

ASSESSMENT OF PATIENT SATISFACTION LEVELS IN A COUNTY REFERRAL HOSPITAL: A CASE OF BUSIA COUNTY REFERRAL HOSPITAL.

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In health care settings, excellence is measured in health outcomes and patient satisfaction. As part of monitoring and evaluation envisioned by health policy framework in Kenya, assessing patient satisfaction is one method. The study aim was to inform the strengthening of health service delivery. The objective of the study was to assess the level of service satisfaction of inpatients attending Busia County Referral Hospital. A descriptive cross-sectional design study was used. A 5-part questionnaire was administered to exiting in-patients at Busia County Referral Hospital. Data was coded and classified and analyzed using Statistical Package for Social Science version 16. The patients' expectations before visiting the facility were high (41%) with very high (28%) and only 6% and 9% of the respondents saying they had low and very low expectations. The procedures and practices that better health service delivery scored highly on the 5-point scale, with most patients giving importance to these procedures and being very satisfied. As regards to willingness of the patient to come back, 97% were willing to come back. There were key areas that the patients reported needing improvement including revision of the waiting time allocated at the point of services and review of the meal menu. The overall satisfaction was 44% very satisfied, 19% satisfied, and 38% neutral. Patients mostly satisfied with the increased number of physicians.

Keywords: Patient satisfaction, healthcare service delivery, total quality management

Introduction

The highest attainable standard of health, including reproductive health rights, is the right of every Kenyan. The constitution of Kenya 2010 establishes this rights-based approach to health service delivery. The constitution also devolved health service delivery to the counties. The Kenya health policy establishes a framework that embraces the constitution to deliver quality healthcare that is in line with both Kenya vision 2030 and the global Sustainable development goals (Ministry of Health, 2012). In health care excellence is measured by health outcomes and patient satisfaction (Donabedian, 1988).

Quality of performance in healthcare includes safety, security; attitude of nursing, the role of doctors regarding 'time' including appointment, delay time, service time, timing with regards to medical treatment and surgery (Patel, 2009; Zineldin, 2006; Leebov & Scott, 1993). Patient satisfaction is an important indicator for evaluating the quality of health care (Prakash, 2010; Al-Abri & Al-Barushi, 2014). It is the patient's individual experience compared to their expectation (Pascoe, 1983). It is the patient's personal evaluation of the healthcare services and health care providers (Ware, Snyder, Wright, & Davies, 1983).

The traditional doctor-patient relationship has changed over time, with a new approach to patient-centered care. Patient satisfaction affects clinical outcomes, compliance to treatment recommendations, adherence to medication, patient retention, and better continuity, and medical malpractice claims. It affects the patient-centered delivery of quality health care (Abioye-Kuteyi, Bello, Olaleye, Ayeni, & Amedi, 2010; Hassali et al., 2014; LaVela & Gallan, 2014).

As part of monitoring and evaluation envisioned by the health policy framework in Kenya, there is need to assess change in healthcare service delivery post-devolution. Patient satisfaction was estimated at 84.87% at 2010, 95% target at 2030. As part of total quality management patient satisfaction should be assessed routinely in our facilities to provide evidence to improve services rendered to patients. The goal is to provide quality health services to patients at an affordable price within reasonable time.

The study aim was to assess the levels of satisfaction of patient attending Busia County referral hospital to give information that would be used to improve health service delivery. This being a public facility, public facilities have been associated with low patient satisfaction compared to private facilities (Khattak et al., 2012). Strengthening of service



delivery is crucial to the achievement of health-related goals of Kenya vision 2030 and the Sustainable Development Goals. The broad objective of this study was to assess the level of service satisfaction of inpatients exiting Busia County Referral Hospital.

The specific objectives:

1. To determine the level of patient expectation of services offered before visiting the hospital.
2. To determine the level of satisfaction with point of services towards meeting expectations.
3. To determine the level satisfaction of procedures and practices that better healthcare delivery.
4. To assess the level of satisfaction with factors that influence come back to the hospital.

Methodology

Research Setting

Busia County Referral Hospital is the largest health facility in Busia County and the main referral hospital. It was established in 1989 and gazetted in December 1989. It has a catchment population of 42,154. The authorized bed capacity is 160, but currently available beds are 189. The average admission is 40-50 patients per day with an average length of hospital stay at 4 days. The average occupancy 140 patients. The inpatient section has 7 wards: ward1 (pediatrics); ward2 (male medical); ward3 (female medical); ward4 (female surgical and gynecology) ward5 (male surgical); maternity ward and NBU.

