Patient Satisfaction in Child Welfare Centres at Dhaka Cantonment

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ABSTRACT

Background: Patient satisfaction metrics are expected to become more and more significant in the movement to hold healthcare providers more accountable. This study's objective is to evaluate patient satisfaction in Dhaka cantonment's child care institutions.

Methods: This descriptive type of cross sectional study was carried out in six Child Welfare Centres (CWCs) of Dhaka Cantonment, aimed to determine the satisfaction of patients regarding the availability, accessibility and behavior of staffs of the CWCs. One hundred fifty patients were interviewed by the researcher himself for a duration of 1" September to 31 December 2011.

Results: Study finding disclosed that overall satisfaction level among the respondents were 62% and 7.3% were dissatisfied as such most of the respondents were satisfied with the current services offered by the Child Welfare Centres. However, it also showed there are some gray areas that need to be improved among which is also 'the waiting time' as maximum respondents (61.3%) waited for 21-40 mins to see a doctor. Mean waiting time was 29.77 ± 11.65 min. Patient as new case (12%) opined their dissatisfaction about waiting time. In regards to long waiting time, maximum respondents (75.30%) opined that their waiting time increased due to patient load and 12.70% opined for unavailability of medicine. Result of the study revealed that maximum (86.70%) respondents gave their opinion that doctors spent 5-10 mins with them and about 90% were satisfied about attention paid by the doctors to them. Regarding the satisfaction while on consultation with doctor, more than 25% of the respondents stated that their prescription was not properly explained to them by the doctor. More than 96% of the respondents stated that no. of nurses, paramedics & health workers were adequate. Maximum 71.30% respondents were satisfied about the behaviour of the staffs.

The mean age of the respondents was 22.10 ± 10.21 years. Majority of the respondents (50.70%) were in the age group of 21-30 years. Maximum (86.0%) of the respondents were female and it was revealed that the females were more (78%) satisfied than male patients. More than 56%) of the respondents were literate, 67.3% were housewives and average monthly income was 17020.00 TK.

Conclusion: The results of this study provide insights into how patients evaluate their care and, in turn, provide avenues for improving patient satisfaction.

Keywords: CWC, Patient Satisfaction.

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INTRODUCTION

In various healthcare contexts, patient satisfaction has been utilized as a gauge of care quality and is increasingly recognized as a significant health care outcome. It gauges how well patients and their families/visitors feel about the level of customer service we offer while they are staying with us. The patient experience is influenced by numerous significant elements. Patients are a hospital's primary clientele. The primary goal of the healthcare center must be to maintain their satisfaction. It is become harder to satisfy patients since they are more demanding, aware of their rights, and educated about their conditions.

ccording to a recent idea, patient happiness is mostly determined by an underlying network of satisfaction constructs, such as waiting time, the primary provider, and the assistants of the provider.[1] It is crucial to measure patients' wait times for treatments offered by the relevant institution from two perspectives. First and foremost, patients are the hospital's direct clients. Second, the length of time patients must wait is an indirect indicator of other dimensions. It is common knowledge that treatment effectiveness and patient waiting times are typically connected.

There is growing pressure on health care providers to show that they take user perspectives into account when developing and assessing services.[2] Evaluating patient responses to actual and proposed practice changes is becoming more and more important in the quickly evolving primary care landscape.[3] It has been shown that there are areas of patient dissatisfaction, which can be focused by hospital managers, in order to improve service quality.[4] Mismatch between patient expectation and the service received is related to decreased satisfaction.[5,6]

It has been shown that patients gain from doctors who maintain their attention.[7] Wait times for patients are still a role in determining how satisfied patients are. The quality of medical care that the hospital offers is correlated with its effectiveness. A number of measures are available to gauge the effectiveness of the services the hospital offers. One of the most effective techniques is the patient waiting time survey.

Activities other than actually seeing a doctor take up the majority of a patient visit.[8] Determining an acceptable waiting time for patients is crucial for health services planners since, if met, it could increase patient satisfaction.

