Patient's Satisfaction: A Case Study on Patients of Khulna Medical College Hospital of Bangladesh

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SOCIAL SCIENCE

PATIENT'S SATISFACTION: A CASE STUDY ON PATIENTS OF KHULNA MEDICAL COLLEGE HOSPITAL OF BANGLADESH

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Abstract: One hundred and twenty patients treated consecutively for three days in-house in Khulna Medical College Hospital were surveyed randomly to determine their satisfaction on existing health services. The patients were mostly middle aged male and were referred by the professional health consultants to treat either acute or chronic diseases. The economically affluent people accessed all the services (p<.000), including better place for treatment ($p<.000$), that eventually cruised up their satisfaction on available health and supportive services. Therefore, the findings indicate that the patients from financially well-off households were more satisfied on existing health care facilities in the public hospital than the low-income people.

Introduction

Health is a basic requirement to improve the quality of life as well as to achieve sustainable socio-economic advancement. Bangladesh, the 7th largest nation in the world (BDI, 2009), has become strategically interested to assess and integrate quality health care into its poverty reduction plans, swayed largely by donor agencies and NGOs (Aldana *et al*., 2001; Andaleeb *et al*., 2007; Al-Eisa *et al*., 2005). The allocation for health sector development in Bangladesh has increased gradually from 4.8 percent in 1983/84 to 7.4 percent in 2008 (Mahmud, 2002; WHO, 2011). This financial provision along with medical facilities of the government, aided by NGOs, donor agencies and private service providers, in the country's health sector has been greeted with some successes, especially in preventive and promotive rather than curative health care (Anwar, 2009; Islam and Ullah, 2009). National coverage for fully immunized children increased from 52 percent in 1992 to 75 percent in 2009 (GoB, 2001; EPI-CES, 2009), and the infant mortality rate has declined substantially from 117 per 1,000 in 1990 to 52 in 2007 (NIPORT, 2009). Maternal mortality, an important indicator of well-being, has also declined from 6 per 1,000 in the 1980s to 2.9 per 1,000 in 2006 with the appropriate preventive measures (NIPORT, 2003; GoB-UNDP, 2009).

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In spite of the progress made, the public health sector in Bangladesh is plagued by uneven demand as well as poor quality of service. Nationwide, the underutilization of available facilities is of a major concern as reportedly only 30 percent of all available services are used in Bangladesh (World Bank, 2005). Additionally, the unavailability of skilled medical personnel, especially in the countryside, their non-professional attitudes and aggressive pursuit of monetary gain, as well as lack of life-saving drugs and equipment crippled the public health services (Andaleeb *et al*., 2007; WHO, 2011). As a result, the private health care facilities are cruising up as much as 15 percent per annum in order to provide health assistance to about 70 percent of the patients, who seek medical assistance from this sector (World Bank, 2003; MoHFW, 2003).

Regrettably, there are also concerns about the quality of service in private sector, notably standard treatment protocols, inaptitude of medical personnel and unnecessary diagnostic tests (World Bank, 2003). As such the quality of services, the patients immediately shape negative attitudes, dissatisfaction and distrust about the health care service providers as well as health care system itself, which in fact, cost the country about BDT 500 million a year as people often seek medical relief in foreign countries, despite financial cost (IHE, 2002; Chanda, 2001; Rahman, 2000). Therefore, a growing emphasis has been placed upon issues apprehending the evaluation of contemporary health care (Williams and Calnan, 1991), which not only include measures of clinical effectiveness and economics, but also measures of social acceptability of the consumers of health care (Calnan *et al*., 1994). Under these circumstances, this study attempts to identify the patients' satisfaction and their service experiences with public hospital in Bangladesh.

