



Original Article

Preliminary Report on a Comparative Study on Patients' Satisfaction in Private and Public Hospital in the Perspective of Prevailing Health Management Constraints in Rajshahi

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Abstract

Assessment of patient satisfaction is required to help to improve health system performance and promote better governance of the hospital services. Despite resource constraints health personnel in private health care delivery centers are providing satisfactory health services than public hospitals. In the face of ever increasing demand for health care services strength, weakness and future prospects of private health care facilities should be evaluated and appraised. On the other hand health care delivery in public hospitals should be closely monitored for further improvement to meet the demands of people.

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Introduction

Patient satisfaction has become an established indicator of the quality of health care yet, despite the abundance of measurement surveys reported in the literature, there are few theoretical underpinnings for this important concept. A review of the medical literature relating to the term "patient satisfaction" shows little research on the topic in the 1960s and 1970s. However, things began to pick up dramatically in the early 1980s. Between 1980 and 1996, there was a five-fold increase in the number of articles devoted to this topic. Why this increasing interest? Perhaps it was a natural outgrowth of the consumer movement begun in the 1960s and 1970s. Or maybe it reflected the maturation of the family medicine research agenda. Equally plausible might be the emerging competitiveness of managed care, which led to using patient satisfaction surveys to distinguish between providers.¹

Though a significant number of researches have focused this topic, however, there are no universally accepted means of measuring patient satisfaction. A review of recent studies reveals some interesting findings. Satisfaction has been shown to be related directly to patient expectations; however, intuitive physician judgments about patient expectations may not correlate with true expectations. Further, patient satisfaction may not correlate with the level of clinical outcome. Recent advances have changed our understanding of this complex field.²

It is worth noting that most patient-satisfaction studies are based on patients' experiences at one-time encounters rather than their experiences over time. In addition, discussions in the literature make it clear that quality of care is not what is being measured in patient surveys. In fact, many surveys intentionally avoid asking patients how

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they feel about the quality of their care, presumably because patients are not in a position to judge their physician's technical skill. It appears that what's being measured is typically a combination of the patient's expectation before the visit, the patient's experience at the visit and the extent to which the patient experienced a resolution of the symptoms that led him or her to make the visit.³

While the literature contains a number of contradictions on the subject of patient satisfaction, it also offers a number of compelling reasons for working to improve satisfaction among our patients. Studies support the idea that patients who get better are (not surprisingly) satisfied with their care. One study, in which researchers followed up with patients three weeks after they were seen, found that most were better, but those who were still symptomatic were still worried, had unmet expectations and had lower satisfaction.⁴ African Americans with type-2 diabetes who were most satisfied with the helpfulness of their physicians and nurses were significantly less likely to use the emergency room.⁵ Patients who reported being treated with dignity and who were involved in decisions were more satisfied and more adherent to their doctor's recommendations.⁶ Patient satisfaction surveys of inpatient physician performance showed an inverse relationship between satisfaction and risk management episodes.⁷

Objectives

The main objectives of this study are:

- To estimate the indices of patient satisfaction.
- To identify and report on the perceived strengths and weaknesses of the health care services provided to the patients in hospitals/clinics.
- To provide hospitals the information about their quality improvement initiatives with respect to services provided to the patients.
- To help the management to take appropriate allocative and managerial decisions for utilization of public hospitals by people who need them most and to improve the quality of their services.

Patients and method

The survey has been conducted over 200 patients in different hospitals / clinics of Rajshahi over 6 months. Patient Satisfaction Questionnaire (PSQ) was used as the research instrument. Participants marked tick in the box (from “strongly agree” to “strongly disagree”) that corresponds most closely to their response to each statement. Responses were coded 1–5 from "strongly agree" to "strongly disagree". Negatively worded questions were reverse scored (so that 1 = 5, etc) so that in all cases a low score indicate satisfaction.

Results

Total 200 cases were enrolled. In the group-A 100 cases were from public hospital and in the group-B 100 cases were selected from private clinics in Rajshahi. In the group-A the mean age (\pm SD) of the patients was 33.55 (\pm 15.13) years whereas in the Group-B the mean age (\pm SD) of the patients was 33.17 (\pm 16.23) (Table-1). Regarding age, religion, education and marital status no significant difference were noted among the patients admitted in public and private hospitals. But there was significant differences regarding sex, occupation and monthly income among the patients admitted in public and private hospitals. More male patients were admitted in public hospital than female whereas more females were admitted in private clinics (Table-2, 3, 4, 5 and 6). Mean monthly income (\pm SD) of the patients admitted in public hospital was Tk. 4986.00 \pm 2385.563 whereas that of the private clinics was Tk. 5472.50 \pm 2640.28 (Table-7).

