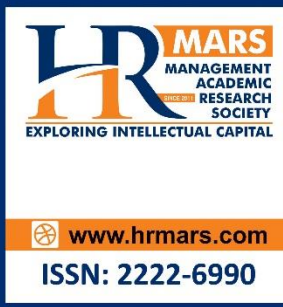




INTERNATIONAL JOURNAL OF ACADEMIC RESEARCH IN BUSINESS & SOCIAL SCIENCES



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To Link this Article: <http://dx.doi.org/10.6007/IJARBSS/v9-i5/5905>

DOI: 10.6007/IJARBSS/v9-i5/5905

Received: 11 March 2019, Revised: 08 April 2019, Accepted: 21 April 2019

Published Online: 29 May 2019

In-Text Citation: (Maroof, Tasneem, Jabeen, & Taskeen, 2019)

To Cite this Article: Maroof, B., Tasneem, S. S., Jabeen, R. J., & Taskeen, R. (2019). The Assessment of Patient's Satisfaction and Opinions of their Experience during Admission in the Tertiary Care Hospital. *International Journal of Academic Research Business and Social Sciences*, 9(5), 555–577.

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Vol. 9, No. 5, 2019, Pg. 555 - 577

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The Assessment of Patient's Satisfaction and Opinions of their Experience during Admission in the Tertiary Care Hospital

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Abstract

Pakistan is undergone of high pressure on health care system a patient has to face a lot of problems because of this growing pressure. Patient become more conscious and demanding their concerns related to their health have reached to the top these concerns put more pressure on the health system, hospitals and indirectly on patients. Patient satisfaction is one of the main components of patient wellbeing as well said if our mind is satisfied than half of the body will also be satisfied. So, we can say patient satisfaction is an important factor that leads to the patient wellbeing. Patient first experience at the time of admission laid the foundation of his or her satisfaction further ahead. As Pakistan is a developing country tertiary hospital are in dire need of growth and development patient experience at the time of admission is not satisfactory, so their opinions are also not up to the mark. No doubt tertiary hospitals are on the journey of progress but still concerns are requiring building patient satisfaction and positive opinions. Respected by the students as well as society. **Aim:** to discuss the patient level of satisfaction and their opinions about admission in a tertiary care hospital. **Design:** A co relational qualitative study was adopted to illustrate mention variable. **Method:** Different patients were asked about their opinions through a self-administered well-structured questionnaire .sample size was determined through a formula. According to that formula sample size was 110 that was analyzed by SPSS version 16. **Result:** Result shows that mostly patients have negative opinion regarding hospital admission in tertiary care hospital that is the reflection of their experience of admission stress should be given to the appropriate policies so that the patient satisfaction can be increase by upgrading the hospital admission process according to the patients' needs and demand accordingly.

Introduction

Satisfaction from anyone is important as it is an important feedback and outcome. Patient satisfaction is central in all health care systems as always first glance leaves everlasting impression patients

admission in a tertiary care hospital same as form the bases of their experiences that develop next in form of their perceptions regarding admissions in tertiary care hospitals. Patient satisfaction on admission is defined as “inpatients personal evaluation of health care services and providers while on admission ,it is about the way the patient is treated and the facilities offered to him while on admission in a hospital” As now the public have become more conscious regarding the provision of services which are being provided to them (Delbanco, 1996) their awareness regarding health care system is much more evident .

There are some factors that determine the patient satisfaction at the time of admission these, (1) doctor nurses’ attitudes (2) food (3) sanitation (4) Quality of services (5) Medication services.

But now the health policy makers are more concerned regarding patient views of their experiences of stay in hospital as well as the sufferings at the time of admission Thus, they are more conscious in making the strategies that utilize the services in effective manner. As continue quality improvement id directly linked to the patient satisfaction.

Every researcher has its own idea and views regarding patient experience of hospital admission in a tertiary care hospital. In Pakistan studies have only discuss the specific areas e: g emergency departments (Qidwai , 2005) day care surgeries Ahmed et al ,(2005) but our study focused mainly on assessing patient satisfaction and opinions on experience about admission in tertiary care hospital Pakistan.

