ORIGINAL ARTICLE

Assessment of patient satisfaction at a traditional medicine hospital in Nepal

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Abstract

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This cross-sectional descriptive study was conducted regarding patient satisfaction with outpatient department (OPD) services at Naradevi Ayurveda hospital in Kathmandu, Nepal. A structured questionnaire was administered to 296 patients attending the OPD during February, 2012. The respondents were aged 18 years and above. Chi-square tests and multiple logistic regression were performed to analyze the associations between independent and dependent variables.

The results show that most of the respondents (74.7%) had low level of satisfaction, and 25.3% of them had a high level of satisfaction. Other selected variables such as distance from home to hospital, long waiting time, adequate length of service hours of the OPD and actual expectations were significantly associated with patient satisfaction ($p<0.05$). After adjusting the potential factors, it was found that patients who had a low monthly income were more likely to have high satisfaction with the OPD services (OR=2.65, 95%CI=1.38-5.11). Patients who had to wait only a short time (OR=2.19, 95%CI=1.16-4.16) or who reported adequate service time (OR=2.53, 95%CI=1.35-4.75) were more likely to have a high level of satisfaction with OPD services.

In conclusion, low income, waiting time and service hours of OPD were the main predictors of satisfaction with OPD services. Hence, providing the health insurance scheme, increasing access to services at all levels of health institution, providing quick services, and increasing the length of OPD service hours can help to increase the level of patient satisfaction with the traditional health care system. Further qualitative and follow-up studies to further improve the quality of care are also recommended.

Keywords: Patient satisfaction, outpatient department services, traditional medicine, Ayurveda.

การประเมินความพึงพอใจของผู้ป่วยในโรงพยาบาลแพทย์แผนโบราณในประเทศเนปาล

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บทคัดย่อ

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การประเมินความพึงพอใจของผู้ป่วยในโรงพยาบาลแพทย์แผนโบราณในประเทศเนปาล
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การศึกษาแบบภาคตัดขวางนี้เพื่อศึกษาความพึงพอใจของผู้ป่วยต่อการบริการของแผนกผู้ป่วยนอกของโรงพยาบาลอยุรเวดิในเมืองกาฐมาณฑุ ประเทศเนปาล โดยทำการศึกษาในผู้ป่วยที่อายุ 18 ปีขึ้นไป จำนวน 296 คน ที่เข้ามารับการรักษาในแผนกผู้ป่วยนอกในระหว่างเดือนกุมภาพันธ์ 2555 ด้วยแบบสอบถามเชิงโครงสร้าง ในการวิเคราะห์ความสัมพันธ์ระหว่างตัวแปรต้นและตัวแปรตามโดยใช้การทดสอบไค-สแควร์ (Chi-Square Test) และการวิเคราะห์การถดถอยโลจิสติก (Multiple logistic regression)

ผลจากการศึกษา พบว่า ร้อยละ 74.7 ของผู้ป่วยมีความพึงพอใจระดับต่ำ และร้อยละ 25.3 ของผู้ป่วยมีความพึงพอใจสูง ทั้งนี้ปัจจัยที่มีความสัมพันธ์กับความพึงใจของผู้ป่วยอย่างมีนัยสำคัญ ได้แก่ ระยะทางจากบ้านถึงโรงพยาบาล ระยะเวลาของการรอ ช่วงเวลาที่ได้รับบริการ และความคาดหวังของผู้รับบริการ (p-value<0.05) นอกจากนี้ยังพบอีกว่า ผู้ป่วยที่มีระดับรายได้ต่อเดือนน้อยนั้นมีโอกาสสูงที่จะมีความพึงพอใจสูงต่อการเข้ารับบริการในแผนกผู้ป่วยนอก (OR=2.65, 95%CI=1.38-5.11) และผู้ป่วยที่มีระยะเวลาในการรอรับบริการสั้น (OR=2.19, 95%CI=1.16-4.16) หรือเวลาที่ได้รับบริการเพียงพอ (OR=2.53, 95%CI=1.35-4.75) นั้นมีโอกาสสูงที่จะมีความพึงพอใจสูงต่อการเข้ารับบริการในแผนกผู้ป่วยนอก

