

## Original Article

## Assessing Experience and Perception of Patients about OPD Services

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## ABSTRACT

**Background:** Healthcare is constantly changing for this reason, healthcare administrators and other players in this scenario need dynamic dimensions intended to get reports about patients' experiences and perceptions about the services they provide at the Outpatient department. This is because patients define the satisfactions experienced at this section of the hospital to be the overall output of the hospital. Discontent of services received at this facility is a judgment on the quality of care provided by the hospital. **Aim:** The aim of this study is to assess experience and perception of patients about OPD Services. **Methods:** The study employed a quantitative cross sectional descriptive method. Data was collected by a structured questionnaire at the outpatient department of Tamale Teaching Hospital Ghana. A total of 100 patients were included in the study. **Results:** The study had a response rate of 100% and with the mean age of respondents of (Mean±SD) 30.57±10.11. More than half of respondents (n = 68, 68%) were females and 51% had tertiary education. The minimum and maximum time respondents had to wait to be examined by a Doctor was between ≤ 30 and > 300 minutes respectively. Majority (61%) of the patients had good satisfaction with nurses as they treated patients' with respect and good lighting at the hospital (66%). There was however, a poor satisfaction in relation to doctor services (59%), registration services, pharmacy services, inadequate physical examination rooms and chairs at waiting area, unclean toilet facility, expenses on laboratory test (70%, highest dissatisfaction), and poor ventilation of facility. **Conclusion:** The study findings suggested that, maximum number of respondents had very good experience in relation to the nurses' respectful treatment for patients, the lighting system of the hospital and cleanliness of the environment. The following measures were recommended by respondents for policy-makers and hospital administrators to improve the patient satisfaction and quality of care to gain and maintain market share and clients good experience. These included, reducing the waiting time at the OPD consultation, providing enough chairs, and good communication and friendliness of the OPD registration officers.

## INTRODUCTION

Outpatient department (OPD) is one of the vital corners of Hospital Administration. OPD is often the first point of call by patients who are seeking treatment at the healthcare center worldwide. At the OPD, patients receive clinical services without the need to stay overnight at the hospital. The OPD is also called Ambulatory Care Services and served as the mirror glass of the hospital. In fact, it is the eye of every health facility and patients judge care received at this department as the standard of care offer by the hospital [1]. This is the reason why, healthcare professionals and non-clinical staffs working at the outpatient department of the hospital need to be polite, cheerful and efficient to meet patient's expectations [2].

A study was conducted to explore patients' satisfactions by determining the discrepancy between patients' expectations and perceptions and established that patients are highly satisfied with all elements of quality of service; precisely, enough and satisfactory information about their care or operation and suitable friendliness and courtesy elements [3].

In any hospital administration, the focus of achieving maximum quality care and patient satisfaction and good experience is the main concern of management and healthcare professionals [4, 5]. The concept of patient satisfaction is a challenging issue. It is a recognized fact that, healthcare quality has become a global phenomenon where patients hunt for. The healthcare business is rapidly changing and taking a surge in its transformation owing to the ever-in-

creasing in the expectations and needs of center players-patients and [4, 6], because patients are the ultimate consumers of the hospital and also because they are mostly in distress or emotionally stressed, patients often expect hospital staffs to give them utmost comfort, care and cure and this must be seen efficiently executed at the OPD during which patients are in need. In this case, healthcare facilities are devising strategies to meet patients' expectations [7]. This is equally important because [8], consumer loyalty is an indispensable and recognizable performance measurement tool for profit and non-profit institutions to maintain and sustain competitive advantage. According to HealthLeaders Media Industry Survey 2013 found in another work it was stressed that, the number one priority for healthcare executives is patient experience and satisfaction [9]. It is prioritized above clinical quality, cost reduction, and many other burning issues. However, there is little agreement and consensus on how to measure, improve, and integrate patient experience and perception into hospital processes.