Research Design

Table 1

Characteristics of the Population Study

Gender	31.2% male	68.8% female		
Age(years)	46.9% 18-25	12.5% 26-35	6.2% 6-45	33.3% > 45
Education	0% postgrad	0% graduate	4% college	12% secondary 50% primary
Length of visit	34.4% <6months	9.4 % 7-12months	6.2% 1-2yrs	50% >2yrs
Bill payment	0% employer	0% Private insurance	81.2% cash	18.8% NHIF

This was a descriptive cross-sectional study. The study population was exiting in-patients at Busia County Referral Hospital. The sample size was calculated using Fischer formulae. Stratified proportionate sampling and simple random sampling were used in selecting samples for patients who were to be interviewed. Population size —173beds, estimated admissions 40-50 per day, beds in the new born unit and amenity wing beds were not included. The allowed margin of error determined at 0.15. The confidence level at 90% and standard deviation at 0.5. The sample size calculated to be 30.07 and decided at 32 patients (Bailey, 1951).

Questionnaires were the primary source of information. The closed-ended (structured) questionnaire that allowed the respondent to choose among alternatives. The questionnaire was only administered to in-patients who were exiting. Data was coded and classified and analyzed using Microsoft excel, Statistical Package for Social Science (SPSS). Data was summarized into tables and bar graph percentages. The possible limitation that may have affected the results was possible respondent's bias, to deal with this the researcher only included exiting patients.

Ethical Considerations

The researcher got permission from the management of the hospital and Maseno University School of Medicine. The purpose of the study was explained to the respondents to ensure that they understood how they would take part and how the data would be used. The patients participated voluntarily in this study. All information gathered was treated confidentially.

Results and Discussion

The characteristics of the respondents: 31.2% were male and 68.8% female previous research has shown that women are keener to seek medical attention compared to men (Galdas, Cheater, & Marshall, 2005). Most (46.9%) of the respondents were between the age of 18-25 reflecting the current population status of the country where the majority are the youth. 50% of the respondents had attained at least some level of primary education this reflects the previous reports 51.6% for women and 45.2% for men in Busia county (Kenya National Bureau of Statistics, 2015). 34.4% of the respondents had only been visiting the hospital for

less than six months. There is still poor adoption of medical insurance in the country, the current national health insurance fund (NHIF) coverage is only 15% (Kenya Healthcare Sector, 2016). The study reported a 19% coverage in that population, reflecting the catastrophic out of pocket payment for health.

The patients' expectations before visiting the facility were high (41%) with very high (28%) and only 6% and 9% of the respondents saying they had low and very low expectations (figure 1). This could be attributed to the recent renaming of the hospital to a teaching and referral hospital.