ผลการศึกษานี้ชี้ให้เห็นว่าปัจจัยด้านรายได้ ระยะเวลาในการรอ และช่วงเวลาที่ได้รับบริการในแผนกผู้ป่วยนอกนั้นเป็นปัจจัยที่สามารถนำไปใช้ในการทำนายความพึงพอใจของผู้ป่วยที่เข้ารับบริการในแผนกผู้ป่วยนอกได้ ดังนั้น การประกันสุขภาพ การเพิ่มการเข้าถึงบริการในทุกระดับ การรับบริการอย่างรวดเร็ว การเพิ่มเวลาในการรับบริการที่แผนกผู้ป่วยนอกจะสามารถช่วยในการยกระดับความพึงพอใจของผู้ป่วยที่เข้ารับบริการในระบบบริการสุขภาพแพทย์แผนโบราณ นอกจากนี้ควรได้มีการศึกษาเชิงคุณภาพและการศึกษาแบบติดตามระยะยาว จะเป็นการช่วยพัฒนาการปรับปรุงคุณภาพในการให้การบริการอย่างต่อเนื่องได้

คำสำคัญ   ความพึงพอใจของผู้รับบริการ การบริการแผนกผู้ป่วยนอก การแพทย์แผนโบราณ การแพทย์พื้นบ้าน

Introduction

Patients' ratings of their health care experiences have become increasingly important as indicators of the quality of care[1]. Both in developed and developing countries, research into patient satisfaction is increasing in order to measure and monitor the quality of healthcare services[2]. Previously, a patient's experience with health care was given low priority and was been routinely measured only in terms of simple satisfaction. More recently, the importance of satisfaction as an outcome in determining the quality of health care has gained support, and its measurement is being encouraged in ways that focus on achieving patient-centered service.[3]

There has been increasing interest in the patient's perspectives of health care and how health systems can better respond to the needs of all health care stakeholders and constituencies in a holistic manner. Improving health care quality and safety and enhancing people's experience of care require attention not only to health system design but also to the process of patient care.[4]

Patient satisfaction has become an indicator and a standard part of evaluation of the health care system. Similarly, meeting patient expectations has become one of the main objectives of health care providers. Satisfied patients are more likely than dissatisfied ones to continue using heath care services.[5] Patient satisfaction can be utilized for three main proposes: first. as an evaluation of the quality of care; second, as an outcome variable in its own right; and third, as an indicator of deficiency in a service that is in a process of change.[6]

Components of patient satisfaction include convenience, which means the ease with which health care services are consumed (including the service system, availability of personnel, and adequacy of OPD timing), as well as waiting time for physical examinations and receipt of prescribed medicines, distance traveled, together with money spent to reach to the hospital and the facilities available at the hospital. Moreover, courtesy is an essential component of quality care from a professional point of view; courtesy is an element in patient satisfaction with the quality of care. Thus, one of the most powerful predictors for client satisfaction with government health services should be the provider's behavior towards the patient, particularly respect and politeness. This aspect has been found to be much more important than the provider's technical competence, characterized by elements such as explaining the nature of the problem, conducting the physical examination, and giving advice.[7]

People in many countries are now more prepared to look for alternative approaches to maintain their health. WHO's traditional medicine program was developed focusing on the health for all strategy and the primary health care approach; with the goal of bringing traditional medicine into the mainstream of the health service system wherever such an approach seemed to be appropriate. Traditional medicine consists of promotive, preventive, curative and rehabilitative roles. It can be the main form of health care or a component integrated into mainstream health care, or an alternative or complement to the main form of health care.[8] Traditional medicine is an ancient medical practice which existed in human societies before the modern science came into the health care system. Although modern medicine is widespread today, traditional medicine still exists in many coun-

tries, including Nepal. Interest in traditional medicine has increased over the last decade and seems likely to continue.[9-11]

