CRITICAL ANALYSIS OF QUALITY OF INPATIENT SERVICES IN GMC HOSPITAL AJMAN

Dissertation
At
Gulf Medical College Hospital

By
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Under the guidance of
Dr. Neetu Purohit

MBA Hospital & Health Management
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Institute of Health Management Research
Jaipur
2015

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

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This is to certify that **Dr.HarshSood** student of MBA Hospital and Health Management from IIHMR University, Jaipur has undergone internship training at **Gulf Medical College Hospital** from1/3/2015 to 15/5/2015

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

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"Healing through knowledge and wisdom"

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THUMBAY

May 14, 2015

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This is to certify that **Dr. Harsh Sood Pardeep** holder of Indian Passport Number J2853808 was working in our institution as Management Trainee from 1st March 2015 till 14th May 2015, as a part of dissertation of his P.G.D.H.M program. He has completed the assigned project.

We wish him all the best.

For **GMC Hospital and Research Centre, Ajman**

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Critical Analysis of quality of Inpatient services in GMC Hospital Ajman** and submitted by **Dr.Harsh Sood** Enrollment No. **1445** under the supervision of **Dr. Neetu Purohit (Associate Professor)**for award of **MBA Hospital and Health Management** of the university carried out during the period from **1st March 2015 to 15thMay 2015**embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

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Abstract

Introduction

The primary goal of the tertiary care hospital is to provide best possible health care to the patients. Patient satisfaction is one of the established yardsticks to measure success of the services being provided in the health facilities.Patient satisfaction is a significant indicator of the quality of care. Consequently, quality work includes investigations that map out patient satisfaction with nursing care,doctors and other services provided.. To improve the quality of services, the hospital personel needs to know which factors influence patient satisfaction. The aim of this literature study was to describe the influences on patient satisfaction with regard to nursing care, doctors behaviour and services provided in the context of health care.

Aims and objectives

To assess the level of patients satisfaction with the health care services provided by the Inpatient Department of GMC hospital, Ajman, UAE.

Methodology

Study Design

This study was a cross sectional study. This design is particularly aimed to find out the levels of patients' satisfaction

Study Population

The study population consisted of Inpatients aged from 18 – 80 years admitted in inpatient department of GMC, from 21st March to 15th of April in 2015.

Sample Size and Sampling Technique

The sample size was calculated using sample size calculator available on website (http://www.raosoft.com/samplesize.html).

The result of formula computation was **306** patients

Adding, a 10% for incomplete answers, the total number came out to be **337**.

In order to obtain statistically significant representatives of the population who have been visiting the Inpatient Department, a **systematic random sampling** was used to draw the interval sampling number of patients that should be skipped for each sample selection.

The value for sampling interval K^{th} was calculated by using the following formula:

k=a÷n

=1500÷337

=4.45=5 patients

Where:

K: the sampling interval.

a: the estimated average population number per month.

n: the sample size.

Therefore, the researcher selected every fifth patient from the samples available at the time of data collection to be interviewed. Moreover, samples were collected in all shifts of working hours to ensure the proper distribution of patients who represented the total population.

Data collection tools

The research instrument planned for this study was a structured questionnaire.

The questionnaire was divided in to seven parts;

I – Socio-demographic factors

II – Patient Satisfaction with Doctor Care Quality

III – Patient Satisfaction with Nurse Care Quality

IV – Patient satisfaction towards Patient Affairs Department

V- Patient satisfaction towards Food and Beverage Department

VI-Overall Rating of the Hospital

VII – Suggestion and comments from the respondent regarding the services of GMC.

Data Collection Procedure

The data was collected from 21st March to 15th of April in 2015. All respondents were selected from the patients who were 18 years old and above and visited the Inpatient Department at the data collection period.

Data analysis

Microsoft Excel 2010 was used to analyze the data.

Results

ETHICAL CONSIDERATION

1. Informed written consent, using the consent form designed for this study, will be obtained from the participants. Prior to administering the questionnaires, the aims and objectives of the study will be clearly explained to the participants and written informed consent will be obtained.

2. Participants will be informed that their participation will be voluntary and that they could withdraw from the study at any time if they wish to do so.

Refrerences

www.ijrdh.com

Patient Satisfaction Survey for AIDS Institute

TO WHOMSOEVER MAY CONCERN

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Dean, Academics and Student Affairs
IIHMR, Jaipur

Associate Professor
IIHMR, Jaipur

(Certificate of completion of Internship/dissertation for the duration of at least three months from the organization.

The certificate is awarded to

Dr.HarshSood

In recognition of having successfully completed her
Internship in the department of

Patient affairs Department

And has successfully completed her Project on

Critical Analysis of quality of Inpatient services in GMC Hospital Ajman

Date-15 May, 2015

GMC Hospitals, UAE

He/She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning

We wish him/her all the best for future endeavors

Training & Development **Zonal Head-Human Resources**

INSTITUTE OF HEALTH MANAGEMENT RESEARCH, JAIPUR

CERTIFICATE BY SCHOLAR

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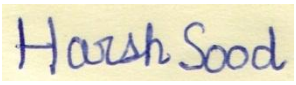

Signature

ACKNOWLEDGEMENT

The success of any task would be incomplete without the expression of appreciation of gratitude to the people who made it possible .Though words fall short to express the sincere gratitude towards everyone who helped directly or indirectly in my endeavor. It is a pleasant aspect that I now have the opportunity to express my gratitude for all of them. This is a humble attempt in this regard. I would like to render my sincere thanks to Gmc Hospital,Ajman for providing me with such unique learning experience.

I convey my deep and sincere thanks to Dr. Ashok Kaushik (Dean Academic and Student Affairs) and My Guide- Dr. NeetuPurohit, for being helpful, supportive and receptive.

Most importantly I would like to thank my Hospital mentor **Dr. SadashivBangera**(Assistant Director Patient Affairs and Marketing Departments of GMCHospital Ajaman) to question and take responsibilities, for her precious time and instructions support, guidance and motivation throughout the study period.

Mr. AvilFernandes (ExecutivePatient Affairs Department**)**was instrumental in guiding us to design the study and helped us to successfully overcome any difficulty during the course of the study. Without his kind patronage, this work would not have been possible. We extend our heartfelt gratitude to him.

I am highly grateful to all the departmental heads and staff for giving me time in spite of their hectic schedule. Without their co-operation and warm attitude this project would have been a distant dream.

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21) Cleanliness of outlet (Percentage)

22) Value for money (Percentage)

23) Overall Rating of the Hospital (Percentage)

LIST OF ABBREVIATIONS

1) GMC-Gulf Medical Collage

2) PAD-Patients Affairs Department

3)IPD-In Patient Department

4) F&B Services –Food and beverage services

4) MRD – Medical Record Department.

5) HOD – Head of the Department.

Chapter 1

Introduction

1.1Background

Patient satisfaction (Or customer satisfaction) is a term that is widely used with reference to health care. Identified as an integral factor in the evaluation of health care, the inclusion of 'patient satisfaction' measurements and interpretation can easily go unquestioned. In fact, quality of care reforms and health care delivery in developed countries such as the United States of America and Europe allow for an increasingly important role of patient satisfaction as an indicator (Bleich,Ozaltin,& Murray,2009). However, at the hospital level, many clinicians appear unconvinced of the usefulness of satisfaction measures. Since clinicians are often more concerned about treatment outcomes, their skepticism may be attributed to the belief that other indicators of healthcare quality such as how patients feel about the cost and/or accessibility of services, the food, interpersonal relationships and overall satisfaction levels are administrative issues (Hudak&Wright,2000).

Over the years, health care managers have utilized various methods, from complaint boxes to satisfaction surveys, to gather information that can be used to improve satisfaction. There have been many patient satisfaction studies that utilized patient satisfaction. There have been many patient satisfaction studies that utilized patient satisfaction surveys, even if the focus may have been different than it is today. Some studies attempted to learn who, for example, would be more satisfied (Otani, Herrmann, &Kurtz, 2011). Despite the increased focus on satisfaction as an outcome measure and the growing body of research to support it, satisfaction has remained difficult to compartmentalize .Although numerous satisfaction surveys have been developed, most with acceptable psychometric properties, it remains largely unknown the factors patients use to consider themselves satisfied(Jackson,Chamberlin,&Kroenke,2001).Patients satisfaction with health care in comparison to their experience is increasing in tis importance. Likewise, according to Bleich et al. (2009), the continued interest in comparing people's satisfaction with the health system across different countries and time periods suggests the need to distinguish the relationship between them.Otani et al. (2011) suggested that it is likely that a positive experience with important factors will result in a good satisfaction overall. Conversely, if the patient had a negative experience with important factors, the overall satisfaction will be bad. The extent to which a patients experience explains his or her satisfaction with the health-care system remains

unclear. Some experiences may very well be more influential than others to the patient in forming their overall satisfaction level.

1.2 Rationale

UAE has increasingly developed its healthcare services in response to patient needs over decades. Key performance indicators are used to monitor and evaluate the effectiveness and efficiencies of organizations and their staff. Patient satisfaction is one of the essential indicators for healthcare service improvement. From that view, the patient satisfaction survey is an instrument in monitoring health care delivery of a hospital in relation to cost and services. For health care organization to be successful monitoring of customer's perception is a simple but important strategy to assess and improve their performance Therefore, the quality of care will indicate the quality of service of the hospital as perceived by the patients regarding various factors.

1.3 Research questions

1. What is the level of patient satisfaction towards health services at the inpatient department of GMC Hospital?

1.4 General Objective

To assess the level of patients satisfaction with the health care services provided by the Inpatient Department of GMC hospital, Ajman, UAE.

1.5 Specific Objectives

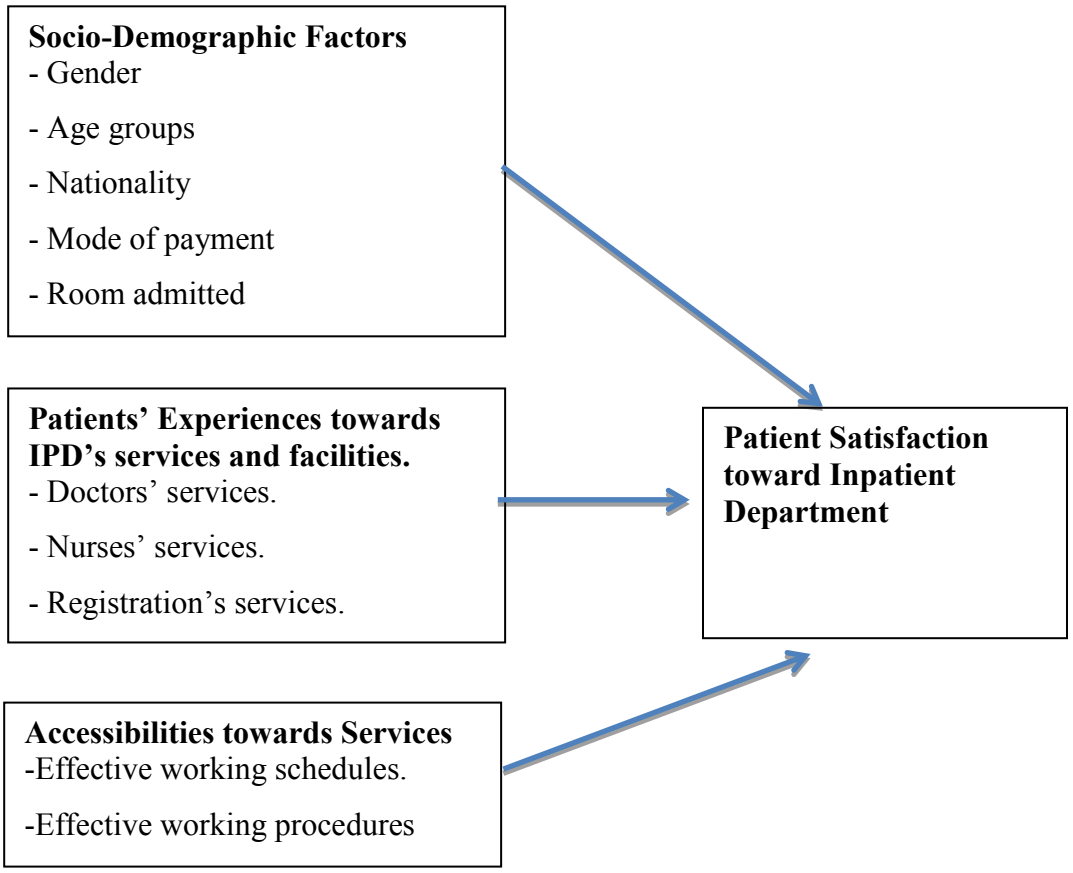
To assess the Determinants of hospital care factors (communication with nurses, communication with doctors, responsiveness of hospital staff, staff care and the hospital environment) on Inpatients overall evaluation of hospital care.

