

# Patients' Perspective: An Important Factor in Assessing Patient Satisfaction

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Conventionally, the preparation of a patient satisfaction questionnaire is based on textbooks, one's own perception and similar forms used at other hospitals. This process often reflects the providers' perception of factors influencing satisfaction, perpetuating their shortcomings and not adequately dealing with necessary cultural and social variations.

## Methods

Aravind Eye Care System in India, one of the highest volume eye care centres in the world, developed an innovative way of developing an in-patient satisfaction assessment tool. All the 'suggestions and complaints' of inpatients registered in a separate suggestion register during the year 1997 were scrutinised and grouped. To confirm that the groupings indeed reflected the patient's expectations and concerns, another survey through interviews was conducted on 50 patients and 50 staff (ophthalmologists, nurses, administrative staff) with

the objective of finding out the patients' expectations, concerns and worries.

## Findings

The 123 different complaints in the initial study and the results of the supplementary study were used to develop 12 different categories to assess patient satisfaction. These are:

1. Medical care
2. Nursing care
3. Behaviour of staff
4. Clear information
5. Personal attention
6. Responsiveness to complaints & care\*
7. Integrity\*
8. Physical facilities
9. Supportive services
10. Cleanliness & maintenance
11. Waiting time
12. Charges

*\* Derived from the supplementary study*

## Action(s) Taken

In order to monitor patient satisfaction objectively, questions were developed in the broad categories, piloted and developed as a standard questionnaire to grade responses on different point scales. Some additional information, such as age, gender and treatment, was also included for better analysis. The questionnaire also used very clear and simple language and was worded to elicit thoughtful responses.

## Consequence of Action(s)

This process has helped to develop a standard questionnaire to measure patient satisfaction regularly in our hospital. The expectations are also understood as these change and are incorporated into the questionnaire from time to time. The results are presented to the hospital's Quality Council and during meetings of heads of departments with a view to taking corrective actions. Individual audits are also undertaken on high patient dissatisfaction areas. The impact is that our patients are more satisfied (our regular survey results confirms this) and we experience an average workload increase of 15% every year. The success of our assessment and improvement of patient satisfaction is because we take into account the patients' own views and perspectives.

☆ ☆ ☆

**We requested further information regarding the programme at Aravind Eye Hospital, specifically details of the Quality Council and the Questionnaire. These have kindly been sent to us and are included below.**

**D D Murray McGavin MD FRCOphth  
Editor**

requests for additional support relating to quality improvement. Such requests may include the following:

- Staffing
  - Staff developments
  - Equipment/instruments
  - Space
  - Re-organisation or re-structuring
5. The Council will review the impact of the various quality improvement measures.
  6. The Council will approve the Quality Manual, which comprises Quality Principles and Quality Improvement Practice in Aravind Eye Hospital, Madurai.

The ultimate aim of the whole process is to ensure zero defects in the services and a high level of patient satisfaction.

## Aravind Eye Hospital Quality Council

Dr P Namperumalsamy, Director  
Chair of the Council

Mr A K Sivakumar, Faculty-LAICO,  
Secretary

Dr G Venkataswamy, Chairman

Mr G Srinivasan, Secretary to Trust

Dr G Natchiar, Joint Director

Mr R D Thulasiraj, Executive Director

Dr M Srinivasan, Chief Medical Officer

Dr S Aravind, Administrator

Mr R Meenakshi Sundaram, Community  
Outreach Manager

Mr Ganesh Babu, EDP In-charge

Mrs R Alees Mary, Nursing Training  
Coordinator

## Terms Of Reference

1. Aravind Quality Council is a Management Committee, which will meet once a month, to direct, monitor, and support the Quality Management Programmes in Aravind Eye Hospital, Madurai.
2. The Council will approve Department level Quality Objectives and Performance Standards as they are developed or amended.
3. The Council will review and approve any major changes or re-organisation that is perceived as necessary for the quality improvement process.
4. The Council will review and approve

## Aravind Eye Hospital In-patient Feedback Form

Aravind Eye Hospital is committed to giving high quality medical care and quality service. In order to assess our performance we would like you to take a few minutes to complete this questionnaire.

