



Patient Satisfaction on In-patient Service in Govt. Unani and Ayurvedic Medical College Hospital

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ABSTRACT

Unani and Ayurvedic health care system is considerable area of medical treatment in Bangladesh where patient can avail it from different Govt. or private hospital. Ayurveda is one of the oldest and famous natural health care systems mostly practicing in South Asia, especially in Bangladesh, India, Nepal, Pakistan and Sri Lanka. This cross-sectional descriptive type of study was undertaken to assess the level of patient satisfaction on In-patient Service in Govt. Unani and Ayurvedic Medical College Hospital, Dhaka from January to December 2018. Total 220 respondents were interviewed with self administered semi-structured questionnaire. Non-Parametric Pearson's Chi-square (χ^2) test, Analysis of variance (ANOVA) test and T test were carried out to explore patient satisfaction. In this study majority (90.9%) of the respondents were Muslim. 50.0% of the respondents aged ranging from 18-38 years. The study revealed that 82.7% respondents were married. It was found that 93.6% respondents got prescribed medicine from hospital and 64.5% respondents said that bath room, toilet and basin were clean. 73.6% and 84.5% of respondents told enough food and drinking water supply respectively. It was found that 74.1%, 90.9%, 89.5%, 80.5%, 78.6%, 77.3% and 70.9% of the respondents were satisfied about general satisfaction, inter personal manner, communication, financial aspect, time spent with doctor, accessibility and convenience respectively. The association results were not significant ($p>0.05$) between socio-demographic status (Age, Gender, Income) with level of in patients' satisfaction and were significant ($p<0.05$) between socio-demographic status (residence and type of housing) with level of in patients satisfaction. Other association results were significant ($p<0.05$) between availability related questions with the level of in patients satisfaction about general satisfaction, inter personal manner, communication, financial aspect, time spent with doctor, accessibility and convenience. The study revealed that 30.5% of respondents were strongly agreed (satisfied) and only 17.2% of respondents were strongly disagreed (dissatisfied). It is necessary to improve the overall service quality of the Ayurvedic medical college in order to enhance the patients satisfaction who trust and take medicine from the government Unani and Ayurvedic hospital. Although this study did not depict the national scenario, findings will help to formulate comprehensive health programs.

Keywords: *Patient satisfaction, unani and ayurvedic, healthcare provision, traditional medicine*

INTRODUCTION

Hospitals can be classified based on the system of medicine such as Allopathic, Ayurveda, Siddha, Homeopathy and Unani. Each one is trying to build their brand image and unique market segment. This is Unani and Ayurvedic hospitals based study. The study carries to the notice of innovative service requirements expected by patients. Patients' ratings of their health care experiences have become increasingly important as indicators of the quality of care¹. Both in developed and developing countries, research into patient satisfaction is increasing in order to measure and monitor the quality of health care services. Previously, a patient's experience with health care was given low priority and was being routinely measured only in terms of simple satisfaction. More recently, the importance of satisfaction as an outcome in determining the quality of health care has gained support, and its measurement is being encouraged in ways that focus on achieving patient-centered service.

There has been increasing interest in the patient's perspectives of health care and how health systems can better respond to the needs of all health care stakeholders and constituencies in a holistic manner. Improving

health care quality and safety and enhancing people's experience of care require attention not only to health system design but also to the process of patient care. Patient satisfaction has become an indicator and a standard part of evaluation of the health care system. Similarly, meeting patient expectations has become one of the main objectives of health care providers. Satisfied patients are more likely than dissatisfied ones to continue using health care services. Patient satisfaction can be utilized for three main purposes: first, as an evaluation of the quality of care; second, as an outcome variable in its own right; and third, as an indicator of deficiency in a service that is in process of change.

Components of patient satisfaction include convenience, which means the ease with which healthcare services are consumed (including the service system, availability of personnel, and adequacy of OPD timing), as well as waiting time for physical examinations and receipt of prescribed medicines, distance traveled, together with money spent to reach to the hospital and the facilities available at the hospital. Moreover, courtesy is an essential component of quality care from a professional point of view; courtesy is an element in patient satisfaction with the quality of care. Thus, one of the most powerful predictors for client satisfaction with government health services should be the provider's behavior towards the patient, particularly respect and politeness. This aspect has been found to be much more important than the provider's technical competence, characterized by elements such as explaining the nature of the problem, conducting the physical examination, and giving advice. People in many countries are now more prepared to look for alternative approaches to maintain their health. WHO's traditional medicine program was developed focusing on the health for all strategy and the primary health care approach; with the goal of bringing traditional medicine into the mainstream of the health service system wherever such an approach seemed to be appropriate. Traditional medicine consists of primitive, preventive, curative and rehabilitative roles. It can be the main form of health care or a component integrated into mainstream health care, or an alternative or complement to the main form of health care. Traditional medicine is an ancient medical practice which existed in human societies before the modern science came into the health care system. Although modern medicine is wide spread today, traditional medicine still exists in many countries, including Nepal. Interest in traditional medicine has increased over the last decade and seems likely to continue.⁹⁻¹¹

Traditional medicine is believed safe to use; it is also believed that traditional medicine cures the root cause of the problem over time. In some Asian and African countries, 80% of the populations depend on traditional medicine for primary health care. It is widely practiced in South Asia, especially in Bangladesh, India, Nepal, Pakistan and Sri Lanka. In Thailand, traditional medicine is similar to Ayurveda in Nepal. In Nepal, most of the people depend on traditional medicine. In this country, there are more than 60 traditions concerning the treatment of illness and about 85% of the populations have depended upon traditional medicine for their primary healthcare. It seems important to improve the quality of the medical services delivered, including traditional medical practices. Ayurveda is known as a kind of traditional medicine. However, it is not only a medical system, but also a way of living. It is used both to prevent and cure diseases. The Nepalese government's only one and has been separated in different outpatient departments (OPDs) in Ayurveda, which is the Naradevi Ayurveda Hospital. Several studies have explored patient satisfaction with medical services; however, few studies have investigated the satisfaction of patients with the services delivered by traditional medicine, particularly in Nepal. The number of people in Nepal using traditional medicine services has been increasing; the researcher, therefore, aims to determine the factors affecting patient satisfaction among outpatients receiving medical services in Nepal. The findings from this study should indicate the current status of health services performance in traditional health care which may allow for further improvement; the results will also be of use in healthcare policy, particularly the policy on traditional medical services in the health care sector of Nepal.

According to Sivasanmugarajah (2000) the Ayurvedic medical treatments have been practiced in Jaffna even from the kings up to the present. The concepts and the treatment techniques of Ayurveda has been developed and modified as per the changes in the cultural, social and economic stages of Jaffna. At present, in comparison with the last two decades, Ayurveda has lost its place in the service to the western health care demand (Kushmararatna, 2005). Several reasons can be attributed for the loss of its place in the society. The main reason for the loss of its place is the failure in gaining the patients' satisfaction. Patients' satisfaction generally depends on several reasons. Modern literature states that the patients' satisfaction has a positive relationship with quality of service (Zineldin, 2006). The competitive challenges of businesses have been given an important place for the service quality and the service quality greatly affect for the customers'

satisfaction. Also, it leads to the success of the business organizations. Health care organizations also considered the patients' satisfaction as an important issue like other services (Shabbir et al., 2010). Ayurvedic health service is a growing business and it has a great potential to achieve success and popularity through delivering high quality services to meet the patients' satisfaction. Quality of health service is a key determinant for patients' satisfaction (Omar & Schiffman, 1995). Hence the study focuses on the service quality and its impact on patient's satisfaction. The quality of the medical service is considered as one of the modern topics since 1980. It took an ample of space in the literature in services marketing (Parasuraman et al., 1985, 1988).

According to Zineldin (2006), the interest in the quality of medical service becomes an important tool in distinguishing institutions and attracts patients and increasing rates of patients retain while maintaining their loyalty. Also Mc Alexander et al. (2003) pointed that consumer satisfaction is an antecedent factor for the consumer loyalty. Campton (2004) highlighted that the consumer loyalty drives expectation values of receiving service that eventually drives value of consumer satisfaction in future. Therefore, many companies focus on quality issues to drive top level of consumer satisfaction (Kumar et al., 2008).