1.6 Conceptual Framework

Figure 1 shows the conceptual framework using the general accepted healthsystem model for construction of conceptual framework by Aday and Anderson,which was mentioned in their

study of satisfaction of people towards health care delivery in United State from 1970 to 1975. The purpose of utilizing this model is to help construct a questionnaire with a good reliability and to secure a high degree of validity, which means that the questionnaire had strong internal consistency and was constructed to measure what it, was supposed to measure.

Figure 1: Conceptual framework using Aday& Anderson's health symbol model.



1.7 Operational Definitions

Patient satisfaction: Patient satisfaction was defined as the patients' opinion about health care delivery services in Inpatient Dept. of GMC Hospital, Ajman,UAE.

Inpatient: An inpatient is "admitted" to the hospital and stays for 24 hrs.

Socio-demographic characteristics: Socio-demographic characteristics were defined as the social and demographical nature of the subject being studied. It consisted of age, gender,nationality, room admitted and the payment methods of the respondents.

Age: Agereferred to the ages of the respondents from 18 – 80 years by the time of the study.

Sex:Sexrefers to the characteristics of the respondent as male and female.

Gender will be divided into two categories:

- Male
- Female

Type of payment: Type of payment refers how patient would pay for the health services. It was divided into four categories; private scheme, government scheme, insurance schema and others.

Nationality: Nationalityrefers to Country of birth.

Patients' Experiences towards IPD's services and facilities: Experience was defined as the feeling and self-judgment the patients gained from the involvement in the health care delivery process in IPD focusing on physical facilities, physicians' services, nurses' services, pharmacy's service, and registration's service.

Physicians' services: Physicians' services referred to the physicians' communication and consultation skills such as self-introduction, effective consultation techniques, attentiveness, time management, and physicians' punctuation.

Nurses' services: Nurses' services referred to the nurses' communication and assistance skills such as polite and respectful manner towards the patients, feedback to patients' questions, patient-referring process, and nurses' punctuation.

Pharmacy's service: Pharmacy's service referred to the respect and attention shown by pharmacy staff, drug preparation and explanation, adequate amount of drugs, and pharmacy staff's punctuation.

Registration's services: Registration's services referred to the respect and politeness shown by registration staff and staff's punctuation.

Working schedule: Working schedule was defined as the effective working shifts designated to respond to patients' need.

Service procedure: Service procedure was defined as the effective service process in terms of time and good coordination between relevant departments.

1.8. Limitations of Study

During research process, researcher faced some constraints such as lack of required time, human resources, and permission to access some data.

Chapter 2

Literature Review

Patient satisfaction

2.1) Meaning and scope of satisfaction

Clients' satisfaction was defined as the result of matching one's expectation of healthcare services with actual experiences whether it is pleasant or disappointed in Advances in Service Marketing and Management by Swartz TA, Bowen DE, Brown SN, and Stephen in 1993.

The level of satisfaction will be low if the services do not meet what the patients have wished. However, the patients will show a high level of satisfaction if their expectations are met. In addition, patients will feel highly satisfied and delightful if services are even better than what they have expected (Swartz TA, Bowen DE, Brown SN, and Stephen; 1993).

The importance of patient satisfaction has had a long history of debate, beginning over two millenniums ago in ancient Rome. Plato suggested in a statement that since the doctor "cuts us up, and orders us to bring him money...as if he were exacting tribute...he should be put under rigid control," and that this could be done by calling an assembly of the people and inviting opinions about "disease and how drugs and surgical instruments should be applied to patients"

In 1985, Swan suggested that patients' positive opinion about services they have received is the process of matching between a set of generally accepted quality with their personal past involvement.

Many articles about patients' satisfaction suggested the following significant relationship:

- Satisfaction is the result of perceiving service implementation against expectation.
- Willingness to buy or come back to receive the same services is the effect of satisfaction.
- Expecting and willingness to have services create alternatives for patients.

The more the patients are pleased, the greater the level of satisfaction will be(Swan, et al.; 1985).

Patient satisfaction has been used as an indicator of accountability. Satisfaction was seen, therefore, as a surrogate indicator justifying and validating health care initiatives .Health care organizations are operating in an extremely competitive environment, and patient satisfaction has become a key indicator, gaining and maintaining market share. Without acceptable levels of patient satisfaction, health plans may not get full accreditation and will lack the competitive edge enjoyed by fully accredited plans. According to Jones (1978) satisfaction surveys are the main sources of feedback from patients about the health care services and as such they inform

purchasing decisions, stimulate proposals to restructure service delivery and can be used to evaluate the effects of policy change.

Findings from various articles suggested that most patients are very sensitive about what is going on with their health condition. They honestly insist to know exactly what the problems are, the ways treatment might be taken in account and the consequences that might happen. They still do even though it might frighten or disappoint them in any ways (McQuity S, Finn A, and Willey JB, 2000).

2.2 Benefits of patient satisfaction

Patient satisfaction is important to the process of health care for a number of reasons. Patients who are dissatisfied with their health care change health care providers or "doctor shop" more frequently,

- More frequently disenrollment from prepaid health plans,
- adhere less well to medical regimens prescribed by their doctors,
- And willingness to seek malpractice litigation.

According to the Fitzpatrick, (1990) satisfied patients are more likely to follow planned care and make better use of health services. Therefore patient satisfaction was seen, as a substitute indicator justifying and validating health care initiatives. And also it has been used to evaluate patient controlled analgesia.

In August 2003, Press Ganey reported on one study of nearly 2 million patient surveys- the largest study of patient satisfaction ever conducted. He stated that "…the Baby Boom generation…as a whole is less satisfied than patients in the adjacent age groups. Members of the Baby Boom generation have been described as distrustful of institutions, more informed than others, and harder to please because of their high expectations". In fact, studies show that is likely already happening. The upshot is that healthcare is, or soon will be, facing a market that has increasing choice and very demanding expectations. It will pay healthcare marketers to sharpen their pencils when it comes to creating satisfaction.

2.3Factors Identified as Influencing Patient Satisfaction

Given the considerable number of studies of patient satisfaction, many variables have been found to correlate with the concept (Mahon, 1996; Sitzia& Wood, 1997). For example, Ware, Davies-Avery, and Stewart (1978) demonstrated that the following variables all influenced satisfaction: interpersonal manner, technical quality, physical environment, availability, finances, and continuity. They developed one of the first taxonomies of such variables. The table helped to organize and analyze the findings and helped with the following categorization: (a) socio-demographic (b) environmental factors, (c) coordination and communication, (d) the nurse-patient relationship,and (e)the doctor-patient relationship.

2.3.1Socio-Demographic Characteristics

Many people have a strong belief that the high levels of positive opinions of patients might be closely related to some independent factors such as standards of living, gender, age groups, and even status of the patients whether they are single, married, or widowed, etc. Nonetheless, some other researchers have concluded that there is little relationship between socio-demographic characteristics with satisfaction levels (Doborah L., 1997) (12).

Many suggestions regarding direct relationship between socio-demographic characteristics have been well documented. Some researchers suggested that the high levels of patients' satisfaction are significantly related to the patients' standards of living, namely the family income. While some others mentioned that age is the most noticeable independent variable that usually has very close relationship with patients' positive opinions about services. They believe that the older the patients are, the higher the level of satisfaction they will show while the younger the patients are, and the lower the level of satisfaction they will give. Last but not least, some researchers also stated that some patients tend to medical services based on their reference groups' ideas. For instance, if their group says this service is good to use, they will be likely to decide to use this service rather than others (Lebow JL, 1983) (15).

People with a low standard of living tend to experience a low level of health care services when they have health problems. In addition, because they really have to work hard to survive, they might not be able to follow more schedules of treatments. In some case, their physicians do not treat them equally as the patientswho have full coverage of insurance. This factor unavoidably might lead them to have a low level of satisfaction (Pasaribu SI, 1996) (16). A significant trend is matching a low level of educational background of the users with high level of satisfaction all over the world by satisfaction research (Rodney W.Quigly, C.Werblun et al, 1986) (17).

Dozens of research have been done in order to find out the significant associations between socio-demographic characteristics and the results of satisfaction researches in health care industry.

In a study by Setter JF, Thomas V. Perenger in 1997, they found out that the trend of satisfaction seems to fall high on male respondents rather than female respondents. Nonetheless, many other researches regarding patients' opinion about services they have received provided statistical results that female patients usually showed higher levels of satisfaction than male patients (18).

The concern about relationship between age groups and level of satisfaction has also been studied. Some previous researchers have suggested that the older respondents seem to give more scores to the service providers since they have been going through the social services all their lives. They are said to be more understanding and accepting than younger respondents who usually have less social and commercial experiences of the real world and seem to judge things very quickly (Doborah L, 1997) (19).

Some years later, Hall and Dornan (1990) conducted a meta-analysis of 110 studies of patient socio-demographic characteristics as predictors of satisfaction with medical care. Besides the socio-demographic characteristics already described, they looked at medical-care variables, which included access, cost, overall quality of care, humanness of providers, competence of providers, information given by providers, bureaucracy, physical facilities, provider attention to psychosocial problems, continuity of care, and outcome of care. The findings demonstrated that greater satisfaction with medical care was significantly associated with older age and less education, and marginally associated with being married.

2.3.2 Coordination and Communication

Greater patient satisfaction may result from improved communication between the patient and the health care provider. It has been suggested that improved communication may lead to increased patient compliance and, therefore, better care (P. D. Cleary & McNeil, 1988; Gonzalez-Valentin, et al., 2005; Kangas, Kee, & McKee-Waddle, 1999). Patients who have their needs for information met tend to be more satisfied (Atkins, Marshall, &Javalgi, 1996) and experience fewer symptoms and health problems (Kravitz et al., 2002). Bassett (1992) suggested that patient satisfaction is directly related to the relationship established between the service provider and the consumer, and specifically to their ability to communicate effectively. Therefore, nurses as service providers should be asking patients questions about the service:

What is being done correctly? Which services need to be changed or improved? How would the patient like to see service provided as a whole? Service – and satisfaction – then becomes an ongoing dialogue in which information is continually being exchanged between nurses and patients about service expectations and preferences. This kind of information exchange would also help ensure that nurses know what patients expect in terms of nursing care.

Coordination of care and communication with patients are variables that significantly influence patient satisfaction with nursing care. Aiello et al. (2003) demonstrated that patient satisfaction is influenced by patient-specific characteristics and by patient-provider interactions. Four articles reviewed by Aiello et al. support the importance of providing adequate communication and information to the patient, which leads to increased patient satisfaction Aiello et al. (2003). The different aspects of information that were identified as making a difference in patient satisfaction included the amount of information, the type and relevance, as well as the timeliness. Middleton and Lumby (1999) identified two items specific to communication that reportedly made a positive difference in the patient's outcome: the explanation of the procedure provided by the clinical nurse consultant at the pre-admission clinic and being informed about the details of their treatment while in the hospital. Poor communication and related problems were described as poor doctor-nurse-patient communication, lack of follow-up on aspects of care, and a lack of continuity and communication by health care professionals as inadequate (Irurita, 1999). Insufficient information has been shown to contribute to patient's dissatisfaction with care. It was also reported to be important that the nurses‟ explanations were clear and straightforward so the patient could understand what they were talking about.

