CLIENTS' SATISFACTION TOWARDS HEALTH CARE SERVICES AT OUTPATIENT DEPARTMENT, PINLON HOSPITAL, YANGON, MYANMAR

Mr. Aung Htet Win

A Thesis Submitted in Partial Fulfilment of the Requirements

for the Degree of Master of Public Health Program in Public Health

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ศูนย์วิทยทรัพยากร
จุฬาลงกรณ์มหาวิทยาลัย

ความพึงพอใจของผู้ใช้บริการต่อการให้บริการทางด้านสุขภาพที่แผนกผู้ป่วยนอก โรงพยาบาลพีลอง เมืองย่างกุ้ง ประเทศพม่า

นายอ่อง เต็ด วิน

ศูนย์วิทยทรัพยากร
จุฬาลงกรณ์มหาวิทยาลัย

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สาขาวิชาสาธารณสุขศาสตร์

วิทยาลัยวิทยาศาสตร์สาธารณสุข จุฬาลงกรณ์มหาวิทยาลัย

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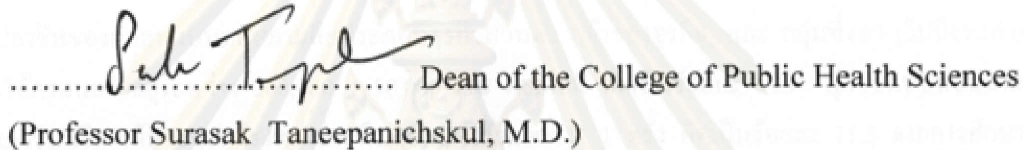
By	Mr. Aung Htet Win
Field of Study	Public Health
Thesis Advisor	Alessio Panza, M.D., M.Com.H, D.T.M&H.

Accepted by the College of Public Health Sciences, Chulalongkorn University in Partial Fulfillment of the Requirements for the Master's Degree



.... Dean of the College of Public Health Sciences

(Professor Surasak Taneepanichskul, M.D.)

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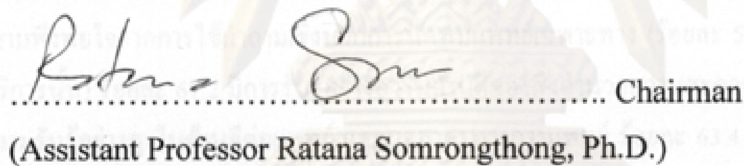

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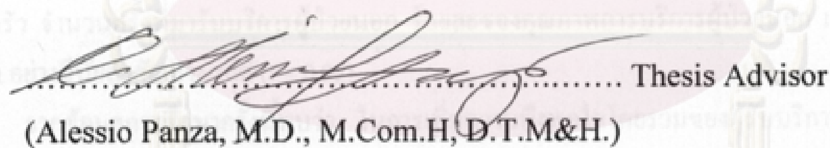
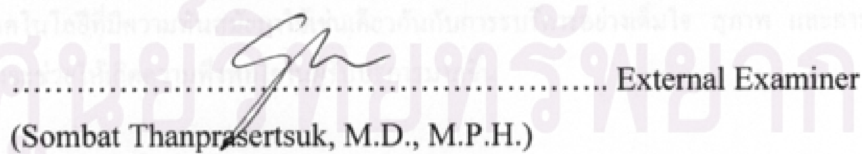


.... Thesis Advisor

(Alessio Panza, M.D., M.Com.H, D.T.M&H.)



.... External Examiner

(Sombat Thanprasertsuk, M.D., M.P.H.)

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ออง เฮ วิน: ความพึงพอใจของผู้รับบริการต่อการบริการสุขภาพแผนกผู้ป่วยนอกโรงพยาบาลพินลอน ย่างกุ้ง ประเทศ พม่า (Clients' Satisfaction towards Health Care Services at Outpatient Department, Pinlon Hospital, Yangon, Myanmar) อ.ที่ปรึกษาวิทยานิพนธ์หลัก: อ. อลิสสิโอ แพนซ่า, M.D., M.Com.H, D.T.M&H. 87 หน้า

การศึกษาแบบตัดขวางทำการศึกษาในวัตถุประสงค์เพื่อศึกษาความพึงพอใจของผู้รับบริการ โรงพยาบาลพินลอน, ย่างกุ้ง, ประเทศพม่า และ ปัจจัยที่มีความสัมพันธ์กับความพึงพอใจการบริการ ประชากรในการศึกษาครั้งนี้คือผู้ป่วย หญิงตั้งครรภ์ และผู้ปกครองของเด็กที่อายุต่ำกว่า 15ปีที่เข้ารับบริการแผนกผู้ป่วยนอกเฉพาะทางโรงพยาบาลพินลอน โดยการสอบถามแบบส่วนตัวจากแบบสอบถามด้วยขนาดตัวอย่างจำนวน 320 ตัวอย่าง

