PATIENTS' SATISFACTION WITH HEALTH CARE SERVICES PROVIDED AT OUT PATIENT DEPARTMENT OF SELECTED PUBLIC AND PRIVATE HOSPITAL

Ajoy Deb1*

Abstract

Background: Now a days, the patients are looking for hustle free and quick services in this fast growing world. In order to improve the satisfaction level of patients with health care provided at OPD, it is a requirement to have knowledge of the level of satisfaction of patients and feedback, about the services provided in the outpatient departments. The study design was conducted to assess patients satisfaction with health care services provided at outpatient department. Materials and Methods: This study was conducted at outpatient department of a public hospital ie. Chattogram Medical College Hospital (CMCH) and A Private Hospital ie. Chattagram Maa Shishu-O-General Hospital (CMSOGH) Chattogram, commencing from 1st January 2011 to 30th June 2011 and sample size was 106. Convenient type of sampling technique was followed.Data was collected by using guestionnaire containing structured questions. Results: The mean age of the patients was 35 years ± 6.9.In case of receiving services from these two hospitals, the highest percentage was among the age group 30-39 years which is about 36.66% and lowest among the age group 50-59 years which is about 16.98%. Maximum patients were not satisfied with the hospital environment. Regarding OPD ticket fee 86.67% patients in CMCH were satisfied whereas only 26.09% patients were satisfied in CMSOGH.54.72% patients were satisfied with sympathy and respect shown to them by doctors. Privacy during examination (71.70%) investigation from outside hospital

 Lecturer of Community Medicine Chattogram Medical College, Chattogram.

*Correspondence: Dr. Ajoy Deb

Email: ajoy97@gmail.com Cell: 01711749234

Received on : 25.12.2018 Accepted on : 21.01.2019 (60.38%) and not satisfied with consent before examination (79.25%) in total of CMCH & CMSOGH patients.55.26% female patients were satisfied with attitude of the doctor whereas 51.47% male patients are satisfied. 53.57% Secondary to graduate level patients were satisfied and Illiterate to primary level group were 52.00%. Conclusion: This study on patient satisfaction with health care services provided at OPD will help the relevant policy makers and planners in making appropriate plan and policies to reduce the problems and improve their health. Moreover, the study will reveal much useful information that will help physicians in Bangladesh to be more patient friendly; the researcher thinks in a nutshell that these are the justification of the study.

Key words

Patients satisfaction; Health care services; Outpatient department.

Introduction

A hospital is an institution that provides a broad range of medical services to sick, injured or pregnant patients. It employs medical, nursing, and support staff to provide inpatient care to people who require close medical monitoring and an outpatient care to people who need ambulatory care. Hospitals provide diagnosis and medical treatment of physical and mental health problems, surgery, rehabilitation, health education programs, and nursing and physician training. Out Patient Department in any hospital is considered to be a shop window of the hospital¹. Now a days, patients are looking for quality care and quick services².

Satisfaction is an important element in the evaluation stage. Once patients come to the hospital and experience the facilities, they may then become either satisfied or dissatisfied. Satisfaction or dissatisfaction refers to emotional response to the evaluation of service, consumption, experience. It has five key elements. They are Expectations, Performance, Comparison, Confirmation/Disconfirmation, Discrepancy³. Satisfaction can be defined as the extent of an individual's experience compared with his or her expectations⁴. Patient satisfaction is related to the extent to which general health care needs and condition-specific needs are met⁵.

The health care services may be defined as "to meet by the use of available resources, knowledge, and skills of the service providers". The purpose of health care services is to improve the health status of the population. The scope of health services varies widely from country to country and influenced by general and ever changing national, state and local health problems, needs and attitudes as well as the available resources to provide these services⁶.

This is unsatisfied a broad agreement that an ideal health care service should be appropriate, comprehensive or balanced, adequate, available, accessible, affordable, feasible⁷. The quality of service in health means an inexpensive type of service with minimum side effects that can cure or relieve the health problems of the patients⁸⁻⁹.