Traditional medicine is believed safe to use; it is also believed that traditional medicine cures the root cause of the problem over time.[12] In some Asian and African countries, 80% of the populations depend on traditional medicine for primary health care.[14] It is widely practiced in South Asia, especially in Bangladesh, India, Nepal, Pakistan and Sri Lanka.[10] In Thailand, traditional medicine is similar to Ayurveda in Nepal.[15] In Nepal, most of the people depend on traditional medicine. In this country, there are more than 60 traditions concerning the treatment of illness and about 85% of the populations have depended upon traditional medicine for their primary health care.[16] It seems important to improve the quality of the medical services delivered, including traditional medical practices. Ayurveda is known as a kind of traditional medicine. However, it is not only a medical system, but also a way of living. It is used both to prevent and cure diseases.[17] The Nepalese government's only one and has been separated in different outpatient departments (OPDs) in Ayurveda, which is the Naradevi Ayurveda Hospital. Several studies have explored patient satisfaction with medical services[18-21]; however, few studies have investigated the satisfaction of patients with the services delivered by traditional medicine, particularly in Nepal. The number of people in Nepal using traditional medicine services has been increasing;[22-24] the researcher, therefore, aims to determine the factors affecting patient satisfaction among outpatients receiving medical services in Nepal. The findings from this study should indicate the current status of health services performance in traditional health care which may allow for further improvement; the results will alsobe of use in health care policy, particularly the policy on traditional medical services in the health care sector of Nepal.

Methods

This cross-sectional descriptive study was undertaken in the Naradevi Ayurveda hospital, Kathmandu, Nepal. This study included patients aged 18 years and above who received services from the Naradevi Ayurveda Hospital; the respondents of this age were able to answer questions independently; in Nepal they are considered of legal age; they are also able to read and write. Only patients who were willing to participate in the study and gave informed consent were included in the study. The study excluded patient below the age of 18 at the time of the study, patients with serious conditions who were not able to answer the questionnaire, patients with mental health problems, and patients from the BalRog (Pediatric) OPD because only respondents over the age of 18 years were selected. Stratified sampling was used to draw samples from five different OPDs and then the respondents were selected by using systematic random sampling. The outpatient departments (OPD) selected for this study were: Kayachikitsa (Internal Medicine), Panchakarma (Purification therapy OPD), Acupuncture OPD, Salya Shalaka (Surgery, ENT and Eye OPD), and StriRog (Gynecology OPD). A structured questionnaire regarding predisposing factors (age, gender, marital status, educational level, occupation, family monthly income), enabling factors (distance, waiting time, hours of operation of the OPD) and need factors (expectations about services and health problems) was used for data collection.

The original questionnaire was based on Marshall and Hays (1994) and Grogan et.al. (2000),[25-26] and the original English version was translated into simple Nepali. The study evaluated the performance of the translated tools by testing its feasibility, reliability, and validity with other traditional medicine hospital outpatients in Nepal. The feasibility was determined by calculating the percentage of missing item responses, interviewer-reported acceptability, the time needed for respondents to complete the questionnaire, and the ease of administration. After obtaining approval from the MU-SSIRB, Mahidol University, and Naradevi Ayurveda hospital, data were collected in February, 2012. A total of 296 respondents were interviewed face-to-face. Cronbach's alpha was used to identify the reliability of the questionnaire.

Thirty patients were asked to answer the questions in order to find the reliability and validity of the questionnaire: this pretest was conducted a location other than that of the full study. The alpha levels of the components of satisfaction were: 0.63 (convenience), 0.71 (courtesy) and 0.83 (quality of care). The internal consistency indicates that the overall level of satisfaction was about 0.85.

In the questionnaire, 11 questions were used to measure satisfaction with convenience and five for courtesy and seven for quality of care. Satisfaction was measured using a positively-coded five-point Likert's scale (i.e., 1 = "strongly disagree", 5 = "strongly agree"). The sum of the total score for satisfaction was divided using the 75th percentile as the cut-off point between the two groups, high satisfaction and low satisfaction. The respondents at or above the 75th percentile considered as highly satisfied; those below the 75th percentile were in the low satisfaction group.

The data were entered using a data entry program (Epidata); then statistical analyses were done using Minitab[14]. In all analyses $\alpha < 0.05$ was considered as being of statistical significance. Descriptive statistics were used to show frquency, percentage, mean, median, standard deviation, and minimum and maximum scores. Crude odds ratios and adjusted odds ratios were used to measure the strength of the association between patient satisfaction for each independent variable and the study factors. Then, multiple logistic regression was done to find the significant predictors.

