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## A Study to Evaluate the Cause of Different Consultant or Hospital Visit by Patient with Same Chief Complain

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**Abstract:** Good medical practice covers a very wide range of issues, including matters of clinical competence and standards relating to more personal and interpersonal skills and attributes, like probity, communication and doctor-patient relationships. Today the patient sees himself as a buyer of health services. Once this concept is accepted, then there is a need to recognize that every patient has certain rights, which puts a special emphasis on to the delivery of quality health care. It is therefore essential that it is informed by a clear understanding of what expectations society actually has of doctors. These expectations are unlikely to be fixed and may be influenced by broader social, moral and cultural shifts.

**Keywords:** Patient satisfaction; Different consultant visit; Different hospital visit.

### 1. Introduction

Patient satisfaction is an important and commonly used indicator for measuring the quality in health care. Patient satisfaction affects clinical outcomes, patient retention and medical malpractice claims. It affects the timely, efficient and patient centred delivery of quality health care. It is thus a proxy but a very effective indicator to measure the success of doctors and hospitals. Patient satisfaction depends upon many factors like “Schedule appointment”, “Insurance benefit”, staff courteousness etc.

According to the Technical Assistant Research Programs (TARPs), if we satisfy one patient, the information reaches four others. If we alienate one patient, it spreads to 10, or even more if the problem is serious. So, if we annoy one patient, we will have to satisfy three other patients just to stay even.

So the present study intended to evaluate the causes of different consultant visit with same chief complain by taking feedback from the patient or his attendant and work on them to stay the patient.

### 2. Methodology

Study was conducted on fifty clients attending outdoor clinic in the area of Durgapur, West Bengal, India. Client were approached with proposal of study and said to fill the questioner form as provided in printed form. Inclusion Criteria were set as both sex age above 18 years or minor with attendant who have visited minimum 2 hospitals/ consultant with same chief complain and well educated co-operative to understand the purpose of study and fill the questionnaires form.

### 3. Aim and Objectives

#### 3.1. Aim

- To investigate the cause of different consultant or hospital visit by patient with same chief complain.

#### 3.2. Objectives

- ✓ Identify factors influencing the patient satisfaction.
- ✓ To study the patient expectations from hospital services.
- ✓ To study the degree of satisfaction of patient from hospital services.
- ✓ To identify the problems and make some recommendations to improve situation.

#### 3.3. Data Collection

Data collected by questionnaire designed as follow:

Si. No.	Question	Yes	No	Any comment
1.	Was scheduling appointments a pleasant experience	Yes	No	
2.	Are you insurance benefit If yes	Yes	No	
	Your previous hospital/ Consultant give this benefit			
3.	The entire staff was courteous	Yes	No	
4.	The consultant answered all of your questions to your full understanding	Yes	No	
5.	You would refer to others	Yes	No	

## 4. Procedure

The patient who had visited more than one hospital/consultant with same chief complaint was approached with the proposal of the study. Total fifty six patients were approached out of that fifty were included in study. Six subjects were excluded in which four were excluded because of not matching inclusion criteria and two refused to participate. The subjects were screened according to the inclusion criteria and included with intention to take appropriate data. After greeting the participant offered a comfortable seat, sit squarely in relation to the participant in a quieter area. Asking his/her name, age, educational status etc. told him to share about his feelings and concern about his decision. Aim of the study and procedure was explained and a printed questionnaire was given to the subject. Subject were said to fill the form either in hospital or will be collected by me from yours residence according to your convenience.

## 5. Results

### 5.1. Demographic Data

Fifty subjects (35 male and 15 female) were participated in the study. Their age and residential area was recorded. Table 1 represents the summary of age group.

Table-1. Demographic details

Age interval	Male	Female	Residence	
			R = Rural	U = Urban
20-25	2	1	1	2
25-30	4	1	2	3
30-35	7	3	4	6
35-40	2	2	1	3
40-45	8	5	5	8
45-50	7	2	6	3
50-60	5	1	4	2
Total	35	15	23	27

Table-2. Closed- ended Questionnaires answered by participants

Si. No.	Question	Yes	No
1.	Was scheduling appointments a pleasant experience	18	32
2.	Are you insurance benefit If yes	6	44
	Your previous hospital/ Consultant give this benefit	2	4
3.	The entire staff was courteous	37	13
4.	The consultant answered all of your questions to your full understanding	36	14
5.	You would refer to others	42	8

## 6. Discussion

The purpose of the study was to investigate what are the factors which made patient to change his/her consultant and what should do for more satisfaction in terms of greater perceived improvement in self-reported satisfaction.