This study was therefore undertaken with the aim to find out the level of patient satisfaction related to different parameters of quality health care including the prescription at public health facilities in the Chittagong, port city of Bangladesh.

In order to improve the satisfaction level of patients with health care provided at OPD, it is a requirement to have knowledge of the level of satisfaction of patients and feedback, about the services provided in the outpatient departments¹⁰⁻¹¹. Satisfaction of patient is a very important part of any clinical practice. Patient's satisfaction is directly proportionate to the service delivered and any decline in the quality of service ultimately leads to the dissatisfaction of the patient. Studies have shown that physicians who are more focused on their patients benefit them more¹².

This study on patient satisfaction with health care services provided at OPD will help the relevant policy makers and planners in making appropriate plan and policies to reduce the problems and improve their health. Such improvement will increase productivity of labor and promote general well being with an objective to improve the quality of life. Moreover, the study will reveal much

useful information that will help physicians in Bangladesh to be more patient friendly, the researcher thinks in a nutshell that these are the justification of the study.

Materials and methods

The study design was an observational, cross sectional and convenient type of sampling technique was followed to assess patients level of satisfaction with health care services provided at out patient department of A Public Hospital ie. Chattogram Medical College Hospital (CMCH) and A Private Hospital ie. Chottogram Maa Shishu-O-General Hospital (CMSOGH) Chittagong. To conduct this study written permission was taken from research council of Chattogram Medical College, Director of CMCH and CMSOGH.The study was conducted within six months time, commencing from 1st January 2011 to 30thJune 2011. Purposively selected out-patient departments are Surgery out-patient department and Medicine out-patient department. Scale of satisfaction level score for patients: the level of patients" satisfaction was evaluated as 5 for highly satisfied,4 for satisfied,3 for fairly satisfied,2 for dissatisfied,1 for complete dissatisfied.Data were collected two to three days in a week for four months of time by personal interview by myself. In each day the relevant data were collected from 2-3 respondents. Data was collected by using questionnaire containing structured questions which had two parts. All interviewed questions were checked for completeness, correctness and internal consistency to exclude inconsistent and missing data. For analyzing data frequency and percentage were used. In order to find out the association between dependent variables chi-squaretests were done. Data was presented in table.

Inclusion criteria

- i) Patients whose age was more than 20 years and less than 60 years
- ii) Those who were willing to participate and give consent in the interview among the selected patients
- iii) Those who were willing to give sufficient time for interviewing among the selected patient.

Exclusion criteria

i) Patients whose age was less than 20 years and more than 60 years

- ii) Patients who were seriously ill.
- iii) Mentally handicap and retarded patients
- iv) Those who were not willing to give sufficient time for interviewing
- v) Patients who had relation with doctor or any service provider of attending hospital.

Results

A total of 106 patients, 68 male and 38 female, were included in this study. The mean ageof the patients was 35 years \pm 6.9. Getting services from these two hospitals, the highest percentage was among the age group 30-39 years which is about 36.66% and lowest among the age group 50-59 years which is about 16.98%. Among them, the highest percentage (29.24%) were businessman and the lowest percentage (06.60%) were wager and most of the patients were in primary level both in CMCH (33.33%) and in CMSOGH (30.43%). Out of 106 patients the percentage of patients having income of 5001-10000 taka is 33.33% which was more than others in CMCH and the percentage of patients having income of 10001-15000 taka is 30.44% which was more than others in CMSOGH (Table I).

Regarding satisfaction of respondents about hospital environment eg waiting time, cleanliness of waiting room, cleanliness of toilet, Seating arrangement, Attitude of hospital staffs and Interruption of service negative response was more than the positive response both in CMCH and CMSOGH. On the other side 86.67% patients in CMCH were satisfied with the OPD ticket fee whereas only 26.09% patients were satisfied in CMSOGH (Table II).