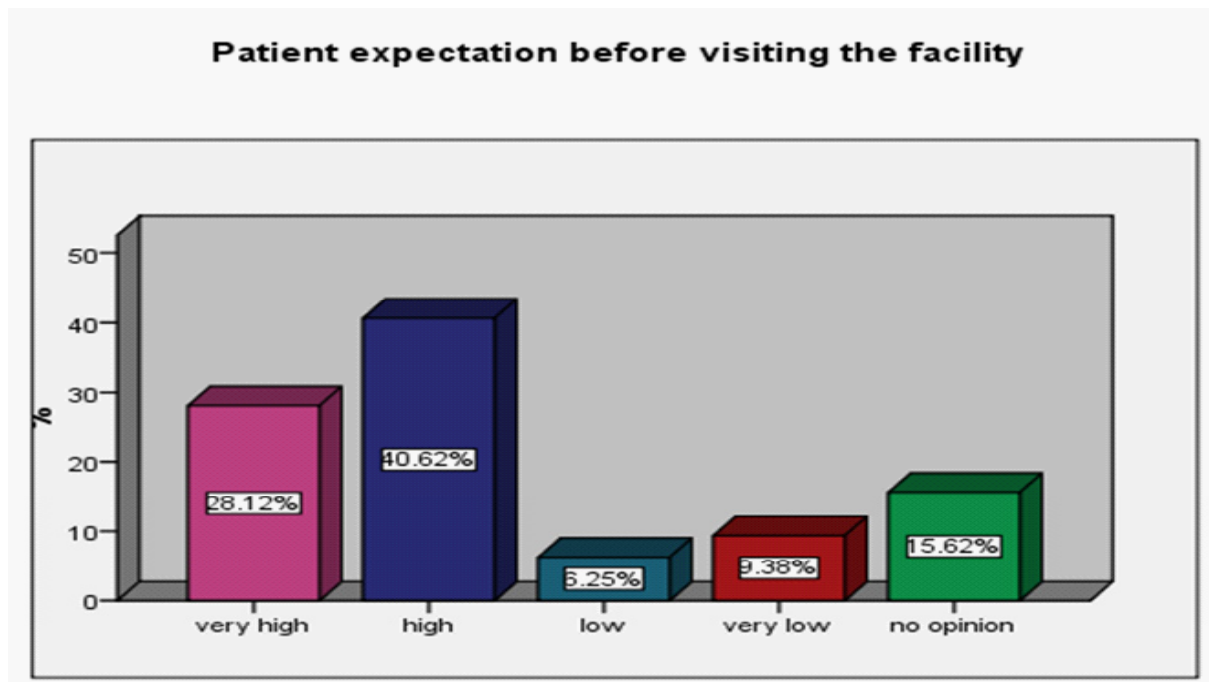


Figure 1. Patient expectation before visiting the facility.

Table 2

Satisfaction with Different Points of Service at Meeting Expectations

Point of service	5	4	3	2	1	n/o
Customer service	100%	-	-	-	-	-
Casualty	70%	10%	10%	10%	-	-
Laboratory	33%	33%	33%	-	-	-
Radiology	100%	-	-	-	-	-
Ward 1(Pediatrics)	71%	29%	-	-	-	-
Ward2 (Male Medical)	100%	-	-	-	-	-
Ward3 (Female Medical)	-	67%	33%	-	-	-
Ward4 (Female Surgical)	50%	50%	-	-	-	-
Ward 5 (Male surgical)	75%	-	-	25%	-	-
Maternity	17%	17%	33%	25%	8%	-
Health Records	50%	50%	-	-	-	-

Key: 5-very satisfied; 4-satisfied; 3-neutral; 2-dissatisfied; 1-very dissatisfied n/o-no opinion



After visiting the hospital, their expectations remained high on all the points of service that were rated. Majority of points of services having most of their patients either very satisfied or satisfied. As to maternity ward, most respondents were either neutral or dissatisfied, this could be attributed to the high turnover in the ward with most of the respondents from the ward duration of stay being two days. Most of the concern in the ward was in the sanitation and complaints of sharing of beds by patients.

The procedures and practices that better health service delivery scored highly on the 5-point scale, with most patients give importance to these procedures and being very satisfied. 59% of patients were very satisfied with how they were informed patients on intervening treatment, those that weren't satisfied reported cases when clinicians were using technical terms to explain procedures to the patients. Respondents wished the use of simpler language that by doctors to allow them to understand. Good communication skills by

healthcare providers have been associated with patient satisfaction (Kei, Jepngetich, & Kipkulei, 2013).

In treating patients with courtesy, consideration, and professionalism, respondents reported minor episodes of lack of this by the subordinate staff. Health workers being courteous, considerate and professional has been associated with greater impact on patient satisfaction, this is even true when compared to other factors (Bond & Thomas, 1992; Demir & Celik, 2002). Patients who are highly satisfied with the physician's performance had a higher proportion of recommendations, took orders more seriously and had better outcomes (Ko, Zhang, Telford, & Enns, 2009; Liang et al., 2002; Abioye-Kuteyi et al., 2010). In the study, respondents attributed the increased number of health worker more, so doctors to better outcomes. A Higher number of physicians has been associated with increased patient satisfaction especially as the population of patient grows (Carlsen & Grytten, 2000).

Table 3

Satisfaction with Procedures and Practices that Better Healthcare Delivery

Procedures and practices	Satisfaction Mean	Standard Deviation	90% confidence interval
Informing patients on intervening treatment	3.94	1.544	3.49-4.39
Treating patients with courtesy & consideration & professionalism	4.12	1.040	3.89-4.42
Providing beds & beddings of acceptable condition	3.59	1.500	3.14-4.05
Overall hospital cleanliness and hygiene	4.19	1.648	3.71-4.67
Adequate security & safety measures in place	4.38	1.238	4.02-4.74
Privacy of patents adequately provided	4.22	1.184	3.87-4.57
Providing patients with nutritious & regular meals	2.81	1.642	2.33-3.29
Signs, labels and direction to find one's way out	5.00	0	
Patients are served fast within the waiting time	3.71	1.395	3.30-4.12

Key: 5-very satisfied; 4-satisfied; 3-neutral; 2-dissatisfied; 1-very dissatisfied n/o-no opinion

Respondents applauded the cleanliness of the hospital. 41% of the respondents were very satisfied with the bed and beddings and the rest only requesting improvement as regards to the number of beds available and replacement of worn out beddings and the inclusion of pillows. There was a reported isolated episode of a patient moving into a bed that the beddings

had not been changed.

