

DISPARITY BETWEEN PATIENT'S EXPECTATION AND HEALTH CARE PROVIDER'S SERVICE

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ABSTRACT

Background: Public sector hospitals are overloaded with the patients though, an excess load on the doctors and staffs of the hospital, they are trying to provide better health care services. But now a days it becomes a burning question whether they are fulfilling the patient's requirements. Research on patient satisfaction is required to guide the changes that may improve the quality of health care and also doctor-patient relationship. **Objective:** To find out the patients' expectations from the doctors in a tertiary level hospital of Bangladesh. **Methods:** This is across-sectional study, conducted on 500 patients through a structured questionnaire. A focus group discussion (FGD) was done among 10 participants consisted of teachers, consultants and medical officers, to get feedback on certain issues for developing questionnaire. Quantitative analyses were done from the questionnaire, these were percentage frequencies and means and standard deviations of responses on Likert scale using SPSS version 20. **Results:** Through the questionnaire based feedback, attitude of the doctors towards the patients achieved the high satisfaction rate (74.7%). Components such as waiting area (32.1%) and privacy measures (22.9%) received the low rates of satisfaction. Majority of the patients felt that the service provided to them was not adequate as represented by the score below 2.5 of the Likert scale. **Interpretation:** There are tremendous scopes of improvement of doctor patient relationship in health care service and some ethical issues also. **Conclusion:** This result may be guiding the health care policy makers for improving the quality of health care services in Bangladesh. **Key words:** Doctor -patients' relationship, Good professionalism, health Care, Patient expectation, Patient's satisfaction, Quality of health care

1. INTRODUCTION

A concern for patient satisfaction has been taken up by many health care authorities worldwide (Korsch et al., 1968, Renzi, C, 2011 and Ong Samuel, 2007). Bangladesh is a developing country with a dense population, where most of the people are dependent upon the public sector health care system that is the government runs hospitals where free or low priced health care is provided. Having this load on the doctors, nurses, technologists and other non-medical auxiliary services of the hospital are trying to provide the healthcare services. But it became a very important matter whether they are satisfying the patient's requirements.

Increasingly, patients' views are recognized as essential components in the evaluation of the quality of health care (Sitzia, 1997). Patient expectation with treatment is a growing area of research with tremendous potential to provide

outcome measures for clinical trials and disease management programs (Weaver Marcia, 1997). In this context, the main emphasis should be placed on the doctor-patient relationships and professional skills. Therefore, person centered health care respects the dignity and value of each person (Francis et al., 1969). Dr. Ian R. Mc Whilley (1998) says that the relationship between practitioner and patient can take its place beside others in which there are strong moral obligations and mutual commitments, such as those between parent and child and teacher and student. There is no published literature on such study at tertiary level hospital in Bangladesh. Keeping all these matters in mind a survey was undertaken to find out the patients' expectations from the doctors in a tertiary level hospital like Bangabandhu Sheikh Mujib Medical University Hospital, Dhaka, Bangladesh. The current research was done with a hope to contribute the opinions of the doctors and patients for better hospital management and for providing better health care services in the different level of hospital in Bangladesh. Keeping in mind

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the aim of the work was to collect and analyses feedback of patients through a questionnaire based survey.

