

ANALYSING PATIENTS SATISFACTION ABOUT SERVICES DELIVERY IN GOVERNMENT HOSPITALS OF LAHORE

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ABSTRACT

The purpose of the study was to gauge the patients satisfaction level about the government hospitals of Lahore. The study was based on quantitative approach and data was collected from two government hospitals of Lahore. One hundred respondents were interviewed by using structured interview schedule. The findings of the study unfold that generally respondents were satisfied with medical care provided by the government hospitals of Lahore.

Keywords: Patient Satisfaction, Service Delivery, Government Hospital, Good Physician

INTRODUCTION

The concept of patient satisfaction is not new. Patients are one of the main stakeholders among the ever expensive modern world of medicine. A wealth of medical literature supports the notion that there have been unprecedented shifts in the traditional “Doctor-Patient” relationship. Patient satisfaction forms an essential component of many policy level decisions.

Changes in patient care trends have been seen in developing countries recently. Patient-satisfaction is a complex, multidirectional issue that needs to be approached from several different angles. Patients usually evaluate the physician by non professional norms which may be influenced by the patient’s cultural background and the lay referral process. Thus the physician, if he is to satisfy his patients, must to some extent perform in accordance with patient expectations, which may require him to behave in a fashion contrary to professional expectations.

Physician’s image in a patients mind reflects the societal definition of physician’s role, and as well as by the patient’s prior experience or hearing from other patients experiences. Patient from these experiences and mind set evaluate the physician’s qualifications and capabilities. The more the physician meet to the expectations of the patient “good physician” characteristics, as this plays vital role whether the patient conforms to the physician prescribed treatment. Patients usually also estimates from the queue of patients used for measuring the physician’s competence and technical abilities, longer the queue the more the physician is meeting the “good physician” role and image of societal definition of physician. However the queues do not assessed truly the physician’s competence and technical abilities as patients can only assessed the social skills of the physician and the rhythm of physician’s

diagnosis process. Although the roles of patients and doctors have remained fixed, the contexts and backdrops have undergone tremendous changes overtime.

Mishra et al., (2008) pointed that reliability; openness; competence and concern are elements of trust and concluded that communication is the most significant element as compared to others. Dissatisfaction of a patient generally depends on the doctor's lack of interest, care and motivation about his medical qualification.

According to David Mechanic (1964) dissatisfaction with doctor from patient start right from the first sight of doctor as the patient come with an image of doctor's role and image with he or she had from the prior experiences and from hearing other patients experiences, and to much extent with the cultural definition of the patient of the doctor role and image.

Doctor lack of interest is generally the main reason of dissatisfaction for the patient. Not answering the patient questions in satisfactory way leads a patient to dissatisfaction. Another reason of dissatisfaction may be the process of diagnoses and the doctor's final diagnosis which may later found out to be wrong. Treatment not resulting in success is very major reason of the dissatisfaction for the patient. Reckless personality with not complying with the proper "doctor" image may also be the initial start of dissatisfaction for the patient with the doctor. And lastly not treating the patient with care is one of the major reason of dissatisfaction for the patient with doctor. Majority of the patient agree with the statement "the important thing about a doctor is that he be a good diagnostician"

Traditionally, there were no clear boundaries between patient care and patient cure. With changing patterns of disease, newer therapies and patients' perceptions, care and cure are now entirely separate concepts. A patient may never get cured but may feel very well-cared for and vice versa. Patient satisfaction is not just related to doctor-patient relationship but it includes the hospital as a whole an organization as the researcher noted from David Tuckett (1976) whose work in medical sociology is of great help in this regard.

“ The modern large scale or as it is often called bureaucratic type of organization be found in most space of life and it has not left medicine untouched, influencing the relationship between doctors and patients, between doctors and members of auxiliary professions like social workers or nurse, and finally between the medical services and the community as a whole (Tucket 1976).

