



## Assessment of the Patient Satisfaction with Services Provided in Stationary Health Care of a Chosen Hospital in the Lodzkie Voivodeship

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*The research was conducted among patients of a hospital in Lodzkie voivodeship.  
The exact data of the hospital are available for inspection by the Editorial Board of  
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## Abstract

**Introduction:** Satisfaction arises from meeting expectations. Patient satisfaction can be defined as the level of satisfaction that results from the service provided, but also as the degree resulting from the acceptance of the healthcare received by the recipient, paying attention to the patient's expectations and needs.

**Objectives:** The aim of the study was to determine the level of satisfaction of inpatient health care patients in a selected medical facility in the Lodzkie voivodeship.

**Material and methods:** The study was conducted among patients of a hospital in the Lodzkie voivodeship in the second half of 2019 among 1,280 patients from 11 wards. The research technique used was a diagnostic survey with the use of a questionnaire consisting of 4 questions relating to the respondent's characteristics and 24 questions relating to the most important issues affecting the level of patient satisfaction, in terms of: admission to hospital, admission to the ward, social conditions, medical care and nursing care.

**Results:** The process of completing the formalities related to admission to the hospital was positively assessed by patients of four departments (pediatric, laryngology, gynecology-obstetrics and rheumatology). Moreover, over 80% of patients from each ward declared that they had been acquainted at admission with the Patient Rights Charter, topography and daily schedule in the ward. The respondents of the laryngology and rheumatology wards assessed the provision of information by the doctor related to the course of the disease, information about drugs, but also about the side effects of their use very positively. Maintaining intimacy during nursing activities performed by the nursing team was very well assessed by patients of the following wards: laryngology, neurology and pulmonology. The quality of the meals served was rated the worst by the patients staying in the wards. The influence of the patients' socio-demographic characteristics on the satisfaction ratings was also analyzed.

**Conclusions:** The analysis of the obtained results of the study allowed for the identification of areas, the quality of which, in the patients' assessment, is insufficient and requires taking corrective actions.

**Key words:** patient satisfaction, inpatient health care, health services.

## Introduction

Patient's satisfaction with the obtained medical care results from meeting their expectations. The patient is the most important entity in the structure of health care organization, and above all in the quality assessment of medical services [1, 2]. According to the World Health Organization, health care quality is defined as "the degree to which health services involving individuals and populations increase the likelihood of meeting expectations in terms of treatment outcomes and comply with current and professional knowledge" [3]. One of the most popular ways of measuring the quality of healthcare is measuring patient opinion. Patient satisfaction assessment as an assessment indicator helps in understanding their expectations as clients and in identifying the needs and expectations of the health care system [4].

The level of patient satisfaction is influenced by various factors, such as: interest and time devoted to the patient, the way the doctor and the nursing team approach the patient, the quality and quantity of information provided by medical personnel [5].

In recent years, more and more professionals from the health sector have turned to projects related to satisfaction with care users. It is characteristic that in the literature there are over 1000 studies related to patient satisfaction every year [6]. Patient satisfaction research is an important source that is conducted to identify the needs of the recipient. Patient feedback is also used to quickly analyze the problem if the patient has a low level of satisfaction with the services they receive. Performing such tests will help managers and health service providers implement actions that will have remedial features, and thus it will be possible to improve the quality of services provided in public medical institutions [7, 8].

## Material and methods

The presented research concerns the assessment of patient satisfaction with the services provided in the stationary health care of a selec-

ted facility in the Lodzkie voivodeship. The study was conducted in the second half of 2019 among 1,280 patients from 11 selected hospital wards (the number of respondents corresponded to approx. 12% of all patients treated in a given period, and the number of respondents from individual wards was proportional to the number of patients treated in these wards). The research technique used was a diagnostic survey with the use of a patient satisfaction survey consisting of 35 questions. Participation in the study was voluntary. The first part of the questionnaire concerned the assessment of the activities related to admission to hospital, i.e. the process of completing the formalities related to admission, the assessment of the care of medical staff in the admission room, and maintaining privacy during examinations. The second part was related to the assessment of admission to the ward (familiarizing the patient with the topography of the ward, the applicable Patient Rights Charter, or the possibility of submitting complaints). The third part related to social conditions, i.e. cleanliness in rooms, toilets and identification of staff. The fourth was devoted to medical care – providing information about the disease, the method of its treatment, but also possible side effects related to the treatment. The last part of the questionnaire is the assessment of nursing care – showing interest and courtesy by the nurses and the way the nursing team talks to the patient.

