

## EVALUATION OF PATIENT CARE NEEDS IN A TERTIARY HEALTH CARE IN-PATIENT'S FACILITY

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## ABSTRACT

**Background:** Every admitted patient expects proper hospitality care and socio-economic policy and early recovery. **Materials and Methods:** 200 (two hundred) adult patients admitted at various departments were consulted, and their direct and indirect care services were discussed and noted. **Result:** Although admitted patients were not highly qualified, their assessment towards direct and indirect was appreciated. The dissatisfied varied from 4% to 13% in both direct and indirect services, but doctor's care had zero dissatisfaction. **Conclusion:** Every hospital administration must maintain the feedback registry confidentially and improve their respective departmental staff so that proper direct and indirect care must be provided to each patient.

## INTRODUCTION

Any patient who wants to get admitted at least for 24 hours into health care or a hospital in a general ward, special rooms, or intensive care unit. The hospital stay depends upon the health scenario of the patient and also the need for surgery.<sup>[1]</sup> The care from various departments after admission means the hospital authority has the responsibility to look after the patient.<sup>[2]</sup> There are direct and indirect types of care that make patients stay comfortable that are observed and noted.

The medical (clinical) care and paramedical (para-clinical) care services implicate direct responsibility in patients scare and comfortability. Direct medical care involves care executed by various specialties and super-specialty doctors belonging to general medicine, general surgery, obstetrics and gynecology, orthopedics, pediatrics, otorhinolaryngology (ENT), ophthalmology, psychiatry, dermatology, urology, plastic surgery, nephrology, neurology, cardiology, cardiothoracic surgery, pediatric surgery, vascular surgery, rheumatology, etc.<sup>[3]</sup> Direct paramedical care involves nurses, physiotherapists, and respiratory therapists.

The indirect care services are laboratory (biochemistry, microbiology, and pathology) and radiology, anesthesiology, and pharmacy.<sup>[4]</sup> The indirect non-clinical services are linen and laundry, food and dietary services, and admission and reception services.

Every admitted patient expects proper care with love and affection, socio-economic treatment, and early recovery. Hence, an attempt is made to evaluate the direct and indirect services provided in every hospital establishment.

## MATERIALS AND METHODS

200 adult patients aged between 25-65 admitted at NRI Academy of Science were studied.

## Inclusion Criteria

The patients admitted at different departments are expecting care from concerned people. The patients or attendants who gave their consent for the study were included.

## Exclusion Criteria

Patients admitted to the emergency department and ICU. The patients or attendants who were not ready to give their consent for the study were excluded from the study.

**Method:** Every patient admitted to various departments is assessed regarding their satisfaction towards health care provided by NRI Academy of Science Hospital. Moreover, there are expectations and suggestions for better service towards in-patients around the clock. Their suggestions and expectations were considered positively and noted for better service in the future.

The duration of the study was from January 2025 to June 2025.

**Statistical Analysis:** The questionnaire prepared regarding various in-patient services is utilized to get

responses from the patients. The responses are recorded on a severity scale (Likert scale). The primary data was analyzed by a statistical method called cross tabulation and descriptive analysis. The statistical analysis was carried out using SPSS software. The ratio of male and female was 2:1.

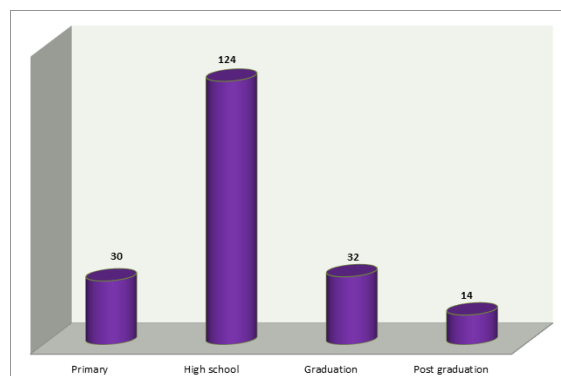
## RESULTS

[Table 1] Distribution of patients in terms of education

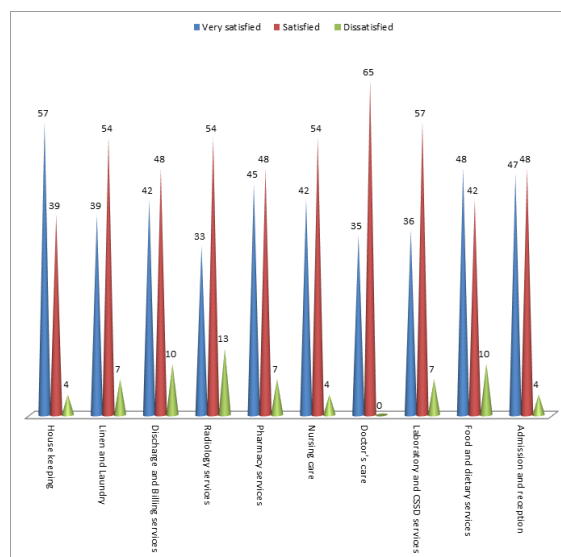
- 30 (15%) primary, 124 (62%) high school, 32 (16%) graduation, 14 (7%) post graduation.

