

Original Research Article

Satisfaction with quality of health care among teaching hospitals in Kathmandu, Nepal

Abstract

Aims: Patient satisfaction is an important indicator of healthcare quality and effectiveness of health care delivery and quality of medical care. Patients' perceptions about health services seem to have been largely ignored and it has been a subject of great interest to any health care organizations. The overall objective was to assess the satisfaction with quality of health care among teaching hospitals in Kathmandu, Nepal.

Study design: A cross-sectional descriptive study was in Kathmandu, Nepal to assess the satisfaction with quality of health care.

Place and Duration of Study and Sample: The study site was Kathmandu medical college teaching hospital (KMC) and Kist medical college teaching hospital (KIST). Total 212 respondents were selected using simple random sampling technique from October 2016 to March 2017.

Results: Three-fourth (74.6%) of the respondents were satisfied with the services provided by both hospitals. Less than 10% of the respondents reported that they were not satisfied with the treatment. 43.9% of the respondents mentioned that they were completely satisfied with the treatment provided by hospitals.

Conclusion: The patient's from both hospitals were satisfied on average; still, there is room for quality improvements for the satisfaction of the services. It is recommended that healthcare service providers continually capture, measure and evaluate patient satisfaction.

Keywords: Healthcare; Hospital; management; Patient perception; Patient satisfaction

Background

Dissatisfied patients are more likely to discontinue seeking consultation with a general practitioner whom they perceive as incompetent [1]. Likewise, the delays in seeking medical consultation and self-medication are also frequently observed among dissatisfied patients [2]. Patients' expectations and preferences must be considered, and the quality of services must be improved based on their opinions and comments [3]. When patients have a decent perception of the quality of health care services provided by a hospital and their beliefs are considered, they will undoubtedly return themselves, and their relatives and friends will come to that hospital as well [4]. Although the quality of services depends largely on the standards of the medical staff's performance, the patients' preferences recently have been found to be a significant factor [5]. Consequently, paying attention to patients' opinions and preferences is one of the factors that have made health care organizations successful since the 1990s [6]. It is considered to be an important component of successful health policy[7]. High-quality services may result in attracting new patients and retaining existing patients, and they strengthen patient-provider relationships[8]. Patient-centeredness is defined as a response to patients' needs, and its outcome is the tendency towards values that are important to patients, thereby resulting in the improvement of the quality of the services provided[9]. This is very important, especially for patients who have different needs and preferences than other patients[10,11].

Accessible care is care that is available, acceptable, and affordable which also includes physical, financial, and intellectual accessibility[12]. Most companies today are focused on truly satisfying their clients, and the reason being that just-satisfied clients are prone to switch when they find better options [13]. Patients will evaluate a service as satisfying when it is useful, effective and beneficial [14]. However, patient's judgments are significant indicators of the quality of care, accuracy of diagnoses and the effectiveness of treatment [15]. Patients will evaluate a service as satisfying when it is useful, effective and beneficial [14]. No right or wrong, all reactions are valid. In the hospital, the Outpatient Department is often called "Shop Window"[16]. At OPD, patients are dissatisfied with unsuitable/ inadequate service hours, long waiting time, delay in consultation, lack of proper guidance, and inadequate drug supply [17]. Health care facility would be better positioned to succeed in a competitive health care environment, that demands quality and cost-efficiency[18]. Patient satisfaction is being increasingly used as a measure of health system performance through public reporting and pay-for-performance schemes[19]. Patient satisfaction's is the patient capability to evaluate health services and professionals' skills is frequently questioned[20]. In fact, a satisfied patient is more aware of his care pathway and more willing to follow the physician prescriptions[21]. The improvement of patient compliance requires to adopt different actions depending on the patient's profile[20]. The assessment of patient satisfaction with the process of care allow to observe how the care is delivered[22]. Some studies have highlighted that satisfaction strongly increases when care is provided in accordance with the clinical standard procedures[23].

