

Consumer Costs and Satisfaction of Patient Availing Health Care Services from Sir Salimullah Medical College Mitford Hospital

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ABSTRACT

Background: Consumers contribute largely in getting healthcare services in Bangladesh. This formal and informal consumer cost leads a large section of population into poverty. Objective of this study was to capture the self-reported consumer cost of illness as well as satisfaction regarding availed healthcare services among patients admitted in Sir Salimullah Medical College Mitford Hospital (SSMCMH).

Methods: This cross-sectional survey was conducted from November 2022 to May 2023 among conveniently selected 636 indoor patients of medicine, surgery, orthopedics, pediatrics, and Gynecology & Obstetrics departments of SSMCMH. Mixed method approach was applied to collect data using a semi-structured questionnaire during the discharge of indoor patients whom were selected by stratified sampling method.

Results: Respondents had to pay for any of the services, only one fifth (18.10%) said the payment was at the high end. We found that outside facility outweighed inside facility cost, medicine (69.34%) and investigation contributed the largest share. Non-medical costs were a significant component of health expenditure. Though stake of informal tips (2%) were a smaller portion compared to other cost, apparently it was a norm. Patients paid highest for surgical care (Tk 12789.50) and lowest for orthopedic care (Tk 2936.66). There was significant difference between consumer cost of delivery by NVD and CS ($p=0.0008$). There was significant difference with variation of age ($p<0.05$), sex ($p<0.05$), monthly income ($p<0.05$), but marital status, and year of education was not significant. Consumer satisfaction on payment was seen to be largely dependent on amount they had to spend out of pocket ($p<0.05$) along with providers behavior and cleanliness of the premises.

Conclusion: The study suggested that although direct medical costs are of special importance and it is necessary to protect patients against such costs, patients usually encounter a variety of costs when receiving inpatient services. Findings of this study could help local authority and policy makers to develop strategies within the health system to reduce the burden and ensure patient compliance.

Keywords: Consumer cost, out of pocket, Patient satisfaction, Patient compliance, Informal tips.

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INTRODUCTION

In Bangladesh, government health care services provided from public facilities are free for all. Hence, those who cannot afford the cost of private service, financial protection for healthcare is perceived to be provided by government. Till today, Out of Pocket (OOP) payment dominates for healthcare financing, and its share increased 12.6% from 1997 to 2020.¹ Worryingly, 16% of households in the country confront disputable expenditure to avail healthcare, and approximately 5% population slip into below poverty line every year.²⁻⁵

With the aim to provide free health care to the population in and around Dhaka city, a government medical college hospital was established in the old part of Dhaka city on the bank of the Buriganga River. The hospital serves both indoor and outdoor treatments as well as pathological and diagnostic services, it was upgraded to 900 bed hospital, and on an average 1100-1200 patients are treated indoor.⁶ Catchment population of the Mitford Hospital is now, mainly the urban population from old Dhaka City and from the urban, peri-urban and rural people living in the other side of river Buriganga.

Medical care organizations are mainly providing curative care. These cost a lot and therefore should be cost effective.⁷ In recent years, quality assurance has emerged as an internationally important aspect in the provision of health care services.⁸ Health care system depends on availability, affordability, efficiency, feasibility, and other factors.⁹ Consumer satisfaction is recognized as an important parameter for assessing the quality of patient care services. Consumer satisfaction regarding medical care organizations like Sir Salimullah Medical College Mitford Hospital (SSMCMH) is important for the provision of services to

patients. So, the study was designed to assess consumer costs along with patient satisfaction with regard to clinical care in the inpatient departments of SSMCMH.

There are a few studies those have documented the utilization and OOP spending in the rural areas of Bangladesh, but research on hospital-based consumer cost and associated factors aiming urban population of Dhaka city are seldom found.¹⁰⁻¹² Evidence on various types of illness and concomitant expenditures is critical for defining costs at the facility level. This information is pertinent for betterment of the health of urban population by safeguarding quality healthcare services.¹³

This study aimed to analyze the consumer cost on treatment of the people living in and around Dhaka city. Only direct costs were considered as Consumer cost which included admitted patients, their treatment expenditure in and outside facility, formal charges, informal tips and cost of caregivers' transport and food. However, indirect costs such as the income loss of patients or the productivity loss of caregivers were not included in this analysis.