Patients' satisfaction is considered as one of the desired outcome of healthcare, and it is directly related to utilization of health services. Measurement of patient satisfaction involves multi-dimensional aspects of patients' opinion on healthcare, identifying problems in healthcare, and evaluation of healthcare. Health care scenario is fast changing all over the world. Patient satisfaction is one of the established yard sticks to measure success of the services being provided in the hospitals. Improved socioeconomic status and easier access to medical care has led to high expectations and demands from consumers of hospital services. For health care organization to be successful monitoring of customer's perception is a simple but important strategy to assess and improve their performance. A patient is the ultimate consumer of the hospital. He is the person in distress. He expects from hospital comfort, care and cure. Patient forms certain expectations prior to visit. Once the patients come to the hospital and experience the facilities, they may become either satisfied or dissatisfied. Human satisfaction is a complex concept that is related to a number of factors including lifestyle, past experiences, future expectations and the value of both individual and society. Patients' satisfaction is a component of health care quality and is increasingly being used to assess medical care in many countries in the world. Until recently, traditional assessments of medical care were done purely in terms of technical and psychological reports of outcomes. It is an established fact that satisfaction influences whether a person seeks medical advice, complies with treatment and maintains a continuing relationship with practitioners. Patient satisfaction has long been considered an important component when measuring health outcomes and quality of care. The rising strength of consumerism in society highlights the central role of patient's attitude play in health planning and delivery. Furthermore, a satisfied patient is more likely to develop a deeper and longer lasting relationship with their medical providers, leading to improved compliance, continuity of care, and ultimately better outcomes. Keeping this background in mind the present study was undertaken to assess the quality of care provided in outpatient department of a primary health care centre in rural Bangladesh regarding patients' satisfaction. The study of patient satisfaction on in-patient service in govt. unani and ayurvedic medical college hospital will find out the factors related patient satisfaction. It will identify the availability of unani and ayurvedic health care service and know the service provided by doctors, nurses and other staffs. The findings of the study will provide information that will lead toward a comprehensive strategy for the betterment of ailing people of Bangladesh.

OBJECTIVE OF THE STUDY

General objective

To assess the level of patient satisfaction on In-patient Service in Govt. Unani and Ayurvedic Medical College Hospital.

Specific Objectives

1. To identify the factors related to patient's satisfaction on In-patient Service in Govt. Unani and Ayurvedic Medical College Hospital.
2. To find out the availability of Unani and Ayurvedic Health Care Service in Govt. Unani and Ayurvedic Medical College Hospital.
3. To determine the socio-demographic characteristics of respondents.

RESEARCH QUESTION

What is the level of Patient Satisfaction on In-patient Service in Govt. Unani and Ayurvedic Medical College Hospital?

LIST OF VARIABLES

Socio-demographic variables:

- Age of the respondent
- Sex of the respondent
- Religion of the respondent
- Marital Status of the respondent
- Monthly family income of the respondent
- Occupation of the respondent
- Family Size of the respondent
- Education of the respondent
- Housing Condition of the respondent

Factors related variables:

- Behavior and attention of the Doctors
- Behavior and attention of the nurse
- Behavior and attention of the other staffs
- Responsiveness of doctors, nurses and other staffs
- Empathy of service provider
- Assurance by doctors and nurses
- Quality Care by doctors and nurses

Availability related variables:

- Human resources
- Diagnostic facilities
- Facilities of medicines
- Facilities of light, fan and well ventilation
- Facilities of linen, instruments and laundries
- Facilities of drinking water
- Facilities of bathroom and toilet
- Facilities of pharmacy
- Cafeteria Facilities

METHODOLOGY

Type of Study: This was a cross sectional descriptive type of study.

Place of Study: The study was conducted at Govt. Unani and Ayurvedic Medical College Hospital. For this study, the researcher conveniently selected following wards -

- Medicine wards: Male: 1 ward and Female: 1 ward.
- Surgical wards: Male: 1 ward and Female: 1 ward

Study Period: The total period of study was one year (from 1st January 2018- 31st December 2018).

Selection Criteria

Inclusion criteria included

- (a) Only hospital admitted patients at least 3 days stay.
- (b) Age of the respondent were 18 years and above.
- (c) Patients those were able to communicate and well oriented.
- (d) Agree to participate in the study and gave written consent.

Exclusion criteria

- (a) Mentally disable patients
- (b) Unconscious patients or seriously ill patients
- (c) Those who were not interested

Study Population: The study population was admitted patients of medical and surgical wards of Govt. Unani and Ayurvedic Medical College Hospital.

Sample Size:

Statistically to determine the sample size for finite population following formula:

$$n = \frac{z^2pq}{d^2}$$

When, n = The desired sample size.

Z = The reliability of co-efficient at 95% confidence level = 1.96

P = 0.5(50% because it is not known)

Q = (1-p) = 0.5

d = allowable error degree of accuracy required, usually set at 5% = 0.05

n = 384

But Sample size of this study was 220. Because population was less due to less time of data collection. As a result sample size was less than calculated sample.

Sampling Techniques: The admitted patients were selected by using purposive sampling technique.

Data Collection Instrument: Based on related literature reviewed, a structured questionnaire was developed by the researcher. First, it was developed in English and then translated into Bengali. The questionnaire was prepared by using the selected variables according to objectives. Pre-test was done with 20 subjects to test the validity and appropriateness of the instrument in different wards of Govt. Homeopathic Medical College Hospital, Dhaka. Then the questionnaire was finalized with a little modification based on findings of pre-test.

Data Collection Procedures: Data were collected for this study through a structured questionnaire, which include three parts-

1. At first- Investigator briefed objectives, benefits and nature of the study.
2. Secondly- Respondents were selected as research participants consent.
3. Thirdly- The investigator then interviewed the selected participants by face-to-face interview in the hospital following questionnaire.

Data Processing: After collection, data were cleaned, coded and categorized. Then master tabulation sheet was prepared after proper checking, verifying and editing as per specific objective and key variables.

Data Analysis: A software package of version 22 was used to analyze the data Descriptive statistics was used for all variables. Values were expressed as percentage and mean. Non-Parametric Pearson's Chi-square (χ^2) test, Analysis of variance (ANOVA) test and T test were carried out to explore patient satisfaction. Response to each item are given on a 5-point scale ranging from strongly agree to strongly disagree. Scale item with 1 and 5 indicating the lowest and height level of satisfaction respectively. Patients indicated their level of satisfaction by selecting responses ranging from strongly disagree = 1, disagree = 2, uncertain = 3, Agree = 4 and strongly agree = 5. Those who choose strongly disagree and disagree were considered dissatisfied while those who selected strongly agree and agree were considered satisfied and uncertain were considered as uncertain.

RESULTS

A cross sectional study was conducted at Govt. Unani and Ayurvedic Medical college Hospital from 1st January 2018 to 2018. Total respondents 220 were enrolled and interviewed by questionnaire and scale was used. The objective of the study was to assess their level of satisfaction on In-patient Service in Govt. Unani and Ayurvedic Medical College Hospital. Collected data were cleaned edited and analyzed with the help of

software SPSS windows version 22 and Micro Soft excel. The analyzed data have been presented in this chapter through tables and appropriate graphs. The results of the study have been described as follows:

- Socio demographic information of the respondents
- Availability of unani and ayurvedic health care service.
- Patient satisfaction related information

Socio demographic information of the respondents

Table 1: Distribution of the respondents by age and gender (n=220)

Age of the respondents	Frequency(n)	Percent (%)
18 - 38	110	50.0%
39 - 58	96	43.6%
More than 58	14	6.4%
Total	220	100.0
Mean age 38.23, Median 38.50, Std. Deviation ± 13.47 , Minimum age 18, Maximum age 85.		
Gender	Frequency(n)	Percent (%)
Male	107	48.6%
Female	113	51.4%
Total	220	100.0