2.3.3 Physical Facility

Upreti in 1994 revealed in his research that the majority of his respondents 71% showed a high level of satisfaction while the other 29% had a low level of satisfaction regarding waiting time, cleanliness, and the setting of infrastructure around (23). Furthermore, Pasaribu in 1996 stated that he found the causes of patients' satisfaction, to be a low level of quality of care and less amount drugs provided (24).

2.3.4 Physicians' and Nurses' Services

There are some findings that physicians' and nurses' communication skills with patients are the key components to a high level of patients' satisfaction. In a research done in Switzerland, physician-patient interaction has been suggested as the vital factor in predicting patients' satisfaction (Robert JS, Coale Redman RR, 1987) (25). Likewise, way of raising voice, physical feeling, communication and personal behaviors of physicians really contribute in bringing a higher level of users' satisfaction (Afridi MI, 2002) (26). Last but not least, Barry in 2001 mentioned in a study in Ireland that good interaction between physicians and their patients is the milestone to reach clients' satisfaction and continuous improvement of quality of care (Likun P, 1996) (27).

2.3.5Pharmacy, Registration and, Service Principles

Additional services like pharmacy, registration and service flow are particularly mentioned to significantly influence the level of patients' satisfaction. Phyunyathikum clarified in his 1994 research that the quality of pharmacy service including numbers of personnel, rates of prescribing medicines and waiting time to receiving medicines determine the result of patients' satisfaction (28).

Patient satisfaction surveys are geared at informing decision makers about patient's perspectives on the health care services received. Despite the popularity of patient satisfaction, the concept is relatively new and lacking in a standardized definition and measurements that accurately captures patient preferences and what influences them.

Some studies utilize patients' demographic variables such as age and gender but these variables are not for a manager who wants to improve on their service quality and patient satisfaction. Other studies focus on health attributes and the overall patient satisfaction. Others yet, found that certain attributes, such as nursing care, physician care and staff care have more influence than others on overall satisfaction. With patients' now being considered as consumers, hospital management also wants to know what influences overall satisfaction and a patient's intention to return to or recommend their hospital. As Saultz&Albedaiwi (2004) eloquently put it, it appears that many aspects of the traditional interpersonal model of care are once again very essential elements of the future rather than outdated characteristics of the past.

CHAPTER 3

Methodology

The GMC hospital is the biggest and one of several autonomous hospitals based in the Ajman, United Arab Emirates. The main objectives of this research were to assess the level of patient satisfaction with Inpatient Department's services regarding physician patient interaction; nurse-patient interaction; registration and food services. By receiving permission from the director of the hospital, the research process was started from in-office data collection.

3.1. Study Design

This study was a cross sectional study. This design is particularly aimed to find out the levels of patients' satisfaction and its significant relationships with socio-demographic characteristics of the studied samples.

3.2. Study Population

The study population consisted of Inpatients aged from 18 – 80 years admitted in inpatient department of GMC, from 21st March to 15th of April 2015.

3.3. Inclusion Criteria

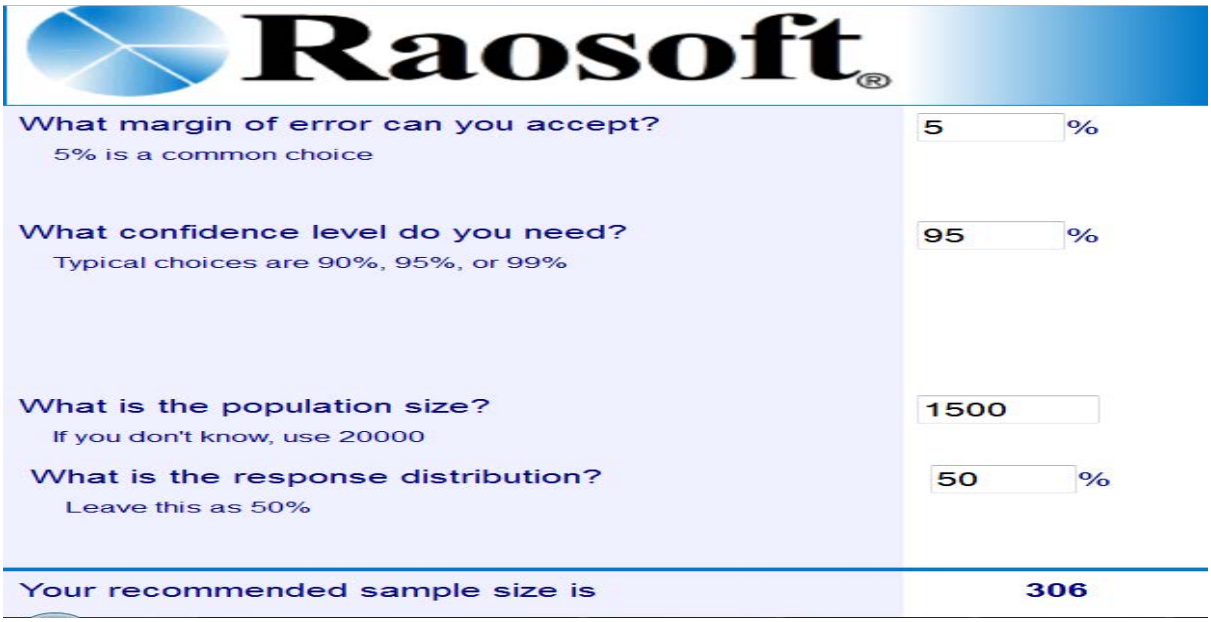
- The inpatients admitted in hospital, age ranges are from 18 years to 80 years old.
- The patients who were willing to give consent.
- The patient had at least one overnight stay in the hospital.
  An overnight stay is defined as an inpatient admission in which the patient's admission date is different from the patient's discharge date. The admission need not be 24 hours long. For example, a patient had an overnight stay if he or she was admitted at 11:00 p.m. on Day 1 and was discharged at 10:00 a.m. on Day 2.
- The patients who were able to listen and understand Hindi, Urdu and English language.
- Not admitted under observation status.
- And, patients who are alive at discharge.

3.4. Exclusion Criteria

- Patients who had mental problems.
- Patients who needed emergency attention.
- Patients excluded on compassionate grounds (e.g., women with stillbirth or miscarriage).
- Patients cannot speak (mute) or listen (deaf).

3.5. Sample Size and Sampling Technique

The sample size was calculated using sample size calculator available on website (http://www.raosoft.com/samplesize.html).



Formula components

Margin of error: The margin of error is the amount of error that you can tolerate. (5%)

Confidence level: The confidence level is the amount of uncertainty you can tolerate. (95%)

Population size: How many people are there to choose your random sample from? In GMC during one month there are 1500 admissions\discharges. (1500)

Response distribution: For each question, what do you expect the results will be? (50%)

The result of formula computation was **306** patients

Adding, a 10% for incomplete answers, the total number came out to be **337**.

In order to obtain statistically significant representatives of the population who have been visiting the Inpatient Department, a **systematic random sampling** was used to draw the interval sampling number of patients that should be skipped for each sample selection.

The value for sampling interval K^{th} was calculated by using the following formula:

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Where:

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Therefore, the researcher selected every fifth patient from the samples available at the time of data collection to be interviewed. Moreover, samples were collected in all shifts of working hours to ensure the proper distribution of patients who represented the total population.

3.6. Data collection tools

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VI-Overall Rating of the Hospital

VII – Suggestion and comments from the respondent regarding the services of GMC.

Part I. Socio-demographic factors

To know about Socio-demographic details of patient researcher noted down Hospital number, by putting hospital number in hospital HMIS, researcher able to know about age, sex, nationality, room occupied, mode of payment and Dept. of treatment. The age has been categorized in to three groups (18-32, 33-49, 50-66 and 67-88).The sex has been listed as male and female. The rooms are categorized in to seven groups (general ward, Semi-private, private, deluxe, smart-deluxe and VIP). The type of payment for this visit has been categorized in to 2 groups (insurance andself). The department has been categorized into nine groups (Ent, general surgery, gynecology, internal medicine, orthopedic, cardiology, nephrology, pediatrics, emergency).

Part II. Patient Satisfaction with Doctor Care Quality

To know about Patient Satisfaction with Doctor Care Quality, there are 7 questions. The option given for this part was quality of care given by doctor was poor, fair, good, very good andexcellent.

Part III. Patient Satisfaction with Nurse Care Quality

To know about Patient Satisfaction with Nurse Care Quality, there are 7 questions. The option given for this part was quality of care given by nurse was poor, fair, good, very good and excellent.

Part IV. Patient satisfaction towards Patient Affairs Department

To know about Patient Satisfaction towards Patient Affairs Department, there are 4 questions. The option given for this part was poor, fair, good, very good and excellent.

Part VPatient satisfaction towards Food and Beverage Department

To know about Patient Satisfaction towards Food and Beverage Department, there are 4 questions. The option given for this part was poor, fair, good, very good and excellent.

Part VI Overall Rating of the Hospital

The option given for this part was poor, fair, good, very good and excellent**.**

Part VII – Suggestion and comments from the respondent regarding the services of GMC.

Any point that patient want to say about hospital services.

3.7. Pre-testing

Pretesting of questionnaires IPD patients was done before finalizing the questionnaires. For pretesting 30 patients were interviewed from IPD.

3.8. Data Collection Procedure

The data was collected from 21st March to 15th of April in 2015. All respondents were selected from the patients who were 18 years old and above and visited the Inpatient Department at the data collection period.

3.9. Data analysis

Microsoft Excel 2010 was used to analyze the data.

3.10. Ethical consideration

Pre permission (written consent) was taken by the patients before answering the questionnaire. See Appendix for Consent form.

CHAPTER 4

RESULTS

This study was aimed to find the level of patient satisfaction in Inpatient Department based on best criteria. In addition, the researcher tried to figure out the possible relationship between socio-demographic characters and patient satisfaction. Tables and description presented in each section below are the results of data collection and analysis processes:

Section 1: Socio-demographic characteristics of patients

Section 2: Patient Satisfaction with Doctor Care Quality

Section 3: Patient Satisfaction with Nurse Care Quality

Section 4: Patient satisfaction with Patient Affairs Department

Section 5: Patient satisfaction with Food and Beverage Department

Section 1: Socio-Demographic Characteristics of the Patients

Table 2 shows the socio-demographic characteristics of the samples collected at the time of data collection. The information includes age groups, gender, nationality, room occupied and payment methods.

Sex:
More than one half of the total samples of 306 patients, 68% were females. The rest, 32% were males.

Age Groups:
The first group, from 18 years old to 30 years old, has the highest percentage of 49%; while the second group, from 31 years old to 40 years old, has 34% and the third group, from 41 years old to 50 years old, has 14%. The fourth group from 51 years old to 60 years old; has 2% and the last group, from 60 years old and above has 1%.

Nationality:
In this section, majority of patients are from India 25.49 %, followed by Pakistan 25.16 and in the third number is Egypt 13.39%.15%from Philippines and 19% from Syria .

Table 1: Number and Percentage of Socio-Demographic Characteristics

Socio-Demographic Characteristics	Frequency(n=306)	
	Number	Percentage
Sex:		
Female	210	68
Male	96	32
Age (years):		
18-30	149	49
31-40	103	34
41-50	42	14
51-60	7	2
Above 60	5	1
Nationality :		
Afghanistan	5	1.6
Bangladesh	7	2.2
Comoros	2	.65
Egypt	41	13.39
Ethiopian	6	1.9
India	78	25.49
Iraq	6	1.9
Jordan	3	.98
Kuwait	2	.65
Morocco	3	.98
Nepal	5	1.6
Nigerian	2	.65
Pakistan	77	25.16
Philippines	15	4.9
South Africa	2	.65
Sudan	6	1.9
Syria	19	6.2
UAE	6	1.9
Uzbekistan	2	.65
Yemen	9	2.9
Others	5	1.6
Room Occupied :		
Deluxe Room	56	18.30
Female General Ward	96	31.37
Male General Ward	51	16.66
Private Room	34	11.11
Semi Private Room	43	14.05
Smart Deluxe Room	21	6.86
VIP Room	5	1.63
Payment Methods:		
Insurance	150	49.01
Self	156	50.98

Room Occupied:

Majority of patients stayed in female general ward 31.37%, in the second place in deluxe room 18.30%, in third place in male generalward 16.66%, in semi-private room 14.05, in private room 11.11 and in smart deluxe room 6.86.