Study will help in identifying the areas that cause least satisfaction I the patient at the time of admission. So that an effective change can be brought out in the continue health services for the improvement of satisfaction in the patient at the time of admission or overall stay in hospital, as in one study the most highly dissatisfied areas in the Pakistan were the financial aspects .Pakistan is a developing countries technology is not much advance as require , overcrowding , lack of survives , less number of health care providers is also an issue these are the things that cause dissatisfaction.

Objective

1. To assess the patient satisfaction and their opinions at the time of admission in tertiary hospitals of Pakistan.
2. To assess the patient opinion regarding admission in a tertiary care hospital of Pakistan.

Problem Statement

Patient knowledge and expectation from the health care services had totally been changed now they become more demanding regarding their health services, their provision and sustainability ,their views have been changed they want attention , approach , accessibility , and resources as well as proper communication channels .patient satisfaction at the time of admission in a tertiary care hospital is a main indicator that determine all theses ,and the basic responsibility of any health care setting is also a patient satisfaction. Modification and change in health care strategies and policies now have been become more evident to achieve all these satisfactions but the need is to know which things are require bringing all these satisfaction and positive opinions of the patients at least about at the time of admission that directly or indirectly increase all these. In Pakistan as there is a major problem of overcrowding ,poor number of health care providers as compare to patient ratio , poor

hygienic conditions ,slow technological advancement keeping in mind all these it's become very important to achieve and maintain patient satisfaction

Significance

Present study in patient satisfaction and opinions of their experience at the time of admission in tertiary care hospitals in Pakistan will give knowledge and understanding regarding this aspect and we will be able to know the areas of satisfaction as well as dissatisfaction. The study will also help in modifying the policies accordingly. The present study will also provide a help for the future research. Basically, this study is a different paradigm as patient satisfaction is a basic component and focus of any health care system as public become more aware regarding their health and demanding for their health care services provision. Moreover, Patient satisfaction id require for their well beings, present study will improve understanding regarding all these factors that cause satisfaction and dissatisfaction , determinants that determine their opinions and policies that will help in the improvement of patient satisfaction. It will also provide learning areas for the future studies it will also provide deep sense of these variables that further support patient satisfaction.

Literature Review

In this section we will review the literatures on patient satisfaction and opinions of their experience on their admission in tertiary care hospitals in Pakistan. Only few studies have been conducted in the Pakistan on the patient satisfaction, but the main focus was emergency care or department this will study will cover another area of patient satisfaction that is related to the hospital admission the study results will help in the administration of the hospital as well as hospital management.

Patient Satisfaction

Patient satisfaction is a global concern and the focus of health care system as well. The first research was started on this burning issue on 1970s and early 1980s. Patient satisfaction combine two things patient needs and patient expectations as well as the level of quality of care that is being provided to the patient level either it can achieve the patient expectations level or not. Patient satisfaction also linked to the compliance with medical treatment. It can be justifying by saying this phenomenon contains both medical as well as non-medical issues. Patient satisfaction is a key indicator that determines the quality of care that being provided at the time of admission (Singh, 1989). patient satisfaction is not only influenced by the clinical factors but there are also many other non-clinical factors too that influence patient satisfaction (Agrawal, 2006). Patient satisfaction also act as a tool for the measurement of quality of care that is being provided Alam (2008). Clinical factors are availability of medicines, doctors and nurses behaviors, cost of resources, hospital management, patient privacy , physical ease , emotional support as well as respect (Jenkinson, et al , 2002).as public become more active need assessment is the need of hour in order to prevent any type of mismatch between patient expectations and the services which are being provided that can be a cause of dissatisfaction thus , it is necessary to understand the patient views , needs , feelings and perspectives. Patient feedback must be accepted and respected to bring changes in the sustaining policies accordingly. So, that their satisfaction level can be assessed, and modification brings accordingly Boyer et al, 2006.

Pakistan is a country with the people of low income population is growing much faster as compared to the development of country literacy rate is also an issue which is higher in the urban areas as compared to the rural areas which also helps a lot in developing patient experiences regarding their admission in the hospitals Pakistan Economy Survey, 2011.

When services match patient expectations that help in the development of patient satisfaction when services fall patient become dissatisfied. Patient satisfaction decide the future of health care providers and health care system that periodically measured by the health policy makers (Pasuraman, et al., 1985).