จากผลการศึกษาครั้งนี้พบว่าผู้ตอบแบบสอบถามส่วนใหญ่มีอายุระหว่าง 21 – 30 ปี และ 31 – 40 ปี เท่ากับร้อยละ 53.2 ผู้ตอบแบบสอบถามส่วนใหญ่เป็นเพศหญิงมากกว่าเพศชาย ร้อยละ 57.2 ส่วนใหญ่ของผู้ตอบแบบสอบถามแต่งงานแล้ว มีเพียงส่วนน้อยที่ยังไม่แต่งงาน ระดับการศึกษาสูงสุดในระดับอุดมศึกษา ร้อยละ 58.1 โดยทั่วไปอาชีพของผู้ตอบแบบสอบถามคือประกอบธุรกิจส่วนตัว (เจ้าของธุรกิจ) และ กลุ่มพึ่งพา (ไม่มีงานทำ) โดยมีรายได้ครอบครัวอยู่ระหว่าง 300,000 – 50,000 เยน ต่อเดือน คิดเป็นร้อยละ 54.9 ผู้ตอบแบบสอบถามส่วนมากเคยรับบริการผู้ป่วยนอกโรงพยาบาลพินลอนมาแล้วมากกว่า 1 ครั้ง คิดเป็นร้อยละ 71.5 จากการศึกษาพบว่าร้อยละ 79.7 ของผู้ป่วยนอกที่ตอบแบบสอบถามมีความพึงพอใจต่อการบริการอย่างมาก ผู้รับบริการส่วนมาก (ประมาณร้อยละ 70) เห็นด้วยอย่างยิ่ง และเห็นด้วย ในความสะดวกสำหรับการเดินเข้ามารับบริการ ปัญหาความพึงพอใจจากการใช้คำถามเชิงบวกการนัดพบแพทย์เฉพาะทาง (ร้อยละ 54.7 ไม่เห็นด้วยหรือไม่แน่ใจต่อการบริการนั้น) ร้อยละ 67.2 มีการรับรู้อย่างสูงในด้านดีของสิ่งอำนวยความสะดวกและโครงสร้าง ส่วนร้อยละ 52.0 มีความรับรู้อย่างสูงในด้านดีต่อแพทย์ และบุคลากรทางการแพทย์ ร้อยละ 63.4 มีความรับรู้อย่างสูงในด้านดีต่อบุคลากรอื่นของโรงพยาบาล และพบว่าปัจจัยที่มีความสัมพันธ์ต่อความพึงพอใจของผู้รับบริการคือ รายได้ครอบครัว จำนวนครั้งที่มารับบริการผู้ป่วยนอก ร้อยละของคุณภาพการบริการผู้ป่วยนอก และ การเข้าถึงบริการสุขภาพ อย่างมีนัยสำคัญทางสถิติ ($P < 0.05$)

จากข้อมูลการศึกษาครั้งนี้พบว่า ในการเพิ่มความพึงพอใจโดยรวมของผู้รับบริการให้มากขึ้นนั้นจำเป็นจะต้องพิจารณาถึงความต้องการของผู้รับบริการ และ ให้การบริการอย่างเหมาะสมตรงกับความต้องการนั้นๆ และการนำเทคโนโลยีที่มีความทันสมัยมาใช้เช่นเดียวกันกับการรบริการอย่างเต็มใจ สุภาพ และการบริการอย่างเป็นกันเองซึ่งจะช่วยให้เกิดความพึงพอใจในผู้รับบริการมากขึ้น

สาขาวิชา สาธารณสุขศาสตร์.. ลายมือชื่อนิสิต..

ปีการศึกษา 2552............ ลายมือชื่อ อ. ที่ปรึกษาวิทยานิพนธ์หลัก....................................

ศูนย์วิทยทรัพยากร จุฬาลงกรณ์มหาวิทยาลัย

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KEYWORDS : OUTPATIENT DEPARTMENT / SATISFACTION/ PERCEPTION/ ACCESSIBILITY

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THESIS ADVISOR: ALESSIO PANZA, M.D, M.Com.H, D.T.M&H.
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This cross sectional study was conducted with the aim of identifying the Clients' satisfaction of Out Patient Health care service at Pinlon hospital, Yangon, Myanmar and related significant factors. The population were patient or pregnant women for AN-care or caretaker for children <15 yr who exit all the specialities of the Pinlon outpatient department (OPD). A self-administered questionnaire with a sample size of 320 subjects was used. The result showed the two age groups of 21-30 and 31-40 made the largest group (53.2%). Females' respondents were more (57.2%) than males. Most respondents in this study were married and few still single. The educational level with the highest percentage was a graduate level with 58.1%. Self-employed (own business) and dependent (non- working) groups were the two most common occupations of the respondents and the biggest family income group was 300,000-500,000kyats per month at 45.9%. Most of the respondents, had visited the Pinlon Hospital's OPD more than one time 71.5%. The study revealed that 79.7% of OPD respondents were 'high satisfied' with the services. The clients (about 70%) 'Strongly agree' and 'agree' that the clinic is easy accessible for distance. Mainly less favourable statements were about "getting appointment for consultation" (54.7% disagree or not sure on goodness of those services). 67.2% were high perception for goodness of facilities and structure, 52.0% of respondents were high perception for the goodness of doctors and medical staff and 63.4% of respondents were high perception for goodness of other staff. The factors significantly related to the satisfaction were family income, number of OPD visits, perception about quality of OPD health care services and accessibility to the health care services ($P<0.05$).

Based on the finding this study, to increase the overall average satisfaction of clients, we need to consider what the client's needs are and then provide appropriate services to address those needs and using the new technology as well as providing pleasant , polite and friendly services will contribute to increased clients' satisfaction.