Payment Methods:

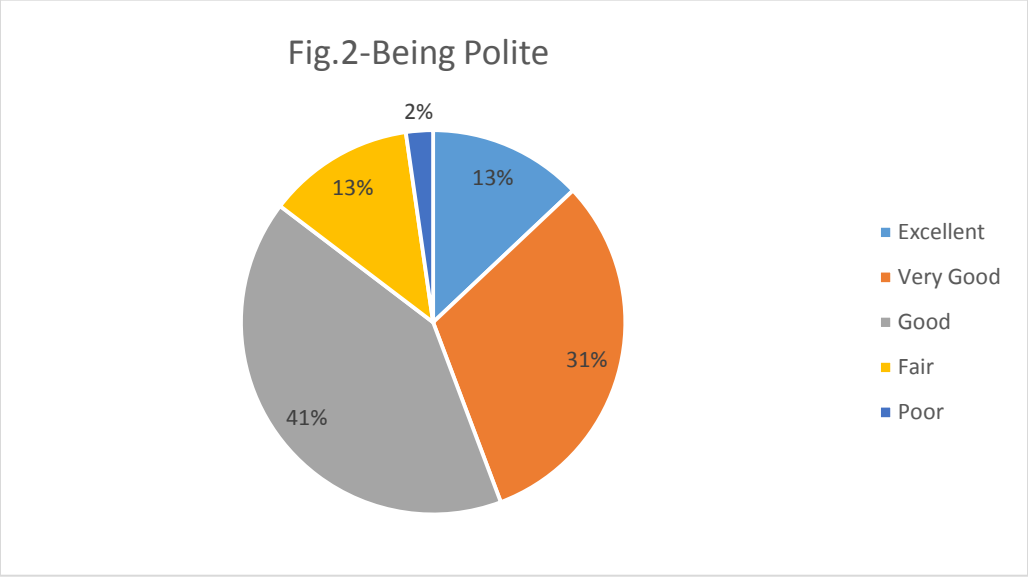
It seems that more than half of the respondents, 51% depended on their own personal finance, while 49% were using insurance programs.

Section 2: Patient Satisfaction with Doctor Care Quality

To know patient satisfaction with doctor care quality, 7 questions were asked from respondents which were linked with doctor's behavior.

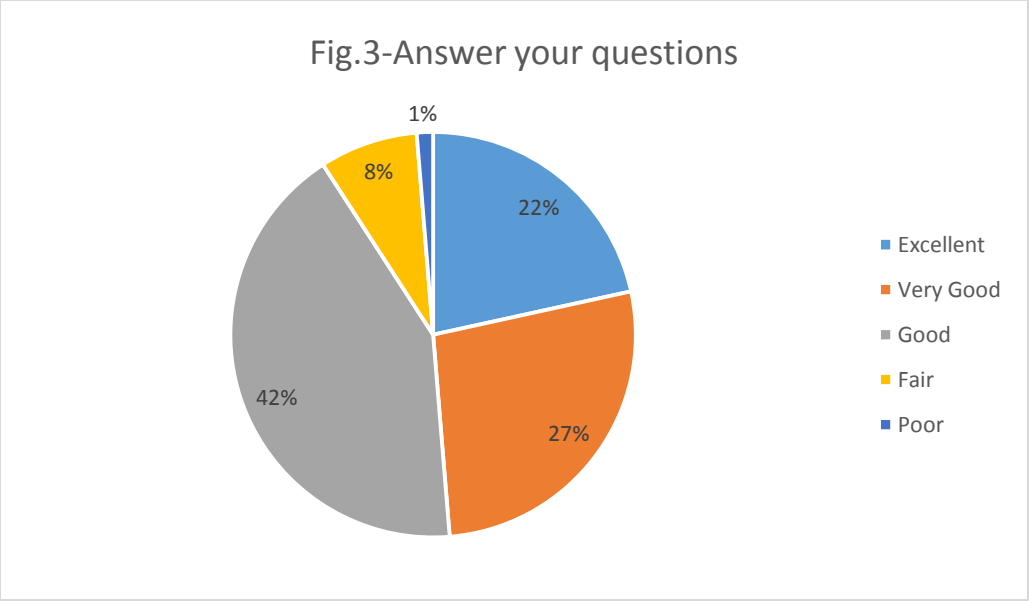
a) Being polite:

Respondents were asked during their interaction with doctor; does doctor was polite with them. By being polite means having or showing behavior that is respectful and considerate of other people.



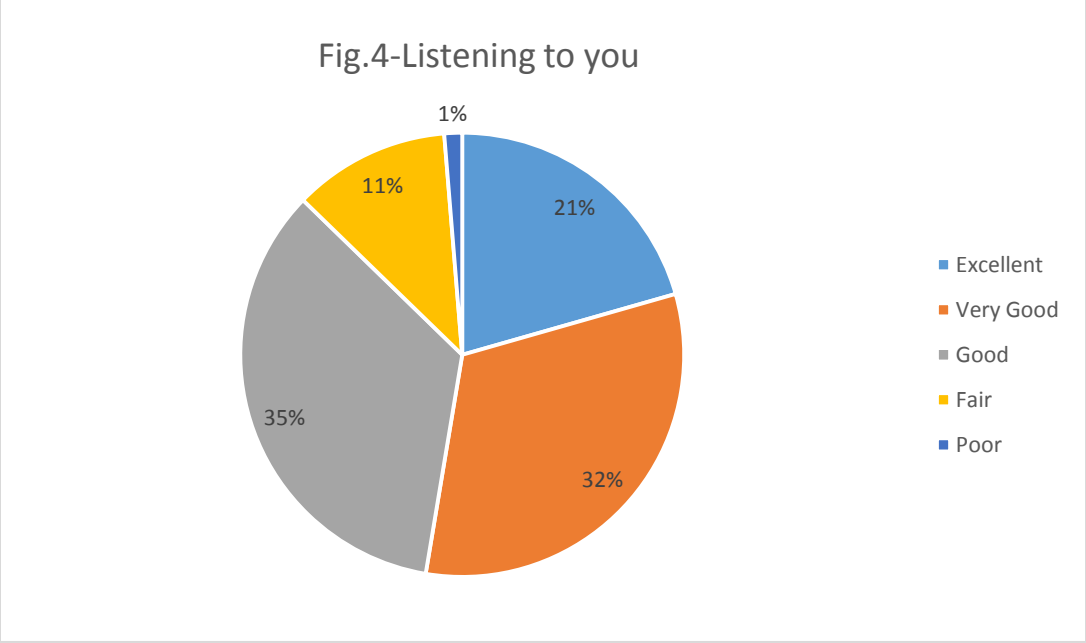
b) Answer your questions:

Respondents were asked during their interaction with doctor; does doctor answer their all questions regarding their treatment.



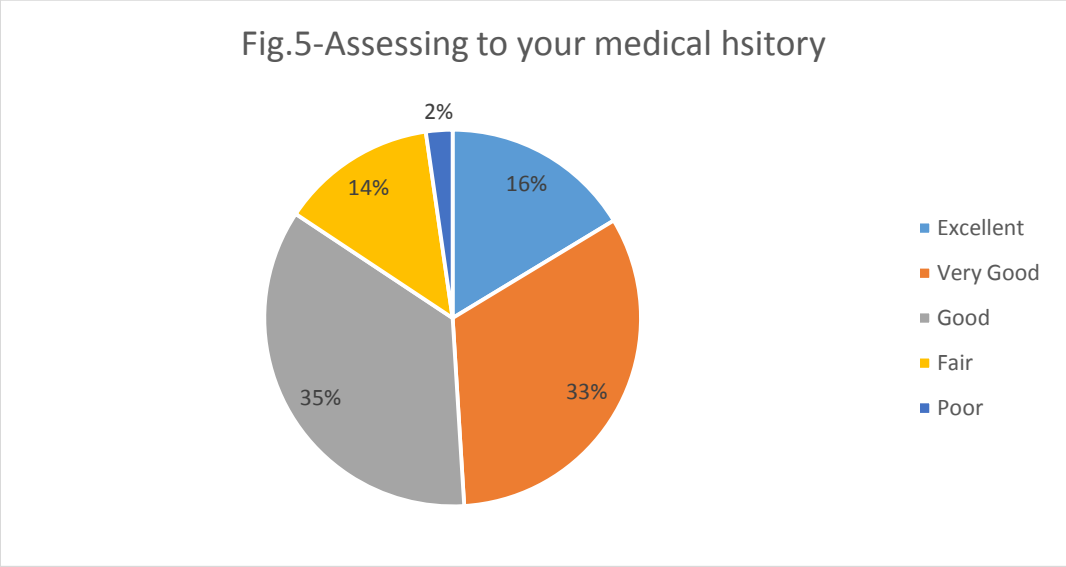
c) Listening to you:

Respondents were asked during their interaction with doctor; does doctor listens to them regarding problems, take their views on treatment plan.



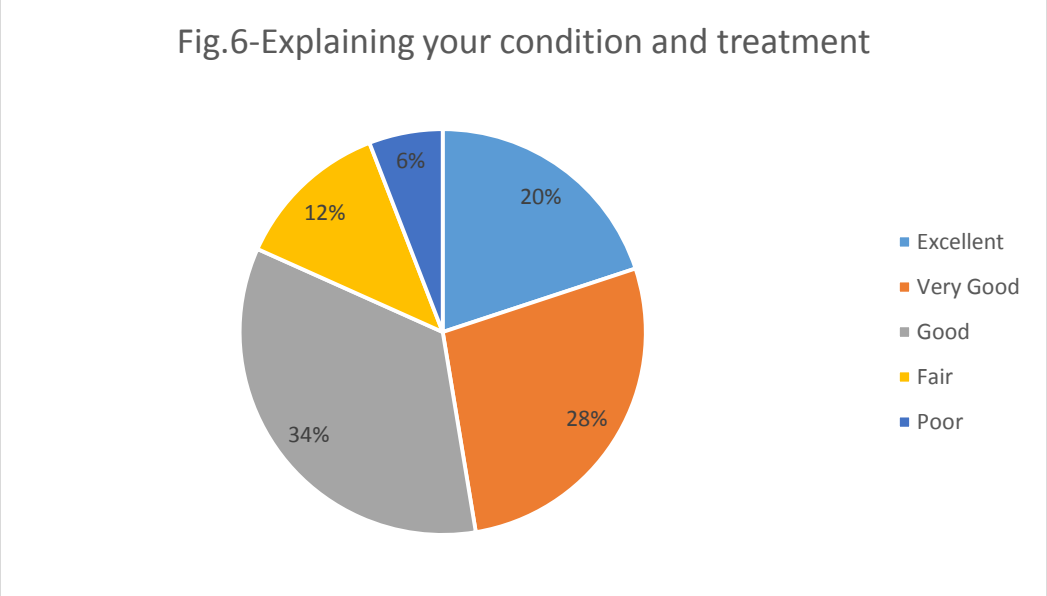
d) Assessing your medical history:

Respondents were asked during their interaction with doctor; does doctor assess their medical history or not. Assessing medical history means an evaluation of the health status of an individual by performing a physical examination after obtaining a health history.