Patient Experience on Admission

Patients experience help as a tool in developing future actions plans (Wensing, et al, 2003). Pakistan is a developing country and as like other developing countries it's also need improvement in the health care system. Provision must be compatible with the patient wishes and needs in accordance to their satisfaction. As different patient has different perceptions they also have different views regarding their care of health care organizations and also regarding for the health care providers either they are nurse or doctors. Patient came in emergency and outpatient departments with different problems ranging from minor ailment to highly fetal diseases they must be treated according as normally said first impression always last long perceptions overcrowded emergencies irritated health care providers effect a lot on the patient experiences because they are suffering pains that time. Overcrowding prevalently and adversely effects patient experiences on admission.

Methodology

Research Methodology

This study is conducted to assess the patient satisfaction and opinions of experience on admission in tertiary care hospitals a descriptive cross-sectional research design will be used for the study to assess patient satisfaction and opinions on experience on admission in a tertiary care hospital in Pakistan

Total population and size

The research design based on descriptive and cross-sectional study. The population of the study was 200 patient of Jinnah hospital Lahore. The total sample size of 200 patients was selected randomly from total population.

Research Instrument

This is a descriptive study as self-administer and modified version of questionnaire of the article "Patient satisfaction and opinions of their experience during admission in a tertiary care hospitals in Pakistan –Cross sectional study" consisted of two sections section (A) contain demographic data section (B) contain questions section B composed of five scale likert scale that elicited response from the participants with response options strongly disagree (SD) Disagree(D) neutral(N) agree (A) strongly agree(SA).

Setting Of study

Setting of the study will be the patient of the Jinnah Hospital Lahore. The participant will be belonging to the different socioeconomically status and different demographic be ground the participant will be male and female.

Sample size and Sampling technique

Data will be collected from the participants' through self-administered questionnaire and the participant selected through simple random sampling ,sample size foe the study was 200 which was calculated from Slovin\ s formula of calculation which is mentioned here.

Total Number of the Participants

If N =population n=Sample size E=Margin of error

$$n = N / 1 + (N) (E)$$

$$n = 150 / 1 + (150) (150)$$

$$n = 151 / 1.375$$

$$n = 110$$

Method of Data Collection

Data was collected through survey and the questionnaire was floated by the researcher herself. The 120 copies of questionnaire were circulated to the students and recovered on the spot.

Data Analysis

Inferential statistics of Chi-square(X²) were used to analyses the association between the variable. Reliability assessed using Cranach's Alpha AND ITS VALUE OF 0.65 was demonstrated that the questionnaire was reliable. Regression amylases were carried out to determine whether there was the linear trend between the variable. And sensitivity analyses were used to examine the result. In the end, all the data were put into the software SPSS21 version and the finding and result were drawn on the basis of statistical procedure.

Results**Table 1****Gender**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid MALE	61	55.5	55.5	55.5
FEMALE	49	44.5	44.5	100.0
Total	110	100.0	100.0	

Interpretations:

Table1: shows that the respondents of the study are 55.45% male and 44.555 female

Table 2**Marital status**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	69	62.7	62.7	62.7
	Single	40	36.4	36.4	99.1
	3	1	.9	.9	100.0
	Total	110	100.0	100.0	

Table: 2 shows that the marital status of the respondents of the study married respondents are 62.73% and unmarried 36.36%

Table 3**Age group**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-25years	39	35.5	35.5	35.5
	25-35years	37	33.6	33.6	69.1
	35-50years	22	20.0	20.0	89.1
	above50 years	12	10.9	10.9	100.0
	Total	110	100.0	100.0	

Table: 3 shows that the respondents of the study belong to the different age group those who belong to the age of 18-25 are 35.45% those who belong to 25-35 year of age are 33.64% those who are 35-50 year of age are 20% those who belong to above 50 are 10.915.

Table 4**Qualification**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	illiterate	31	28.2	28.2	28.2
	primary	12	10.9	10.9	39.1
	matric	29	26.4	26.4	65.5
	Other	38	34.5	34.5	100.0
	Total	110	100.0	100.0	

Table 4 : shows different qualification level of the respondents illiterate are 28.18% primary passed are 10.91% metric passed 26.36% and other 34.55%.