Results

The general characteristics are described as follows: respondents were equally divided into the group of those aged 37 years or more and those aged less than 37 years, with a median age of 36.5 years. Slightly more than half (52.0%) of the patients were female. The majority of the respondents (75.3%) were married. Only 31.7% of respondents had a low educational level. The most frequent occupation of the participants was found to be agriculture. Patients with low and high incomes represented 35.8% and 25.7% of the total, respectively.

Table 1 shows the satisfaction levels for the various components of the OPD services at Naradevi Ayurveda Hospital within The largest percentages of those expressing a high level of satisfaction were: 38.2% for the quality of care, followed by 29.1% and 28.4% for courtesy and convenience, respectively. As for overall satisfaction, 25.3% were highly satisfied, while the majority (74.7%) was found to have a low level of satisfaction.

Table 1   Number and percentage of satisfaction levels with the components of OPD services (n=296)

Components of Services	High satisfaction		Low satisfaction	
	Number	%	Number	%
Convenience	84	28.4	212	71.6
Courtesy	86	29.1	210	80.0
Quality of care	113	38.2	183	61.8
Overall satisfaction	75	25.3	221	74.7

Overall accessibility had a strong association (Table 2) with overall patient satisfaction (p<0.001) with OPD services at Naradevi Ayurveda hospital. Patients living five kilometers or less from the hospital were three times and a half more likely (OR=3.42, 95% CI=1.97-5.94) to have a high level of satisfaction than were those who lived more than five kilometers from the hospital. Patients who could reach the OPD within 30 minutes or less were three times more likely (OR=3.29, 95% CI=1.85-5.84) to have a high level of satisfaction than were those who spent more than 30 minutes reaching the OPD.

Patients who waited 60 minute or less to receive all services from the OPD were almost three times more likely (OR=2.80, 95% CI=1.62-4.83) to have higher satisfaction. Patients who thought the waiting time was not long were three and a half times more likely (OR=3.44, 95% CI=1.96-6.05) to have high satisfaction as compared to those who thought the waiting period was too long. Patients who said the timing of OPD was adequate were nearly four times more likely to have a high level of satisfaction (OR=3.87, 95% CI=2.24-6.69) than those who said the timing of services hour of OPD was not adequate. The results also indicate that patients who thought services were better than expected were almost four times more likely (OR=3.72, 95% CI=1.69-8.18) to have a high level of satisfaction than those who thought services were worse than expected, showing a strong association between actual expectations and overall patient satisfaction with OPD services.

Table 2   Association between accessibility to services and overall patient satisfaction with OPD services

Variables	High level of satisfaction	Crude OR	95% CI	p-value
Distance from home to hospital				<0.001
> 5 km– Difficult access	38 (18.1)	1		
≤ 5 km– Easy access	37 (43.0)	3.42	1.97-5.94	<0.001
Time taken to reach the OPD				<0.001
> 30 min.– Difficult access	44 (19.5)	1		
≤ 30 min.– Easy access	31 (44.3)	3.29	1.85-5.84	<0.001
Money spent to reach the OPD				<0.001
> 20 rupees – Difficult access	46 (20.2)	1		
≤ 20 rupees – Easy access	29 (42.7)	2.94	1.65-5.25	<0.001
Problem in time spent to reach hospital				<0.001
Yes – Difficult access	24 (14.8)	1		
No – Easy access	51 (38.01)	3.53	2.03-6.16	<0.001
Problem in money spent to reach hospital				<0.001
Yes – Difficult access	22 (14.7)	1		
No – Easy access	53 (36.3)	3.32	1.89-5.83	<0.001
Total waiting time spent in OPD				<0.001
> 60min. – Difficult access	26 (16.5)	1		
≤ 60 min.- Easy access	49 (35.5)	2.80	1.62-4.83	<0.001
Waiting time is too long				<0.001
Yes – Difficult access	22 (14.5)	1		
No – Easy access	53 (36.8)	3.44	1.96-6.05	<0.001
Service hour of OPD is adequate				<0.001
No – Difficult access	32 (16.3)	1		
Yes – Easy access	43 (43.0)	3.87	2.24-6.69	<0.001
Overall services Expectations				0.584
- High expectations	55 (73.3)	1		
- Low expectations	20 (26.7)	1.18	0.65-2.15	0.584
Actual Expectations				<0.001
- Worse than expected	8 (10.7)	1		
- Better than expected	67 (89.3)	3.72	1.69-8.18	<0.001