ศูนย์วิทยทรัพยากร
จุฬาลงกรณ์มหาวิทยาลัย

Field of Study: Public Health
Academic Year: 2009

Student's Signature: ....
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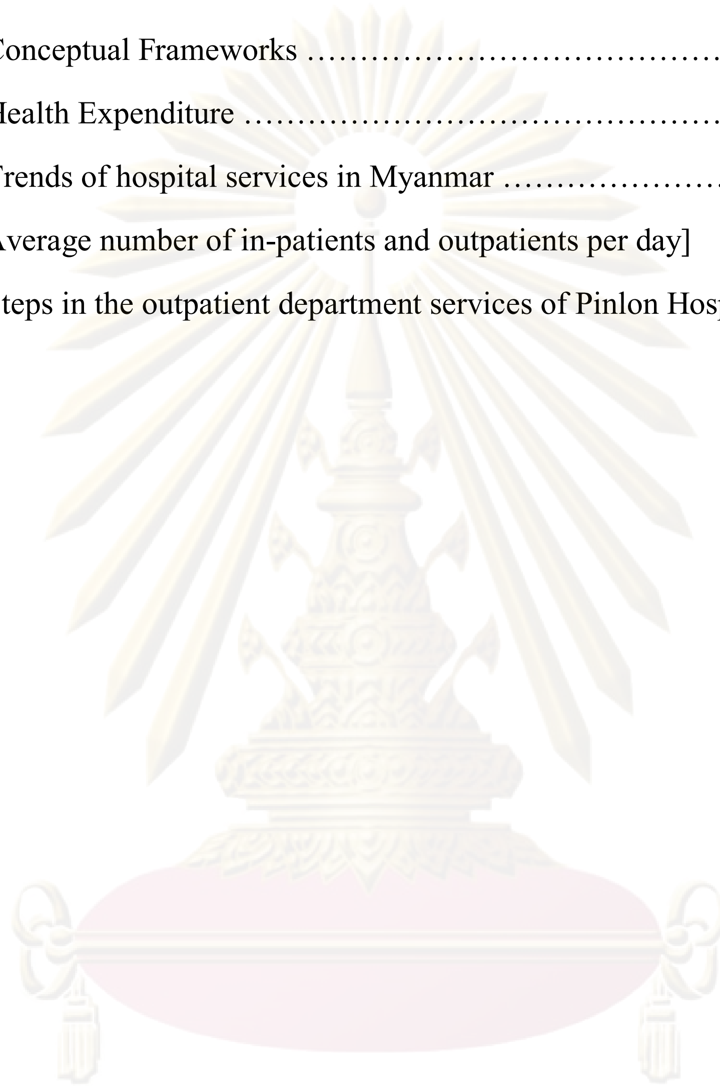

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CHAPTER-I
INTRODUCTION

1.1 Rationale and Justification

Health care industries throughout the world are struggling with the challenges of setting up economic ways and means of satisfying the human wants for health care services. The hospital guarantees its quality of service to satisfy or to exceed the expectations and requirements of its external (patients) and internal (employees) customers (Radharamanan and Godoy, 1996). The expansion of health care service knowledge and technological development has flooded many hospital health workers: doctors, nurses, pharmacists etc leading to hierarchy of staff from highly qualified specialists to the house keeping workers with diverse reasoning , varied perceptions of health care service and dissimilar experiences.

The quality of the infrastructures has a significant influence on utilization patterns. Some components of quality which patients seem particularly concerned with, such as the interpersonal qualities of the health staff, are rarely mentioned by planners and health care officials who seem to focus more on the technical aspects of the quality. Thus, rejection of public health facilities is sometimes associated with a negative perception of the health care workers who are sometimes faulted for lacking compassion, or being inattentive, dishonest or disrespectful (Haddad and Fournier, 1995).

Nowadays, there are numerous surveys that show that patients generally value medical results quality and accessibility to healthcare as the most important aspects on healthcare services. Health care facilities are established to provide satisfactory and quality health services to consumer (Arne Björnberg, 2008). If the health care facilities fail to do so, they are considered unsuccessful in implementing their assigned tasks. Health care facility performance can be best assessed by measuring the level of patient‟s satisfaction. A completely satisfied patient believes that the organization has potential in understanding patient needs and demands related to health care. The World Health Organization conference, supporting health for all, held in 1990 defined future development in health to be human centered (WHO, 1998). A

lot of stress has been made on investment in health, patient care and patient‟s right to delivery of quality health care leading to patient satisfaction (Ny Net, **2007**).

Hospitals play an important role in healthcare and are considered the backbone of the health services. With the public health facilities already stretched to the limit, many have little option but to turn to the private sector for their needs even if it is beyond their means. Some studies however also have shown that people generally prefer private healthcare facilities and there is little or no difference between the costs of care in either public or private facilities, especially for outpatient care. The number of hospitals, especially in the private sector, has increased significantly during the last few decades. The growth has been facilitated by the shift in financing policy in healthcare. Currently, the most common for-profit private service providers in all countries are private practitioners. Therefore, private healthcare is also growing rapidly. In some cases, the growth in the health sector is more than what the national economy can handle. Private hospitals in India and Thailand are attracting patients who can pay out of pocket from neighbouring countries and are also extending their services to other countries in the form of offshore activities. Globalization definitely presents further opportunities for growth (Samlee Plianbangchang, 2005/2006).