The data from the study was statistically analyzed using the *Statistica* version 13 statistical package. The independence test (Chi square –  $\chi^2$ ) was used to calculate the dependencies and the selected statistical features.

### Own research results

56% of women and 43% of men took part in the study. The respondent group was dominated by people aged over 60 (30% of respondents, followed by the age groups: 51–60 years old – 20.5% of respondents, and 41–50 years old – 20.7% of respondents), with secondary and vocational education (38% and 25% respectively). Almost 0% of the respondents lived in urban areas, and 30.3% of patients in rural areas.

Due to a significant socio-demographic differentiation of patients from individual wards (e.g. the dominance of women up to 30 years of age with higher education in the gynecology and obstetrics ward, the dominance of patients in the 41–50 age group with secondary education in the surgery ward, the dominance of women aged 50 plus with secondary education in the rheumatology ward, the dominance of men aged 60 plus with secondary education in the cardiology ward or the dominance of patients from rural areas with vocational education aged 60 plus in the pulmonology ward) and due to the specificity of clinical diagnoses specific to each ward it was decided to present the results of satisfaction surveys separately for each of them.

### **Admission to hospital**

The data analysis shows that the efficiency of completing the formalities related to admission to the hospital in the Hospital Emergency Department with the Admission Room was highly rated by patients from the pediatric ward (68.3% of respondents), laryngology (66.7% of respondents), gynecology and obstetrics (62.2% of respondents) and respondents from the rheumatology ward (58.9% of respondents). Every third patient from the orthopedics ward assessed the admission process negatively.

When it comes to ensuring a sense of intimacy during admission to the hospital, the best grades were given by patients from the pediatric ward, i.e. 70% of the respondents (separate emergency room) and from the laryngology ward – 66.7% of the respondents.

### **Admission to the ward**

All patients from the laryngology and pulmonology wards declared that they had been acquainted with the topography of the ward (regarding information on location of doctor's room, treatment room, nurses' station or social room). The worst grades were given by patients of the surgery ward – 13.4% of negative responses. Interestingly, in the wards highly

rated in terms of organizational information, patients pointed to the lack of information about their rights.

### **Social conditions**

The cleanliness in the rooms and toilets was assessed very well by patients from the pulmonology ward – 80.9% and from the gynecology and obstetrics ward – 71% of the respondents. Similarly, high scores in these departments were obtained by the cleanliness and aesthetics of bed linen in the wards (71% and 75% of the respondents respectively). The highest negative response rates in these ranges were observed in the orthopedic ward (2.5% and 5.1% of respondents from these wards, respectively). The respondents of all wards positively assessed the quality of meals and ensuring peace and quiet in the ward (interestingly, the lowest ratings in this regard were observed in the neonatology department).

### **Doctor's care**

The availability of doctors during their on-call duty was assessed as very good or good by the respondents of most of the analyzed wards (Chart 1). The information provided to the patient by the doctor regarding the course of the disease, but also the methods of its treatment (familiarizing the patient with the medicines, but also their side effects) was best assessed by patients from the rheumatology – 65.7% of responses, laryngology – 63.3% responses. Showing kindness and understanding by the doctor towards the patient was assessed best by the respondents from rheumatology – 75% of the respondents and pulmonology – 59.6% of the respondents. Ensuring and respecting the patient's intimacy during medical examinations was positively assessed by the respondents from the laryngology (75% of respondents), rheumatology (71%) and pulmonology (65.1% of respondents) ward. Only in the neurology ward, 10.1% of patients negatively assessed the sphere of ensuring intimacy during the tests. The culture in the doctor's conversation with the patient in the

study was assessed very well by the respondents from the rheumatology (70.4% of respondents), pulmonology (68.2% of respondents) and laryngology ward (65% of respondents).

