Patients' Satisfaction on Services of Out Patient Department of Secondary Level Public Hospitals in the Northern Region of Bangladesh

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The recent achievement in health sector of Bangladesh has got much recognition. To monitor the performance of its health services, the Government has implemented a new health management system. However, this health service delivery system is inadequate against huge expectancy and discrimination in center to periphery. The study was aimed to investigate the patients' satisfaction status on out patient department (OPD) services of secondary level public hospitals in the northern region of Bangladesh and the factors associated with it. This descriptive cross-sectional study was conducted among the OPD patients of Lalmonirhat 100 Bedded Hospital, Lalmonirhat and General Hospital, Kurigram, Bangladesh. The study was conducted from January 2018 to December 2018 among 400 respondents who were interviewed and data were collected using a partially structured questionnaire by the authors. A large number of respondents (38.3%) were in the age group of 18 to 30 years with the mean age beings 40.09 (range: 18-81 years). Majority of the respondents (52.5%) were female. Housewife was found to be the profession of 35.0% of the respondents and 66.8% of them were married. The average monthly household income of the respondents was Tk. 9648.75±6653.70. Majority (70.5%) of the respondents commented that happiness of care was satisfactory. Most of the respondents (62.5%) agreed that they will recommend this institution to others and 62.3% of the respondents were satisfied with the treatment. Among the respondents, 58.1% agreed that hospital was clean and tidy. A large portion (83.6%) of the respondents was not satisfied with the drinking water facilities. Marital status and monthly income of the respondents showed a statistically significant ($p<0.05$) relationship with the happiness of care they received. This study showed that majority (70.75%) of the patients were satisfied with the services provided by the out Patient Department of Lalmonirhat 100 Bedded Hospital, Lalmonirhat and General Hospital, Kurigram, Bangladesh except availability of drinking water facilities.

[Mymensingh Med J 2024 Oct; 33 (4): 1107-1114]

Key words: Patients' satisfaction, Out patient department, Secondary level public hospital, Bangladesh

Introduction

The recent achievement in health sector of Bangladesh has got much recognition and is well documented. Life expectancy at birth has been raised from 44 years to 71.6 between the years 1970 to 2017; the infant mortality has been declined from 92 per 1000 live births to 28 by the year 1991 to 2017; Child (under five years) mortality has also been reduced from 146 per 1000 to 35 during the period of 1991 and 2017[1]. The GOB aims to ensure good health by developing an easy and sustained availability of health services for the people in the National Health Policy (2013). To monitor the performance of its health services, the Government has designed and adopted a new health management system and implemented it countrywide. However, this health service delivery system is inadequate for huge expectancy and discrimination in center to periphery. Satisfaction is a multidimensional construct. Patients are the primary stakeholders in a health care system. Patient satisfaction in health care service reflects the patients' perception of the quality of health care[2]. Objectives of this study were to assess the patients' satisfaction status on OPD services of secondary level public hospitals in the northern region of Bangladesh and the factors associated with it.

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Methods

A descriptive type of cross-sectional study was performed between January 2018 to December 2018 in out-patient department of Lalmonirhat 100 Bedded Hospital, Lalmonirhat and General Hospital, Kurigram which is field practice area of Department of Community Medicine, Rajshahi Medical College, Rajshahi, Bangladesh. A sample of 400 patients was collected by purposive sampling technique. All "new" or referred adult patients' of both sexes attending the OPD and having age above 18 years was included in the study. A permission letter was taken from the Superintendent of the respective hospitals and informed consent also taken from each patient and they were ensured about the confidentiality. Patients who were unwilling to participate in the study, those who are mute, stupor and non-communicative, were excluded from the study.