Patients were satisfied with sympathy and respect (54.72%) by doctors, Privacy during examination (71.70%) Investigation from outside hospital (60.38%) and not satisfied with consent before examination (79.25%) in total of CMCH & CMSOGH patients. On the other side, 56.52% patients were satisfied with time given for examination in CMSOGH whereas 46.67% were satisfied in CMCH (Table III).

Table IV shows that patients who were Illiterate to primary level group more satisfied with hospital environment except OPD ticket fee than secondary to graduate level group. 60.71% secondary to graduate level patients only satisfied with OPD ticket fee.

Table V reveals that female patients (44.74%) were more satisfied with doctor's examination time than male patients (39.71%). In case of educational level,44.00% patients of Illiterate to primary level group were satisfied whereas 39.29% patients of secondary to graduate level group were satisfied.44.26% patients who have monthly income 500-10,000 are satisfied whereas 51.11% patients were satisfied who have monthly income 10,001-20,000+.

Table VI shows that 55.26% female patients were satisfied with attitude of the doctor whereas 51.47% male patients are satisfied. 53.57% secondary to graduate level patients were satisfied and Illiterate to primary level group were 52.00%. Patients of 500-10,000 monthly income (54.10%) were more satisfied than patients of 10,001-20,000+ monthly income (51.11%) with attitude of the doctor.

Table I: Demographic features of the respondents (n=106)

		CMCH (n=60)		CMSOGH (n=46)		Total (n-106)	
		n	%	n	%	n	%
1.	Gender						
a.	Male	42	70.00	26	56.52	68	64.15
b.	Female	18	30.00	20	43.48	38	35.84
2.	Age group (Years)						
a.	20-29	12	20.00	15	32.61	27	25.47
b.	30-39	22	36.67	14	30.43	36	33.96
c.	40-49	14	23.33	11	23.91	25	23.58
d.	50 – 59	12	20.00	6	13.04	18	16.98
3.	Occupation						
a.	Service holder	27	45.00	12	26.09	39	36.79
b.	Business	13	21.67	18	39.13	31	29.24
c.	Housewife	9	15.00	15	32.61	24	22.64
d.	Wagers	5	8.33	2	4.35	7	06.60
e.	Other	6	10.00	9	19.57	15	14.15
4.	Level of education						
a.	Uneducated	8	13.33	8	17.39	16	15.09
b.	Primary	20	33.33	14	30.43	34	32.07
c.	Secondary	14	23.33	10	21.74	24	22.64
d.	Higher secondary	8	13.33	7	15.22	15	14.15
e.	Graduate	10	16.67	7	15.22	17	16.03
5.	Monthly family incom	e					
a.	500-5000	17	28.33	9	19.57	26	24.52
b.	5001-10,000	20	33.33	10	21.74	30	28.30
c.	10,001-15,000	12	20.00	14	30.43	26	24.52
d.	15,001-20,000	7	11.67	7	15.22	14	13.20
e.	>20,000	4	6.67	6	13.04	10	09.43

Table II: Satisfaction of the respondents about the hospital environment (n=106)

	Factors	Satisfaction	CMCH (n=60)		CMSOGH (n=46)		Tota (n-1	
			n	%	n	%	n	%
1.	Waiting time	Yes	14	23.33	16	34.78	30	28.30
		No	46	76.67	30	65.22	76	71.70
2.	Cleanliness of							
	waiting room	Yes	24	40.00	18	39.13	42	39.62
	Ü	No	36	60.00	28	60.87	64	60.38
3.	Cleanliness of							
	toilet	Yes	13	21.67	10	21.74	23	21.70
	tonet	No.	48	80.00	36	78.26	84	79.25
4.	Seating	110	70	00.00	50	10.20	υT	17.43
т.	•	Yes	26	43.33	18	39.13	44	41.51
	arrangement							
,	Au't 1 C	No	34	56.67	28	60.87	62	58.49
5.	Attitude of	**	22	26.65	10	20.12	40	25.54
	hospital staffs	Yes	22	36.67	18	39.13	40	37.74
		No	38	63.33	28	60.87	66	62.26
6.	Interruption of							
	service	Yes	26	43.33	16	34.78	42	39.62
		No	34	56.67	30	65.22	64	60.38
7.	OPD ticket fee							
		Yes	52	86.67	12	26.09	64	60.38
		No	08	13.33	34	73.91	42	39.62