Most respondents were very satisfied with the security and safety measures in place. However, there concerns on how the security guards handled patient caretakers at the gate. Some requested a mode of identification that could distinguish care takers from patients to allow them to access the wards outside

the visiting hours. The patients' perception of privacy strongly predicts satisfaction (Lin & Lin, 2010). Though, the majority of the respondents were satisfied with the level of patient privacy. However, some with for more screens especially in the medical wards to allow bed-ridden patients change in privacy.

As regards to the provision of nutritious and regular meals, the hospital scored very low on the Likert scale (2.81). There were mixed responses as regard to meals, though respondents appreciated the regularity and quantity, there were concerns as to the quality. Previous studies conducted to determine patient satisfaction as regards to meals showed similar recommendations, with recommendations for food improvement (Stanga et al., 2003). The hospital management reported challenges in payment to food suppliers to

the hospital, with delays of over one year. The suppliers therefore were not able to regularly supply food items, explaining the poor quality of food.

All respondents were very satisfied with signs, labels that allowed the patients to find direction. Patient satisfaction with waiting time has an important role in the process of quality assurance and services management (Mohammad, 2005). Longer waiting times in hospital are negatively associated with low clinical provider scores of patient satisfaction (Bleustein et al., 2014). This led to the adoption of chart in hospital that described stipulated maximum waiting time for service. 41% were very satisfied; there were concerns over waiting time at the casualty. There were requests to have the estimated waiting times reviewed as some were misleading.

Table 4

Satisfaction with Factors that Influence Patient Decision to Come Back

	5	4	3	2	1	n/o
Hospital's reputation	44%	19%	13%	6%	-	19%
Proximity of the hospital	31%	25%	31%	6%	22%	3%
Cost of services	28%	9%	19%	16%	16%	13%

Key: 5-very satisfied; 4-satisfied; 3-neutral; 2-dissatisfied; 1-very dissatisfied n/o-no opinion

The dissatisfaction with cost of services was due to reported cases of double charging services offered once. 97%, when asked if they would come back, reported they would, only 3% reported they would not come back. Most of the respondents gave the reason for coming back was the good service. Others included the many doctors, good nursing, prompt service, courtesy and attention given to the patient as the reason for coming back. Previous studies found that an increase in the number of physicians lead to improved patient satisfaction (Carlsen & Grytten, 2000).

Conclusion

Health care delivery has been devolved to the counties, there is need to evaluate the service delivery post devolution. The overall satisfaction was 44%

very satisfied, 19% satisfied, and 37% neutral. Across platforms, patients were generally quite satisfied with their overall facility experience. Patients mostly satisfied with increased number of physicians. The lowest level of satisfaction was satisfaction in the provision of nutritious and regular meals. The hospital's 65% value are below the country's 2010 estimated rate at 85%. It is however commendable that the facility was in line with targeted Kenya health policy goal of 95% satisfaction, with possible converting the 37% that were neutral to be satisfied, the hospital could achieve 100% satisfaction. Although the findings indicate improved service delivery post devolution, further research is needed across the country to evaluate greater impact of devolution of health delivery.



