • Issuance of medicines • Quality of medicines • Information about treatment 	<ol style="list-style-type: none"> 4. Infrastructure <ul style="list-style-type: none"> • Parking Area • Washrooms Structure • Wards Space/beds • Waiting Area Structure 5. Hospital Comforts <ul style="list-style-type: none"> • Air Conditioner • T.V • Refrigerators 6. Basic Amenities <ul style="list-style-type: none"> • Meals • Water • Linen • Wash rooms facilities • Wheel Chairs • Ambulance Service
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Table-II: Distribution of patients feedbacks on different parameters in two years.

Parameters	Year 2014							Year 2015						
	Complaints		Compliments		Suggestions		Total	Complaints		Compliments		Suggestions		Total
	N	%	N	%	N	%		N	%	N	%	N	%	
Staff	195	18%	206	67%	8	5%	409	29	16%	199	77%	24	6%	52
Hospital Environment	213	20%	92	30%	31	20%	336	4	2%	35	14%	5	3%	4
Medicine & Treatment	178	17%	6	2%	48	31%	232	31	17%	5	2%	12	8%	8
Infrastructure	170	16%	-	0%	35	23%	205	12	6%	5	2%	23	16%	0
Hospital Comforts	71	7%	-	0%	19	12%	90	35	19%	0	0%	40	27%	75
Basic Amenities	244	3%	-	0%	12	8%	256	76	41%	14	5%	44	30%	134
Total	1071	0%	304	20%	153	10%	1528	187	32%	258	43%	148	25%	593

their number and frequency. Moreover six broad parameters regarding each category were formulated for analysis. These included Hospital staff, Hospital environment, Medicine & treatment, Infrastructure, Hospital comforts and Basic amenities.

Various components were included in each parameter for better understanding table-I. Major

70% (1071) were complaints, 10% (153) were compliments and 20% (304) were suggestions (fig-1).

For year 2014 monthly disposition of these feedbacks by departments to QAD was also analyzed and it was revealed that this was more in the initial months of year rising to its peak in the month of April (215) and then there a gradual

decline in its number. Minimum feedbacks (52) were received in the month of November.

Complaints were further analyzed on various parameters mentioned in table-I. Out of 1071 complaints majority of the complaints 23% (244) were related to basic amenities followed by 20% (213) related to hospital environment. Staff behavior raised 18% (195) complaints while 17% (178) were towards medicines and treatment. About 16% (170) people were not happy about the infrastructure of hospital. Only 7% (71) people showed dis satisfaction towards hospital comforts table-II.

Out of 304 compliments, most of them were towards staff 67% (206) followed by 30% (92) in relation to hospital environment. Suggestions showed mixed pattern with maximum number of 31% (48) regarding medicines and treatment followed by 23% (35), 20% (31) and 12% related to hospital infrastructure, hospital environment and hospital comforts respectively table-II.

In the year 2015 we received 593 feedbacks constituting 32% (187) complaints, 44% (258) compliments and 25% (148) suggestions (fig-2). Monthly distribution of these feedback revealed its peak of 90 in May and lowest of 26 in August 2015 (fig-3).

Analysis of complaints revealed an 82% reduction in total number (1071 to 187) as compared to previous year but its ratio against different parameters did not change much. About 41% (76) complaints were towards basic amenities followed by 19% (35), 17% (31) and 16% (29) towards hospital comforts, medicines & treatment and staff respectively. Hospital infrastructure raised only 6% (12) complaints while there were only 2% (4) complaints regarding hospital environment.

Out of 258 compliments maximum number 77% (199) were about staff behavior and strength followed by 14% (35) related to hospital environment. Suggestions were mostly towards basic amenities 30% (44) followed by 27% (40) and 16% (24) regarding hospital comforts and staff behavior respectively.

On comparing the results of year 2014 with 2015, we found that there was 62% reduction in total number of feedbacks (1528 to 593). Complaints were markedly reduced by 82% (1070 to 187) in year 2015. Although there was reduction in number of compliments in year 2015 by 15% (304 to 258) but its proportion increased more than 100% out of total collected feedbacks, that is from 20% to 43%. Proportion of

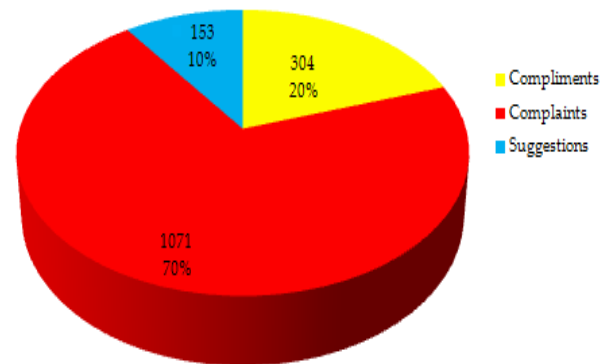


Figure-1: Patients response analysis in the year 2014.