MATERIALS AND METHODS

It was a descriptive cross-sectional study conducted between November 2022 and May 2023 in SSMCMH of Dhaka. The indoor patients or accompanying attendants of high turnout departments like Medicine, Surgery, Gynecology and Obstetrics, Pediatrics & Orthopedics Department were included as respondents for the study. Data were collected by mixed method approach using a pretested semi structured questionnaire where face to face interview were conducted from the clients and KII was conducted to gather opinion from health managers and administrators. Convenient sampling technique was adopted to

obtain sample size of 636. From each department allocated number of patients were taken randomly from admission register during discharge. Ethical approval was obtained from Ethical Review Board of SSMC. Written Informed consent was obtained from the respondents. Information was collected on the socio-economic profile (age, sex, marital status, education, family income, occupation), points of payment from own pocket of patients, and consumer satisfaction. Descriptive statistics was used to summarize the socio-economic characteristics of the study participants. Variation of payments and patient satisfaction according to determinants were analyzed by t-test and Kruskal Wallis test. Data were analyzed using STATA 14.

RESULTS

Young, married women made up the majority of the respondents. Most respondents had completed their primary and secondary education though a significant portion is uneducated. Most of them came from households of medium size. Majority of household heads were Businessmen. While their household expenses were within the range of monthly income. The majority thought their financial status was average, but a large percentage also knew they were poor.

Majority (74.21%) received a receipt after making the payment. Outside facility overweighed interior facility expenses. Most (69.34%) of the respondents purchased some medications outside of hospitals. One-fourth of the patients who sought treatment at SSMCH were required to provide informal tips. Unofficial tips from patients were given to the staff, including the cleaner, ward boy, and aya. None of the patients brought up paying nurses or doctors on the contrary.

TABLE-I: Distribution of Consumer cost

Consumer cost	n	Average cost (in Tk)
Inside Facility cost	636	1166.28
Informal tips	636	224.73
Cost outside facility	635	3386.70
Drugs	400	2373.25
Investigation	338	3546.92
One way transportation cost of patient	630	372.09
Food and travel cost of the attendant	636	1328.27

TABLE-II: Distribution of the respondents by age group and education

Attributes	n	Average cost in Tk	Significance
Age group			
Under 5	24	12936.67	0.0005*
5 to 14	43	3885.27	
15-60	509	5685.99	
Above 60	60	8471.83	
Duration of education in years			
0 (Uneducated)	132	7991.09	0.47
1-5	205	5925.80	
6-10	205	5715.25	
11-12	66	4965.45	
>12	28	3966.60	

*Kruskall Wallis Test, Significant ($p < 0.05$)

The study found that the average consumer cost in male was more than female ($p = 0.02$), in case of under 5 aged patients, cost was more ($p = 0.0005$). While marital status and year of education showed no significant difference in cost.

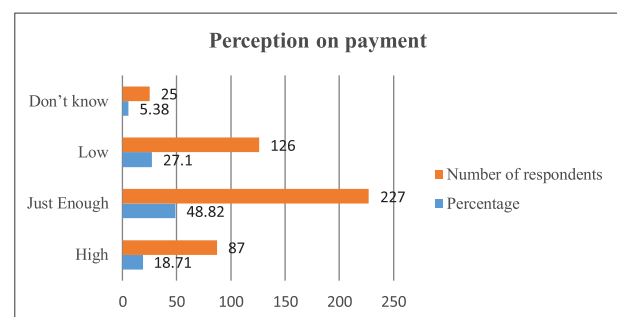


Figure-1: Perception on the payment made by the patient for obtaining services

Figure-1 represented that about 227 (48%) perceived the payment was just enough and 87(18.71%) perceived that the payment was high. A high perception of payment indicated that they had to pay the maximum ($p=0.0001$). Consumer costs were higher for respondents with monthly incomes over 50000 Tk.