Health facilities everywhere are crowded and the need for long-term and chronic care is becoming increasingly evident. Internationally agreed development goals contained in the United Nations Millennium Declaration, Agenda 21 and the plan of implementation of the Johannesburg Summit call for strengthened health services for all as a crucial measure to improving health, especially in the poorest countries of our Region (South-East Asia Region). In South-East Asia, concerted and sustained efforts are required to strike a balance between the primary healthcare approach and tertiary hospital-based care (Samlee Plianbangchang, 2005/2006). Therefore, it is important for hospitals, whether they are public or private, to have a mix of function to offering not only inpatient care. Hospital should be responsible and accountable. Healthcare systems, therefore, need to properly reorient towards the provision of holistic, integrated and continuous healthcare.

Nowadays, private hospitals contribute as important part of healthcare services in all over the world. Client satisfaction is really a vital indicator of quality of medical care service. Moreover, it is an important outcome measure which can reflect

strength, weakness, opportunity and threat of the healthcare system. Value in turn results in satisfaction of the clients. This feedback mechanism can be used systematically to choose alternative methods of organization or improving the services. So that implementation from the results of client"s satisfaction can give better healthcare outcome for our people. Moreover, it can turn the people health seeking behaviour indirectly into positive way. E.g. satisfied patients are more likely to listen to and follow health care advice from health professionals, adhere to treatment regimens, use referrals consume fewer resources and remain in a coordinated system of care.

Myanmar healthcare system comprises network of primary, secondary and tertiary facilities. Because of increasing demand of health care services utilization, private sectors need to contribute as part of health service system. But one of the major problems in those private hospitals is client satisfaction to the health care services (especially OPD)because demand exceed supply as its still limited the numbers of private healthcare services in Myanmar. And most of these facilities situated in Yangon City. There can be gap between client"s hope (expecting for better service and treatment) and service facilities (limited resources) which can affect to the clients" satisfaction (WHO, 2006). Furthermore, Myanmar is one of the top of out of pocket health expenditure using country(UNESCAP, 2008) whether my study conduct at public or private hospital my study benefits can reflect to our population.

According to the explanation above, it is very important to evaluate patients" satisfaction at the hospital because satisfaction is now an important outcome for health services and then formed a key criterion for the quality of health care services. The researcher is interested to evaluate patients" satisfaction at the outpatient of Pinlon Hospital. Pinlon is one of the largest private hospitals in Myanmar .It is situated in, North Dagon Township, Yangon, Myanmar. Established as Pinlon hospital in 2007, it had expanded and connects to other Health care services in Yangon, as SSC Hospital, SSC Women Centre (Obstetrics and Gynaecology) . Because of its standard level that has attracted many patients from all corners of the country.

Pinlon has large compound .It includes 3 modern buildings .There is 2 storey, 3 storey and 4 storey respectively with 250 beds capacity and equipped with modern

facilities to serve 250 in-patients and at least 500 out-patients daily for healthcare services. Pinlon has 230 trained medical staffs to deal with major and minor medical problems. All varieties of specialists can be consulted at Pinlon‟s OPD such as Physician, Surgeons, OG, Paediatricians, Orthopaedics, Neurosurgeons, Neurophysicians, Psychiatrists, ENT specialists, and also Dentists.

1.2 Research Question

- What is the level of satisfaction towards OPD care service at a private hospital in Yangon?
- What are the factors related with clients‟ satisfaction?

1.3 General Objective

- To evaluate level of clients‟ satisfaction at OPD care service at Pinlon Hospital, Yangon, Myanmar

1.4 Specific Objectives

- Find the relationship between clients‟ socio-demographic characteristics, their perception towards the quality of OPD health care service, their accessibility to the service, type of client (Independent variable) and clients‟ satisfaction at OPD Department of Pinlon Hospital.(Dependent Variable)

1.5 Research Hypothesis

- There is a relationship between socio-demographic characteristic of client and their satisfaction
- There is an association between the perception of the quality of health care service and clients‟ satisfaction
- There is an association between accessibility of health care service and clients‟ satisfaction
- There is an association between type of client and clients‟ satisfaction.

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1.6 Variable in the research

Independent variable

Socio-demographic characteristics of patient include:

- Age
- Gender
- Marital status
- Education
- Occupation
- Monthly family income
- Number of OPD visit

Clients‟ perception about quality of health care services includes:

- Physical environment (facilities)
- Health care providers‟ services (doctors, nurses)
- Pharmacist‟s services
- Staff‟s services
- Service Procedure
- Laboratory and radiological services

Accessibility to the health care services includes:

- Travelling distance
- Travelling time
- Service expense
- Received preliminary information about hospital
- Waiting time

Type of client

- Patient
- Pregnant woman for antenatal care
- Caretaker of children
- Diagnosis
- Speciality

Dependent variables

- Client satisfaction

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1.7 Conceptual Framework in this study

