Patient Satisfaction Towards Out Patient Department (OPD) Services Of Medicine Department In Banphaeo Community Hospital Samut Sakhon Province, Thailand

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ABSTRACT
This descriptive study was conducted to describe patient satisfaction towards out patient health care services provided by medicine department in Banphaeo autonomous hospital, Samut Sakhon province, Thailand. The study population was respondents aged 16 and above, 225 respondents were interviewed from 17th of January till 5th of February 2007 by using structured questionnaire to collect the data regarding socio-demographic factors, accessibility, experience from medicine OPD and patient satisfaction. Descriptive statistics used for frequency, percent, mean, median, maximum, minimum and standard deviation and chi-square was performed to find the association.

Maximum numbers of patients (87.56) had good experience from medicine OPD except drugs expense, space in diagnostic place and number of doctors in OPD. About accessibility, 64.89 percent of respondents had good accessibility.

The result showed that the overall satisfaction was 86.67. The patients were most satisfied from convenience (84%) while least from courtesy (75.11%).

In socio-demographic factors statistical analysis showed relationship between occupation, marital status, accessibility and experience of patients and satisfaction.

According to the study analysis there was association between experience and satisfaction and there was also the association between accessibility and satisfaction.

From this study it is recommended that improvement is needed in few of the items of accessibility and courtesy. There is need of more pharmacists, doctors and registration staff and need for improvement in the behavior of registration staff and pharmacists. Extensive analytical studies should be performed to substantiate findings of this result.

The staff working in the hospital should be motivated in terms of careful and enthusiastic services and more community participation should be encouraged by hospital administration & health workers must be provided with sufficient knowledge on how to understand psycho-social aspects of consumers.

KEYWORDS
Out Patient Department, Satisfaction, Accessibility, Experience
INTRODUCTION

The public sector in Thailand has been the major player in Thailand’s health service system from the introduction of modern health services. It is undeniable that the public sector is crucial in meeting the health needs of the population, especially the underprivileged and the poor. However, health services operating under the conventional civil service system are not without problems. There are examples illustrating the weaknesses of a health services delivery system being managed under a highly centralized bureaucracy. For example, staff working in the public sector lacks motivation to deal with the large volume of work due to the fixed salary system and rigid manpower management rules and regulation. In addition, efficiency in the use of resources has not been ensured.

Like decentralization, hospital autonomy is an attempt to achieve the following objectives of improving communication and reducing administrative complexity, thereby improving government’s responsiveness to local needs, enhance effectiveness and efficiency of management by allowing greater discretion, increase accountability to the public, improve resource mobilization for national and local development policies, and improve local knowledge of development priorities, achieve political objectives such as self-reliance, self-determination, and democratization.

Patient satisfaction surveys are an instrument in monitoring hospital’s quality of care in relation to cost and services. Patient satisfaction studies inform planning as part of range of assessment indicators used to compare different activities of organizing or providing health care. After reaching to the conclusion how patient satisfaction is vital for hospitals and other health organizations, it would be appropriate to uncover the issue and determine the factors influencing the satisfaction.

In this patient satisfaction study the researcher was determining the patient satisfaction from medicine OPD services of Banphaoe hospital which is the first and only autonomous hospital (public organization) in Thailand located in Samut Sakhon province.

The information obtained from this study was an indicator for reflection of the type of quality of curative services provided by hospital units under universal coverage scheme and also the satisfaction in primary health care prospective.

MATERIAL AND METHODS

The cross sectional descriptive study was conducted in Banphaoe Hospital Samut sakhon province, Thailand and the interview questionnaire was tool in collecting data for assessing the patient satisfaction from Medicine OPD services in Banphaoe Autonomous Hospital. The target population was patients attending the out patients department of Banphaoe hospital, available at the time of data collection that were able to listen and understand Thai language, were ready and willing to give information. Age for the respondents was 16 years and above (both males and females) because respondents at this age were mature enough to answer questions independently. The estimated sample size was 225 respondents. The accidental sampling technique was used for this
study but this technique cannot estimate sampling error. The questionnaire was adopted according to the suggestions and comments of the thesis advisors and preceded to pre test them using the revised questionnaire for thirty respondents. The cronbach’s co efficient of alpha was 0.86 for experience, 0.73 for accessibility and 0.91 for satisfaction part.