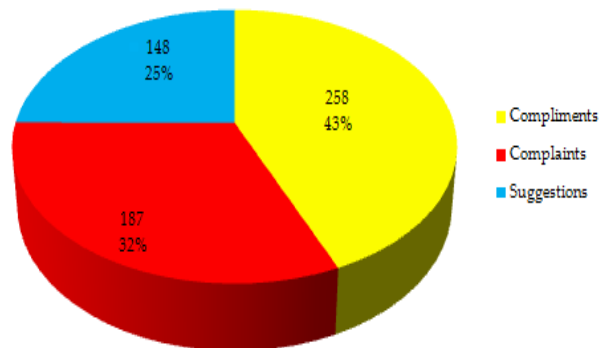


Figure-2: Patients response analysis in the year 2015.

suggestions was also more in year 2015 making 25% from 10% of total feedbacks as compared to year 2014 (table-II).

DISCUSSION

Pakistan being the 6th most populous country in the world with a population of 191.71 million and a fertility rate of 3.65 faces immense problems in the health care sector⁹. In the year 2015-16 only 20.88 billion rupees have been allocated for health issues¹⁰.

With increasing population of the country in the recent past the health load has enormously increased affecting the Armed Forces Hospitals equally with an increase in the doctor patient ratio.

Currently there are two health care systems running in Pakistan, Public and Private. Public hospitals are owned and run by government while private hospitals are commercially based set ups. Irfan et al¹ and Nizar et al¹¹ have reported that public hospitals in Pakistan are not focused primarily on quality treatment due to several reasons including low priority for patients satisfaction, poor education, benightedness, in science of patients and above all limited budget

quality of treatment and patient satisfaction both are essential in monitoring and evaluating healthcare¹⁴ services.

Combined Military Hospitals are funded by federal government where 80% of the patients from Armed Forces including families and parents are entitled for free medical treatment encompassing consultations, medicines, surgeries and all follow up visits. At one end free medical treatment is a high value service for the Armed Forces personnel and their families especially in this era of war on terror, but simultaneously has a disadvantage of low level of satisfaction in general.

Like in any other public service organization,

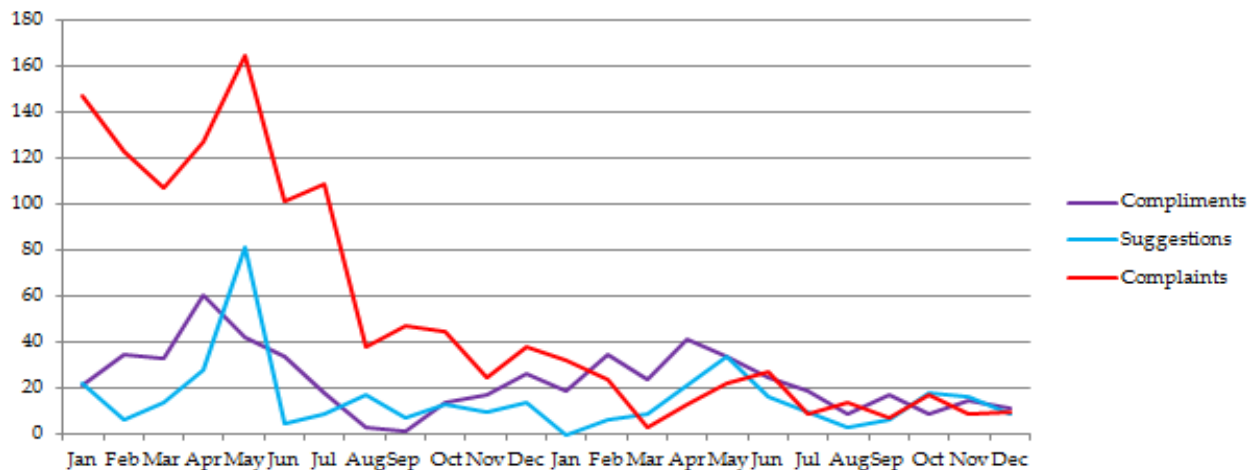


Figure-3: Monthly distribution of feedback from Jan 2014-Dec 2015.

allocation to health sector by the Government. Reciprocally private institutes including hospitals regularly monitor feedback and acquire insight into their clientele satisfaction for continual improvement and provision of better health care services in addition to earn money in this era of challenging market competition^{1,2}.