According to Zarei [10], physician consultation, information provided to the patient, and the physical environment of the clinic were the three determinants of outpatient department quality. Physician consultation and perceived waiting time dimensions were the highest and lowest perceptions respectively. In another study, the pitfalls of patient satisfactions were identified as improvements in patient satisfaction and this have not been linked to quality improvement, no evidence as to how patient satisfaction data is best used for quality improvement and lack of a universally accepted definition or measure makes comparison difficult [11]. In the same study, it was indicated that, patients judge healthcare providers not only on clinical outcomes, but also base on the perceived compassionate and excellent, patient-centered care delivered. Healthcare professionals and nurses regardless of the setting need to promote good and therapeutic relationships with patients [12]. In the healthcare environment, communication not only relies on sharing information in respect to problems, causes and possible treatments but also recognizes the patients' emotional needs. Patients who recognize and perceive that their healthcare providers are in all conscience concerned about them will be more satisfied with their medical consultations [13]. This is why Neelu P. et al. (2012) study indicated that healthcare institutions should encourage good doctor and patient interaction and relationship as it has emerged as the key factor associated with patient satisfaction [14].

What is also clear from research is that, satisfaction of patients about healthcare system is not only dependent on the quality of clinical services provided but other factors such as, behavior of doctors and good relationship, availability of medicine, and other health professionals, cost of the services, hospital environment and infrastructure, physical comfort, emotional support, and respect for patient needs and preferences and the overall perceptions of how these elements are executed [15]. Therefore, a mismatched between or among these services and patient expected behavior of healthcare professionals proves a conclusive poor satisfaction. It was also posited that, an expression of patients'

satisfaction or dissatisfaction is a judgment on the quality of hospital care received and delivered in all its aspects [1]. This experience and perceived state in turn translates into poor and low outpatient attendance and often many of the issues raised by these patients are inefficiency in a health service delivery, time - wasting and resources and potentially lengthening waiting lists [16] and these affect or influence patients' attitudes towards healthcare services [17, 18]. The more satisfied a patient is the more likely the patient will adhere to treatment recommendations, seek medical advice, keep appointments, and refer other patients to their physician and the hospital [17, 19].

However, patients' experiences and perceptions are often not the targets of healthcare managers' performance evaluation but on assessment of clinical strengths and highly skilled personnel such as good and best clinicians [20]. More so, clinical staffs and healthcare administrators' perceptions about good quality of care always disagree with patients' perceptions [21].

Healthcare administrators and managers must be interested in identifying and evaluating the gaps that exist in quality delivery at the outpatient department of the hospitals [22]. Thus, healthcare managers need a thorough understanding of the ways to improve the quality of care in practical terms [23]. According to a study conducted in Botswana, modern day healthcare consumers are better educated and well-informed than before and so there is the urgent need for providers to address issues and aspects that are appreciated by patients and make them more satisfied [24]. Enough evident and proof abounds to support the claim that, efforts that seek to address patients' perceptions also go a long way to improve and increase patients' satisfaction and healthcare delivery [25]. In fact, the poor nature and state of infrastructure in the healthcare sector in Ghana is challenging to quality health care delivery to meet the needs and expectations of its clients [26].

Despite the call by patients on several forums including radios for healthcare managers and clinicians to re-strategize measures to make healthcare attractive to consumers and to constantly evaluate on the factors that could affect the consumers' satisfactions in healthcare setting this gap persists. In Ghana and other developing countries the issues of patients' experiences, perceptions and complaints about the healthcare facilities continue to surge in. The perceptions and experiences of many patients about the care and treatment they received at the OPD in Ghanaian hospital live much to be desired. The experience is often bizarre and the sequelae of low attendance at the OPD are eminent. It seems, therefore, that compensating for none or a low attendance of the OPD at the Tamale Teaching Hospital is to determine the experiences and perceptions of patients about OPD services including convenience, medical expenses, quality care at OPD and the status of the relationship between medical staff and clients seeking health care at OPD.