Consider a patient in his bed in modern general hospital. Every member of the staff in the hospital must successfully perform his or her function. The patient's food has to arrive at the right time (cooks, porters), it must be of the right sort (dietician), clean linen must be available (launderers, porters), supplies of drugs must come up to the ward (pharmacists, porters), materials must be sterilized (porters, sterilizers) laboratory tests must be completed (technicians, pathologists), X-ray must be taken (radiographers), records of the patients' past treatment must be available (clerical staff), orders for food and equipment must be prepared (administrators), nurses must be available night and day to monitor his condition and tend to in emergencies. In order to carry out his role in the he expects, a doctor in a modern hospital needs these different workers to be functioning effectively.

Hospitals that attract highly qualified physicians, that have highly trained staff and technicians who efficiently run the laboratories and technologies and the patient are treated with respect and patience, will have high patient satisfaction level. Doctor's decision about the necessary length of hospitalization and recuperation following particular care procedures, ideas about who should be hospitalized and under what conditions, and the life regimen of the patient within the hospital, also exert influence upon the quality of patient care.

A wealth of medical literature supports the notion that there have been unprecedented shifts in the traditional “Doctor-Patient” relationship. Patient satisfaction forms an essential component of many policy level decisions. Some even argue that there is an impending role reversal in context of the new paradigm of “patient-centered care. Current trends in medical ethics, access to medical information and education level of an average patient have substantially contributed to change the face of a modern medical consultation. Patients are better equipped with information, albeit superficial, than ever before about their diseases, therapies that their physicians are prescribing and issues related to side effects and treatment success or failure.

New concepts like “patient centeredness”, “informed patient consent” and “shared decision making” have been coined and are used by healthcare givers and patients alike. The classic paternalistic role assigned to doctors no longer applies in most developed countries. Similar changes in patient care trends have been seen in developing countries recently. Patient care in developing countries differs from developed countries in several dimensions.

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Some cases where patients feel extreme dissatisfaction from the doctor and the health care personals, the patient relatives or friends resort to violence as experience in some cases where the patient’s condition is critical and the relatives or friends of patients assume that they are not receiving the required medical assistance or attention.

The doctor’s relationship to the patient is basic to an understanding of the placebo effect. The interested doctor who imparts confidence, who is friendly and reassuring to patients, who performs a thorough examination and is not anxious, conflicted or guilty about the patient or his treatment is more likely to elicit positive placebo reaction (Shapiro, 1964)

It is observed from previous studies that a particular sort of interaction with hospital personnel providing information and emotional support, can reduce a mother’s experience of stress and that in turn will have profound indirect effects on child’s social, psychological, and even physiological response to hospitalization and recovery.

OBJECTIVES OF THE STUDY

1. To find the quality of services provided in government hospitals.
2. To find the satisfaction level of patients from those services.

REVIEW OF LITERATURE

Young, (2000), conducted a research on Patient Satisfaction with Hospital Care to gauge the patient's satisfaction according to his/her demographical characteristics and institutional characteristics, they conducted an analysis of data from the Veterans Health Administration (VHA), which is US Department of Veterans Affairs. The data included patient responses to self-administered satisfaction questionnaires and information regarding demographic characteristics. Result showed that patient satisfaction scores depended on patient's demographical characteristics and institutional characteristics.

Aleena et al, (2010), conducted a research on Patient Satisfaction; A Comparative Study At Teaching Vs DHQ Level Hospital In Lahore, Pakistan study was designed to compare Patient satisfaction level between Teaching hospital and DHQ level Hospital in Lahore. The research was conducted at three different hospitals in Lahore based upon a data collection form designed to evaluate Patient satisfaction level. Data collection form was based four factors (1) Whether the Patients were satisfied by the treatment provided by the Doctors (2) Whether the hospitals are adequately equipped to provide quality services to the patients (3) Whether the patients are satisfied with hospital staff and the overall environment of the hospital (4) Whether the patients are satisfied with the functioning of OPD and emergency department. It was observed from the research that the overall patient's satisfaction level was good at Teaching hospital but was less compare to DHQ level hospital.

Herman et al, (1998), conducted a research on Patient Satisfaction with General Practitioner study was designed to examine the relation between patient satisfaction and health care provider according to structural settings in which they work. The study was based upon three dimensions of patient's satisfaction with general practitioner (1) Accessibility (2) Interpersonal relationship (3) Information given. They were derived from existing data set. Multilevel analysis was used as analyzing technique. It was observed from the research that effectiveness of strategies aiming to improve quality of care through patient's eyes can be questioned when these strategies are only based upon general satisfaction score.