Surveys of patient satisfaction conducted elsewhere are unable to enhance patient happiness at a particular facility. This is due to the fact that a patient's cultural background influences how satisfied they are.[9]

The frequency of disputes and altercations between physicians and patients, as well as between staff and patients, has increased in the current environment of information overload and cyber technology. The disparity between patient care expectations and actual care delivery is one of the causes of this conflict. Therefore, hospital administrators are responsible for coming up with ways to please their patients.[10]

Accessibility to health services, food inequalities, and gender sensitivity are some of the major issues facing global health policy at the moment. Humans use time as a tool in our technological environment. Time is a crucial component in every way. Therefore, everyone ought to understand the importance of time. Everyone desires a nice and easy existence.

However, it is often disrupted by both physical and psychological trauma, necessitating medical assistance from clinic and hospital professionals. However, because of certain limitations, the health system has not yet evolved in this manner. Consequently, a patient must wait. Waiting entails no work, which is obviously undesirable for both patients and staff. Waiting is a patient's

burden, and time is of the essence. Patient satisfaction is one of the most crucial elements for the successful delivery of health services since it is the cornerstone of all service delivery.

The vast majority of people in this nation live in moderate poverty. They make a living by participating in a variety of activities. Patients lose their working hours when they go to the hospital for treatment, which eventually costs the attending patient money. Thus, longer wait times for patients have a detrimental effect on their level of satisfaction. Waiting times for patients are found to be a significant factor in their level of satisfaction. The industrialized nations have been working to reduce the amount of time that patients must wait.[11]

METERIALS AND METHODS

This descriptive type of cross sectional study was carried out in six Child Welfare Centres (CWCs) of Dhaka Cantonment, aimed to determine the satisfaction of patients regarding the availability, accessibility and behavior of staffs of the CWCs. One hundred fifty patients were interviewed by the researcher himself for a duration of 1" September to 31 December 2011.

Data were collected by face to face Interview with a semi-structured questionnaire. Pre-testing were done before data collection to assess the validity of the questionnaire. Patient who were interested to participate at the interview were included at the study.

Data were edited, coded and analyzed by SPSS version 25. Qualitative data were presented by frequency and percentage and quantitative data were presented by mean and SD. Association between two categorical variables were assessed by Chi-square test.

RESULTS

Total 150 patients were included in the study to find out the patient's satisfaction about the service of the CWCs in Dhaka Cantonment and to seek their opinion for improving the services.

TABLE-I: Sociodemographic characteristics of the respondents(n=150)

| Variables	Category	Frequency	Percent
Age	Upto 10	35	8
	11-20	12	50.7
	21-30	76	18
	31-40	27	23.3
	Mean±SD: 22.10±10.2		
Sex	Male	21	14
	Female	129	86
Occupation	Student	26	17.3
	Service	6	4
	House wife	101	67.3
	Others	17	11.3
Educational Status	Yet not go to school	15	10
	Primary	37	26.67
	Secondary	36	24
	Higher Secondary	49	32.67
	Graduation and above	13	8.67
Monthly Income	Up to 10000	1	0.7
	10001-20000	124	82.7
	>20000	25	16.7
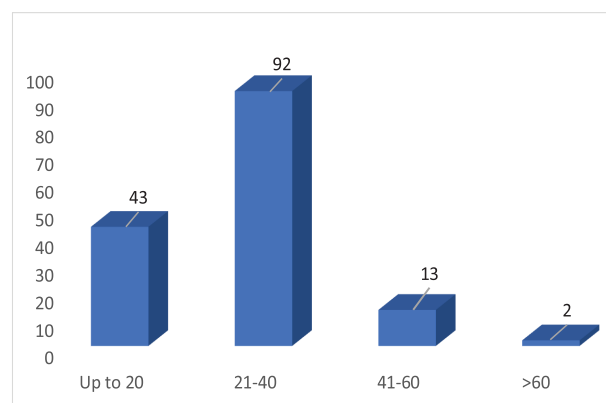
Fig-1: Waiting time of the respondents of respondents coming to CWC (n=150)