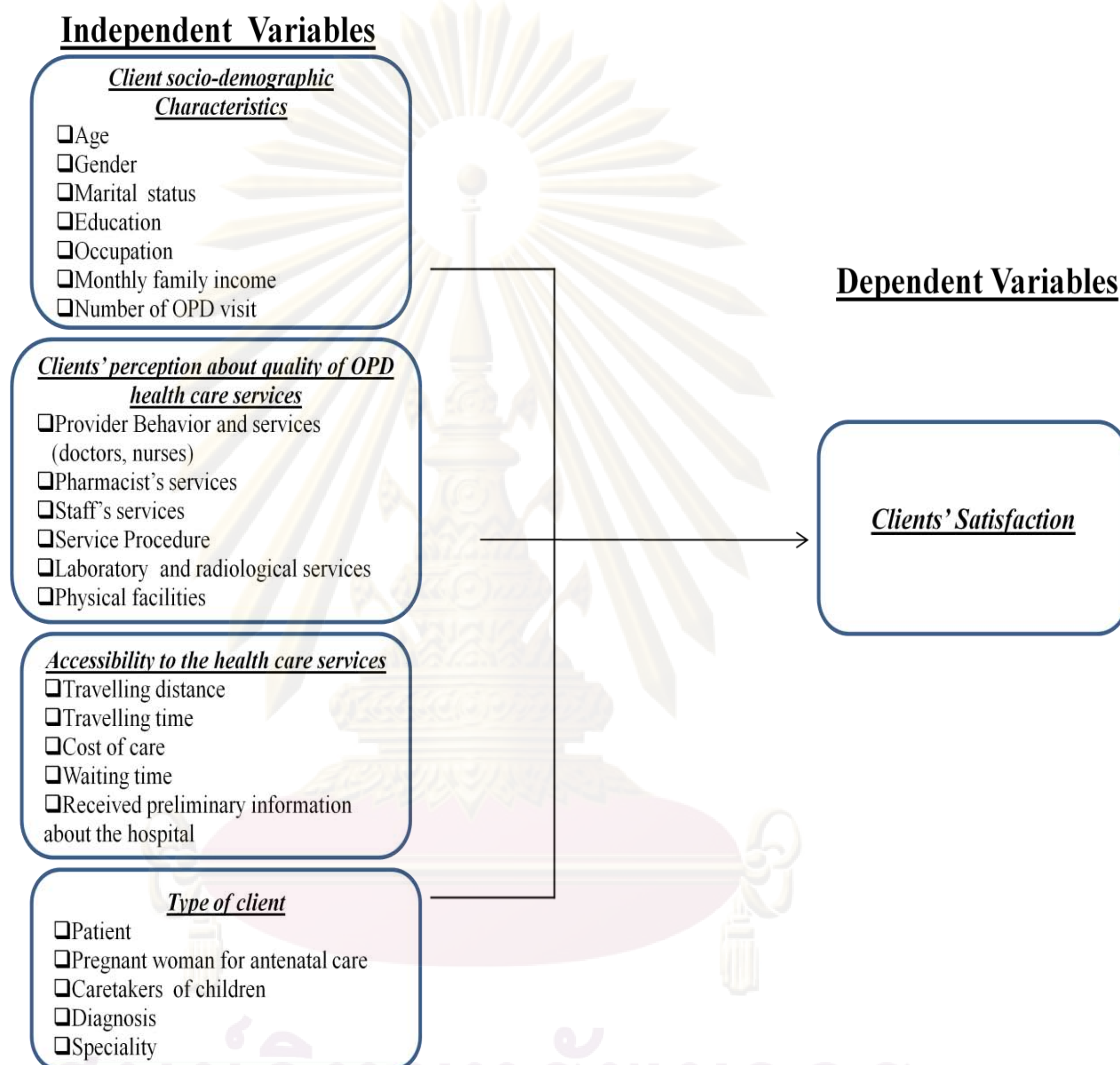

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Figure 1 Conceptual Frame work

1.8 Operational Definitions

- **Client :** There are
    - **Patients:** Patient refers to male or female with surgical, medical, dentistry, paediatrics, Obstetrics and Gynaecology. Cardiology, Ear-Nose Throat and rehabilitation diseases visiting outpatient department of Pinlon hospital. They must be aged 15 and above.
    - **Pregnant women for ANC:** A pregnant woman on a regular basis to check the progress of the pregnancy.
    - **Caretakers:** It refers to the caretakers of children below the age of 15.
- **Clients' Socio-Demographic Characteristics:** It consists of general characteristics of client in terms of age, gender, marital status, education, occupation, monthly family income, numbers of hospital visit.
- **Outpatient client:** A person who is seeking health services for medical treatment or consultation but not staying overnight.
- **Satisfaction**: This refer to the degree of patients" positive feelings towards the quality of health care services to meet their expectation and this is measured in terms of Physical environment (facilities), health care providers" services (doctors, nurses), pharmacist"s services, staff"s services, service procedure, laboratory and radiological services and accessibility to the health care services.
- **Received preliminary information about the hospital**: It includes information on availability and timing of doctors working at the OPD , general information about the hospital and main source of introduction to the hospital
- **Clients' perception on quality of care**: It refers to clients" perception about the provider"s skills in treatment and prevention sufficiency of health facilities, availability of prescribed medicines from hospital, reliability of laboratory and radiological results, supported from nursing administrative and clerical staff

- **Cost of care**: It is defined as total costs (direct and indirect costs without distinction). Direct costs are those for investigation (including Lab test and Radiological test), drug expense or other treatments and other hospital charges (e.g. doctor‟s fee, administrative fees). Indirect costs travelling expense, out of pocket expenditures (e.g. to buy drinks and food while waiting at OPD)

- **Accessibility**: It refers to the possibility of the person obtaining services they need, relevant to the distance and time such as travelling to the hospital and waiting time and cost of care to get treatment

- **Waiting Time :** It means waiting time for each service such as registration room, physical examination room, treatment room, at pharmacy counter, and other service procedures

- **Physical facilities :** It includes general appearance of building, place, furniture, toilets, books, drinking water, etc

- **Service procedure :** It means opinion of the patients about coordinate between direction and health personal, and then whether service procedure is clear and easy

- **Diagnosis:** It is defined as the act or process of identifying or determining the nature and cause of a disease or injury through evaluation of patient history, examination, and review of laboratory data. In my research, the diagnoses are grouped into acute and chronic illness.

