



Research Article

Assessment of outdoor patient's satisfaction regarding clinical investigation of physicians in government hospitals of Quetta, Pakistan

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Abstract

Objective: The main objective of the study is to measurement of the satisfaction of Outpatient Department patients regarding clinical investigation of physicians in government hospitals of Quetta, Pakistan.

Methods: It was a cross sectional questionnaire based study. Data was collected from OPD (Outpatient Departments) of government hospitals (Sandeman provisional hospital, Bolan medical complex hospital) of Quetta, through a pre-structured questionnaire. Total sample size of the study was 447. The data collected, was analysed by using IBM SPSS 22. The descriptive analysis was carried out for the demographic details as well as for other categories. All the data was categorical so was expressed as frequency and percentage.

Results: A total of 447 OPD patients were included in the study to know their perceptions towards the doctors and their attitude while consultation. Total of 550 questionnaires were distributed with the response rate of 89.4%. It was found that most of respondents 270 (60.3%) were male and having majority 338 (75.4%) among the age group of 15 to 35 years. Majority 120 (26.8%) respondents were satisfied that physician making them feel ease during physical examination. Among all 175 (39.1%) answered positively (Good) to physician guided you regarding any of dietary change.

Conclusion: This study reveals that there is a good satisfaction of patients regarding physician's attitude, diagnosis, treatment and advice in government hospitals of Quetta city.

Introduction

Patient satisfaction is one of the important goals of any health system, but it is difficult to measure the satisfaction and gauge responsiveness of health systems as not only the clinical but also the non-clinical outcomes of care do influence the customer satisfaction [1,2]. Patients' perceptions about health care systems seem to have been largely ignored by health care managers in developing countries. Patient satisfaction

depends up on many factors such as: Quality of clinical services provided, availability of medicine, behavior of doctors and other health staff, cost of services, hospital infrastructure, physical comfort, emotional support, and respect for patient preferences [3,4]. Mismatch between patient expectation and the service received is related to decreased satisfaction [5,6]. Therefore, assessing patient perspectives gives them a voice, which can make public health services more responsive to people's needs and expectations [7,8].



In the recent past, studies on patient satisfaction gained popularity and usefulness as it provides the chance to health care providers and managers to improve the services in the public health facilities [9]. Patients' feedback is necessary to identify problems that need to be resolved in improving the health services [10,11]. Even if they still do not use this information systematically to improve care delivery and services, this type of feedback triggers a real interest that can lead to a change in their culture and in their perception of patients [12,13]. Hence the present study is based on a comprehensive study conducted at Government hospitals of Quetta, Pakistan. To measure patient satisfaction who have availed services at outdoor patient department OPD.

Materials and methods

The study was a cross sectional questionnaire based study. The study has been conducted in the capital city i.e. Quetta of Balochistan, Pakistan. Data was collected from the Government hospitals of Quetta city by the approval of administration accordingly. For the desired purpose a questionnaire was developed. The questionnaire was developed after an invasive literature research and selecting the main factors that are supposed to be the main interacting questions among patient and the consultant. After gathering all the main factors, a questionnaire was developed as a first draft through the directives of my supervisor. After some necessary modifications to the initial draft, the foremost questionnaire was developed.

Ethical consideration

The study was conducted in consideration of ethical standards approved by the ethical committee of Pakistan (www.pmrc.org.pk/erc_guidelines). Consent form contained the approval for conduction of the current study from the Faculty of Pharmacy, University of Balochistan, Pakistan.

Sampling technique

The techniques for data collection are numerous in types. As there was no exact, validated and reliable data available regarding the data collection so convenience sampling technique is used for this study.

Sample size

The sample size selected for the study was depending upon the availability and accessibility of outdoor patients within the time period settled for data collection. The total sample size selected for the study was 550 depending upon the presence and accessibility. The process of cleaning was not required so the sample size included in this study was of 447.

