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DIGITAL TRANSFORMATION, COOPERATION AND GLOBAL INTEGRATION IN THE NEW NORMAL

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ASSESSING PATIENT SATISFACTION (BRAND) AFTER THE COVID-19 PANDEMIC AT THU DUC CITY HOSPITAL

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Abstract:

The COVID-19 pandemic has disrupted healthcare systems worldwide, necessitating changes in hospital operations and patient care delivery (World Health Organization, 2020). Studying patient satisfaction after COVID-19 provides important insights to improve service quality and rebuild trust (Pham et al., 2021). This study examined patient satisfaction at a hospital in Vietnam following the pandemic, hypothesizing a relationship between patient characteristics and their level of satisfaction. The results showed overall moderately high patient satisfaction (average score of 4.26 out of 5) with the highest ratings for staff competence, interpersonal skills, and clarity of information but lower scores for physical facilities and equipment. This indicates that interactions with clinicians are strengths, while infrastructure upgrades may further increase patient experiences. No associations were found between satisfaction and demographics or insurance coverage, suggesting insurance did not notably influence satisfaction.

Keywords: Patient satisfaction, hospital, COVID-19 pandemic

1. Introduction:

The COVID-19 pandemic has created unprecedented challenges for hospitals across the globe. Many have had to temporarily halt elective procedures and reduce patient capacity to mitigate virus transmission risks. Shortages of critical supplies and overburdened staff have also impacted hospital operations. These disruptions have negatively affected the patient experience, causing distress for families and complications for hospital leadership and medical teams. (Kaye et al., 2021)

Patient satisfaction is crucial in assessing healthcare quality and effectiveness. It covers different aspects like provider communication, service accessibility, care promptness, perceived outcomes, and overall experience. (Cleary, 1999) When patients are highly satisfied, it results in better treatment adherence (DiMatteo, Giordani, Lepper, & Croghan, 2002), improved health outcomes (Fenton et al., 2009), increased trust in healthcare providers/systems, and enhanced overall well-being. (Pearson & Raeke, 2000)

Maintaining patient satisfaction remains vital, even amid such turmoil. Satisfaction encompasses more than just medical outcomes; it reflects perceptions of care quality and meeting patient needs. Various studies have explored how satisfied patients are with hospital treatment during the pandemic. However, there is limited research on this issue in Vietnam. Contributing factors may include constrained resources, lack of cooperation, or inadequate data. Investigating patient satisfaction post-COVID is essential for evaluating pandemic impacts on healthcare delivery, improving the patient experience, and restoring trust. (Sabetkish & Rahmani, 2021)

Therefore, we performed an in-depth examination of patient satisfaction levels post-pandemic. We hypothesized significant pre-versus post-pandemic differences. Specifically, this study assessed patient satisfaction with hospital services at Thu Duc Hospital following COVID-19.

This research is especially meaningful given the complex pandemic environment. Evaluating post-treatment satisfaction offers insight into medical service quality and areas needing improvement. It assists healthcare providers in understanding how the pandemic affected satisfaction and how they can enhance services to better meet patient needs.

2. Theoretical Framework and Methods

2.1. Research subjects:

Inpatients reside in all clinical departments within the hospital.

Outpatients visit the outpatient department, Department of Medical Examination according to requests and examination areas of clinical departments.

2.2. Sample Size: 228 patients.

2.3. Data collection tools: Prepared questionnaires ensure validity and reliability.

2.4. Research description:

Research design: This study used a cross-sectional descriptive design to assess the satisfaction of inpatients at the hospital.

Data collection methods:

Tools: The research team prepared questionnaires to collect data from the respondents.

Method: The interviewer directly interviewed the inpatients and their relatives who participated in the research at the hospital based on the interview questionnaire.

Sample selection process:

Step 1: Select inpatients who were discharged during the time of survey.

Step 2: Choose an interviewer who interviewed either the inpatient or the primary caregiver.

Implementation time: 2 months

Data analysis:

The research team used STATA 17.0 software to test the relationship between variables by statistical analysis from the data obtained.

Implementation time: 1 month.

3. Results and Discussion

Among the 228 subjects participating in the survey, the proportion of women (56.14%) was higher than that of men (43.86%). The age distribution of survey participants was the highest in the group from 31 to 60 years old (44.74%), this is the age group with many disease risk factors and the ability to actively seek medical care. Next is the group over 61 years old (30.7%), the lowest is the group under 30 years old (24.56%).

