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Original Article

Patients Satisfaction on Service Quality of Private Medical College Hospital in Dhaka City

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Abstract

Background: Health levels remain relatively low in Bangladesh, although they have improved. Adequate health care strategies are vital to the ability of the third world countries to achieve developmental objectives. It is important to recognize that a healthy population is better disposed to need to sustain continued growth in other sectors of the economy.

Objective: This study was conducted to assess the patient's satisfaction on service quality in a private hospital in Dhaka city.

Method: This was a cross sectional study where 152 respondent were taken purposively as sample. This study was done in out-patient departments of Private Medical College Hospital (Aichi Medical College and Hospital) of Dhaka city for the duration of one year.

Results: Most (30.3%) of the respondents were within 20- 30 years age group and 57.9% were females. About 25.7% had SSC level of education and 55.3% were housewives. Around 28.9% had monthly family income Tk-10000-20000/month. Satisfaction level regarding staffs (means nurses, doctor, attendant) responsiveness was high (89.3%) and 89.5% were satisfied with staffs caring. Regarding assurance 91.4% were satisfied about the skill of staffs. Regarding communication with doctors 98% of respondents were satisfied. Regarding discipline 92.8% were satisfied with rules and regulation. About baksheesh (tips) 85.6% of hospital staff expected tips. Regarding other issues respondents compliance were satisfied.

Conclusion: From the above study findings this was a good tertiary teaching care hospital where doctors- patients, staff-patient's relationship were good. Patients got their quality treatment from out-patients departments with a low costs.

Keywords: Satisfaction, Health services & Private hospital

Introduction

Appropriate health care strategies are vital to the ability of the third world countries to achieve other development objectives. While not a sufficient condition for development. it is important to recognize that a healthy population is better disposed to needed to sustain continued growth in other sectors of the economy.[1] In recent years the world Bank and other donor's have been advising developing countries to ensure that limited resources not only have an optimal impact on the populations health at affordable cost but also that health services are client oriented.[2] The health care delivery system in Bangladesh faces three major challenges- Improving quality, Increasing access and Reducing costs .While all three elements are important there is growing evidence that the perceived quality of health care services has relatively greater influence on patient behaviors (satisfaction ,choice, usage, referrals.etc) compared to access and cost.[3] Low level of investment in the health care sector, service, quality especially in the public hospitals seems to have deteriorated markedly as reported with increasing frequency in the popular media.[1] A better understanding of the determinants of patient satisfaction should help policy and decision makers to implement programs tailored to patient's needs as perceived by patient's and service providers.[2] Large segments of the population in developing countries are deprived of a fundamental right. Access to basic health care without an appropriate and adequate health support and delivery system in place, its adverse effects will be felt in all other sector of the economy. In simple term, an ailing nation equates to an ailing economy as manifested in lower income earning capacity of household and significant

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productivity losses in these sectors that sustain the economy.[4] The problem of access to health care is particularly acute in Bangladesh. According to a World Bank (1987) estimate 30% of the population has access to primary health services and overall health care performance remains unacceptably low by all conventional measurement. A subsequent study notes some improvements but indicate that the poor performance of the health care sectors was attributed to the following; critical staffs are absent.[5]

Essential supplies are generally unavailable, facilities are inadequate, and the quality of staffing is poor. The problems of supervision and accountability exacerbate the problem, and if corrupt practices are added to the list, it is not difficult to imagine the predicament of the patients.

In fact, these conditions and general perception of poor and unreliable service may explain why those who can afford it have been seeking health care services in other countries. In a country where the population growth rate will place additional demands on the health sector, its preparedness to serve its constituencies effectively is particularly troubling as the future begins to catch up.[6] To address the impending problems consideration has been given to the privatization alternative. Thus, the medical practice and private clinics and laboratories ordinance was promulgated in 1982 to encourage the growth of private health care service delivery. By June 1996, a total of 346 private hospitals and clinics with more than 5500 beds were registered with the directorate of hospitals and clinics.