Table-1: Age

Study site	N	Mean (Years)	Std. Deviation	Sig.
RMCH	100	33.55	15.125	
Private Clinics	100	33.17	16.225	.864
Total	200	33.36	15.647	

Table-2: Sex distribution

	Study site		Total (%)	Sig.
	RMCH (%)	Private Clinics (%)		
Sex	Male	73	61	134
	Female	27	39	
Total	100	100	200	.072

Table-3: Religion

		Study site		Total (%)	Sig.
		RMCH (%)	Private Clinics (%)		
Religion	Muslim	87	89	176	.179
	Hindu	9	11	20	
	Christian	2	0	2	
	Others	2	0	2	
Total		100	100	200	

Table-4: Education

		Study site		Total (%)	Sig.
		RMCH (%)	Private Clinics (%)		
Education	No education	26	25	51	.271
	Primary	32	27	59	
	SSC+HSC	34	37	71	
	Degree+	8	11	19	
Total		100	100	200	

Table-5: Occupation

		Study site		Total (%)	Sig.
		RMCH (%)	Private Clinics (%)		
Occupation	Government service	4	7	11	.890
	Non-government service	4	7	11	
	Farmer	29	22	51	
	Business	14	15	29	
	Laborer	8	4	12	
	Housewife	20	27	47	
	Unemployed	2	1	3	
	Others	19	17	36	
Total		100	100	200	

Table-6: Marital status

		Study site		Total (%)	Sig.
		RMCH (%)	Private Clinics (%)		
Marital status	Married	66	68	134	.793
	Unmarried	34	30	64	
	Divorced	0	2	2	
Total		100	100	200	

Table-7: Monthly income

Study site	N	Mean (Taka)	Std. Deviation	Sig.
RMCH	100	4986.00	2385.563	.173
Private Clinics	100	5472.50	2640.280	
Total	200	5229.25	2521.636	

Table-8: Satisfaction analysis

		N	Mean score	Std. Error	Sig.
1. Doctors behavior	RMCH	100	2.02	.028	.529
	Private Clinics	100	2.00	.014	
	Total	200	2.01	.016	
2. Nurses behavior	RMCH	100	2.12	.052	.752
	Private Clinics	100	2.10	.036	
	Total	200	2.11	.032	
3. Cleanliness	RMCH	100	2.56	.092	.005
	Private Clinics	100	2.24	.065	
	Total	200	2.40	.058	
4. Environmental quietness	RMCH	100	2.81	.097	.000
	Private Clinics	100	2.37	.073	
	Total	200	2.59	.063	
5. Patients receive the best care from the staff	RMCH	100	2.47	.086	.002
	Private Clinics	100	2.16	.049	
	Total	200	2.32	.050	
6. Easy to speak to my doctor	RMCH	100	3.95	.026	.000
	Private Clinics	100	3.40	.091	
	Total	200	3.68	.051	
7. Doctor clearly explains	RMCH	100	2.42	.081	.000
	Private Clinics	100	2.06	.034	
	Total	200	2.24	.046	
8. Getting appointment at a convenient time	RMCH	100	2.44	.082	.058
	Private Clinics	100	2.24	.065	
	Total	200	2.34	.053	
9. Nurses do no things carefully	RMCH	100	3.31	.095	.000
	Private Clinics	100	3.76	.064	
	Total	200	3.54	.059	
10. Doctor tests to find out wrong	RMCH	100	2.09	.040	.987
	Private Clinics	99	2.09	.038	
	Total	199	2.09	.028	
11. Faith and confidence in the doctors	RMCH	100	1.69	.061	.007
	Private Clinics	100	1.88	.033	
	Total	200	1.79	.035	
12. Doctor advice over the telephone	RMCH	100	3.93	.033	.000
	Private Clinics	100	3.38	.093	
	Total	200	3.66	.053	
13. Doctor does not tell me enough about treatment	RMCH	98	3.19	.099	.000
	Private Clinics	100	3.66	.074	
	Total	198	3.43	.064	
14. Doctor explain future health	RMCH	100	3.72	.070	.002
	Private Clinics	99	3.96	.028	
	Total	199	3.84	.039	
15. Get advice over the telephone	RMCH	100	3.98	.014	.000
	Private Clinics	99	3.39	.093	
	Total	199	3.69	.051	
16. Doctor is very careful when examining	RMCH	100	2.05	.039	.491
	Private Clinics	100	2.02	.020	
	Total	200	2.04	.022	
17. Satisfied with hours service	RMCH	100	2.22	.063	.715
	Private Clinics	100	2.19	.053	
	Total	200	2.21	.041	
18. Doctor is always interested	RMCH	100	2.09	.035	.249
	Private Clinics	99	2.04	.025	
	Total	199	2.07	.021	
19. Good facilities for dealing with emergencies	RMCH	100	2.14	.038	.000
	Private Clinics	100	3.11	.049	
	Total	200	2.63	.046	