The accessibility and experience was categorized into good and poor while satisfaction into high and low using best criteria. Using to best criteria the score set for satisfaction was 61–78 for high satisfaction and 26–60 for low satisfaction.

The likert’s three point scale was used as agree, not sure and disagree for experience and accessibility while satisfactory, not sure and unsatisfactory for satisfaction.

Descriptive statistics was used for determining mean, median, mode, maximum, minimum and standard deviation for variables under study. To find frequency and percentage tally test was used. To find the relationship between the dependent and independent variables according to the objectives already listed chi square test was used.

RESULTS

Highest proportion (29.11%) of patients were from 16 to 30 years, More than one half (54.22%) of the patients were females. Nearly two-third of the respondents was married (62.67%). Most of the patient’s education was primary school (43.11%). The non-government employed was the largest group (34.67%) of the total respondents interviewed. More than one half (52%) of the respondents were earning between 5,000 Baht to 10,000 Baht. The patients with the four and less family members were 52.44 percent of the total respondents. Accordingly those who made 1 to 4 visits to hospital constituted three quarter (76.44%) of the total respondents.

The patients had good experience from all the items except from diagnostic space, number of doctors, expense of drugs from which they had poor experience. The highest level of good experience was about doctor services while the lowest of good experience was about pharmacy service. It was noted that maximum (87.56) of the respondents had good experience.

<table>
<thead>
<tr>
<th>Level of Experience</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good experience</td>
<td>197</td>
<td>87.56</td>
</tr>
<tr>
<td>Poor experience</td>
<td>28</td>
<td>12.44</td>
</tr>
<tr>
<td>Mean. = 64.30, SD. = 6.36, Medax = 66.05, Min. = 42, Max. = 72</td>
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</table>

During computation of data analysis, it was found that overall accessibility to medicine OPD, nearly two third (64.89%) of respondents said that they had the good accessibility while remaining 35.11 percent said that they had poor accessibility.

<table>
<thead>
<tr>
<th>Level of Accessibility</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good accessibility</td>
<td>146</td>
<td>64.89</td>
</tr>
<tr>
<td>Poor accessibility</td>
<td>79</td>
<td>35.11</td>
</tr>
<tr>
<td>Mean. = 18.14, SD. = 2.60, Medax = 19.02, Min. = 9.00, Max. = 21.00</td>
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</tbody>
</table>
More than three quarter (84%) of the respondents had high satisfaction from convenience, 75.11 percent of the patients had high level of satisfaction from courtesy and from the quality of care 83.56 percent of patients were highly satisfied.

During the computation of data analysis, it was found that overall satisfaction from the services of medicine OPD was that majority (86.67%) of the respondents who had high level of satisfaction while just 13.33 percent of respondents had low level of satisfaction.

Table 3: Number and Percentage of Respondents by total level of satisfaction from

<table>
<thead>
<tr>
<th>Level of satisfaction</th>
<th>Number (N)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Satisfaction</td>
<td>195</td>
<td>86.67</td>
</tr>
<tr>
<td>Low Satisfaction</td>
<td>30</td>
<td>13.33</td>
</tr>
</tbody>
</table>

Mean = 69.86  S.D. = 6.71  Median = 72.00
Min. = 49.00  Max. = 78.00

In socio-demographic factors the association was just of marital status and occupation with satisfaction. The other variables had no association with satisfaction.