Materials and methods

This research was conducted using data, collected from the patients of Khulna Medical College Hospital (KMCH) of Bangladesh during January 2011 to February 2011, to address the patient's satisfaction regarding the health services. Allowing an error of 7.1 at 95 percent confidence level, the surveyed data were collected randomly from 120 patients, 40 each from general ward, paying bed and cabin, by using an interview schedule, comprising 43 Likert-type items. These patients stayed in the hospital for at least three consecutive days for treatment. The data set contains information about the patient's contentment, regarding the services provided by the hospital, as well as their socio-demographic characteristics. Having completed an extensive review of past works, variables were identified and incorporated for statistical analysis. Both univariate and bivariate analyses were employed to identify the important factors associated with the patients' satisfaction as well as to test the hypotheses using SPSS and MS Excel programs, in order to provide the study a logical and empirical status in quantitative research form.

For an extensive understanding of the health status of a given population, age and sex structure as well as education, occupation and income level are crucial determinants, as these vectors more often influence people's lives, their vulnerability to diseases and accessibility to available medical facilities and resources.

Results

Age structure of the respondents: Data show that the average age of the patients of Wards and Cabins were 32.20 years and 33.25 years respectively (Table 1). In contrast, the patients in the Paying Beds were much older than their inmates in Wards and Cabins, with an average age of 48.42 years. Data, therefore, signify an average age differentials among the patients of Paying

Beds, Wards and Cabins, as the patients of Paying Beds were around fifteen years older than the patients in the Wards and Cabins respectively.

Table 1: Age structure of the respondents

	Age (in Year)	Number	Percent	Statistics
Ward	1-15	6	15.0	
	16-30	18	45.0	
	31-45	8	20.0	Mean = 32.20
	46-60	4	10.0	Std. Deviation = 19.20
	61-75	4	10.0	
Total		40	100.0	
Paying Bed	1-15	3	7.5	
	16-30	7	17.5	
	31-45	4	10.0	Mean = 48.42
	46-60	15	37.5	Std. Deviation = 19.47
	61-75	11	27.5	
Total		40	100.0	
Cabin	1-15	4	10.0	
	16-30	12	30.0	
	31-45	22	55.0	Mean = 33.25
	46-60	2	5.0	Std. Deviation = 13.88
	61-75	0	0.0	
Total		40	100.0	
Minimum =3 Maximum =75				

Sex composition of the respondents: Women are generally ill-treated by the patriarchal value dominated Bangladeshi society and here, women are not offered all the available facilities, not even if they are sick, though the Constitution offers them equal treatment and access to all the resources and opportunities. In the present study, it was evidently found that more than half of the patients, interviewed, were male and more or less 30 percent of the patients were female (Table 2).

Table 2: Sex structure of the respondents

		Sex	Number	Percent
Ward		Male	28	70.0
		Female	12	30.0
	Total		40	100.0
Paying Bed		Male	32	80.0
		Female	8	20.0
	Total		40	100.0
Cabin		Male	25	62.5
		Female	15	37.5
	Total		40	100.0

Year of schooling of the respondents: Individual's year of schooling is one of the most important factors to determine his/her access to and knowledge about the available medical facilities for

treatment. The findings show that the patients receiving treatment in the Wards were more likely to had secondary education (45%) with an average of 7.45 years of schooling (Table 3). On the contrary, the patients in the Paying Beds had better educational qualification as a significant percent of them have completed higher secondary education (32.5%), even gone beyond graduation (30%). Likewise, the patients, stayed at Cabins, had much greater educational qualification than the aforementioned patients, as more than 75 percent of them have completed higher secondary or even graduation, therefore, averaging an education around 11.65 years to be exact.

Table 3: Year of schooling of the respondents

	Education (in Year)	Number	Percent	Statistics
Ward	0 (Illiterate)	4	10.0	
	1- 4	4	10.0	
	5-8	18	45.0	Mean = 7.45
	9-12	10	25.0	Std. Deviation = 4.18
	13-16	4	10.0	
	Total	40	100.0	
Paying Bed	0 (Illiterate)	0	0	
	1-4	1	2.5	
	5-8	14	35.0	Mean = 10.47
	9-12	13	32.5	Std. Deviation = 4.01
	13-16	12	30.0	
	Total	40	100.0	
Cabin	0 (Illiterate)	0	0	
	1-4	4	10.0	
	5-8	2	5.0	Mean = 11.65
	9-12	18	45.0	Std. Deviation = 4.16
	13-16	16	40.0	
	Total	40	100.0	