Not given enough information about condition and treatment

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	14	12.7	12.7
	Disagree	3	2.7	15.5
	Neutral	4	3.6	19.1
	Agree	88	80.0	99.1
	strongly agree	1	.9	100.0
	Total	110	100.0	100.0

Table 5: shows Percentage Table shows of respondents who are strongly disagree with that not given enough information about condition and treatment are 12.73% disagree are 2.727% those are neutral 3.636% and those 60% and strongly disagree 0.000

**Table 6:
 Not given enough privacy during treatment and examination**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	9	8.2	8.2
	Disagree	7	6.4	14.5
	Neutral	4	3.6	18.2
	Agree	89	80.9	99.1
	strongly agree	1	.9	100.0
	Total	110	100.0	100.0

Table 6: shows percentage of respondent who are strongly disagree are 8.182% disagree are 6.354% neutral 3.636% agree 80.91% strongly agree are 0.000%.

tot given enough privacy during treatment and examination

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	9	8.2	8.2
	Disagree	7	6.4	14.5
	Neutral	4	3.6	18.2
	Agree	89	80.9	99.1
	strongly agree	1	.9	100.0
	Total	110	100.0	100.0

Table shows percentage of the respondents that are strongly disagree in the regard of not given enough privacy during treatment and examination are 8.182% disagree are 3.636% neutral are 20.000% agree are 66.364% and strongly agree are 1.818%

Table 8**Had to wait a long time before getting a bed in the ward**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	9	8.2	8.2	8.2
Disagree	4	3.6	3.6	11.8
Neutral	22	20.0	20.0	31.8
Agree	73	66.4	66.4	98.2
strongly agree	2	1.8	1.8	100.0
Total	110	100.0	100.0	

Table 8: shows the percentage of respondents who are strongly agree in the regard of had to wait long time before getting a bed in the ward those who are strongly agree are 1.818% disagree 3.636% neutral 20% agree 66.36% strongly agree 1.818%.

Table 9**Bothered by noise at night from other patients**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	1	.9	.9	.9
Disagree	13	11.8	11.8	12.7
Neutral	47	42.7	42.7	55.5
Agree	44	40.0	40.0	95.5
strongly agree	5	4.5	4.5	100.0
Total	110	100.0	100.0	

Table 9: shows percentage of the respondents who are strongly disagree 0.909% those who are disagree 11.82% neutral 42.73% agree are 40% and strongly agree are 4.545%.

Table 10

Bothered by noise at night from hospital staff

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	3	2.7	2.7	2.7
Disagree	12	10.9	10.9	13.6
Neutral	43	39.1	39.1	52.7
Agree	49	44.5	44.5	97.3
strongly agree	3	2.7	2.7	100.0
Total	110	100.0	100.0	

Table10: shows that the percentage of respondents who are strongly disagree are 2.727%, disagree 10.91% neutral are 39.09% agree are 44.555 and strongly agree are 2

Table 11

Not satisfied with the cleanliness of hospital ward/room

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	1	.9	.9	.9
Disagree	45	40.9	40.9	41.8
Neutral	20	18.2	18.2	60.0
Agree	43	39.1	39.1	99.1
strongly agree	1	.9	.9	100.0
Total	110	100.0	100.0	

Table 1: shows percentage of the respondents who are not satisfied with the hospital cleanliness ward and rooms strongly disagree are 0.909% disagree are 40.91% neutral are 18.18% agree are 39.09% and strongly agree are 0.000

Table 12

Not satisfied with the cleanliness of hospital ward/room

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Disagree	40	36.4	36.4	36.4
Neutral	30	27.3	27.3	63.6
Agree	40	36.4	36.4	100.0
Total	110	100.0	100.0	

Table 12: shows total percentage of the the respondents in the regard of not satisfied with cleanliness of hospital ward /rooms those who are disagree 36.36% those are neutral 27.27% those who are agree 36.36%

Table 13**Not satisfied with hospital food**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	21	19.1	19.1	19.1
	Neutral	45	40.9	40.9	60.0
	Agree	44	40.0	40.0	100.0
	Total	110	100.0	100.0	

Table: 13 Respondents who are not satisfied with hospital food disagree are 19.09% neutral are 40.91% agree are 40%.

