

Patient Satisfaction on health Service Provided through Tairunnessa Memorial Medical College & Hospital- Gazipur.

Abul kalam

Rn Bsn MPH(Hospital management)

AmericanInternational University –AIUB Bangladesh.

Former Director, Royal Nursing & Midwifery College Gazipur.

Former Director &CEO , Race Nursing Institute- Kapasia Gazipur.

Nursing Officer , Government Shaheed Ahsan Ullah Master General Hospital, Tongi Gazipur.

Abstract: Patient satisfaction is top of mind today for most health care organizations, from hospitals to physician practices to home health care agencies. Hence, commitment to provide a high-quality service and achieving patients' satisfaction becomes an important issue for health care provider.

Materials and Methods: Materials and Methods: In this study, a descriptive cross sectional study was carried out the utilization of level of patient's satisfaction through provided health services from Tairunnessa Memorial Medical College & Hospital, Gazipur. Total 105 respondents were selected purposively in the catchments area of Tairunnessa Memorial Medical College at Gazipur district.

Results: The number of female percentages (72.4%) was high rather than male (27.6%) whereas 37.1% were married in this study and majority of the respondents (73.3%) were took health services among the 16 to 30 age group. More than half (57.1%) study respondents were lived in urban areas and rest of them were in rural. In religion of the respondents, Muslims, Hindu and Christian were respectively 90.5%, 4.8% and 3.8%. Among the respondents, 42.9% were primary level education which is slightly high in comparison with higher degree level (36.2%).

The various level of satisfaction regarding USG service & shows that , 31% are strongly satisfied, 27% satisfied, 12% are neutral, 26% dissatisfied, and 9% are strongly dissatisfied whereas level of satisfaction regarding Pathology service were shows 54% are strongly satisfied, 23% satisfied, 20% are neutral, 3% dissatisfied, and 5% are strongly dissatisfied In the level of satisfaction regarding ECG service shown that 12% are strongly satisfied, 15% satisfied, 10% are neutral, 30% dissatisfied, and 38% are strongly dissatisfied

Key Word: OPD: Outpatient Department ,SPSS: Statistical Package for the Social Sciences,NGO: Non Government Organization,WHO: World Health Organization.,USG: Ultrasonography.,ER: Emergency Department.Keywords: Hospital, inpatient, patient satisfaction.

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I. Introduction

Patients are the main consumer or client of a hospital. So, patient satisfaction is the prime aim of a hospital as an organization to run successfully. Today frequently we get the news of hospitals and medical services being vandalized by patient party citing the ignorance of service provider. Discrete misunderstandings between service provider and receiver can't be avoided at all. However an overview of consumers regarding services provided is the necessity of the organizations. So this study aims the view of patients' satisfaction over the services they are receiving. It reflects the status of the hospital and its service. In developing countries such as Bangladesh, only few studies have sought patients' views on satisfaction with services, and there is a little effort to involve them in measuring satisfaction or defining health service standards. (Ref. Nursing & Midwifery research journal, Vol-9 July 2013)

This research is to assess the level of patient's satisfaction on health -services provided through Tairunnessa Memorial Medical College & Hospital Gazipur. The logic for conducting the study is to find out the level of satisfaction through various kind of clients. Another reason is to improve the better service to clients. And to correct the default of administration usually directing and controlling system.

In Bangladesh there are more Private clinics and Hospital are available But most of the clinics cannot provide highest care to its clients. But TMMC & H are committed to ensure better health service to its clients. so it is very essential to identify the level of satisfaction through service provided to this pts. it happens that with a competent doctor and a compliant patient, the problems persist because of the policies, work culture, and attitude shown by the hospital. Traditionally, hospitals have had discrete functional services such as house-keeping, dietary services, pharmacy, laboratory, etc. Unfortunately, this specialization has led to more

fragmentation, costly care, and less than ideal customer service. A study describes that during a typical 3- to 4-day stay in hospital, a patient may interact with 50-60 employees . Building and sustaining a service-oriented organizational culture is important for the success of any organization. Several changes are being seen in the management strategies with the goal of serving better and improving the service quality. There are certain areas where minimum requirements and standards have to be maintained. Consumer's satisfaction is generally defined as the consumer's view of services received and the outcome of treatment. Program evaluators use the concept of consumer's satisfaction to enhance health care providers' ability to render services that meet consumer's need. Society now acknowledges the importance of the views of users in developing services, and the health care sector has used a range of methods to identify the views of patients and the public. From a management perspective, client satisfaction with health care is important for various reasons. First, satisfied patients are more likely to maintain a consistent relationship with a specific provider. Second, by identifying sources of patient satisfaction, an organization can address system weakness, thus improving its risk management. Third, satisfied patients are more likely to follow specific medical regimens and treatment plans. Finally patients' satisfaction measurement adds important information on system performance, thus contributing to organization's total quality management.