The result of the present study shows that percentage of male participant was 70% where as female participant was 30%. During my data gathering, I found that male participant was more understandable, knowledgeable in comparison to female patient.

### **6.1. Was Scheduling Appointments a Pleasant Experience**

The amount of time the patient spends in the waiting corridor area plays a very important role in determining the outcome of patient satisfaction. With so many choices available, few people will stick to a doctor who has no respect for their time. In our study, 36 % of participant answered “Yes” when asked “was scheduling appointments a pleasant experience” however 64 % participant answered “No”. As we know this is the first contact with a medical consultant and long waiting period makes a bad impression over patient’s psychology so this should be improved. Some patient had come with a fixed duration leave from his workplace and not joining within a stipulated time next time urgent leave may be not permitted by authority, so they were very annoyed. All of them were given a fixed schedule at registration counter. Some of them were worried about the communication for delayed return to home.

The waiting time depends on a lot on factors, like the doctor's style of working, the kind of patients he or she sees, the locality where he or she practices, and the efficacy of the supportive staff.

If they took their time, spent more time with the patients, explained things and not be so rushed and some warmth and compassion would go a long way.

### **6.2. Insurance Benefit**

12 % of participants were insurance benefited where as 88 % were not health insured. Among them 33 % reported that previous hospital provided insurance benefit however 67 % stated that there was no insurance facility benefit at previous hospital. Due to some limitations this study can't be explored or generalized for statistical treatments to show the health insurance coverage of this locality, but our study shows that maximum number of insured was by government due to his economic status. This study also shows that percentage of hospital providing the insurance benefit is very less in this locality. This may be also a causative factor for less number of people to be insurance covered. For getting benefit of insurance he has to travel more, so value of insurance get masked by value of time.

### **6.3. Staff Courteousness**

Think about why you chose health care as a field. Rekindle your passion for this work and commit to being the kind of professional that you intended to be. When question was asked about the courteous of staff 74 % patient was pleased with the courteous of hospital staff overall however 26% was not so pleased. Kind gestures and polite words make a patient more comfortable. Sharing the responsibility makes a patient and his attendant more comfortable. As for example some patient share and commented that wheelchair availability along with housekeeping and quick responsibility for elder or differently enabled made him easy and very convenient. Some valued the appropriate waiting area with sitting facility.

Using correct greeting, using the customer's name at least once during the interaction, responding quickly to customer enquiries, accurate in giving info, updating customers, ensuring the time promised to customer was kept, voice reflecting energy and enthusiasm, avoiding long silence (more than 1 minute), proposed to reach out to him/her again if any help is required etc. should be used by staff for a courteousness meaning.

Hospital staff should use GATHER approach. Greet the patient, Ask his problem or what does he/ she expect from you, Tell accurate information to yours understanding, Help him to recapitulate all the information given to him, Explain him about the procedure or easy convenient way and Refer him to appropriate place.

When communication is effective and productive, it is much more than a transactional exchange of information; it is also an opportunity to convey caring and compassion, to reassure, to strengthen partnerships between patient and caregiver, and to forge a human-to-human connection based on courtesy and respect. From the patient perspective, how something is communicated is as important as what is communicated.

Recognize that your attitude is contagious and that what you do has an impact not only when you do it, but forever. Think about how your words and actions will be perceived by patients, families, and colleagues. Be present, smile, listen closely, and connect with others as individuals, not —to do list items.

Communication to staff and patients throughout a technology evaluation and implementation is an important part of a patient-centered approach to technology. Staff who will be using the technology should be involved in the decision making and also should play a significant role in creating the implementation plan. Engaging staff in the process early on will help to identify any implementation challenges and strategies to address them. Communicating with patients is also important. For example, in the absence of an appropriate explanation, patients may actually interpret a technological patient safety process, such as repeatedly electronically verifying the identification of the patient, as a sign that the staff isn't paying attention and doesn't remember the patient's name. The lure of technology as a quick solution is powerful and pervasive, but technology itself is not the answer. Skillful use of the tool of technology can advance patient-centered care, but the technology must be designed and implemented to serve human needs, rather than in way that forces people to conform to the technology.