Ingeborg et al, (2007), conducted a research on The Effect of hospital Size and Teaching Status on Patient Experience with Hospital Care research was designed to examine the patient experience with hospital care in relation with hospital size and teaching status. The research was based upon the cross sectional survey of patients discharged from different categories of hospitals. It was observed from the research that small hospitals nursing services experience by patients was higher compare to large hospitals. On other side Teaching hospitals clinical quality was higher compare to small hospitals. In small hospitals doctor-patient interaction was high compare to large teaching hospitals. On organization performance small hospitals score was high compare to large teaching hospitals.

Khan and A. H Khan, (2014), conducted research on topic of Impact of Service Quality on Patient's Trust: A Case of Health-Care in Pakistan research was design to examine the relationship between the quality dimensions like doctor's services orientation, nurse's services orientations and treatment costs. Non probability technique was used for sample population and data was collected through survey questionnaire. It was observed from the research that doctor's services orientations, nurse's services orientations and treatment costs have positive effect on patient's trust on hospital services.

Hudak et al, (2004), conducted a research on Testing a New Theory of Patient Satisfaction with Treatment Outcome, the research was design to examine new theory linking patient satisfaction and body embodiment in relation to other satisfaction theories. The research was conducted at tertiary care hospital. satisfaction with treatment outcome was based upon

representing seven theories of satisfaction (1) Overall clinical outcome (2) patient's a priori self-selected clinical outcomes (3) Foresight expectations (4) Hindsight expectations (5) Psychological state (6) Psychological state in those with poor outcomes (7) Embodiment. It was observed from the research that satisfaction with treatment outcome was significantly associated with embodiment. This research proves that satisfaction with treatment outcome could be facilitated with aiming strategies to improve body-self unit and address patient most important reason for undergoing treatment.

METHODOLOGY

The study is descriptive research and will analyze and gauge the patient satisfaction level in government hospitals. Researcher selected Patients of two well-reputed government hospitals, Sheikh Zayed Hospital and Jinnah Hospital, Lahore as the target population of the study. A sample of hundred patients from the mentioned two government hospitals has been selected for the study in equal proportion through convenient sampling technique for the study. The patients were directly interviewed by using pre-designed interview schedule. After collecting data, researcher organized it into tabulation form using frequency technique. Researcher entered data into tables and interpreted each table in sociological and technological perspective.

KEY FINDINGS

Table 1. Respondent's opinion about facing trouble when they get admitted

Categories	Nos.	Percentage
Yes	67	67
No	33	33
Total	100	100

Findings unfolded that the major part of respondents (67%) faced a lot of trouble at the time of getting admitted in the hospital. The minor segment of the respondents (33%) did not face any sort of trouble when they get admitted for treatment (Table 1).

Table 2. Respondent's opinion about the way doctor treats and examines the patient

Categories	Nos.	Percentage
Yes	81	81
No	19	19
Total	100	100

Findings revealed that the overwhelming majority of respondent (81%) were positive about the doctor's way of treatment and examining the patients. While minority of the respondent (19%) were negative about the doctor's ways of treatment and examining the patients (Table 2).

Table 3. Respondent's opinion about satisfaction regarding medical care

Categories	Nos.	Percentage
Yes	68	68
No	32	32
Total	100	100

It has been observed that the majority of respondent (68%) were satisfied with medical care they received in the hospital. While lesser segment of respondent (32%) differs with the above opinion as they were dissatisfied from the medical care they received in the hospital (Table 3).

Table 4. Respondent’s opinion about worrying regarding large medical bills

Categories	Nos.	Percentage
Yes	52	52
No	48	48
Total	100	100

Study revealed that a slight more than majority of respondents (52%) worried about paying large medical bills sometimes. While on other hand minority of respondents (48%) were not worried about paying large medical bills sometimes (Table 4).

Table 5. Respondents’ opinion about respect received from doctor during treatment

Categories	Nos.	Percentage
Yes	69	69
No	31	31
Total	100	100

Studies unfolded that majority of respondents (69%) were positive regarding respect received from doctor during treatment. Studies also suggested that minority of respondents (31%) were negative regarding respect received from doctor during treatment (Table 5).