20. Doctor always asks my illness	RMCH	100	3.72	.070	.177
	Private Clinics	100	3.84	.055	
	Total	200	3.78	.044	
21. I have not been given enough information	RMCH	100	3.53	.083	.179
	Private Clinics	100	3.68	.074	
	Total	200	3.61	.056	
22. Satisfied with my doctor	RMCH	100	3.63	.080	.053
	Private Clinics	100	3.82	.056	
	Total	200	3.73	.049	
23. Nurse does not always listen	RMCH	100	3.42	.090	.011
	Private Clinics	100	3.71	.069	
	Total	200	3.57	.057	
24. One or two things about surgery, I am not happy	RMCH	2	3.00	1.000	.312
	Private Clinics	100	3.59	.081	
	Total	102	3.58	.081	
25. Waiting room is uncomfortable	RMCH	23	2.26	.144	.049
	Private Clinics	48	2.69	.130	
	Total	71	2.55	.102	
26. Receptionists explain things clearly	RMCH	100	3.55	.082	.001
	Private Clinics	100	3.13	.097	
	Total	200	3.34	.065	
27. Doctor makes me feel wasting time	RMCH	99	3.80	.059	.014
	Private Clinics	100	3.96	.028	
	Total	199	3.88	.033	
28. I don't feel confident discussing my problems	RMCH	100	3.62	.078	.040
	Private Clinics	100	3.82	.058	
	Total	200	3.72	.049	
29. Appointments are easy	RMCH	100	2.44	.083	.015
	Private Clinics	100	2.19	.058	
	Total	200	2.32	.051	
30. Doctor want to get rid of me	RMCH	100	3.85	.052	.205
	Private Clinics	100	3.93	.036	
	Total	200	3.89	.032	
31. Doctor gives me every chance to talk	RMCH	100	2.16	.053	.382
	Private Clinics	100	2.10	.044	
	Total	200	2.13	.034	
32. Doctor fails to appreciate how ill I am	RMCH	100	3.72	.070	.185
	Private Clinics	99	3.84	.055	
	Total	199	3.78	.045	
33. Doctor shows interest in my problems	RMCH	100	2.14	.051	.771
	Private Clinics	100	2.12	.046	
	Total	200	2.13	.034	
34. Receptionists ask patients the right questions	RMCH	26	3.85	.107	.147
	Private Clinics	25	3.56	.164	
	Total	51	3.71	.098	
35. Not enough seats in the waiting room	RMCH	24	2.00	.000	.000
	Private Clinics	50	2.74	.130	
	Total	74	2.50	.097	
36. Doctor does everything diagnosis	RMCH	100	2.04	.028	.569
	Private Clinics	99	2.02	.020	
	Total	199	2.03	.017	
37. Nurse is always very reassuring	RMCH	100	2.41	.081	.017
	Private Clinics	100	2.18	.052	
	Total	200	2.30	.048	
38. Doctor always puts me at ease	RMCH	98	2.14	.050	.065
	Private Clinics	100	2.04	.024	
	Total	198	2.09	.028	
39. Waiting room seats are uncomfortable	RMCH	25	2.16	.111	.011
	Private Clinics	50	2.68	.129	
	Total	75	2.51	.097	