    - **Chronic illness:** It is defined as any disease that develops slowly and lasts a long time. Examples of common chronic illnesses are diabetes, arthritis, congestive heart failure.

    - **Acute illness:** It is defined as typically starts suddenly and is short lived. Two common examples are colds and the flu.

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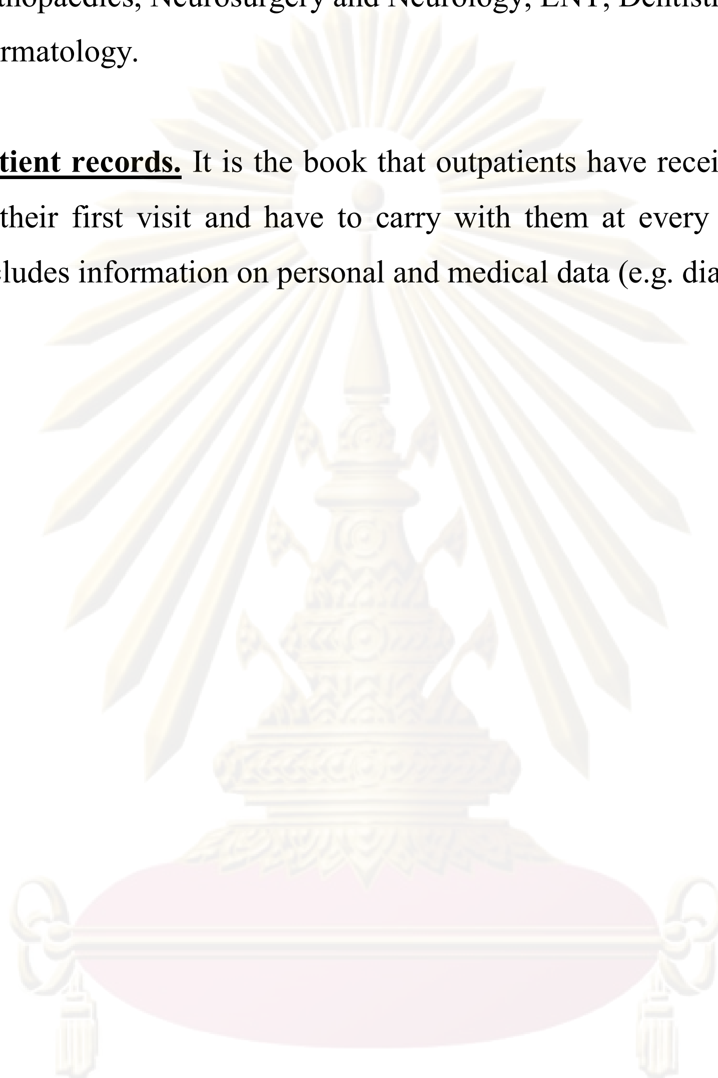
- **Specialities:** It refers to speciality services offered in the OPD which include: General Medicine, Surgery, Paediatric, Obstetrics and gynaecology, Orthopaedics, Neurosurgery and Neurology, ENT, Dentistry and Dermatology.

- **Patient records.** It is the book that outpatients have received for the hospital at their first visit and have to carry with them at every subsequent visit. It includes information on personal and medical data (e.g. diagnosis, treatment).



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CHAPTER II
LITERATURE REVIEW

2.1 Utilization of Health Care Service

One of the most widely adopted models in the study of health service utilization is Andersen's behavioural model of health services utilization. Utilization rate should vary with need, with the highest level of need associated with level of utilization. Health care utilization are classified into three components(Andersen, 1968) Predisposing characteristics, Enabling characteristics and Need characteristics. Predisposing factors include social demographic categories: (e.g., gender, age, race, occupation, education) and beliefs about health matters (e.g., values, attitudes and knowledge about health and illness). An enabling factor is defined as "a condition which permits a family to act upon a value or satisfy a need regarding health service use"(Andersen ,1968).The cost of time and opportunity are considered in addition to the financial costs of visiting a physician. Need component refers to one's level of illness and represents the most immediate cause for the utilization of health care services. Need is measured as perceived health status or number of self-reported symptoms which was presented by Fielder, 1981 and cited in(David and Kaplan, 1995)

Model of health care consumer satisfaction based on established relationships among service quality, value, patient satisfaction and behavioural intention.(Choi, Cho et al., 2004). Consequences of patient dissatisfaction can include patients not following treatment regimen, failing to pursue follow-up care and, in extreme cases, resorting to negative word-of-mouth that dissuades others from seeking health care from the system. Service orientation of doctors was found to be the strongest factor influencing patient satisfaction in hospitals. Service orientation of nurses is an important factor for ensuring patient satisfaction , but the dearth of nurses is a continuing problem.(Syed Saad Andaleeb, 2007).