It is an established fact that satisfaction influences whether a person seeks medical advice, complies with treatment and maintains a continuing relationship with practitioners .Donabadian, arguably the leading theorist in the area of quality assurance, has emphasized that Client satisfaction is of fundamental importance as a measure of the quality of care because it gives information on the provider's success at meeting those client values and expectations, which are matters on which the client is the ultimate authority

However, people are increasingly concerned about hospital's performance because: Hospitals use an increasing proportion of scarce community resources. There are increasing questions about quality and effectiveness addressing those service aspects of healthcare that consumers most readily appreciate, such as access, provider relationship, availability of information and opportunity for participation can influence health care quality outcomes

The efforts of the government, NGOs and private service providers in the country's health sector have been rewarded with some success, especially in primary health care with its focus on prevention. Presently, 73% of children are fully immunized in Bangladesh (NIPORT 2004) and the child mortality rate has declined substantially to 88 per 1000 from 153 in the mid-1970s (Government of Bangladesh 2003). Maternal mortality, an important indicator of well-being, has also declined, to 3.2 per 1000 in 2001 from 6 per 1000 in the 1980s, with the introduction of appropriate preventive measures (NIPORT 2003).

A recent study from Bangladesh reported that the most powerful predictor for client satisfaction with health services was provider behavior, especially respect and politeness It is indicated that health care systems in most developing countries suffer from serious deficiencies in financing, efficiency, equity and quality and are poorly prepared to meet these challenges The Study has been done in TMMC&H Gazipur . The private health care sector (including unqualified providers) also deserves close scrutiny as about 70% of the patients seek medical care from this sector (World Bank 2003). Between 1996 and 2000, private hospitals grew around 15% per annum (HEU 2003b). Unfortunately, there are concerns that the quality of service is being ignored here as well. Some of its main drawbacks include disregard of standard treatment protocols, lack of qualified nurses and unnecessary diagnostic tests (World Bank 2003).

The Bangladesh Government and its development partners have also acknowledged their concerns about the quality of health care services (Ministry of Health and Family Welfare 2003): 'Absenteeism of health care providers is a major concern; consultation time is very short (2-3 minutes), with almost no privacy ... A good number of posts are lying vacant at Upazila and below levels. Rural facilities need more budget to meet local needs. Most of the time, providers are busy with other activities, including private business. Unavailability of drugs is the single most important reason for people's dissatisfaction about public health facilities.' These instances reflect the problems of the health service delivery system that must be quickly and responsibly addressed. With the quality of services showing little signs of improvement, a large number of Bangladeshi patients who are able to afford it are going to foreign hospitals, despite the financial costs and the cumbersome processes involved in getting visas, obtaining foreign exchange, arranging for transportation, accommodation and food, and finding the right service providers. Clearly the perceived benefits to them exceed the costs. This also results in huge losses of foreign exchange for Bangladesh, estimated at Tk.500 million a year (IHE 2002).

II. Material And Methods

A descriptive Cross Sectional study. It is a mixed method both Qualitative and quantitative but more potentiality regarding on quantitative Research design is the overall arrangement of linking the theoretical research problems to relevant and realistic empirical research (Ghaur i & Gronhaug, 2005, p. 56). It is also useful for researcher to make rational choices and prioritize the preferred method of collecting and analyzing research data. However Saunders et al (2007, p. 131) describe the research design as a general plan that shows how the researcher answer the research question or problem.

Study Design: Prospective open label observational study

Study Location: Tairunnessa Memorial Medical College & Hospital is an institution of Tairunnessa Memorial Medical Centre Limited. Since its inception, Tairunnessa Memorial Medical Centre has been playing an important role in developing human resources for health in Bangladesh. With the initiative of its Founder Chairman M. Shamsu Hoque, it started its journey with a small outpatient department, at Konia, Gazipur which over the years has turned into an impressive prestigious hospital and research complex - TMMC Hospital, with 500 bedded multidisciplinary hospital complex - has been recognized nationally and internationally as a centre of excellence for heart diseases and research.10)

Study Duration: September 2013- September 2014

Sample size: 105 patients.