## MATERIALS AND METHODS

The study employed a quantitative cross-sectional descriptive design to assess the factors affecting client satisfaction

with healthcare delivery at the Outpatient department of the Tamale Teaching Hospital Ghana in June 2014. This is a tertiary healthcare center that serves 3 regions of Ghana including some neighboring African countries bounded by Ghana and includes; Burkina Faso and Ivory Coast. Simple random technique was used to recruit participants for the study. Simple convenient sample technique was used and a total of 100 patients were recruited for the study with 95% confidence interval. The research data collection instrument was a structured questionnaire which was used as a measurement tool. It was adapted and modified from the work of Anjum (2007) [27] thesis who also carried out similar study in Islamabad. According to Anjum validity for the data collection tool was established by a panel of experts at the University Of Arkansas College Of Nursing. According to Ajum (2007), after pretest 'Chrobach's alpha for satisfaction group was 0.875. While alpha value for experience was 0.5422'. The survey tool was modified, after permission to use and modify the survey tool was obtained. The modification was done to better reflect the research aims, setting and Ghana. However, the modified questionnaires were further submitted for Content validity. It was submitted to a panel of eight experts (five from department of nursing of the University for Development Studies and two from Tamale Teaching Hospital OPD administrative staffs-one expert from the Research Department and one from the hospital quality assurance control coordinator). The questionnaire was then piloted with a convenient sample of n = 10 (5 males vs. 5 females patients) for consistency which was good. The questions in the questionnaire were close ended except the last section that requested for the views and recommendations of research participants to improve outpatient department services. The questionnaires were divided into 6 sections based on the research requirements. These include; demographic data that had seven items, section B with clients knowledge on outpatient department routines had 8 items, experience and perception of clients in terms of convenience, medical expenses and quality of health care at OPD had 14 items, relationship between medical staff and clients seeking health care at outpatient department had six items, clients' satisfaction at OPD services had 18 items and the open-ended question on recommendation to improve outpatient department services. The patient satisfaction section had 4 point Likert scale, which included strongly agreed, agreed, disagreed and strongly disagreed. In best criteria, the positive responses (Agreed and strongly agreed) were added to justify and make a conclusion or comment whether or not respondents were satisfied and likewise the negative response (Disagree and strongly disagreed). The justification score was put at 50+1% while an equal score (50%) was described as neutral. One month period was used to collect the data. The study was conducted in the OPD during the regular working hours and excluded weekends and holy days. Only OPD patients were included in the study. Patients who were seen at the outpatient level and needed admission were excluded from the study and patients who needed emergency attention were also excluded. The ethical issues of this study were reviewed and approved by the Ethical Committee of University for Development Studies and Tamale Teaching Hospital. During

the study, verbal informed consent was sought from all the respondents before each questionnaire was administered.

## RESULTS

A total of 100 patients visiting outpatient departments were included in the study. The response rate was 100%. Highest OPD visitors belong to age 26-34 (n = 49, 49%) and the least was 55 – 64 (4%). The (Mean SD) was 30.57 ±10.11. Almost more than half, (n = 68, 68%) were females, 51% had tertiary education. Table 1 below summarizes socio-demographic characteristics of all study participants.

From the Table 2 above, Most of the respondents stated that, the waiting time for receiving medicine from OPD phar-

**Table 1.** Patients' demographic characteristics (n=100)

Variable	N (%)
Gender	
Male	32 (32)
Female	68 (68)
Age	
15-25	29 (29)
26-34	49 (49)
35-44	11 (11)
45-54	7 (7)
55-64	4 (4)
Age (Mean±SD)	30.57±(10.11)
Marital status	
Single	57 (57)
Married	38 (38)
Divorced	2 (2)
Widow	3 (3)
Ethnicity	
Dagomba	37 (37)
Mamprusi	7 (7)
Bimoba	4 (4)
Dagaarti	5 (5)
Gonja	14 (14)
Others	33 (33)
Education	
Basic	5 (5)
Secondary	28 (28)
Tertiary	51 (51)
Others	16 (16)
Occupation	
Trader	6 (6)
Teacher	13 (13)
Farmer	9 (9)
House wife	6 (6)
Student	30 (30)
Account officer	5 (5)
Others	31 (31)