Occupational status of the respondents: In urban areas of Bangladesh, people are generally involved in informal income generating activities or professions, *i.e.* rickshaw-pulling, day labor, petty business, and women are confined within the four-walls of their households. Such would inevitably strict their access to better health facilities as it is exposed from the data. The patients, involved in informal professions, were more likely admitted in the Wards and to some extent in the Paying Beds (Table 4). However, government officials as well as businessmen stayed at the Cabins, which are costly for the low income people, though housewives and students were evidently found in the cabins more often than in the Wards and paying Beds.

Table 4: Occupation of the respondents

	Occupation	Number	Percent
Ward	Govt. Service	10	25.0
	Business	4	10.0
	Laborer	2	5.0
	Farmer	4	10.0
	Student	6	15.0
	Housewife	6	15.0

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	Rickshaw/ van puller	4	10.0
	Others	4	10.0
	Total	40	100.0
Paying Bed	Govt. Service	3	7.5
	Business	11	27.5
	Farmer	4	10.0
	Student	5	12.5
	Housewife	8	20.0
	Private job	5	12.5
	Others	4	10.0
	Total	40	100.0
Cabin	Govt. Service	4	10.0
	Business	15	37.5
	Student	9	22.5
	House wife	9	22.5
	Others	3	7.5
	Total	40	100.0

Monthly household income of the respondents: Individual's household income is closely associated with his/her knowledge, access, and acceptability of modern medical treatment. From the data, it is evident that low income people, grossing around BDT 6,000 per month, were generally admitted in the Wards (Table 5). The high income people, with an average monthly income around BDT 21,625 preferred Cabins rather than Paying Beds, which was favored by the middle income people, with a monthly income around BDT 9,600.

Table 5: Monthly household income of the respondents

	Income (in BDT)	Number	Percent	Statistics
Ward	< 4,000	8	20.0	
	4,001-6,000	14	35.0	Mean = 6,000.00
	6,001-8,000	14	35.0	Std. Deviation = 1993.57
	8,001-10,000	4	10.0	
	Total	40	100.0	
Paying Bed	< 4,000	0	0.0	
	4,001-7,000	8	20.0	
	7,001-10,000	21	52.5	Mean = 9,600.00
	10,001-13,000	7	17.5	Std. Deviation = 2942.17
	13,001-16,000	4	10.0	
	Total	40	100.0	
Cabin	< 10,000	4	10.0	
	10,001-20,000	26	65.0	
	20,001-30,000	2	5.0	Mean = 21,625.00
	30,001-40,000	3	7.5	Std. Deviation = 12835.62
	40,001-50,000	5	12.5	
	Total	40	100.0	

Referral status of the respondents: Referral, especially by the concerning doctors, is a key factor for getting better services as well as treatment from the hospitals in Bangladesh. The data show that more than half of the patients (56.7%) were admitted in the Khulna Medical College Hospital

(KMCH) by the suggestions of their medical consultants (Table 6). 43.3 percent of them were reportedly came to KMCH for treatment by their own choice instead of listening to others.

Table 6: Referral Status of the Respondents

Referral Status	Number	Percent
Self	52	43.3
Doctors	68	56.7
Total	120	100.0

Waiting time for hospital admission

The findings clearly suggest that the patients in the Wards generally wait around half an hour on average, of which 40 percent wasted as long as 40 minutes to get admitted in the hospital (Table 7). The patients of the Paying Beds were not at good condition, as they reportedly waited around half an hour as well. Unlike the aforementioned, the patients of the Cabins were more likely (52.5%) to be admitted within 12 minutes since reporting in the hospital for admission.