Inclusion criteria

The parameters selected to be included in this research study are as follows;

- ❖ All outdoor patients of selected government hospitals
- ❖ Male and female patients
- ❖ Patients him/ herself response
- ❖ Patient's more than the age of 15 years

Exclusion criteria

The parameters not to be included in this study are as follows;

- ❖ The patients from private hospitals
- ❖ Indoor patients
- ❖ Patients lesser than age of 15 years.

Data analysis

The data collected, was analysed by using IBM SPSS 22. The descriptive analysis was carried out for the demographic details as well as for other categories. All the data was categorical so was expressed as frequency and percentage. Research were taken for the study purpose. A multistage sampling technique was used to select the respondents. A self-designed, pretested, semi structured questionnaire was developed to draw the patient's satisfaction to the health care services.

Results

Demographic study

The Table 1 represents the demographic characteristic of respondents. Total of 550 questionnaires were distributed and total sample collection is 447 with the response rate of 89.4%. Result showed that most of respondents 270 (60.3%) were male and having majority 338 (75.4%) among the age group of 15 to 35 years. Majority 270 (60.3%) respondents were married and 242 (54.0%) were having Urban residency 111 (24.8%) of respondents were having qualification level of intermediate. The occupation shown as 97 (21.7%) of respondents was serving as private employee.

Patients satisfaction characteristics

Description: The Table 2 represents the characteristics of patient satisfaction relating to physician in various aspects. Among 447 respondents 262 (58.5%) responded positively to a question regarding physicians' attitude. Majority 120 (26.8%) respondents were satisfied that physician making them feel ease during physical examination. Physician informing you about severity of your disease was answered as Good by 124 (27.7%) of respondents. Physician providing/ arranging better option of treatment for you was answered by 147 (32.8%) of the respondents. Among all 175 (39.1%) answered positively (Good) to physician guided you regarding any of dietary change.

Discussion

The study results highlight that patient satisfaction is positive. As most of the patients were satisfied by the physician's attitude, the proper time given to them by physician for their physical examination, diagnosis and treatment. In the current study the satisfaction level was influenced by marital status, main occupation, physical facilities, physician's service, nurses' service, pharmacy services, registration services, waiting time, service process, and working hours. The study indicated the areas for improvement from the respondents'

**Table 1:** Demographic characteristics of respondents.

Gender	Frequency	Percent
Male	270	60.3
Female	178	39.7
Age Group		
15 to 35 years	338	75.4
36 to 55 years	108	24.1
56 and onwards	2	.4
Marital Status		
Married	270	60.3
Unmarried	177	39.5
Divorced	1	.2
Residence		
Rural	206	46.0
Urban	242	54.0
Qualification		
No Education	47	10.5
Primary	27	6.0
Middle	21	4.7
Metric	66	14.7
Intermediate	111	24.8
Graduation	85	19.0
Post-Graduation	80	17.9
Religious Education	11	2.5
Occupation		
Unemployed	43	9.6
Own Business/ Self Employed	87	19.4
Govt. Employee	63	14.1
Private Employee	97	21.7
House Wife	73	16.3
Student	79	17.6
Retired	6	1.3

points of perspective. Low patient satisfaction can lead to poor compliance with treatment and end up in poor health outcome. It has been noted that fifty-eight percent patients have a good satisfaction and this study is consistent with the study implemented by Asma Ibrahim in 2008 at India Gandhi Memorial Hospital, Male' Maldives only ten percent of 251 patients were highly satisfied. It revealed that the respondents' perceptions of the services were not good in term of convenience, scourges, and quality of care, hospital fee, and physical facilities. Particularly, the patients' opinion was mainly affected by the staff's attitude [14].

Patient satisfaction is a vital tool in evaluating the quality of the healthcare service in the outpatient department. In another study conducted on a sample of outpatient at Pakistan Institute of Medical Science, Islamabad by Anjum Javed in 2005, out of 200 randomly selected patients, one hundred and eight had high level of satisfaction. Satisfaction level was said have significant relationship with distance from patient with the hospital and outpatient department timing. The study

suggested that waiting time for service should be improved [15].