2. MATERIALS AND METHODS

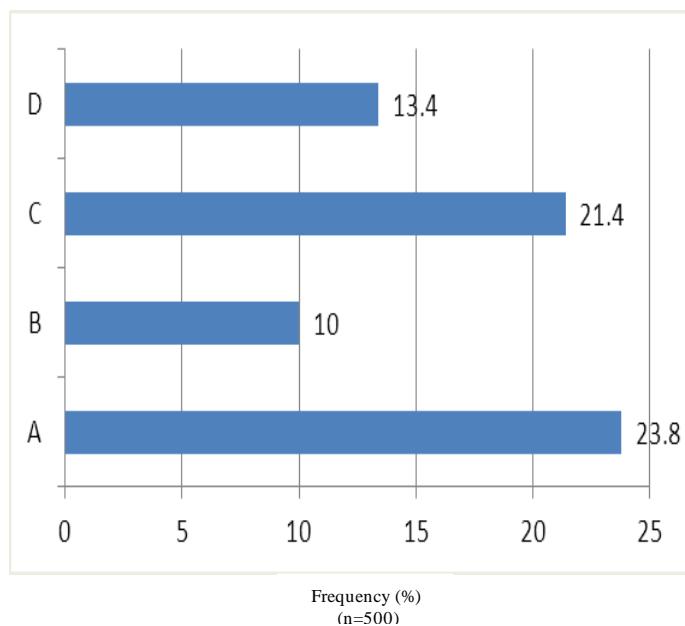
The study was observational, descriptive (cross-sectional) and qualitative in nature, carried out in Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka, between July 2014 and June 2015. A focus group discussion was organised with doctors of different faculties of Bangabandhu Sheikh Mujib University (BSMMU). Ten participants were selected by convenient sampling method, including teachers, consultants and medical officers. To identify the doctor's views in providing services to the patient in the BSMMU hospital, the issues gathered from focus group discussion (shown in Table 1) were analysed qualitatively. On basis of the FGD, a questionnaire was developed for taking feedback from the patient who received treatment facilities from the outdoor care in medicine, obs-gynae, oncology, diagnostic and imaging services of the hospital. The feedback was collected from the 500 patients. Questions invite direct specific answers, using a 5-point Likert scale (Boone et al., 2012). Although the survey provided qualitative data, quantitation was done. Percentage frequencies of responses were calculated. Means and standard deviations of the Likert scale score were calculated wherever necessary, using the Statistical Package for Social Science (SPSS version 20) program. In this study the Likert scale stood for an ascending order of score (1, 2, 3 and 4 standing for 'Unsatisfied', 'Partly satisfied', 'Satisfied' and 'Highly satisfied' respectively). Any mean value above 2.5 was considered as inclining towards the high satisfaction rate. The 'undecided' responses were kept out of this calculation and also out of the calculation of percentage frequencies. To determine the satisfaction rate, the percentage of the respondents was calculated by combining the responses "satisfied" or "highly satisfied".

Ethical issue: Regarding ethical issues, approval are taken from IRB (Institutional Review Board of this University) prior conducting the survey.

3. RESULTS

The satisfaction rate is the proportion of the sample respondents who replied "satisfied". Environment structure, waiting area, privacy measures received the lowest rates of satisfaction, and so these are the areas that cause more concern to the service users and this identifies those as the priority areas for improvement. The satisfaction rate each of the components received is shown in Table 2. The expectation rate is the proportion of the sample respondents who replied "explained clearly". Consultation with the patient: about complications of the disease (13.4%), side effects of the drug (21.4%), treatment procedures of the disease (10%) and during breaking the bad news to the patient (23.8%) received the lowest rates of satisfaction. So these are the areas that cause more concern to the service users and this identifies those as the priority areas for improvement. Figure 1 shows the expectation rate each of the components received. Table 3 shows majority of the patients felt that the service provided to them was not adequate represented by the score below 2.5 of the Likert scale. So, the areas where the score below 2.5 of the Likert scale that need more concern and this identifies those as the priority areas for improvement.

Fig 1 The figure shows the expectation rates of the respondents on each of four components of service (satisfied/ highly satisfied)



A-Explanation about the complication of the disease;
B- Explanation about the side effect of the drug
C-Explanation about the treatment procedure of the disease
D.Proper explanation given during breaking the bad news to the patient

Table 1 Themes emerged from the teachers, consultants and medical officers on different agenda through FGD

Agendum	Theme
Physical surrounding	Cleanliness, set-up, technical facilities, bathrooms, direction for identifying different facilities and services, dress code for staff recognition
Staff attitude	Proper staff attitude
Waiting area	Space, furniture, availability of drinking water etc
Waiting and consultation time	Patient and doctor ratio
Privacy measures	Confidentiality about physical examination and history taking
Explanation	Activities conducted during treatment