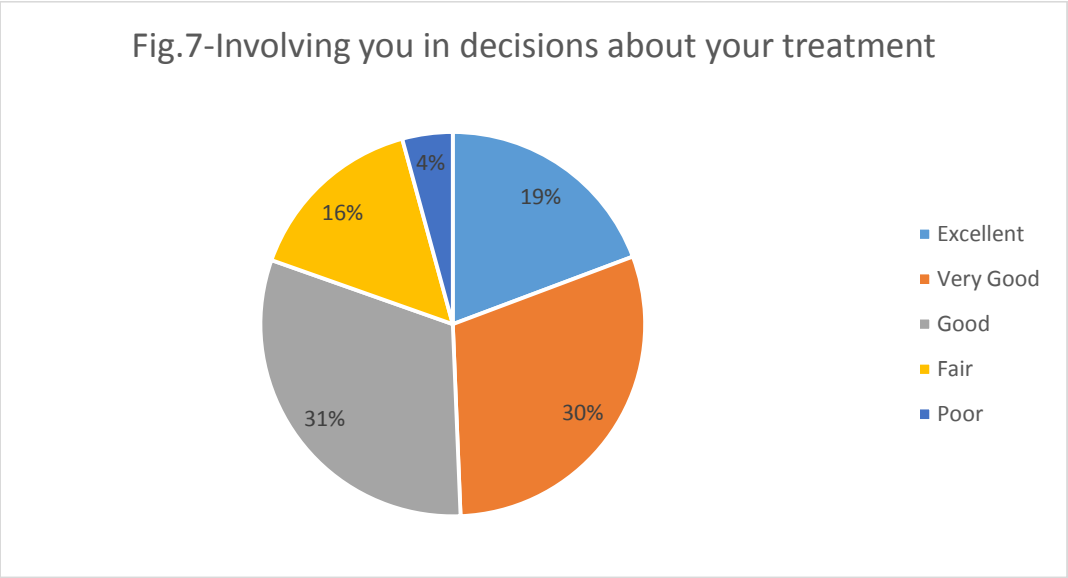
e) Explaining your condition and treatment:

Respondents were asked during their interaction with doctor; does doctor explain them about their medical condition and treatment plan.



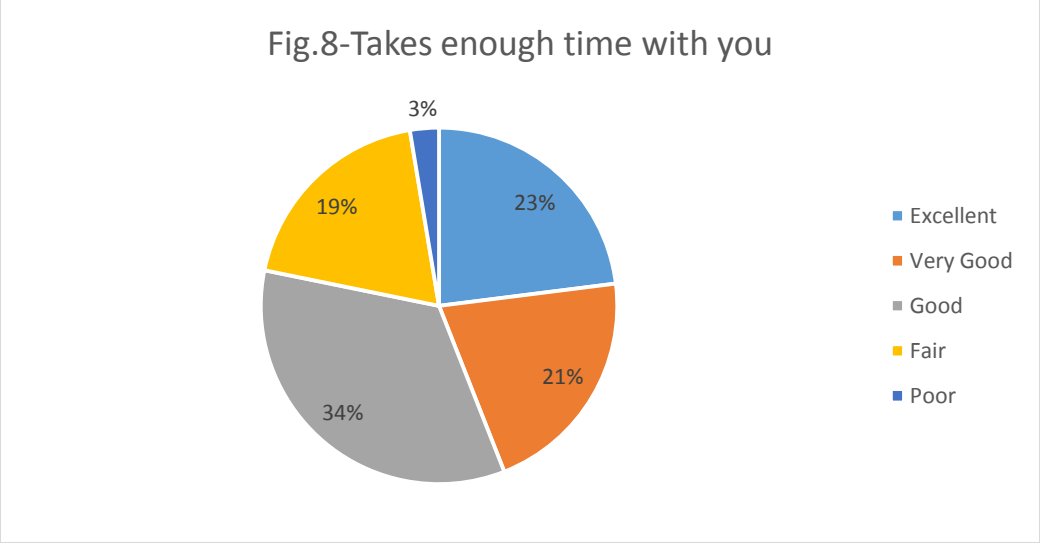
f) Involving (Informed) you in decisions about your treatment:

Respondents were asked during their interaction with doctor; does doctor involve then in taking decisions about treatment.



g) Takes enough time with you:

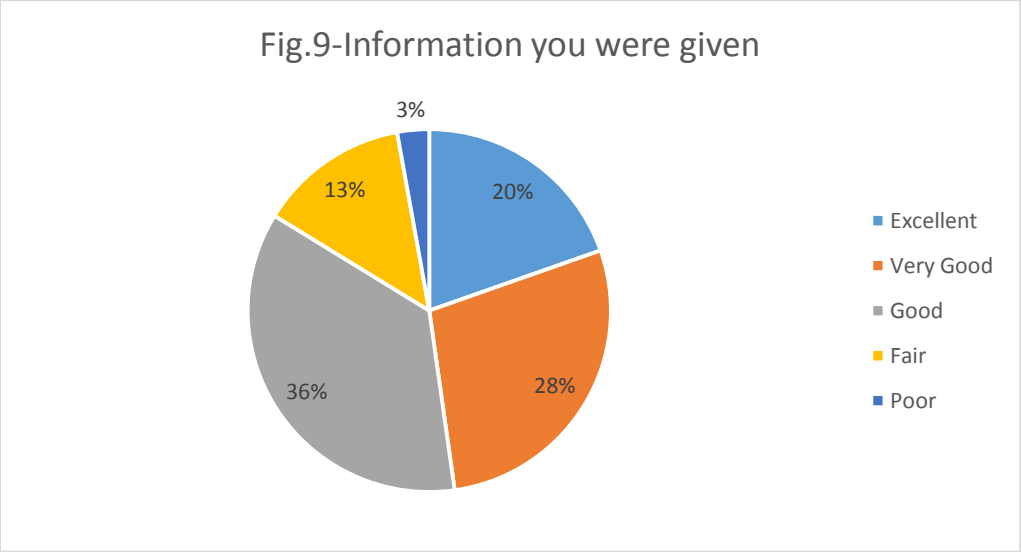
Respondents were asked during their interaction with doctor; does take enough time with you.



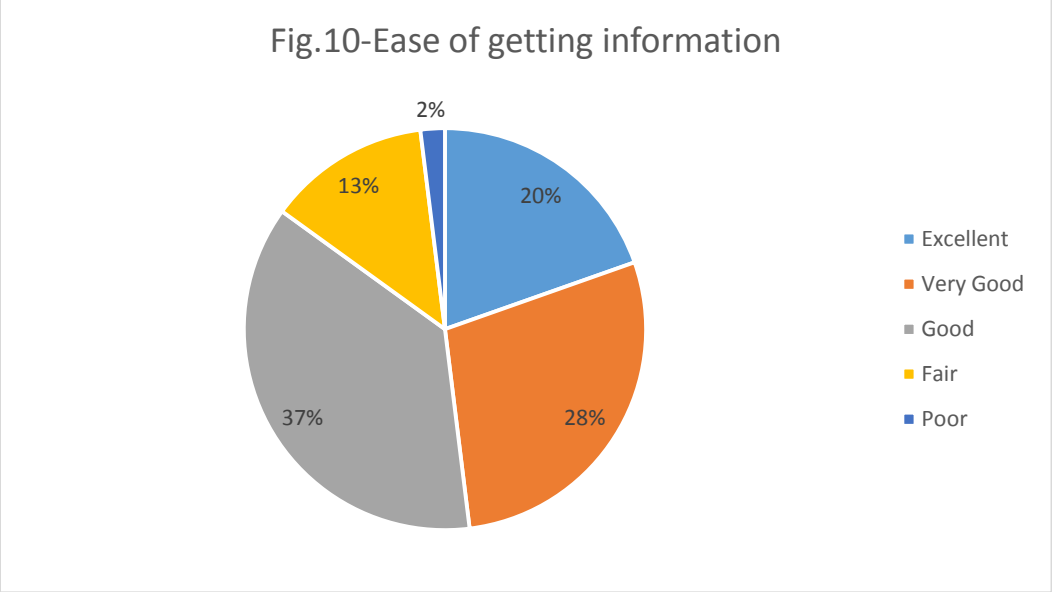
Section 3: Patient Satisfaction with Nurse Care Quality

To know patient satisfaction with nurse care quality, 7 questions were asked from respondents which were linked with nurse behavior.

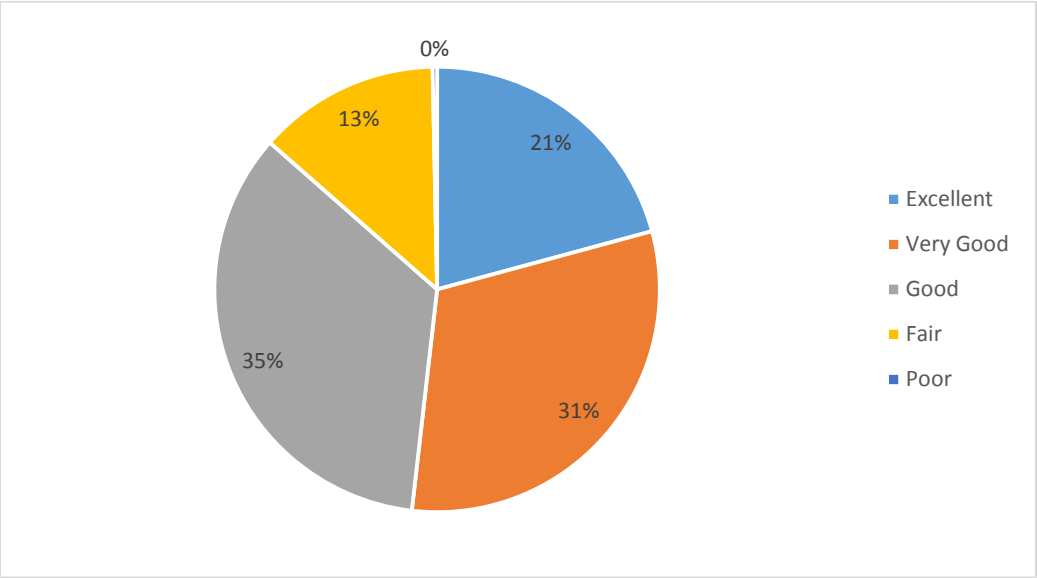
A) INFORMATION YOU WERE GIVEN: By asking this question we want to know does nurses inform patients about treatment or what medicine to be taken. Majority of patients say nurses are very good (28.10) and good (35.94) in giving information.



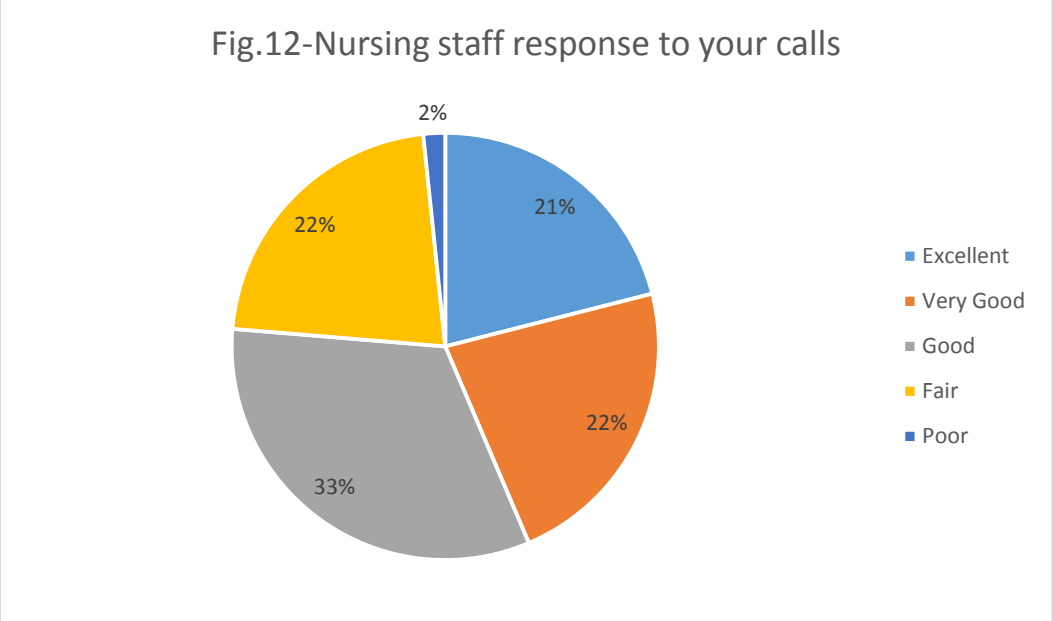
B) EASE OF GETTING INFORMATION: By asking this question we want to know does nurses are willing to answer patient questions or not. Majority of patients say nurses are very good(36.92)and good(28.43) in giving information.



