

## Patients' Satisfaction with Services Obtained from a Health Care Centre in Rural Bangladesh

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### Abstract

**Background:** Patients' satisfaction is one of the established yard sticks to measure success of the services being provided in the hospitals. Human satisfaction is a complex concept. 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. **Objective:** To assess patient satisfaction with services provided in a primary health care centre in rural Bangladesh. **Materials and method:** This descriptive cross sectional study was carried out among the patients who attended the outpatient department at Upazilla Health Complex, Dhamrai from November 2015 to January 2016. Study subjects were selected by convenient type of non-probability sampling. Semi-structured pre-tested questionnaire was used and face to face interview was conducted. A Total of 328 respondents, age more than 18 years, irrespective of sex, were included in this study. **Results:** Majority of the patients stated that the general basic facilities, in terms of lighting facilities, signboards, canteen services and toilet facilities at the hospital were adequate. Majority respondents reported that the hospital was clean, ventilation facilities were found adequate, sitting arrangements and drinking water was available in waiting rooms. Most of the patients were satisfied with the behaviour of health personnel and quality of professional services provided by doctors. Regarding overall satisfaction, 44.2% patients were satisfied with health services and only 3.0% patients were dissatisfied. A high statistically significant relation was found between educational level and occupation with satisfaction level of the respondents. **Conclusion:** 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.

**Keywords:** Patient satisfaction; primary health care centre; quality care.

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### Introduction

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

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evaluation of healthcare.<sup>1</sup> Health care scenario is fast changing all over the world.<sup>2</sup> Patient satisfaction is one of the established yard sticks to measure success of the services being provided in the hospitals.<sup>3</sup> Improved socioeconomic status and easier access to medical care has led to high expectations and demands from consumers of hospital services.<sup>4</sup> For health care organization to be successful monitoring of customer's perception is a simple but important strategy to assess and improve their performance.<sup>5,6</sup> A patient is the ultimate consumer of the hospital. He is the person in distress. He expects from hospital comfort, care and cure.<sup>3</sup> 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.<sup>2</sup>

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.<sup>7</sup> 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.<sup>8</sup> 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.<sup>9</sup>

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.

## Materials and method

This descriptive cross-sectional analytical study was conducted to assess the patient's satisfaction with services provided in a primary health care centre in rural Bangladesh for a period of three months starting from November 2015 to January 2016. The study was carried out among the patients attending the outpatient department (OPD) of Upazilla Health Complex, Dhamrai, Bangladesh. Initially a total of 380 patients were enrolled for the study. The study subjects were selected by convenient type of non-probability sampling. A patient attending the OPD and having age above 18 years of both male and female was included in the study. Patients who were very busy with other assignments and who regretted to spend time were excluded in enrolment process. Patient working in the health care centre and patients with severe physical or mental pathologies, such as terminal disease and psychosis, were excluded from the study. Finally 328 subjects participated in this study. Informed verbal consent was taken from each patient and they were ensured about the confidentiality. A semi-structured pre-tested questionnaire was used which included socio-demographic profile and certain domains of satisfaction such as basic facilities, satisfaction towards OPD services regarding courtesy and quality of care. Face to face interview was taken to collect data. The patients were requested to give rating to these statements. Likert's 5 points rating scale was used.<sup>10</sup> The rating was done as following: 1 -strongly satisfied, 2 - satisfied, 3 - neither satisfied nor dissatisfied, 4 - Dissatisfied, 5 - strongly dissatisfied. The level of satisfaction was classified into three groups: 1-Satisfied, 2-Neither satisfied nor dissatisfied, and 3-Dissatisfied. Total score of courtesy and quality of care were calculated for each aspects of satisfaction. Data entry and analyses were done by using SPSS, version 22 for Windows. The mean,

standard deviation, and frequency distribution were calculated. Chi-Square and ANOVA were done to analyze the data.

## Results

A total of 328 patients attending in OPD were included in the study. Most (54%) of the respondents were female and 33.5% respondents were within 21-30 years of age. Mean age was 33.30±13.61 years. Majority of the respondents (42.1%) were house wife, educated up to primary level (36%), and per capita income was between TK. 2001-4000 (37.5%) (Table I).

**Table I: Distribution of the respondents by socio-demographic characteristics (N=328)**

Variables	Frequency	Percentage	
<b>Gender</b>	Male	151	46.0
	Female	177	54.0
<b>Age (year)</b>	≤20	62	18.9
	21 - 30	110	33.5
	31 - 40	92	28.0
	41 - 50	24	7.3
	51 - 60	28	8.5
	>60	12	3.7
<b>Education</b>	Illiterate / no schooling	70	21.3
	Primary	118	36.0
	Secondary	93	28.4
	Higher secondary and above	47	14.3
<b>Occupation</b>	Housewife	138	42.1
	Agriculture worker	41	12.5
	Day labourer	38	11.6
	Service holder	42	12.8
	Other professions	69	21.0
<b>Family income (BDT) / year</b>	<10,000	65	20.4
	10,000 - 20,000	196	59.8
	>20,000	65	19.8
<b>Per capita income (BDT)/year</b>	≤2,000	119	36.3
	2,001 – 4,000	123	37.5
	>4,000	86	26.2

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, signboards locating department (86.6%), 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%), seats were available in waiting room (55.5%) and drinking water was adequate (55.2%) (Table II).