Table 2 The satisfaction rate of respondents on each of the seven qualities of service components (n = 500)

Component	Satisfaction rate (%)
Attitude of doctor towards the patient	74.4
consultation time	66.8
Attitude of doctor towards the patient's attendance	56.2
Environment structure	44.2
Communication, explanation, and doctor-patient interaction	62.4
Waiting area	31.8
Privacy measures	22.4

n = Number of patients

Table 3 Response of the patients on the comments of the questionnaire (n = 500)

Comments	Mean* ± SD
Attitude of doctor towards the patient	2.74 ± .52
Consultation time	2.57 ± .70
Attitude of doctor towards the patient's attendance	2.48 ± 1.54
Environment structure	2.26 ± .80
Communication, explanation, and doctor-patient interaction	2.56 ± .66
Waiting area	2.09 ± .75
Privacy measures	1.64 ± .90
Explanation about the complication of the disease	1.60 ± .90
Explanation about the side effect of the drug	1.34 ± .72
Explanation about the treatment procedure of the disease	1.52 ± .90
Proper explanation given during breaking the bad news to the patient	.85 ± 1.14

n= Number of patients

* Each mean score represents the mean of the scores (1, 2, 3 and 4) available for the comments

4. DISCUSSION

The overall satisfaction rate and expectation rate in some areas in the current research is hopeful. The importance of doctor-patient relationship in the field of health policy can be realized by understanding the following statement from Javid Hamid Farooqi (2011). "Exploring patient expectations is very important for ensuring health care of the highest quality".

Marcia Weaver (1997) claims that "The relationship between treatment satisfaction and expectations is interesting in its own right, especially with respect to applications of treatment satisfaction to marketing". In the present study the expectation rate is poor in several areas as explanation about: the complication of the disease, side effects of the drug, treatment procedures of the disease and breaking the bad news to the patient. Although, in many countries (Francis et al., 1969) reflect the opposite view, that the satisfaction rate is more in those areas. According to WHO reports that the best trained and well educated staff can be affected negatively by stress and cannot counsel the patient adequately, increasing the frequency of adverse patient outcome. In this study feedback collected only from structured questionnaire that may be the limitation and the result in these context may be better if collect the views from the doctors perspective.

Although, the satisfaction depends on several factors like age, sex etc. Baker and Hall (1995) and Baker (1990) also claim that there is a clear relationship between sex of respondent and satisfaction. During collecting responses we could not consider the age and sex in the present study.

Emphasize was given on the most powerful predictor for client satisfaction with government health services was the provider's behavior towards the patient, particularly respect and politeness (Aldana, 2001). In the present study, satisfaction rate of 'attitude of doctor towards the patient' component is received highest score.

It is interesting to find statistically more satisfaction rate in several areas like attitude of doctor towards the patient, consultation time, communication, explanation, and doctor-patient interaction, especially when there is more number of patients than the number of doctors and less time for attending each patient. It may be the responsibilities of the doctor are not only to give treatment but also to counsel the patient.

One cannot make conclusions with only one study of this sort, where only one hospital and 500 patients were included. Moreover there is some sort of difficulties to take feedback from the outdoor patients because they are worried, anxious for their adverse condition and also most of the indoor patients are non cooperative.

Nevertheless, the result of the present study may suggest that there was a high level of satisfaction in some areas, although they also express concerned about other services. Patient should be regarded as active partners in the management of their problems and involve in decision making.

5.CONCLUSION

The study on patient expectation has generated some important primary results, but that much research on this field remains to be done. Further study with a large sample can include to this result to guide quality of health care modification and implementation, regarding patient expectations from the doctor and hospital management team, in making health policy. We believe, the results of our survey will help in designing better healthcare for patients in Bangladesh, and countries alike. The key messages for the study are: the doctor-patient relationship is very important for a good treatment measure, most of the patient should be actively participated in solve their problems. In view of, increase consultation time for effective treatment and management of patient.

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