

Patients' and Caretakers' Satisfaction at Western Regional Hospital, Pokhara, Nepal

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Abstract

Curative services are highly demanded component of health service. Besides competence in technical aspects; behavior of health care providers, availability of consumer friendly environment and the trusting relationship with the physician along with open two way communication between health care provider and consumer determines the consumers' perception about the quality of service that further determines whether they seek and continue to use services. This study was conducted with the objective of finding out consumers' satisfaction with the services of Western Regional Hospital, Pokhara and the findings can be helpful in designing interventions accordingly. A client-exit interview was conducted which included 146 respondents representing both old and new OPD cases of the hospital. Two Focus Group Discussions were also conducted. Results obtained showed that service of hospital were of good satisfaction to more than half of the respondents. Drug availability and cheap cost of service were strong aspects of hospital. More than half of the respondents had visited private medicals before coming to hospital. Poor place of examination, poor hospital sanitation, long waiting time for doctor and service of staffs other than doctor were some of the aspects that consumers were poorly satisfied with. Fifty four out of 115 (47%) who had spent less than 5 minutes with the doctor, had good satisfaction with doctors' service. Hence, consumers' satisfaction is influenced by the factors like behavior of

attending physician and other hospital staffs, place of examination, waiting time for doctor, hospital sanitation etc.

Keywords: Client-exit interview, communication, Consumer's satisfaction, waiting time

1. Introduction

Patients are the end consumers of the health care services and their perception of the quality of service provided is the key factor in determining the use of services (Ford, Bach & Fottler, 1997). Measuring patient's satisfaction mainly helps to; evaluate health care services from the patients' perspective, facilitate the identification of problem areas and help generate ideas towards resolving these problems (Sitzia and Wood, 1997). In public sector quality measures function as a direct measure of accountability as well as providing information to hospital about the areas for improvement (Draper, Cohen & Buchan, 2001). It is also easier to evaluate the patients' satisfaction towards the service than evaluate the quality of medical services that they receive (Chandwani, Jivarajani & Jivarajani, 2009). Thus keeping in view patient satisfaction and quality care as an important factor that leads to higher rate of patient retention and customer loyalty (Subba, 2003) and influence the rate of patient compliance with physicians' advice (Bajracharya, 2002), the above study aims to reveal the status of provider-consumer relationship in the selected hospital setting.

2. Methods and Materials

This was an exploratory type of study with a post-test only design conducted in Western Regional Hospital, Pokhara. A total of 146 respondents that included 77 patients and 69 caretakers of the patients visiting the Out Patient Department (OPD) of the hospital were selected as the study population. Client exit interview was used as the data collection technique. Purposive sampling was used to sample the patients and caretakers of the patients visiting the hospital OPD. Patients and caretakers of patients admitted in the hospital were not included in the study. Respondents were asked if they were satisfied with different aspects of hospital in a scale

ranging from *Good-Satisfactory-Poor*. Two FGDs were also conducted to complement the findings from Client Exit interview. A pre-tested Questionnaire was used for interview purpose. Data entry was done in MS excel for the purpose of coding and data editing. The data were then transferred to SPSS (15 version) and then analyzed.

3. Findings and Discussion

The median age of the respondents was 30 years, ranging from 16 years to 72 years. Among respondents, proportion of female respondents (55.5%) was more than male (44.5%). Similarly, 52.7% of them were patients and 47.3% were caretakers. Only 13.7% were illiterate. Major occupation was agriculture and household work for more than half of respondents. Around 40% of the respondents were from the walking distance of more than 1 hour from the hospital.

