

Article

ASSESSMENT OF PATIENT'S SATISFACTION IN PUBLIC HOSPITALS OF ISLAMABAD

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Abstract: *Quality of health care services in public hospitals of Pakistan is one of the most ignored subjects. In Pakistan, like many other developing countries, patients face many problems, which are important to be discussed to improve the patient's satisfaction level through their expectations and experiences. The objective of this study is to assess the patient satisfaction in public hospitals of Islamabad, the capital city of Pakistan. The study evaluated patients' satisfaction level in three public hospitals of the city. This is a cross-sectional and descriptive study in which data collection was done through Short-Term Patient Satisfaction Questionnaire (SPQ-18). Convenience sampling used for the study research and the sample size of respondents was ninety six. There is a limitation of a study in a way that, overall sample size is not too large to generalize the findings and results. Statistical package SPSS version 25 was used to compute data and analyze the results. In the end of this study, some recommendations are given to facilitate the patients and medical professionals in public hospitals to improve patients' satisfaction level and the overall health care services in Islamabad.*



INTRODUCTION

Patient's satisfaction plays a significant role in improving the quality of healthcare delivery system of any country. Patients always need and expect a certain level of satisfaction to be drawn from healthcare services providers (Prakash, B. 2010). According to Rajkumari, B., & Nula, P., (2017), satisfaction is a psychological perception and 'patient satisfaction' relies on numerous components, for example, communication, time spent with the doctor, accessibility and efficiency of healthcare services and technical quality, which can help to find out the level of patient satisfaction in an overall perspective. In general, patient satisfaction has been considered as an assessment that reflects the perceived contrasts between expectations or desires to what is truly received in reality. Differences between patient satisfaction and services received is associated to lessened satisfaction. Hence, evaluating patient viewpoints give them a voice which can make healthcare services more functional for patients' needs and requirements. In the recent years, a number of studies on patient satisfaction have been conducted around the world. These assessments on patient satisfaction picked up prominence and value as it gives the opportunity to healthcare providers to improve their facilities. Patient's input is vital to recognize problem areas that should be settled in order to enable healthcare services providers improve their services (Heath, S. 2016). Hassan, A., Mehmood, K. & Bukhsh, A. (2017) said that health sector is valuable for any nation, which directly connects with the economy of a country. If there is a healthy nation, there would be rise in the productivity and as a result, the economy of a country will rise. Pakistan as developing country lack in quality healthcare services and does not focus much on patients'

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satisfaction. Arshad, S., Iqbal, J. & Waris, H. (2016) explained that, practically Pakistan has vertical and in part, horizontal healthcare system which contains both public and private sector. The public sector serves to only 30% of needs of the country whereas 70% are addressed by the private sector. According to the Human Poverty Index (HPI), Pakistan is ranked at 65 among other 102 countries and is included in the list of low-income developing countries. Just 27% of population fully enjoys healthcare facilities which include government employees and members of armed forces whereas the rest of 73% of the population depends on out of pocket payments (Hassan, A., Mehmood, K. & Bukhsh, A. 2017). According to the constitution of Pakistan, provincial government is responsible for healthcare services except for federal administrated areas. In public hospitals, outpatient department (OPD) and inpatient department (IPD) play key role to reflect patient's expectations and experiences. In any community, if an individual face some medical issue he needs to visit any near Community Health Center (CHC) to access to health related services (WHO, 2016). Pakistan as developing state needs more focus to produce satisfactory healthcare services especially in public hospitals. Patient's satisfaction has become a big debate in recent years however; it still needs a lot of improvement and development for better environment and adapt advance technology in health sector to control the diseases. An increase in population leads to health related consequences and needs especially in the developing countries. Every country has its own healthcare system and the keen role of health delivery system is to provide quality of health care services to improve patient's satisfaction (Jawad, S. 2016). There are many health related problems including but not limited to as diarrhea, roadside injury, fever and mental issues such as epilepsy, psychosis or learning difficulties due to which individual's visit to hospital. Similarly, women need special services like in case of pregnancy and childbirth while on the other side children need immunization against various diseases like measles, chickenpox, and poliomyelitis, to name a few. Both in developing and developed countries, provision of public health facilities are the first priority for all governments, however, it is well-known that maintaining quality of health care system is a global problem. In the past, the quality of healthcare services was based on the standard practices of healthcare professionals but now-a-days, the focus is on the patients' satisfaction level drawn from the overall quality of healthcare services providers. Therefore, patients are big feedback source as they are the main consumers of these services. In addition, patients can accurately give inputs, which may help in refining and updating healthcare services. In view of the above, this study was undertaken with the objective to evaluate patients' satisfaction with public hospitals of Islamabad and the factors affecting patients' satisfaction.