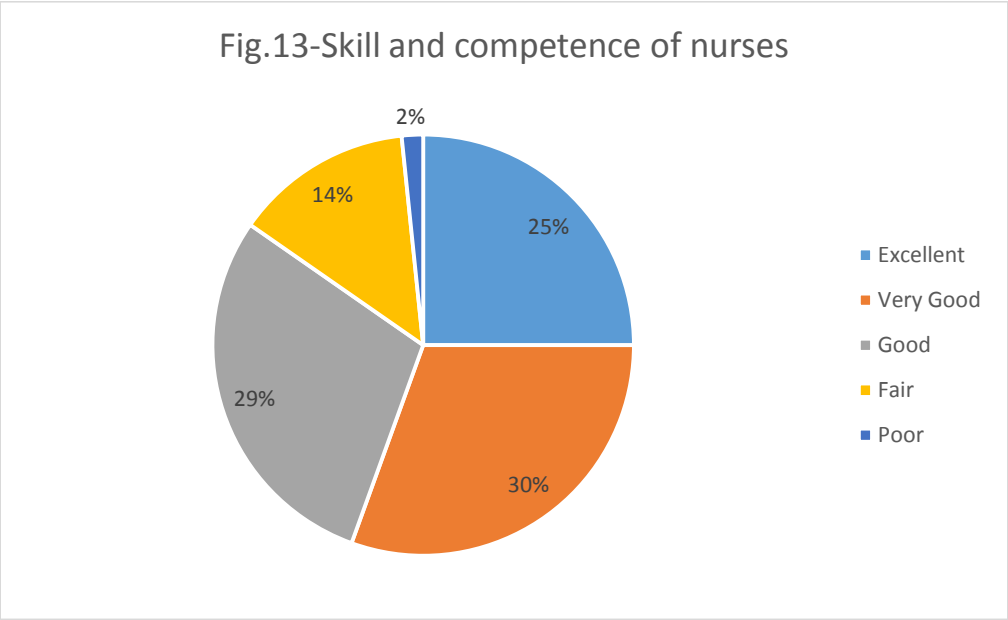
C)**ATTENTION OF NURSES TO YOUR CONDITION**: By asking this question we want to how well nurses keep track of medical condition of patient.Majority of patients say nurses are very good(30.71)and good(34.31) in giving information.



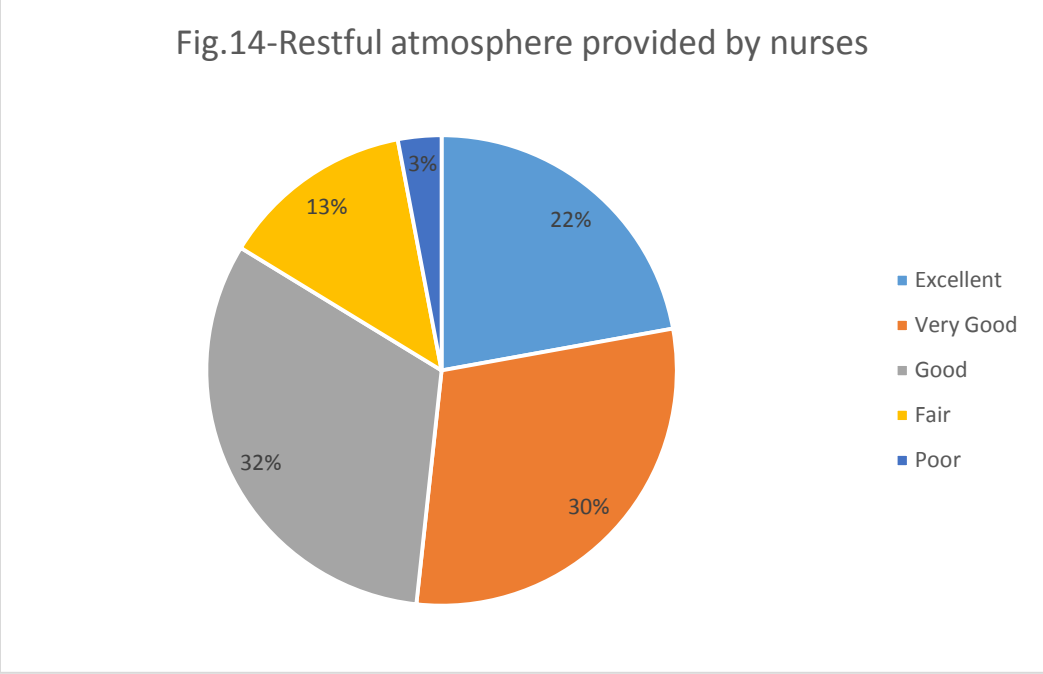
D) **NURSING STAFF RESPONSE TO YOUR CALLS**: This question helps us to know how quick nurses were to respond patient call. Majority of patients say nurses are very good(22%),good(33%) and excellent(21%) in giving information.



E) **SKILL AND COMPETENCE OF NURSES**: This question helps us to know how well things were done, like giving medicine and handling IVs.Majority of patients say nurses are very good (30%),good(29%) and excellent(25%) in giving information

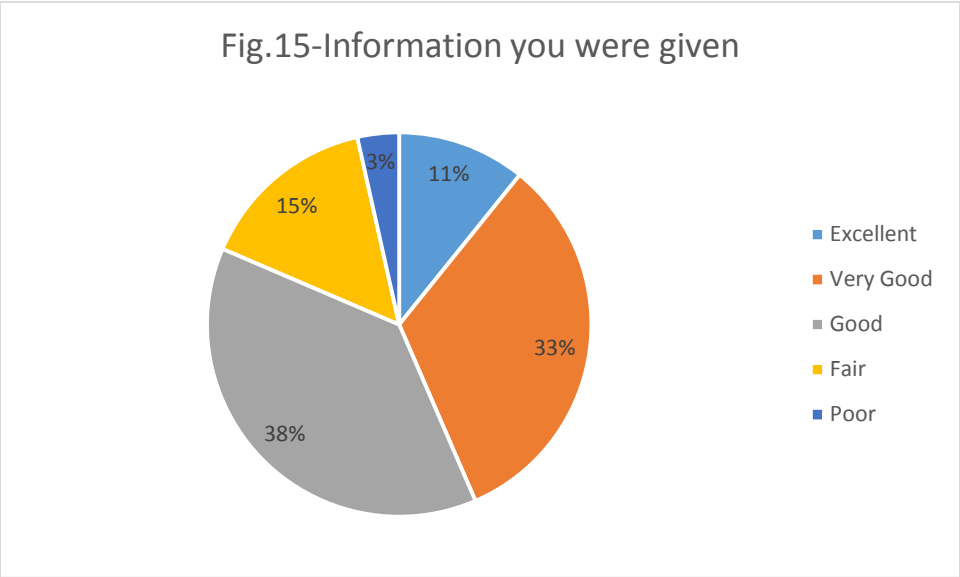


F) RESTFUL ATMOSPHERE PROVIDED BY NURSES: This question helps us to know does atmosphere at nursing station is pace and quiet.Majority of patients say nurses are very good (30%),good(32%) and excellent(22%) in giving information

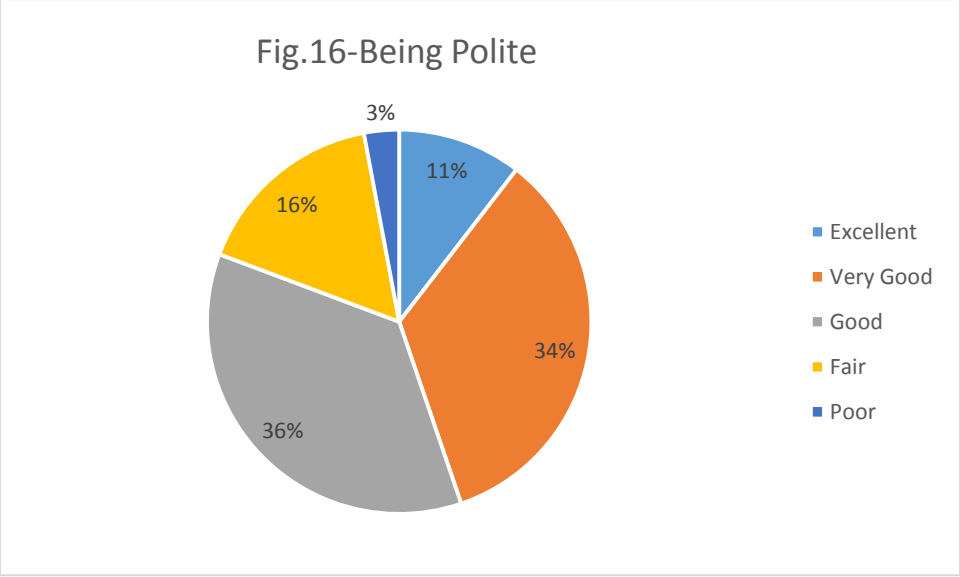


Section 4: Patient satisfaction with Patient Affairs Department

A) **EASE OF GETTING INFORMATION**: By this question we come to know, when patients visit PAD, does they get information or not. 38% patient rated it as good, 33% as very good and 15% say it was fair.

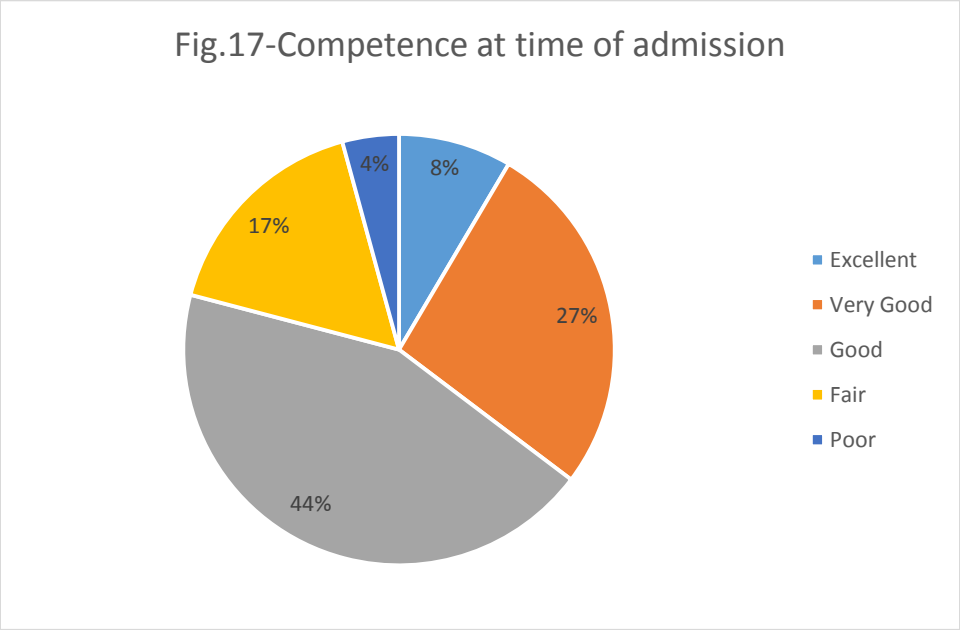


B) **BEING POLITE:**By being polite means having or showing behavior that is respectful and considerate of other people.36% patient rated it as good, 34% as very good and 11% say it was fair.



