

PROBLEM EVALUATION OF SERVICE RECIPIENT AND SERVICE PROVIDER AT OUT PATIENT DEPARTMENTS OF A TERTIARY LEVEL HOSPITALAli M¹, Ahmad M², Rahman L³, Sultana S⁴, Al-Azad MAS⁵**Abstract**

Introduction: It is easier to evaluate the patient's satisfaction towards the service than to evaluate the quality of medical services that they receive. Therefore, a probe into patient satisfaction can provide an important tool to improve the quality of services. Patient satisfaction is a multi-dimensional healthcare issue affected by many factors. Healthcare quality affects patient satisfaction and results in positive influences on patient behaviour such as confidence in hospital care.

Objectives: The objective of the study was to evaluate the problems of recipients and service providers during service delivery at out patient departments of a tertiary level hospital.

Materials and Methods: This cross sectional descriptive study was conducted on the patients attending the medical out patient departments along with the service providers, administrative personnel and supportive staffs of a government hospital during the period of February 2007 to June 2007.

Results: A total of 299 patients, 5 service providers, 8 administrative personnel and 11 supporting staffs were purposively selected in the study. Among 299 respondents, 169 (56%) identified patient overload as the most common problem. As many as, 70(24%) patients experienced more than 4 hours delay in the hospital. Less than half 117(39%) of the patients experienced the problem of not getting proper consultancy due to absence

of physician in their chambers. Although 117(39%) patients faced multiple problems during undergoing investigation in the hospital, 21% patients were 'satisfied partially' with hospital staff support. Out of 5 service providers 3(60%) worked in a congested space. As many as 20% service providers reported that patients were not satisfied by the service of MOPD. Monthly pay and allowances were not sufficient (as observed by 80% of respondents). The study also revealed that lack of co-operation amongst the staffs and inadequate pay and salary were the main problems in 75% of the administrative personnel. Moreover, 55% supportive staff faced patient overload. All the service providers opined that improvement of medical outpatient service requires adequate manpower.

Conclusion: Most of the service providers, administrative personnel and supportive staffs are facing hardship with the present pay and allowances leading to extra work after office hour. Most common suggestions of the patients, service providers, administrative personnel and supportive staffs were to employ more health personnel. They also suggested strengthening of supervisory system to ensure strict discipline at all levels.

Key-words: OPD problems, Service recipient and providers, Out Patient Department, Tertiary Level Hospital.

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Introduction

Hospital is a highly complex socio-economic scientific organization which provides comprehensive health care to the society and acts as a referral centre. Hospital problems are multifarious. Sixty percent of hospital budget is spent on wage and salaries of the staffs¹. When people are helped and their working environments are understood, the quality of work improves². Necessary efforts should be made to make the personnel and staff aware about individual job description. Care should be taken so that staff satisfaction and inter-personal relationships are maintained³. Management system in health care delivery is handicapped by various problems in our country⁴. These problems should properly be identified and necessary measures should be taken in consistence with the requirement. It is easier to evaluate the patient's satisfaction towards the service than to evaluate the quality of medical services that they receive.

Therefore, a probe into patient satisfaction can provide an important tool to improve the quality of service. Patient satisfaction is a multi-dimensional healthcare issue affected by many factors. Healthcare quality affects patient satisfaction and results in positive influence on patient behaviour such as confidence in hospital care. Patient satisfaction and healthcare service quality can be increased by using a multi-disciplinary approach that combines patient inputs as well as expert judgment⁵. Outpatient departments (OPDs) provide medical services to the ambulatory patients. Majority of the patients receive services from the OPD. So maximum importance must be given to serve the people with highest possible quality services in order to fulfil their needs and reduce their sufferings⁶. The patient who comes to the tertiary level hospital with a great hope and aspiration expects that proper and appropriate care would be provided in the OPD because the hospital is bearing highly skilled professionals and sophisticated medical instruments.

The patients are more specific in their demand and expectation with regard to their ailments. Better services can not be ensured until and unless various problems of recipients and service providers are known beforehand.

Materials and Methods

It was a descriptive type of study and was conducted over the period of February 2007 to June 2007 at medical outpatient department of a tertiary level hospital at Dhaka. A total number of 5 service providers, 8 administrative personnel, 11 supporting staffs and 299 patients were interviewed. All the samples were taken purposively. Data were collected by face to face interview with the help of structured questionnaire and was analyzed manually.