LITERATURE REVIEW

Fatima, T., Malik, S. A., & Shabir, A. (2018) highlighted that in 2000, the World Health Organization (WHO) has proposed three significant objectives of a good healthcare system which include, patient's health, their expectations and their level of satisfaction. Health system responsiveness is connected with the environment and quality of system, which is experienced by every patient. Improvement in healthcare delivery services in turn enhances patients' satisfaction level. Many factors are involved in determining good healthcare outcomes. It is the right of every individual to achieve medical assistance. In view of Khan and Qureshi (2017), proper utilization of health resources should be the most important policy objective of all the developing countries. It depicts efforts to expand health consequences and meet international standards to make healthcare delivery services broadly acceptable. According to Kashif, M., Altaf, U., Ayub (2014), in many developing countries where population lies below the poverty line, people often forget and neglect the quality of health care services. An identical behavior is noticed in healthcare system. It is observed that public hospitals have many resources but they lack proper planning and execution of their objectives which are not manage accurately (Naseer, M., Zahidie, A., & Shaikh, B. T., 2012).

In most of the cases, patients' satisfaction and experiences are established on outcomes of the medical services. Some studies showed that different health problems are connected with different satisfaction levels and that positive outcomes lead to improvement in quality of healthcare system in public hospitals (Naseer, M., Zahidie, A., & Shaikh, B. T., 2012). According to Farzianpour, F., Byravan, R., & Amirian, S. (2015), public hospitals have expanded in a way to advance technology, expectations of patients and their families, facilities and improved competition, as well as availability of specialists. The expectation of patients and their families have increased and changed in many ways. Extraordinary expectations from public hospitals is a progressive indicator of its reputation inside the society and it is so important for appealing patients. On the other hand, low expectation deters sufferers from taking a timely relief and assistance. Moreover, too high and unrealistic expectations may also lead to dissatisfaction regardless of reasonable and proper standard of healthcare practice.

Shah, S. Z. U. A., Tural, D., & Akhter, S. (2012) observed that formerly there have been very less government hospitals, which used to charge patients for their treatments. For this reason, the expectations had been minimal. However, now a day the situation is changed. Public hospitals have taken initiatives charging the patients in the name of consumer expenses ensuring in the high value for providing care. With the introduction of the Consumer

Protection Act (1986), patients' expectations have additionally become very excessive. Now hospitals ought to be very careful about patients' dissatisfaction to avoid any possible litigation. Sajid, A., Ali, H., Rashid, M., & Raza, A. (2008) stated that information of expectations and the factors affecting them mixed with knowledge of actual healthcare availability offers necessary information for designing and enforcing packages to fulfil patients' satisfaction. In view of Adamakidou. I (2009), patients' satisfaction is a compound concept that affects many factors such as experience, economical standings, life style, future hopes from the individual and society as an ethical perspective. Maslow (1954) proposed the hierarchy of motivation of individuals and needs of satisfaction. He was of the view that the priority of need and satisfaction has a set order. However, satisfaction is the subjective concept for the professionals and patients who must admit its presence, regardless of the rationality of the patient opinions. Patients' expectations are what matter even if the views of the medical bodies are different.

METHODOLOGY

This study was conducted in three public hospital of Islamabad: (I) Pakistan Institute of Medical Sciences (PIMS), (II) Federal Government Poly Clinic Hospital and (III) Capital Development Authority (CDA) Hospital. Convenience sampling was used for data collection. The sample size was comprised of 93 respondents; 32 participants from each hospital. Both OPD and IPD patients were involved in the data collection process. The Short-Term Patient's Satisfaction Questionnaire (SPQ-18) was used which was developed by Grant N. Marshall and Ron D. Hays in 1994 with seven variables to check the patients' satisfaction level such as accessibility and convenience, time spent with doctor, financial aspect, general satisfaction, communication, technical quality and interpersonal manner. Closed-ended structured questionnaire with five point Likert scale was used. Statistical Package for Social Sciences (SPSS) version 25 has used to compute data and generate results. Necessary permissions were accorded by the respective administrations prior to conduct the survey to meet ethical standards.

