

**ASSESSMENT OF CLIENT'S SATISFACTION REGARDING SERVICE UTILIZATION IN AN URBAN HEALTH CENTRE IN NORTHERN INDIA**

Pushapindra Kaushal<sup>1</sup>, Sangeeta Girdhar<sup>2</sup>, Anurag Chaudhary<sup>3</sup>, Sarit Sharma<sup>4</sup>, Mahesh Satija<sup>5</sup>, Vikram Kumar Gupta<sup>6</sup>, Priya Bansal<sup>7</sup>

**HOW TO CITE THIS ARTICLE:**

Pushapindra Kaushal, Sangeeta Girdhar, Anurag Chaudhary, Sarit Sharma, Mahesh Satija, Vikram Kumar Gupta, Priya Bansal. "Assessment of Client's Satisfaction Regarding Service Utilization in an Urban Health Centre in Northern India". Journal of Evolution of Medical and Dental Sciences 2015; Vol. 4, Issue 58, July 20; Page: 10083-10091, DOI: 10.14260/jemds/2015/1458

**ABSTRACT:** Modern healthcare systems are seeking to adopt a more client-oriented approach to the delivery of healthcare. Assessment of patient satisfaction is critical for efficient planning and monitoring of the healthcare system. Healthcare accessibility, quality of care provided, and its cost are the three domains of high priority which influence patients' health-related behavior. Patients' satisfaction is a powerful predictor of their health-related behavior which influences treatment outcomes in turn. There is a scarcity of information available on this aspect of health care in this region of the country especially for the urban areas, therefore the present study is being undertaken. **AIM:** To assess the client's satisfaction regarding service utilization at UHC. **MATERIALS AND METHODS:** Settings: Urban Health Centre, Dayanand Medical College and Hospital Ludhiana. **STUDY DESIGN:** Cross sectional study. A total of 422 willing patients who attended the Out Patient Department (OPD) of the Urban Health Centre from 1<sup>st</sup> July 2014 to 30<sup>th</sup> September 2014 were included in the study. The patients didn't agree to participate, who were previously interviewed in the study and the beneficiaries (<18 years of age) not accompanied by adult members or parents were excluded from the study. Informed written consent was taken from the patients and they were interviewed regarding the health services being provided at UHC. Statistical Analysis: Microsoft Excel, SPSS version 20. **RESULTS:** Major motivating factors for the patients to utilize the health services at UHC were the cost effectiveness, the proximity to their residence and their faith in the doctors. It was found that the patients were highly satisfied with the accessibility, services provided at waiting area, doctor-patient communication, and consultation and examination facilities. However, availability of the prescribed drugs and the waiting time for consultation came out to be the areas which further needs improvement. **CONCLUSION:** The overall patient satisfaction with the services provided at UHC was found to be high. However, the availability of the prescribed drugs and decreasing the waiting time for consultation are the areas needing improvement for further enhancing the quality of services being provided.

**KEYWORDS:** Client's satisfaction, Service utilization, Urban Health Centre.

**MESH TERMS:** Delivery of health care, Patient Satisfaction, Primary Health Care, Treatment Outcome, Urban Health.

**INTRODUCTION:** Modern healthcare systems are seeking to adopt a more client-oriented approach to the delivery of healthcare. Assessment of patient satisfaction is critical for efficient planning and monitoring of the healthcare system. Health system responsiveness is a new concept developed by World Health Organization (WHO), which specifically describes the social and operational environment to which a patient is exposed while seeking treatment in a healthcare center.<sup>1,2</sup>

## ORIGINAL ARTICLE

Other industries have been paying attention to customer satisfaction for years. "Health care is the only industry - service or manufacturing - that for years has left the customer out of it." It must be acknowledged that patients' reports of their satisfaction with the quality of care and services, are as important as many clinical health measures. Health care organizations are operating in an extremely competitive environment, and patient satisfaction has become a key to gain and maintain market share.<sup>3,4</sup>

Healthcare accessibility, quality of care provided, and its cost are the three domains of high priority which influence patients' health-related behavior. Patients' satisfaction is a powerful predictor of their health-related behavior like willingness to seek healthcare, completion of prescribed treatment regimen, compliance, switching providers, as well as their co-operation. All of these factors are expected to influence treatment outcomes in turn.<sup>5</sup>

There is a scarcity of information available on this aspect of health care in this region of the country especially for the urban areas, therefore the present patient oriented study is being undertaken with the aim to assess the client's satisfaction regarding utilization of services in Urban Health Centre, Dayanand Medical College and Hospital, Ludhiana.