Sample size calculation: The sample size was estimated on the basis of a single proportion design. The target population from which we randomly selected our sample was considered 20,000. We assumed that the confidence interval of 10% and confidence level of 95%. The sample size actually obtained for this study was 96 patients for each group. We planned to include 300 patients (Group I- Control, Group II- Cases of 100 patients for each group) with 4% drop out rate

Subjects & selection method:

Study Population: The study population consists of admitted patient who received service of TMMC & Hospital Board Bazer Gazipur getting services in admitted in ward, OPD and emergency department.

Inclusion Criteria

1. Willing to provide the answer to the interview.
2. Patients who had made at least 1 visit to the hospital.

Exclusion criteria:

1. Patients cannot speak (mute) or listen (deaf).
2. Patients in the serious health condition.
3. Patients having mental health problem.
- 4.

(10) Procedure methodology (10 Bold) 105 According to the statistic formula of sample size, by assuming p as 0.5 and degree of accuracy desired setting (d) at 0.065 and z -score of 1.96 at 95% confidence interval, n is calculated as 228, but due to short duration of time sample size of 100 was arbitrarily chosen.

Sampling Method: Non probability purposive sampling method.

Data Collection Method

- Using available information
- Observing
- Interviewing (face-to-face)
- Administering written questionnaires
- normally right & proper.
- Privacy was maintained regarding their identity and their information

Limitation:

- time limitation to take a large sample size
- only 1 hospital was included in the study which does not reflect the situation of whole city or nation.
- only outpatient department was considered in the study which may not reflect the service provided by hospital as a whole.

Types of questions: Both close & open ended question & in form of Bengali & English.

Ethical Consideration

- Maintained all ethical issues regarding research, regarding data collection, maintain confidentiality of data etc.
- Justice: Refers to the ethical obligation to treat each person in accordance with what is normally right & proper.
- Privacy was maintained regarding their identity and their information

Utilization of results: for future research reference and will benefit for human and TMMC&H authority

Tab. 1. Distribution of Socio-Demographic Characteristics of Patients

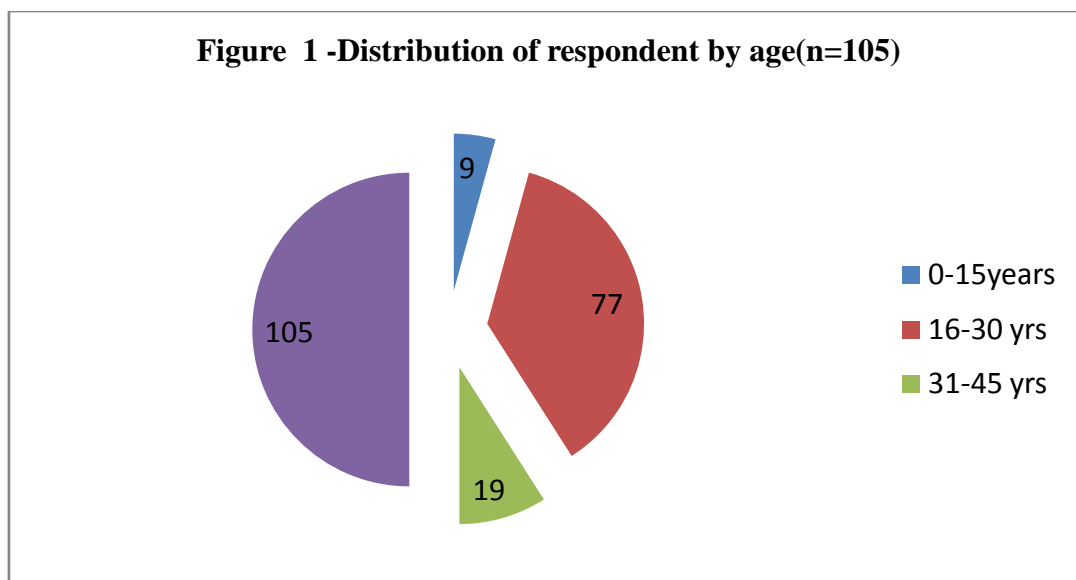
Socio-demographic factors	Frequency (N=105)
Gender	
Female	76
Male	29
Age in years	
0-15 yrs years	27
Marital status	
16-30 years	
31-45	
Married	39
Unmarried	38
Widow	08
Divorced	20
Education	
Primary school	45
Secondary school	15
Higher secondary	37
Degree level	08
Occupation	
Informally employed	08
Not employed	08
PVT service	16
NGO workers (mechanics, labour)	01
Day labor	11
Businessman	19
Others	42
Religion	
Islam	95
Hindu	5
Buddish	1
Chraistain	1
Family members	
2 members	8
3 members	20
4 members	35
5members	17
6 members	17
8 members	8
Living status	
Rural	45
Urban	60