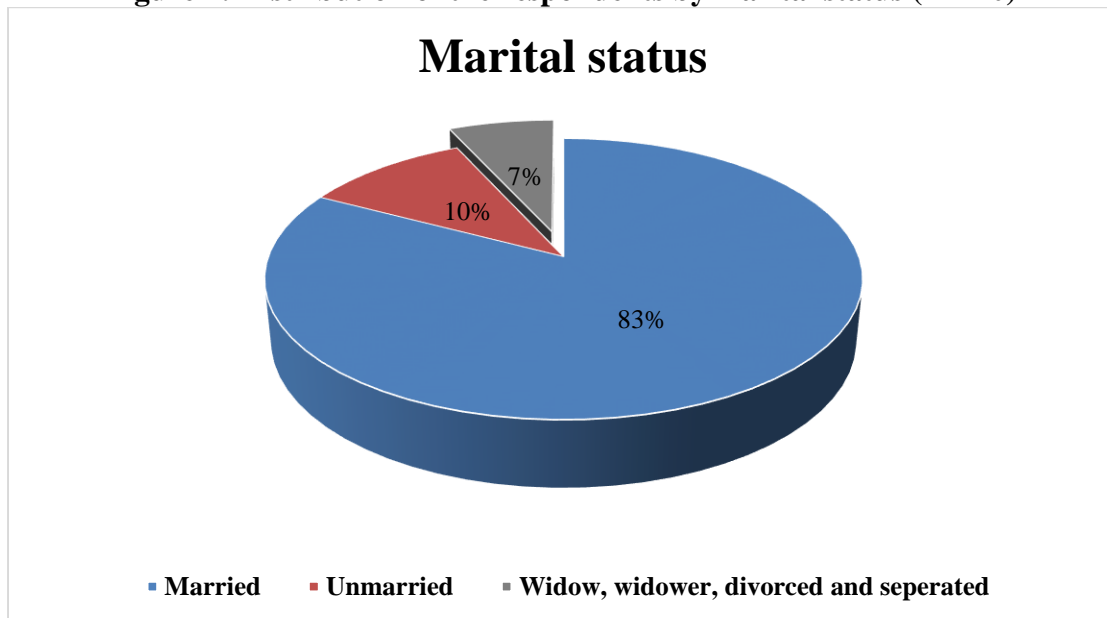
Above table shows that majority of the respondents were in 18 to 38 years age group (50.0%) followed by group 39 to 58 years (43.6%). Only 6.4% more than 58 years (6.4%). Mean age was 38.23, Median 38.50, ± 13.47 (SD) year's minimum age of 18 years, maximum age of 85 years. Most of the respondents were female 51.4% and male 48.6%.

Table 2: Distribution of the respondents by Religion (n=220)

Religion	Frequency(n)	Percent (%)
Islam	200	90.9%
Hindu and Christian	20	9.1%
Total	220	100.0

Table 2 reveals that Majority of the respondents were Islam (90.9%) and rest were Hindu and Christian (9.1%).

Figure 1: Distribution of the respondents by marital status (n=220)



This figure shows that majority of the respondents were Married (82.7%) and rest were Unmarried (10.5%) than (3.2%) and Divorced (1.4%) & Separated (1.8%).

Figure 2: Distribution of the respondents by Educational qualification (n=220)

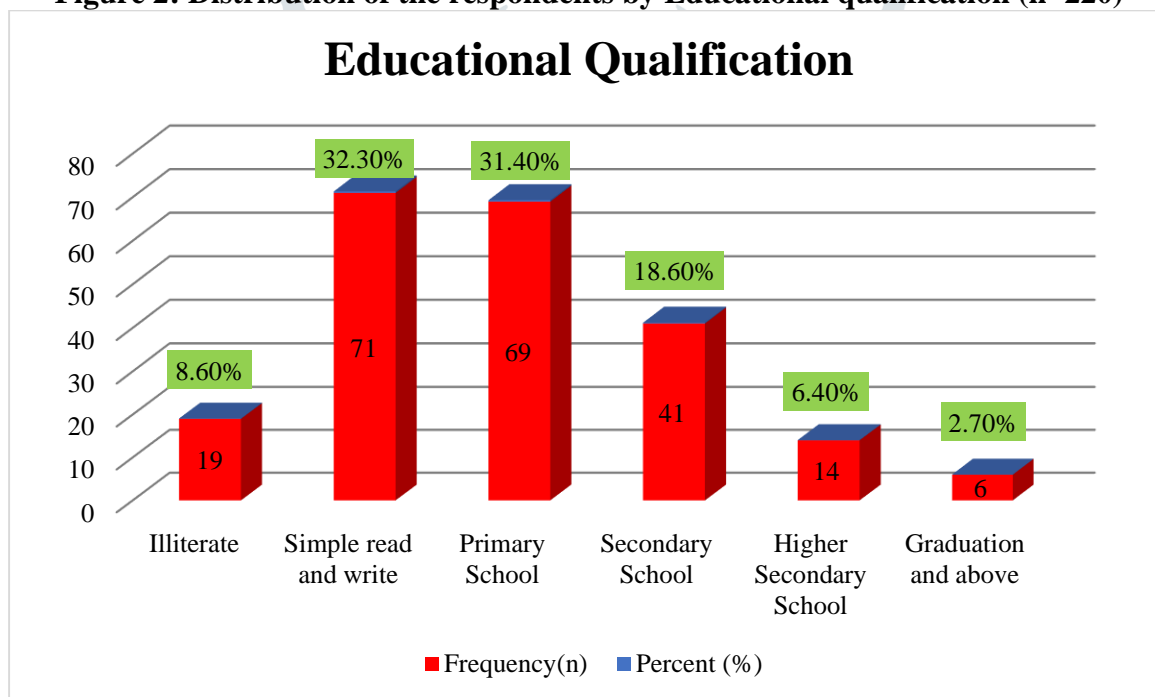
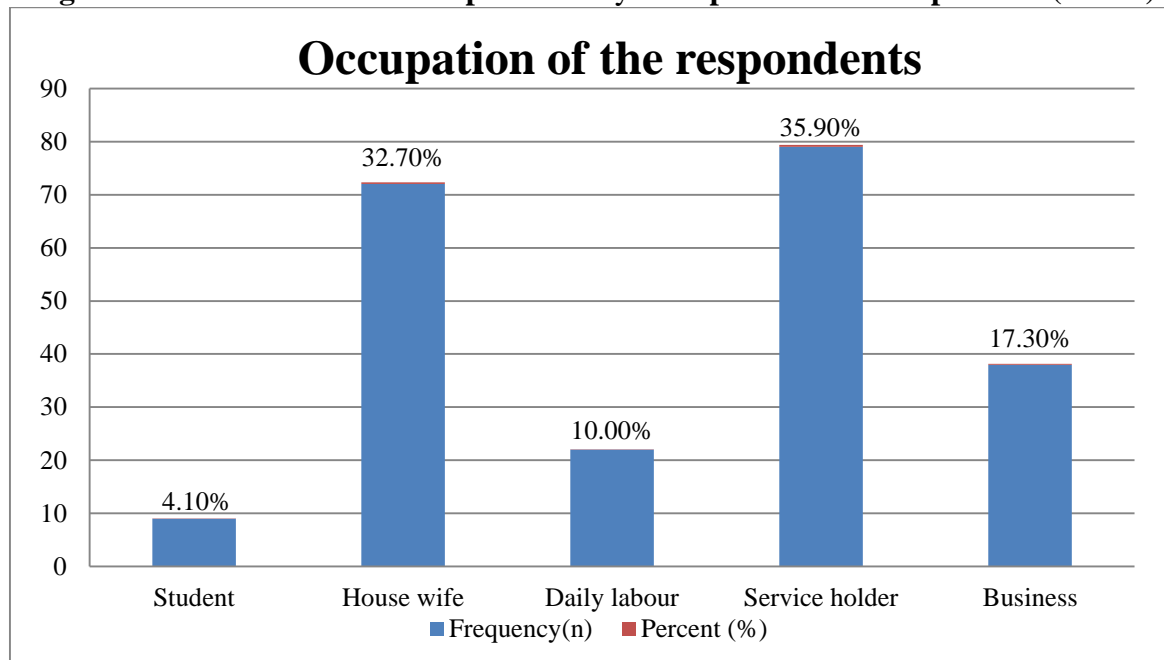


Figure-2 shows that Majority of the respondents were Simple read and write (32.3%) and were equal Primary School (31.4%) and rest were Secondary School (18.6%) than Illiterate (8.6%). Most of lowest (2.7%) were Graduation and above.