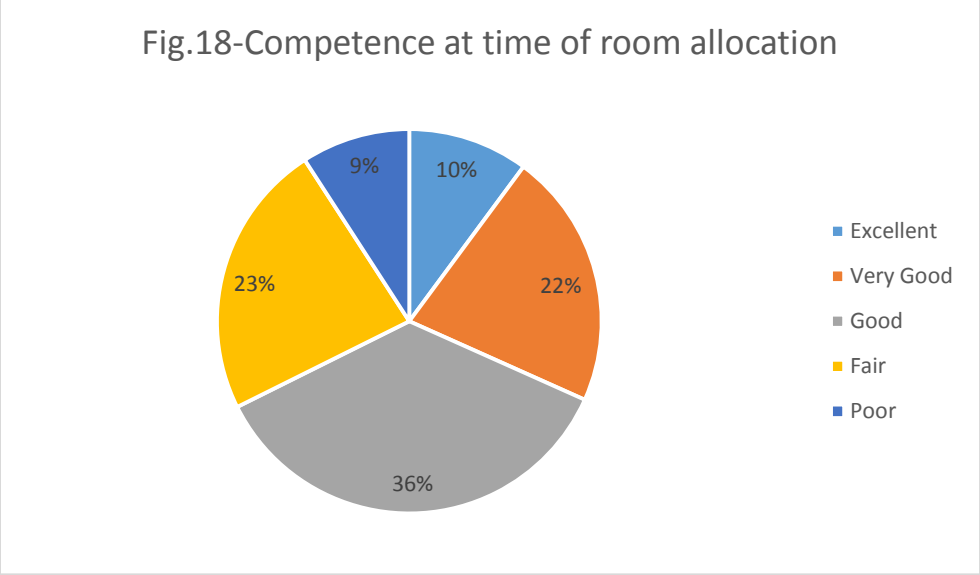
C) **COMPETENCE AT TIME OF ADMISSION**:

The quality of being competent; adequacy; possession of required skill,knowledge, qualification, or capacity. Majority of patients say staff was good (44%) and very good (27%).



D) COMPETENCE AT TIME OF ROOM ALLOCATION:

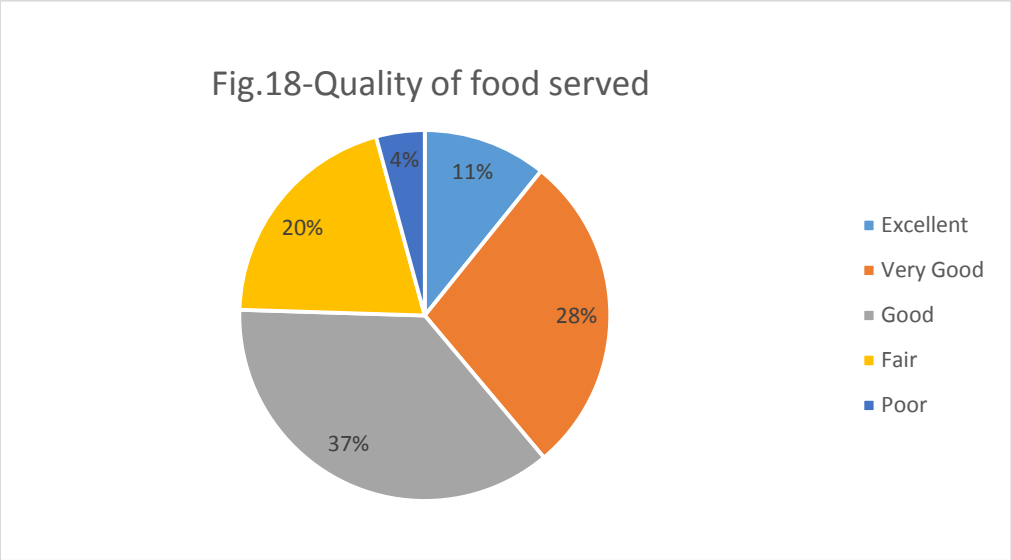
The quality of being competent; adequacy; possession of required skill,knowledge, qualification, or capacity. Majority of patients say staff was good (44%) and very good(27%) .



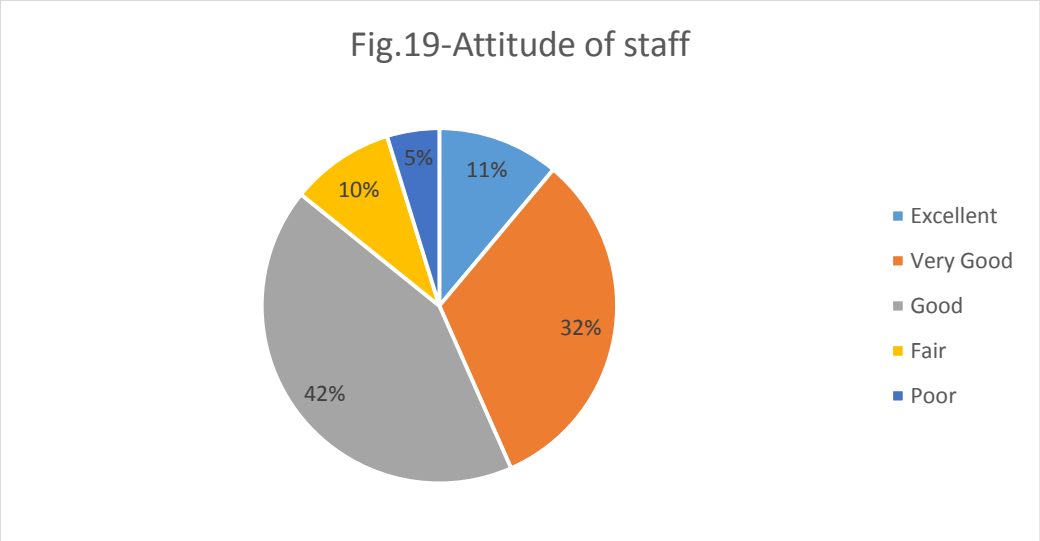
Section 5: Patient satisfaction with Food and Beverage Department

This section tells us patient satisfaction with food and beverage department.

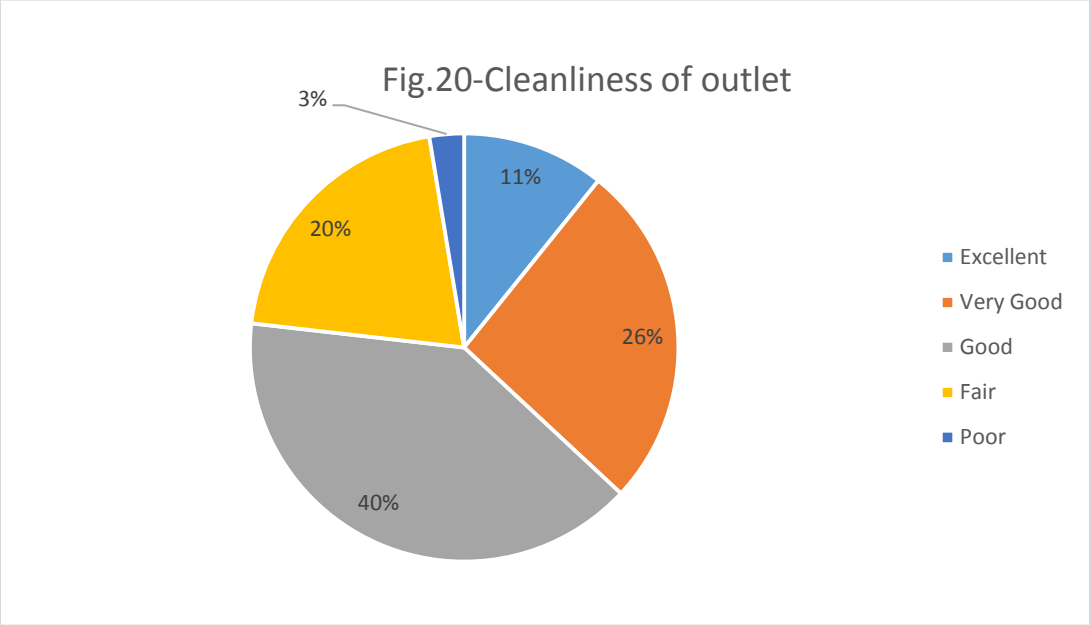
A) QUALITY OF FOOD SERVED:Food quality is the quality characteristics of food that is acceptable to consumers. Majority of patients say food quality was good (37%) , 28% said it was very good , where as 20% say it was fair.



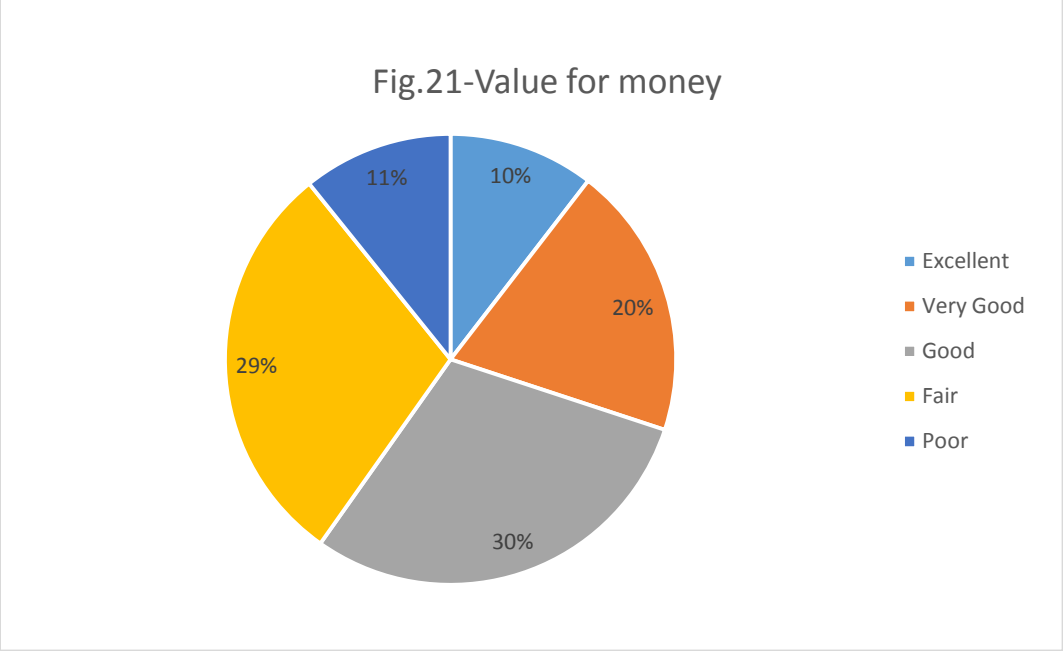
B) ATTITUDE OF STAFF:By attitude of staff we mean how good staff with the patients .42% said attitude was good, 32% said it was very good where as 10 % said it was fair and 11% said it was excellent.



C) **CLEANLINESS OF OUTLET**:



D) **VALUE FOR MONEY**:



Section 6- Overall Rating of the Hospital

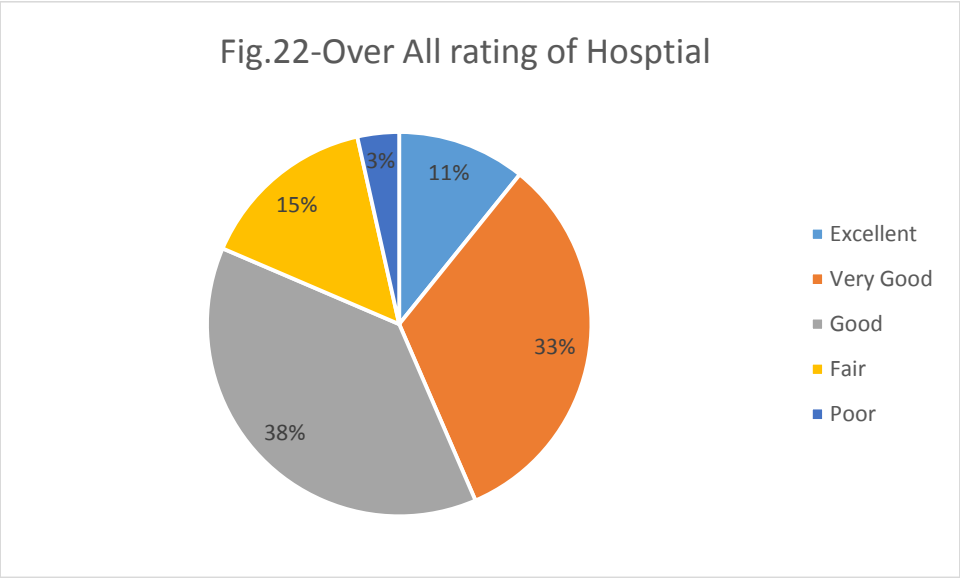


Fig.22-Over All rating of Hosptial
11%
33%
38%
15%
3%
Excellent
Very Good
Good
Fair
Poor

CHAPTER 5: DISCUSSION

The following are the main topics in this chapter:

Topic I: Research process.