Contrary to this study systematic review of Basu et al¹² does not support this claim that private hospitals are doing a better job than public hospitals. Berendes et al¹³ reported that both private and public hospitals are poor in quality treatment except that private sector is more client oriented. It is a proven fact that

receipt of patient complaints in military hospitals is also inevitable, because it is virtually not possible to satisfy all patients and their relatives at all times.

Our study was aimed to identify the type and number of feedback delineated by the patients. It was found that regular monitoring and actions taken in time against the irritants can markedly reduce its recurrence.

There is a general perception that most of the complaints and dissatisfaction among patients is generated because of poor attitude of doctors and medical staff^{1,14}. But our study revealed an entirely different perspective where most of the

compliments and positive feedbacks (67% and 77%) were in the favor of staff behavior with only 18% and 16% complaints against them. These results are also comparable with study of Ahmed et al¹⁵ and Lagu et al¹⁶ showing 86% positive feedback towards doctors and staff. Ahmed reported satisfaction level of approximately 72% in admitted patients in seven private hospitals of Karachi. Mario et al¹⁷ reported 60.88% satisfaction index in a set of four Portuguese primary healthcare centers.

Although we could not find many local studies similar to our research in literature but one study done at a public hospital of Khyber Pakhtunkhwa by Ahmed¹¹ and his team has revealed mixed results. According to their study (72.7%) patients were satisfied with the attitude of doctors except their partiality towards acquaintances (96%). Lower staff behavior was harsh and derogatory (56.4%) towards patients. Most of their patients were not satisfied with the type of treatment (72.7%) in contrast to our study where treatment dissatisfaction was only 17%.

Our results are comparable to the study of Khursheed et al¹⁸ conducted in one of the leading tertiary care private hospitals of Pakistan showing patient satisfaction ratio of 84.6%. Various studies have highlighted the importance of brand image of hospital on attitude and feedback of the patient towards the hospital as reported by Wu¹⁹, Mekoth et al²⁰ and Hansen et al²¹. Their study suggests that brand image directly or indirectly influence the response and satisfaction level in patients. Draper et al²², Goldstein et al²³ and Umar et al²⁴ have done different surveys on the same subject reporting that quality healthcare services always influences the patient satisfaction and retention in the long-run.

The study showed a remarkable reduction in complaints registered in second year. The results were better than public hospitals and even comparable to private hospitals because of multiple factors.

Armed Forces established hospitals have their own system of management, discipline, monitoring and accountability where hospital administration is more focused towards patient satisfaction and quality care treatment leaving minimum space for dissatisfaction. Patient complaints in these hospitals cannot be left unnoticed because of proper record keeping and appraisal by the top management.

Furthermore our particular hospital is also conducting regular monthly meetings including the top management and all Heads of departments. Patients feedback and complaints are highlighted and discussed in these meetings to resolve them in time for better health care delivery. Presentation of monthly analysis of patient feedback is a mandatory component of these meetings.

It is also a proven fact that concerns raised by most of the patients and their NOK can be alleviated simply by listening and acknowledging the complaint and ameliorating the irritant in time. This will not only abolish the complaint but also prevent its recurrence²². Patients' satisfaction for a health care service is also dependent upon the duration of treatment, and empathy of service provider.

Heather et al²⁵ reports that although patient satisfaction is an important element of patient experience, it should not be misinterpreted as the only tool to measure quality treatment.

Appropriate measurement of patient experience, rather than patient satisfaction, is important for improving health care as it allows targeted intervention where necessary. Using a mixed-method approach allows findings to be comparable and permits a more comprehensive understanding of the issues that are important to patients.

CONCLUSION

In a public hospital set up most of the complaints are generated towards basic amenities like provision of quality food, clean drinking water and hygienic washrooms followed by

hospital general environment and staff behaviour. Simultaneously it is also found that timely action taken by board of doctors and administration on patients feedback and complaints minimize chances of their recurrence and increase the confidence of the patients towards an organisation in the form of compliments.

CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

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