Results

A total of 299 patients, 5 service providers, and 8 administrative personnel and 11 supporting staff were interviewed. Amongst 299 patients of medical outpatient department, 169(56.5%) viewed the patient overload as the most common problem and 37.1% reported 'non availability of physician at their chamber in time' (Table-I). The majority in 172(57.52%) patients spent 2 to 3 hours in the hospital. However, 70(23.4%) patients had to wait for 4 to 5 hours. The mean waiting time of a patient in the hospital was 2.42 hours with SD + 1.49 (Table-II). A total of 117(39%) patients observed 'absence of physician in the chamber in a specific time'. Therefore, 99(57.5%) patients had to experience long waiting hours which was their main problem. However 73(42.4%) reported that 'physicians were busy in private practice' during the office hours (Table-III). Out of 299 respondents, as many as 117(81.2%) faced multiple problems, followed by 69(47.91%) who experienced problems due to absence of laboratory technicians (Table-IV). Patients were interviewed to express their opinion about hospital staffs and their manners and were categorized and graded as 'highly satisfied', 'satisfied', 'partially satisfied' and 'unsatisfied'.

Majority of the respondents i.e. 97(32.4%) expressed that behaviour of the hospital staffs was satisfactory and 63(21%) reported unsatisfactory behaviour (Table-V). Out of five, three (60%) service providers reported that the working space was congested. Regarding manpower strength, 40% opined as insufficient. Three (60%) service providers were not satisfied with their present salary structure. Three (60%) of them also reported that 'patients overload was the main problem. Although 4(80%) service providers were satisfied with the patients; 20% were not satisfied due to various reasons. The study revealed that the number of manpower in out patient departments was less than adequate which was reported by 3(60%) service providers and 2(40%) reported that existing manpower lacked required skill in their profession. As many as 4 respondents (80%) reported that drugs were supplied partly from the hospital dispensary. All the service providers i.e. 5(100%) of them suggested to improve MOPD service and opined to organize it with adequate number of man power (Table-VI). Amongst 8 administrative personnel, 6(75%) viewed 'lack of staff co-operation', 4(50%) reported 'problems during controlling visitors', 3 respondents (37.5%) reported 'administrative problem due to unexpected strike of hospital staff' (Table-VII). Out of 11, as many as (54.5%) supporting staffs opined rush of patient as well as their attendant at MOPD. Only 9(81.11%) were unsatisfied with their job and 6(54%) expressed dissatisfaction over their low salary (Table-VIII).

Table-I: Distribution of patients by their problems faced in MOPD (Multiple response) (n=299).

Problems	Number	Percentage
Outdoor Depts. facilities	64	21.4
Patient overload	169	56.5
Ill discipline	53	17.7
Absence of staff in his duty room	39	13.0
Absence of physician	111	37.1
Difficulty in finding out location of Departments	31	10.3
Lack of sitting arrangement in waiting room	111	37.1

Table-II: Waiting time of the patients in the hospital (n=299).

Time spent in hour	Number	Percentage
> 1	48	16.5
2 – 3	172	57.52
4 – 5	70	23.41
< 6	9	3.01

Mean±SD=2.42±1.49 hrs

Table-III: Problems faced by the patients to meet the physician (Multiple response) (n=172).

Problems	Number	Percentage
Absence of physician	117	68.0
Long waiting time	111	64.5
Lack of discipline	99	57.5
Staff demands money	19	11.0
Physician busy with private work	73	42.4
Hospital staff brought their patient to the physicians chamber without following serial	15	8.7

Table-IV: Problems faced by the patients during laboratory investigation (Multiple responses) (n=144).

Type of problems	Number	Percentage
Multiple problems	117	81.2
Absence of Technician	69	47.9
Limited Timing	39	27.0
Bribery	17	11.8
Increased patient load	63	43.7
Delay to deliver report	31	21.5
Others	10	6.9

Table-V: Patient's satisfaction over hospital staff's performance.

Attitude towards hospital staff	Number	Percentage
Highly satisfied	77	25.8
Satisfied	97	32.4
Partially satisfied	63	21
Unsatisfied	62	20.7

Table-VI: Distribution of service provider's opinion about their working environment (multiple response) (n=5).

Working space	Response	Number	Percentage
Working space	Congested room	3	60
	No attached toilet	2	40
	Old and dirty room	2	40
Manpower	Less manpower	3	60
	Lack of skilled manpower	2	40
Salary	Sufficient	1	20
	Insufficient	4	80
Satisfaction of the patient	Satisfied	4	80
	Not satisfied	1	20
Supply of drugs	Fully supplied from the hospital dispensary	3	60
	Partly supplied	2	40
Suggestion	Increase man power	5	100

Table-VII: Distribution of pattern of problem faced by administrative staffs (faced during their duties).