- a) Name: ..... b) Age: ..... c) Sex: Male / Female  
 d) M.R. No.: ..... e) Room No: .....

Please answer all the questions by circling the number you feel to be appropriate. If you would like to add any comments or make suggestions, please use the box at the end.

**Excellent = 1                      Good = 2                      Average = 3                      Poor = 4                      Don't know = 5**

1. Your opinion about doctor(s) and medical care:

- Doctors' Competence  
 Doctors' Attitude and Behaviour

1      2      3      4      5  
 1      2      3      4      5

- Listen to my problems  
 Time spent by the doctor: explanation about my health and treatment  
 Explanation about any specific procedure / treatment  
 Daily visit  
 Privacy while examining

Adequate	Inadequate

2. Your opinion about nurses and nursing care:

- Smiling face / polite / friendly  
 Attitude and behaviour  
 Promptness in meeting the needs  
 Explanation of the process of treatment & progress  
 Provision of psychological support/reinforcement  
 Enquiries about food/night rest/discomfort/etc.  
 Provision of health education  
 Medication/treatment in time

1      2      3      4      5  
 1      2      3      4      5  
 1      2      3      4      5  
 1      2      3      4      5  
 1      2      3      4      5  
 1      2      3      4      5  
 1      2      3      4      5

3. How would you rate the charges and costs of services at Aravind?

- High                       Reasonable                       Low                       Don't know

4. How would you rate the attitude and behaviour of ward co-ordinators?

1                      2                      3                      4                      5

5. How responsive were all staff to your needs?

1                      2                      3                      4                      5

6. How do you rate the level of communication and information you received at Aravind?

1                      2                      3                      4                      5

7. How do you rate the general cleanliness of the ward?

1                      2                      3                      4                      5

8. How do you rate the catering / food service at Aravind?

1                      2                      3                      4                      5

9. How would you rate the facilities at Aravind (refreshments, pharmacy, etc)?

1                      2                      3                      4                      5

10. How would you rate the general facilities in the wards (space, furniture, etc.)?

1                      2                      3                      4                      5

11. List the areas where you experienced long waiting times:

12. Would you recommend Aravind to friends and /relatives?

- Strongly                       Hesitantly                       Will Not                       Don't Know

13. Overall, how would you rate the services offered at Aravind?

1                      2                      3                      4                      5