Figure 3: Distribution of the respondents by Occupation of the respondent (n=220)

Above figure narrate that most of the respondents were service holder (35.9%) and rest of house wife (32.7%) than business (17.3%), daily labour (10.0%). All lowest students (4.1%)

Table 3: Distribution of the respondents by monthly income (n=220)

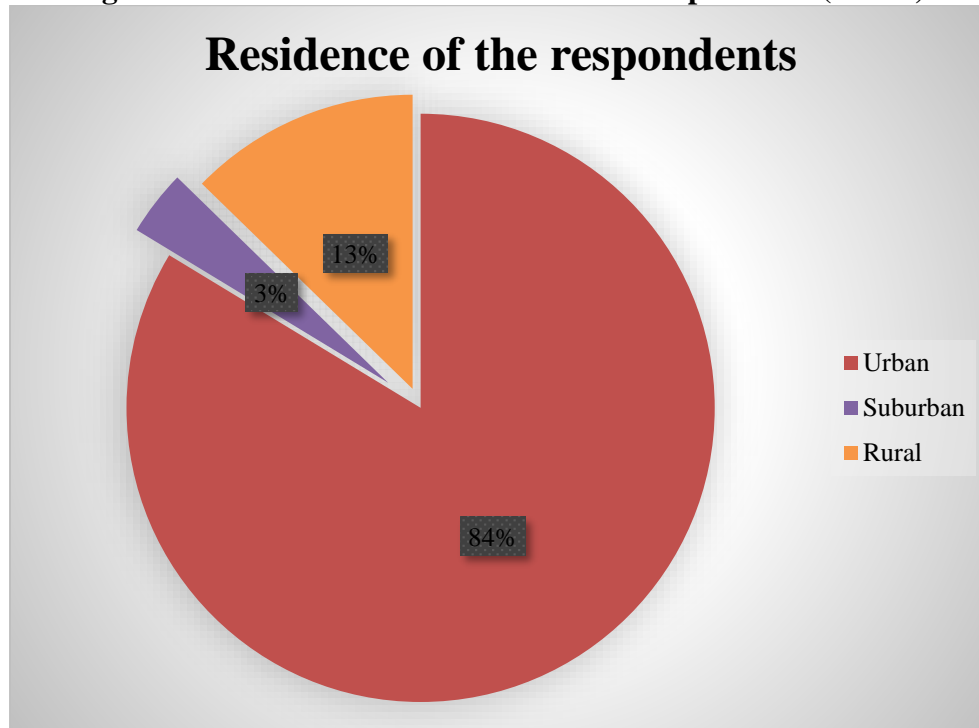
Income of the respondents	Frequency(n)	Percent (%)
8000 -18000	88	40.0%
19000 -28000	94	42.7%
29000 - 38000	31	14.1%
>39000	7	3.2%
Total	220	100.0%

This table shows that most of the respondents' monthly incomes were 19000 to 28000 taka (42.7%), Followed by group 8000 to 18000 taka (40.0%) and group 29000 to 38000 taka (14.1%). Only 3.2% earn more than 39000 taka monthly. Mean income was 20331.82, Median 20000.00, ± 7688.80 (SD) taka, minimum income 8000 taka, and maximum income 40000 taka.

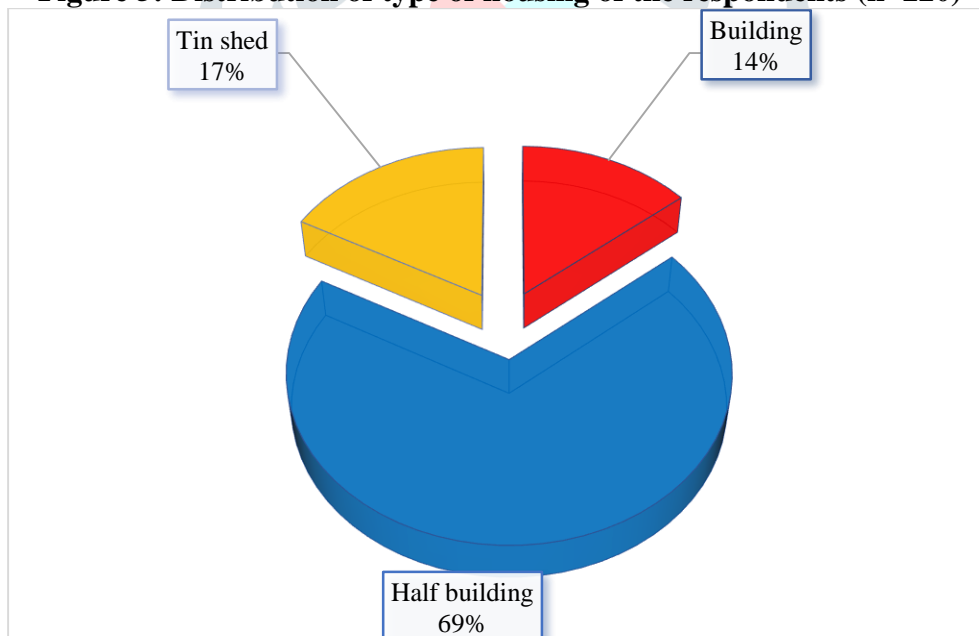
Table 4: Distribution of Family members of the respondents (n=220)

Family members of the respondents	Frequency(n)	Percent (%)
2 persons	11	5.0%
3 persons	53	24.1%
4 persons	127	57.7%
5 persons	21	9.6%
More than 5persons	8	3.6%
Total	220	100.0

Table 4 stats that Half of the respondents were family members 4 persons (57.7%) and rest of 3 persons (24.1%), 5 persons (9.6%). Only 2 persons (5.0%) and more than 5 persons (3.6%)

Figure 4: Distribution of Residence of the respondents (n=220)

This figure deals that majority of the respondents were live in urban (83.6%) and rest of rural (12.7%). Only 3.7% live in suburban.

Figure 5: Distribution of type of housing of the respondents (n=220)

Above figure shows that most of the respondents were live in the half building (61.8%) and rest of tin shed (20.9%). Only 17.3% respondents were live in building.

Table 5: Distribution of enough doctors, nurses, and other staffs for medical care and bed just after admission, enough bed sided locker (n=220)

Enough doctors, nurses, and other staffs	Frequency(n)	Percent (%)
Yes	194	88.2%
No	26	11.8%
Total	220	100.0
Bed just after admission		
Yes	207	94.1%
No	13	5.9%
Total	220	100.0
Bed sided locker		
Yes	209	95.0%
No	11	5.0%
Total	220	100.0

Table 5 shows that majority respondents said that enough doctors, nurses, and other staffs for medical care (88.2%) and rest of them said not enough doctors, nurses, and other staffs for medical care (11.8%). Majority respondents said that get bed just after admission (94.1%) and rest of them said not get bed just after admission (5.9%). Majority respondents said that had bed sided locker (95.0%) and rest of them said not had bed sided locker (5.0%).

Table 6: Distribution of laundry service and diagnostic facilities of this hospital (n=220)

Satisfy to laundry service	Frequency(n)	Percent (%)
Yes	136	61.8%
No	84	38.2%
Total	220	100.0
Diagnostic facilities		
Yes	39	17.7%
No	181	82.3%
Total	220	100.0

Above table states that most of the respondents said that satisfied to laundry service (61.8%) than unsatisfied to laundry service (38.2%). Majority respondents said that had not diagnostic facilities (82.3%) and only 17.7% respondents said that have diagnostic facilities

Table 7: Distribution of Buying medicine in there pharmacy here and all prescribed medicine from this hospital (n=220)

Pharmacy	Frequency(n)	Percent (%)
Yes	131	59.5%
No	89	40.5%
Total	220	100.0
Prescribed medicine		
Yes	206	93.6%
No	14	6.4%
Total	220	100.0

Table 7 shows that Half of respondents said that need to buy medicine, is there pharmacy here (59.5%) and then did not need to buy medicine, is there pharmacy here (40.5%). Majority respondents' opinion all prescribed medicine from this hospital (93.6%) and only 6.4% opinion did not all prescribed medicine from this hospital.