A well designed and pretested set of semi-structured questionnaire used to collect necessary information. The data were collected when patients were completed their hospital work at OPD. Data were collected from the patients to measure the satisfaction status. In this study, the questionnaire comprises 30 items in total concerning socio-demographic factors, accessibility of the hospital, patients' satisfaction regarding infrastructure and overall satisfaction. 20 questions on satisfaction using Likert's 5 point rating scale was used to identify the level of satisfaction focusing on courtesy, convenience, and quality of care. Patient satisfaction with hospital outdoor services is measured by asking the respondents to rate on 5- point Likert scale in two forms; one is ranging from "Strongly Disagree to Strongly Agree" another is ranging from "Very bad to Excellent". Likert-type items with 5-point response alternatives labeled "Strongly Agree" (scored '5'), 'Agree' (scored '4'), 'Unsure' (scored '3'), 'Disagree' (scored '2'), and "Strongly Disagree" (scored '1'). Similarly, Excellent (scored '5'), Good (scored '4'), Satisfactory (scored '3'), Bad (scored '2'), Very bad (scored '1'). All items used were positively worded because many patients found it difficult to understand and respond to negatively worded statements. After completion of data collection, they were checked, verified to reduce error. First, the data were checked for completeness and consistency. Then it was coded and entered in the computer using statistical software SPSS program, version-20.0 for windows. The test of significance was conducted by Chi-square test. The level of significance was set up at 0.05 and $p<0.05$ was considered being statistically significant. Patients satisfaction also measured by a mean score of each item of Likert's scale, which defined following- satisfied = 2.5 or more and dissatisfied = below 2.5.

Results

Four hundred patients were interviewed when patients were completed their hospital work at OPDs of Lalmonirhat 100 Bedded Hospital, Lalmonirhat and General Hospital, Kurigram after taking informed consent. The results show that the youngest patient was 18 years and oldest was 81 years old. The mean age was 40.09 years and standard deviation was 16.25 years. Out of 400 patients majority of the patients were females (52.5%) from overall respondents while male patients were only (47.5%). Related to occupation maximum of 35.0% of the respondents were housewives and 16.5% were farmers. Service and business contribute respectively 9.8% and 9.3%. Most of the respondents 66.8% of were married. 19.3% and 13.0% of the respondents were unmarried and widowed, respectively. Most 37.2% of the respondents were class VI-XII passed, and 23.0% were class I-V passed. 28.5% of the respondents were illiterate and only 10.8% of the respondents of this study had graduated or graduate above educational qualification. Regarding residence of the respondents, 63.2% of them came from the rural area and rest 36.8% were urban people. Regarding the average family income per month in Taka, the minimum and maximum income of the respondents was 1000 Taka and 35000 Taka, respectively. The mean±SD income of the respondents was 9648.75±6653.70 Taka. Marital status and monthly income of the respondents showed a statistically significant ($p<0.05$) relationship with the happiness of care they received. Table I shows socio-demographic factors and association between socio-demographic factors and satisfaction (Happiness regarding care).

Table I: Socio-demographic factors and association between socio-demographic factors and satisfaction (n=400)

Socio-demographic factors	Frequency (n)	Percent (%)	p value
Age (years)			
Up to 30	153	38.3	
31-40	69	17.3	
41-50	84	21.0	0.383
51-60	52	13.0	
61-70	35	08.8	
71+	07	01.8	
Gender			
Male	190	47.5	0.297
Female	210	52.5	
Occupation			
Service	39	09.8	
Housewife	140	35.0	
Farmer	66	16.5	0.154
Business	37	09.3	
Others	118	29.5	
Marital status			
Married	267	66.8	
Unmarried	77	19.3	0.002
Divorced	04	01.0	
Widowed	52	13.0	
Educational qualification			
Illiterate	114	28.5	
Class I-V	94	23.5	0.384
Class VI-XII	149	37.2	
Graduate-plus	43	10.8	
Residence			
Rural	253	63.2	0.882
Urban	147	36.8	
Monthly income (Taka)			
Up to 15000	330	82.5	
15001-30000	68	17.0	0.025
30001+	02	00.5	