3.1. Characteristics of the study population

Table 1. Characteristics of survey subjects

Variables		n	%
Gender	Male	100	43.86
	Female	128	56.14
Age (Years)	From before 30 years old	56	24.56
	From 31 to 60 years old	102	44.74
	Over 61 years old	70	30.7
Academic level	Elementary school	56	24.56
	Secondary school	59	25.88
	High school	55	24.12
	College	21	9.21
	University	34	14.91
	Graduate	3	1.32
Ethnic	Kinh	222	97.37
	Other	6	2.63
Religion	None	169	74.12
	Buddhism	34	14.91
	Christian	13	5.7
	Other	12	5.26
Current place of residence	Urban	207	90.79
	Rural	21	9.21
Occupation	Farmer / fisherman / salt farmer	7	3.07
	Working as a salaried employee of the State sector	12	5.26
	Salaried employees in private/foreign enterprises	37	16.23
	Business owners/traders/service providers/lessors	28	12.28
	Self-employed/temporary workers	55	24.12
	Unemployment/no income/dependency (students, students)	49	21.49
	Other	40	17.54

Form of treatment	Self-referred	198	86.84
	Non-compliant with follow-up	11	4.82
	Follow-up appointment	2	0.88
	Referred from another facility	16	7.02
	Other	1	0.44
Health insurance	Yes	207	90.79
	No	11	9.21

Regarding education level, over 24.12% of patients in this survey completed high school education and continued studying at college level, university level and postgraduate level at rates of 9.21%, 14.91% and 1.32%, respectively. Regarding ethnicity, the vast majority (97.27%) of respondents were Kinh whereas only 6 patients (2.63%) belonged to ethnic minorities. In terms of religion, most patients were non-religious (74.12%), while 14.91% were Buddhist and 5.7% were Catholic.

The data indicated that 90.79% of patients lived in urban areas, while 9.21% resided in rural areas. Self-employed/temporary workers represented the largest occupational group at 24.12%. Salaried employees in private/foreign companies and business owners/traders/service providers/lessors each constituted 12.28%.

The hospital admission was directly sought by most patients (86.84%), while referrals accounted for 7.02% of cases. The results showed that 90.79% of patients had health insurance coverage whereas 0.21% did not. The mean length of hospital stay per admission was days 4.04 ± 2.76 days, with a minimum of 1 day and a maximum of 20 days.

3.2. Satisfaction level:

Regarding “Accessibility”, the highest level of satisfaction is in "The building blocks, staircases and patient rooms are clearly numbered, easy to locate" at 4.34 points. In particular, the lowest level of satisfaction is 4.27 points for the item “The pathways within the hospital and corridors are level and easy to walk through”.

In the assessment of “Information Transparency and medical examination and treatment procedures”, the survey respondents rated the factor "The admission procedures and processes are clear, transparent, and convenient" as the highest with 4.36 points. Patients were least satisfied with the factor "Clear and comprehensive information is provided about hospital regulations and necessary details upon admission" with a satisfaction level of 4.28 points. The maximum difference between the satisfaction for the factors was 0.08, indicating uniformity in the levels of satisfaction for the factors within this category.

Patients expressed the lowest satisfaction with material facilities and equipment compared to other aspects. The highest satisfaction was with safety, security, and order which ensured theft prevention and peace of mind (4.24 points). The lowest satisfaction was with restroom and bathroom accessibility, cleanliness, and functionality (3.51 points).

Patients highly rated staff attitude and professional competence on two factors: “Medical staff provide respect, equal treatment, care, and assistance” (4.48 points); “Medical staff do not hint for tips/bribes” (4.48 points) and “Doctors and nurses collaborate well and handle work skillfully and promptly” (4.49 points).

Regarding results of service provision, patients were most satisfied with “Medicines are adequately provided with quality and proper instructions” (4.38 points).

Table 2. The level of patient satisfaction with accessibility; information transparency and procedural clarity for examination and treatment; material facilities and means to serve patients; attitudes and professional competence of medical staff and results of service provision (n=228)