Table 1: Background information of respondents

Characteristics	Frequency	Percentage
Sex (n=146)		
Male	65	44.5
Female	81	55.5
Level		
Caretaker	69	47.3
Patient	77	52.7
Education		
Literate	126	86.3
Illiterate	20	13.7
Among literate (n=126)		
Primary	33	26.2
Secondary	45	35.7
Higher secondary	26	20.6
Higher	22	17.5
Occupation(n=146)		
Agriculture and household work	86	58.9
Service	28	19.2

Characteristics	Frequency	Percentage
Business	14	9.6
Others	18	12.3
Walking Distance to hospital		
Less than 30 minutes	39	26.7
30 minutes to 1 hr	49	33.6
1 to 2 hours	38	26
More than 2 hours	20	13.7
Gone elsewhere before coming		
Yes	97	66.4
No	49	33.6
If yes, where? (n=97)		
Local baidhya	8	8.3
Dhami/jhakri	15	15.5
Government health facility	17	17.5
Private hospital	8	8.3
Private medical	49	50.5

Source: Field survey, 2009

Though the hospital is government hospital and the region’s major health care centre with a huge catchment area, the study showed that, more than half (50.5%) of the respondents moved to the private medicals for treatment prior to government health facility. Reason behind the government hospital not being first choice for health care seeking might be because the respondents were not satisfied with different aspects of hospital including the poor service of the staffs other than doctor, long waiting time for doctor, less time given by doctor, poor place of examination etc. that affected both the patients and caretakers.

According to Bajracharya (Bajracharya, 2002), focus on customers is one of the major principles of Health Care Quality. If this component is not paid attention misdiagnosed patients, prolonged illness, incorrect use of drugs and death will prevail, as the tip of iceberg while other results as suspicious community, frustrated and dissatisfied patients as well as manager, wasted time, lost productivity etc. will result. As supported by Bajracharya, this

study too finds that non-compliance to prescription as well as physician’s advice and lower rate of patient retention are more natural to occur.

When asked about their satisfaction, the percentage of respondents who rated location of hospital, service of hospital, service of doctor and drug availability as good were 61%, 51%, 55.4% and 72% respectively.

Table 2: Respondents’ satisfaction with different components of hospital*

Satisfaction with	Good	Satisfactory	Poor
Location of hospital	89 (61)	34 (23)	23 (16)
Service of hospital	74 (50.6)	51 (35)	21 (14.4)
Service of doctor	81 (55.4)	33 (22.6)	32 (22)
Service of staffs other than doctor	41 (28.1)	52 (35.6)	53 (36.3)
Place of examination	40 (27.4)	46 (31.5)	60 (41.1)
Doctor availability	49 (33.6)	44 (30.1)	53 (36.3)
Drug Availability	105 (72)	29 (19.8)	12 (8.2)
Hygiene and sanitation	45 (30.8)	48 (32.9)	53 (36.3)

*The numbers in the parenthesis are percentages.

Source: Field survey, 2009

Respondents were asked for the reasons of good and poor satisfaction of service of doctor and service of staffs other than doctor. Regarding reason for good satisfaction with doctors’ service; good language and communication (44.4%), good counseling (40.7%), and good behavior (33.3%) of doctor were major reasons (Table 3). Similarly, major reasons mentioned for poor satisfaction with doctors’ service were; referral of more tests and medicines (53%), no information on disease and drug (53.1%) and less time given by doctor (46.9%). The major reasons for good satisfaction with service of other staffs of hospital were; good dealing, good behavior and their service to people whereas the major reasons for poor satisfaction were their discriminatory behavior (51%), rude language and poor communication (47%) and poor dealing skills (36%).

The service of doctor was rated as good by 55.4% of respondents and the main reason behind were good language and communication (44.4%), good counseling (40.7%), and good behavior (33.3%) of doctor though only 47% of them had spent less than 5 minutes with doctor. This finding is unlike to the one revealed by Subba S. in a study conducted in Jajarkot district where extremely short doctor patient interaction had affected the attitude of service consumers towards doctor. However, the author had admitted that pure technical information might have increased dissatisfaction among the consumers (Subba, 2003).

In this study, 36% rated service of staffs other than doctor as poor and 41% rated place of examination as poor. Only 33.6% had good satisfaction on doctors’ availability. A study (Andaleeb, 2001) reported that, health care providers in a number of hospitals reflect a general sense of apathy and unconcern towards patients. The same study suggested that patients are denied the elements of responsiveness and personal attention because of their perceived subordinate status compared to that of providers.

