Original Research Article

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In patient satisfaction survey- how does it help our health care delivery system (the patient, the health care giver and the organization)?

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ABSTRACT

Background: Patient satisfaction is a mean of measuring the effectiveness of health care delivery. It can suggest proportion to the problem areas and a reference point to take management decisions. It can serve as a mean of holding physician accountable. Patient satisfaction data can be used to document health care quality for accrediting organizations and consumer groups. They can also measure specific initiative or changes in service delivery. They can increase loyalty of patients by demonstrating you care their perceptions and looking for ways to improve. The purpose of our study is to carry out evaluation of hospital services by getting a patient satisfaction survey. Main aim is to identify potential problems in the services.

Methods: A hospital based inpatient satisfaction survey study done on 200 patients. A Predesigned structured questionnaire was based on relevance of questions to healthcare services on various aspects of inpatient care. The interviewer based questionnaires were filled after obtaining verbal informed consent from all subjects. 200 valid responses were analyzed using MS office excel. Data analysis of study is done using the SPSS (Statistical Package for the Social Science) Version 17 for window.

Results: Results of our study is very positive and suggest that patients were satisfied with the attitude of doctors, nurses and paramedical staff and it was appreciated. As in D Y Patil Medical College and Hospital most facilities are free for the patients, so we got better feedback for the facilities and satisfaction for this study. Satisfied patients are more likely to continue using the health care services and maintain their relationship with specific health care providers.

Conclusions: Patient satisfaction survey can be a driving force for changes in health care delivery with institutions and individuals. These initiatives can promote improvement in practice and also respond to patient expressed needs.

Keywords: Health care delivery, Patient satisfaction, Satisfaction survey

INTRODUCTION

Health care is changing rapidly. Patients are educated and demand that we meet their needs. Patient centered care usually improve treatment outcomes and its implementation has become the focus of national and local efforts to optimize health care delivery. Patient satisfaction is one of the pillars of patient centered care. A main challenge for health service providers in

developing countries is to find ways to make them more client-oriented. Indifferent treatment of patients, unofficial payments to providers, lack of patient privacy, and inadequate provision of medicines and supplies are common, and rarely acknowledged by traditional quality assessment methods.²

The primary goal of the tertiary care hospital as a highest level of health care provision is to provide best possible health care to the patients. In modern era where it is the right of every patient to demand best possible care in hospitals, it is the duty of every staff member of the hospital to deliver optimum efforts to the satisfaction of the patient. Its assessment will give us an opportunity to find loopholes in our services and future ratification.³

Patient satisfaction is the established yardsticks to measure success of the services being provided in the health facilities. It is very difficult to measure the satisfaction and gauze responsiveness of the health systems as not only the clinical but also the non-clinical outcomes of care influence the patient satisfaction.⁴

The long-term survival of any hospital depends on loyal patients who come back or recommend the hospital to others. Satisfied patients are more likely to continue using the health care services, maintaining the relationship with specific healthcare providers and complying with the care regimen.⁵

The data gathered through patient satisfaction study reflects care delivered by staff and physicians and can serve as a tool in decision-making. Patient satisfaction surveys can serve as tools for learning; they can give proportion to problem areas and can be a reference point for making management decisions. They can also be used to assess and measure specific initiatives or changes in service delivery. They can identify those operations and procedures that require better explanation to patients. And most importantly, they can increase loyalty of patient by demonstrating you care about their perceptions and are looking for ways to improve.⁶

There are a lot of challenges small facilities, in particular, may face with conducting patient satisfaction surveys. These may be: tight budgets, lack of commitment, lack of in-house expertise to plan and manage task, lack of resources for existing staff, with small sample size, designing a statistically valid sampling process, obtaining acceptable response rates and reliable data, proper analyzing and reporting survey data, translating findings information no institutional incentives for performance improvement, and selecting a survey instrument that will produce valid and reliable results.⁷ Most patients are satisfied with their service experience generally, they may not be uniformly satisfied with all aspects of the care they receive. There lies the challenge to management – for how much service is enough to elicit high satisfaction and keep them coming back.8

A patient's experience within a hospital environment is based on numerous encounters with a wide variety of individuals and locations parking lot, followed by physically accessing the facility, the admissions process, encounters with physicians, nurses, lab personnel, and other service providers and their respective physical locations, including patient rooms and the care they receive while in their room There are many factors that

could impact on the patient's perception of the care provided throughout an inpatient stay.