III. Result and Findings

Table 1 -Distribution of respondent by age

Age group	Frequency(n=105)	Valid Percent
0-15years	9	8.6
16-30 yrs	77	73.3
31-45 yrs	19	18.1
Total	105	100.0%

Table 1 shows that distribution of the age according to class interval age of the respondent are categorized into (3) three groups as group 1 (0-15) years, group-2 (16-30) years group-3 (31-45) years. Table 1 shows that the represented the high of the study population was group-2 (n=77) and lowest of the group are group 1(n=9) . This information is well depicted in the above table-1



Results

Table-4 Distribution of respondent by Religion

Religion group	Frequency	Valid Percent
Islam	95	90.5
Hindu	5	4.8
Buddish	1	1.0
Christian	4	3.8
Total	105	100.0

Table -4, The following table shows that the distribution of respondent by their religion majority 90.5% were islam, and minority 1% were buddish.

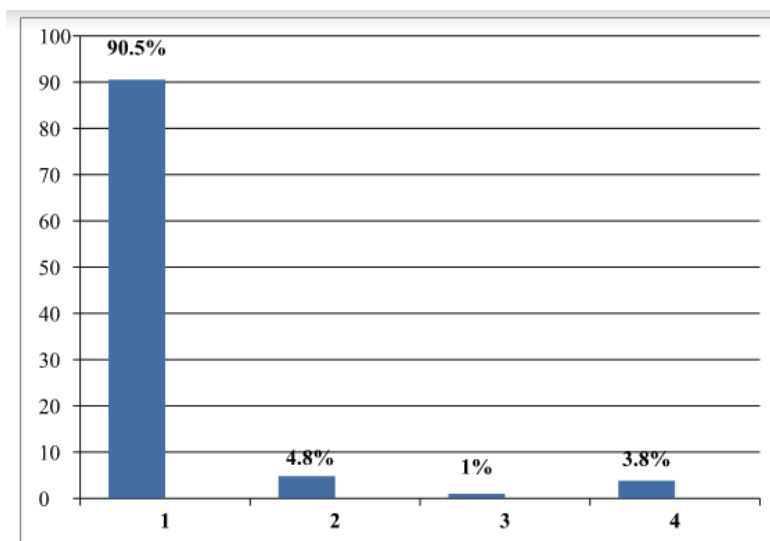


Figure -4, The following table shows that the distribution of respondent by their religion status

Table 2 .Relationship between Age & Satisfaction of the respondents. (n=105).

Variable	Physician service		Total	χ^2	P -Value
	Had satisfaction Frequency (%)	Had no satisfaction Frequency (%)			
Doctors availability	59 (56.2%)	1 (1.0%)	60 (57.1%)	Chi=8.517	p=.005
	37 (35.2%)	8 (7.6%)	45 (42.9%)		
Total	96 (91.4%)	9 (8.6%)	105 (100.0%)		

Table 2, it was observed that among respondent 91.4 percent are satisfied by physician service and 8.6 percent are not satisfied about physician service . Therefore the level of satisfaction regarding physician service are significant association with doctors availability where p=.005

Table 3. Relationship between Education & patients condition Explanation of the respondents. (n=105)

Variable	patients condition Explanation		Total	χ^2	P -Value
	Had satisfaction Frequency (%)	Had no satisfaction Frequency (%)			
Primary level	30(28.6%)	15(14.3%)	45(42.9%)	23.198	P=.001
Secondary level	15(14.3%)	0(0%)	15%(14.3%)		
Higher level	15(14.3%)	22(21.0%)	38%(36.2%)		
Degree level	7(6.7%)	0(0%)	7%(6.7%)		
Total	67(63.8%)	37(35.2%)	105(100.0%)		