Table 7: Waiting time of admission

	Waiting Time (in Minute)	Number	Percent	Statistics
Ward	1-20	18	45.0	
	21-40	16	40.0	Mean = 29.85
	41-60	4	10.0	Std. Deviation = 18.53
	61-80	0	0.0	
	80 >	2	5.0	
	Total	40	100.0	
Paying Bed	1-15	17	42.5	
	16-30	12	30.0	Mean = 28.50
	31-45	4	10.0	Std. Deviation = 17.94
	46-60	7	17.5	
	Total	40	100.0	
Cabin	1-6	10	25.0	
	7-12	21	52.5	
	13-18	3	7.5	Mean = 11.65
	19-24	0	0.0	Std. Deviation = 8.42
	25-30	6	15.0	
	Total	40	100.0	

Disease status of the respondents: In Bangladesh, people are less likely to visit doctors for sickness, except for acute and chronic diseases. The data suggest that more than half of the patients (51.7%), admitted in the Khulna Medical College Hospital, reported of having acute diseases (Table 8), followed by a quarter and around 21.7 percent for having accident and chronic diseases, respectively.

Table 8: Type of disease

Type	Number	Percent
Acute	62	51.7
Chromic	26	21.7

Accident	30	25.0
Others	2	1.7
Total	120	100.0

Duration of hospitalization

Generally, the patients wait in the hospital as long as they are treated by the doctors for healing. The data show that more than half of the patients (65%) stayed at the hospital as long as nine consecutive days for medical treatment (Table 9). Reportedly, 35 percent of the patients were hospitalized for more or around 10 days for medical assistance in the Khulna Medical College Hospital (KMCH), which even extended as much as 60 days.

Table 9: Duration of Hospitalization of the Respondents

Duration (in Days)	Number	Percent	Statistics
3-9	9	65.0	
10-16	20	16.7	
17-23	10	8.3	Mean = 11.30
24-30	8	6.7	Std. Deviation = 9.77
30 >	4	3.3	
Total	120	100.0	
Minimum =3 Maximum =60			

Association between income (household) and place of stay in hospital: Income is one of the most influential factors, which determine the access to and place for the treatment in the hospital, especially in the developing countries like Bangladesh. The data show that the patients from high income family were more likely stayed at the Cabin rather than Paying Bed (Table 10), while people from low income families preferred Ward for treatment. The differences are statistically significant (X^2 = 75.594; p < .000).

Table 10: Income (household) and place of stay in hospital

Income (in BDT)	Place of Stay			Total
	Ward	Paying Bed	Cabin	
1-10,000	40	29	4	73
	54.8%	39.7%	5.5%	100.0%
10,001-20,000	0	11	26	37
	.0%	29.7%	70.3%	100.0%
20,001>	0	0	10	10
	.0%	.0%	100.0%	100.0%
Total	40	40	40	120
	33.3%	33.3%	33.3%	100.0%
Pearson's X^2 = 75.594 (4); p < .000 (.01)				

Association between income (household) and access to hospital services: The patients' access to services, available in the hospital, varies with the individual's affordability or income. The data illuminate that the patients from high income families have more access to medical facilities and

services (Table 11), available in the Khulna Medical College Hospital, than the low and medium income families, and the differences between these social classes, regarding their access to services, are statistically significant (X^2 = 38.720; p < .000).

Table 11: Income (household) and access to hospital services

Income (in BDT)	Access to Services			Total
	High	Moderate	Low	
1-10,000	7	46	20	73
	9.6	63.0	27.4	100.0
10,001-20,000	18	19	0	37
	48.6	51.4	0	100.0
20,001 >	5	5	0	10
	50.0	50.0	0	100.0
Total	30	70	20	120
	25.0	58.3	16.7	100.0
Pearson's X^2 = 31.291 (4); p < .000 (.01)				

Association between place of stay and satisfaction regarding doctor's service: The data show that the patients' satisfaction regarding doctor's service varies with their place of stay, and the differences are statistically significant (X^2 = 88.901; p < .000) (Table 12). The patients, stayed in the Cabin, were highly satisfied (90%) with the doctor's service, while more than half of the patients, from Paying Bed (52.5%), reported moderate satisfaction. The patients of the Wards, unlike the aforementioned, were dissatisfied about the services, provided by the doctors in the Khulna Medical College Hospital.