	Aspects of Evaluation	Mean	SD
	A. Accessibility		
A1.	The maps, signs indicating directions to departments and rooms in the hospital are clear, easy to understand and easy to find.	4.25	0.77
A2.	The visiting time for patients is clearly announced	4.29	0.73
A3.	The building blocks, staircases and patient rooms are clearly numbered, easy to locate	4.34	0.75
A4.	The pathways within the hospital and corridors are level and easy to walk through	4.27	0.76
A5.	Patients can ask and call for medical staff when necessary	4.32	0.81
	B. Information transparency and procedural clarity for examination and treatment		
B1.	The admission procedures and processes are clear, transparent, and convenient	4.36	0.73
B2.	Clear and comprehensive information is provided about hospital regulations and necessary details upon admission	4.28	0.76
B3.	Clear and full explanations are given about medical condition, expected methods of treatment, and duration	4.32	0.79
B4.	Clear and complete counseling is provided before requesting advanced testing, examinations, or procedures	4.33	0.79
B5.	Information about medication usage and treatment costs is made openly available and updated	4.34	0.77
	C. Material facilities and means to serve patients		
C1.	Hospital rooms for treatment are neat, clean, and equipped with proper temperature control devices like fans, heaters, or air conditioning	4.15	0.89
C2.	Hospital beds, sheets, pillows are adequate with one per patient, safe, sturdy, and functional	4.20	0.87
C3.	Restrooms and bathrooms are accessible, clean, and fully operational	3.51	1.26
C4.	Safety, security, order are ensured to prevent theft and allow peace of mind during hospitalization	4.24	0.85
C5.	Adequate clean clothes are provided	3.87	0.98
C6.	Ample provision of hot and cold drinking water	3.76	1.13
C7.	Privacy is ensured during hospitalization for changing clothes, medical examinations, bedside toileting, etc. with curtains, partitions, or private rooms	3.91	1.03
C8.	The hospital canteen provides adequate food, drinks, and basic necessities with good quality	3.76	0.89
C9.	The environment in the hospital campus is green, clean and beautiful.	3.90	0.84
	D. Attitudes and professional competence of medical staff		
D1.	Doctors, nurses use proper speech, attitude, and interaction	4.46	0.70

D2.	Support staff (orderlies, guards, accountants, etc.) use proper speech, attitude, and interaction	4.44	0.68
D3.	Medical staff provide respect, equal treatment, care, and assistance	4.48	0.72
D4.	Doctors and nurses collaborate well and handle work skillfully and promptly	4.49	0.71
D5.	Doctors provide examinations and encouragement at treatment rooms	4.46	0.72
D6.	Advice is provided on diet, exercise, monitoring, and preventing complications	4.40	0.78
D7.	Medical staff do not hint for tips/bribes	4.48	0.75
E. Results of service provision			
E1.	Medicines are adequately provided with quality and proper instructions	4.38	0.66
E2.	Medical equipment and supplies are adequate, modern, and meet expectations	4.26	0.81
E3.	Treatment outcomes meet expectations	4.32	0.75
E4.	Level of trust in the quality of healthcare services	4.25	0.82
E5.	Level of satisfaction with the costs of healthcare services	4.22	0.81

The hospital achieved an average satisfaction rate of $82.19\% \pm 13.85\%$ among patients and their families, indicating that expectations were largely met. The majority of patients were satisfied with the examination, treatment and services, as evidenced by 53.51% responding "Might return" and 42.11% stating they would "Definitely return or recommend". However, a small yet substantial proportion of patients selected "Definitely not returning" and "Want to transfer to another hospital". (Figure 1)