Factors can be the cleanliness of the environment, the appearance of the facility, the ease of access to specific locations the quality of the interaction with providers, the clarity of the communication from providers, the outcome from the care provided, the concern expressed from various staff and providers for the patient's well-being, the amount of time they had to wait before getting care, the cost of the visit, the quality of the food, and on and on. Over the years there have been various definitions of patient satisfaction. Susie Linder-Pelz, in her review of the patient satisfaction literature, offers the following definition: patient satisfaction is "Positive evaluations of distinct dimensions of the health care."8 Human satisfaction is a complex concept which is related to a number of factors including lifestyle, past experiences, future expectations and the value of both individual and society.

For any health care organization to be successful customer's perception is a simple but important strategy to assess and improve their performance. But very few studies are being carried out in India for measuring inpatient satisfaction with hospital services as a routine process. The purpose of present study is to carry out patient satisfaction Survey to evaluate hospital services by getting feedback from indoor patients conducted at in surgical in-patient department in our tertiary care hospital with the aim to study patient care provided in the hospital, by medical, nursing and supportive staff, the availability of necessary services and amenities in the hospital and to identify areas of improvement.

METHODS

This was a hospital based cross sectional study was carried out in Padmashree Dr D. Y. Patil Medical College Hospital and Research Centre, Pimpri Pune, which is a tertiary care hospital. The study was conducted from August 15 - January 2016 among patients admitted in wards of General Surgery, with a minimum hospital stay of 24 hours preferably who have completed the indoor stay and are going to be discharged within next 24 hrs. 200 inpatients were considered among patients admitted in wards of General Surgery.

All the patients (n=200) discharged during the study period were included in the study. On the day of the discharge, after taking informed consent the patients were interviewed. A pre- designed pre- validated "Indoor Patient Feedback Form" was filled up. The questionnaire was translated into local language. Based on relevance of questions to healthcare services in Patiala our final questionnaire included questions on various aspects of care including questions regarding demographic profile, admission services, perception regarding quality of laboratory services, Doctors services, Nursing, paramedical staff services and availability of basic amenities/services of the ward. The interviewer based questionnaires were filled after obtaining verbal informed consent from all subjects.

Data collection and processing

Duly oriented to the survey process, questionnaires to the sample patients were explained in local language. All respondents were assured the confidentiality of their responses. All respondents were encouraged to express their opinion freely and fairly. Precautions were also taken to obtained unbiased result.

Stastical analysis

At the end of the survey, 200 valid responses were analyzed using MS office excel. Data analysis done using the SPSS (Statistical Package for the Soal Science) Version 17 for window. The demographic profile, admission services, perception regarding quality of laboratory services, Doctors services, Nursing, paramedical staff services and availability of basic amenities/services were calculated with number and percentage.

RESULTS

The Socio- demographic profile in the study shows the importance of the hospital because majority of the respondent i.e. 55% were in the age group of 20 - 60 years which is economically productive age group for the families belonging to underserved, needy section of the society. Among them 52% were illiterate, 39% were primary and only 9% were having education beyond matriculation. 34.5% were unskilled workers; 24.5% were unemployed and 19% were housewives. 79% belonged to families having income lesser than Rs.5000/

month. This weaker section is largely dependent on the tertiary care hospital and these needy people do not have large expectations from the hospital besides their medical treatment and provision of basic amenities during the stay at hospital (Table 1).

Table 1: Socio - demographic profile.

Parameters		No of patient	Percentage (n=200)
Respondent	Patient	141	70.5
Respondent	Attendant	59	29.5
	<20	58	29
A co (voore)	21 - 40	56	28
Age (years)	41 - 60	54	27
	>60	32	16
Gender	Male	100	50
Gender	Female	100	50
Duration of	<2	14	7
stay /	2 - 5	78	39
admission (days)	>5	108	54
	Illiterate	104	52
	Primary	78	39
Education	Matriculation	9	4.5
	Sen. Secondary	4	2
	Graduate	5	2.5
	Skilled	39	19.5
Occupation	Unskilled	69	34.5
	Unemployed	49	24.5
	Housewife	38	19
	Student	5	2.5
F11	<2000	95	47.5
Family income /	2000 - 5000	63	31.5
month (Rs)	5000 - 10000	35	17.5
monui (Ks)	>10000	7	3.5

Table 2: Services available at admission.