Table 12: Place of stay and satisfaction regarding doctor's service

Place of Stay	Satisfaction regarding Doctor's Service			Total
	High	Moderate	Low	
Ward	0	14	26	40
	0	35.0	65.0	100.0
Paying Bed	15	21	4	40
	37.5	52.5	10.0	100.0
Cabin	36	4	0	40
	90.0	10.0	0	100.0
Total	51	39	30	120
	42.5	32.5	25.0	100.0
Pearson's X^2 = 88.901 (4); p < .000 (.01)				

Association between place of stay and satisfaction regarding nurse's service: The data, in the Table 13, expose that the patients' satisfaction regarding the nurse's services varies with their place of stay, where they were receiving treatment, and the differences are statistically significant (X^2 = 65.644; p < .000). 65 percent of the patients, of the Cabin as well as of the Paying Bed,

evidently showed their satisfaction about the nurse's services, they received. However, more than half of the patients from the Ward were highly dissatisfied about the nurse's services in the Khulna Medical College Hospital.

Table 13: Place of stay and satisfaction regarding nurse's service

| Place of Stay | Satisfaction regarding Nurse Service | | | Total |
	High	Moderate	Low	
Ward	0	18	22	40
	0	45.0	55.0	100.0
Paying Bed	11	26	3	40
	27.5	65.0	7.5	100.0
Cabin	26	14	0	40
	65.0	35.0	0	100.0
Total	37	58	25	120
	30.8	48.3	20.8	100.0
Pearson's $X^2 = 65.644$ (4); $p < .000$ (.01)				

Association between place of stay and satisfaction regarding support stuffs' attitude: The data, in the Table 14, disclose the patients' satisfaction regarding support stuffs' attitude also varies with their place of treatment, and the differences are statistically significant ($X^2 = 79.969$; $p < .000$). 60 percent of the patients from the Cabin, followed by 90 percent of the Paying Bed, appreciated the attitude of the support stuffs of the Khulna Medical College Hospital, whereas 45 percent of the patients from the Wards were really annoyed by the attitude of the support stuffs.

Table 14: Place of stay and satisfaction regarding support stuffs' attitude

| Place of Stay | Satisfaction regarding Support Stuffs' Attitude | | | Total |
	High	Moderate	Low	
Ward	0	22	18	40
	0	55.0	45.0	100.0
Paying Bed	4	36	0	40
	10.0	90.0	0	100.0
Cabin	24	16	0	40
	60.0	40.0	0	100.0
Total	28	74	18	120
	23.3	61.7	15.0	100.0
Pearson's $X^2 = 79.969$ (4); $p < .000$ (.01)				

Association between place of stay and satisfaction regarding treatment cost: The data, expounded in the Table 15, show a difference between the patients' attitude regarding cost of treatment based on their place of stay, and the differences are statistically significant ($X^2 =$

69.199; *p* < .000). Half of the patients of the Cabin (50%) were highly satisfied about the cost of treatment in the Khulna Medical College Hospital. 82.5 percent of the Paying Bed patients were moderately satisfied about the cost, however, more than half of the Ward patients (65%) were highly dissatisfied about the cost of treatment, especially in the government hospital.

Table 15: Place of stay and satisfaction regarding treatment cost

Place of Stay	Satisfaction regarding Treatment Cost			Total
	High	Moderate	Low	
Ward	0	14	26	40
	0	35.0	65.0	100.0
Paying Bed	3	33	4	40
	7.5	82.5	10.0	100.0
Cabin	20	16	4	40
	50.0	40.0	10.0	100.0
Total	23	63	34	120
	19.2	52.5	28.3	100.0
Pearson's X^2 = 69.199 (4); *p* < .000 (.01)				

Association between reference and waiting time for admission: The data, presented in the Table 16, show that the patients' admission time depends largely on their referral status, and the differences are statistically significant (X^2 = 24.618; *p* < .000). 79.4 percent of the patients, referred by the medical consultants, were, in fact, admitted within 20 minutes of reporting, while it was less than 40 percent for those, who were admitted by their own choice in Khulna Medical College Hospital.