Fig-1 shows the distribution of the respondents by waiting time for visiting medical officer after coming to CWC. It shows that the waiting time of the respondents varies up to 60 mins and above. Among the respondents 43 (28.70%) reported that they have to wait <20 mins, 92 (61.30%) were 21-40 mins, 13 (8.70%) were 41-60 min and 2 (1.30%) were above 60 mins in the reception room.
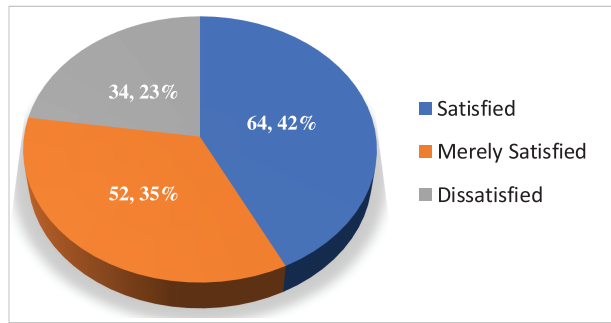
Fig-2: Distribution of respondents by satisfaction towards waiting time (n=150)

Fig-2 shows that distribution of respondents by satisfaction of waiting time. The maximum respondents 64 (42.70%) were satisfied and minimum respondents 34 (22.70%) were dissatisfied. The table also shows that 52 (34.70%) were merely satisfied.

TABLE-II: Sociodemographic characteristics of the respondents(n=150)

| Variables	Frequency	Percent
Factors influencing waiting time		
Patient load	112	75
Unavailability of staffs	2	1
Unavailability of medicine	20	13
Others	16	11
Time spent by doctors with respondents		
Upto 5 minutes	18	12.0
5-10 min	130	86.7
>10 min	2	1.30
Opinion about doctor's attention		
Doctor paid sufficient attention	134	89.3
Doctor paid partial attention	16	10.7
Doctors explanation of the prescription		
Prescription explained	112	74.70
Prescription partially explained	37	24.70
Prescription not explained	1	0.70
Satisfaction about prescription and treatment		
Highly satisfied	2	1.30
Satisfied	103	68.70
Merely satisfied	40	26.70
Dissatisfied	5	3.30
Opinion about behavior of health workers		
Satisfied	107	71.3
Merely satisfied	40	26.7
Dissatisfied	2	1.3
Highly dissatisfied	1	0.7
Adequacy of number of nurses, paramedics and health workers		
Adequate	145	96.70
Inadequate	5	3.30
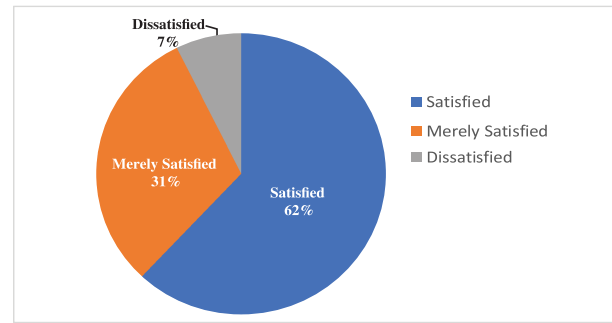
Fig-2: Satisfaction of the respondents about service provided by CWC

The above figure shows the distribution of respondents by regarding satisfaction about the service provided by CWC. It shows that, highest 93 (62.00%) respondents were satisfied, 46 (3.70%) were merely satisfied, 11(7.30%) were dissatisfied about service of CWC.