### MATERIAL AND METHODS:

**Study Design: Cross-Sectional Study:** Study population: The present study was conducted among the patients attending the outpatient department (OPD) of Urban Health Centre under the Department of Community Medicine, Dayanand Medical College and Hospital, Ludhiana. The center caters to a population of 11257, most of it belonging to low socio economic class. There is no such facility nearby and DMC&H being charitable institution provides the primary health care services at a very low cost. The OPD services are being provided at a nominal rate of Rs 20 only and the investigations are also subsidized. Most of the prescribed drugs are being provided free of cost at the pharmacy of the center. Apart from the routine general health services and antenatal services, specialist services are being provided for Ophthalmology, Dermatology, Hypertension Clinic and Medicine on fixed days of the month

**Period of Study:** The period of survey was from 1<sup>st</sup> July 2014 to 30<sup>th</sup> September 2014.

**Sample Size:** The sample size was calculated using the formula,  $n = Z^2 (1-\alpha/2) pq/d^2$  (Where  $Z (1-\alpha/2)=1.96$  at 95% confidence;  $p$ =prevalence of patient satisfaction,  $q=1-p$ ;  $d$ =absolute allowable error. For this study, we presumed maximum variability, hence  $p = 0.5$ ;  $q=0.5$ ;  $d=5\%$ . Sample size thus yielded was of 384. Adding a 10% for incomplete answers, the total number came out to be 422.

### Inclusion Criteria:

1. Patients attending the Out Patient Department (OPD) of the Urban Health Centre who were willing to participate in the study from 1<sup>st</sup> July 2014 to 30<sup>th</sup> September 2014.
2. Parents of beneficiaries less than 18 years of age.

### Exclusion Criteria:

1. The patients who were not willing to participate,
2. Patients who were previously interviewed in the study and,
3. Beneficiaries less than 18 years of age who were not accompanied by adult members or parents.

## ORIGINAL ARTICLE

Due permission was taken from the Institutional Ethics Committee of Dayanand Medical College and Hospital. Informed written consent was taken from the participants before starting the interview in which they were informed about the objective of the study. The patients were interviewed at the exit point. Interview questionnaire was designed by using standard, validated questionnaires used in previous studies.<sup>4,6</sup> It was modified suitably to meet the needs of the study. Information was collected regarding the socio demographic profile of the clients, their satisfaction regarding accessibility of health services, waiting area, waiting time, clinical consultation and examination and the motivating factors for utilization of health services at the Urban Health Centre.

Data entry was done using Microsoft Excel and the data was analysed using SPSS version 20.

### RESULTS:

Variables	Number (%)
<b>AGE (in years)</b>	
<19	19(4.5)
19-60	325(77.0)
>60	78(18.5)
<b>GENDER</b>	
Male	152(36.0)
Female	270(64.0)
<b>EDUCATIONAL STATUS</b>	
Illiterate	37(8.8)
Primary	83(19.7)
Middle	101(23.9)
High	97(23.0)
+2	65(15.4)
Graduate	30(7.1)
Post graduate	9(2.1)
<b>ETHNICITY</b>	
Punjabi	357(84.6)
Migrant	65(15.4)
<b>RELIGION</b>	
Hindu	165(39.1)
Sikh	256(60.7)
Muslim	1(0.2)
Others	0(0)

**Table 1: Socio demographic profile of the clients**

The socio demographic profile of the subjects showed that their mean age was 42.3 years and majority of them (64%) were females. Majority of them (84.6%) were original natives of Punjab and most of them (60.7%) belonged to Sikh religion.

## ORIGINAL ARTICLE

Accessibility Factor		N (%)
Mode of transport	Walking	258(61.1)
	Private Vehicle	148(35.1)
	Public transport	16(3.8)
Parking space	Adequate	421(99.8%)
	Inadequate	1(0.2%)
Time needed to reach	<30 mins	362(85.8)
	30-60 mins	57(13.5)
	>60 mins	3(0.7)
Cost of reaching	Affordable	245(98.4)
	Not affordable	4(1.6)
Timing of OPD	Convenient	388(91.9)
	Inconvenient	34(8.1)
Duration of OPD	Sufficient	386(91.5)
	Insufficient	36(8.5)

**Table 2: Client's satisfaction regarding accessibility of health services in UHC**

While studying the accessibility of health services it was observed that most of them preferred to walk to the urban health center as they come from nearby areas and it took less than 30 minutes to reach the facility for majority (85.8 %) of the patients. The cost of reaching was affordable to majority (98.4%) of the patients. Parking space was considered adequate for by almost all (99.8%) the patients. The timing of the OPD was considered convenient (91.9%) and the duration sufficient (91.5%) by most of the patients.