### **Nursing care**

The method of providing and transferring information by the nursing team to the patient was assessed very positively by the respondents from the gynecology and obstetrics (83.3% of responses), laryngology (81.7%) and pulmonology (65.9%) ward. The culture resulting from the conversation between the nurse and the patient was assessed very well by the respondents from the laryngology (95% of respondents), pediatric 80% (respondents), neurology (77.8% respondents) and orthopedics (72%) ward. Maintaining intimacy during nursing activities was positively assessed by patients of laryngology (90%), neurology (77.8%) and pulmonology (71.7%). The respondents positively assessed the speed of the nurses' response to patient calls in the event of problems. The most negative answers to this question were recorded by pediatric and internal ward. Showing interest and understanding towards the patient by the nursing team was assessed very well by the laryngology – 95%, neurology – 76.4% and rheumatology patients – 75.3%. However, it should be noted that only 1.7% of patients negatively assessed the manner of showing interest and understanding by nurses towards the patient. (Diagram 2).

### **Assessment of hospitalization**

The dominant very good assessment of hospital stay were recorded in the laryngology (66.7% of all assessments) and cardiology wards (62.4% of all assessments). Good assessments were clearly dominant among the respondents from the gynecology and obstetrics (75.4% of the assessments) and orthopedics (70.9% of the assessments) wards.

The analysis of the relationship between the respondents' answers and their socio-demographic characteristics allowed for the identification of

a statistically significant difference ( $p < 0.05$ ) between the level of satisfaction with the nursing care received and the gender of the study group. The question relating to the level of satisfaction with the nursing care received contained 6 variants of questions with 3 answers. The most common answer to the question related to the speed of nurses' response to patient calls was "very good" – 83.3% of respondents indicated such an answer. Most often, this answer appeared in surveys completed by women.

statistics	statistics: variable 1(2) x variable 2(2)		
	$\alpha^2$	df	p
$\alpha^2$ Pearsona	60,48008	df=1	p=,00000
$\alpha^2$ NW	69,18608	df=1	p=,00000

The analysis of the results of the conducted study allows for the following conclusions:

1. Completing the formalities related to admission to the hospital was assessed very well, in particular by patients of the pediatric, laryngology, gynecology and obstetrics, and rheumatology ward.
2. The satisfaction of hospital patients with the care provided in HED and the emergency room requires more detailed analyses.
3. The hospital patients were informed and acquainted with the topography of the ward. The provision of information on Patient Rights Charter needs improvement.
4. Particularly noteworthy is the assessment of ensuring intimacy during tests and the speed of the nursing team's response to patients' calls in the event of problems.

## Discussion

The most important element in striving to achieve the best quality of medical care is conducting research on patient satisfaction with the services received. This study is the respondents' subjective assessment based primarily on experience, expectations and requirements. Conducting such

tests makes it possible to recognize an increase in patient's level of satisfaction, but also to determine what causes dissatisfaction in a sick person. In an increasingly competitive health care market, managers should focus on obtaining high or excellent patient satisfaction ratings. For this, it is necessary to characterize the factors influencing patient satisfaction. Numerous literature studies present various dimensions of perceived quality of services as significant and basic measures of patients' perception of the quality of health care. Kaneet et al. (1997) and Marley et al. stated that the measurement of satisfaction should "take into account the dimensions of technical, interpersonal, social and moral aspects of care" [9]. Patient satisfaction surveys in developed and developing countries share many unique variables and attributes that influence overall patient satisfaction [10]. Most of the studies in the literature review concern the correlation between demographic factors such as: gender, age, education level, and patient satisfaction; however, the results of these studies are often contradictory [11, 12].