Table III: Satisfaction of the respondents about the service of the doctors (n=106)

	Factors	Satisfaction	CMCH			CMSOGH (n-106)		Total (n=46)	
			(n=0)	(n=60)					
			n	%	n	%	n	%	
1.	Sympathy and respect by								
	doctor	Yes	32	53.33	26	56.52	58	54.72	
		No	28	46.67	20	43.48	48	45.28	
2.	Consent before								
	examination	Yes	12	20.00	10	21.74	22	20.75	
		No	48	80.00	36	78.26	84	79.25	
3.	Privacy during								
	examination	Yes	44	73.33	32	69.57	76	71.70	
		No	16	26.67	14	30.43	30	28.30	
4.	Time given for								
	examination	Yes	28	46.67	26	56.52	54	50.94	
		No	32	53.33	20	43.48	52	49.06	
5.	Investigation from outside								
	hospital	Yes	36	60.00	28	60.87	64	60.38	
	•	No	24	40.00	18	39.13	42	39.62	

Table IV: Educational level based satisfaction of the respondents about the hospital environment (n=106)

Factors	Factors Educational level		es	No	
		n	%	n	%
Waiting time	Illiterate to primary (n=50)	18	36.00	32	64.00
	Secondary to graduate (n=56)	12	21.43	44	78.57
	Total (n=106)	30	28.30	76	71.70
2. Seating					
arrangement	Illiterate to primary (n=50)	23	46.00	27	54.00
	Secondary to graduate (n=56)	21	37.50	35	62.50
	Total (n=106)	44	41.51	62	58.49
3. Attitude of					
hospital staffs	Illiterate to primary (n=50)	22	44.00	28	56.00
•	Secondary to graduate (n=56)	18	2.14	38	67.86
	Total (n=106)	40	37.74	66	62.26
4. OPD ticket fee	,				
	Illiterate to primary (n=50)	30	60.00	20	40.00
	Secondary to graduate (n=56)	34	60.71	22	39.29
	Total (n=106)	64	60.38	42	39.62

Table V : Patients' opinion regarding doctor's examination time (n=106)

Features	Subgroups	Yes		No		
		n	%	n	%	
Gender	Male (n=68)	27	39.71	41	60.29	
	Female (n=38)	17	44.74	21	55.26	
	Total (n=106)	44	41.51	62	58.49	
Educational level	Illiterate to primary (n=50)	22	44.00	28	56.00	
	Secondary to graduate (n=56)	22	39.29	34	60.71	
	Total (n=106)	44	41.51	62	58.49	
Monthly income	500 - 10,000 (n=61)	27	44.26	34	55.74	
	10001 - 20,000 (n=45)	17	37.78	28	62.22	
	Total (n=106)	44	41.51	62	58.49	

Table VI: Patients' opinion regarding attitude of the doctor (n=106)

Features	Subgroups	Yes			No		
		n	%	n	%		
Gender	Male (n=68)	35	51.47	33	48.53		
	Female (n=38)	21	55.26	17	44.74		
	Total (n=106)	56	52.83	50	47.17		
Educational level	Illiterate to primary (n=50)	26	52.00	24	48.00		
	Secondary to graduate (n=56)	30	53.57	26	46.43		
	Total (n=106)	56	52.83	50	47.17		
Monthly income	500 - 10,000 (n=61)	33	54.10	28	45.90		
	10001 - 20,000+ (n=45)	23	51.11	22	48.89		
	Total (n=106)	56	52.83	50	47.17		