**Table 2.** Experience and perception of patients about OPD services

Variables	N=100(%)	
	Yes	No
a.Convenience	81 (81)	19(19)
Do you think that waiting time for physical examination was long?		
Do you think that the waiting time for receiving medicine from OPD pharmacy was long?	94 (94)	6(6)
Do you think that the place for receiving the medicine was convenient?	58 (58)	42(42)
Do you think that the space for receiving the treatment was adequate?	50 (50)	50(50)
Do you think that OPD timing is adequate for your need?	38 (38)	62(62)
Do you think receiving medical services from one department to another department in OPD was difficult?	83 (83)	17(17)
b. Medical expense	83 (83)	17(17)
ai. Are you on the NHIS		
ii. If yes, did you incur any out of pocket expenditure again?	55 (55) N-28	17(17)
Do you think the cost of urine test was affordable?	9 (9)	91(91)
Do you think the cost for X-ray test was affordable?	83 (83)	17(17)
Do you think the cost of blood examination was affordable	73 (73)	27(27)
c. Quality of care	79 (79)	21(21)
Do you feel that the treatment you received from doctor was good?		
Did you get all the medicine prescribed from the hospital?	63 (63)	37(37)
Do you think the nurse was skillful in using medical equipment?	86 (86)	14(14)
Do you think the doctor gave you an opportunity to ask about your illness?	53 (53)	14(14)
<b>Relationship between medical staff and clients seeking healthcare at OPD</b>	<b>N=100(%)</b>	
	<b>Yes</b>	<b>No</b>
30. Were you warmly welcome?	40 (40)	60(60)
31. Did your doctor engaged in other conversation whiles attending to you?	57 (57)	43(43)
32. Were you given enough privacy when discussing your treatment?	52 (52)	48(48)
33. Were you involved in decisions made about your care?	49 (49)	51(51)
34. Did staff take their time to explain things to you clearly?	48 (48)	52(52)
35. Were staff interactive with you about your care?	48 (48)	52(52)

macy was long (94%) and 58% stated the place was convenient. The second part of eliciting respondents' experiences and perceptions of OPD services was about medical expenses. According to the study, most of the respondents (83%) had national health insurance scheme cards and despite being insured about 55% incurred out-of-pocket expenditure to seek treatment at the OPD, however, 28% of them remain neutral.

In all, the minimum and maximum time respondents had to wait to be examined by a Doctor was between  $\leq 30$  and  $> 300$  minutes respectively. The total time spent in receiving OPD health services was elicited and 28%, 24%, 19% 17% spent 300+, 120-180, 180-240minutes respectively.

Of the patients, 81% of the respondents felt the waiting time for physical examination was long. 94% of the patients felt that waiting time for receiving medicines at the OPD pharmacy was too long while 58% thought the place for receiving the medicines at the OPD was not convenient. There was however, an even (50%) view on the adequacy of the space for receiving treatment at the OPD.

#### Recommendations to Improve Satisfaction at OPD

The study findings suggest that the following key measures may be taken by the policy-makers and hospital administra-

tors to increase patient satisfaction. Respondents were given an opportunity to offer suggestions that will help improve patients' satisfaction with health care delivery at the OPD in Tamale Teaching Hospital. Out of 75 suggestions offered, 13.3 % suggested more staffs should be employed to reduce the high workload on staff at the OPD, 8% suggested more examination rooms should be provided, 10.6% suggested that more chairs should be provided to make OPD visitors more comfortable, 16% suggested health workers should have patience for their client, 9.3% suggested Doctors and Nurses should spend more time at the OPD, 38.6% suggested other things to improve the situation which included; a photocopier machine be provided to help make copies of Health Insurance card instead of patients walking across the busy road to make copies, drinking water be provided at the OPD for patients, and arrows to direct patients and that OPD workers and registration desk providers should receive customer friendly training. However, 25% respondents did not give any response and hence remained silent.