Variables		N (%)
Waiting time	<30 mins	351 (83.2%)
	30-60 mins	57 (13.5%)
	>60 mins	14 (3.3%)
Waiting area	Clean	422 (99.8)
	Unclean	1 (0.2)
Seat availability	Adequate	420 (99.5)
	Inadequate	2 (0.5)
Drinking water	Available	100 (100)
	Unavailable	0 (0)
Toilets	Clean	420 (99.5)
	Unclean	2 (0.5)

**Table 3: Satisfaction regarding waiting area and waiting time in UHC**

Enquiries about the waiting area revealed high satisfaction with respect to the adequate availability of seats (99.5%), drinking water, clean toilets and clean waiting area. Majority (83.2%) of the patients were also satisfied with the waiting time (Less than 30 minutes).

## ORIGINAL ARTICLE

Variables		N (%)
Listening to complaints	Yes	422 (100)
	No	0 (0)
Disease explained and understood	Yes	422 (100)
	No	0 (0)
Treatment explained and understood	Yes	421 (99.8)
	No	1 (0.2)
Investigations discussed	Yes	420 (99.5)
	No	2 (0.5)
Advice about prevention	Yes	414 (98.1)
	No	8 (1.9)

**Table 4: Client's satisfaction regarding Doctor Patient Communication in UHC**

As far as the doctor - patient communication was concerned, the patients were fully satisfied with doctor regarding to her listening to their complaints (100%) and explaining the disease to them. They were highly satisfied regarding the discussion and explanation of the treatment (99.8%), investigations (99.5%) and the preventive advice given (98.1%).

Variables		N (%)
Do you feel comfortable at the place of examination	Yes	420(99.5)
	No	2(0.5)
All patients treated equally(no discrimination)	Yes	422(100)
	No	0(0)
Time given for consultation	Sufficient	419(99.3)
	Insufficient	3(0.7)
Drug dosages explained	Yes	422(100)
	No	0(0)
Follow up explained and understood	Yes	410(97.2)
	No	12(2.8)
Availability of all prescribed drugs	Yes	370(87.7)
	No	52(12.3)

**Table 5: Client's satisfaction regarding examination and consultation in UHC**

The overall satisfaction of the patients regarding the consultation and their examination was found to be high in terms of their feeling comfortable at the place of examination (99.5%), no discrimination (100%), and the time given for consultation (99.3%) and the explanation of the drug dosages (100%) and follow up (97.2%). However 12.3% of the patients were not satisfied with the availability of all the prescribed drugs.

Factors	N (%)
Cost effective	202(47.8)
Faith in doctors	110(26.1)
Facilities for investigation present	30(7.1)
Close to residence	167(39.6)
Someone works in UHC	4(0.9)
No benefit from other facilities	23(5.5)
Others	50(11.8)

Table 6: Motivating factors for the visit to UHC

Cost effectiveness (47.8%) came out to be the most important motivating factor for the visit to UHC followed by the proximity of UHC to residence (39.6%) and faith in doctors (26.1%). Availability of investigation facilities, not getting benefit from other facilities and someone known in UHC were the other motivating factors.

**DISCUSSION:** The present study attempted to assess the satisfaction of the clients with various aspects of health care in Urban Health Centre, Shimlapuri, Ludhiana. The results of the study indicate that most of the clients interviewed were highly satisfied with the services they received. Despite a pretty high level of patient satisfaction, a small, but by no means insignificant, proportion of patients expressed dissatisfaction. The fact that patients expressed dissatisfaction with the services indicates that there is scope for improvement by the hospital administration towards improving the services.

The overall satisfaction of patients with the services received from the Urban health Center was pretty high (94.4%) which is similar to the figures reported by Jawahar et al.<sup>7</sup> (90-95%) and higher than Kumari et al. in Lucknow (81.6%), Goel et al<sup>8</sup> in Chandigarh (77.3%), Deva et al.<sup>9</sup> in Kashmir (80%), and Qureshi et al.<sup>10</sup> in Kashmir (72%), Bhattacharya et al<sup>11</sup> (88%), and Mahapatra et al.<sup>12</sup> in Andhra Pradesh (63%). The differences of satisfaction levels in the above studies can be attributed to the differences in the socio demographic profile and the socio cultural differences of the study population and variations in the services delivered.