Table II: Mode of arrival in the study hospitals (N=400)

Factors related to satisfaction	Frequency (n)	Percent (%)
Ways of arrival in the hospital		
Walked	79	19.8
Auto-rickshaw	119	29.8
Rickshaw	56	14.0
Bicycle	50	12.5
Motorcycle	50	12.5
Others	46	11.5
Cost of traveling to the hospital (Taka)		
Free	175	43.8
1-20	144	36.0
>20	81	20.3
Reaching time to the hospital (Minutes)		
0-15	161	40.3
16-30	141	35.3
>30	98	24.5

Table III: Respondents satisfaction status in different aspects

SD=Strongly Disagree, D= Disagree, U=Unsure, A=Agree, SA=Strongly Agree					
Characteristics	SD (%)	D (%)	U (%)	A (%)	SA (%)
Hospital chart was quickly recognized and organized	13(03.3)	22(05.5)	44 (11.0)	183(45.8)	138(34.5)
Ticket clark was friendly and helpful	28(07.0)	55(13.8)	19(04.8)	195(48.8)	103(25.8)
Waiting time to see the doctor was acceptable	65(16.3)	100(25.0)	17(04.3)	146(36.5)	72(18.0)
Consultation time was adequate	80(20.0)	93(23.3)	10(02.5)	154(38.5)	63(15.8)
The doctor was respectful and understanding	35(8.8)	48(12.0)	41(10.3)	180(45.0)	96(24.0)
Free medicine was available	54(13.5)	53(13.3)	27(06.8)	173(43.3)	93(23.3)
Sufficient staff was available	19(04.8)	39(9.8)	152(38.0)	128(32.0)	62(15.5)
Service was cheap	44(11.0)	61(15.3)	105(26.3)	106(26.5)	84(21.0)
Treatment privacy was maintained	48(12.0)	33(08.3)	53(13.3)	167(41.8)	99(24.8)
The hospital was clean and tidy	71(17.8)	53(13.3)	44(11.0)	165(41.3)	67(16.8)
The waiting area was comfortable with adequate air circulation	13(03.3)	17(04.3)	25(06.3)	155(38.8)	190(47.5)
Toilet facilities were demarcated and easily found	24(06.0)	35(08.8)	184(46.0)	104(26.0)	53(13.3)
Respondents' comment regarding recommendation of this institution	60(15.0)	24(06.0)	66(16.5)	92(23.0)	158(39.5)
VB= Very Bad, B=Bad, S= Satisfactory, G= Good, E= Excellent					
Characteristics	VB (%)	B (%)	S (%)	G (%)	E (%)
Treatment and advice was given by doctor	71(17.8)	91(22.8)	118(29.5)	52(13.0)	68(17.0)
Seating arrangement of OPD	15(03.8)	17 (04.3)	93(23.3)	67(16.8)	208(52.0)
Toilets functionality and maintenance	75(18.8)	44(11.0)	225(56.3)	31(07.8)	25(06.3)
Availability of drinking water	169(42.3)	165(41.3)	25(06.3)	29(07.3)	12(03.0)
Laboratory facilities	45(11.3)	63(15.8)	115(28.8)	113(28.3)	64(16.0)
Respondents' level of happiness regarding care	72(18.0)	46(11.5)	113(28.3)	100(25)	69(17.3)
Satisfaction level regarding treatment	79(19.8)	72(18.0)	115(28.8)	88(22.0)	46(11.5)

Table IV: Patient satisfaction score on the basis of 5-likert scale (n=400)