A cross-sectional descriptive study was carried out in three public hospitals of Islamabad named as Pakistan Institute of Management Sciences (PIMS), Poly Clinic and Capital Development Authority (CDA) hospital. A structured questionnaire was adapted which measured the overall patients' satisfaction on different aspects i.e., general satisfaction, communication, technical quality, financial aspect, time spend with doctor, interpersonal manners, accessibility and convenience. Short-Term Patient's Satisfaction (SPQ-18) was used which contains 18 questions to assess the patient's satisfaction level. The study sample consisted of all patients who visited IPD and OPD.

RESULTS

By administrating Short-Term Patient's Satisfaction Questionnaire (SPQ-18) from 96 respondents of the three public hospital in Islamabad, following results are reported:

	Mean	Std. Deviation
General Satisfaction	6.37	1.52
Gen_3	3.70	1.00
Gen_17	2.68	1.00
Technical Quality	12.73	2.29
Tech_2	3.77	1.02
Tech_4	2.51	1.10
Tech_6	3.42	1.26
Tech_14	3.03	1.11
Interpersonal Manner	6.39	2.04
Int_10	2.85	1.36
Int_11	3.53	1.03
Communication	6.76	1.43
Com_1	3.68	1.18
Com_13	3.08	1.08
Financial Aspects	6.50	1.53
Fin_5	3.47	.94
Fin_7	3.03	.95
Time Spent with Doctor	6.19	1.82
Tim_12	2.63	1.10
Tim_15	3.56	1.09

Accessibility and Convenience	12.86	2.76
Acc_8	3.25	1.20
Acc_9	3.30	1.35
Acc_16	2.73	1.16
Acc_18	3.58	1.24

Table 1: Univariate Statistics for PSQ-18 Subscales and Constituent Items

		1	2	3	4	5	6	7
General Satisfaction	Pearson Correlation	-	.379	.378	.434	.377	.417	.216
	Sig. (1-tailed)		.000	.000	.000	.000	.000	.017
Technical Quality	Pearson Correlation		-	.330	.307	.322	.442	.359
	Sig. (1-tailed)			.001	.001	.001	.000	.000
Interpersonal Manner	Pearson Correlation			-	.316	.404	.426	.163
	Sig. (1-tailed)				.001	.000	.000	.056
Communication	Pearson Correlation				-	.343	.356	.399
	Sig. (1-tailed)					.000	.000	.000
Financial Aspects	Pearson Correlation					-	.246	.156
	Sig. (1-tailed)						.008	.065
Time Spent with Doctor	Pearson Correlation						-	.229
	Sig. (1-tailed)							.012
Accessibility and Convenience	Pearson Correlation							-
	N	96	96	96	96	96	96	96

Table 2: Correlations among the Seven Variables

**Correlation is significant at the 0.01 level (1-tailed)

		Gender		Age			
		Male	Female	21-25	26-30	31-35	36-40
General Satisfaction	Mean	3.33	3.07	3.48	3.06	3.18	3.02
	Standard Deviation	.70	.79	.79	.79	.63	.73
Technical Quality	Mean	3.23	3.15	3.26	3.13	3.15	3.18
	Standard Deviation	.62	.54	.53	.58	.62	.60
Interpersonal Manner	Mean	3.29	3.12	3.42	2.87	3.23	3.27
	Standard Deviation	.94	1.08	.92	.91	1.08	1.14
Communication	Mean	3.44	3.33	3.50	3.31	3.30	3.40
	Standard Deviation	.54	.83	.72	.66	.86	.66
	Mean	3.25	3.25	3.29	3.13	3.07	3.48