From these studies, it is evident that the satisfaction level of patients attending the outpatient department should be accessed periodically. The assessment of the services offered by is quite satisfactory. Physicians give satisfactory time for examination that is imperative tool for rational disease diagnosis.

This study also revealed that the majority of the physician tells about the severity of the disease and a good number of the physicians involve patients for start of their treatment they ask for their decision.

It is worrisome to note that there is poor satisfaction exist among patients regarding the arrangement of better option of treatment by Physicians, respondents were relatively good satisfied with physician that tell about the severity of the disease. Moreover, amount of prescribed drugs and the friendliness of the registering staff need to be improved. Last, education was proved to have significant relationship with patient.

Conclusion

Patient satisfaction surveys are essential in obtaining a comprehensive understanding of the patient's need and their opinion of the service receive; my study reveals that there is a good satisfaction of patients regarding physician's attitude, diagnosis, treatment and advice in government hospitals. They give proper time to the patients, have a good way to communicate patients and over all better counselling regarding any of dietary change and next visit while consultation.

Recommendations

The study findings suggest that following measures may be taken by the policy makers and hospital administrators to increase the patient satisfaction at public health facilities:

- Efforts should be made to reduce the patient load at the higher level facilities so that doctors can give more attention and time to the patients.
- Efforts are also needed to strengthen infrastructure and human resources at the lower level health facilities.
- The findings of the present study can be utilized to improve the services at public health facilities of the state resulting in the more satisfaction of patients availing such public health facilities.
- Such type of studies should be carried out in private hospitals as well as a comparative study so that government hospitals will be better in providing best facilities to patients.
- Further studies should be conducted to fill the gap among patient and physician.
- Study should be done on indoor patients as well.

**Table 2:** Patient's satisfaction characteristics.

Physician's attitude?	Frequency	Percent
Good	262	58.5
Very good	70	15.6
Satisfactory	72	16.1
Less than satisfactory	19	4.2
Poor	25	5.6
Physician Making you feel with ease during physical examination?		
Good	83	18.5
Very good	73	16.3
Satisfactory	120	26.8
Less than satisfactory	76	17.0
Poor	96	21.4
Physician Listening to you?		
Good	98	21.9
Very good	67	15.0
Satisfactory	100	22.3
Less than satisfactory	78	17.4
Poor	105	23.4
Physician Assessing your clinical condition?		
Good	99	22.1
Very good	82	18.3
Satisfactory	116	25.9
Less than satisfactory	79	17.6
Poor	72	16.1
Physician gives you proper time for examination?		
Good	80	17.9
Very good	44	9.8
Satisfactory	109	24.3
Less than satisfactory	102	22.8
Poor	113	25.2
Physician informing you about severity of your disease?		
Good	124	27.7
Very good	54	12.1
Satisfactory	123	27.5
Less than satisfactory	73	16.3
Poor	74	16.5
Physician Involving you in decisions must be taken for your treatment?		
Good	67	15.0
Very good	91	20.3
Satisfactory	81	18.1
Less than satisfactory	91	20.3
Poor	118	26.3
Physician Providing or arranging better option of treatment for you?		
Good	147	32.8
Very good	103	23.0
Satisfactory	90	20.1
Less than satisfactory	58	12.9
Poor	50	11.2
Physician briefed you for next visit?		

Good	116	25.9
Very good	96	21.4
Satisfactory	84	18.8
Less than satisfactory	81	18.1
Poor	71	15.8
Physician Briefed you about Lab investigations, If any?		
Good	122	27.2
Very good	62	13.8
Satisfactory	136	30.4
Less than satisfactory	69	15.4
Poor	59	13.2
Did Physician check your previous reports and lab investigations?		
Good	102	22.8
Very good	89	19.9
Satisfactory	92	20.5
Less than satisfactory	98	21.9
Poor	67	15.0
Physician guided you regarding any of dietary change?		
Good	175	39.1
Very good	75	16.7
Satisfactory	75	16.7
Less than satisfactory	64	14.3
Poor	59	13.2

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