Table 8: Distribution of enough facilities of lighting, fans and ventilation in the ward (n=220)

Enough lighting	Frequency(n)	Percent (%)
Yes	186	84.5%
No	34	15.5%
Total	220	100.0
There enough facilities of fans and ventilation		
Yes	205	93.2%
No	15	6.8%
Total	220	100.0

This table shows that majority respondents said that enough lighting in the ward (84.5%) and rest of them no lighting in the ward (15.5%). Majority respondents said that enough facilities of fans and ventilation in the ward (93.2%) and rest Of them opinion did not enough facilities of fans and ventilation in the ward (6.8%).

Table 9: Distribution of bathroom, toilet and basin hospital ward and corridors are enough clean (n=220)

Bathroom, toilet and basin enough clean	Frequency(n)	Percent (%)
Yes	142	64.5%
No	78	35.5%
Total	220	100.0
Hospital ward and corridors are clean		
Yes	198	90.0%
NO	22	10.0%
Total	220	100.0

This table shows that majority of the respondents said that bathroom, toilet and basin enough clean (64.5%) and others respondents opinion bathroom, toilet and basin not enough clean (35.5%) Most of the respondents said that hospital ward and corridors were clean (90.0%) and others respondents opinion did not clean (10.0%)

Table 10: Distribution of enough food Supply and drinking water in this hospital (n=220)

Food supply in the hospital	Frequency (n)	Percent (%)
Yes	162	73.6%
No	58	26.4%
Total	220	100.0
Supply drinking water		
Yes	34	15.5%
No	186	84.5%
Total	220	100.0

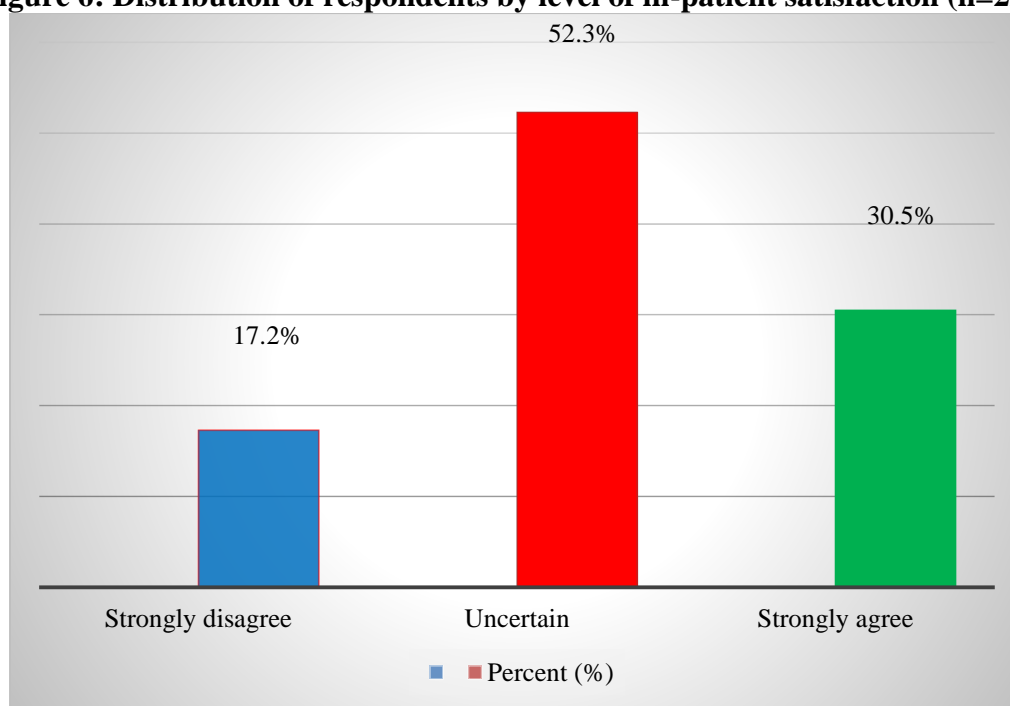
This table shows that majority respondent's opinion enough food supply were (73.6%) and only (26.4%) opinion that were not food supply. Majority respondents said that did not drinking water supply (84.5%) and supply drinking water (15.5%).

Table 10: Distribution of cafeteria present and oxygen meter, nebulizer machine etc. in an emergency situation in this hospital (n=220)

Cafeteria present	Frequency(n)	Percent (%)
Yes	12	5.5%
No	208	94.5%
Total	220	100.0
Oxygen meter, nebulizer machine etc		
Yes	209	95.0%
No	11	5.0%
Total	220	100.0

This table shows that majority respondents said that cafeteria absent in this hospital (94.5%) and others opinion cafeteria present in this hospital (5.5%). Majority respondent’s opinion enough had oxygen meter, nebulizer machine etc. in an emergency situation (95.0%) and only 5.0% said that had not oxygen meter, nebulizer machine etc, in an emergency situation.

Figure 6: Distribution of respondents by level of in-patient satisfaction (n=220)



Above figure shows that about half of respondents were level of satisfaction (52.3%) uncertain and strongly agree (30.5%). Only 17.2% respondents were strongly disagree.

Table 11: Distribution of respondents by general satisfaction (n=220)

The medical care you have been receiving is just about perfect. You are dissatisfied with something’s about the medical care you receive.	General Satisfaction			Mean ±SD
	Level of satisfaction	Frequency(n)	Percent (%)	
	Strongly disagree	3	1.4	2.73±.476
	Uncertain	54	24.5	
	Strongly agree	163	74.1	
	Total	220	100.0	

Table 11 shows that medical care had received just about perfect and dissatisfied with some things about the medical care had received, strongly agree (74.1%), uncertain (24.5%), strongly disagree (14.1%). The mean scoring of the general satisfaction about in patients satisfaction were 2.73 with the SD ± .476.

Table 12: Distribution of respondents by technical quality (n=220)

You think your doctor’s office has everything needed to provide complete medical care. Sometimes doctors make you wonder if their diagnosis is correct. When you go for medical care, care providers are careful to check everything when treating and examining. You have some doubts about the ability of the doctors who treat you.	Technical quality			Mean ± SD
	Level of satisfaction	Frequency (n)	Percent (%)	
	Uncertain	20	9.1	2.91±.288
	Strongly agree	200	90.9	
	Total	220	100.0	

Table 12 shows that doctor’s office has everything needed to provide complete medical care, their diagnosis is correct and the ability of the doctors who treat Patients, strongly agree (90.9%), uncertain (9.1%). The mean scoring of the technical quality about in patients satisfaction were 2.91 with the SD ± .288.

Table 13: Distribution of respondents by interpersonal manner (n=220)

Doctors act too businesslike and impersonal toward you. Your doctor treat you in a very friendly and courteous manner.	Interpersonal manner			Mean ± SD
	Level of satisfaction	Frequency (n)	Percent (%)	
	Strongly disagree	4	1.8	2.88 ± .380
	Uncertain	19	8.6	
	Strongly agree	197	89.5	
	Total	220	100.0	

Table 13 shows that doctors act too businesslike and impersonal toward patients and doctor treat you in a very friendly and courteous manner, strongly agree (89.5%), uncertain (8.6%), strongly disagree (1.8%). The mean scoring of the interpersonal manner about in patients satisfaction were 2.88 with the SD ± .380.

Table 14: Distribution of respondents by communication (n=220)

Doctors are good about explaining the reason for medical test. Doctors sometimes ignore what you tell them.	Communication			Mean ± SD
	Level of satisfaction	Frequency (n)	Percent (%)	
	Strongly disagree	4	1.8	2.79 ± .453
	Uncertain	39	17.7	
	Strongly agree	177	80.5	
	Total	220	100.0	

Table 14 shows that doctors are good about explaining the reason for medical test and doctors sometimes ignore what you tell them, strongly agree (80.5%),uncertain (17.7%), strongly disagree (1.8%). The mean scoring of the communication about in patients satisfaction were 2.79 with the SD ± .453.

Distribution of respondents by financial aspect

Table 15 shows that patients feel confident that you can get the medical care you need without being set back financially and patients has to pay for more of your medical care than you can afford, strongly agree (78.6%), uncertain (17.3%), strongly disagree (4.1%). The mean scoring of the financial aspect about in patients satisfaction were 2.75 with the SD ± .522.