Parameters		No. of patient	Percentage (n=200)
Mode of admission through	Emergency	21	10.5
Mode of admission through	Outdoor	179	89.5
	Average	26	13
Helpfulness of the person at registration desk	Satisfactory	78	39
	Good	96	48
A	Available	165	82.5
Availability of wheel chair/ stretcher	Not available	35	17.5
Ward attendant/ Support staff for assistance at	Available	193	96.5
entrance	Not available	7	3.5
Ward location	Approachable	184	92
ward location	Difficult to approach	16	8
Cian haanda	Adequate and helpful	187	93.5
Sign boards	Inadequate	13	6.5
Time taken between Admission and Initiation of	Immediate	59	29.5
Time taken between Admission and Initiation of treatment (min)	<10	101	50.5
ucauncii (iiiii)	10 - 30	40	20

The perception regarding services at the time of admission, 10.5% were admitted through emergency and rest 89.5% through outdoor. Most of them were satisfied in this aspect helpfulness of person at registration desk (87%), availability of wheel chair/stretcher (82.5%), ward attendant/ support staff for assistance at entrance (96.5%), ward location (92%) and sign board (93.5%) and the time lapse between admission and initiation of treatment which was 10 - 30 minutes in 20% cases and no cases found more than 30 minutes (Table 2).

The perception regarding quality of professional service by doctors, 93.5% doctors devoted time at the time of admission, 96% and 97% doctors described the disease status and lab reports of patient/respondent, 95% of respondents satisfied the efficiency of the doctors of the hospital handling of illness of patients and 8.5 % are unsatisfied with the no. of visits of senior doctors/consultants (Table 3).

Table 3: Perception regarding quality of professional service by doctors.

Parameters		No. of patient	Percentage (n=200)
Time devoted by the Dr at the time of admission	Adequate	187	93.5
	Inadequate	13	6.5
Description of disease status	Adequate/satisfactory	192	96
by Doctor	Inadequate/unsatisfactory	8	4
General communication of Doctor	Good/ Pleasant	178	89
	Satisfactory	18	9
	Unsatisfactory	4	2
Perception of Efficiency of	Satisfactory	190	95
Doctors in handling illness of patients	Unsatisfactory	10	5
Doctors discussed Lab investigation with Patient	Satisfactory	194	97
	Unsatisfactory	6	3
No. of visits of senior	Satisfactory	183	91.5
doctors/ consultants	Unsatisfactory	17	8.5

Table 4: Perception of quality of laboratory services.

Parameters		No of patient	Percentage (n=200)
Have you been told about the location / room no./	Yes	182	91
department where investigations were advised	No	18	9
Location of labo for investigations	Easily approachable / locatable	186	93
Location of labs for investigations	Difficult to locate/ approach	14	7
	<10	170	85
Time to mach lab/demontment for investigations	10 - 30	24	12
Time to reach lab/ department for investigations	>30	6	3
	Yes	189	94.5
A continuition of the analysis of	No	9	4.5
Availability of lab technician	Not responded	2	1
A	Satisfactory	181	90.5
Approach/ behaviour of lab technician	Unsatisfactory	19	9.5
Availability of investigations results	Available on schedule time	184	92
	Delayed	16	8

The perception of quality of laboratories services, Availability of lab technician was found to be 94.5% and 90.5% were satisfied with their approach towards patients. But the problem lies with the difficulty to locate the labs and time taken to reach the labs for investigations which was less than 10 min in 85% of the cases, 10-30

min in 12% of cases and more than 30 minutes in 3% of the cases with 7% admitting that they had a problem in

locating the labs. 92% investigations result available on schedule time (Table 4).

Table 5: Perception regarding quality of service by nursing and paramedical staff.

Parameters		No. of patient	Percentage (n=200)
Assoilability of associate stoff in the seconds	Adequate	192	96
Availability of nursing staff in the wards	Inadequate	8	4
C	Good / pleasant	172	86
Communication/ behaviour of nursing staff towards	Satisfactory	22	11
patient	Not responded	6	3
Discounting / constitution and continue in	Yes	192	96
Dispensing/ providing prescribed medications in	No, has to be asked	5	2.5
timely manner	Not responded	3	1.5
Availability of para madical staff to the Dta	Adequate	186	193
Availability of para medical staff to the Pts	Inadequate	14	7
Approach of other paramedical staff towards	Satisfactory	195	97.5
patients/ attendants	Unsatisfactory	5	2.5
Quality of health care / support provided by para	Satisfactory	196	98
medical staff	Unsatisfactory	4	2

Table 6: Perception regarding availability of basic amenities/services.