**Table II: General basic facilities in the hospital (N=328)**

Basic facilities in the hospital	Adequate Frequency (%)	Inadequate Frequency (%)
Toilets	239 (72.9)	89 (27.1)
Drinking water	181 (55.2)	147 (44.8)
Cleanliness	225 (68.6)	103 (31.4)
Canteen / food facilities	247 (75.3)	81 (24.7)
Lighting arrangement	286 (87.2)	42 (12.8)
Waiting room / availability of sitting facilities	182 (55.5)	146 (44.5)
Ventilation	221 (67.4)	107 (32.6)
Signboards locating departments	284 (86.6)	44 (13.4)

Most (96.6%) of the patients were satisfied with the behaviour of doctors, nurses (84.4%), pharmacists (72%), registration clerk (79.6%) and of supporting staff (83.5%). Very few respondents were dissatisfied with doctors, nurses, pharmacists, registration staff and other staff's behaviour (Table III).

**Table III: Distribution of the respondent's satisfaction towards OPD services regarding courtesy (N=328)**

Parameter	Level of satisfaction				
	Strongly satisfied (%)	Satisfied (%)	Neither satisfied nor dissatisfied (%)	Dissatisfied (%)	Strongly dissatisfied (%)
Behaviour of the doctor	65 (19.8)	252 (76.8)	8 (2.4)	3 (0.9)	0 (0.0)
Behaviour of the nurse	30 (9.1)	247 (75.3)	39 (11.9)	9 (2.7)	3 (0.9)
Behaviour of the pharmacist	32 (9.8)	204 (62.2)	72 (22.0)	15 (4.6)	5 (1.5)
Behaviour of the registration clerk	14 (4.3)	247 (75.3)	45 (13.7)	22 (6.7)	0 (0.0)
Behaviour of supporting staff	10 (3.0)	264 (80.5)	34 (10.4)	19 (5.8)	1 (0.3)

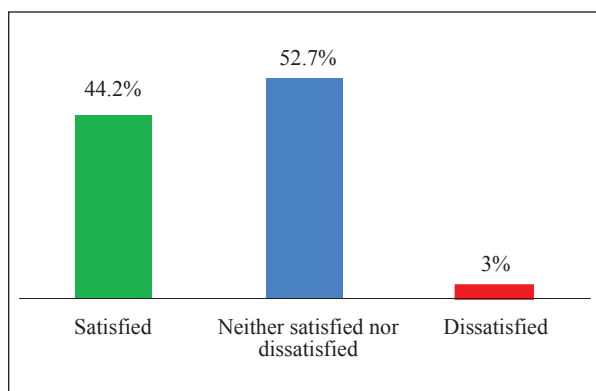
Most (96.3%) of the respondents were quite satisfied with the quality of professional services by doctor. Majority (76.2%) of the respondents stated that doctors were cooperative about explaining the reason for medical test and (78.6%)

respondents noted that nurses were skilled in using medical equipments and were very cooperative to the patient. About 81% patients were also satisfied with pharmacists regarding explanation of medicines written in prescriptions and 76.2% were satisfied with skilfulness and carefulness of the staff regarding registration services (Table IV).

**Table IV: Distribution of the respondent's satisfaction towards OPD services regarding quality of care (N=328)**

Parameter	Level of satisfaction				
	Strongly satisfied (%)	Satisfied (%)	Neither satisfied nor dissatisfied (%)	Dissatisfied (%)	Strongly dissatisfied (%)
Doctors were competent and well trained	62 (18.9)	254 (77.4)	11 (3.4)	1 (0.3)	00(0)
Doctors are good about explaining the reason for medical test	41 (12.5)	209 (63.7)	63 (19.2)	15 (4.6)	00(0)
Nurse skill in using medical equipment and very cooperative	45 (13.7)	213 (64.9)	55 (16.8)	14 (4.3)	1 (0.3)
Pharmacist explain clearly and accurately on drug prescription	35 (10.7)	229 (69.8)	32 (9.8)	21 (6.4)	11 (3.4)
Registration service staff are trained and systematic	17 (5.2)	233 (71.0)	67 (20.4)	11 (3.4)	00(0)

Figure 1 shows that 52.7% patients were neither satisfied nor dissatisfied with health care services, 145 (44.2%) patients were satisfied and only 10(3.0%) patients were dissatisfied with health services obtained from the primary health care centre. A statistically significant relation was found between educational level ( $p= 0.001$ ), occupation ( $p=0.001$ ) and religion ( $p=0.003$ ) with satisfaction level of the respondents (Table V).