Of this total, 142 were established in Dhaka alone with a capacity of 2428 beds.[6] Additional considerations are seen in the proportion of GDP allocated to the healthcare sector, it was more than doubled between 1985/86 and 1994/95 from 0.6 to 1.3%.[7] A significant proportion of this allocation was earmarked for primary healthcare. while these allocations are encouraging the perceptions that people have about the relative quality of health care services in the country may not be so favorable and remains to be assessed .This assessment is important because even if the problems of access were to be substantially alleviated, quality factors are likely to strongly influence patient's choice of hospital. In Nepal for example, the government made substantial investment in basic health care; yet utilization remained low because of clients negative perceptions of public health care.[8] In Vietnam, poor service in the public sector led to increased use of private providers.[9] Apparently quality is important and demands continuous attention.

With the growth of private health care facilities, especially in Dhaka city. Need to assess the quality of health services of the hospital. in particular, it is important to determine how the quality of services provided by private hospital. If quality issues are being compromised by this establishment, it calls for the re- evaluation of policy measures to redefine their role, growth and coverage, and to seek appropriate interventions to ensure that these institutions are more quality- focused and better able to meet the needs of their patients.[10]

Material and Methods

This descriptive cross sectional study was carried out in a Private Medical College & hospital in Dhaka (Aichi Medical College and Hospital) for the duration of 12 months (October 2017 to October 2018). The study population consisted of outdoor patient of different departments like medicine, surgery, gynae, pediatrics & orthopedics. Total 152 Sample was taken purposively. Data were collected by face to face interview method with a pretested questionnaire. Prior to the study question fill-up every participant was explained the purpose of the study and it was done by interviewer. Refined version of the SERVQUAL frame work was used to measure the level of satisfaction in the context of Bangladesh.

The components of hospital service quality in Bangladesh are as follows:

Operational definitions of the variables of interest under study were as follows:

Responsiveness:

The literature identifies responsiveness as an important component of service quality and characterizes, it as the willingness of the staff to be help full and to provide prompt services. Six items were used to delineate and measure the construct.

Assurance:

Assurance is defined as the knowledge and behaviors of employees that convey a sense of confidence that service out comes will match expectations. Six items were used to measure this construct to reflect competence, efficiency and the correctness to services provided to clients.

Communication:

Communication is defined as keeping customers informed in language they can understand it also involves listening to them. Communication with patients is vital to delivering service satisfactory because when hospital staff take the time to answer questions that concern patients it can alleviated their feelings of uncertainty. Four items were used to assess the level of communication at private hospital.

Discipline:

Discipline is defined as the sense of order that one perceives in a given service environment and is reflected in both behaviors of the staff and the appearance of the overall hospital environment .In many organizations and institutions in Bangladesh lack of discipline is pervasive. Employees are often reluctant to perform their prescribed tasks and demonstrate a proclivity to circumvent existing rules and regulation cleanliness is another manifestation of

the extent of order and discipline in the organization. In the hospital environment, the extent of discipline can influence perceptions of service quality. Six items representing aspects of discipline were used to measure the construct.

Baksheesh:

Baksheesh represents the extra compensation that is expected in many service settings in Bangladesh for due services. This concept seems to have taken root in the country's social fabric. Al through there is a fine line. It maybe distinguished from bribes in that bribes represent payments or demands for money to obtain or render' undue' services. Two items were used to measure Baksheesh.

These five constructs represent the initial set factors that emerged as latent variables from our exploratory analysis. A preliminary questionnaire was first- developed in English then translated into Bangla and retranslated several times until it was user friendly and captured the desired constructs. Scale items were rated satisfied, neither agree nor disagree and not good.

The questionnaire was pre- tested several times to arrive at appropriate wording, format, length and sequencing of the question. Pre-test feedback was use to refine the questionnaire until it was ready for data collection. High scores reflect satisfaction with medical care. The population was defined as residents of Dhaka city who had utilized hospital services.