Parameters		No of patient	Percentage (n=200)
Assoilability / massision of madicines be-	Available	187	93.5
Availability / provision of medicines by hospital	Very few	9	4.5
nospitai	Not responded	4	2
Availability of oxygen cylinders during admission	Available	184	92
	Very few	6	3
admission	Not responded	10	5
Availability of drinking water in the	Available	195	97.5
premises	Unavailable	5	2.5
Availability of toilet / handwashing facility	Yes	193	196.5
in the wards	No	7	3.5
	Yes	172	86
Toilets well maintained / cleaned by staff	No	26	13
	Not responded	2	1
Classification the seconds	Satisfactory	191	95.5
Cleanliness in the wards	Unsatisfactory	9	4.5
Assoilability of fone / lights in syands	Adequate	183	91.5
Availability of fans / lights in wards	Inadequate	17	8.5
	Available on scheduled time	183	91.5
Availability/ regular change of bed sheets	Delayed	16	8
	Available but not usable/ unclean	1	0.5
	Good	155	77.5
Convenience of parking	Satisfactory	39	19.5
	Unsatisfactory	6	3
N. 1. 11.1.7. 11.1.4. 1	Yes	191	95.5
Meals available / provided in the ward	No	9	4.5
If yes, quality of food provided (n=191)	Satisfactory	181	94.76
ii yes, quanty of food provided (n=191)	Unsatisfactory	10	5.24
Availability of retiring / waiting room for	Available	173	86.5
relatives/ attendants	Unavailable	27	13.5

The perception of quality of service by nursing and paramedical staff, 96% of the patient stated the adequate

nurses in ward. 96% patients were provided medication in timely manner by nurses and communication /

behaviour of the nurses as good /pleasant and satisfactory in 86% and 11% of the cases respectively but 3% respondents not responded. 97.5% and 98% patients approach to other paramedical staff and quality of health care/ support provided by paramedical staff was satisfactory (Table 5).

The perception of the availability of basic amenities and services, 93.5% of the patients stated availability of medicine, only 2% patients were not responded; 2.5% patients reported unavailability of drinking water; 3.5% reported unavailability of toilets / hand washing facility in the wards. 13% and 4.5% were dissatisfied by the cleanliness in the toilets and wards respectively. 8.5% stated inadequacy of fans / lights in the wards. Only 91.5% of the patients were satisfied with the timely change of bed sheets. Around 3% of the respondents were dissatisfied with the convenience of parking. 95.5% of the patients were provided meals, of which only 5.24% patients were not satisfied (Table 6).

DISCUSSION

There is an increasing need to improve the quality of care in health. The patients' satisfaction is its key determinant. In this study, we assessed patients' opinions concerning their demographic profile, admission services and perception regarding quality of laboratory services, doctor's services, nursing, paramedical staff services and availability of basic amenities/services provided to them.

Patient satisfaction is as important as other clinical health measures in measuring the effectiveness of health care delivery. The current competitive environment has forced health care organizations to focus on patient satisfaction and so as to know their strengths and weaknesses to compete effectively.¹⁰

As our sociodemographic profile (Table 1) similar finding was observed in study conducted by Sumeet Singh et al, that majority i.e. 77% patients in the age group of 20 - 60 years which is economically productive age group. 44 % were illiterate and only 14% were having education beyond matriculation. 36% were unskilled workers, 10% were unemployed and 28% were housewives. 67% belonged to families having income lesser than Rs. 5000/ month.

Perception regarding admission services in study conducted by Singh S et al 72% patients were admitted through emergency and rest through outdoor. Most of them were satisfied in this aspect but still the areas needing attention are the sign boards showing direction and the time lapse between admission and initiation of treatment which was more than 30 minutes in 13% cases.

Naveed Ahsan et al, study level of patient's satisfaction during admission was 52.7% and it took 73 minutes to complete admission process.¹²

In perception regarding quality of health care in study conducted by Singh S et al 26% patients are unsatisfied with the no. of visits of senior doctors/consultants. 94% stated the time devoted by the doctor on them as adequate. 11 91 % of the respondents perceived the efficiency of the doctors of the hospital in managing the condition of the patient as satisfactory. Doctors described the disease status and lab reports to the patient/respondent in 87% and 84% cases respectively.