14. Please add any further comments or suggestions you would like to make.

**THANK YOU FOR YOUR VALUABLE FEEDBACK!**

## Patients' Feedback: Follow-up Actions

Suggestions and Grievances	Actions taken
<b>Behaviour of Staff</b> <ul style="list-style-type: none"> <li>Rude behaviour of certain doctors and nurses</li> </ul>	<ul style="list-style-type: none"> <li>Concerned staff writes apology letter to the patient (decision by Joint Director and the Nursing Superintendent)</li> </ul>
<b>Clear Information</b> <ul style="list-style-type: none"> <li>Appoint a person in the ward who can speak different languages</li> <li>Nurses do not provide sufficient information to patients about the various procedures</li> <li>Place information boards indicating the length of stay, operation charge, etc</li> <li>Health education can be provided using television sets in the wards</li> </ul>	<ul style="list-style-type: none"> <li>Appointed an in-patient counsellor fluent in 5 languages (Tamil, English, Malayalam, Hindi and Telugu)</li> <li>This was addressed in the Quality Service Workshop for Nurses</li> <li>Information boards are now placed in front of the counselling department</li> <li>Information cassette on cataract and eye care has been developed and is being played frequently in the wards</li> </ul>
<b>Personal Attention and Care</b> <ul style="list-style-type: none"> <li>Receptionists guiding the patients to the clinics walk very fast leaving the patient behind</li> </ul>	<ul style="list-style-type: none"> <li>This was addressed in the Quality Service Workshop</li> </ul>
<b>Physical Facilities</b> <ul style="list-style-type: none"> <li>Provide hot water for the patients</li> </ul>	<ul style="list-style-type: none"> <li>Hot water is now provided to the rooms, but needs improvement</li> </ul>
<b>Supportive Services</b> <ul style="list-style-type: none"> <li>Complaints about quality and quantity of food</li> <li>Open a separate telephone booth for local calls</li> </ul>	<ul style="list-style-type: none"> <li>Did a quality audit on catering; a member of the management team checks the quality and quantity randomly every day before serving</li> <li>A separate local call booth established near the cycle stand</li> </ul>
<b>Cleanliness and Maintenance</b> <ul style="list-style-type: none"> <li>Toilets near Room no.10 smell badly</li> </ul>	<ul style="list-style-type: none"> <li>Frequency of cleaning the toilets has been increased</li> </ul>
<b>Waiting Time</b> <ul style="list-style-type: none"> <li>Explanation should be given to the patients about the long waiting time in the Laser room.</li> </ul>	<ul style="list-style-type: none"> <li>Sisters are asked to provide an explanation when a patient is made to wait in the Laser room</li> </ul>
<b>Charges</b> <ul style="list-style-type: none"> <li>Provide instruction about the fees to be paid at 'old card' registration</li> </ul>	<ul style="list-style-type: none"> <li>Boards displayed in the 'new card' &amp; 'old card' registration counters provide information about the consulting fees</li> </ul>
<b>Miscellaneous</b> <ul style="list-style-type: none"> <li>Take some action against the monkey menace</li> </ul>	<ul style="list-style-type: none"> <li>The monkeys have been caught and taken away</li> </ul>

## Establishing Lines of Communication

**Lucy Roberts BA(Hons)**

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In Sri Lanka good eye care is available, but there is no holistic integration of services for people experiencing sight problems, whether curable or not. Many people have to travel for a long time to receive the attention of an ophthalmologist, and although the services are free, the journey itself may be costly. When the patient reaches the ophthalmologist he or she is often awestruck, and asks few questions. The patient may not fully understand the diagnosis or prognosis, and is reluctant to 'waste the doctor's time'.

When the patient can grasp the nature of his or her problem there is some peace of mind. One man took his son for two years to different eye specialists, until one doctor had the time to explain the reason for his son's blindness, that there wasn't a surgical answer, that his son will remain blind. At

last the family could stop wondering and start adapting.

The ophthalmologists are busy, and can only take so long explaining complex eye conditions, diseases, operations and treatments.

### Findings

Our research has discovered a great number of eye care services, a combination of medical, educational, rehabilitational and social. What is missing is any form of coordination between these services or any awareness amongst anyone of all the services available. Neither is there literature in Tamil or Sinhala about eye conditions, prevention of blindness, what to do if you or a member of your family experiences an eye problem, etc.

### Actions Taken

1. Production of a leaflet about the Sight Information Centre, which eye specialists can give to patients and relatives.
2. Establishment of an explanatory service regarding a person's eye condition, and

distribution of free leaflets explaining eye conditions and treatments in Sinhala and Tamil.

3. The compilation of a directory of information about the eye units in the hospitals, the educational establishments, the vocational training sites, the social services, and all services related to sight problems and sight preservation.

### Consequences of Actions

1. An easy method has been established for health personnel to introduce patients to follow-up services which are already active.
2. Provision of a person who understands and can explain the significance of their eye condition, the reasons for surgery or not, for treatment or not, for sight recovery or not.
3. Beginning lines of communication, giving the patient/client a better experience of eye care services, as well as linking professionals in the field with each other and providing a comprehensive list of services. □