Problems	Frequency	Percentage
Lack of cooperation among staffs	6	75
Personnel file not up to date	2	25
Difficulty in executing punishment of the staffs	3	37.5
Insufficient resources	3	37.5
Difficulty in controlling visitors	4	50
Sudden strike of the hospital staff (without any notice)	3	37.5
Large number of patients arrival in the hospital at a time	1	12.5

Table-VIII: Problem faced by the supporting staff (during performing their work) (Multiple response) (n=11).

Problem	Frequency	Percentage
Rush of patient & attendant during peak hour	6	54.5
Unorganized due	3	27.2
High expectation of the patients	4	36.3
Over burden with work due to less manpower	9	81.1
Inadequate salary	6	54

Discussion

The outcome of any disease is influenced by the decision to seek care, timely arrival at appropriate diagnostic and treatment service centre and the receipt of adequate care from service providers. Satisfaction in service provision is increasingly being used as a measure of health system performance. Satisfaction is observable itself in the distribution, access and utilization of health services. Researchers have proved that satisfaction level is related to a range of factors like ethnic group, patient education, waiting times and attitude of providers as well as patient's perception of a relationship of trust, provider's answering of questions and provision of adequate information, patients' feeling of being involved in decisions about their care⁷. Age is a well-known determinant of patient satisfaction index with older patients scoring higher and being more satisfied than young and middle aged patients. Tertiary level hospital has a very important role to play in the delivery of referral health care services to the urban community as well as semi-urban and rural communities. Most crucial problem as felt by the patients was the increased patient load which could be solved with existing resources of hospital by proper management of the men, material and other resources⁸. In the present study, it was found that more than half of the patients spent 2 to 3 hours in the hospital for out door treatment. The mean time spent by each patient in the hospital was 2.42 hours which corresponds to the study findings of Hussain⁹. During the working hours physicians were often found absent from the chamber resulting in long waiting time for the patients. In this study 57.5% respondent reported long waiting time was the main problem which is consistent with the result of study by Karim¹⁰. Although, in some studies it was revealed that the mean waiting time was 2.05 hours and average consultation time was 2.1 minutes¹¹. Specimens are not accepted in the laboratory after the expiry of allotted fixed time for the specimen receipt, as result patients suffer a great deal of repugnance. In this study 74.2% respondents reported difficulty in following the investigation procedures which is similar to the study of Amin¹². The behaviour of the

hospital staff plays a vital role in patient care. Patients always expect good behaviour and conduct from health personnel. The study revealed that 63(21%) respondents expressed that behaviour of hospital staffs was not up to their expectation which is consistent with the study of Barua, but does not correspond with the study of Rahman (10.92%)^{13,14}. Different studies showed that a good number of patients had to buy medicine from the pharmacy outside the hospital. In the present study 80% physicians reported that patients usually received inadequate drug supply from the hospital dispensary which is similar to the study of Kabir¹⁵. Most of the service provider (60%) opined that rush of patient was the main problem at MOPD (Medical Outpatient Department) whereas 68% patient expressed their grievances about non availability of the physician in the chamber within the consultation hours. In the hospitals delivery of adequate patient care and provision of client services can be achieved only if the hospitals are manned with good number of trained and skilled personnel. Hospital has different categories of workers from various tiers of the society. Moreover hospital administrators are facing new problems every day. Therefore, regular staff coordination (in the activities) is essential for smooth functioning of the hospital. Since the hospital employers play pivotal role in providing medical care and other support services for the well-being of the patients, the wages and salaries of hospital staff are important and act as an incentive to the staffs for the meaningful delivery of health care which requires substantial improvement.

Conclusion

After analysis of the study findings, following inference are made: activities and related problems faced by the patients were assessed in terms of problems faced by the patients time spent in the hospital, problems faced in meeting the physician, problems faced in laboratory investigations, problems with supply of medicines and behaviour of the staff. Almost 50% of the advised patients could utilize the hospital laboratory for investigation. Most of the service

providers, administrative personnel and supporting staffs are facing hardship with the present pay and allowances leading to extra work after office hours. Generally no formal or informal meeting of the hospital staffs take place to exchange their views and ideas for improving hospital services. Most common suggestion of the patients, service providers, administrative personnel and supporting staffs was to employ more health personnel. They also suggested strengthening of supervisory system to ensure strict discipline at all levels.

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