TABLE-III: Association between satisfaction about SVC and sociodemographic characteristics of the respondents

Variables	Satisfaction about SVC			Significance
	Satisfied	Merely Satisfied	Dissatisfied	
Monthly Income				
Upto10000 tk	0 (0.0)	1 (0.67)	0 (0.0)	X^2 =6.218, df=4, P <0.05
10001-20000	73 (48.66)	41 (27.33)	10(6.67)	
>20000	20(13.33)	4(2.67)	1(0.67)	
Sex of the respondent				
Male	14(9.33)	6(4.0)	1(0.67)	X^2 =0.341, df=2, P <0.05
Female	79(52.67)	40(26.67)	10(6.67)	
Purpose of last visit of the respondents				
Routine check-up	8(5.33)	6(4.0)	4(2.67)	X^2 =1.87, df=4, P <4.08
New case	25(16.67)	23(15.33)	18(12.0)	
Old case	31(20.67)	23(15.33)	12(8.0)	
Age Group(in yrs)				
Upto 10	24(16.0)	10(6.67)	1(0.67)	X^2 =9.574, df=8, P <0.05
11-20	7(4.67)	3(2.0)	2(1.33)	
21-30	43(28.67)	28(18.67)	5(3.33)	
31-40	19(12.67)	4(2.67)	3(2.0)	
above 40	0(0.0)	1(0.67)	0(0.0)	
Marital status of the respondent				
Married	68(45.3)	37(24.7)	10(6.7)	X^2 =2.267, df=2, P <0.05
Unmarried	25(16.7)	9(6.0)	1(0.67)	
Occupation of the respondent				
Student	19(12.67)	7(4.67)	0(0.0)	X^2 =5.263, df=6, P <0.05
Service	5(3.33)	1(0.67)	0(0.0)	
Housewife	58(38.67)	33(22.0)	10(6.67)	
Others	11(7.33)	5(3.33)	1(0.67)	
Education status of the respondent				
Yet to go to school	9 (6.0)	5 (3.33)	1 (0.67)	X^2 =2.152, df=8, P <0.05
Primary School	25 (16.7)	10 (6.7)	2 (1.33)	
Secondary School	24 (16.0)	9 (6.0)	3 (2.0)	
Higher secondary	27 (18.0)	18 (12.0)	4 (2.67)	
Graduation and above	8 (5.3)	4 (2.67)	1 (0.67)	
Income (Tk)				
Upto 10,000	0 (0.0)	1 (0.67)	0 (0.0)	X^2 =6.218, df=4, P <0.05
10,001-20,000	73 (48.67)	41 (27.33)	10 (6.67)	
> 20,000	20 (13.33)	4 (2.67)	1 (0.67)	

DISCUSSION

This cross-sectional study was conducted to find out the patient's satisfaction about the service of the CWCs in Dhaka Cantonment and to seek their opinion for improving the services.

Studies in the developing world have shown a clear link between patient satisfaction and a variety of explanatory factors among which service quality has been prominent. This link is important also in the health care sector in Armed Forces in Bangladesh.

In this study, overall satisfaction level was 62% and 7.3% were dissatisfied. Study conducted by Lau FL, Leung-KP[12], Rahman MM et al[13], Gregory C[14], Comstock LM [15] and Rahman H[16] on patient satisfaction found that majority of the patients were satisfied.

This study revealed that 12.0% respondents visited CWC for routine check-up, 44.0% were new cases and 44.0% were old cases.

This cross-sectional study covered 150 patients. It was seen that most of the patients came to the child welfare centre when the doctor arrives as per schedule maintain by Station Head Quarters of Dhaka Cantonment. As such, there is a clustering of patients before the doctors' arrival and the waiting time is increased for every patient. More than 61% of the respondents waited 21-40 mins. The waiting time was 29.77 ± 11.65 min. These findings were consistent with the study of Rahman H.[16] Maximum respondents were (42.70%) were satisfied about their waiting time. Patient as new case (12%) opined their dissatisfaction about waiting time. Regarding factors influencing waiting time, maximum respondents (75.30%) opined that their waiting time increases due to patient load and 12.70% opined for unavailability of medicine. This result is compatible with the study of Mendoza et al [17] who found that patient load influenced the satisfaction about the service provided. With the above pretext, it was evident that waiting time can be minimized by increasing number of doctors & staff. Various recreational facilities such as watching TV, adequate sitting arrangement, health related motivational lectures can be arranged during the waiting time.