Significant at   *p-value <0.05, **p-value <0.01, ***p-value <0.001

Only four of the nine variables included in the full model for overall patient satisfaction were significant predictors for overall satisfaction with OPD services (Table 3). A respondent with a monthly family income of less than Rs. 10000 ($125) was more likely to have a high level of satisfaction (OR=2.65, 95% CI=1.38=5.11); those patients who thought the waiting time was not too long were more likely (OR=2.19, 95%CI=1.16-4.16) to have a high level of satisfaction, and "timing of OPD is adequate" were more likely (OR=2.53, 95% CI=1.35-4.75) to have a high level of satisfaction.

Table 3   Multiple logistic regression for all potantial factors and patient satisfaction level

Independent variables	High level of satisfaction	Adjusted OR	95% CI	p-value
Occupation				
Gov. on Non-government employee	13 (24.5)	1		
Agriculture + Labor	13 (15.7)	0.51	0.23 - 1.13	0.095
Business	19 (35.9)	1.38	0.63 - 3.02	0.414
Monthly family income				
>20,000	18 (23.7)	1		
<10,000 - 20,000 rupees	35(33.0)	2.65	1.38 - 5.11	0.004**
Distance travel				
Distance from home to hospital				
> 5 km - Difficult access	38 (18.1)	1		
≤ 5 km - Easy access	37 (43.0)	1.51	0.62 - 3.69	0.362
Time taken to reach the OPD				
> 30 min. - Difficult access	44 (19.5)	1		
≤ 30 min. - Easy access	31 (44.3)	1.83	0.77 - 4.35	0.168
Money spent to reach the OPD				
> 20 rupees - Difficult access	46 (20.2)	1		
≤ 20 rupees - Easy access	29 (42.7)	0.76	0.34 - 1.71	0.501
Problem in time spent to reach hospital				
Yes - Difficult access	24 (14.8)	1		
No - Easy access	51 (38.1)	1.96	0.92 - 4.18	0.081
Waiting time				
Waiting time is too long				
Yes - Difficult access	26 (16.5)	1		
No - Easy access	49 (35.5)	2.19	1.16 - 4.16	0.016**
Service hour of OPD is adequate				
No - Difficult access	32 (16.3)	1		
Yes - Easy access	43 (43.0)	2.53	1.35 - 4.75	0.004**
Actual Expectations				
-Worse than expected	8 (10.7)	1		
-Better than expected	67 (89.3)	3.81	1.57 - 9.25	0.003**

Significant at *p-value <0.05, **p-value <0.01, ***p-value <0.001

Discussion

In this study patient satisfaction with OPD services of Ayurveda hospital was assessed using various dimensions of care related to satisfaction such as convenience, courtesy and quality of care. When examining the convenience component, it was found that 28.4% of respondents were highly satisfied as compared to 71.6% who were not. This is in contrast to a study by Ibrahim (2008), who found that 24.7% of the respondents were highly satisfied as compared to 75.3%.[27] This suggests that patient satisfaction with convenience varies in different health facilities and in different circumstances. Also patient satisfaction with the quality of health care differs from one country to another.[28]

Patient satisfaction studies have tried to relate patients' demographic characteristics to the level of satisfaction. This study shows that age is related to satisfaction with the quality of care, which is in contrast to a previous study which showed older respondents were more satisfied than younger respondents.[29] In addition, respondents with less education were less likely to have a high level of satisfaction with the courtesy displayed by hospital staff. This finding is similar to that of Bu. et al (2008), which also showed that the satisfaction level with health care services was higher in patients who had higher levels of education in comparison to those with lower educational levels. This might be because the better educated respondents had more knowledge about the services available. This study also shows that family income has a relationship with patients' satisfaction. The respondents having a low monthly family income were found to be more highly satisfied in comparison to respondents in the high family income group. This

finding is consistent with that of Alzolibani (2011), which found that lower socio-economic conditions were significantly associated with higher levels of satisfaction.[30] The reason for this might be that people in low economic conditions have low expectations so they will be more satisfied. The study demonstrates that patients who had travelled less than 5 kilometers to reach the hospital were likely to be more satisfied. In addition, taking 30 minute or less to reach the hospital OPD was also significantly associated with patient satisfaction. This finding is in agreement with the findings of One study (2001), who reported that the less time spent travelling, the higher the level of satisfaction.[31]