About 96.54 percent of the respondents with good experience had high satisfaction, in contrast 82.14 percent of respondents with poor experience had low satisfaction. It was revealed that patient with good experience had high satisfaction while those patients with poor experience had low satisfaction. From the result it can be interpreted that the patient provided with good quality services from hospitals were positively expecting and experiencing highly satisfactory services. It can be concluded that experience to medical care service had association with satisfaction score significantly (p < 0.001).

Table 4: Relationship between total experience and patient satisfaction

<table>
<thead>
<tr>
<th>Patient satisfaction</th>
<th>c² (df)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Good experience</td>
<td>190(96.45%)</td>
<td>7(3.55%)</td>
</tr>
<tr>
<td>Poor experience</td>
<td>5(17.86%)</td>
<td>23(82.14%)</td>
</tr>
</tbody>
</table>

* Statistically significant level=0.05
** Fisher exact’s test

About 100 percent patient with good accessibility had high satisfaction while 37.97% with poor accessibility had low satisfaction and 62.03 percent with poor accessibility had high satisfaction. From the result it can be interrupted that good accessibility was related to high satisfaction while poor accessibility was related to low satisfaction. Finally it can be concluded that accessibility had association with satisfaction score significantly (p value less than 0.001).
Table 7  Relationship between total Accessibility and Patient Satisfaction

<table>
<thead>
<tr>
<th>Level of experience</th>
<th>Patient satisfaction</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Good experience</td>
<td>146(100.00%)</td>
<td>0(0.00%)</td>
</tr>
<tr>
<td>Poor experience</td>
<td>49(62.03%)</td>
<td>30(37.97%)</td>
</tr>
</tbody>
</table>

* Statistically significant level=0.05
** Fisher exact’s test

**DISCUSSION**

The socio-demographic variables had been studied on numerous occasions, a consistent picture of their effects on patients satisfaction did not emerge on numerous occasions. This may be due to the fact that many studies had varied widely in the nature of studied sample and their specific background characteristics.

According to the result of the study, it was found that that 86.67 percent of patients were having high level of satisfaction. This high satisfaction may be due to the indicators and standard set by the hospital for themselves and for evaluating their performance as accessibility to health services, quality of services, equity, efficiency and sustainability and there is no doubt that this hospital had very high quality service as compared to other community hospitals. The key to success of this hospital is strong political support, community participation, financial reforms and its high quality of service.

The result of study coincides with the satisfaction study done at health centers of Salaya sub-district Thailand by Afridi in 2002 in which indicated that 88.6 percent of the respondents were highly satisfied. In another study by Orapin and Achan(1995) as, "Satisfaction and Need of people Towards Health Centers and Community Hospitals under Bankok Metropolitan Administration" conducted in 1995, the patient satisfaction determined was 95%. This different finding may be due to the difference in their cultural setting in providers and also receivers. But the study showed that medical care services would develop according to the needs and wants of patients. For this purpose the providers were needed to understand the expectations of patients.

To compare different findings of satisfaction studies it could be found that there was different level of percentage based on their measurement. All these studies were performed in different places of Thailand in different times and they also used different cut off points

Patient satisfaction is one of the key performance indicators of Banphaeo autonomous hospital to ascertain that services provided to patients have been acceptable or any improvement is needed. Patient satisfaction survey conducted in the hospital area could not address all inquiry of patient opinion towards hospital, there are various methods those can help
reflect the feeling, opinion or complaint from the patients who experienced the hospital services both formal and informal ways. The administrators of the hospital should not use only the figures of satisfaction level to assess how well the performance of the hospital is.

According to the patient marital status, the widowed/separated group had lower proportion of high satisfaction score when it was compared with other groups and the single group had highest proportion of the high satisfaction (93.55%) when compared with other two groups. Finally statistically it can be concluded that there was significant association between marital status and satisfaction with the p-value of 0.042. The result was opposite to the study carried out by Tran Thi Nga in 2002 which concluded that there was no association between marital status and satisfaction.