Table- 3,It was observed that among 105 patients, primary level satisfaction are high in relation to condition explanation by physician . Therefore the level of satisfaction regarding to education level are significant association educational level. (p<0.05)

IV. Discussion

For every hospital patients are the main users. The primary function of a hospital is patient care. Patient satisfaction is one of the yardsticks to measure the success of services it produces. Effectiveness of hospital relates to the provision of good patient care as intended. Hospital serves all the members of society and the expectations of the users also differ from one individual to the other because everyone carries a particular set of thoughts, feelings and needs. Hence determination of a patient's real feelings is very difficult. It is the responsibility of the administrator team. "Put yourself in your patient's shoes," was a proverb that explains how to proceed with a patient.

The health sector occupies an enormously important position in ensuring sustainable overall socio-economic advancement in developing countries. In Bangladesh, the government has begun to strategically

integrate the health sector into its poverty reduction plans. Client satisfaction is the level of satisfaction that clients experience having used a service. Therefore, Its reflect the gap between the expected service and the experience of the service, from the client's point of view. Measuring client or patient satisfaction has become an integral part of hospital management strategies across the globe. Moreover, the quality assurance process in most countries requires that the satisfaction of clients be measured on a regular basis.

Table 4.Relationship between USG &Confidentiality maintain regarding services of the respondents. (n=105)

Variable	Confidentiality maintain regarding service		Total	χ^2	P -Value
	Had satisfaction Frequency (%)	Had no satisfaction Frequency (%)			
USG	57 (54.3%)	15 (14.3%)	72 (68.6%)	13.211	p=.001
	33 (31.4%)	0 (.0%)	33 (31.4%)		
Total	90 (85.7%)	15 (14.3%)	105 (100.0%)		

Table - 4, It was observed that among 105 patients, 85.7%are satisfied and 14.3 % are not satisfied Therefore the level of satisfaction regarding to physician service are significant association with maintain confidentiality of client .(p=.001)

Table 6.Relationship between Confidentiality maintain &Lab services regarding services of the respondents. (n=105)

Variable	Lab services		Total	χ^2	P -Value
	Had satisfied Frequency(%)	Had no satisfied Frequency (%)			
Confidentiality	65 (61.9%)	25 (23.8%)	90 (85.7%)	1.415	0.202
	11 (10.5%)	4 (3.8%)	15 (14.3%)		
Total	76 (72.4%)	29 (27.6%)	105 (100.0%)		

Table - 6, It was observed that among 105 patients, rural 76. are satisfied and 29 are not satisfied Therefore the level of satisfaction regarding confidentiality maintain are significant association with lab service (p=.202)

V. Conclusion

Patients attending each hospital are responsible for spreading the good image of hospital and therefore satisfaction of patients attending the hospital is equally important for hospital management. Private Hospital is committed to being a leading provider of health care services by delivering high quality outcomes for patients and ensuring long term profitability.

To achieve this TMMC&H has been conducting several methods to enhance their services. Independent variables included predisposing factors such as age, gender, marital status, educational level, occupation. etc . A structured questionnaire was used as a study instrument for data collection. The number of patient calculated by using the statistical formula was large enough to be conducted in short time. Thus taking time factors in consideration arbitrarily 105 was chosen for sample size.

Stratified random sampling was applied to draw the patients from inpatient unit of hospital. Data collection was carried out by researcher (myself). The data were collected when patients were admitted in ward. It was from 23rd Nov -3rd December 2013. 105 patients were participated in this study, the data was analyzed by SPSS version 16. The results were presented by using frequency, percentage, minimum, maximum, median, mean etc; Chi-square test was performed to determine the association between independent and dependent variables. for classification of satisfaction level. Regarding the components of satisfaction, it was found that overall patient had low satisfaction. Among Socio demographic factors occupation and number of visits to the hospital with in last 6 months were significantly associated with patient's satisfaction.

This study showed higher clients dissatisfaction level . lack of proper staff training, monitoring and supervision, drug and supplies poor information provision, long waiting time, poor cleanliness, lack of privacy,

and inadequate visiting hours, were found to be the major dissatisfaction. Hospital authority should develop in service education training .Therefore the hospital management should understand these weak service areas plan a better service delivery.

Limitation:

- As study areas were selected purposively & the study was conducted only admitted patient, the results may not be generalized overall scenario of patient's satisfaction in Bangladesh.
- This academic study was conducted with shortage of time and shortage of financial support and location.

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