References

- Abioye-Kuteyi, E. A., Bello, I. S., Olaleye, T. M., Ayeni, I. O., & Amedi, M. I. (2010). Determinants of patient satisfaction with physician interaction: a cross-sectional survey at the Obafemi Awolowo University Health Centre, Ile-Ife, Nigeria. *South African Family Practice*, 52(6), 557-562.
- Al-Abri, R., & Al-Balushi, A. (2014). Patient satisfaction survey as a tool towards quality improvement. *Oman Med J*, 29(1), 3-7.
- Bailey, N. T. (1951). On estimating the size of mobile populations from recapture data. *Biometrika*, 38(3/4), 293-306.
- Bleustein, C., Rothschild, D. B., Valen, A., Valatis, E., Schweitzer, L., & Jones, R. (2014). Wait times, patient satisfaction scores, and the perception of care. *The American Journal of Managed Care*, 20(5), 393-400.
- Bond, S., & Thomas, L. H. (1992). Measuring patients' satisfaction with nursing care. *Journal of Advanced Nursing*, 17(1), 52-63.
- Carlsen, F., & Grytten, J. (2000). Consumer satisfaction and supplier induced demand. *Journal of Health Economics*, 19(5), 731-753.
- Demir, C., & Celik, Y. (2002). Determinants of patient satisfaction in a military teaching hospital. *Journal for Healthcare Quality*, 24(2), 30-34.
- Donabedian, A. (1988). The quality of care: How can it be assessed? *Jama*, 260(12), 1743-1748.
- Galdas, P. M., Cheater, F., & Marshall, P. (2005). Men and health help-seeking behaviour: Literature review. *Journal of Advanced Nursing*, 49(6), 616-623.
- Hassali, M. A., Alrasheedy, A. A., Ab-Razak, B. A., Al-Tamimi, S. K., Saleem, F., Ul Haq, N., & Aljadhey, H. (2014). Assessment of general public satisfaction with public healthcare services in Kedah, Malaysia. *Australasian Medical Journal*, 7(1), 35-44. doi: 10.4066/AMJ.2014.1936
- Khattak, A., Alvi, M. I., Yousaf, M. A., Shah, S. Z. U. A., Tural, D., & Akhter, S. (2012). Patient Satisfaction—A Comparison between Public & Private Hospitals of Peshawar. *International Journal of Collaborative Research on Internal Medicine & Public Health*, 4(5), 713.
- Kenya National Bureau of Statistics. (2015). *Kenya demographic health survey 2014*. Available online: <https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf>
- Kenyan Healthcare Sector. (2016). *Market study report 2016*. Available online: https://www.rvo.nl/sites/default/files/2016/10/2016_Kenyan_Health_care_Sector_Report_Compleet.pdf
- Kei, R. M., Jepngetch, H., & Kipkulei, C. J. (2013). Client satisfaction with communication skills of health care providers. *Journal of Emerging Trends in Engineering and Applied Sciences*, 4(3), 367-372.
- Ko, H. H., Zhang, H., Telford, J. J., & Enns, R. (2009). Factors influencing patient satisfaction when undergoing endoscopic procedures. *Gastrointestinal Endoscopy*, 69(4), 883-891.
- LaVela, S. L., & Gallan, A. (2014). Evaluation and measurement of patient experience. *Patient Experience Journal*, 1(1), 28-36.
- Leebov, W., & Scott, G. (Eds.). (1993). *Service quality improvement: The customer satisfaction strategy for health care*. Chicago: American Hospital Publishing.
- Liang, W., Burnett, C. B., Rowland, J. H., Meropol, N. J., Eggert, L., Hwang, Y. T., ... Mandelblatt, J. S. (2002). Communication between physicians and older women with localized breast cancer: implications for treatment and patient satisfaction. *Journal of Clinical Oncology*, 20(4), 1008-1016.
- Lin, Y. K., & Lin, C. J. (2010). Factors predicting patients' perception of privacy and satisfaction for emergency care. *Emergency Medicine Journal*, 28(7). <http://dx.doi.org/10.1136/emj.2010.093807>
- Ministry of Health. (2012). *Kenya health policy framework 2014-2030*. Available online: kenya_health_policy_2014_to_2030.pdf
- Mohammad, M. R. A. (2005). A survey of total quality management in Iran: Barriers to successful implementation in health care organizations. *Leadership in Health Services*, 18(3), 12-34.
- Pascoe, G. C. (1983). Patient satisfaction in primary health care: A literature review and analysis. *Eval. Program Plan.*, 6, 185-210.
- Patel, G. (2009). Total quality management in health care. *The Midas Journal*, 1-4. doi: <http://hdl.handle.net/10380/3062>
- Prakash, B. (2010). Patient satisfaction. *Journal of Cutaneous and Aesthetic Surgery*, 3(3),



- 151.
- Stanga, Z., Zurflüh, Y., Roselli, M., Sterchi, A. B., Tanner, B., & Knecht, G. (2003). Hospital food: a survey of patients' perceptions. *Clinical Nutrition*, 22(3), 241-246.
- Ware, J. E. Jr, Snyder, M. K, Wright, W. R., & Davies, A. R. (1983). Defining and measuring patient satisfaction with medical care. *Eval Program Plann*, 6(3-4), 247-263.
- Zineldin, M. (2006). The quality of health care and patient satisfaction: An exploratory investigation of the 5Qs model at some Egyptian and Jordanian medical clinics. *International Journal of Health Care Quality Assurance*, 19(1), 60-92.