Different variables related to satisfaction	Satisfaction score	Remarks
	Mean±SD	
1. Hospital chart was quickly recognized and organized	4.03±0.98	Satisfied
2. Ticket Clark was friendly and helpful	3.73±1.19	Satisfied
3. Waiting time to see the doctor was acceptable	3.15±1.4	Satisfied
4. Consultation time was adequate	3.07±1.43	Satisfied
5. Treatment and advice given by doctor was satisfactory	2.89±1.32	Satisfied
6. The doctor was respectful and understanding	3.64±1.21	Satisfied
7. Free medicine was available	3.50±1.34	Satisfied
8. Sufficient staff was available	3.43±1.01	Satisfied
9. Service was cheap	3.31±1.27	Satisfied
10. Treatment privacy was maintained	3.59±1.28	Satisfied
11. Seating arrangement of OPD	4.09±1.12	Satisfied
12. The hospital was clean and tidy	3.27±1.36	Satisfied
13. The waiting area was comfortable with adequate air circulation	4.23±0.94	Satisfied
14. Toilet facilities were demarcated and easily found	3.31±1.00	Satisfied
15. Toilets functionality and maintenance	2.71±1.05	Satisfied
16. Availability of drinking water	1.88±1.01	Dissatisfied
17. Laboratory facilities	3.22±1.22	Satisfied
18. Level of happiness regarding care	3.12±1.33	Satisfied
19. Regarding recommendation of the study institution	3.66±1.43	Satisfied
20. Satisfaction level regarding treatment	2.87±1.28	Satisfied

Discussion

In this study, the prominent (38.3%) age group was the 18-30 years old category. The mean±SD age of the respondents was 40.09±16.25 years, Gangai B also reported his study predominant age group was the 20-30 years old[3]. Mukhtar F et al. showed their studies that the age category of 15-30 years composed of 44.0% of the respondents[4]. Ziaul Islam and Abdul Jabbar conducted their study in OPD of Dhaka Medical College Hospital, Bangladesh. Mean age of their study was 36 years[5]. In this study, most respondents were female (52.5%) which suggests that females are more conscious of taking services from hospitals than their male counterpart which is supported by Galhotra et al.[6]. In this study maximum, 35.0% respondent's occupation was: House wives. This result is consistent with the studyconducted in former four divisions (Dhaka, Chittagong, Khulna and Rajshahi)[7]. The majority 66.8% of the respondents were married in this study which is also consistant with the result from the study conducted by Ogbeyi Ofikwu Gabriel et al.[8]. This study shows that majority 37.2% of the respondents were class VI-XII passed, which shows a significant difference with the study conducted by Aldana et al. They reported their study that about 61.0% of respondents had never attended school[9]. In this study maximum 63.2% of the respondents came from rural area means outside the municipality area. Regarding monthly income, 82.5% respondents monthly income level was 15000 Tk. or below which is higher than the result from Ziaul Islam and Abdul Jabbar's study where 46.44% of the respondents' monthly income was in between TK 2000-5000[6]. This study reported that the majority (29.8%) of the respondents came to the hospital by autorickshaw and 40.3% of the respondents required 0-15 minutes to reach the hospital. Maximum respondents (43.8%) come to the hospital free of cost. It shows that autorickshaw plays an important role in public transport northern region of Bangladesh and most of the hospital's clients were coming from nearby area vehicle. Mannan describes in his work that the average distance of