Need and demand for health care may not be equal. For example, individuals may seek care for services which a clinician feels are not necessary. Conversely, a

clinician may recommend care which the patient decides against seeking. Need and demand for health services yield what is termed use or utilization. Utilization, in turn, is measured by such variables as hospital days per thousand population or physician office visits per person. Care-seeking behaviour, particularly demand for health services, is often also a function of numerous socio-demographic characteristics of patients. Classic research by health care sociologists has demonstrated differences in care –seeking behaviour based on ethic group and other social characteristics. there was present by (Aday Andersen, and Fleming ,1980) cited by (Williams, 1995)

2.2 Socio-demographic characteristics

The socio-demographic variables had been studied on numerous occasions, a consistent picture of their effects on patients satisfaction did not emerge on numerous occasions. This may be due to the fact that many studies had varied widely in the nature of studied sample and their specific background characteristics (Amin Khan Mandokhail,2007).

According to the study (Amin Khan Mandokhail,2007), the patient marital status, the widowed/separated group had lower proportion of high satisfaction score when it was compared with other groups and the single group had highest proportion of the high satisfaction (93.55%) when compared with other two groups. Finally statistically it can be concluded that there was significant association between marital status and satisfaction with the p-value of 0.042.According to the result of this study, the socio-demographic factors association was just of marital status and occupation with satisfaction. The other variables had no association with satisfaction.

In 1997 on health education on OPD and patient satisfaction(Doborah,1997), the result revealed that age and education were not statically significantly associated with level of patient‟s satisfaction with physician. Sex was significantly associated ($p<0.001$); women were more satisfied with their physician then the men. Another study on patients‟ satisfaction towards healthcare services provided at outpatient department of Dhaka Medical College Hospital conducted by Md.Zial Islam and found that the level of satisfaction varied with sex, females being significantly ($p<0.05$) more satisfied than males (Jabbar, 2008).

People with a higher educational level are more likely to consult a specialist, and are also more likely to be hospitalized (Alberts, Sanderman et al., 1997). Respondents with lower levels of education tended to be more satisfied with the availability of services and facilities, while those with higher educational levels were more satisfied with the quality of care. This result done by (Ahmed Abd al, Aday et al., 1996).And also according to the result of this study, income level was significantly related only to satisfaction with quality of care. Those with lower incomes reported higher levels of satisfaction with the quality of care (Ahmed Abd al, Aday et al., 1996)

2.3 Clients' perception about quality of OPD health care services

Patient dissatisfaction with the attitudes of health personnel is an important weakness that needs to be addressed by the reform process. The association of the concept of the patient with little or no power is against the health establishment, and hence as passive and dependent remains strong. They are yet to view the patient as a consumer who has legitimate expectations and concerns, let alone as a customer who can assess the delivery of health care services and make valid conclusions about the quality of care rendered to themselves. They must recognise that quality assurance and quality management programmes need to impact on patient satisfaction in addition to improving professionally determined technical aspects of quality of health care (E.P.Y.Muhondwa, 2008).And also in this study, found that interview with the patients at the laboratory, patient satisfaction with laboratory services was associated with the duration of the waiting period. According to the study result, was found that interview with patient at the x-ray department, almost all the patients (98%) indicated that they had received good or excellent service from the technicians who attended them. There was associated with patient satisfaction. In the pharmacy department, patient satisfaction was associated with the pharmacy service that help the patient and how long they had waited for service at the pharmacy (E.P.Y.Muhondwa, 2008).

In the study of patient satisfaction with health services at the outpatient department of Indira Gandhi Memorial Hospital, Male" Maldives conducted by

(Asma Ibrahim, 2008). There was found that cleanliness of the environment as a positive point and staff patient relation associated with satisfaction. With regard to the patient‟s awareness about services in the hospital, 28.5% of the patients said that they know about the services very well. 37.5% responded that they are aware about details of individual treatment and 29% said that they don‟t know much and would like to know more (Jawahar,2007). In the study of quality of service and customer satisfaction towards health care services at OPD Med of Bamrasnaradura institute in Thailand conducted by (Boonjun,2002). There was recommend that should be made supervision and training the staff to improve their professionalism in customer care.

Patients‟ satisfaction depends not only on service quality but also on patients‟ expectations. Patients are satisfied when services meet or exceed their expectations. If patients‟ expectations are low or if they have limited access to any services, they may be satisfied with relatively poor services. Health care patients often expect poor-quality care, accept it without complaint, and even express satisfaction when surveyed. Patients‟ satisfaction as expressed in interviews or does not necessarily mean that quality is good; it may mean that expectations are low services. Patients may say they are satisfied because they want to please the interviewer, because they are afraid of service withheld in the future, because of cultural norms against complaining, or because they respond positively to the word „satisfied‟(Aldana JM and Piechulek H, 2001).

2.4 Accessibility to the health care services

Definition of the accessibility that it refers to the possibility of the person obtaining services they need, relevant to the distance and time such as travelling to the hospital and waiting time and cost of care to get treatment.