One of the principles of primary health care is the accessibility of the health services. In the present study walking is the preferred means of approaching UHC due to its proximity to the homes of the patients and because of this reason the travelling time is also less for majority of the patients. These findings are consistent with those of Chandrachood et al<sup>6</sup> in Mumbai and Rasheed et al<sup>13</sup> in Delhi. The affordability of the cost incurred in travelling to the health facility by almost all signifies the readiness of the patients to pay for their health. The felt need for additional evening OPD is an important finding regarding the reforms that are needed to make the services more user friendly. This finding is consistent with that of Kumari et al in Lucknow.<sup>4</sup>

Waiting time for consultation is an important factor in patient satisfaction. In the present study majority of the patients had to wait less than 30 minutes for consultation which is much better than Chandrachood et al<sup>6</sup> in Mumbai and Rasheed et al in Delhi.<sup>13</sup> However, the study by Kumari et al.<sup>4</sup> in Lucknow showed higher patient satisfaction for waiting time in PHCs. The differences can be due to the different patient load in the institutions and the number of doctors available. The waiting time and area can be utilized to provide health education to the patients.

## ORIGINAL ARTICLE

---

The satisfaction of patients with the basic amenities like provision of drinking water, availability of seats and cleanliness of the toilets and waiting area was found to be very high as compared to Kumari et al.<sup>4</sup> in Lucknow, Rasheed et al<sup>13</sup> in Delhi and Garg et al<sup>14</sup> in Delhi, but comparable to the study by Prasanna et al<sup>15</sup> in Mangalore. This difference can be due to the different health care set ups. The satisfaction is usually found to be high in case of private set ups as compared to the government set ups and in case of tertiary level institutions as compared to primary level institutions.

The quality of the doctor- patient communication is a very important aspect of the quality of care being provided. In the present study the patient satisfaction was found to be very high in terms of listening to their complaints, explaining the disease to them, discussion and explanation of the treatment and investigations, and the preventive advice given. The patient satisfaction with these components was higher as compared to those of Kumari et al.<sup>4</sup> in Lucknow, Rasheed et al<sup>13</sup> in Delhi, Garg et al<sup>14</sup> in Delhi and Qadri et al<sup>16</sup> in Mullana.

The satisfaction regarding the quality of care provided in terms of privacy at the place of examination, time given for consultation, equality of treatment provided and explanation of the follow up and drug dosages was very high and was comparable to Prasanna et.al<sup>15</sup> in a private set up in Mangalore but was much higher as compared to government set ups in the studies done by Kumari et.al.<sup>4</sup> A healthy doctor patient communication enhances the faith of the patient in the doctor, thereby increasing the compliance of the patient to the treatment. However 12.3 % of patients were not satisfied with the availability of drugs. Availability of essential drugs was found to be higher in the study done by Qadri et al<sup>16</sup> in a private set up. In contrast it was found to be much better as compared to the government set up in the study by Rasheed et al.<sup>13</sup>

The most important motivating factors for the patients to visit UHC were the cost effectiveness of the services provided, the proximity to residence and their faith in the doctor. In the study done by Goel et al.<sup>8</sup>, accessibility to the health care facility, physician care and management parameters came out to be the major predictors of patient satisfaction.

**LIMITATIONS:** As it was a center based study, only the patients who were currently utilizing the services were surveyed. The perceptions of the general population, who could have received the services earlier, could not be studied due to the paucity of the resources.

**CONCLUSION:** The overall patient satisfaction with the utilization of services at the Urban Health Centre was found to be high. Cost effectiveness, accessibility to the health facility and quality care given by the doctor were the main motivating factors for the patients. However there are still some areas of dissatisfaction which are important for the hospital administrators to act upon. They are:

- Assuring the continuous supply of essential medicines.
- Extending the time of the OPD.
- Increasing the spectrum of investigations performed.
- Decreasing the waiting time for consultation.