Results

The results of this study findings are presented in the form of diagrams and tables are as follows:

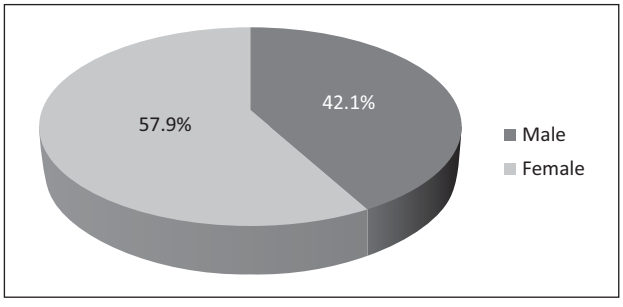

Figure 1: Pie diagram showing distribution of study population by sex (n=152)

Figure 1 shows that among the respondents 42.1% were male and 57.9% were female.

Table 1: Distribution of the respondents by age, occupation and family income (n=152)

Variables	Categories	Percentage
Age (In years)	<10	25.0
	10-20	10.5
	20-30	30.3
	30-40	13.8
	40-50	12.5
	>50	7.9
	Total	100.0
Occupation	Service holder	11.2
	Business	17.1
	House wife	55.3
	Others	16.4
	Total	100.0
Monthly family income (In taka)	<10000	25.7
	10000-20000	28.9
	20000-30000	25.7
	30000-40000	8.6
	40000-0000	4.6
	>50000	6.6
	Total	100.0

Table 1 shows that, most (30.3%) of the participants were in the 20-30 years age group. About 55.3% were housewives and 28.9% had monthly family income TK 10000-20000.

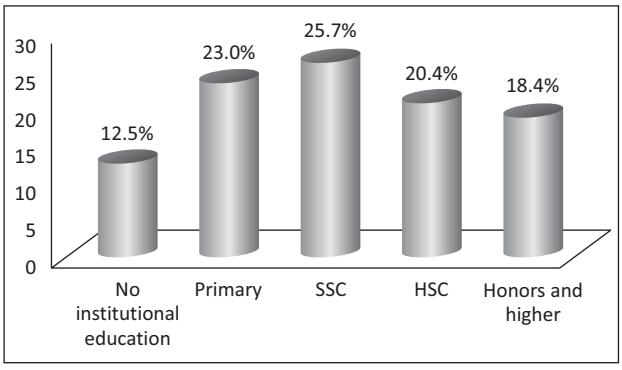

Figure 2: Bar diagram showing distribution of the respondents by level of education (n=152)

Figure 2 shows that 25.7% respondents had SSC level of education, only 12.5% had no institutional education and 18.4% had honors or higher level of education.

Table 2: Distribution of the respondents by responsiveness to satisfaction (n=152)

Attributes of responsiveness satisfaction	Satisfied	Uncertain (either satisfied or not good)	Not good
Staff were responsive to patient's need	89.3%	9.9%	0.7%
Staff were caring	89.5%	8.6%	02%
Staff were courteous	92.1%	7.2%	0.7%
Immediate response	82.2%	11.2%	6.6%
Staff were helpful	89.5%	10%	0
Prompt service provision	82.2%	15.8%	02%

Table 2 shows that 89.3% of the respondents were satisfied to responsiveness of the staffs for patients need, satisfied to caring of the staffs (89.5%), immediate response (82.2%) and prompt service provision (82.2%).

Table 3: Distribution of the respondents by assurance satisfaction (n=152)

Attributes of assurance satisfaction	Satisfied	Uncertain (either satisfied or not good)	Not good
Staff were professional	92.1%	7.9%	0
Doctors were competent	98.1%	1.3%	0.7%
Skilled staff	91.4%	7.9%	0.7%
Efficient service	93.4%	6.6%	0
Correct implementation of procedure	87.5%	11.2%	1.3%
Trained nurses	91.5%	7.9	0.7%

Table 3 shows that 92.1% respondents were satisfied to professional behavior of the staffs, skill of the staffs (91.4%), efficient service (93.4%) and implementation of procedure (87.5%).