In Kulkarni et al, study the level of satisfaction among patients was found to be better with behaviour of doctors (87.76%).¹³

Sharma R et al, in their study concludes that the overall satisfaction regarding the doctor-patient professional and behavioural communication was more than 80 per cent at almost all the levels of health care facilities. ¹⁴ In total, 55 per cent of respondents opined that doctors have shown little interest to listen to their problem. Ahsan N et al, assessed that 80% patients satisfied with attitude of doctors. ¹²

Singh S et al, in their study observed that availability of lab technician was found to be 98% and 89% were satisfied with their approach towards patients. 11 But the problem lies with the difficulty to locate the labs and time taken to reach the labs for investigations which was 10-30 minutes in 71% of cases and more than 30 minutes in 7% of the cases with 27% admitting that they had a problem in locating the labs.

Sharma R et al, also concludes that more than 70 percent satisfaction level was observed with staff of laboratories.¹⁴

Singh S et al, observed that 98% of the patients stated the no. of the nurses as adequate. 11 83% patients affirmed that they were provided medication in timely manner by the nurses and rated communication / behaviour of the nurses as good /pleasant and satisfactory in 23% and 59% of the cases respectively, but 18 % of respondents described their behaviour as harsh/ rude/ avoiding. 84% respondents reported availability of investigation results on scheduled time.

Ahsan N et al, observed that 66% patients were satisfied with the attitude of nurses. 12

Singh S et al, observed that 56% of the patients stated unavailability of medicine; 21% patients reported unavailability of drinking water; 43% reported unavailability of toilets / hand washing facility in the wards. 62% and 40% were dissatisfied by the cleanliness in the toilets and wards respectively. 11 34% stated inadequacy of fans / lights in the wards. Only 20% of the patients were satisfied with the timely change of bed sheets. Around 63% of the respondents were dissatisfied with the convenience of parking.

In Kulkarni et al, study dissatisfaction was found to be more with cleanliness in toilets (56.01%) as compared to the other hospital areas which was also statistically highly significant.¹³

Sharma R et al, also conclude that more than 80.0 per cent were satisfied with basic amenities, which is far better as compared to studied hospital.¹⁴

Ahsan N et al, observed that more patients were satisfied with cleanliness of ward but condition of washroom was highly criticized.¹²

Imam et al, study very few patients reported any degree of dissatisfaction with the cleanliness of the wards or the washrooms. Our study suggests that it is below satisfaction level because 80.5% surgical patients claimed that the cleanliness of the bathrooms was poor.

Basic amenities and services at the hospital has a much scope of improvement in terms of availability of medicine, drinking water, toilets / hand washing facility in the wards, cleanliness in the toilets and wards, fans / lights in the wards, bed sheets. Many were dissatisfied with the convenience of parking.

Limitations of this present study was only a baseline study with a sample, which was carried out for evaluating hospital services like admission services and perception regarding quality of laboratory services, Doctors services, nursing, paramedical staff services and availability of basic amenities/services. A continuous ongoing process of evaluating the services at the time of discharge is required for getting definitive results. We believe the outcome of services obtained from the present study can serve as baseline against which to compare the results from future surveys.

CONCLUSION

This study shows assessing satisfaction of patients is simple, easy and cost-effective way for evaluation of hospital services and has helped finding that indoor patients admitted were more satisfied with behavior of doctors but some problem lies with the availability of basic amenities more regarding cleanliness in the toilets and the wards. Majority of the patients were satisfied with the attitude of doctors, nurses and paramedical staff and it was appreciated. As in D Y Patil Medical College and Hospital most facilities are free for the patients, so we got better feedback for the facilities and satisfaction for this study.

Considerable research confirms that patient satisfaction surveys are indicators of healthcare outcomes, including compliance with medical advice, likelihood to recommend, and return visits for care although all patient-derived information is subjective. The survey offers valuable inputs on patient expectations and evaluation of hospital care and services. It provides

direction to quality enhancement measures in areas that require focused interventions. It helps patient for revisit and suggest other people. It helps health care provider for their self-boost and /or improvement. It also helps organization for market stake and accreditation.

Recommendations

Continuous supervision of patient satisfaction levels should be done to deduce methods to improve admission services and perception regarding quality of laboratory services, Doctors services, nursing, paramedical staff services and availability of basic amenities/services and measures should be taken to reduce and eliminate any source of dissatisfaction.

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