Material and methods

This was a descriptive cross-sectional study. The study site was Kathmandu medical college teaching hospital (KMC) and Kist medical college teaching hospital (KIST). Both super specialty, teaching hospitals are providing undergraduate and postgraduate academic activities under the law and regulation of the government of Nepal. These two hospitals were purposively selected. The data was collected from October 2016 to March 2017. The target population for this study was the patients aged equal or above 18 years admitted at least for one day in this hospital. Patients those having psychotic disorders, visual or hearing retardation which is unable to communicate were excluded. Total 212 (106 from each hospital) patient were randomly selected for an interview. Face to face interview was conducted for data collection using structured questionnaire. Perceived quality of health service by patients was measured using questionnaires containing a total of 16 items each measured on a five-point agreement scale ranging from completely disagree to completely agree. Five subscales, namely medical availability, medical information, staff behavior, doctor behavior and clinic infrastructure. In addition, general patient satisfaction was also measured. Another tool client satisfaction questionnaire (CSQ-8) was also used to measure the individual patient's satisfaction with the available health care services provided the teaching hospitals.

In order to simplify the data entry and analysis, the collected data were coded in standard form and entered in the MS excel. Then the data analysis was done using SPSS 22. Frequency tables, mean, standard deviation and crosstabs of the data were presented in the result section as per the nature of the data. All the participants were informed and signed the written informed consent. We minimized the risk by informing them about the study process; withdrawal of the participants, confidentiality, and anonymity during the study period. The researchers and research team had no conflict of interest. The main researcher and research team had no any financial or direct benefit or loss from the outcome of this study. All the participants in this were voluntary and no incentives were provided to the respondents. This project design was approved by Ethics Committee of the Sai Nath University, India, and Nepal Health Research Council. Approval was obtained from both hospitals before initiating the data collection.

Results

A total 212 Out Patient Department (OPD) clients from two hospitals were administered questionnaire among them 56.1% were female with mean age 33.7 years (SD=11.7). Majority of the respondents (87.8%) were Hindu religion and belongs to indigenous caste/ethnicity (69.3%) communities. Around 12.3% respondents were illiterate and more than a quarter (31.1%) respondents were Bachelor and above educational background. Overall mean number of family members had 5.5 (SD=2.2) respondents. Similarly, personal monthly income found almost similar in both hospital NRs. 20,669 in KMC vs. NRs. 20,198 in KIST and mean income is NRs. 20,433 (SD=16,759). Moreover, family monthly income also found in almost same from both hospitals (NRs. 35,650 vs. 35,396). (Table 1).

Table 1: Demographic characteristics

Items	Name of hospital		Total (N=212) N (%)
	KMC (N=106)	KIST (N=106)	
	N (%)	N (%)	
Sex			
Female	58 (54.7)	61 (57.5)	119 (56.1)
Male	48 (45.3)	45 (42.5)	93 (43.9)
Age			
20-63 years	33.6 (11.3)	33.9 (12.0)	33.7 (11.7)
20 to 29 years	49 (23.1)	49 (23.1)	98 (46.2)
30 to 39 years	26 (12.2)	22 (10.4)	48 (22.6)
40 to 49 years	17 (8.4)	21 (9.5)	38 (17.9)
50 years and above	14 (7.1)	14 (7.1)	28 (13.2)
Religion			
Buddhism	13 (50.0)	13 (50.0)	26 (12.3)
Hindu	93 (50.0)	93 (50.0)	186 (87.7)
Caste/ethnicity			
Indigenous	73 (49.7)	74 (50.3)	147 (69.3)
Non-indigenous	33 (50.8)	32 (49.2)	65 (30.7)
Occupation			
Unemployment	46 (50.0)	46 (50.0)	92 (43.4)
Informal employment	13 (48.1)	14 (51.9)	27 (12.7)
Formal employment	20 (50.0)	20 (50.0)	40 (18.9)
Business	27 (50.9)	26 (49.1)	53 (25.0)
Education			
Illiterate	13 (12.3)	13 (12.3)	26 (12.3)
Literate	21 (19.8)	19 (17.9)	40 (18.9)
Primary	7 (6.6)	7 (6.6)	14 (6.6)
Secondary	7 (6.6)	6 (5.7)	13 (6.1)
Higher secondary	26 (24.5)	27 (25.5)	53 (25.0)
Bachelor and above	32 (30.2)	34 (32.1)	66 (31.1)

113

114 **Medicine Availability**

115 The range of patients perception towards the quality of health services was measured among them
116 the availability of medicine. Around one-third (31.1%) of the respondents was completely agreed
117 that both hospitals (30.2% KMC vs. 32.1% KIST) had all the medicines needed while they were at
118 the hospital for the services. Less than half (43.9%) respondents (43.4% KMC vs. 44.3% KIST)
119 mentioned, they were able to receive all the necessary medicines while they need during their
120 hospital services. (Table 2).