**REFERENCES:**

1. Bleich SN, Ozaltin E, Murray CK. How does satisfaction with the health-care system relate to patient experience? *Bull World Health Organ* 2009; 87: 271-8.
2. WHO Health System Responsiveness. Available from.  
URL: <http://www.who.int/responsiveness>. [Accessed on 27th May, 2015]
3. White B. Measuring patient satisfaction: How to do it and why to bother. *Family Practice Management*.1999; Available from URL:  
<http://www.aafp.org/fpm/990100fm/40.html>. [Accessed on 28th May, 2015].
4. Kumari, et al.: Patient satisfaction in the government health facilities. *Indian Journal of Community Medicine*2009; 34 (1): 35-42.
5. Andaleeb SS. Service quality perceptions and patient satisfaction: A study of hospitals in a developing country. *Soc Sci Med* 2001; 52: 1359-70.
6. Chandrachood M, Bhate K. P, Shinde R R. A study to assess the clients' perception in terms of satisfaction regarding service utilization in an urban health centre. *Health and Population. Perspectives and Issues*2011; 34 (3): 181-191.
7. Jawahar S. K. A study on Out Patient Satisfaction at a Super Specialty Hospital in India. *Internet Journal of Medical Update*.2007; 2 (2): 10-14.
8. Goel S, Sharma D, Bahuguna P, Raj S, Singh A. Predictors of Patient Satisfaction in Three Tiers Of Health Care Facilities of North India. *J Community Med Health Educ* 2014; S2: 1-5.
9. Deva SA, Haamid M, Naqishbandi J. I, Kadri S M, Khalid S, Thakur N. Patient satisfaction. Survey in outpatient department of a tertiary care institute. *Journal of Community Medicine* 2010, Vol. 6 (1).
10. Qureshi W, Naikoo G. M, Baba A. A, Jan F, Wani N. A, Hassan G et al. A Patient Satisfaction at Tertiary Care Hospitals in Kashmir: A Study from the Lala Ded Hospital Kashmir, India. *The Internet Journal of Health*. 2009; 8 (2).
11. Bhattacharya A, Menon P, Koushal V, Rao K.L.N. Study of patient satisfaction in a tertiary referral hospital. *Journal of the academy of hospital administration*.2003; 15 (1).
12. Mahapatra P, Srilatha S, Sridhar P. A Patient Satisfaction survey in public hospitals. *Journal of Academy of Hospital Administration* 2001; 13:11-15.
13. Rasheed N, Arya S, Acharya A, Khandekar J. Client satisfaction and perceptions about quality of health care at a primary health centre of Delhi, India. *Indian Journal of Community Health* 2012; 24 (3): 237-242.
14. Garg N, Gupta SK, Mahesh R. Patient Satisfaction Survey at a Tertiary Care Speciality Hospital. *Int J Res Foundation Hosp Healthc Adm* 2014;2 (2): 79-83.
15. Prasanna KS, Bashith MA, Suhitra S. Consumer satisfaction about Hospital Services. A study from the outpatient department of a private medical college hospital at Manglore. *Indian Journal Community Medicine*.2009; 34 (2).156-9.
16. Qadri S.S, Pathak R, Singh M, Ahluwalia S.K, Saini S, Garg P.K. An Assessment of patients Satisfaction with services obtained from a tertiary care hospital in rural Haryana. *International Journal of Collaborative Research on Internal Medicine and Public Health*. 2012; 4 (8): 1524-1537.



## ORIGINAL ARTICLE

### AUTHORS:

1. Pushapindra Kaushal
2. Sangeeta Girdhar
3. Anurag Chaudhary
4. Sarit Sharma
5. Mahesh Satija
6. Vikram Kumar Gupta
7. Priya Bansal

### PARTICULARS OF CONTRIBUTORS:

1. Assistant Professor, Department of Community Medicine, Dayanand Medical College and Hospital.
2. Professor, Department of Community Medicine, Dayanand Medical College and Hospital.
3. Professor & HOD, Department of Community Medicine, Dayanand Medical College and Hospital.
4. Professor, Department of Community Medicine, Dayanand Medical College and Hospital.

### FINANCIAL OR OTHER

**COMPETING INTERESTS:** None

5. Associate Professor, Department of Community Medicine, Dayanand Medical College and Hospital.
6. Assistant Professor, Department of Community Medicine, Dayanand Medical College and Hospital.
7. Assistant Professor, Department of Community Medicine, Dayanand Medical College and Hospital.

### NAME ADDRESS EMAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Pushapindra Kaushal,  
Department of Community Medicine,  
Old Dayanand Medical College,  
Civil Lines, Ludhiana-141001  
E-mail: drpushapindrakaushal@yahoo.co.in

Date of Submission: 02/07/2015.  
Date of Peer Review: 03/07/2015.  
Date of Acceptance: 15/07/2015.  
Date of Publishing: 17/07/2015.