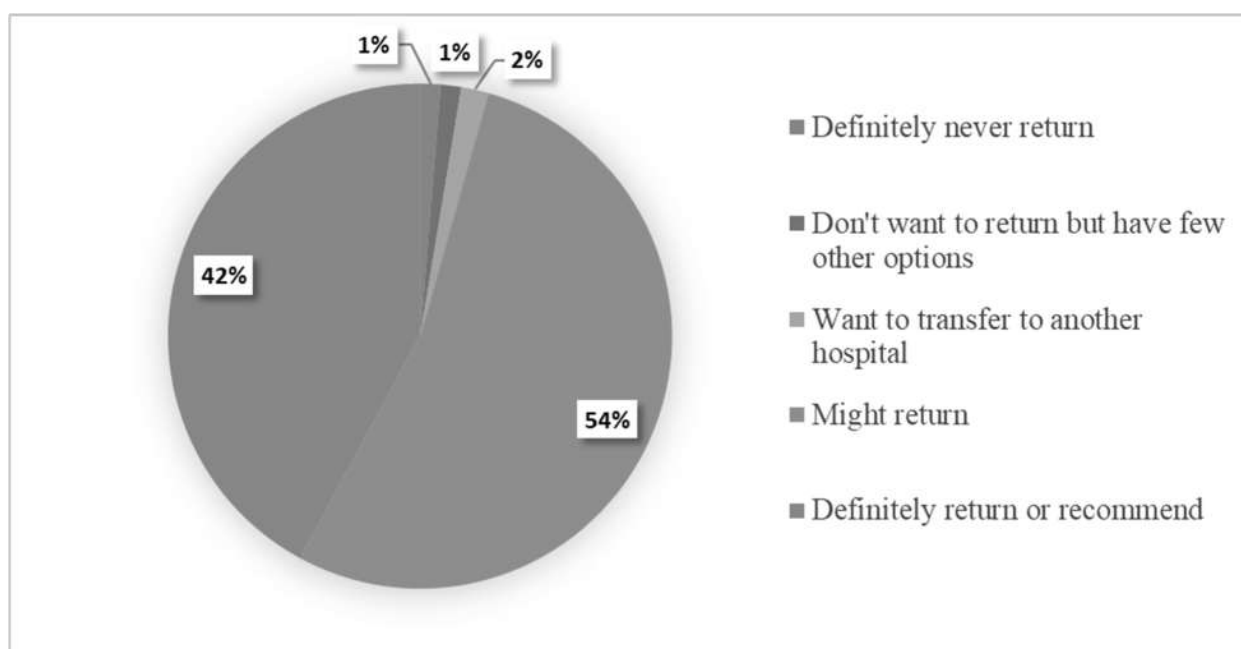


Figure 1. Level of readiness to return and recommend to others

3.3. Average Satisfaction Score

The patient satisfaction survey revealed moderately high levels of satisfaction, with an average score of 4.26 out of 5 points. Patients were most satisfied with the attitudes and professional competence of the medical staff (4.45 points). The clarity of information and procedures for examination and treatment also received high ratings (4.43 points). However, satisfaction was lowest for the physical facilities and resources available to serve patients (3.92 points). These results indicate strengths in interpersonal care and

communication, but highlight an opportunity to improve the infrastructure and environment of care delivery. Targeted investments in upgraded facilities and patient support services may further enhance patient experiences and perceptions of care quality.

Table 3. Average score of satisfaction by each aspect and average score of overall satisfaction

	Evaluation aspect	Mean	SD
A	Accessibility	4.29	0.61
B	Information transparency and procedural clarity for examination and treatment	4.32	0.65
C	Physical facilities and means to serve patients	3.92	0.70
D	Attitudes and professional competence of medical staff	4.45	0.59
E	Results of service provision	4.29	0.62
Average overall satisfaction score		4.26	0.51

3.4. Relationship Between Average Satisfaction Scores and Respondent Characteristics

The results showed no association between overall satisfaction scores and respondent characteristics. In particular, having health insurance coverage or not was not related to patient and family satisfaction with the clinical encounter at the hospital.

Table 4. The relationship between the average score of general satisfaction with the characteristics of the survey subjects

Element		Mean	SD	P . value
Gender	Male	4.24	0.49	0.4583*
	Female	4.27	0.52	
Age (Years)	From before 30 years old	4.22	0.52	0.2674**
	From 31 to 60 years old	4.21	0.55	
	Over 61 years old	4.35	0.43	
Academic level	Primary school	4.31	0.47	0.4699**
	Secondary school	4.33	0.48	
	High school	4.19	0.50	
	Intermediate/College	4.09	0.65	

	University	4.23	0.52	
	Graduate	4.46	0.65	
Occupation	Farmer / fisherman / salt farmer	4.16	0.71	0.2357**
	Working as a salaried employee of the State sector	4.32	0.52	
	salaried employees in private/foreign enterprises	4.02	0.58	
	Business/sales/services/rental	4.27	0.44	
	Freelance/employment by the hour/day/ month	4.30	0.53	
	Unemployment/no income/dependency (students, students)	4.30	0.48	
	Other	4.35	0.41	
Form of treatment	Self-referred	4.25	0.52	0.4604**
	Non-compliant with follow-up	4.44	0.31	
	Follow-up appointment	4.11	0.82	
	Referred from another facility	4.24	0.39	
	Other	3.53	-	
Health insurance	Yes	4.27	0.51	0.3335*
	No	4.16	0.52	

*Two-sample Wilcoxon rank-sum (Mann–Whitney) test **Kruskal–Wallis equality-of-populations rank test

4. Conclusions and Recommendations:

Results indicate that patient satisfaction was moderate to high, with an average score of 4.26 out of 5. Respondents were most satisfied with the professional competence and interpersonal skills of medical staff as well as clarity of information regarding procedures. However, satisfaction with physical facilities and equipment was lower. These findings suggest that while clinician-patient interactions and communication are strengths, upgrading hospital infrastructure and the care environment may further improve patient experiences.

No significant associations were found between overall satisfaction and respondent demographic characteristics or insurance coverage, suggesting that having insurance did not markedly influence satisfaction levels.

Based on these results, the following recommendations are proposed:

Provide ongoing training for medical staff to maintain and strengthen interpersonal skills and patient-centered care. Effective communication and empathy appear highly valued by patients.

Improve physical facilities, particularly restrooms, patient rooms and medical equipment. Enhancing the hospital environment has potential to positively impact patient satisfaction.

Regularly conduct patient satisfaction surveys to monitor trends over time and evaluate the impact of improvement initiatives. This allows for timely adjustments and targeting of low-scoring areas.

Benchmark satisfaction results against other hospitals to identify and implement best practices. International guidelines can also inform strategies. Engage patients and families in determining priorities for facility upgrades and infrastructure enhancements. Involving patients in the planning process may maximize benefits and satisfaction.

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978-604 79-3782-0

ISBN: 978-604-79-3782-0

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