In people involved with agriculture group was found more satisfied than other groups. Statistical association was significant with p value of 0.011. Time of data collection could affect the occupation as well; very few respondents were government employees (58.33%) who must work during the office hours while the unemployed were 90.24 percent, the proportion of respondents working as government officials would have raised if the study had been conducted in overtime clinics. The result of the study is similar with the findings in study by Partha Pratim Roy (2002) which also showed association between occupation and satisfaction.

It was concluded that no consistent pattern of association of socio–demographic factors and patient satisfaction has been established so far. It has a wide variation in different studies and Weiss (1988) mentioned that most difficult relationship is to pin down socio–demographic factors and level of patient satisfaction. This may be due to the fact that different studies had varied broadly in nature of particular sample studies and specific package of background characteristic examined. A particular scale used may also have affected perceived relationship.

About experience 83.56 percent of respondents were having good experience while just 12.44 percent had poor experience in total and there was association between experience and satisfaction.

Patients who are ready to pay, who are educated, whose income level is good, they always demand the best of services. In the past a similar study was performed by Mansour and Muneera in 1993, who studied patient satisfaction from primary care services at the city of Riyadh city, Saudi Arabia patients were found to be moderately satisfied.

According to the result of the study, 64.89 percent were having good accessibility while just 35.11 percent of the respondents had poor accessibility to the medicine OPD services so it means the higher the accessibility, the higher will be satisfaction level of the patients. There was association between accessibility and satisfaction.

A study at Zambia by Winny Koster in 1998 showed the antenatal services in rural areas were inaccessible which resulted in high rate of illegal abortion by Zambian teen aged
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un-married school girls. It posed a public health problem because although abortion was legal there, yet people preferred illegal abortions in the private clinic because their services were accessible, acceptable and confidential. The study showed that health care services should be made more acceptable, accessible and confidential so that patients should utilize the services for their benefit; otherwise they shall use other means of services as overburdening hospital for minor complaints and attending clinics of quakes.

Satisfaction as an overall showed percentage of 86.67 but providers should consider ways and means to improve it more to higher level. Although the hospital may be understaffed and overworked but the administrators should work out some strategy to cater maximum patients in less time i.e. waiting time is required to be reduced as much as possible. Similarly total time spent in OPD can be reduced by expediting the patient work at registration counter and medicine receiving counter.

The suggestion and comments from the patients were for improving the Banphaeo hospital medicine OPD services. The comments and suggestions from patients were that doctors and other hospital staff are not polite, the waiting time for seeing doctor and getting the medicines are very long so the hospital administration should try to manage this problem of decreasing the waiting time, when the patients are waiting for the doctor, there should be some newspaper/magazine or television for the patients during the waiting hours, the medicine OPD should have more doctors so that the waiting time for the patients can be decreased, number of chairs not enough, the waiting for getting the medicine from pharmacy section is very long, the number of diagnostic rooms not enough so the hospital should have more diagnostic rooms, doctors in OPD were not experienced enough and registration staff was not polite.

RECOMMENDATIONS

This study has brought to light a few short comings in services of Banphaeo hospital medicine OPD. Therefore following recommendations were proposed: The staff working in hospital should be motivated in terms of careful and enthusiastic services (the director of hospital and nurse staff must wonder around hospital during the rush hours, ), improving the actual performance of the hospital in order to serve the patients expectations as much as possible, community participation should be encouraged more by the hospital administration, providing the chances to the patients in sending their recommendations or constructive comments via postcards or sms by monthly offering the motivations such as special awards to the most useful recommendation or randomly selected for the fortune participants, lack of sufficient number of the sitting facilities were also a complaint point and the providers may consider appropriate measures to resolve the issue, the treatment seeking time may be shortened by displaying all instructions clearly as to avoid unnecessary delay caused by ignorance, it is recommended that not only the opinion from the patient side for improving the service of medicine OPD but there should also be study to survey the opinion and needs of the providers.
บทความนี้ใช้ศึกษาเพื่ออธิบายความพึงพอใจของผู้ป่วยที่มาใช้บริการตรวจรักษาโรคที่แผนกผู้ป่วยนอกของโรงพยาบาลบ้านแพ้ว จังหวัดสมุทรสาคร กลุ่มตัวอย่างสำหรับการศึกษาจำนวน 225 คน มีอายุตั้งแต่ 16 ปีขึ้นไป เก็บข้อมูลโดยการสัมภาษณ์แบบสอบถามระหว่างวันที่ 17 มกราคม ถึง 5 กุมภาพันธ์ 2550 ใช้สถิติเชิงพรรณนา อธิบายค่าความถี่ ร้อยละ ค่าเฉลี่ย ส่วนเบี่ยงเบนมาตรฐาน และไค-สแควร์ อธิบายความสัมพันธ์ระหว่างตัวแปร