Table 14**Did not get understandable answers from doctors in response to important questions**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree	6	5.5	5.5	5.5
	Neutral	42	38.2	38.2	43.6
	Agree	57	51.8	51.8	95.5
	strongly agree	5	4.5	4.5	100.0
	Total	110	100.0	100.0	

Table:14 shows percentage of respondents who are strongly disagree are 5.455% neutral are 38.18% agree are 51.82% and strongly agree are 4.545%

Table 15**Did not have relationship of confidence or trust with the doctors**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree	12	10.9	10.9	10.9
	Neutral	21	19.1	19.1	30.0
	Agree	75	68.2	68.2	98.2
	strongly agree	2	1.8	1.8	100.0
	Total	110	100.0	100.0	

Table 15 shows the percentage of the respondents who are disagree are 10.91% neutral are 19.09% agree are 68.18% strongly agree are 1.818%.

Table 16

Why I m important tests were being done not explained in a way patient could understand

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	1	.9	.9	.9
Disagree	6	5.5	5.5	6.4
Neutral	18	16.4	16.4	22.7
Agree	78	70.9	70.9	93.6
strongly agree	7	6.4	6.4	100.0
Total	110	100.0	100.0	

Table 16: shows that the respondents who are agree in the regard of why important test were being done not explained in a way patient could understand those who are strongly disagree are 0.000% those who are disagree are 5.455% those who are neutral 16.36% and those who are strongly agree are 6.364

Table 17

Important side effects of medications not explained in a way patient could understand

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	2	1.8	1.8	1.8
Disagree	12	10.9	10.9	12.7
Neutral	11	10.0	10.0	22.7
Agree	76	69.1	69.1	91.8
strongly agree	9	8.2	8.2	100.0
Total	110	100.0	100.0	

Table 17: shows the percentage of the respondents who are strongly disagree are 1.818% disagree are 10.91% neutral are 10.0% agree are 69.09% strongly agree 8.182%.

Table 18

Did not get understandable answers from nurses in response to important questions

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	1	.9	.9	.9
Disagree	10	9.1	9.1	10.0
Neutral	11	10.0	10.0	20.0
Agree	79	71.8	71.8	91.8
strongly agree	9	8.2	8.2	100.0
Total	110	100.0	100.0	

Table18: shows percentage of respondents who are strongly disagree are 0.000% disagree are 9.091% neutral are 10% agree are 71.82% and strongly agree are 8.182%.

Table 19

Did not have relationship of confidence or trust with the nurses

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	6	5.5	5.5	5.5
Disagree	4	3.6	3.6	9.1
Neutral	4	3.6	3.6	12.7
Agree	86	78.2	78.2	90.9
strongly agree	10	9.1	9.1	100.0
Total	110	100.0	100.0	

Table 19: shows percentage of respondents who are strongly disagree are 5.455% disagree are 3.636% neutral are 3.636% agree are 78.18% and strongly agree are 9.09

Table 20

There were not enough nurses on duty to care for the patient

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	7	6.4	6.4	6.4
Disagree	6	5.5	5.5	11.8
Neutral	21	19.1	19.1	30.9
Agree	71	64.5	64.5	95.5
strongly agree	5	4.5	4.5	100.0
Total	110	100.0	100.0	

Table20: shows percentage of the students that are strongly disagree is 6.364% disagree are 5.4555 neutral are 19.09% agree are 64.555 and strongly agree are 4.545%.

Table: 21

On average, waited for help for more than 5 minutes after pressing call bell

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	1	.9	.9	.9
Disagree	20	18.2	18.2	19.1
Neutral	20	18.2	18.2	37.3
Agree	65	59.1	59.1	96.4
strongly agree	4	3.6	3.6	100.0
Total	110	100.0	100.0	

Table: 21 shows percentage of the respondents who are strongly disagree is 0.000% disagree is 18.18% neutral is 18.18% agree is 59.09% strongly agree are 3.636%.

Table: 22

Patient received conflicting information from members of the medical team

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid disagree	19	17.3	17.3	17.3
Neutral	7	6.4	6.4	23.6
Agree	75	68.2	68.2	91.8
strongly agree	9	8.2	8.2	100.0
Total	110	100.0	100.0	

Table: 22 shows the percentage of respondents who are disagree 17.27% neutral 6.364% agree 68.18% strongly agree is 8.182%.