#### DISCUSSION

It is a recognized fact that, patient and family satisfactions are vital parameters in determining the quality of patient

**Table 3.** Frequencies of patients' satisfaction at OPD services

Variables	Strongly agreed	Agreed	Disagreed	Strongly disagreed	Comments	N(%)
a. Physical facilities						
36. Building of this hospital is clean.	38 (38%)	31 (31%)	17 (17%)	14 (14%)	Satisfied	(69)
37. Ventilation inside the hospital is good.	20 (20%)	36 (36%)	43 (43%)	10 (10%)	Not satisfied	(63)
38. Enough light inside the building of hospital	33 (33%)	33 (33%)	24 (24%)	10 (10%)	Satisfied	(66)
39. No noise around the hospital.	23 (23%)	31 (31%)	35 (35%)	11 (11%)	Satisfied	(54)
40. Waiting room has enough sitting chairs.	15 (15%)	20 (20%)	54 (54%)	11 (11%)	Not satisfied	(65)
41. Enough clean toilets are available.	15 (15%)	32 (32%)	35 (35%)	18 (18%)	Not satisfied	(54)
42. Enough physical examination rooms are available.	15 (15%)	30 (30%)	48 (48%)	7 (7%)	Not satisfied	(55)
b. Medical equipment						
43. Enough medical equipment for examination is available.	16 (16%)	32 (32%)	46 (46%)	6 (6%)	Not satisfied	(52)
44. Medical equipment is in good working order.	12 (12%)	39 (39%)	41 (41%)	8 (8%)	Satisfied	(51)
c. Doctor's service						
45. Hospital doctors do physical examination with respect.	11 (11%)	38 (38%)	40 (40%)	11 (11%)	Not satisfied	(51)
46. Doctors spend enough time with patient in examination.	8 (8%)	33 (33%)	47 (47%)	12 (12%)	Not satisfied	(59)
d. Nurse's service						
47. Hospital nurses treat the patient with respect.	17 (17%)	44 (44%)	33 (33%)	6 (6%)	Satisfied	(61)
48. Nurses explain the treatment clearly.	19 (19%)	31 (31%)	32 (32%)	18 (18%)	Neutral	(50)
e. Pharmacy service						
49. Hospital pharmacist treats patients with respect.	11 (11%)	35 (35%)	41 (41%)	13 (13%)	Not satisfied	(54)
50. Pharmacists explain the use of medicine clearly.	10 (10%)	25 (25%)	54 (54%)	11 (11%)	Not Satisfied	(65)
f. Registration service						
51. Registration staff treats the patient with respect.	9 (9%)	26 (26%)	55 (55%)	10 (10%)	Not satisfied	(65)
52. Registration staff has good communication skills.	11 (11%)	24 (24%)	47 (47%)	18 (18%)	Not satisfied	(65)
g. Expenses for laboratory tests						
53. Expenses for pathology laboratory test are affordable	10 (10%)	20 (20%)	57 (57%)	13 (13%)	Not satisfied	(70)

care services being delivered by healthcare institutions. It is a multifaceted concept and a subjective phenomenon that is connected to perceived needs, expectations and experience of care, [28]. Majority of the respondents had poor experience in the waiting time for receiving medicine from OPD pharmacy, waiting time for physical examination. Our study is compatible with a review that, low quality of healthcare attributed by many patients is long waiting time for OPD services [29]. From Table 3, the place for receiving medicine was convenient unlike a study that posited that one major reason for patients experiencing poor quality of service delivered by public hospitals is overcrowding and the inconvenience of the hospital environment [30]. Also, on the issue of experience involving medical expenses, most of the respondents had poor experience in relation to expenditure and despite being on the national health insurance scheme they incurred out-of-pocket expenditure to get treatment from the OPD and related to another study explored that healthcare expenses were some bad experiences of patients [6]. Furthermore, what was thought to be of good experience revealed in the study was that, the cost for X-ray test, cost of urine test and cost of blood examination were not affordable. This assertion is in support to a study conducted by [31] that, most patients were dissatisfied with high cost of treatment, and