121 **Table 2: Patient perceptions on quality of health services**

Medicine availability		Hospital		Total, N (%)
		KMC, N (%)	KIST, N (%)	
This hospital has all the medicines needed by you	Completely disagree	7 (6.6)	6 (5.7)	13 (6.1)
	Disagree	27 (25.5)	27 (25.5)	54 (25.5)
	Neither agree nor disagree	14 (13.2)	13 (12.3)	27 (12.7)
	Agree	26 (24.5)	26 (24.5)	52 (24.5)
	Completely agree	32 (30.2)	34 (32.1)	66 (31.1)
You are able to get all the necessary medicines easily	Disagree	21 (19.8)	19 (17.9)	40 (18.9)
	Neither agree nor disagree	20 (18.9)	20 (18.9)	40 (18.9)
	Agree	19 (17.9)	20 (18.9)	39 (18.4)
	Completely agree	46 (43.4)	47 (44.3)	93 (43.9)

122

123 Medicine Information

124 Regarding the medicine-related information, the study asked three questions, which covers how
 125 doctors explain and provide medicine related information. Half of the respondents (50%) were
 126 completely agreed on the doctors gave the advice to avoid illness and stay healthy which was not
 127 different between hospitals (49.1% in KMC vs. 50.9% in KIST). Similarly, around two-thirds
 128 (62.3%) respondents were completely agreed on the doctors gave complete information about the
 129 illness which almost similar found between two hospitals. Moreover, half of the respondents (50%)
 130 were fully agreed on doctors gave information of individual treatment (Table 3).

131

132 **Table 3: Information of medicines service**

Medicine information		KMC, N (%)	KIST, N (%)	Total, N (%)
The doctors gave you advice about ways to avoid illness and stay healthy	Completely disagree	6 (5.7)	7 (6.6)	13 (6.1)
	Disagree	7 (6.6)	7 (6.6)	14 (6.6)
	Neither agree nor disagree	14 (13.2)	12 (11.3)	26 (12.3)
	Agree	27 (25.5)	26 (24.5)	53 (25.0)
	Completely agree	52 (49.1)	54 (50.9)	106 (50.0)
The doctor gave you complete information about your illness	Neither agree nor disagree	7 (6.6)	7 (6.6)	14 (6.6)
	Agree	34 (32.1)	32 (30.2)	66 (31.1)
	Completely agree	65 (61.3)	67 (63.2)	132 (62.3)
The doctor gave you complete information about your treatment	Neither agree nor disagree	6 (5.7)	7 (6.6)	13 (6.1)
	Agree	48 (45.3)	45 (42.5)	93 (43.9)
	Completely agree	52 (49.1)	54 (50.9)	106 (50.0)

133

134 Staff Behavior

135 Regarding the staff behaviors for hospital services, more than two-thirds (68.9%) respondents were
 136 agreed on hospital workers talk politely where only one-fourth (25%) were completely agreed of

hospital workers talked politely (Table 4). Similarly, more than half (55.7%) respondents were angered by hospital workers were helpful while in the hospital and did not find differences between hospitals (Table 4).

Table 4: Staff behaviour for hospital services

Staff behavior for hospital services		KMC, N (%)	KIST, N (%)	Total, N (%)
Hospital workers talk politely	Completely disagree	7 (6.6)	6 (5.7)	13 (6.1)
	Agree	74 (69.8)	72 (67.9)	146 (68.9)
	Completely agree	25 (23.6)	28 (26.4)	53 (25.0)
Hospital workers are helpful to you	Neither agree nor disagree	7 (6.6)	7 (6.6)	14 (6.6)
	Agree	59 (55.7)	59 (55.7)	118 (55.7)
	Completely agree	40 (37.7)	40 (37.7)	80 (37.7)

Health Service Providers Behavior

A total five questions were asked regarding the health service providers behaviours, among them less than half (43.9%) respondents were agreed on doctors provided timing and relevant information which did not find differences between hospitals. Similarly, 44%reponded were agreed on doctors listen carefully to patients concerns. More than half (56%) respondents have completely agreed that doctors checked patients properly where between hospitals also did not find different. Moreover, 50% respondents were agreed on the doctors' readiness to answer their questions, which also did not find any difference between two hospitals. Around half (43.9%) respondents were completely agreed on the doctor gave time for individual patients which found differences between hospitals (45.3% in KMC and 42.5% in KIST) (Table 5).