Table 6. Respondents’ opinion about the perfection level of medical care received

Possible Categories	Nos.	Percentage
Yes	63	63
No	37	37
Total	100	100

Findings showed that majority of respondent (63%) were satisfied with the quality level of medical care received. Study also revealed that minority of respondent (37%) were not satisfied with the quality level of the medical care received (Table 6).

Table 7. Respondent’s opinion about the confidence of getting medical care without being set back financially

Categories	Nos.	Percentage
Yes	60	60
No	40	40
Total	100	100

Study revealed that good majority of respondent (60%) showed confidence with getting medical care without being set back financially. While studies also revealed that minority of respondent (40%) showed lack of confidence with getting medical care without being set back financially (Table 7).

Table 8. Respondent’s opinion about the confidence of getting medicines free of costs

Categories	Nos.	Percentage
Yes	41	41
No	59	59
Total	100	100

Study revealed that majority of respondent (59%) showed lack of confidence with getting medicine free of costs in case if not affordable. While studies also revealed that minority of respondent (41%) showed confidence with getting medicine free of costs in case if not affordable (Table 8).

Study unfolded that majority of respondent (67%) showed satisfaction of being treated and examined carefully by the doctor. Studies also unfolded that minority of respondent (33%) showed lack of satisfaction of being treated and examined carefully by the doctor (Table 9).

Table 9. Respondents’ opinion about the satisfaction of being treated and examined

Categories	Nos.	Percentage
Yes	67	67
No	33	33
Total	100	100

Table 10. Respondents’ opinion about the medical staff having knowledge of latest medical methods

Categories	Nos.	Percentages
Yes	79	79
No	21	21
Total	100	100

Study revealed that majority of respondent (79%) showed confidence with medical staff having knowledge of latest medical methods. Studies also revealed that minority of respondent (21%) showed lacked of confidence with medical staff having knowledge of latest medical methods (Table 10).

Table 11. Respondents’ opinion about doctor’s availability when needed

Categories	Nos.	Percentages
Yes	79	79
No	21	21
Total	100	100

Study revealed that majority of respondent (79%) affirmed doctor’s availability when needed. Studies also revealed that minority of respondent (21 %) didn’t affirm doctor’s availability when needed (Table 11).

Table 12. Respondents’ opinion about excellence of medical care received

Categories	Nos.	Percentages
Yes	77	77
No	23	23
Total	100	100

Study revealed that majority of respondent (77%) affirmed excellence of medical care received. Studies also revealed that minority of respondent (23%) didn't affirmed excellence of medical care received (Table 12).

Table 13. Respondents' opinion about dissatisfaction with medical care received

Possible Categories	Nos.	Percentages
Yes	33	33
No	67	67
Total	100	100

Study revealed that majority of respondent (67%) showed dissatisfaction with medical care received. Studies also revealed that minority of respondent (33%) showed satisfaction with medical care received (Table 13).

CONCLUSION

Researcher wants to explore and analyze the current situation of government hospitals of Lahore. Researcher selected two major teaching hospital, Sheikh Zayed Hospital and Jinnah Hospital, Lahore. Researcher concluded the following things:

1. Sheikh Zayed hospital is way better than the Jinnah hospital. Reason behind this might be that the Sheikh Zayed hospital is ruling by the federal government of Pakistan and Jinnah is under supervision of provincial government of Punjab.
2. People are more satisfied with their medical care from Sheikh Zayed rather than Jinnah hospital.
3. Cleanliness at Jinnah hospital is highly unsatisfactory, whereas in Sheikh Zayed, patients are much satisfied with the cleanliness system. A little flaw in cleanliness in Sheikh Zayed is the washrooms, the condition of washrooms is little poor.
4. Both hospitals serve food to their patients, but the patients of Sheikh Zayed are more satisfied with the hygienic standards of food.
5. Doctors are friendly with patients in Sheikh Zayed. Doctors allow patients to say whatever they have in their minds. Patients are allowed to ask about the reason of prescribed medicines and test.
6. Sometimes doctors display act of hastiness due to overcrowdings of patients.
7. Patients want that the Out-Door Patients timings should be extended.

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