[Table 2] Types of service provided to the patients was studied with percentage

- **Housekeeping:** 57% very satisfied, 39% satisfied, 4% dissatisfied
- **Linen and Laundry:** 39% very satisfied, 54% satisfied, 7% dissatisfied
- **Discharge and Billing:** 42% very satisfied, 48% satisfied, 10% dissatisfied
- **Radiology services:** 33% very satisfied, 54% satisfied, 13% dissatisfied
- **Pharmacy services:** 45% very satisfied, 48% satisfied, 7% dissatisfied
- **Nursing care:** 42% very satisfied, 54% satisfied, 4% dissatisfied
- **Doctors care:** 35% very satisfied, 65% satisfied, 0% dissatisfied
- **Laboratory and CSSD services:** 48% very satisfied, 42% satisfied, 7% dissatisfied
- **Food and dietary services:** 48% very satisfied, 42% satisfied, 10% dissatisfied
- **Admission and reception:** 47% very satisfied, 49% satisfied, 4% dissatisfied.



**Figure 1: Distribution of patients in term of education**



**Figure 2: Various services provided to the patients during their admission.**

**Table 1: Distribution of patients in term of education**

Level of Education	Number of patients	Percentage %
Primary	30	15
High school	124	62
Graduation	32	16
Post graduation	14	7

**Table 2: Various services provided to the patients during their admission**

Types of service	Very satisfied (in percentage %)	Satisfied (in percentage %)	Dissatisfied (in percentage %)
House keeping	57	39	4
Linen and Laundry	39	54	7
Discharge and Billing services	42	48	10
Radiology services	33	54	13
Pharmacy services	45	48	7
Nursing care	42	54	4
Doctor's care	35	65	0
Laboratory and CSSD services	36	57	7
Food and dietary services	48	42	10
Admission and reception	47	49	4

## DISCUSSION

In the present study of the evaluation of patients care needs in a tertiary health care in-patient facility. The educational qualification was 30 (15%) primary, 124 (62%) high school, 32 (16%) graduation, and 14 (7%)

post-graduation [Table 1]. Various services were provided to the patient during their admission. It includes direct and indirect. The dissatisfaction varies from 4% to 13% [Table 2]. These findings are more or less in agreement with previous studies.<sup>[5-7]</sup>

As health care systems are continuously changing and improving, it is necessary to find a systemic way

to assess outputs while validating. Hence, it needs to be evaluated.

Satisfaction can be defined as proper expectation, expected by the patient. It needs quality of service, i.e., technical quality and functional quality. The technical quality refers to the accuracy of diagnosis and treatment procedures, and the functional quality refers to the process of delivery of services to the patients. As the demands on the quality of health care increase, so does the demand for monitoring and evaluating patient satisfaction.<sup>[8]</sup>

Patient satisfaction makes it possible to improve health care quality. Patient satisfaction is not a static indicator, as it is affected by changes in the health care facility. In the evaluation of service age, gender, marital status, level of education, social status, waiting time for services, skills of hospital staff, services by nurses and physicians, and state of patient insurance have to be considered.<sup>[9]</sup>

In today's consumer-oriented health care markets, a patient-centered health care market, the quality of nursing care received is a major component of the hospital quality management system. Nurses should inform patients about each application and procedure and provide necessary explanations about the illness, diagnosis, and treatment to ensure patient satisfaction and provision of high-quality nursing care.

There must be proper communication, information about the availability of services, and concerned doctors to attend to the patients. Moreover, the punctuality of doctors, nurses, and paramedical staff, including laboratory radiologists, plays vital roles in satisfying the patients' health care because in an emergency, the absence of any concerned staff member may delay the treatment of the patient and ultimately lead to fatality.<sup>[10]</sup>

It is the prime duty of the receptionist and/or nurse to inform the patient or attendants about the availability of the doctor or service during or before admission because a delay in attending to the patient may be lethal. Moreover, any doctor or nurse intending to go on leave must make alternate arrangements, and it must be brought to the notice of the patient before admission.<sup>[11]</sup>

Any physician or surgeon must follow the medical ethics of confidentiality and capacity and must not force any patient to avail treatment or surgery because now the patient is a consumer.<sup>[12]</sup> Hence, we must convince the patient the practice of medicine is targeted at relieving physical and mental suffering and is the true and highest form of profession.

## CONCLUSION

In the present study, the evaluation of patient care needs in tertiary health care was conducted. It is a burning topic because in every nook and corner of town and district, places, health care centers are coming up like mushrooms, and quacks are visiting door to door to provide their services. Under such a competitive scenario, services of health care must be friendly service to the poor and needy, around the clock and service (treatment) as per the capacity will survive longer, because medical practice perhaps is the only profession that has and will always play a central role in the promotion of health. Every doctor is an undisputed ambassador of brotherhood.

**Limitation of study:** As it is remote located health care centre, small number of patients admission, lack of latest techniques we have limited data about patient's satisfaction and dissatisfaction.

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