Table 5: Health service providers' behavior

Health service providers' behavior		KMC, N (%)	KIST, N (%)	Total, N (%)
You are given enough time to tell the doctor everything	Neither agree nor disagree	21 (19.8)	19 (17.9)	40 (18.9)
	Agree	46 (43.4)	47 (44.3)	93 (43.9)
	Completely agree	39 (36.8)	40 (37.7)	79 (37.3)
Doctors listen carefully to what you have to say	Neither agree nor disagree	20 (18.9)	20 (18.9)	40 (18.9)
	Agree	47 (44.3)	46 (43.4)	93 (43.9)
	Completely agree	39 (36.8)	40 (37.7)	79 (37.3)
The doctor checks patients properly	Neither agree nor disagree	6 (5.7)	7 (6.6)	13 (6.1)
	Agree	41 (38.7)	39 (36.8)	80 (37.7)
	Completely agree	59 (55.7)	60 (56.6)	119 (56.1)
The doctor is always ready to answer your	Neither agree nor disagree	6 (5.7)	7 (6.6)	13 (6.1)
	Agree	53 (50.0)	53 (50.0)	106 (50.0)
	Completely agree	47 (44.3)	46 (43.4)	93 (43.9)

questions				
The doctor gave you adequate time	Disagree	6 (5.7)	7 (6.6)	13 (6.1)
	Neither agree nor disagree	14 (13.2)	13 (12.3)	27 (12.7)
	Agree	38 (35.8)	41 (38.7)	79 (37.3)
	Completely agree	48 (45.3)	45 (42.5)	93 (43.9)

Clinical Infrastructure

Regarding the clinical infrastructure related questionnaires, a total four questions were asked in the field of clinical infrastructures where 18.9% respondents have completely disagreed on the cleanliness of the hospital, which was not adequate and managed well where almost similar findings were observed between two hospitals. Only less than one-third respondents found completely agreed on the cleanliness of the hospital is adequate. Similarly, respondents view on the toilet condition was also asked where one-fourth (25%) have disagreed that condition of the toilets was not good. Similarly, more than one-third (37%) respondents responded that drinking water was not easily available in the hospital. Around half of the respondents (49.6%) were agreed on the availability of all the requisites hospitals amenities (Table 6).

Table 6: Clinical infrastructure

Clinical infrastructure		KMC, N (%)	KIST, N (%)	Total, N (%)
The cleanliness of the hospital is adequate	Completely disagree	12 (11.3)	14 (13.2)	26 (12.3)
	Disagree	7 (6.6)	7 (6.6)	14 (6.6)
	Neither agree nor disagree	21 (19.8)	19 (17.9)	40 (18.9)
	Agree	33 (31.1)	33 (31.1)	66 (31.1)
	Completely agree	33 (31.1)	33 (31.1)	66 (31.1)
The condition of the toilets are good	Completely disagree	6 (5.7)	7 (6.6)	13 (6.1)
	Disagree	21 (19.8)	19 (17.9)	40 (18.9)
	Neither agree nor disagree	34 (32.1)	33 (31.1)	67 (31.6)
	Agree	26 (24.5)	26 (24.5)	52 (24.5)
	Completely agree	19 (17.9)	21 (19.8)	40 (18.9)
Drinking water is easily available in the hospital	Completely disagree	7 (6.6)	7 (6.6)	14 (6.6)
	Neither agree nor disagree	32 (30.2)	33 (31.1)	65 (30.7)
	Agree	41 (38.7)	38 (35.8)	79 (37.3)
	Completely agree	26 (24.5)	28 (26.4)	54 (25.5)
This hospital has all the requisite amenities	Completely disagree	6 (5.7)	7 (6.6)	13 (6.1)
	Disagree	7 (6.6)	7 (6.6)	14 (6.6)
	Neither agree nor disagree	7 (6.6)	6 (5.7)	13 (6.1)
	Agree	52 (49.1)	53 (50.0)	105 (49.5)
	Completely agree	34 (32.1)	33 (31.1)	67 (31.6)

167

General Satisfaction towards Services

169 Around three-fourths (74.6%) of the respondents were satisfied with the services provided by
170 both hospitals. 75% respondents were fully satisfied with the services received from the hospital with
171 compared their payment. Less than 10% respondents reported that they were not satisfied with the
172 treatment whereas 43.9% respondents reported that they were completely satisfied the treatment
173 provided by hospitals. No significant difference in patient's satisfaction found between KIST and
174 KMC hospitals (Table 7).