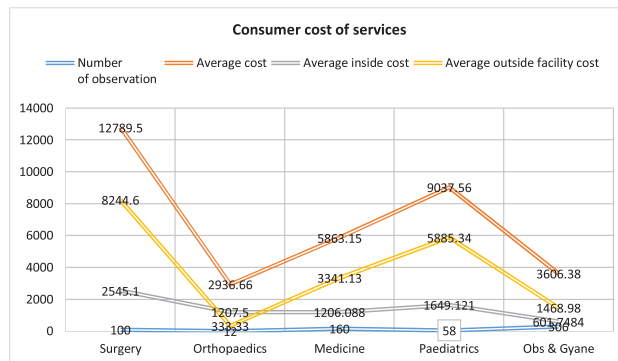


Figure-2: Consumer cost of services among departments

While 96.69% of respondents felt that they were not at all satisfied with telling their doctor about their concerns, one-third of respondents thought that the doctors' behavior was great. Majority said that waiting times weren't too long. About 74% of respondents thought the provider's quality was high. Majority, 78.43% respondents thought that hospital privacy was very unsatisfactory. Nearly half of the respondents said that the cleanliness of the hospital and restrooms were poor.

DISCUSSION

Consumer expenses were split into two groups: Interior facility and outside facility. The majority of respondents purchased medications outside of hospitals. Together, drug and the cost of the investigation raised the total cost. However, it supported the fact that the high cost of visiting government institutions is primarily due to the high cost of medicines, which is a greater burden for the poor and adds to health inequities.¹⁴

One-fourth of the patients who sought treatment at SSMCH were required to provide informal tips. Although the payment of informal tips and perceived economic status did not differ significantly from one another, department-specific informal tips did differ. The cost in surgery department was higher for respondents, despite being the lowest in medicine. The sum varied according to the informal services that participants were expected to pay for. There was no information about unofficial payments to doctors in public hospitals in an Iranian study which provided similar views in this study.¹⁵

In this study data of hospitalized patients, who typically require more medications and tests, were obtained, so it might be different from population-based analysis.¹⁶ Consumer costs for NVD and CS delivery did differ significantly; complication might raise the cost substantially in both cases.

Whether the relationship between marital status and year of education with consumer cost was not statistically different, it was significant in case of under-five age and sex. In a Bangladeshi study, it was found to have a strong relationship between out-of-pocket expenditure and age, sex, marital status, place of residence, and household wealth status.¹⁷

Customers' out-of-pocket expenses, provider behavior, and the facility's cleanliness were all found to play a significant role in determining how satisfied they were availing treatment.

According to the results of the current study, patients typically pay a variety of charges when obtaining inpatient care, despite the fact that medical expenditures along with non-medical expenses were noticeable and patients must be protected against those costs.

LIMITATION

All expenses were self-reported and hence subjected to reporting bias was one of the

study's shortcomings. Another drawback was the brief study time, which prevented data collection from the intended sample size. Since the sample's diseases and symptoms varied so greatly, it was impossible to categorize them in order to investigate consumer costs associated with specific diseases. Nevertheless, despite the heterogeneity of health settings, these findings are still likely to be applicable across other public health facilities.

CONCLUSION

This study supported the widely held belief that patients are less satisfied with health care services, which is of growing concern. They have to deal with multifaceted issues, including treatment costs that are unpredictable, and the possibility of neglect because physicians are less receptive.

RECOMMENDATIONS

Government should increase resource allocation to curb the out-of-pocket expenditure to prevent purchase of drugs from outside facility. Stringent monitoring and oversight should be in place for ensuring availability of medicine at the facility. Increasing capacity of laboratory investigation in hospital is crucial for reducing burden of consumer cost. To satisfy demands of a huge number of in-patients, number of human resources, logistics and equipment should be fulfilled according to the increased no of beds in expanded form of the hospital. Number of cleaners should be increased as per increased number of patient beds to ensure patient satisfaction. Hospital authority should create a robust monitoring and assessment cell to prevent fraud and provision of informal tips.

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