Regarding the satisfaction while on consultation with doctor, maximum (86.70%) gave the opinion that doctors spent 5-10 mins with them and about 90% were satisfied about attention paid by the doctors to them. More than 25% of the respondent stated that their prescription was not properly explained to them. As the attendance, doctors should briefly explain the prescription to their patient or the staffs should give them in detail, while supplying medicine to the patient.

The mean age of the respondents was 22.10 ± 10.21 years. Majority of the respondents (50.70%) were in the age group of 21-30 years. From these findings it could be concluded that young adult was more satisfied than the elderly age group (31-40 years and above 40 years). These findings were consistent with the study of Rahman MM[18] were also stated that at younger age group was more satisfied.

Study finding depicted that majority (86.0%) of the respondents were female and it was revealed that the females were more (52.67%) or less equally (26.67%) satisfied than male patients. Gender and patient satisfaction relationship was significant ($p<.05$). Study conducted by Hordacre, AL, et al and also Omidvari S, Shahidzadeh A, Montazeri A et al[19] revealed that age and gender do not have a profound impact on satisfaction level.

Most of the respondents (100%) were Muslims and maximum respondents (76.67%) were married. In the study conducted by Andaleeb SS et al[20] it was revealed that there was no significant relationship between marital status

and satisfaction level. But it is also found that those who waited longer were less satisfied.

Majority (56.67%) of the respondents in this study were literate. These findings indicated that educated group may be 'more conscious about their health and more sensitive in doctors-patient relationship. This result was consistence the with the findings of Andaleeb SS et al.[20]

Among the respondents maximum (67.3%) were housewives and minimum (4.00%) were involved in service. It was shown that only 6.67% of house wife were dissatisfied. Mothers of the the children were mostly satisfied about the treatment they received from CWCs. Study conducted by Andaleeb SS et al[20] revealed that there was no significant relationship between occupation and satisfaction level. But it also stated that those who waited longer were less satisfied.

In this study average monthly income was taka 17020.00 TK. Maximum of the respondent having income more than 10,000 TK were satisfied with the services provides by CWC. This study is similar to the study conducted by Deva SA, Hamid M, Naqishbandhi JI, Kadri SM, Khalid S, Thakur N et al.[10] It was revealed that the respondents, monthly income was positively related to the satisfaction of the service provided which was similar with the study of Rahman MM.[18]

It was revealed from the discussion in focus group that most of the respondents opined that the increased waiting time was due to patient load and most of the patients came when the doctor arrived and at that time there was a huge crowding of patients in the child welfare centres. Waiting time can be reduced by having more number of doctors at that time. More medicines should be available in the CWC. Ambulance should be always stand-by to pick patients from the CWC upto CMH. Cleanliness of the CWC should be improved so that better hygiene can prevail there.

CONCLUSION

Patient satisfaction is defined in Oliver's terms that it is the patient's fulfillment response (Oliver 1997). It is a judgment that a health care service gives a pleasurable level of consumption-related fulfillment. In other words, it is the overall level of contentment with a service/product experience.

It is now evident that service providers and providing institutions did not grow proportionately in size over the past few decades. Despite many limitations Army Medical Corps (AMC) will remain to its main objectives to provide services to its clients up to their satisfaction. Thereby giving satisfactory treatment to families of the military personnel through child welfare centres, is an important commitment of Army authority. The study disclosed that that out of 150 respondents 62% were satisfied about the service provided by child welfare centres while 30.70% and 7.30% of the respondents were merely satisfied and dissatisfied respectively. But it does not reflect the typical situation of entire Bangladesh with regard to parameter under study. Patient satisfaction surveys can be tools for learning; they can give proportion to problem areas and a reference point for making management decisions. They can also serve as a means of holding physicians accountable, who will be compelled to show they have acceptable levels of patient satisfaction.