The study found that respondents whose waiting time for OPD services was more than 60 minutes were less likely to be satisfied. This finding is consistent with the results of several previous studies.[32-33] This study concluded that patient satisfaction with respect to waiting time depended on information given to the patients about the cause of delay and communication by the care providers with the patients. Another finding of this study is that adequate service hour of OPD was also significantly associated with satisfaction of the patients. This finding supports the results of a previous study which reported that being open only during business hours was not enough for job holders.[34]

In this study, patients who received services over their expectations had a high level of satisfaction. This result supports the findings of Yoon (2005), who reported that if the actual performance was better than expectations, this led to positive disconfirmation.[35] Furthermore, the number of visits to the facility was not associated with satisfaction; this finding

was contradicts the results of a previous study which showed that frequency of visits was related to patient satisfaction.[19] It is possible that clients in the present study might have no alternative since this hospital is the only Ayurveda hospital in Nepal. Moreover, the patients adapt themselves to the hospital system after several visits.

This study was the first attempt to find information regarding satisfaction as related to traditional medicine services in Nepal; however, because there is only one hospital and therefore no choice for patients wishing to receive health services, it is impossible to generalize to other population who might be seeking the health care services. Hence, to confirm these findings, qualitative research should be conducted. In addition, a follow-up study to find the satisfaction levels among patients over time would benefit the organization and provide the opportunity to improve the quality of care.

In conclusion, patients using the hospital's services spread word about the image of the hospital and therefore the satisfaction of these patients is important for hospital management. This study shows that the majority of patients were dissatisfied. The variables of monthly family income, patients who thought the waiting time was too long, adequate timing of service hour of OPD and expectations were found to be predictive factors for overall satisfaction.

Due to geographical conditions and the low budget allocation for health services, the low number of health facilities might be a cause of dissatisfaction. At present in Nepal modern medicine and traditional medicine systems are providing health services separately. Most modern technology is introduced in the modern medicine sector; in the traditional medicine system there is still a lack of physical facilities as well as medical instruments. In addition, the financial allocation for the traditional medicine system is very low. Hence, as there was no health insurance scheme in the past, providing a health insurance scheme, increasing access to services to all types of health institutions, providing quick services, and increasing timing of OPD hours can help to increase the level of patient satisfaction which is the essential message provided by this study. Further qualitative and follow-up studies to further improve the quality of care are also recommended.

Acknowledgements

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Mini M.M. in Health

(หลักสูตรการบริหารงานสาธารณสุขระดับสูง)

สถาบันพัฒนาสุขภาพอาเซียน
มหาวิทยาลัยมหิดล
ร่วมกับ
สมาคมเวชศาสตร์ป้องกันแห่งประเทศไทย

โครงการ Mini M.M. in Health
(การบริหารงานสาธารณสุขระดับสูง)

สถาบันพัฒนาสุขภาพอาเซียน มหาวิทยาลัยมหิดล ได้ร่วมมือกับสมาคมเวชศาสตร์ป้องกันแห่งประเทศไทยจัดหลักสูตร **การบริหารงานสาธารณสุขระดับสูง (Mini Master of Management in Health)** ขึ้น ในรูปแบบของการเรียนด้วยตนเอง **(Self Study Programme)** โดยนักศึกษาสามารถจะศึกษาได้ ณ ที่ทำงานของตนเอง และสามารถจะจบหลักสูตรการบริหารงานสาธารณสุขระดับสูงได้ในระยะเวลา 6 เดือน

คุณสมบัติของผู้สมัคร

ผู้บริหาร แพทย์ พยาบาล นักวิชาการสาขาต่าง ๆ รวมทั้งบุคลากรผู้ปฏิบัติงานที่เกี่ยวข้องกับระบบสุขภาพทั้งจากภาครัฐและเอกชน ตลอดจนแพทย์ที่ต้องการเตรียมพัฒนาความรู้เพื่อสอบรับอนุมัติบัตรเป็นผู้ชำนาญการทางเวชศาสตร์ป้องกัน

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รายละเอียดติดต่อ

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