

***PATIENTS SATISFACTION IN
KASR-AINY HOSPITAL
(Surgical – Medical Department)***

***Submitted to Master degree (M.Sc.) in
Public Health***

By

**Mahmoud Hussain Dashti
(M.B.B.Ch.)**

SUPERVISORS

Prof. Dr. *Nargis Albert Labib*
Professor of Public Health
Faculty of Medicine, Cairo University

Prof. Dr. *Mona Soliman*
Professor of Internal Medicine
Faculty of Medicine, Cairo University

Dr. *Rehab Abdel Hai*
Assistant Professor of Public Health
Faculty of Medicine, Cairo University

***Dept. of Public Health and Community Medicine
Cairo University
2010***

ABSTRACT

Patients satisfaction has been an important issue for health care managers. Many previous studies have developed and applied patients satisfaction as a quality improvement tool for health care providers. Following increased levels of competition and the emphasis on consumerism, patient satisfaction has become an important measurement for monitoring health care performance of health plans. This measurement has developed along with a new features: the patient's perspective of quality of care. The aim of this study is to understand factors contributed to the patient satisfaction in Kasr El-Aini Hospital for the sake of improving management quality of care. The study was conducted in 6 units of a Kasr El-Aini Hospital. 200 patients in the study settings were included in the study. (50 male and 50 female patients from medicine and the 50 male, 50 female from surgery). The study has revealed the following results. More than half of study subject has age ranged from 30-50 years. 60% of patients were married, 37.0% single and 3% were widow from internal medicine department, while 70%, 15% and 15% were married, single and widow respectively from surgery surgical departments. As regard to preception and out patients services. 35% of study subject of internal medicine had fair statistical level while it become 63% among surgical department patients. On the other hand, 63.0%, and 2% were excellent, and unsatisfied satisfaction from preception and out patients in surgery department. More than half of the study subjects had very good satisfaction score related to nursing while the score highly increased in relation to physicians. 91% of patient in surgical units were satisfied related to all items. More than half of study subject into internal medicine units and surgery units were satisfied. Nearly half of patients in both surgical and internal medicine units had very good satisfaction score as regard to general conditions. High satisfaction level in both surgical and internal medicine units were clearly marked. 100% of illiterate patients were satisfied. There were highly statistical significant differences between satisfied and unsatisfied score regarding level of education. Based on these results, it is recommended that, patients viewpoints about the different aspects of hospital care should be made an integral part of measures of quality improvement executed by health care providers and decision markers.

Key words:

Patients satisfaction, age, sex, education, physicians, nurses.

ACKNOWLEDGEMENT

*First and foremost, I give thanks to **ALLAH** who helped and always helps me*

*I would like to express my deepest gratitude and sincerest appreciation to Dr. **Nargis Albert Labib**, Professor of Public Health, Faculty of Medicine, Cairo University, for giving me the honor of supervising this work, I am greatly indebted to his continuous guidance and encouragement. It is with great fondness that I will always remember his supervision.*

*I wish to express my sincere gratitude and gratefulness to Dr. **Rehab Abdel Hai**, Assist. Professor of Public Health, Faculty of Medicine Cairo University, for her kind supervision and constant encouragement, she has sacrificed a great deal for her valuable time in meticulously revising this work. Her constructive assistance and directions, valuable advice, and kind supervision.*

*I am also much grateful to Dr. **Mona Soliman** Prof. of Medicine, Faculty of Medicine Cairo University, for her most valuable comments, meticulous supervision, and continuous encouragement that were crucial in achieving the work.*

Special thanks are also extended to all the participants in this study who gave their time and cooperation during data collection.

CONTENTS

	Page
INTRODUCTION	1
AIM OF THE STUDY	5
REVIEW OF LITERATURE:	6
Patients satisfaction:	6
Element of patient satisfaction:	7
1. Patient's Human needs	7
2. Patient's Expectation	15
3. Perception	17
4. The subjectivity	20
Quality in health care	21
Evaluation of patient's satisfaction:	29
Factors affecting patient's satisfaction	29
The Health care Team Roles in Patient's Satisfaction	37
Performance	41
SUBJECTS AND METHODS	53
RESULTS	57
DISCUSSION	76
CONCLUSION	83
RECOMMENDATIONS	84
SUMMARY	85
REFERENCES	88
APPENDICES	99
ARABIC SUMMARY	