40. See the doctor of my choice	RMCH	100	3.91	.040	
	Private Clinics	100	3.36	.094	
	Total	200	3.64	.055	
41. Doctor is very understanding	RMCH	100	2.08	.037	.412
	Private Clinics	100	2.13	.049	
	Total	200	2.11	.030	
42. When the doctor is busy I am examined properly	RMCH	100	2.15	.052	.064
	Private Clinics	100	2.04	.028	
	Total	200	2.10	.030	
43. Speak to a receptionist privately	RMCH	99	3.67	.070	.359
	Private Clinics	100	3.57	.078	
	Total	199	3.62	.053	
44. Doctor knows when tests are necessary	RMCH	100	2.02	.014	.569
	Private Clinics	99	2.01	.010	
	Total	199	2.02	.009	
45. Nurse makes me feel wasting his/her time	RMCH	99	3.69	.070	.077
	Private Clinics	99	3.84	.049	
	Total	198	3.76	.043	
46. Do not feel rushed when I am with doctor	RMCH	100	2.10	.044	.735
	Private Clinics	100	2.08	.039	
	Total	200	2.09	.029	
47. Reason for medical tests	RMCH	98	2.76	.098	.016
	Private Clinics	100	2.44	.084	
	Total	198	2.60	.066	
48. Complete medical care	RMCH	100	2.49	.072	.616
	Private Clinics	100	2.54	.069	
	Total	200	2.52	.050	
49. If their diagnosis is correct	RMCH	100	3.81	.054	.013
	Private Clinics	100	3.96	.024	
	Total	200	3.89	.030	
50. Emergency treatment	RMCH	100	2.70	.095	.782
	Private Clinics	99	2.74	.096	
	Total	199	2.72	.067	
51. Courteous manner	RMCH	100	2.13	.051	.676
	Private Clinics	100	2.16	.051	
	Total	200	2.15	.036	
52. Hurry too much when they treat me	RMCH	100	3.22	.098	.135
	Private Clinics	100	3.01	.100	
	Total	200	3.12	.070	
53. Doctors sometimes ignore	RMCH	100	3.70	.072	.842
	Private Clinics	100	3.72	.070	
	Total	200	3.71	.050	
54. Doubts about the ability of the doctor	RMCH	99	3.91	.032	.018
	Private Clinics	99	3.99	.010	
	Total	198	3.95	.017	
55. Doctor usually spend plenty of time with me	RMCH	100	3.03	.101	.723
	Private Clinics	100	3.08	.098	
	Total	200	3.06	.070	
56. Medical care right away	RMCH	100	3.06	.100	.159
	Private Clinics	100	2.86	.100	
	Total	200	2.96	.071	
57. Dissatisfied with some things about medical care	RMCH	100	3.02	.100	.228
	Private Clinics	100	3.19	.098	
	Total	200	3.11	.070	
58. Able to get medical care	RMCH	100	3.80	.060	.811
	Private Clinics	100	3.82	.058	
	Total	200	3.81	.042	

• Significance tests are done by one way ANOVA test.

Regarding satisfaction parameter analysis, no significant differences were noted between public and private hospitals in relation to doctors behavior, nurses behavior, getting appointment at a convenient time, doctor tests to find out wrong, doctors examination procedure, hours of service, doctors interest, information sharing about disease, communication, receptionists behavior, nurses' attitude, emergency treatment, courteous manner and time spent by doctors with the patients. On the other hand significant differences were noted about cleanliness, environmental quietness, staff care, access to doctor, doctors explanation, nurses activity, faith and confidence in the doctors, doctor advice over the telephone, facilities for dealing with emergencies, nurses' attention, waiting room, receptionists behavior, medical tests and doctors competency (Table-8).

Discussion

Different studies have revealed that our common beliefs about medical services are: treatment seeking at public hospitals is a burden to the people in rural areas because of user charges and inadequate drug supply in hospital, doctors do not spend enough time with patients in public hospitals, drug supply in hospitals is inadequate, attendants are not allowed to accompany patients when doctors are on rounds but attendants understand & can explain the patient's condition better, behaviors of doctors, nurses and other supporting staff are not satisfactory.

Assessment of patient satisfaction allows doctors/general practitioners to investigate the extent to which their service meets the needs of their client group⁸. Questionnaires that assess specific aspects of service provision will enable the practitioner to identify aspects of the service where patients are less satisfied, and potentially improve these aspects of care⁹. Research has shown that satisfied patients are more likely to follow treatment instructions and medical advice, probably because they are more likely to believe that treatment will be effective¹⁰. They are also less likely to change doctors and make

complaints¹¹. It is therefore in the doctors/general practitioner's interest to know the extent of patient satisfaction with service provision¹². In our present survey regarding satisfaction parameter analysis, no significant differences were noted between public and private hospitals in relation to doctors behavior, nurses behavior, getting appointment at a convenient time, doctor tests to find out wrong, doctors examination procedure, hours of service, doctors interest, information sharing about disease, communication, receptionists behavior, nurses' attitude, emergency treatment, courteous manner and time spent by doctors with the patients. But significant differences were noted about cleanliness, environmental quietness, staff care, access to doctor, doctors' explanation, nurses' activity, faith and confidence in the doctors, doctor advice over the telephone, facilities for dealing with emergencies, nurses' attention, waiting room, receptionists behavior, medical tests and doctors competency between private and public hospitals. Despite resource constraints health personnel in private health care delivery centers are providing satisfactory health services than public hospitals. And health care delivery in public hospitals should be closely monitored for further improvement to meet the demands of people.

Conclusion

Despite resource constraints health personnel in private health care delivery centers are providing satisfactory health services than public hospitals. In the face of ever increasing demand for health care services strength, weakness and future prospects of private health care facilities should be evaluated and appraised. On the other hand health care delivery in public hospitals should be closely monitored for further improvement to meet the demands of people.

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