**Fig. 1: Overall patient satisfaction**

Figure 1 shows that 173 (52.7%) patients were neither satisfied nor dissatisfied with health care services, 145 (44.2%) patients were satisfied and only 10 (3.0%) patients were dissatisfied with health services obtained from the primary health care centre.

**Table V: Association of socio-demographic factors with satisfaction**

Independent variable	Satisfaction level			p-value
	Satisfied (n=145)	Uncertain (n=173)	Dissatisfied (n=10)	
<b>Age (year)</b> [Mean±SD]	33.8±13.2	33.0±13.9	29.6±12.1	0.584 <sup>##</sup>
<b>Gender</b>				
• Male	72 (49.7)	73 (42.2)	6 (60.0)	0.276 <sup>#</sup>
• Female	73 (50.3)	100 (57.8)	4 (40.0)	
<b>Occupation</b>				
• Housewife	59 (40.7)	79 (45.7)	0 (0.0)	
• Agriculture worker	24 (16.6)	16 (9.2)	1 (10.0)	
• Day laborer	24 (16.6)	14 (8.1)	0 (0.0)	0.001 <sup>#</sup>
• Service holder	16 (11.0)	22 (12.7)	4 (40.0)	
• Other	22 (15.2)	42 (24.3)	5 (50.0)	
<b>Education</b>				
• Illiterate/no schooling	27 (18.6)	42 (24.3)	1 (10.0)	
• Primary	60 (41.4)	58 (33.5)	0 (0)	
• Secondary	46 (31.7)	43 (24.9)	4 (40.0)	0.001 <sup>#</sup>
• Higher secondary and above	12 (8.3)	30 (17.3)	5 (50.0)	
<b>Family income per month (Tk.)</b> [Mean±SD]	16098±9682	16861±10799	19055±11091	0.015 <sup>##</sup>

Figure in parentheses indicate percentage (%)  
<sup>#</sup>Chi-square test was done to measure the level of significance  
<sup>##</sup>ANOVA was done to measure the level of significance

## Discussion

The purpose of this study was to assess the satisfaction of patients with primary health care system in Bangladesh. The study showed that majority of the respondents were satisfied with the basic amenities such as seating arrangement, cleanliness, lighting arrangement and fans, etc. Overall, patients (44.2%) who attended Upazilla health complex Dhamrai, Dhaka during the study period were neither satisfied nor dissatisfied with health care services.

In the present study majority of the respondents were female (54%) and 42.1% were house wives. A large number of female patients may be explained due to the fact that OPD hours are in the morning when most of the men are at work. This finding was consistent with the study done in Chandigarh.<sup>11</sup> In present study 68.6% patients were satisfied with cleanliness of the hospital. A similar study done in Chandigarh showed that 89% patients were satisfied with cleanliness.<sup>11</sup> Another study done in Islamabad, Pakistan observed that 90.5% patients were satisfied with cleanliness of hospital<sup>12</sup> and study done in Madhya Pradesh India<sup>13</sup> also found 65% patients satisfied with cleanliness.

A study done in Puducherry noted that 85% patients were satisfied with the toilet facility<sup>14</sup> and another study showed that satisfaction towards availability of toilets was 44%<sup>13</sup> which is less than our study finding (72%). In our study, 44.8% reported about unavailability of safe drinking water. This finding is not consistent with the finding of a study done in Puducherry.<sup>14</sup>

The present study observed that majority of the patients expressed satisfaction towards OPD services regarding courtesy and quality of care. The patients were more satisfied with the behaviour of doctors as compared to the behaviour of nurses, pharmacists and other staff. Studies conducted in Lucknow<sup>15</sup> and Chandigarh<sup>11</sup> noted that, the satisfaction towards doctor-patient relationship was found to be 60.5% and 65% respectively but our study showed that 96.6% patients were satisfied with the behaviour of doctors. The satisfaction towards behaviour of the health staff was found to be 82% and 78.3% respectively in lucknow<sup>15</sup> and Madhya Pradesh<sup>13</sup> in India which are similar to our study (83.5%).

In the present study, overall level of patient's satisfaction regarding healthcare services was found 52.7% in average. This finding did not correlate with other studies where overall level of patient's satisfaction was satisfactory.<sup>16-20</sup> A study conducted in Srinagar, India<sup>20</sup> reported that

6.7% patients were poorly satisfied with hospital services which was just twice to our study finding (3%).

The present study showed a significant relation between educational level of the patient ( $p=0.001$ ) and satisfaction level of the respondents. Similar findings were observed in a study in Chandigarh and rural Bengal of India.<sup>11,21</sup>

This study reflects the satisfaction level of a small segment of a health centre of the country, Due to fund, logistics and other supports detail study with large sample size could not be conducted and it was confined to a limited number of samples. It is recommended that further study to be conducted in both urban and rural health care centres to assess the situation for proper planning, implementation and monitoring, so that patient satisfaction level are further improved and ensured by a health care authority and other concerned organizations.

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