### **6.4. Consultant Answered All of Your Questions to Your Full Understanding**

72 % of patient reported that the consultant answered his questions to his full understanding however 28 % reported that consultant ignored his question. This may be a major cause of patient adherence, satisfaction and prognosis. If patient satisfied with the consultants answer, adherence to the therapy is better and good prognosis can be seen.

Every consultant should also play a role of counselor. Identifying the elements of counseling either individual exercise presentation or discussion methodology can be used. This will improve the trustworthiness of consultant. Active listening is the key to establishing trusts and rapport with the patient and is more than just hearing.

The common adage “knowledge is power” is particularly apt in the health care setting. Patients frequently express feeling overwhelmed, situated in unfamiliar surroundings, and feeling they have little control over their bodies, their routines and their well-being. Consultant who carefully listen to questions and concerns, and provide thorough, clear explanations can considerably aid in restoring patients’ sense of control. Conversely, when things are not well explained or information is withheld, that sense of powerlessness is compounded.

If patients feel that they are not being listened to, they will likely be less inclined to speak up, to make their needs known and to ask questions about their care; in other words to be actively involved in their own health care.

For the time that patients are in our care, perhaps one of our most important jobs is equipping them with the information they need to confidently and competently manage their health on their own. This includes providing adequate discharge instructions and information about medications in ways that patients are best able to understand and absorb them. This requires being alert to the sheer amount of information being conveyed at any one time, providing alternative means of communication (verbal, written, experiential) to reinforce key pieces of information, and fostering environments where patients and family members feel comfortable speaking up with their questions and concerns.

Patients expect information they provide to a doctor to be held in confidence. Confidentiality was noted as being integral to the doctor-patient partnership by participants and doctors are expected not to disclose information about their patients unless absolutely necessary.

“Soft skills” such as being friendly, listening and having a good attitude were viewed as positive attributes for doctors, which also helped to develop trust and confidence in individual doctors. Though these “soft skills” were not expected from all doctors all the time, they were felt to be desirable and to provide reassurance that doctors are professional and interested in patients, which in turn underpinned the quality of care and the ability to make an accurate assessment of patient need. Participants made allowances for doctors having different personalities and ‘off days’, however a doctor consistently displaying a poor attitude was considered unprofessional and would lower trust in that particular doctor.

## **6.5. Would You Like Refer to Others**

In our study 84 % population reported that they will refer to others, however 16% denied for the same. There are many factors like option for change of hospital, time for travel, grade of illness, requirement of hospitalization either immediate or planned, avail nursing facility, cost for hospitalization, cost of transport, insurance tag, TPA etc. which contribute for referral.

## **7. Conclusion**

Patient satisfaction is a subjective measure. Though it does not ensure that the patient will be always satisfied to the doctor or the hospital, it is still a strong motivating factor. However patient satisfaction is only an indirect or a proxy indicator of the quality of doctor or hospital performance. Delivery of patient focussed care requires that we provide care in a particular way, not just sometimes or usually, but always. It must be every patient every time. It is an ironic fact the better you are, the better you must become.

As an integral part of the care team, it is essential that physicians support the patient-centered culture by role modelling the organizational values, championing specific patient-centered practices that resonate with them, and getting involved in implementation efforts.

Just like all care providers in the organization, physicians should be included in organizational communication forums and employee activities and celebrations. Physicians should be invited to participate in employee retreats (though if time constraints present a challenge, some hospitals opt to hold a modified physician retreat), and on patient-centered care committees or initiative implementation teams.

Consultants are required to understand the problems of their patient need to appreciate the complexities surrounding communications. Clear, successful communication may be difficult to achieve. It is not so difficult; however when we develop ways of thinking about words and behaviours that help to decoded the words.

The consultant must be prepared to listen the patient attentively and believably. Permeable brick wall theory should be applied which is not a solid wall but it has many openings to allow thoughts to flow from one compartment to other.

## **Recommendations**

As a leader, the most important thing i wish i had known it earlier is that we are not alone. Most of our health care workers in the team want to make a difference every day. How can you tap into that purposeful energy, and give them the empowerment and engagement and the authority to make a difference. Find the staff’s personal mission and connect it to the organization.

- ✓ Warm greet the patient and his attendant.
- ✓ Foster an environment of mutual respect and support.
- ✓ Take proper time to listen.
- ✓ Be an active listener.

- ✓ Use both verbal and non verbal communications.
- ✓ Maintain reasonable eye contact.
- ✓ Proper counselling after identifying the elements of counselling.
- ✓ Take feedback and try to resolve the deficiencies.

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