Table 15.Distribution of respondents by financial aspect (n=220)

Q.30.You feel confident that you can get the medical care you need without being set back financially. Q32.You have to pay for more of your medical care than you can afford.	Financial aspect			Mean ± SD
	Level of satisfaction	Frequency (n)	Percent (%)	
	Strongly disagree	9	4.1	2.75± .522
	Uncertain	38	17.3	
	Strongly agree	173	78.6	
	Total	220	100.0	

Distribution of respondents by time spend with doctor

Table 16 shows that medical care sometimes hurry too much when they treat patients and doctors usually spend plenty of time with patients, strongly agree (77.3%), uncertain (13.6%), strongly disagree (9.1%). The mean scoring of the time spends with doctor about in patients satisfaction were 2.68 with the SD ± .633.

Table 16: Distribution of respondents by time spend with doctor (n=220)

Q37. Those who provide you medical care sometimes hurry too much when they treat you.	Time spend with doctor			Mean ± SD
	Level of satisfaction	Frequency (n)	Percent (%)	
	Strongly disagree	20	9.1	2.68 ±

Q40. Doctors usually spend plenty of time with you.	Uncertain	30	13.6	.633
	Strongly agree	170	77.3	
	Total	220	100.0	

Distribution of respondents by accessibility and convenience

Table 16 shows that easy access to the medical specialist you need, medical care, people have to wait too long for emergency treatment and to get an appointment for medical care right way and able to get medical care whenever you need it, strongly agree (70.9%), uncertain (28.9%), strongly disagree (0.9%). The mean scoring of the accessibility and convenience about in patients satisfaction were 2.70 with the SD ± .479.

Table 16: Distribution of respondents by accessibility and convenience (n=220)

Q.33. You have easy access to the medical specialist you need. Q.34. When you get medical care, people have to wait too long for emergency treatment. Q.41. You find it hard to get an appointment for medical care right way. Q.43. You are able to get medical care whenever you need it.	Accessibility and convenience			Mean ± SD
	Level of satisfaction	Frequency (n)	Percent (%)	
	Strongly disagree	2	0.9	2.70 ± .479
	Uncertain	62	28.2	
	Strongly agree	156	70.9	

Socio- demographic characteristics of the respondents:

The table shows that association between socio-demographic characteristics related questions with level of satisfaction about in-patient satisfaction the respondents. To see the difference whether it is statistically significant or not, we did chi-square test. The test reveals that it statistically significant. Where, level of satisfaction about in-patient satisfaction with Age ($\chi^2= 1.211, p= .876$), Gender, ($\chi^2= .752, p= .687$), Residence ($\chi^2= 14.665, p= .005$), Type of housing ($\chi^2= 14.648, p= .005$), Religion ($\chi^2= 1.581, p= .454$)

Table 17: Distribution of respondents according to their age, gender, residence type of housing, Religion (n=220)

Socio- demographic characteristics		Level of in-patient satisfaction			X ²	p-value
		Strongly disagree	Uncertain	Strongly agree		
Age	18-38 years	2(1.8%)	71 (64.5%)	37 (33.6%)	4.550	.337
	39-58 years	0 (0.0%)	68 (70.8%)	28 (29.2%)		
	More than 58 years	0 (0.0%)	12 (85.7%)	2 (14.3%)		
Gender	Male	1 (0.9%)	76 (71.0%)	30 (28.0%)	.575	.750
	Female	1 (0.9%)	75(66.4%)	37 (32.7%)		
Residence	Urban	2(1.1%)	117 (63.6%)	65 (35.3%)	13.481	.009
	Suburban	0 (0.0%)	8 (100.0%)	0 (0.0%)		
	Rural	0 (0.0%)	26 (92.9%)	2 (7.1%)		
Type of housing	Building	0 (0.0%)	27 (71.1%)	11 (28.9%)	13.268	.010
	Half building	2 (1.5%)	83 (61.0%)	51 (37.5%)		
	Tin shed	0 (0.0%)	41 (89.1%)	5 (10.9%)		
Religion	Islam	2 (1.0%)	135(67.5%)	63 (31.5%)	1.403	.496
	Hindu & Christian	0 (0.0%)	16(80.0%)	4 (20.0%)		

Availability related information

The table shows that association between availability related questions with level of in-patients satisfaction about general satisfaction the respondents. To see the difference whether it is statistically significant or not, we did chi-square test. The test reveals that it statistically significant. Where, level of in- patient satisfaction about general satisfaction with bed just after admission ($\chi^2= 8.142, p= .017$), buy medicine is there

pharmacy here, ($\chi^2= 6.397$, $\rho= .041$), facilities of fans and ventilation in the ward ($\chi^2= 22.648$, $\rho= .000$), bathroom, toilet and basin enough ($\chi^2= 6.706$, $\rho= .035$).

Table 18: Distribution of respondents according to their Level of in-patients satisfaction about general satisfaction (n=220)

Availability related questions		Level of in-patients satisfaction about general satisfaction			X^2	p-value
		Strongly disagree	Uncertain	Strongly agree		
Do you get bed just after admission	Yes	2(1.0%)	48(23.2%)	157(75.8%)	8.142	.017
	No	1(7.7%)	6(46.2%)	6(46.2%)		
If you need to buy medicine, is there pharmacy here	Yes	1(0.8%)	25(19.1%)	105(80.2%)	6.397	.041
	No	2(2.2%)	29(32.6%)	58(65.2%)		
Are there enough facilities of fans and ventilation in the ward	Yes	1(0.5%)	47(22.9%)	157(76.6%)	22.648	.000
	No	2(13.3%)	7(46.7%)	6(40.6%)		
Are there bathroom, toilet and basin enough clean	Yes	1(0.7%)	28(19.7%)	113(79.6%)	6.706	.035
	No	2(2.6%)	26(33.3%)	50(64.1%)		

Level of in-patients satisfaction about Technical Quality

The table shows that association between availability related questions with level of in-patients satisfaction about technical quality of the respondents. To see the difference whether it is statistically significant or not, we did chi-square test. The test reveals that it statistically significant. Where, level of in-patient satisfaction about technical quality with bed just after admission ($\chi^2= 7.857$, $\rho= .005$), prescribed medicine from this hospital, ($\chi^2= 20.627$, $\rho= .000$), supply drinking water ($\chi^2= 20.094$, $\rho= .000$), cleanliness of hospital ward and corridors ($\chi^2= 29.944$, $\rho= .000$), cafeteria present this hospital ($\chi^2= 16.297$, $\rho= .000$), supply enough food in this hospital ($\chi^2= 6.331$, $\rho= .012$), oxygen meter, nebulizer machine etc in an emergency situation ($\chi^2= 18.526$, $\rho= .000$),

Table 19: Distribution of respondents according to their Level of in-patients satisfaction about Technical Quality (n=220)

Availability related questions		Level of in-patients satisfaction about technical quality		X^2	p-value
		Uncertain	Strongly agree		
Did you get bed just after admission	Yes	16(7.7%)	191(92.3%)	7.857	.005
	No	4(30.8%)	9(69.25)		
Do you get all prescribed medicine from this hospital	Yes	14(6.8%)	192(93.25)	20.627	.000
	No	6(42.9%)	8(57.1%)		
Are there supply drinking water	Yes	10(29.4%)	24(70.6%)	20.094	.000
	No	10(5.4%)	176(94.6%)		
Have hospital ward and corridors are clean	Yes	11(5.6%)	187(94.4%)	29.944	.000
	No	9(40.9%)	13(59.1%)		
Is there cafeteria present in this hospital	Yes	5(41.7%)	7(58.3%)	16.297	.000
	No	15(7.2%)	193(92.8%)		
Are there supply enough food in this hospital	Yes	10(6.2%)	152(93.8%)	6.331	.012
	No	10(17.2%)	48(82.8%)		
Are there oxygen meter, nebulizer machine etc in an emergency situation	Yes	15(7.2%)	194(92.8%)	18.526	.000
	No	5(45.5%)	6(54.5%)		

Level of in-patients satisfaction about interpersonal manner

The table shows that association between availability related questions with level of in-patients satisfaction about interpersonal manner of the respondents. To see the difference whether it is statistically significant or

not, we did chi-square test. The test reveals that it statistically significant. Where, level of in- patient satisfaction about interpersonal manner with bed sided locker ($x^2= 19.969, \rho= .000$),enough facilities of fans and ventilation in the ward, ($x^2= 6.825, \rho= .033$), supply drinking water ($x^2= 29.242, \rho= .000$), hospital ward and corridors are clean($x^2= 43.637, \rho= .000$), cafeteria present this hospital ($x^2= 7.640, \rho= .022$), oxygen meter, nebulizer machine etc in an emergency situation ($x^2= 19.969, \rho= .000$),

