



Study on Patient Satisfaction Level and its Determinants after Admission at Tertiary Hospitals in Bangladesh

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ABSTRACT

The descriptive type of cross sectional study was conducted to find out the Patient Satisfaction Level and its Determinants after Admission at Tertiary Hospitals in Bangladesh. Any hospital's outpatient department (OPD) is regarded as the storefront of the facility, and patient satisfaction is an important measure of healthcare quality. Hence, this cross-sectional study was conducted in different OPDs at a tertiary hospital. 200 patients were recruited as respondents, and structured personal interviews were conducted with questions based on the Patient Satisfaction Questionnaire. T-tests and analysis of variance (ANOVA) were used to compare satisfaction scores between variables. Satisfaction scores were found to vary significantly with gender, age, waiting times, and the number of visits per day. Regular patient satisfaction surveys should be conducted in all hospitals for devising interventions to provide patients with the best possible care.

Keywords: *Outpatient, patient satisfaction, patient care, tertiary hospital*

INTRODUCTION

Any hospital's outpatient department (OPD) is regarded as the facility's storefront. Patient satisfaction is one of the main components of quality of care which includes respect for the patient and understanding the need of patient and providing services accordingly. Patient satisfaction is a primary means of measuring the effectiveness of healthcare delivery. Patients have explicit desires for quality services when they visit health institutions. For health care providers ensuring that consumers are satisfied is a continuous effort. It is therefore critical to them that the true state of consumer satisfaction is known. To achieve this, the health care providers embark on research to feel the pulses of the consumers and discover ways of serving them better. However, deciding the right instrument and methodology to effectively measure the satisfaction level of consumers is a major challenge for health care providers/researchers.

Patient outcomes are dependent on the interplay of many different factors, including not just the medical or surgical management but also their mental states and perceptions. Alas, the latter aspect is often overlooked, especially in developing nations where resources are limited, and a relatively large population needs care.

Patient satisfaction or dissatisfaction is a complicated phenomenon that is linked to patients' expectations, health status, personal characteristics, and health system. Longer contact periods, appropriate privacy, confidentiality, and professional etiquette have all been linked to higher patient satisfaction rates, which ultimately enable a trustworthy, frank, and open connection with the doctor, improving patient care. Studies from various Indian institutes report quite different levels of satisfaction, thus necessitating individual assessments. Measuring patients' satisfaction has many purposes, including helping to evaluate healthcare services from the patient's point of view, facilitating the identification of problem areas, and helping in the generation of ideas towards resolving those problems.

OBJECTIVES OF THE STUDY

Hence, this study was carried out to evaluate the level of patients' satisfaction in terms of general satisfaction, time spent with the doctor, interpersonal manner, communication, technical quality, financial aspects, and accessibility and convenience among those attending various OPDs of our institute, to identify the problems of the patients and suggest measures for enhancement of service quality.

METHODOLOGY OF THE STUDY

Study duration and setting: This was a cross-sectional observational study conducted over a period of 2 years at a Jahurul Islam Medical College & Hospital, Bangladesh. Approval was taken from the institute's ethics committee.

Sample size and sampling technique: Considering a confidence level of 95%, a margin of error of 10%, and assuming maximum variability (i.e., taking the population proportion as 50%), the minimum sample size was calculated as 97 with the help of an online calculator. A total of 200 patients were recruited through convenient sampling.

Study population: Patients attending various OPDs (medicine, surgery, orthopedics, neuro medicine, gastroenterology, obstetrics and gynecology and endocrinology) who were willing to participate in the study were included in the study after taking verbal consent. Inclusion criteria: adult patients of sex, aged 16 years or more. Exclusion criteria: patients not giving consent.

Statistical analysis: The data was cleaned and coded in Microsoft Excel and then analyzed using IBM SPSS. Various parameters of descriptive statistics, such as proportion, mean, and standard deviation (SD), were calculated. After checking for normality, t-tests were used to compare satisfaction scores between variables with two groups (like gender and number of visits per day), and analysis of variance (ANOVA) tests were used when comparing scores between variables with three or more groups (like age group, waiting time, and overall experience). A p-value of less than 0.05 was considered significant.