จากการศึกษาพบว่า 87.56% มีประสบการณ์ที่ดีกับบริการตรวจรักษาโรคที่แผนกผู้ป่วยนอกยกเว้นค่ายา พื้นที่ห้องตรวจโรค และจำนวนแพทย์ที่ให้บริการ และร้อยละ 64.89 สามารถเข้าถึงบริการได้ นอกเหนือจากการศึกษาพบว่า ความพึงพอใจโดยรวมของผู้ใช้บริการต่อการให้บริการของแผนกผู้ป่วยนอกสูงถึงร้อยละ 86.67 และพบว่าพึงพอใจต่อความสุภาพของบุคลากร (84%) มากที่สุด (75.11%) รองลงมาคือความสุภาพของบุคลากรด้านความสัมพันธ์อย่างมีนัยสำคัญระหว่างตัวแปรที่สัมพันธ์กับความพึงพอใจในการรักษาต่างก็มีความสัมพันธ์กับความพึงพอใจของผู้ป่วยจากการรักษา การเข้าถึงบริการและประสบการณ์จากการรักษาต่างมีการเกี่ยวข้องกับความพึงพอใจในการรักษา นอกจากนี้โทรเลขผู้แทนจะต้องมีการตรวจสอบผลการพัฒนาภายนอกและผู้ประกอบงานเพื่อให้แน่ใจว่ามีความสุภาพในกระบวนการให้บริการตามระเบียบการให้บริการตามข้อตกลง และมีการติดตามการสร้างความสุภาพของบุคลากร ลดลดละที่จะประสบผลิตภัณฑ์ของผู้ให้บริการ

คำสำคัญ
แผนกผู้ป่วยนอก ความพึงพอใจ การเข้าถึงบริการ ประสบการณ์การให้บริการ
REFERENCES


Pawaribu SI. Consumer’s Satisfaction toward health care services of Health Center in Bankok, Thailand [M.P.H.M. Thesis in Primary Health Care Management]. Nakhon Pathom: Faculty of Graduate Studies, Mahidol University;1996.

Muller RJ, Kleinberg ML, Barkes G. Patient satisfaction with ambulatory care pharmaceutical services in major cancer center. Am J Hosp Pharma 1998 Sep; 45(9) 1908-10


Anjum J. Patient satisfaction towards out patient department services in Pakistan Institute of Medical sciences, Islamabad. [M.P.H.M. Thesis in Primary Health Care Management]. Nakhon Pathom: Faculty of Graduate studies, Mahidol University; 2005

Sita RD. Consumer’s Satisfaction toward health care services provided by health center in Muang district, Loei Province, Thailand [M.P.H.M. Thesis in Primary Health care Management]. Nakhon Pathom: Faculty of Graduate studies, Mahidol University; 1997.


Roy, P.P. Client Satisfaction on Outpatient Medical Care Service in Sampran Community Hospital, Thailand. [M.P.H.M. Thesis in primary Health care management]. Nakhon Pathom: Faculty of Graduate studies,Mahidol University; 2002