Table 20: Distribution of respondents according to their level of in-patients satisfaction about interpersonal manner (n=220)

Availability related questions		Level of in-patients satisfaction about Interpersonal manner			X ²	p-value
		Strongly disagree	Uncertain	Strongly agree		
Do you have bed sided locker	Yes	4(1.95)	14(6.7%)	191(91.4%)	19.969	.000
	No	0(0.0%)	5(45.5%)	6(54.5%)		
Are there enough facilities of fans & ventilation in the ward	Yes	4(2.0%)	15(7.3%)	186(90.7%)	6.825	.033
	No	0(0.0%)	4(26.7%)	11(73.3%)		
Are there supply drinking water	Yes	1(2.9%)	11(32.4%)	22(64.7%)	29.242	.000
	No	3(1.6%)	8(4.3%)	175(94.1%)		
Have hospital ward and corridors are clean	Yes	3(1.5%)	9(4.5%)	186(93.9%)	43.637	.000
	No	1(4.5%)	10(45.5%)	11(50.0%)		
Is there cafeteria present in this hospital	Yes	1(8.3%)	3(25.0%)	8(66.7%)	7.640	.022
	No	3(1.4%)	16(7.7%)	189(90.9%)		
Are there oxygen meter, nebulizer machine etc in an emergency situation	Yes	4(1.9%)	14(6.7%)	191(91.4%)	19.969	.000
	No	0(0.0%)	5(45.5%)	6(54.5%)		

Level of in-patients satisfaction about Communication

The table shows that association between availability related questions with level of in-patients satisfaction about communication of the respondents. To see the difference whether it is statistically significant or not, we did chi-square test. The test reveals that it statistically significant. Where, level of in- patient satisfaction about communication with there are enough doctors, nurses, and other staffs for your medical care ($x^2= 7.834, \rho= .020$), bed just after admission, ($x^2= 7.765, \rho= .021$), bed sided locker ($x^2= 16.775, \rho= .000$), satisfy to laundry service of this hospital ($x^2= 6.622, \rho= .036$),diagnostic facilities in this hospital ($x^2= 9.645, \rho= .008$), there supply drinking water ($x^2= 15.695, \rho= .000$), hospital ward and corridors are clean ($x^2= 6.093, \rho= .000$).

Table 21: Distribution of respondents according to their level of in-patients satisfaction about Communication (n=220)

Availability related questions		Level of in-patients satisfaction about Communication			X ²	p-value
		Strongly disagree	Uncertain	Strongly agree		
Do you think, there are enough doctors, nurses, and other staffs for your medical care	Yes	2(1.0%)	32(16.5%)	160(82.5%)	7.834	.020
	No	2(7.7%)	7(26.9%)	17(65.4%)		
Did you get bed just after admission	Yes	4(1.9%)	33(15.9%)	170(82.1%)	7.765	.021
	No	0(0.0%)	6(46.2%)	7(53.8%)		
Do you have bed sided locker	Yes	4(1.9%)	32(15.3%)	173(82.8%)	16.775	.000
	No	0(0.0%)	7(63.6%)	4(36.4%)		
Do you satisfy to laundry service of this hospital	Yes	0(0.0%)	25(18.4%)	111(81.6%)	6.622	.036
	No	4(4.8%)	14(16.7%)	66(78.6%)		
Have diagnostic facilities in this hospital	Yes	3(7.7%)	8(20.5%)	28(71.8%)	9.645	.008
	No	1(0.6%)	31(17.1%)	149(82.3%)		
Are there supply drinking	Yes	3(8.8%)	10(29.4%)	21(61.8%)	15.698	.000

water	No	1(0.5%)	29(15.6%)	156(83.9%)		
Have hospital ward and corridors are clean	Yes	4(2%)	31(15.7%)	163(82.3%)	6.093	.048
	No	0(0.0%)	8(36.4%)	14(63.6%)		

Level of in-patients satisfaction about financial aspect

The table shows that association between availability related questions with level of in-patients satisfaction about financial aspect of the respondents. To see the difference whether it is statistically significant or not, we did chi-square test. The test reveals that it statistically significant. Where, level of in-patient satisfaction about financial aspect with there are enough doctors, nurses, and other staffs for your medical care ($x^2=14.606$, $p=.001$), bed sided locker, ($x^2=7.145$, $p=.028$), satisfy to laundry service of this hospital ($x^2=7.568$, $p=.023$), cafeteria present in this hospital ($x^2=8.126$, $p=.017$), oxygen meter, nebulizer machine etc in an emergency situation ($x^2=6.652$, $p=.036$).

Table 22: Distribution of respondents according to their level of in-patients satisfaction about Financial aspect (n=220)

Availability related questions		Level of in-patients satisfaction about Financial aspect			X ²	p-value
		Strongly disagree	Uncertain	Strongly agree		
Do you think, there are enough doctors, nurses, and other staffs for your medical care	Yes	5(2.6%)	30(15.5%)	159(82.0%)	14.606	.001
	No	4(15.4%)	8(30.8%)	14(53.8%)		
Do you have bed sided locker	Yes	7(3.3%)	35(16.7%)	167(79.9%)	7.145	.028
	No	2(18.2%)	3(27.3%)	6(54.5%)		
Do you satisfy to laundry service of this hospital	Yes	2(1.5%)	21(15.4%)	113(83.1%)	7.568	.023
	No	7(8.3%)	17(20.2%)	60(71.4%)		
Is there cafeteria present in this hospital	Yes	2(16.7%)	4(33.3%)	6(50.0%)	8.126	.017
	No	7(3.4%)	34(16.3%)	167(80.3%)		
Are there oxygen meter, nebulizer machine etc in an emergency situation	Yes	9(4.3%)	33(15.8%)	167(79.9%)	6.652	.036
	No	0(0.0%)	5(45.5%)	6(54.5%)		

Level of in-patients satisfaction about time spend with doctor

The table shows that association between availability related questions with level of in-patients satisfaction about time spend with doctor of the respondents. To see the difference whether it is statistically significant or not, we did chi-square test. The test reveals that it statistically significant. Where, level of in-patient satisfaction about time spend with doctor with their laundry service of this hospital ($x^2=7.621$, $p=.022$), to buy medicine, is there pharmacy here, ($x^2=8.394$, $p=.015$), bathroom, toilet and basin enough clean ($x^2=8.917$, $p=.012$), supply drinking water ($x^2=6.703$, $p=.035$), supply enough food in this hospital ($x^2=19.050$, $p=.000$).

Table 23: Distribution of respondents according to their level of in-patients satisfaction about time spend with doctor (n=220)

Availability related questions		Level of in-patients satisfaction about Time spend with doctor			X ²	p-value
		Strongly disagree	Uncertain	Strongly agree		
Do you satisfy to laundry service of this hospital	Yes	7(5.1%)	17(12.5%)	112(82.4%)	7.621	.022
	No	13(15.5%)	13(15.5%)	58(69.0%)		
If you need to buy medicine, is there pharmacy here	Yes	9(6.9%)	12(9.2%)	110(84.0%)	8.394	.015
	No	11(12.4%)	18(20.2%)	60(67.4%)		
Are there bathroom, toilet and basin enough clean	Yes	7(4.9%)	22(15.5%)	113(79.6%)	8.917	.012
	No	13(16.7%)	8(10.3%)	57(73.1%)		
Are there supply drinking	Yes	7(20.6%)	5(14.7%)	22(64.7%)	6.703	.035

water	No	13(7.0%)	25(13.4%)	148(79.6%)		
Are there supply enough food in this hospital	Yes	11(6.8%)	14(8.6%)	137(84.6%)	19.05	.000
	No	9(15.5%)	16(27.6%)	33(56.9%)	0	

Level of in-patients satisfaction about Accessibility and convenience

The table shows that association between availability related questions with level of in-patients satisfaction about accessibility and convenience of the respondents. To see the difference whether it is statistically significant or not, we did chi-square test. The test reveals that it statistically significant. Where, level of in-patient satisfaction about accessibility and convenience with there are buy medicine, is there pharmacy here ($\chi^2= 11.341$, $p= .003$), all prescribed medicine from this hospital, ($\chi^2= 26.622$, $p= .000$), bathroom, toilet and basin enough clean ($\chi^2= 12.350$, $p= .001$), supply enough food in this hospital ($\chi^2= 8.626$, $p= .013$).