Table 16: Referral status and waiting time for admission

Referral Status	Waiting Time (in Minute)					Total
	< 20	21-40	41-60	61-80	80 >	
Self	19	19	12	0	2	52
	36.5	36.5	23.1	0.0	3.8	100.0
Doctors	54	11	3	0	0	68
	79.4	16.2	4.4	0.0	0	100.0
Total	73	30	15	0	2	120
	60.8	25.0	12.5	0.0	1.7	100.0
Pearson's X^2 = 24.618 (4); *p* < .000 (.01)						

Discussion
The status of the individuals, in terms of host factors and background characteristics, is important in understanding the trends of public health as well as their satisfaction levels in respect of various services, especially in low-income settings like Bangladesh, where unhygienic life styles and poverty together with inadequate medical appliances toll on the lives of people, due to their consistent exposer to life-threatening diseases (WHO, 2011; Chowdhury *et al*., 2003; Bhuiya *et al*., 2009). In the study, it is observed that the patients were generally middle aged male admitted in the hospital to treat acute as well as chronic diseases, of which two thirds have higher secondary education, especially those stayed in the Paying Beds and Cabins. Likewise, the patients, in the Cabins and Paying Beds, were largely involved in government services or businesses, and they were economically well-off compared to the patients admitted into Ward.

These findings imply that educated and better-off people in Bangladesh are more likely seeking health care services in the hospitals, as they are more empowered to negotiate admission and hospital based care than the illiterates (Lyatuu *et al.*, 2008). However, it is also evident that in Bangladesh, women and the poor are still deprived off of their basic rights, *i.e.* access and information to health services, which eventually tolls on their lives and cause premature death.

In addition to socioeconomic characteristics of the individuals, referral system is another important determinant to access health facilities, which in fact, influences admission as well as waiting time to get admitted in the government hospitals (Akande, 2004; Rasoulynejad, 2004). The findings indicate that more than half of the patients (56.7%) in the Khulna Medical College Hospital were referred by the professional health practitioner to treat ailment better. However, the patients of the Cabins were only one to report less than a quarter hour to get admitted for emergency attention of the doctors. So, it is evident that the waiting time varies with the place of stay and that factor is crucial to understand patients' dissatisfaction with government hospital (Aldana *et al.*, 2001).

The present study evidently depicts that the patients' satisfaction, about the quality of services in the government hospitals, determined by their socioeconomic status. The patients, from economically well-off families, could afford and outreach better health facilities; therefore, they were more satisfied about the existing services, offered in the KMCH, *i.e.* doctor's service, nurse service, support stuffs' attitude and cost of treatment. One explanation for such is that they were able to bear 'hidden costs' in government hospitals that include 'informal payments' to service providers and cost for buying medicines from out-side markets (Killingsworth *et al.*, 1999; Nahar and Costello, 1998). The aforementioned findings clearly indicate that the patients' satisfaction, about the services of the government hospital, depends largely on their economic status, since they could afford better place as well as better health practitioner to treat their ailment, whereas the people from low-income families are still struggling to be treated, despite the relentless efforts of the government and its development partners to ensure better health facilities and access to all.

Conclusion

Patients' satisfaction is an important issue both in evaluation and shaping of health care. From the findings, it is clearly evident that the health care delivery system, available in government hospital of Bangladesh, favors only the financially and academically well-off people, who can afford and negotiate the medical expenses and hospital admission for treatment. Therefore, they are highly satisfied about the available health care facilities, offered within the hospital. On the contrary, the poor, especially women, are not able to access and avail the health care supports. Thus, to reduce existing health inequalities in Bangladesh and to ensure universal health for all, government should focus more on the patients' satisfaction, irrespective of their sex, income, education and so on, on existing health facilities. In addition, more research on the aspects of health care to justify patients' satisfaction will definitely enable the policy-makers and decision-makers to improve the quality of health care effectively, and to keep a balance between providers' and patients' as well as within patients' ideas of what quality of health care means and restore peoples believes in existing health care efforts of the government and its development partners.

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