Table: 23

Not given enough information about condition and treatment

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	5	4.5	4.5	4.5
Disagree	15	13.6	13.6	18.2
Neutral	7	6.4	6.4	24.5
Agree	66	60.0	60.0	84.5
strongly agree	17	15.5	15.5	100.0
Total	110	100.0	100.0	

Table 23 shows that the total number of the respondents who are strongly disagree are 4.545% who are disagree 13.64% neutral are 6.364% agree are 60% and strongly agree are 15.4

Table: 24

Not involved in decisions about care and treatment as much as the patient wanted

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid disagree	11	10.0	10.0	10.0
Neutral	7	6.4	6.4	16.4
Agree	77	70.0	70.0	86.4
strongly agree	15	13.6	13.6	100.0
Total	110	100.0	100.0	

Table 24: shows the percentage of respondents who are disagree 10% neutral 6.364% agree 70% and strongly agree 13.64%.

Table: 25

Family not given enough opportunity to talk to the doctor if they wanted to

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid disagree	7	6.4	6.4	6.4
Neutral	1	.9	.9	7.3
Agree	90	81.8	81.8	89.1
strongly agree	12	10.9	10.9	100.0
Total	110	100.0	100.0	

Table: 25 shows percentage age of the respondents who are disagree 6.364% neutral are 0.000% agree are 81.82% and strongly agree is 10.91%.

Table: 26

Did not find anyone on staff to talk to about worries and fears

	Frequency	Percent	Valid Percent	Cumulative Percent
disagree	6	5.5	5.5	5.5
Neutral	3	2.7	2.7	8.2
Valid Agree	88	80.0	80.0	88.2
strongly agree	13	11.8	11.8	100.0
Total	110	100.0	100.0	

Table26: shows percentage of respondent in the regard of they did not find anyone on staff to talk to about worried and fears disagree are 5.455% neutral is 2.727% agree 80% and strongly agree is 11.82%.

Table: 27

Not given enough privacy during discussion about condition and treatment

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	1	.9	.9	.9
Neutral	7	6.4	6.4	7.3
Valid Agree	98	89.1	89.1	96.4
strongly agree	4	3.6	3.6	100.0
Total	110	100.0	100.0	

Table 27 shows the percentage of the respondents those who are disagree are 0.909% those who are neutral 6.364% those who are agree 89.09% those who are strongly agree 3.636%.

Table: 28

Not given enough privacy during examination or treatment

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Neutral	6	5.5	5.5	5.5
Valid Agree	101	91.8	91.8	97.3
Valid strongly agree	3	2.7	2.7	100.0
Valid Total	110	100.0	100.0	

Table 28 shows that the percentage of the respondents neutral 5.455% agree are 91.82% strongly agree are 2.727%

Table: 29

Beforehand didn't get understandable answers to questions about the operation/procedure

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid disagree	6	5.5	5.5	5.5
Valid Neutral	1	.9	.9	6.4
Valid Agree	103	93.6	93.6	100.0
Valid Total	110	100.0	100.0	

Table: 30

Risks/benefits of operations/procedures not explained in a way patient could understand

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Neutral	5	4.5	4.5	4.5
Valid Agree	105	95.5	95.5	100.0
Valid Total	110	100.0	100.0	

Table29: shows percentage of respondents who are neutral 4.5455 and agree are 95.45%.

Table: 31

Process of anesthesia/pain control not explained in a way patient could understand

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid disagree	6	5.5	5.5	5.5
Neutral	2	1.8	1.8	7.3
Agree	100	90.9	90.9	98.2
strongly agree	2	1.8	1.8	100.0
Total	110	100.0	100.0	

Table 31 shows percentage of the respondents who are disagree are 5.455% neutral 1.818% those who are agree are 90.91% and those who are strongly agree 1.818%

Table: 32

Not given understandable explanation about how the operation/procedure had gone

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid disagree	1	.9	.9	.9
Agree	108	98.2	98.2	99.1
strongly agree	1	.9	.9	100.0
Total	110	100.0	100.0	

Figure 32

Table 32 shows percentage of the respondents who are disagree are 0.909% who are agree 98.18% who are strongly agree 0.900

Table: 33

Tests not carried out at their scheduled time

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid disagree	1	.9	.9	.9
Neutral	7	6.4	6.4	7.3
Agree	102	92.7	92.7	100.0
Total	110	100.0	100.0	

Table 33 shows percentage of respondents who are disagree are 0.000% who are neutral 6.364% who are agree 92.73%.