LIST OF TABLES

Table		Page
1	Sociodemographic characteristics of the study subjects.	58
2	Satisfaction score of the studied group about admission and discharges services.	60
3	Satisfaction score of the studied group about nursing.	61
4	Satisfaction score among study subjects about physicians.	62
5	Satisfaction score of the studied group about caring inside hospital.	63
6	Satisfaction score of the studied group about hospitality.	64
7	Satisfaction score of the studied group about room.	65
8	Satisfaction score of the studied group about public services in the hospital.	66
9	Comparison between the two department study subjects patients regarding the general patients satisfaction score.	67
10	Distribution of the studied patients group regarding the general score of satisfaction.	68
11	Relation between general satisfaction score of the studied patients group in relation to age and sex.	69
12	Relation between general satisfaction score of the studied patients group in relation to Marital status.	70
13	Relation between general satisfaction score of the studied patients group in relation to their education.	71
14	Relation between general satisfaction score of the studied patients group in relation to hospital stay.	72
15	Relation between general satisfaction score of the studied patients group in relation to number of hospital intervention.	73

LIST OF FIGURES

Figure		Page
1	Maslow's Hierarchy of need	9
2	The stages of perception.	19
3	Distribution of the studied patients group regarding the total score of satisfaction	74
4	Relation between total satisfactions of the studied patients group in relation to marital status	74
5	Relation between total satisfaction score of the studied patients groups in relation to number of hospital admissions patient.	75

INTRODUCTION

Patient satisfaction is an important outcome of health care services and can affect compliance with medical advice, service utilization, and the clinician-patient relationship. [*Kahan and Goodstadt, (2003) and Hjortdahl and Laerum (2006)*]. Assessment of patients satisfaction have become widely accepted as legitimate and worthwhile to improvement of service quality.

There is an increasing pressure in health organizations, everywhere, in order to provide quality care. Health care personnel have effectively used many indicators to measure quality of care in the past. Patient satisfaction indicators are emerging as a dominant and critical out-come measure for quality of care (*Hachrey, 2005*).

To compete more effectively in the ever-changing health care environment, institutions are considering a number of new strategies-including the concept of patient focused care (*Rowland and Rowland, 2000*). Quality was defined by *Demining (2000)* as "delivering what the consumer wants, the first time and every time, a product or service both meets the consumer's needs and expectation this sound should be clearly understood for all professional health services (*Brown, 2001*).

According to *Young (1996)* misunderstanding patients needs and expectations may impede service improvement. Information about any existing gaps could help managers begin to devise patient satisfaction improvement.

Patients' satisfaction is of fundamental importance as a measure of quality of care because it gives information on the providers success at meeting the patient's values needs, desire and expectation which are matters on which the patient has ultimate authority. Measuring and reporting on patient satisfaction with health care has become a major industry. The number of medline articles featuring “patient satisfaction” as a key word has increased more than 10-fold over the past two decades, from 761 in the period 1975 through 1979 to 8,505 in 1993 through 1997. Patient satisfaction measures have been incorporated into reports of hospital and health plan quality (*Richard, 2003*).

Patients satisfaction has been an important issue for health care managers. Many previous studies have developed and applied patients satisfaction as a quality improvement tool for health care providers. Following increased levels of competition and the emphasis on consumerism, patient satisfaction has become an important measurement for monitoring health care performance of health plans. This measurement has developed along with a new features: the patient's perspective of quality of care (*Sou et al., 2005*).

Another definition of satisfaction is a sense of harmony and balance between an individual and several concentric layers of his internal and external environment; a well person feels a high degree of physical, mental, social and spiritual integrity. He is one who uses existing potentials and abilities to the fullest and prepares for the future (*Maryers, 1990*).

Patients' choice of site for care for perceived urgent health problems is likely to involve a multitude of factors and may, in turn, influence health care system organization and continuity of care. Consensus on how to

adequately measure patient satisfaction with health care is limited, and has led to the development of many questionnaires with various methodological problems (*Jolie, et al., 2008*). Some authors studied the patient satisfaction with health care in five selected multisectorial hospitals, this study indicated that, the lowest level of the overall patient satisfaction scores was among the university teaching hospital as compared to the other four studied hospitals. This study recommendations were geared toward suggesting means to enhance patient satisfaction with hospital health care (*Adam & El-Swai, 2000*).

Leatherman (2001), pointed out that there is evidence to support the theory that an important aspect of quality affecting patients' judgment can be attributed to their expectauons and experiences regarding nursing care. *Forbes and Brown (1995)* indicated that satisfaction with nursing care is the crucial factor in patients overall satisfaction or dissatisfaction with their hospital experience. They further stated that patient satisfaction and their expectations of care are their indicators of quality nursing care. *Eriksen (1997)* pointed out that patient satisfaction surveys have depicted significant differences between patients and providers perception of quality of care. The author further added that these differences reflect the dissimilar criteria used by patients and nurse to determine patient satisfaction. Matching patient expectations of nursing care with those of their nurses has been shown to be a major determinant of satisfaction with care.