Topic II: Comments and suggestion of the respondents.

Topic III: Discussion

5a. Research Process

Remember that this research was about patients' opinions in terms of services provided by several sections in the hospital; therefore, the researcher didn't have a choice, but to conduct it during working hours.

- The respondents felt uncomfortable in describing their experiences and personal opinions about the hospital services.
- A comprehensive explanation of the identities of the researcher, the purpose, and the use of the data collected was given to each respondent before starting the interview process.

In conclusion, the research process was gradually changed from its previous procedure in terms of contents of the questionnaire, the method of approaching the subjects, and the art of addressing the problem. This was made to response to the actual research environment and to enrich the quality of the data collected.

5b. Suggestions and Comments from the Patients

Even though the respondents were clearly explained about the significance of the research and the use of their comments or suggestion as the indicators to improve the quality of care at GMC hospital, there were only 47 respondents among 306 gave comments or suggestions. This showed a lack of interest in giving comments regarding their personal experiences.

The reasons behind this matter were noticed and presented below:

- The lack of interaction skill to persuade the respondents to express their personal opinion rather than the questions provided,
- The uncomfortable feeling in an uncomfortable environment the respondents might have had,
- Time constraint the patients had for the interview process,
- And the respondents' personal behaviors.

5d. Discussion

Chapter 6: Conclusion and Recommendations

6a. Conclusion

Patients receiving each hospital service are responsible for conveying the good image of the hospital; therefore, securing high satisfaction of patients attending the hospital is equally important for a hospital management team. Many studies about inpatient services have revealed some problem like overcrowding, long waiting time, high hospital fee, and poor behavior of staff, etc. In current study, it was found that the majority of the respondents were highly satisfied with the services offered. Patients were satisfied with logistic arrangement, nursing care, physicians' communication skills, number of staff etc. wherever there is misbehavior of receptionists in serving the customer; it is to be explored to elicit the lacunae. Education, physicians' services, nurses' services, and pharmacy's services were found to have significant relationships with patient satisfaction level. It is beneficial to understand that there is an opportunity for the improvement of the Inpatient Department service. Hence, it can be concluded that the inpatient department services form a vital element to draw a good image of the hospital services and the patients' opinion are essential in quality improvement.

6.2 Recommendations

6b.1. Recommendation for Performances

1. Physical environment should be improved by arranging clear signs and directions, orderly facilities and equipment and with pleasantness of atmosphere.

2.Patients often have high expectation about the services they would receive from clinical staff. Therefore, a proper training of code of conduct and courtesy should be given to both clinical and office staffs. Incentives and punishment should be carried out based on regular performance reviews.

3.Improving the interpersonal manner, the way in which providers interact personally with patients. Example; respect, concern, friendliness and courtesy.

4.Management needs to update the front office staff periodically and orient them to new developments in the hospital.

5. Discharge process takes long time. Management must take some steps to improve discharge process.

6b.2. Recommendation for Further Researches

1. Periodical study focusing on patients' satisfaction in the hospital should be implemented to keep up with the change of the phenomena.
2. Further satisfaction study should be extended in scope and reach such as comparative study between patient satisfaction and staffs' satisfaction and between a hospital services and other hospitals' services etc. in order to gain better views of the field and produce more meaningful results.

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Appendix

QUESTIONNAIRE

Patient Satisfaction Survey

- ✓ The purpose of this exercise is to provide doctors with information about their work through the eyes of those they work with and treat, and is intended to help inform their further development.
- ✓ Please do not write your name on this questionnaire.
- ✓ No personal information will be released to any other party.

Date of visit: (dd/mm/yy) _____ / _____ / _____ **Hosp. No:** _____

Part -1

Patient Satisfaction with Doctor Care Quality Questionnaire (PSDCQQ)

How good was your doctor at each of the following? (Please tick one box in each line)					
	Poor	*Satisfactory*	*Good*	*Very Good*	*Excellent*
A) Being polite	☐	☐	☐	☐	☐
B) Answer your questions	☐	☐	☐	☐	☐
C) Listening to you	☐	☐	☐	☐	☐
D) Assessing your medical history	☐	☐	☐	☐	☐
E) Explaining your condition and treatment	☐	☐	☐	☐	☐
F) Involving(Informed) you in decisions about your treatment	☐	☐	☐	☐	☐
G)Takes Enough time with you	☐	☐	☐	☐	☐

Part -2
Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ)

Please rate some things about the nursing care you received during your hospital stay in terms of whether they were Excellent, Very Good, Good, Fair or Poor. Please check only one rating for each statement.

A) INFORMATION YOU WERE GIVEN: How clear and complete the nurses‟ explanations were about treatments. Excellent 5 Very Good 4 Good 3 Fair 2 Poor 1 ☐
B) EASE OF GETTING INFORMATION: Willingness of nurses to answer your questions. Excellent 5 Very Good 4 Good 3 Fair 2 Poor 1 ☐
C) **ATTENTION OF NURSES TO YOUR CONDITION**: How well they kept track of how you were doing Excellent 5 Very Good 4 Good 3 Fair 2 Poor 1 ☐
D) NURSING STAFF RESPONSE TO YOUR CALLS: How quick they were to help. Excellent 5 Very Good 4 Good 3 Fair 2 Poor 1 ☐
E) SKILL AND COMPETENCE OF NURSES: How well things were done, like giving medicine and handling IVs. Excellent 5 Very Good 4 Good 3 Fair 2 Poor 1 ☐
F)RESTFUL ATMOSPHERE PROVIDED BY NURSES: Amount of peace and quiet. Excellent 5 Very Good 4 Good 3 Fair 2 Poor 1 ☐
G) Overall quality of nursing care you received during your hospital stay. Excellent 5 Very Good 4 Good 3 Fair 2 Poor 1 ☐

Part -3

Patients Affairs Department (PAD)

A)**EASE OF GETTING INFORMATION**: Willingness of staff in answering your queries Excellent 5 Very Good 4 Good 3 Fair 2 Poor 1 ☐
B)**BEING POLITE:** Excellent 5 Very Good 4 Good 3 Fair 2 Poor 1 ☐
C) **COMPETENCE AT TIME OF ADMISSION**: Excellent 5 Very Good 4 Good 3 Fair 2 Poor 1 ☐
D) **COMPETENCE AT TIME OF ROOM ALLOCATION**: Excellent 5 Very Good 4 Good 3 Fair 2 Poor 1 ☐
Part 4 **FOOD & BEVERAGE DEPARTMENT:**
QUALITY OF FOOD SERVED: Excellent 5 Very Good 4 Good 3 Fair 2 Poor 1 ☐
ATTITUDE OF STAFF: Excellent 5 Very Good 4 Good 3 Fair 2 Poor 1 ☐
CLEANLINESS OF OUTLET: Excellent 5 Very Good 4 Good 3 Fair 2 Poor 1 ☐
VALUE FOR MONEY: Excellent 5 Very Good 4 Good 3 Fair 2 Poor 1 ☐

THANK YOU FOR COMPLETING OUR QUESTIONNAIRE
AND HELPING US TO IMPROVE OUR SERVICE

Appendix

Respondents Comments

1) Very good and cooperative staff and communication.

2) Patient affairs, so polite and kind give enough time .Explaining everything to customers and patients; I believe they are even better than the nurses. I am planning to come back to the hospital because of patient affairs good behavior.

3) For kids need to arrange fully trained nurses.

4) We appreciate two nurses for their outstanding services “rose” and “tenu”.

5) GMC=GIVE MORE CASH?? .For a half day procedure you do two day procedure, take 2 times money. For your own mistakes you don’t forget to charge your poor patients.

6) Children game very old and it should be changed, but the department is prefect.

7) Very disappointed as your Dr.Nabeil al shebang, internal medicine specialist, ask for MRP,while an ultrasound was already done, when we ask for explanation, he informed that he gave a medicine, which will help to push the stone out and the MRCP will show it clearly , which we know that is a big lie and now we have to pay 2200 AED to GMC.

8) Need to improve the waiting time at the time of channeling doctor. Patients have to wait so long to see the doctor even there is an appointment, other than that overall good job.

9) Dr. didn’t come.

10) One family brought 5 kids for the full day .Should is some limit even it is a general ward.

11) Insurance Dept. poor. Razak good.

12) OBG emergency very close from labor room, which is not good for women pregnant 1sttime. Discount policy for self-payers.

13) Really excellent everyone.

14) Please the rooms are poor in cleanness, it have bad odor and the curtains need to wash, very bad odor, and very slow procedure of discharge patients.

15) Please do dialysis from hand.

16) Communication of staff not good.

17) Congratulations!!Well done. We are very happy and satisfied during our stay .

18) Everything was good but as cashier very poor with women's.

19) treated us properly and overall performance is excellent .I hope you can do more about to implement some sms alert, unfortunately, we got one sms only.

20) All in general all staff and hospital care was very good .There be sometimes little delay but we are satisfied.

21) Callcenter was giving wrong information in some cases.

22) I am not coming again for baby delivery in GMC Ajman.

23) Insurance dept. is taking time.

24) Bad coordination between sections.

25) There is problem in communication because not all people speaking good English.

26) Please increase quality of food for patients.

27)At time of admission please take acknowledgment from customers mentioning all detail i.e. which type of room will be given .Please revise admission procedure. And try to provide all information to customer.

28) There is no track from nurses to the patient. No one visit patient regularly, although there is private room but it's not provided.

29) More signboards needed to show directions of room.

30) PAD has not issued me a birth notification or any statement to provide it to the insurance department for the baby insurance which is not at all good .PAD has not at all supported me.

31) Needs more support.

32) Physiotherapy needs to improve.

33) More cleaning in rooms.

34) The OBG gynecology department nurses need to attend the patient frequently since the husband was not allowed inside, didn't have any idea what was going on, until my wife come out and complained.

35) Excellent service in everything.

36) Discharge process too slow.

Appendix

INFORMED CONSENT

"My name is Dr.HarshSood, and I am a management trainee at GMC Hospital, Ajman. I am inviting you to participate in a research study. Involvement in the study is voluntary, so you may choose to participate or not. I am now going to explain the study to you. Please feel free to ask any questions that you may have about the research; I will be happy to explain anything in greater detail.

"I am interested in learning about your satisfaction with the existing medical, nursing, administrative and ancillary services available at GMC Hospital Ajman .You will be asked to fill a questionnaire. This will take approximately 10 min. your time. All information will be kept confidential. Confidential means, I will assign a number to your responses, and only I will have the key to indicate which number belongs to which participant. In any articles I write or any presentations that I make, I will use a made-up name for you, and I will not reveal details or I will change details about where you work, where you live, any personal information about you, and so forth.

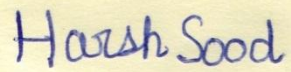
"The benefit of this research is that you will be helping us to understand your views towards attitude of doctors and nurses. This information should help us to improve quality of treatment given at GMC Hospital Ajman If you do not wish to continue, you have the right to withdraw from the study, without penalty, at any time."

Participant - "All of my questions and concerns about this study have been addressed. I choose, voluntarily, to participate in this research project. I certify that I am at least 18 years of age.

Name of participant:

Signature of participant Date

Name of investigator: Dr.HarshSood



Signature of investigator Date