Table: 34

Not treated with respect and dignity during the hospital admission

	Frequency	Percent	Valid Percent	Cumulative Percent
disagree	3	2.7	2.7	2.7
Neutral	11	10.0	10.0	12.7
Valid Agree	93	84.5	84.5	97.3
strongly agree	3	2.7	2.7	100.0
Total	110	100.0	100.0	

Table 34 shows the percentage of respondents who are disagree are 2.727% those who are neutral 10.455% those who are agree 84.55% those who are strongly agree 2.727%.

Table: 35

Doctors and nurses did not work very well together

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly disagree	1	.9	.9	.9
Disagree	1	.9	.9	1.8
Valid Neutral	6	5.5	5.5	7.3
Agree	101	91.8	91.8	99.1
strongly agree	1	.9	.9	100.0
Total	110	100.0	100.0	

Table 35 shows percentage of respondents who are strongly disagree are 0.000% who are disagree 0.000% neutral 5.455% agree 91.82% and strongly agree 0.000%.

Table: 36

Never asked for views on the quality of care provided

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	1	.9	.9	.9
Disagree	2	1.8	1.8	2.7
Neutral	3	2.7	2.7	5.5
Agree	100	90.9	90.9	96.4
strongly agree	4	3.6	3.6	100.0
Total	110	100.0	100.0	

Table shows percentage of respondents who are strongly disagree 0.000% disagree 1.818% agree 90.91% strongly agree 3.636%.

Table 37

Thought he/she was not being charged fairly for their care and treatment

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	1	.9	.9	.9
Disagree	15	13.6	13.6	14.5
Neutral	9	8.2	8.2	22.7
Agree	84	76.4	76.4	99.1
strongly agree	1	.9	.9	100.0
Total	110	100.0	100.0	

Table 37 shows percentage of respondents who are strongly disagree 0.909% who are disagree 13.64% those who are neutral 8.182% and those who are AGREE 76.36% AND THOSE WHO STRONGLY AGREE 0.909%.

Table

Not knowing how much would eventually be paid worried the patient.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid disagree	25	22.7	22.7	22.7
Neutral	19	17.3	17.3	40.0
Agree	64	58.2	58.2	98.2
strongly agree	2	1.8	1.8	100.0
Total	110	100.0	100.0	

Table: 38 shows the percentage of respondents who are disagree are 22.73% who are neutral 17.275 who are agree 58.18% and those who are strongly agree 1.181%.

Reliability:"

Table 39

Case Processing Summary

		N	%
Cases	Valid	110	100.0
	Excluded	0	.0
	Total	110	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.741	35

Table shows that the value of Cronbach's alpha is greater than 0.7% thus the result meets the standard requirement of reliability of variable is standard variable.

Validity:

Table 40

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.	.458
Approx. Chi-Square	4528.043
Bartlett's Test of Sphericity	Df
	741
	Sig.
	.000

Table shows that the instrument consist on variables it shows that KMO value is above .50 and Bartlett test is significant p value is less than 0.05 so that the whole criteria fulfilled and the study is valid.

Discussion

Study revealed that patient satisfaction is an important factor for the positives of their opinion regarding hospital admission but, while talking about the admission in a tertiary care hospital this component requires attention. As Pakistan is a developing country there are existences of many factors that effect on this satisfaction as well as patient's opinions regarding hospital admission these

are low income, over population, illiteracy, cultural differences. Health care system in the Pakistan is on the journey of progress and the standard of tertiary hospitals are still not satisfactory all these effects patient satisfaction that lead to the positive and negative direction of their opinions. But as different people have different level of thinking and perceiving so their opinion regarding hospital admission in tertiary care hospitals are differ it can be justifying by saying that level of thinking also affects all these. as now these days patients become more aware and concerning related to their health their demands also touch the heights that lead to the high level of expectations in a territory care hospital health facilities are not readily available that put the pressure on the patient satisfaction. Satisfaction can be used as tool for measuring the standard of health care system as well as quality of care. Patient's satisfaction from the bases of policy making strategies.

Conclusion

Patient satisfaction is one of the prominent indicators that present the level and standard of quality of care to the patient. Privacy should be provided to the patients during their treatment in the hospital and Doctors and nurses should communicate with the patient in effective way. Psychological support should provide to the patient by the health care provider so that patient can share their panic situation with the staff.

Limitation

These are some limitations that came in front while interpreting the findings. Short population size that cause limitation in data collection. Cultural and traditional difference cause hindrance in data collection from female patients. Time and cost consumption. Difficulty in measuring test.

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