Table 4: Distribution of the respondents by communication satisfaction (n=152)

Attributes of communication satisfaction	Satisfied	Uncertain (either satisfied or not good)	Not good
Doctors were willing to answer	98%	02%	0
Any test of adequate explanation	92.1%	3.9%	3.9%
Adequate information of health condition to doctor	96.9%	2.6%	0
Adequate information on treatment	98%	02%	0
Regularly monitor health condition	92.8%	2.6%	4.6%

Table 4 shows that 98.0% of the respondents were satisfied to doctor's willingness to answer all the questions, satisfied to adequate information on treatment (98.0%), adequate information of health condition (96.9%).

Table 5: Distribution of the respondents by satisfaction on staff discipline & Baksheesh (n=152)

Attributes of discipline Satisfaction	Satisfied	Uncertain (either satisfied or not good)	Not good
Regularly cleaned room	81.6%	14.5%	04%
Disciplined staff	84.2%	13.8%	02%
Clean toilet facilities	70.4%	21.1%	8.6%
Rules and regulation	92.8%	2.6%	4.6%
Maintained cleanliness	82.2%	14.5%	3.3%
Clean appearance staff	87.5%	10.5%	02%
Attributes of Baksheesh		.	
Staff expected tips	13.8%	07%	85.6%

Table 5 shows that the respondents were satisfied to room cleaned regularly (81.6%), staff's discipline (84.2%), clean toilet facilities (70.4%), maintaining rules and regulation (92.8%), cleanliness (82.2%), and clean appearance of hospital staffs (87.5%)

Discussion

This was a descriptive type of cross sectional study in a selected private medical college & hospital in Dhaka city with a sample of one hundred and fifty-two respondents during the period of October 2017 to October 2018 with a view to assess the satisfaction of service quality on private hospital in Dhaka city. Among the respondent's majority were females (57.9%) where the age of the patient's included in this study ranged between 10 years to above 50

years. Majority of patients were within 20-30 years of age. It correlates with other studies done in Bangladesh where male was (42.1%). Females were more as they occupied at home maker field and their house were near to hospital,[5] regarding level of income among the respondents more found at income group (10000 – 20000 tk/ month). Regarding educational status of the respondent's majority had S.S.C (25.7%) level of education and 12.5% were no institutional education. This result also correlates with other study,[4] regarding occupation of the respondent's majority 55.3% were house wife and 16.4% were from others occupations. Only 11.2 % were service holder. This is fact of their no and poor educational level. Regarding staff responsiveness to patient's needs 89.4% were satisfied. This was significant to other study[3]. Regarding staff caring majority were satisfied 89.5%. Regarding staff courteous to the respondent 92.1% were satisfied. This responsiveness about staff were highly satisfied. Regarding staff skill 91.4% were satisfied. These questions for assurance were in good performance. Regarding doctors were willing to answer 98% were satisfied. These communications were in their satisfaction. This was highly significant to other study [3]. Regarding rules and regulation 90.1% were satisfied. Regarding hospital staff expected tips /baksheesh 85.6% were not good. This also significant to other study[3]. So patient's were satisfied all depends on patient's affordability, academic of hospital and management capacity.

Conclusion

From the above results and discussion private hospitals are aimed at providing better healthcare facilities to the patients. The patient's realization about quality of healthcare drives a greater proportion of the population towards private hospitals in Bangladesh. Results showed that in private hospitals, doctors , nurses and supporting staff are providing almost same quality service to different level of people with different occupation, income level and gender as because all of the different occupation, income level and gender as because all of them medical care in are spending same amount of money for their required care.

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