investigation charges. Again, on the quality of care experiences, most of the respondents had good experience because they felt, the treatment received from doctor was good, they had all the medicine prescribed from the hospital, that the nurses' were skillful in using medical equipment, and that the doctor gave them an opportunity to ask about their illnesses. It is not surprising that respondents had good experience in regards to receiving all the medicines prescribed from the hospitals because this is consistent with many studies, where accessibility to medicines at OPD brings about higher patient satisfaction and hence good experience [32, 33]. One study that was inconsistent with our findings regarding pharmacy experience was a study conducted by Worku and Loha (2017) on the assessment of client satisfaction of emergency ward service only 31.9% were satisfied with availability of drugs in the pharmacy. The breeds low satisfaction among outpatient attendants [34]. On the issue of the medical equipment, most of the patients also complained about radiological services. They agreed that these equipment were hi-tech and in good working conditions but officers responsible for this section were not available or were only few. This finding is consistent with a study conducted by Qadri et al. In their study 20.04% of the patients complained about services from the radiological department. They opined that though the fa-

cility had most of the advanced equipment in the department the technicians were not available to serve them [35].

Regarding the relationship between medical staff and patients seeking healthcare at the OPD, about 60% of the patients were not given a warmly welcome. A study conducted by Goyal P. et al. supported our findings. In that study patients recommended that healthcare institutions must ensure that there is a positive improvement in doctor's behavior (17%) [36]. Most of them also indicated that, the doctor engaged in other conversation while attending to them, that they did not take part in the treatment decision, it was indicated that staff did not take time to explain treatment to patients at the OPD clearly, and that staffs were not interactive with patients. This is consistent with the findings that, perception related to physician's consultation empathy and communications are of vital and prerequisite to patients satisfactions [37].

On the components of patient satisfaction, majority of the respondents were satisfied with the cleanliness of the hospital building, the lighting system of the hospital and that there was no noise around the hospital. Also, patients were satisfied with medical equipment as they were in good working condition and that the hospital nurses treated them with respect. Our study proved to be consistent with another study where good behavior of nurses was important for patients' satisfaction [38]. However, majority of the patients had low satisfaction in relation to doctor's service, pharmacy Service, registration Services, laboratory test and some items on the physical facilities of the hospital which included; poor ventilation inside the hospital, limited sitting chairs at the waiting room and physical examination rooms, poorly clean toilets. This is in line with a study that poorly maintained toilet is one of the factors leading to patient's dissatisfaction from physical aspects of a hospital [39]. Furthermore, what were also found to be consistent with our study were the findings of Joshi S et al. In their study the poor experience found was from the OPD doctors and about the diagnostic place [40]. Similarly, compatible with our findings was the study of V Kulkarni et al.(2018) where poor satisfaction was related to cleanliness in toilets (56.01%) and this was further found to be statistically highly significant ( $P < 0.0001$ ) when compared with other areas in the hospital [41].

## CONCLUSION

In a nutshell, key areas of concern from the study included: ensuring the enforcement of the national health insurance scheme is well operated by the hospital, improvement on communication skills in showing compassion and good relationships between and among healthcare professionals working at the OPD and clients thus, active listening, politeness, and availability of essential medicines. The study findings also suggest that the following measures may be taken by the policy-makers and hospital administrators to improve the patient satisfaction. First, reducing the waiting time at the OPD consultation, providing a photocopier at the OPD, ensuring clean toilet facilities and training of OPD workers on customer care. Such interventions would

improve and promote good customer-focused service delivery, which will illuminate and boost the image of the hospital and hence while the quality of care is being gained, market shares would also be accelerated and maintained. Findings from the study confirmed that, health staff, health manager, clients and communities are all stakeholders in the health sector who may use this study as a forerunner to improve service quality in the hospitals and others in general.

## LIMITATION OF THE STUDY

Present study was based on limited sample size. Studies based on larger sample size are required to portray better picture of the experiences and perceptions of patients and their satisfactions level.

## ETHICAL CONSIDERATION

An introductory letter was obtained from the University for Development Studies as well as a letter was obtained from the Tamale Teaching Hospital research department to conduct the study at the Outpatient department. A written informed consent was obtained from respondents before they were allowed to take part. Respondents' confidentiality was assured. The different attributes of demography in our study were gender, marital status, religion, education, occupation and ethnicity however the identity of the respondents were kept confidential.

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## Ethical Approval

The study was approved by the Institutional Ethics Committee

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