Factors that may influence patient satisfaction with nursing care were cited by *Ricketts, 1996* as nurses' characteristics, goal congruency and patient expectations. In addition to communication between nurses and

patients. Although patients' perceptions vary widely depending on age, social status, education levels and cultural backgrounds, common determinants of satisfaction include caring behaviors, support and kindness from nurses, perceived competence of nurses, and prompt response to patient calls and clear answers to patients questions (***Nelson & Niederberger, 1990***). Moreover, ***Forbes and Brown (1995)*** pointed-out that one essential aspect of patient satisfaction is nursing staff members' interactions and behaviors.

Patient satisfaction itself has been shown to be influenced by a number of variables, such as waiting time, time spent with physician, convenience of office. Patient satisfaction lies in how much control he or she wants. Many of today's patients want to play a more active role in their health care. ***Jose, et al., (2007)*** noted that 86% of parents followed in their study participated in the health care decision making of their sick child and the parents who confidently participated in the communication were more likely to do help with the decision making process.

Another recent study reports that patients who were more involved in the health care plan were more satisfied and followed the treatment regimen more often than patients who didn't. There are still some patients, however, who would rather not take participation in "patient-centered approaches," and rest easier in judgment of their physicians. Listen to your patient and find out what kind of treatment he or she prefers-it may lead to better compliance rates. (***Shaw et al. 2002***).

STUDY AIM AND OBJECTIVES

AIM OF THE STUDY

The aim of this study is to understand factors contributing to the patient satisfaction in Kasr El-Aini hospital, and promote to increase their satisfaction.

OBJECTIVE:

- To measure the level of patients satisfaction in some different departments.
- To determine some variables affecting patients satisfaction.

REVIEW OF LITERATURE

Chapter ❶

DEFINITION AND ELEMENTS OF PATIENT SATISFACTION

Definition

Patient's satisfaction is of fundamental importance as a measure of quality of care because it gives information on the providers success at meeting those patient values and expectation which are matters on which the patient is ultimate authority (*Rowland and Rawland, 2000*). Quality assurance focuses on consumer response to performance that is to say patient's satisfaction with services and attributes of service that promote satisfaction are newly stressed. The emphasis on patient's satisfaction is consistent with the trend toward holding health professionals accountable to their consumers (*Sahney and Warden, 1991*).

Hospitals provide care for people who enter to hospital with an acute illness, which is a sudden illness that the patient is, expected to recover from. Other patients may have a chronic illness for which there is no known cure. In either case, the patients stay will be fairly short, usually only days or weeks after treatment, patients may return home or be admitted to another health care facility such as a long- term care facility (*Hjortdahl and Laerum (2006)*).

Many hospitals provide care for people of all ages with varied health problems. Other hospitals provide care for special groups of people. Examples of specialized hospitals are children's hospitals, which provide care for infants and children (*Hjortdahl and Laerum (2006)*).

Element of patient satisfaction

Satisfaction represents a complex mixture include patient's human needs, patient's expectation, perception and subjectivity (*Lovelock, 1992*).

1. Patient's Human needs

Patients are people, not a set of symptoms, have basic human needs. Patients are individuals. Every patient has a unique personality and set of life experiences. Relating to others effectively requires openness, understanding and an appreciation for both the similarities and differences among people (*Hjortdahl and Laerum, 2006*).

The individual bases his behavior on two complexes drives the drive for satisfaction, which refers to basic human need including hunger, sleep rest and loneliness. Security relates to culturally defined needs such conformity to the social norms and value system of ones particular ethnic group (*Stuart, 2001*).

Needs defined as a condition marked by a feeling of lack or wants which requires the supply of a particular thing in order to be relieved. The strength and urgency of the motives of our behavior depends on the needs nutrient themselves thus, needs can be considered driving force. The basic needs are biological and consist of the instincts of self-preservation, that is to say, those that maintain life by different ways as food, water, oxygen and warmth. The instincts of preservation of the species into which category fall such lesser urges as the sex impulse and maternal instinct these are all in born (not acquired) universal (every one has them), ineradicable (they can not be rooted or done away with) (*Rowland and Rowland, 2000*).

The outcome theories had emerged to provide a way of thinking about nursing which states that the goal of nursing care is to bring back same balance, stability and preservation of energy or enhancing harmony between the individual and the environment. The best-known example of this group of theories is Roy's adaptation theory, where the nursing goal is the promotion of patient's adaptation to physiological need, self-concept, role function and interdependence. The underlying theories informing and influencing the outcome theories include general system, adaptation and developmental theory (*Meleis, 2003*).

The other nurses theorists Jahnos's theory using the principles of behavioral systems to regulate an individual's reactions. Each theory in this category had built on the needs based theories. Theories contain within its certain subsystem aspects related to meeting physical needs and maintaining equilibrium with the outside environment to manipulation of situations, states or events in order to achieve desired outcome (*Kate, 1995*).