the District Hospitals (DHs) from the usual place of residence of the clients is the highest at 9.4 kilometers and median distance traveled to reach the DHs 5 kilometer. The average travel expenses by clients to travel to DHs 87 taka[10]. This study shows that majority 74.6% of the respondents were agreed that ticket Clark was friendly and helpful. Regarding waiting time, 54.5% of the respondents have accepted the duration in this study. Anderson et al. suggested that long waiting times coupled with brief consultation duration with the medical doctor is a 'toxic combination for patient satisfaction[11]. Consultation time is an important factor to determine patients' satisfaction status. In this study maximum (54.3%) of the respondents of the respondents agreed that "Consultation time was adequate. John Cape's study regarding consultation length, patient-estimated consultation length, and satisfaction with the consultation showed that patient-satisfaction with the consultation was related in his study with patients over estimating the length of their consultations, but not with actual measured consultation length[12]. The highest percentage (59.5%) of the respondents in this study reported that treatment and advice given by doctor were satisfactory and highest percentage (69.0%) of the respondents agreed that "Doctor was respectful and understanding". Maximum percentage (66.6%) of the respondents answered that free medicine was available. In this study 47.5% of the respondents agreed that hospital staff was sufficient and majority (47.5%) of the respondents were agreed that service was cheap. Regarding privacy, 66.6% of the respondents agreed that treatment privacy maintained in this study. This study reported that the highest percentage (92.1%) of the respondents' comment regarding seating arrangement was satisfactory. A study conducted by Jadhav SB et al. in Out-patient department of Government Medical College, Miraj, Dist. Sangli reported that 70.57% of the respondents' comment regarding seating arrangement in OPD was good[13]. Hospital cleanliness is a dominant indicator for patient satisfaction study. The majority (58.1%) of the respondents in this study agreed that the hospital was clean and tidy. Patavegar Bilkish et al. also reported, 55.55% patients replied they were satisfied with the cleanliness of waiting area[14]. Regarding waiting area, 86.3% of the respondents agreed that "Waiting areas were comfortable with adequate air circulation" in this study. Tsai et al. reported that outpatient perceptions on the physical environment of hospital waiting for areas and noted that patients who attended the facility in the morning were more satisfied with the cleanliness than those who arrived later in the day[15]. In this study regarding toilet facilities, two statements were given to the respondents. One of them was "Toilet facilities are demarcated and easily found." It is interesting that the highest 46.0% of the respondents reported as 'Unsure'. Another statement was "Toilets functionality and maintenance" and the highest 70.4% of the respondents were replied 'Satisfactory'. This study revealed that the comment regarding the availability of drinking water majority 83.6% of the respondents were reported, it was bad. In a study sample, all the patients had visited the lab for various tests/investigations, and satisfactory rating varies between 75.0-80.0%. The highest percentage of patients (79.7%) rated for "Lab staff behavior" as satisfactory but the least (75.0%) satisfactory rating was given for accuracy of results[17]. In this study, it was also found that 73.1% of the respondents were satisfied with the laboratory facilities. The majority (70.75%) of participants in this study were happy with the care they received at OPD. Chimbindi et al. reported on patient satisfaction with HIV and TB in a public program in rural Kwa-Zulu Natal and also found that almost all the patients were satisfied with the overall health care services received[18]. A study was carried out from October 2012 to December 2012 in Matrisadan, an Urban Health Care Centre, in Dabgram, Siliguri, run by Siliguri Municipal Corporation, West Bengal. All the patients attending OPDs were included in the study population. It was reported that overall satisfaction was 73.1%[19]. This study shows that 62.5% of the respondents agreed that they would recommend this institution and 62.3% of them were satisfied with the overall treatment. A clientele satisfaction assessment study was done amongst patients in a multi-specialty government hospital of Rajouri District Jammu and Kashmir, India and it also reported that 21.0% of respondents had a very high level of satisfaction with their treatment, whereas 67.0% of patients interviewed reported a high level of satisfaction, which shows a high level of patient satisfaction[20].

The Chi-square test was performed to determine whether there was a statistically significant

relationship between the variables. Marital status and monthly income of the respondents showed a statistically significant ($p<0.05$) relationship with the happiness of care they received. Regarding patient's satisfaction score, all variable in this study showed satisfied result except availability of drinking water facilities.

Conclusion

In conclusion, majority (70.75%) of the respondents in this study are satisfied with the services provided by the OPD of Lalmonirhat 100 Bedded Hospital, Lalmonirhat and General Hospital, Kurigram, Bangladesh. In this study, participants were highly satisfied with hospital chart and seating arrangement. Key areas of concern includes: availibility of drinking water facilities. Consistent improvement in the system can have an overall impact on the level of patient satisfaction in any hospital.

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