

RECOMMENDATIONS

The following are some of the recommendations that have emanated from the analysis, discussions and conclusions of this study. These are broadly in two groups as follows:

1. General Recommendations

- 1.1 Waiting time had consistently the lowest mean satisfaction scores ranging from 3.33 in cabins to 3.73 in the maternity ward. Among the dissatisfied group, the mean satisfaction score for this domain was 2.37, which was the least. However, gathering information on length of waiting time was beyond the scope of the study, as the survey tool was not designed for this. It is strongly recommended that waiting time be studied in future, both in terms of outpatients and inpatients as another separate study focusing mainly on duration and factors involved in waiting. However, in the meantime improving environment of waiting places by provision of health education materials and comfortable sitting arrangements should be looked into.
- 1.2 The concept of “Bhutanese Doctoring” is a noble one and may need further advocacy and operationalization. Suitable guidelines on the philosophy, rationale and objectives may be worked out. Priorities to be considered include the overall policy of Gross National Happiness, a medical care system that does not include private practice, and provision of free medical care. Orientation of new doctors prior to their entry into service and sensitization of those already in services may be the short-term operational plan. These overall priorities should be retained for as long as possible.
- 1.3 To get a holistic picture of levels and perceptions of satisfaction, outpatients and community who use services at the NRH may be carried

out as an extension of this research in future. This will give a better picture of over all satisfaction/dissatisfaction among the clientele base of NRH.

- 1.4 Shortage of staff at the NRH seems to be a bottleneck in fulfilling the expectations of patients and may be looked into seriously. This was highlighted by both key informants and physicians involved in this study.
- 1.5 There is a common feeling that real complainants at the NRH are patient attendants. 58% of physicians felt that main complainants in the NRH were patients' attendants. It is recommended that they may also be surveyed in future for assessing their perceptions and levels of satisfaction/dissatisfaction.
- 1.6 One potential area for research is the outpatient emergency services where most of those seeking care will be in "narrow zones of tolerance" and it would be worthwhile to assess satisfaction levels here as a few times, complaints have been filed because of some critical events here.
- 1.7 Nurses are central in inpatients care in Bhutan. Their perceptions about patient satisfaction/dissatisfaction and other related issues are important to be considered for assessment in the future.

2. Specific to the NRH.

The recommendations as put forward by this study population may be reviewed in terms of its temporal contexts and necessary actions initiated if justified. These pertained to the following:

- 2.1 Bhutanese people want to visit the sick and admitted patients at any time of the day. Many of them bring food and other eatables; in fact most of the patients who have relatives and friends in Thimphu do not eat hospital food. The present hospital rules allow patient visitors/companions unrestricted access only from 5 to 8 AM, 12 noon to 1 PM, and 5 to 8 PM. Because of inadequate/inconvenient transport facilities locally or from other parts of the country, most of the time visitors land up during odd hours at the NRH and get stranded outside. Gatekeepers are strict and

often there are unpleasant exchanges of words, and even scuffles. Restrictions on visitors, therefore, may be reviewed especially in terms of those coming from far and those visiting patients with serious illnesses. Information about visiting hours, and reasons for visitor restrictions, may also be widely communicated for necessary compliance and convenience.

- 2.2 Patients satisfaction monitoring must be an ongoing activity both at inpatient and outpatient departments. In the wards, a system may be instituted for a short and precise questionnaire to be filled up by discharged patients and dropped anonymously at some convenient location. This can be used to monitor quality of care and patient satisfaction on a regular basis.
- 2.3 An appropriate bed or arrangement for resting for patient attendant or companion especially at night have been highlighted as a recommendation and may be looked into.
- 2.4 Physicians may be encouraged to improve communications with their patients in terms of their diseases/conditions and the care being given.
- 2.5 Some form of audio system for channeling prayers and religious hymns may add a spiritual dimension to the overall care of patients at the NRH. TV for entertainment and health education as suggested by some patients may not be aesthetically appropriate at this juncture.
- 2.6 Hospital diet may be reviewed; its bland nature must be explained to patients and their attendants in order to avoid wastage and complaints.
- 2.7 Provision of hot water in winter for inpatients needs to be considered.