In Western Regional Hospital, Pokhara, the major reasons for poor satisfaction with service of staffs in hospital other than doctor were their discriminatory behavior, rude language & poor communication and poor dealing skills. This finding gives suggestions similar as given by a study in rural Bangladesh (Aldana, Piechulek & Al-Sabir, 2001) that the most powerful predictor of client satisfaction with government health service is the providers’ behavior towards patients, particularly respect and politeness.

Table 3: Reasons for satisfaction in different services*

Reasons for good satisfaction with	Male	Female	Total
(n=81)			
Good counseling	13	20	33
Good behavior	12	15	27
Good treatment	7	9	16
Gives enough time to explain	6	3	9
Good language and communication	16	20	36
Reasons for poor satisfaction with			

Reasons for good satisfaction with	Male	Female	Total
(n=32)			
No information on disease and drug	7	10	17
Less time given	6	9	15
Discriminatory behavior	1	4	5
Refer more test and medicine	10	7	17
Others	1	7	8 (25)
Reasons for good satisfaction with			
staffs of hospital (n=41)			
Good dealing	6	13	19
Good behavior	7	10	17
Providing service to people	4	8	12
Good communication and politeness	6	3	9 (22)
Reasons for poor satisfaction in			
staffs of hospital (n=53)			
No priority to poor/elderly/those	9	6	15
Rude language and poor	9	16	25
Discriminatory behavior	13	14	27
Cannot handle more patient flow	5	6	11
Poor dealing skills	9	10	19

*The reasons mentioned in Table 3 are multiple responses (The numbers in the parenthesis are percentages)

Source: Field survey, 2009

The median waiting time for doctor was 45 minutes, ranging from 5 minutes to 4 days. When respondents were asked if the complete treatment did not take place in the hospital where they would go for further treatment, around 33% replied that they would go to private medical, 34% to private hospital, 16% to government health institutions, 2% to traditional healers and local baidhya whereas 15% replied that they would go nowhere for further treatment. For 91% of the respondents the service cost of hospital was affordable. Around 9% said that the cost was expensive and were of the view that it should provide free service being a government hospital. More than 70% of the respondents said that they were well counseled by doctor and had chance to express problem with the doctor. However, around 79% of the respondents

said they had spent less than 5 minutes with the doctor. When respondents were asked how much they would pay if given quality service, 56.8% said they would even pay high cost for the quality service, 28.8% would pay average cost and 14.4% said they had low paying capacity.

For most of the respondents (27.4%) no aspect of hospital was among the most liked aspect. However, responses like behavior of doctor; cheap service cost and; service to people of all socio-economic status were among most liked aspects (Table 4). Similarly, among the least liked aspects of the hospital; very high patient flow, behavior of staffs other than doctor, less time given by doctor and poor place of examination were more common responses.

Table 4: Most liked and least liked aspects of hospital*

Most liked aspects of hospital	Male	Female	Percentage
Cheap service cost	13	20	22.6
Drug availability within hospital	7	9	10.96
Service to people of all socio-	20	11	21.2
Behavior of doctor	13	21	23.23
Quality of doctor	10	7	11.64
Behavior of staffs	2	5	4.79
No aspect	14	26	27.4
Least liked aspects of hospital			
Poor hygiene and sanitation	9	3	8.22
Poor behavior of staffs other than	14	22	24.66
Long waiting time for doctor	5	10	10.27
Less time given by doctor	15	18	22.6
Poor hospital management	8	8	10.96
Very high patient flow	21	16	25.34
Poor place of examination	3	13	10.96
No aspect	1	10	7.53
Others	7	6	8.9

*Responses in Table 4 are multiple responses Source: Field survey, 2009

Table 5 shows that 47 out of 74 (64%) respondents who had good satisfaction with service of the hospital also had good satisfaction with doctors' service. Similarly 11 out of 21 (52 %) respondents who had poor satisfaction with hospital service also had poor satisfaction with doctors' service. Thirty out of 41 (73%) who had good satisfaction with service of other staffs of hospital also had good satisfaction with doctors' service whereas 21 out of 53 (40 %) who had poor satisfaction with service of other staffs had good satisfaction with doctors' service. Fifty four out of 115 (47%) who had spent less than 5 minutes with the doctor, had good satisfaction with his/her service. Twenty Five out of 40 (63%) respondents who didn't have chance to express their problem with doctor had poor satisfaction with their service. Similarly, 24 out of 33 (73%) who were not counseled well by doctor were poorly satisfied with their service.