Table 24: Distribution of respondents according to their level of in-patients satisfaction about accessibility and convenience (n=220)

Availability related questions		Level of in-patients satisfaction about Accessibility and convenience			χ^2	P-value
		Strongly disagree	Uncertain	Strongly agree		
If you need to buy medicine, is there pharmacy here	Yes	19(0.8%)	26(19.8%)	104(79.4%)	11.341	.003
	No	1(1.1%)	36(40.4%)	52(58.4%)		
Do you get all prescribed medicine from this hospital	Yes	1(0.5%)	51(24.8%)	154(74.8%)	26.622	.000
	No	1(7.1%)	11(78.6%)	2(14.3%)		
Are there bathroom, toilet and basin enough clean	Yes	0 (0.0%)	31 (21.8%)	111 (78.2%)	12.350	.001
	No	2(2.6%)	31 (39.7%)	45 (57.7%)		
Are there supply enough food in this hospital	Yes	0 (0.0%)	41(25.3%)	121(74.7%)	8.626	.013
	No	2 (3.4%)	21(36.2%)	35 (60.3%)		

Analysis of variance (ANOVA)

Anova test was conducted to see any variations in mean score level of satisfaction of the patients and their socio-demographic characteristic.

The total score of patient satisfaction mean difference are shown in the table. The table shows that non-significant difference in age $F=1.311$, $P=.272$ and marital status $F=.411$, $P=.663$ of the respondents.

Table 25: ANOVA Table

Socio-demographic characteristics		Total score of satisfaction				
		N	Mean	SD	F	p-value
Age	18-38 Years	110	67.08	6.037	1.311	.272
	39-58 Years	96	66.86	6.393		
	More than 58Years	14	64.21	7.040		
Marital status	Married	182	66.97	6.253	.411	.663
	Unmarried	23	65.78	6.149		
	Widow, widower, divorced & separated	15	66.33	6.873		

T- Test

The total score of patient satisfaction mean difference are shown in the table .The table shows that non-significant difference in religion $t=.939$ $p=.349$ and gender $t=-.884$ $p=.378$ of the respondents.

Table 26: T- Test Table

Religion		N	Mean	SD	t	p-value
Religion	Islam	200	66.93	6.166	.939	.349
	Hindu & Christian	20	65.55	7.258		
Gender	Male	107	66.42	6.286	-.884	.378
	Female	113	67.17	6.256		

DISCUSSION

A cross sectional descriptive type of study was conducted with the aim to assess the level of patient satisfaction on in-patient Service in Govt. Unani and Ayurvedic Medical College Hospital. Health care quality is a global issue. The health care industry is undergoing a rapid transformation to meet the ever-increasing needs and demands of its patient population. Hospitals are shifting from viewing patients as uneducated and with little health care choice, to recognizing that the educated consumer has many service demands and health care choices available. This study reveals that Patient satisfaction in-patient Service assessed using various dimensions of care related to satisfaction such as socio demographic information of the respondents, availability of Unani and Ayurvedic Health care Service related information and factor related satisfaction.

Socio Demographic Information of the Respondents

In this study of the respondents were in 18 to 38 years age group 50.0% followed by group 39 to 58 years 43.6%. Only 6.4% more than 58 years. Mean age was 38.23, Median 38.50, ± 13.47 (SD) year's. Slightly more than half of respondents were female 51.4% and male 48.6%. Majority of the respondents were Married (82.7%) and Majority of the respondents were Simple read and write (32.3%) and were Primary School (31.4%) educational level.

Similar findings was reported the study done by Shrestha, N, Mongkolchati et, al Nepal 2012 showed that general characteristics are described as follows: respondents were equally divided into the group of those aged 37 years or more and those aged less than 37 years, with a median age of 36.5 years. Slightly more than half (52.0%) of the patients were female. The majority of the respondents (75.3%) were married. Only 31.7% of respondents had a low educational level.

This study of occupation the respondents were service holder 35.9% and rest of house wife 32.7% than business 17.3%, Daily labour 10.0%. All of lowest the students 4.1%. Dissimilar findings was reported the study done by Ashrafun L. M. J et, al, Bangladesh Jan 2011 occupation of the respondent involve in small business 25.3% followed by private job 24.2%, day labor 15.3% , house wife 14.7% and government employee 8.4%. The remaining segments are student's unemployed and old people 12.1%.

This study of the respondents' monthly income were 19000 to 28000 taka 42.7%, followed by group 8000 to 18000 taka 40.0%.

Dissimilar findings was reported the study done by Uddin MJ1 Ashrafun L, et,al, Sylhet, December 05, 2017 Bangladesh, shows that 45% of respondents have a monthly income of TK 5000-10000.

Availability of Unani and Ayurvedic Health care Service related information:

This study of respondents said that available facilities 76.6% were satisfied there enough lighting 84.5% and fans, ventilation 93.2% in the ward. More than 64.5% respondents reported that bathroom, toilet and basin enough clean and the hospital corridors were also clean 90.0%. Majority respondent's opinions enough food supply were 73.6% drinking water supply 84.5%.

Average similar findings was reported the study done by Mahejabin, F et,al Bangladesh 2016 shows that Majority of the patients stated that the general basic facilities at the hospital were adequate. Most (87.2%) of the respondents were satisfied with lighting arrangement, availability of food (75.3%) and toilet facilities (72.9%). More than 50% respondents reported that the hospital was clean (68.6%), fans were adequate (67.4%), and drinking water was adequate 55.2%.

This study shows that patient satisfaction questionnaire (PSQ-18). Half of respondents were level of satisfaction 52.3% uncertain and strongly agree (30.5%). Only 17.3% respondents were strongly disagreeing. Association between socio- demographic characteristics related questions with level of satisfaction about in-patient satisfaction the respondents. The test reveals that it statistically significant. Where, level of satisfaction about in-patient satisfaction with Age ($x^2= 1.211$, $p= .876$), Gender, ($x^2= .752$, $p= .687$), Residence ($x^2= 14.665$, $p= .005$), Type of housing ($x^2= 14.648$, $p= .005$), Religion ($x^2= 1.581$, $p= .454$).

In this study showed that the demographic and clinical characteristics of the patients in the study. When Client Satisfaction Questionnaire-8 was administered, it was found that 23 (9.3%) participants were dissatisfied, 46 (18.7%) were mildly satisfied and 177 (72%) were mostly satisfied chi-square (χ^2) analyses revealed a significant association of age with patient satisfaction ($p < 0.05$), while there was no association of gender ($p > 0.05$) and economic status ($p > 0.05$) with patient satisfaction. (Gani N et, al, Abbottabad 2011)

CONCLUSION

In conclusion, it mentioned that the satisfaction of the respondents is important for hospital management. This study shows that age, gender and income ($p > 0.05$) were statistically non-significant. Residence and type of housing ($p > 0.05$) which were statistically significant. The study revealed that 84.5% of respondents gave their opinion about enough lighting and 93.2% of respondents gave their opinion about fans and ventilation in the ward. More than 64.5% respondents reported that bathroom, toilet and basin were enough clean and the hospital corridors were also clean they were 90.0%. Majority respondents (73.6%) gave their positive opinion about enough food supply and 84.5% of respondents said drinking water was supplied. The study revealed that 30.5% of respondents were strongly agreed (satisfied) and only 17.2% of respondents were strongly disagreed (dissatisfied). Although this study did not depict the national scenario, findings will help to formulate comprehensive health programs.

RECOMMENDATIONS

This study suggests the following recommendations for the betterment of Unani and Ayurvedic Health Care Services.

- A nation-wide study should be conducted to collect specified data on patient satisfaction in Traditional/ Herbal medicine on the basis of which necessary health and welfare programs can be prepared.
- This study will help health policy makers and planners to formulate proper plan for the improvement of Unani and Ayurvedic Health care in Bangladesh.
- The facilities of diagnostic, cafeteria, pharmacy and drinking water in the hospital should be strengthened.

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