Advocates of human need theory "Maslaw's Hierarchy of needs" (Fig. 1) view individual as integrated, whole beings who are motivated by internal and external needs that create tension, to reduce this tension, an individual seeks to meet specific need through goal-directed behavior. classified human needs into five categories of predominance and places them in a hierarchy. "Maslaw 's Hierarchy of needs" begins with basic fundamental needs of individual that must be satisfied before proceeding to the next higher level throughout life the individual strives to satisfy needs at each level but at different periods needs within one or more categories may predominant. Generally basic physiological needs and safety needs must be relatively satisfied in the individual before he/she can strive for higher level needs. At any level of the hierarchy unmet need may result in fluctuation in health of individual (*Christopher, 2008*).

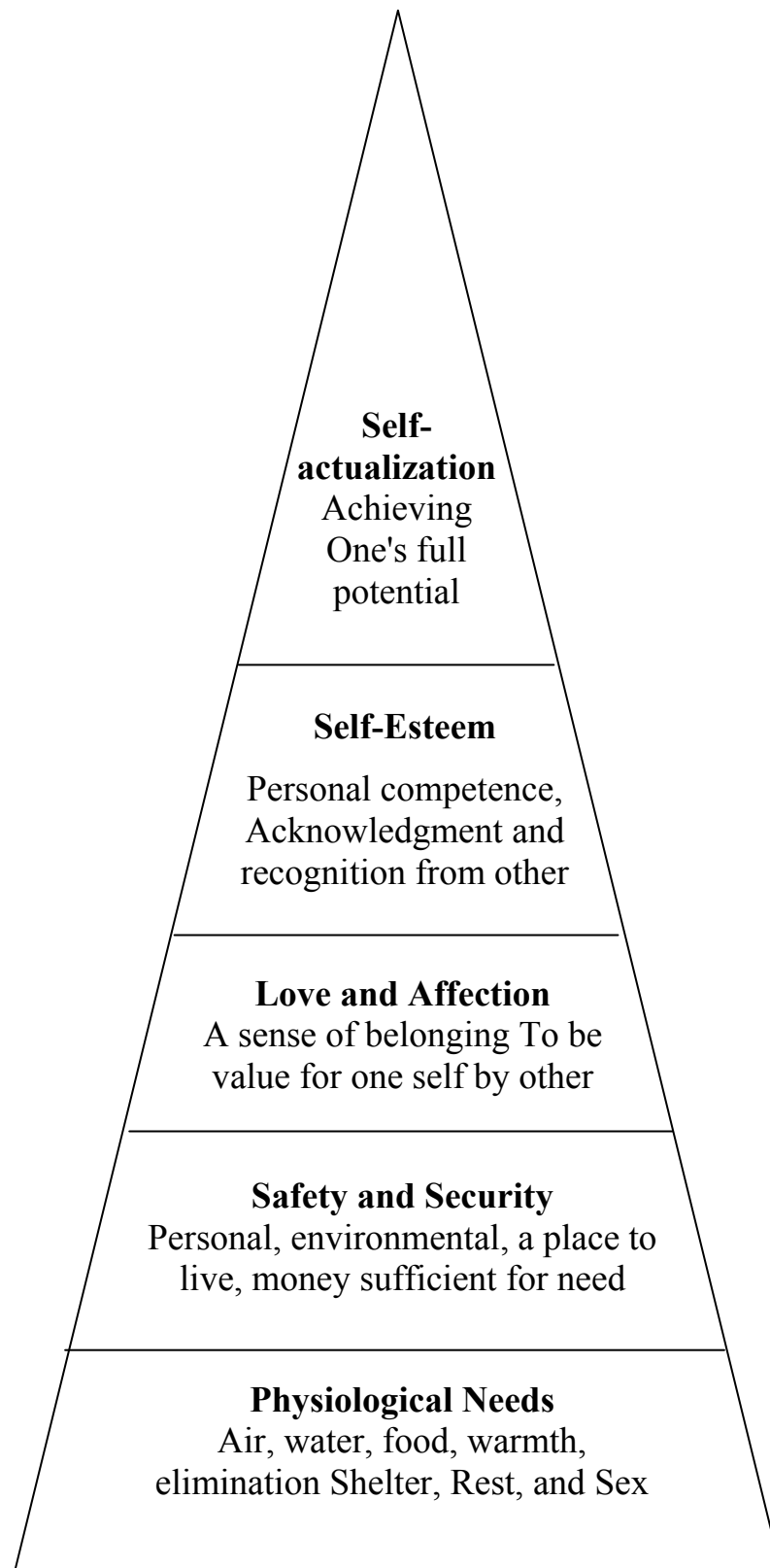


Fig. (1): Maslow's Hierarchy of need