In this study, more than one fourth of respondents said they didn't get chance to express their problems clearly with doctor, 22% said they were not well counseled by doctor and around 79% had spent only less than 5 minutes with the doctor, 11% said that doctor referred more tests and medicines and 11% said that doctor didn't give information on disease and medicines. According to a survey (Davis, 2002), nearly one fifth of the respondents had experienced one or more communication problem the last time they visited a doctor. These problems included patients leaving the visit with questions about their care that they had wanted to discuss but did not (12%), patients reporting that the doctor listened some or only a little to what they had to say (9%), or patients understanding some or only a little of what the doctor told them (7%).

Table 5: Satisfaction with doctors' service and different variables

Variables	Satisfaction with doctors		
	Good	Satisfactory	Poor
Service of hospital			
Good	47	14	13
Satisfactory	30	13	8
Poor	4	6	11
Service of other staffs			
Good	30	4	7
Satisfactory	30	16	6

Poor	21	13	19
Time spent with doctor			
Less than 5 minutes	54	31	30
5 to 10 minutes	21	2	2
More than 10 minutes	6	0	0
Chance to express			
Yes	76	23	7
No	5	10	25
Well counseled by doctor			
Yes	80	25	8
No	1	8	24

Source: Field survey, 2009

Two Focus Group Discussions (FGDs) were also conducted with the caretakers who were not interviewed previously. The findings from the FGDs were also similar to that from Interview. FGDs revealed that majority of the participants went to traditional healers and private medicals when they or their family members fell ill. Some of the participants were in doubt that the quality of the service they received was good. According to them, most of the doctors were MBBS interns from different medical colleges. This was further found to affect the compliance to treatment and counseling they received. Similarly, most of participants also raised issues on poor behavior of the hospital staffs and the slow service because of formalities in different sections like OPD counter, Pharmacy which sometimes had affected the emergency cases. Most of the respondents also shared that patient-load was much higher compared to doctors' number and some doctors would even recommend them to visit their private clinics. Training on Inter-Personal Relationship (IPR) for hospital staffs had been a demand by some of the participants. One of the participants in FGD complained that he had to wait for a whole week to meet the doctor. Some participants said that it would be better if the hospital had special provisions for those patients travelling long distance before reaching the hospital. However, some of the respondents were satisfied with the hospital's service and were of the view that it provided service to people of all socio-economic status at an affordable price.

A study in Tanzania revealed that those who can afford choose to go to private health facilities instead of seeking care at public health facilities as health service consumers are always in search of good behavior and polite language from the provider side and they can even pay high amount for it (Mamdani and Bangser, 2004). More than half of the participants of the FGD said that they would pay even high cost provided that they get quality service. It was also found that in case of no complete treatment in the hospital 33% would go to private medical and similar percent (34%) would go to private hospital. This also partially denotes not much strong referral mechanism in the hospital. However, the study takes in to account the perspective of small sample.

4. Conclusion

The study was done to find out the status of patients' and caretakers' satisfaction in the selected hospital. The findings suggest that the hospital is of much importance to the region in providing health services to the general public. So, to further improve utilization of service from the hospital, it needs to address strengthening different aspects like Interpersonal Relation of the hospital staffs with consumers, maintenance of hygiene and sanitation, place of examination, doctor patient ratio etc. Similarly, improvement in attitude and communication between modern health care provider and consumers is also necessary. The study of similar type with larger sample size could be important to involve consumers' perspective in addressing the required measures to be taken by the public health facilities in the future.

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