Financial Aspects	Standard Deviation	.73	.80	.79	.56	.80	.88
Time Spent with Doctor	Mean	3.07	3.11	3.40	2.85	2.93	3.17
	Standard Deviation	.87	.95	.87	1.05	.91	.72
Accessibility and Convenience	Mean	3.24	3.19	3.08	3.25	3.26	3.29
	Standard Deviation	.79	.61	.59	.64	.88	.69
Marital Status							
		Single	Married	12 Years	14 Years	16 Years	
General Satisfaction	Count	48	48	36	27	33	
	Mean	3.24	3.14	3.22	3.37	3.00	
	Standard Deviation	.76	.76	.84	.82	.57	
Technical Quality	Mean	3.22	3.14	3.32	3.10	3.10	
	Standard Deviation	.56	.59	.53	.57	.61	
Interpersonal Manner	Mean	3.33	3.05	3.38	3.28	2.92	
	Standard Deviation	.95	1.07	1.09	.91	.99	
Communication	Mean	3.48	3.28	3.57	3.26	3.27	
	Standard Deviation	.73	.70	.70	.66	.76	
Financial Aspects	Mean	3.18	3.32	3.39	3.41	2.97	
	Standard Deviation	.77	.76	.74	.64	.83	
Time Spent with Doctor	Mean	3.11	3.07	3.17	3.37	2.79	
	Standard Deviation	.91	.92	.95	.75	.92	
Accessibility and Convenience	Mean	3.34	3.09	3.38	3.16	3.09	
	Standard Deviation	.64	.72	.56	.74	.76	
Income Range							
		1-15,000	15,001-30,000	30,001-45,000	45,001-60,000		
General Satisfaction	Count	22	23	23	28		
	Mean	3.00	3.30	3.22	3.21		
	Standard Deviation	.71	.93	.75	.66		
Technical Quality	Mean	3.13	3.22	3.30	3.10		
	Standard Deviation	.64	.52 -	.54	.59		
Interpersonal Manner	Mean	3.00	3.30	3.35	3.12		
	Standard Deviation	1.01	1.03	1.13	.94		
Communication	Mean	3.20	3.48	3.41	3.41		
	Standard Deviation	.85	.61	.75	.67		
Financial Aspects	Mean	3.34	3.37	3.26	3.07		
	Standard Deviation	.75	.86	.69	.77		
	Mean	2.77	3.22	3.33	3.05		

Time Spent with Doctor	Standard Deviation	.94	.82	.78	1.02
Accessibility and Convenience	Mean	2.98	3.35	3.33	3.21
	Standard Deviation	.79	.62	.54	.76

Table 3: PSQ-18 Subscale Score by Demographics

DISCUSSION

SPSS version 25 was used to measure the mean, standard deviation and correlation of the respondents. In Table 1, results of mean and standard deviation of each question of the short-term patient satisfaction with seven variables are reported. In Table 2, correlation between the seven variables is explained which described the relationships with 1-tailed significance level 0.01 showed that general satisfaction and communication has strong and significant relationship between each other, having $r = 0.434$ and p -value of 0.000, that is less than 0.05. Variable 'time spent with doctor' has strong and significant relationship with variable 'technical quality' with $r = 0.442$, p -value = 0.000 and variable 'interpersonal manner' with $r = 0.426$, p -value = 0.000. Variable 'financial aspect' has a moderate and significant relationship with variable 'interpersonal manner' with $r = 0.404$, p -value = 0.000 whereas variable 'accessibility and convenience' has a weak and insignificant relationship with all the other variables. The dependent variables that are used in questionnaires include communication, general satisfaction, interpersonal manner, financial aspects, time spent with doctor, accessibility and convenience with independent variable as 'patient satisfaction'. Demographics are reported in Table 3, which includes gender, age, marital status, qualification and income range and show mean and standard deviation as well.

This study has some limitations. Firstly, the time to complete this study was limited. Also, only three public hospitals were choose to conduct the study. Since the sample size was short, results of the study cannot be generalized. Convenient sampling was used to collect the data thus the sample may not be the true representative of the population.

CONCLUSION

Patients' satisfaction plays a significant role to improve patients' beliefs of and expectations from the healthcare services providers. Increase the availability of medicines, quality of technology, appropriate guidance of patient and availability of skilled medical professionals and hospital staff as well as proper planning and implementation of resources can significantly improve hospital performance and reputation.

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