REFERENCES

1. Aragon S, Bond L. "A Theory of Patient Satisfaction: A Multi group Structural Equation Modeling Investigation", Academy for Health Services Research and Health Policy. Meeting, 2002 Aug; 19(9).

2, Edwards C, Staniszewska S. Accessing the user's perspective. Health Soc Care Community 2000; 8:417-24.

3. Mcdonald AL, Langford IH. Observations and recommendations for assessing patient satisfaction in a primary care setting using a previously validated questionnaire. Health Soc Care Community 2000; 8:109-18.

4. Al-Omar BA. Patients' expectations, satisfaction and future behavior in hospitals in Riyadh City. Saudi Med J 2000; 21:655-65.

5. McKinley RK, Roberts C. Patient satisfaction with out of hour's primary medical care. Qual Health Care 2001; 10:23-8.

6. Jackson JL, Kroenke K. The effect of unmet expectations among adults presenting with physical symptoms. Ann Intern Med 2001; 134:889-97.

7. Kiyohara LY, Kayano LK, Kobayashi ML, et al. The patient-physician interactions as seen by undergraduate medical students. Sao Paulo Med J 2001; 119:97-100.

8. Xakellis GC Jr, Bennett A. Improving clinic efficiency of a family medicine teaching clinic. Fam Med 2001; 33:533-8.

9. Mendoza Aldoza J, Piechulek H, Al-Sabir A. Client satisfaction and quality of health care in rural Bangladesh. Bull World Health Organ 2001; 79:512-17.

10. Deva SA, Hamid M, Naqishbandhi JI, Kadri SM, Khalid S, Thakur N et al. Patient satisfaction survey in outpatient department of tertiary care institute, Journal of Community medicine: 2010,Jan-Jun; Vol,6(1).

11. Lau FL, Leung-KP. "Waiting time in an urban accident and ED- a way to improve it." Hong Kong J. Accid-"Emerg-Med. 1997 Sep; 14(5):299-30 1.

12. Brian Williams, "Patient satisfaction: A valid concept?" Academic Sub- Department of Psychological Medicine, North Wales Hospital, Denbigh, Clwyd LL16 5SS, 2002 July: Wales, USA.

13. Di Matteo MR, Hays R, "The significance of patients' perceptions of physician conduct: a study of patient satisfaction in a family practice center." Journal of Community Health [1980, 6(1) / 18 - 34] Journal Article, Research Support, U.S. Gov't, P.H.S.

14. Gregory C. Pascoe "Patient satisfaction in primary health care: A literature review and analysis" available in July 2002; University of California, San Francisco, USA.

15. Comstock LM, Hooper EM, Goodwin JM, Goodwin JS, "Physician behaviors that correlate with patient satisfaction." Journal of Medical Education [1982, 57(2):105-12].

16. Rahman H. Study on waiting time of Diabetic patients attending at BIRDEM, Dhaka -2000; 32.

17. Mendoza Aldana J, Piechulek H, al-Sabir A. Client satisfaction and quality of health care in rural Bangladesh. Bull World Health Organ. 2001:79(6):512-7

18. Rahman MM, Shahidullah M, Shahiduzzaman M, Rashid HA. Quality of health care from patient perspectives. Bangladesh Med Res Council Bull.2002 Dec; 28(3):87-96.

19. Hordacre, AL, et al. Assessing Patient satisfaction:Implication for South Australians Hospitals.Available from www.ncbi.nim. nih.gov.

20. Andaleeb SS, Service quality perceptions and patient satisfaction: A study of hospitals in a developing country, SOC, SCI Med. 2001 May: 52(9):1359-70.