RESULTS

A total of 200 patients participated in the study. 142 (71%) of them were male, and 46 (23%) were older than 60 years. 52 patients (26%) came to the medicine OPD and 38 patients (19%) came to the surgery OPD. 148 (74%) patients reported that they had to wait less than an hour before their consultations. When asked to rate their overall experience, 116 (58%) patients rated it as 'good' while only 6 (3%) rated their

experience 'bad'. 110 (55%) patients visited the OPD twice in one day, and the rest visited only once a day (Table 1).

Table 1: Demographic characteristics of the study subjects (n=200)

Variable	Categories	n (%)
Gender	Male	142 (71%)
	Female	58 (29%)
Age (in years)	18-30	40 (20%)
	31-40	28 (14%)
	41-50	46 (23%)
	51-60	40 (20%)
	>60	46 (23%)
Department	Medicine	52 (26%)
	Surgery	38 (19%)
	Gynecology & Obstetrics	34 (17%)
	Orthopedics	28 (14%)
	Neuro Medicine	25 (12.5%)
	Endocrinology	23 (11.5%)
Waiting time	<1 hour	148 (74%)
	1-2 hours	32 (16%)
	>2 hours	20 (10%)
Number of visits per day	Once a day	90 (45%)
	Twice in one day	110 (55%)
Overall experience	Very Good	56 (28%)
	Good	116 (58%)
	Fair	22 (11%)
	Bad	6 (3%)

Table 2: Distribution of the Respondent's by Level of Education (n=200)

Variables	Frequency	Percent (%)
Illiterate	26	13
Informal	12	6
Primary	42	21
Secondary	52	26
Higher Secondary	32	16
Graduation	26	13
Masters	10	5

Table 3: Distribution of the Respondent's by Occupation and Monthly Family Income

Variables	Frequency	Percent (%)
Occupation of the Respondents		
Student	19	9.5
Teacher	4	2
Service Holder	12	6
Business Man	14	7
Labor	22	11
Housewife (For Female)	125	62.5
Jobless	4	2
Monthly Family Income (BDT)		
1000-5000	39	19.5
5001-10000	42	21
10001-15000	78	39
15001-20000	28	14
20001-Above	13	6.5

Table 4: Distribution of the Respondents by Attitude towards the Hospital

Variables	Frequency	Percent (%)
Willingness to Motivate Others to Take Treatment in the Hospital		
May not be/Never	3	1.5
No Comments	6	3
Can Say	92	46
Must Say	99	49.5
Total	200	100
Status of Satisfaction Regarding the Last Service Received		
Very Satisfied	143	71.5
Comparatively Satisfied	52	26
No Comments	3	1.5
Comparatively not Satisfied	2	1
Total	200	100
Opinion Regarding Meeting Service Provider		
Very Easily	122	61
Comparatively Easily	71	35.5
Neutral	4	2
Difficult	3	1.5
Total	200	100

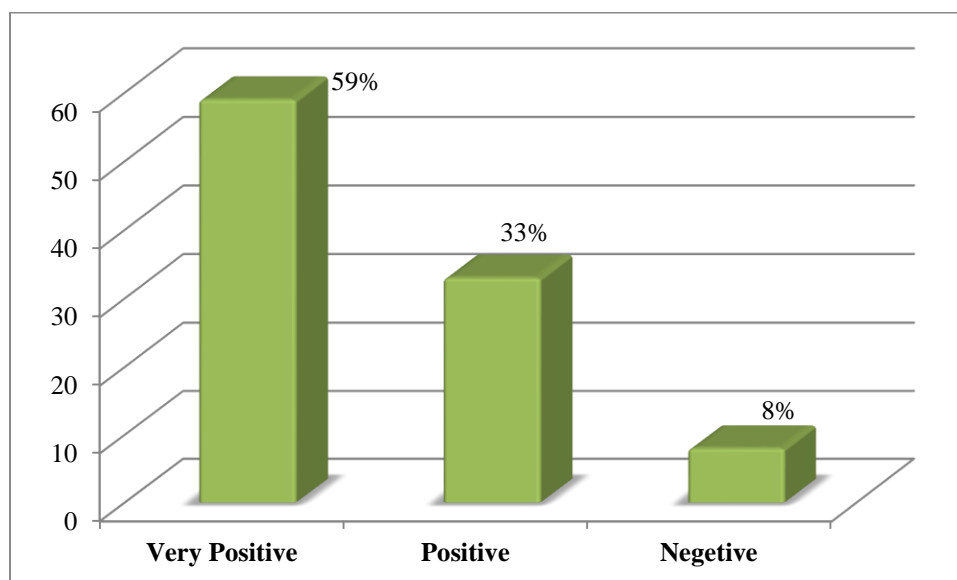


Figure 1: Distribution of the Respondents by Opinion Regarding the Doctor's Visit