Discussion

Patient satisfaction studies began in Sweden in 1990s with an aim to improve quality of services and increase efficiency and effectiveness of health care services. Bangladesh has a good healthcare network covering both rural and urban areas. The healthcare-delivery system of the country compares favorably with that of many other Asian countries. However, overall healthcare use/consumption in Bangladesh is low and is of great concern to society.A study conducted by the Health Economics Unit (HEU) of the Ministry of Health and Family Welfare (MoHFW) Government of Bangladesh, found that the unavailability of doctors and nurses, their attitudes and attitude, lack of drugs, waiting time, travel time, etc. contributed to the low use of public hospitals¹³.

A good number of studies regarding patients' satisfaction have been carried out at home and abroad. But the main purpose of this study was to determine the patients' satisfaction towards the OPD services. Patients' satisfaction was the outcome variable which was an important component for program evaluation. Therefore this study would benefit health managers for improving effectiveness and efficiency of the hospital in future.

This study was conducted in two hospitals, CMCH and CMSOGH during working hours. The questionnaire was designed for interviewing in order to minimize any confusion about questions and missing data. Majority of patients are male. In CMCH, 70% are male and 30% are female while in CMSOGH 56.52% are male and 43.47% are female.

A study conducted at Poland showed that younger patients tend to be less satisfied with the health care than older patients. 62% in the youngest (Till 35 years old), 70.2% in the middle (36-45 years) 84.3% in the group of 46-55 years and 87.5% in the group of 56 and more years reported satisfaction with the services¹⁴.

A study revealed that about the waiting time, 57% said that they need to wait occasionally for long hours and 15% said that they never waited for long hours to see the doctor. With regard to the cleanliness in the hospital, 50% of patients were highly satisfied whereas 15.5% said that the cleanliness can surely be improved. With regard to

the time spent by the doctors during consultation 96.5% of the patients were satisfied. With regard to the doctors' attitude 56% said that doctors were well behaved, compassionate and patient, while 35.5% felt that they were well behaved but would have been better if they were more patient.

It is revealed from this study that, out of 60 patients in CMCH, 14 (23.33%) agreed that they were satisfied about waiting time to consult with the doctor while in CMSOGH 16 (34.78%) out of 46 patients were satisfied about waiting time. It may be due to giving more attention to the patients by the doctors of private hospital than the public hospital. Most of the patients were unsatisfied with toilet facilities which are 80% in CMCH and 78.26% in CMSOGH.Most of the patients were not satisfied with the attitude of hospital staffs (MLSS) the percentage of dissatisfaction was (63.34%) in CMCH and (60.86%) in CMSOGH.Most of the patients of CMCH (60%) were unsatisfied with respect to doctor's willingness to listen with compassion and reassure the patients with their problems. The percentage of dissatisfaction was (56.52%) in CMSOGH which is a bit higher than CMCH.

In this study, the percentage of satisfaction regarding attitude of doctor is 53.34% in CMCH and 52.17% in CMSOGH which is a bit higher in CMCH.

Satisfaction regarding waiting time were inversely related to education and by monthly family income of the patients of both hospitals.Regarding consultation with doctors, patients' satisfaction varied with sex, females being significantly more yes than males. Satisfaction with regard to consultation by doctors was also found to be inversely related both to education and income. Higher educated patients are less satisfied than lower educated patients and higher income group patients are less satisfied than lower income group patients. Patients' satisfaction regarding health care services provided by CMCH and CMSOGH it was found that level of patients' satisfaction between two hospitals was very close but comparatively patients were more satisfied with the support of CMCH.