175

176 **Table 7: General satisfaction towards services**

General satisfaction		KMC, N (%)	KIST, N (%)	Total, N (%)
Satisfaction with the hospital services	Neither agree nor disagree	27 (25.5)	27 (25.5)	54 (25.5)
	Agree	59 (55.7)	59 (55.7)	118 (55.7)
	Completely agree	20 (18.9)	20 (18.9)	40 (18.9)
Satisfaction with the payment services	Disagree	7 (6.6)	7 (6.6)	14 (6.6)
	Neither agree nor disagree	19 (17.9)	20 (18.9)	39 (18.4)
	Agree	53 (50.0)	53 (50.0)	106 (50.0)
	Completely agree	27 (25.5)	26 (24.5)	53 (25.0)
Overall satisfaction on treatment	Disagree	6 (5.7)	7 (6.6)	13 (6.1)
	Neither agree nor disagree	13 (12.3)	13 (12.3)	26 (12.3)
	Agree	40 (37.7)	40 (37.7)	80 (37.7)
	Completely agree	47 (44.3)	46 (43.4)	93 (43.9)

177

Perception of Quality of Health Services

179 Regarding the perception towards the quality of health services, eight questions were asked
180 and assessed their perception of quality of provided hospital services. Majority of the respondents
181 (68.4%) respondents reported as good services and only 12.7% reported an excellent service. Less
182 than one-fifth (18.9%) respondents did not really get as per their expected quality of services
183 whereas 37.3% reported that they got as per their expected services. Only a few (12.3%) respondents
184 reported that their received services almost all of their needs had met as per their expectation
185 whereas 50% also reported that most of their needs had met their expectation from both KIST and
186 KMC hospital (Table 8).

187 Regarding the recommendations to their fields or relative in future of the hospital services,
188 only one fourth (25%) respondents expressed that they would definitely recommend for the services

whereas 75% reported that they think so. Regarding the satisfaction of help received from the hospital, almost all (93.9%) respondents were satisfied with the help provided by the hospital, which did not find differences between two hospitals. Almost all (93%) respondents reported that the service which they received was fully helped and sort-out the problems which also did not find differences between two hospitals. Overall satisfaction with the services found almost all (94%) which was similar in both hospitals (93.4% vs 94.4% in KMC and KIST hospital). More than half (56.1%) respondents reported that they would again come for service if they need in future only less than 10% respondents were not happy to come again for service in future (Table 8).

Table 8: Perception towards quality health services

Perception towards quality health services		KMC, N (%)	KIST, N (%)	Total, N (%)
Rating of quality services	Fair	21 (19.8)	19 (17.9)	40 (18.9)
	Good	71 (67.0)	74 (69.8)	145 (68.4)
	Excellent	14 (13.2)	13 (12.3)	27 (12.7)
Getting the wanted services	No, not really	19 (17.9)	21 (19.8)	40 (18.9)
	Yes, generally	46 (43.4)	47 (44.3)	93 (43.9)
	Yes, definitely	41 (38.7)	38 (35.8)	79 (37.3)
Meeting the need by the program	Only a few of my needs have been met	41 (38.7)	39 (36.8)	80 (37.7)
	Most of my needs have been met	53 (50.0)	53 (50.0)	106 (50.0)
	Almost all of my needs have been met	12 (11.3)	14 (13.2)	26 (12.3)
Recommendation to others	Yes, I think so	80 (75.5)	79 (74.5)	159 (75.0)
	Yes, definitely	26 (24.5)	27 (25.5)	53 (25.0)
Satisfaction with the process of hospital	Quite dissatisfied	6 (5.7)	7 (6.6)	13 (6.1)
	Mostly satisfied	54 (50.9)	53 (50.0)	107 (50.5)
	Very satisfied	46 (43.4)	46 (43.4)	92 (43.4)
Effective services for dealing the problems	No, they really didn't Help	6 (5.7)	7 (6.6)	13 (6.1)
	Yes, they helped	93 (87.7)	93 (87.7)	186 (87.7)
	Yes, they helped a great deal	7 (6.6)	6 (5.7)	13 (6.1)
Overall satisfaction of the services	Indifferent or mildly Dissatisfied	7 (6.6)	6 (5.7)	13 (6.1)
	Mostly satisfied	86 (81.1)	87 (82.1)	173 (81.6)
	Very satisfied	13 (12.3)	13 (12.3)	26 (12.3)
Seeking services again	No, definitely not	7 (6.6)	7 (6.6)	14 (6.6)
	No, I don't think so	7 (6.6)	6 (5.7)	13 (6.1)
	Yes, I think so	33 (31.1)	33 (31.1)	66 (31.1)
	Yes, definitely	59 (55.7)	60 (56.6)	119 (56.1)