A similar trend is presented in the results of Polish research on patient satisfaction with health care. In the study conducted in 2008 at the Poviast Hospital in Pabianice, in which 331 patients from gynecology and obstetrics, surgical and internal medicine wards participated. Patients were asked to evaluate the physician approach to the patient with courtesy, understanding and interest. Most, 72.2% of respondents from the surgery ward and patients from the gynecology and obstetrics ward assessed it positively [13]. In turn, in a study conducted at the Voivodeship Specialist Hospital of Stefan Kardynał Wyszyński Independent Public Healthcare Institution in Lublin in 2013, 56% of patients assessed the doctors to be very kind and showing interest in the patient [14]. On the other hand, in the study by K. Skowron 87% of respondents stated that doctors approach patients with understanding [15]. In own study, the highest rating was given by 75% of patients from the rheumatology and pulmonology wards. The doctor's proper approach and attitude allows to build trust among patients and build a proper doctor-patient relationship.

The results of the research conducted by M. Leźnicka in 2013 show that 45% of patients rated the sphere of ensuring intimacy by the doctor very well during the examinations and medical procedures performed [16]. Analysis of the results of my own research showed that the preservation of the sense of intimacy during medical examinations and procedures performed by a doctor in the ward was assessed very well by patients from the laryngology, rheumatology and pulmonology wards.

In a study on the "Level of satisfaction with medical services in the department of neurology" conducted by A. Smolińska at the Department and Clinic of Neurology of the Dr. A. Jurasz University Hospital in Bydgoszcz in the question concerning respecting personal dignity by nurses during nursing procedures, 60% of patients assessed it as very good, and 36% as good. 98% assessed that nursing staff was available when needed by the patient. Moreover, 62% of people assessed the nurses speed of response to patients' calls as very good [17]. The results of own research showed that almost 80% of the respondents assessed the respect for intimacy during nursing procedures performed by nurses of the neurology department very well. On the other hand, the category of the nursing team's response to patients' requests was assessed less favorably.

An important issue for patients that should also be considered is the provision of information by the doctor about the patient's health, the course of the disease and methods of its treatment, but also about the risks associated with the treatment. As shown in the study by M. Zarzečna-Baran, 21% of patients declared that they had not received detailed information about their health condition, 22% of respondents about the methods of treating the disease, and 33% were not informed about the risks associated with the undertaken treatment [18]. In another study presented by M. Szpringer, 47.1% of patients positively assessed the information provided by the doctor regarding the patient's health condition and the treatment [19]. In another study presented by A. Fronczak, 45.1% of respondents assessed the amount of relevant information provided on the treatment method of a given disease, its course and the results of the conducted research very positively [20]. Other results were

obtained by M. Leźnicka. 94% of the respondents indicated that at the time of their stay in the hospital they had received sufficient information about their health condition. 11% of people assessed that they had not obtained adequate information about the risks associated with the treatment. As for the side effects associated with drugs, 26% of patients assessed that they had not received sufficient information [16]. The analysis of own study showed that the respondents assessed the transfer of information about the course of the disease and the risks associated with the treatment, as well as the methods of treating the disease and familiarizing the patient with the medicines and their effects very well, especially in rheumatology and laryngology wards. It can be concluded that the doctors of these wards appropriately used the time for the patient, took care of the correct approach in communication with the patient, so that the patient could actively participate in the conversation about their health.

Another important issue is the provision of information to the patient by nursing staff regarding planned medical procedures. In her study, B. Lisowska showed that 94% of patients assessed very positively the ability of nurses to provide information in connection with the medical procedure [21]. In the study by D. Kochman 56% of patients fully agreed with the statement that the nurses explained what the procedure would involve, 24% of the respondents stated that they very much agree with this statement [22]. The results of own research confirm the importance of communication between the patient and the nurse during the treatment process.