DISCUSSION

The purpose of this study was to assess the satisfaction of patients attending OPD at tertiary level hospital in Bangladesh with a sample size of 200. Ours is a tertiary care specialty center where most patients come via referrals from faraway places after having exhausted all other local options, with many requiring advanced (and thus generally expensive) investigations or procedures. It caters to a large population with an ever-growing daily patient footfall that far exceeds the rate of increase in the number of healthcare providers available to treat them. Furthermore, our hospital (a government-funded public hospital where the cost of treatment is much lower than in private settings) attracts many patients who belong to the economically weakest sections of society and who often find it extremely difficult to pay their medical bills. In their study conducted at a similar tertiary care center in the neighboring state of Odisha, Kshatri et al. also found that 80% of the patients thought that the amount paid by them was unreasonable. These may be the reasons behind the relatively lower scores in the areas of time spent with the doctor, accessibility and convenience, and financial aspects observed in our study.

It was observed that the general satisfaction scores were significantly higher among women than men. We also observed that, even though all age groups rated the interpersonal manner subscale quite highly, the 31 to 40 year olds seemed to be the most satisfied with interpersonal manner. It was also interesting to see that the younger age groups were considerably more satisfied with the time they spent with the doctor as compared to the older patients. It may be possible that the younger people (who often have limited time themselves due to studies, work, and other social engagements) may value the limited amount of time they spent with the doctor more than the older patients (who generally have relatively more time and often have multiple co-morbidities that require lengthier discussions).

For patients who had to wait less than an hour before their consultations, the scores of interpersonal manners were higher compared to those who had to wait more. But surprisingly, patients were more satisfied with the financial aspects of their care when they had to wait for more than two hours before their consultations. It could point to the possibility that doctors, when informed about a patient's long wait time, may handle that patient more efficiently, leading to an overall more satisfying consultation and ultimately giving the sense of

money well spent. This finding is similar to that of Chandra et al., who reported that patients considered satisfying consultations worth the wait.

The patients who visited the OPD only once a day appreciated the time spent with the doctor significantly more compared to the patients who visited twice in one day (i.e., once for the initial consultation and the subsequent visit for showing the investigation reports). The reason behind this may be that when doctors call the patients for a subsequent visit along with the investigation reports without having in-depth conversations first, it may be perceived as dismissive.

Based on the findings of this study, we recommend that the following measures be taken to increase patient satisfaction levels: efforts should be made to reduce the patient load at referral-level facilities so that the healthcare providers can devote more of their time and attention to each patient; such improvements should be made that aim to reduce the wait times, like the implementation of an appointment-based system for OPDs in which the patients are only required to arrive for their consultations just before their assigned times; the overall quality of care should be improved; all healthcare workers should undergo regular training courses on attitude, behavior, and communication skills required during patient care; reducing the financial burden on patients; and spreading awareness about the various health schemes launched by the government.

There are certain limitations to the study. Since this was a single-center study conducted at a tertiary care hospital in a limited number of OPDs, the findings of the study are difficult to generalize. The convenient sampling technique could have led to selection bias. OPD samples were collected only in the morning hours, which could have influenced the selection of the patients as well as the care provided.

CONCLUSION

Patients' satisfaction is considered as one of the desired outcome of healthcare and it is directly related to utilization of health services of a nation. The health care delivered at this centre can be improved further by monitoring the delivery of quality care by ongoing basis and continually making small changes as per need so as to improve the individual processes. Interpersonal manners, communication, general satisfaction, and technical qualities were the domains in which the patients were most satisfied, while time spent with the doctor, accessibility and convenience, and financial aspects were the areas that lagged. Satisfaction scores were found to vary significantly with gender, age, waiting times, and the number of visits per day.

There is always scope for further improvement, and proper steps should be taken to increase patient satisfaction levels, especially by focusing on the domains that lag. Such patient satisfaction surveys should be conducted periodically in all hospitals for continuous monitoring and identification of issues, which will help in the formulation of policies and interventions with the goal of providing patients with the best possible care.

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