198

199 Discussion

200 Less than half respondents of the study reported that they are able to receive all their require
201 medicines. Improving the quality of health care services, patient centeredness, and paying attention
202 to the patients' needs and preferences seem to be necessary for the patients' treatment. recognizing
203 which services have not been provided acceptably over time may help the hospital's managers adopt
204 measures to overcome the problems associated with these services [26]. Around only half of the
205 respondents were completely agreed on the doctors provided advice to avoid illness and stay healthy,
206 which was not different between hospitals (49.1% in KMC vs. 50.9% in KIST). Recognizing which
207 services have not been provided acceptably over time may help the hospital's managers adopt
208 measures to overcome the problems associated with these services[26].

209 Only two-thirds respondents were satisfied with staff behaviors (doctors, nurse and support
210 staff) where one-fourth were completely agreed of hospital workers talked politely. In order to assess
211 the quality of services, each viewpoint should be measured appropriately, and the appropriate
212 prioritization of the factors that influence patients' preferences should be considered [27]. A study
213 shows that an effective communication between doctor and patients found the reduction of anxiety,
214 psychological distress, and pain and decreased family depressive symptoms. The intervention
215 reduced costs and length of stay, especially among decedents [28]. Patients feel more comfortable if
216 providers respect their privacy during counseling sessions and examinations. Effective and
217 appropriate communication includes listening carefully and attentively and providing clinical status
218 and care-process information and tell them all the facts related to their treatment process can make an
219 informed choice for their treatment decision.

220 More than half respondents have completely agreed that doctors checked patients properly
221 and less than half were completely agreed on the doctor gave time for individual patients which
222 found small differences between hospitals. Studies of elsewhere show that patients found satisfied
223 while maintaining provider's relationships and complying with the care regimens [29, 30]. With
224 regard to the right to respect, studies conducted in developing country also demonstrated that the
225 patients reveal the high level of acceptance for respect by the doctors [31].

226 Less than one-fifth respondents completely disagreed on the cleanliness of the hospital,
227 which was not adequate and managed well where almost similar findings were observed between
228 two hospitals. The study from India stated that half of the respondents were found unsatisfied about
229 the cleanliness of waiting area [32]. Similar findings were also reported in an Iranian
230 study [33] whereas a study conducted in Cyprus public hospitals show that tangibles dimension
231 seems to exert no significant influence on satisfaction [34]. A Kathmandu base study identified that
232 patients were satisfied with room services. So, it is necessary to improve the room services especially
233 overall cleanliness, and food supply [35]. Similarly, a study conducted in Chitwan Nepal shows that
234 overall satisfaction level was high [36]. Hospitals with good infrastructures, neat personnel and
235 equipment visually appeal and attracts many customers. This simply creates a positive impact and
236 signals quality to patients, thus encourages them to visit such hospital environments for
237 treatment [37].

238

239 **Conclusion**

240 The results of the study indicates that patient's from both hospitals are satisfied on average;
 241 still there is room for quality improvements for the satisfaction of the services. Based on the results
 242 of the study, it is recommended that healthcare service providers continually capture, measure and
 243 evaluate patient satisfaction through a range of agreed mechanisms such as administration of
 244 questionnaires to patients on a regular basis and patient feedback should be recognized as a
 245 legitimate method of evaluating health services.

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