International studies also confirm the lack of a consistent correlation between patient satisfaction with medical services and their socio-demographic features. An analysis of the PubMed and Scopus databases from January 2007 to February 2015 for publications on patient satisfaction and the identification of patient satisfaction predictors based on measurements from the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey showed that only a small number of studies found an association between determinants at the market level

and patient satisfaction. There was a common key factor between the studies, which was interpersonal skills in terms of courtesy, respect by healthcare professionals, as well as communication skills, which are often more important in the patients' opinion than clinical competences or hospital technological conditions [23, 24, 25, 26].

Unfortunately, while feedback from patient satisfaction surveys is an established measure of healthcare improvement plans, they are still not systematically used to develop improvement initiatives. They provide healthcare managers and health decision makers the opportunity to better understand patients' views and perceptions and their degree of commitment to improving the quality of care and services.

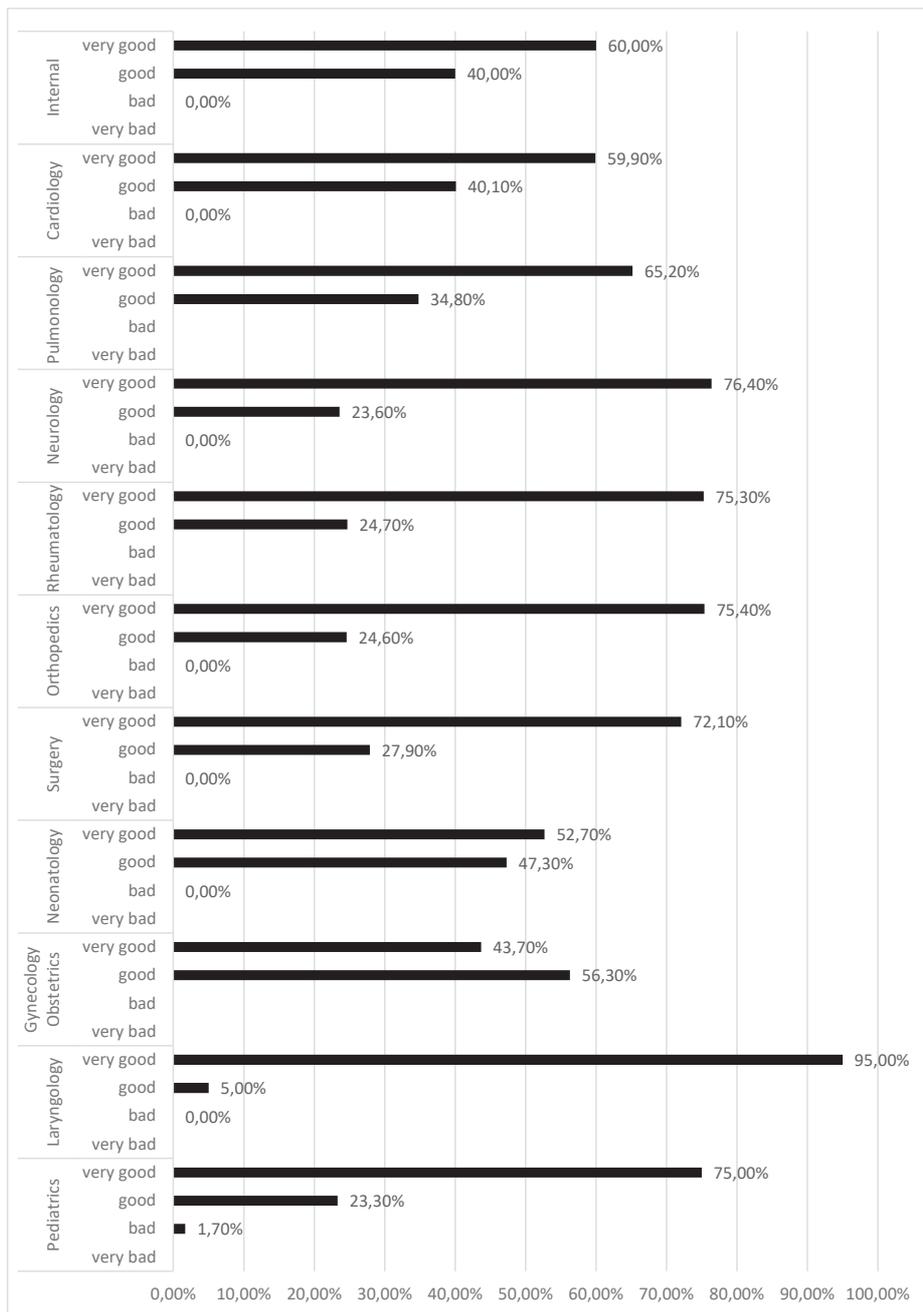


Diagram 1. Presence of doctors on duty

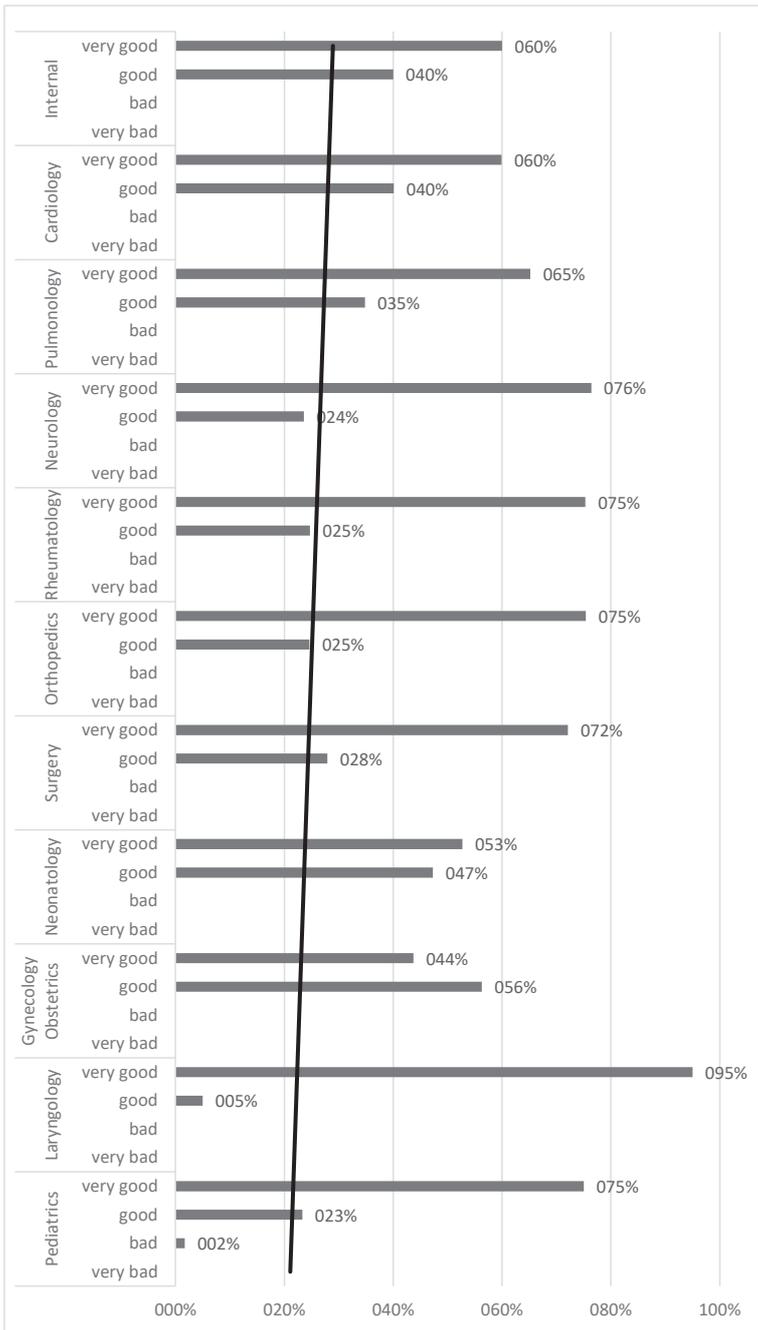


Diagram 2. Showing understanding and interest by nurses

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