Limitations

This study has several limitations, i.e. since the sample size is small and purposively selected

sample may not represent all the hospitals there may be some bias. There may be some limitations of the data and the analysis presented in this report. The data are based on self-reported information for both service utilization and difficulties experienced by the patients. The information may be subject to recall bias and has not been clinically validated. Future studies may consider using larger sample sizes, and interviewing the patients outside the hospital environment.

Conclusion

The premise of this paper was that market incentives would explain differences in the perceived quality of services provided by public and private hospitals. This contention was reasonably supported: private hospitals were evaluated better on responsiveness, communication, and discipline. On the basis of findings of this study it revealed that patients' level of satisfaction about health care services provided at OPD is low and thay want improvement of service.patients want short waiting time, proper seating arrangement, neat and clean toilet facilities. They want good behavior from doctors and hospital staffs. A few patients were unsatisfied about OPD ticket fee of private hospital. By responding to these needs, hospitals in Bangladesh can improve their image and be perceived more favorably. These results also suggest that service quality must be improved in the health care sector. It is apparent from the results that private hospitals are playing a meaningful role in Bangladesh, justifying their existence. The comparison of service between public and private hospitals is mixed and close. The customer image of the hospital still desired better quality of services appropriately throughout whole country so both need to go through a long path to reach the goal.

Acknowledgment

It is with great pleasure and respect that I express my gratitude to my respected teacher and supervisor Professor Dr. Pravat Chandra Barua for his valuable suggestion, encouragement and inspiration for the completion of my dissertation. I am highly greatful to Dr. Zohura Khanam of Community Medicine, Chattogram Medical College for her guidance and continuous support at all steps of preparation of my dissertation.

Disclosure

The author declared no conflict of interest.

References

- **1.** Sakharkar B. M. Principles of hospital Administration and Planning, Jaypee Brothers Medical Publishers (p) ltd. New Delhi. 2006;20-35.
- **2.** Llewelyn R. Davies H.M.C Macaulay Hospital Planning and Administration, WHO, Geneva. 2005; 105-111.
- **3.** Lisliepaine, giving patients what they want, Journal of Hospital Management International 1989;340-344.
- **4.** Lari M A, Tamburini M, Gray D. Patients' needs, satisfaction, and health related quality of life: Towards a comprehensive model in primary health care: Health and Quality of life Outcomes. 2004; 2(32): 1-23.
- **5.** Guldvog B. Can patient satisfaction improve health among patients with angina pectories? Int J quality health care. 2005;11: 233-240.
- **6.** Rashid K. M, Khabiruddin Md, HyderSayeed. Textbook of Community Medicine and Public health, Third ed. Dhaka: Publishers. 2000; 1-518.
- **7.** Park J. E and Park K. Textbook of Preventive and Social Medicine, 19th ed. Jabalpur (India): M/S Banarsidas Bhanot, 2005; 1-711.
- **8.** VeeraPrasad,M, Factors Influencing Patient Satisfaction, Hospital Administration. 1997;27-35.
- **9.** Bangladesh. Ministry of Health and Family Welfare. Bangladesh national health accounts 1999-2001. Dhaka: Health Economics Unit, Ministry of Health and Family Welfare, Government of Bangladesh. 2003. Health Economics Unit. 2003;41-42.
- **10.** Rannan R, Somanthan A. The Bangladesh health facility efficiency study. Colombo: Institute of Policy Studies. 1997;24.
- **11.** Pascoe GC: Patient satisfaction in primary health care: A literature review and analysis. Elal Program Plan. 2003; 6:185-210.
- **12.** Al-DoghaitherAH,Saeed AA. Patient's satisfaction with Physicians' services in primary health care centres in Kuwait city, Kuwait. Journal of Social health. 2000;120 (3): 170-174.
- **13.** A. BLAZEVSKA, J. VLADI KIEN, S. XIN-XO EUROPHAMILI /AESCULAPIUS Patients' satisfaction with the health care services provided by Ambulatory Care Units June 2004 -LODZ, POLAND EUROPHAMILI AESCULAPIUS.