In the many study case, client want to short the waiting as possible and also distance of the hospital as positive point. Waiting time means opinion of patient towards waiting time for each service such as registration room, physical examination room, treatment room, at pharmacy counter, and other service procedures. One of the study(Ershad ur Tahim, 2007) show that waiting time included the consolation time with the physician as well as the time taken for the investigations. According to

standard operating procedures of OPD for district level hospitals, waiting time for collection of ticket is one minute, waiting time for registration at the concerned OPD is two minutes and 2-3 minutes waiting time for dispensing medicines and time for submission of samples for investigation is 10 minutes (Ershad ur Tahim, 2007). According to many surveys, the numbers of patients are more but the number of facilities and hospital staffs are less. So, the doctor- patient ratio and patient recourses are higher. Longer waiting time were mainly difficulties in locating rooms, rush, no one to help, etc., more manpower, sympathetic approach, strict adherence to the tome by the health care providers of all levels reduces the waiting time. One of the study conducted by Patient Satisfaction with Health Services at the OPD of Wangmamyen Community Hospital, Thailand which was found that Medical expense (14.8%), and accessibility to health services at the OPD clinic (13.9%) (Ny Net, 2007).

Patient always remain in need of health care facilities because demand to seek services of medical facilities may generate any time .Therefore, it is a natural desire of clients that health care services should remain available at any time if day or night. There should be sufficient number of health providers who could meet the demand without delay and with minimum waiting time. However, convenience has a price to pay. It may not be fully true for public hospitals, but it is a fact in case of private hospital. This fact can be elaborated by following example: considering the cost incurred from treatment in terms of transportation expenditures and inconvenience caused by travelling long distance, it was demonstrated by Chenawangse et al. in 1996 that patient satisfaction is influenced by distance to the health facility and price of transportation. Most of the patients do not like to come back to the hospital for even free daily dressing due to transportation and other expenditures (Hopper SK, 1975).

From the result it can be interpreted that good accessibility was related to high satisfaction while poor accessibility was related to low satisfaction. Finally it can be concluded that accessibility had association with satisfaction score significantly (p value less than 0.001) (Asma Hasan, 2007).

2.5 Type of client

Type of client includes patient, a pregnant woman for ANC and caretaker of children.

2.5.1 Satisfaction with caretaker of children health care

The one of survey that is for satisfaction with children"s medical care in six different ambulatory setting conducted by (Dutton, Gomby et al., 1985) .This survey compares mothers" satisfaction with children"s medical care in six widely varying setting :fee-for-service solo and group practices, prepaid group practice, public clinics, hospital outpatient departments , and emergency rooms. Nowhere dose patient satisfaction plays a more important role than in children"s health care. If mothers are dissatisfied, they may fail to take their children for preventive visits or abandon treatment regimens.

According to this study, they found that worse health whether mother"s or child"s was generally associated with lower satisfaction. Satisfaction varied according to mother"s and child"s age in opposite ways: Older mothers tended to be more satisfied than younger ones, whereas mothers of older children tended to be less satisfied than mother of younger children. And also higher economic status mothers were significantly less satisfied with health care costs, paradoxically than their less affluent counterparts.

2.5.2 Satisfaction with pregnant women for ANC

One of the study of client satisfaction towards antenatal care service in the maternal and child health hospital in maternal and child health hospital at Thailand found that most of the respondents (91.8%) were satisfied with the service given and behaviour of service providers and comparatively less satisfied with accessibility towards antenatal service (77.6%) and towards available facilities and environment (89.4%) of the maternal and child health hospital. The respondents for this study were 170 pregnant women. Education of pregnant women, their monthly family income, distance from their residence, means of transportation

and convenience of transportation were found to have statistically significant association of the level of client satisfaction (Salam, 1998).

The study, which conduct by Mawajdeh et al. 9 on an assessment by 289 pregnant women receiving prenatal care from maternal and child health centers in Irbid, Jordan, showed that in general, women were dissatisfied with the patient–provider relationship and with the extent of information exchange between themselves and their care providers. This study also reported that communication took place between themselves and the health care providers. Among the 34 women who felt that the providers understood their problems and issues, the majority (94%) were satisfied with the service received. The lowest rate of satisfaction related to the lack of a private atmosphere for service delivery (55%) (Mawajdeh S, 1996)

In the study of the patients‟ satisfaction in antenatal clinic hospital university Kebangsaan ,Malaysia was conducted by (S. Dyah Pitaloka, 2006) .The result found that there was no significant relationship between age ethnic, education level, occupation, and health status with level of satisfaction (p value >0.05). There was significant relationship between level of satisfaction and number of visit. There was significant relationship between level of satisfaction and charge of service. Conclusions: This study showed that most of the respondents were satisfied with the service that they received. However, increase number of doctors, improve interpersonal manner and technical quality of the staff especially nurses and improve facilities of the antenatal clinic should be considered to improve overall patients‟ satisfaction.

2.5.3 Type of health problem base on diagnosis

There is a positive association between patient satisfaction and health status more likely represents a tendency of healthier patients to report greater satisfaction with health care, rather than a tendency of patients who improve following an interaction with the health system to report greater satisfaction. This suggests that changes in health status and patient satisfaction are measuring different domains of hospital outcomes and quality (Covinsky, Rosenthal et al., 1998).

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The study found that higher levels of patient satisfaction among persons with chronic illness (both rheumatoid arthritis and diabetes mellitus). Both chronic illnesses and physician specialties, median scores for patient satisfaction ranged from 17–18 for overall satisfaction (maximum 20); 30–33 for interpersonal skills (maximum 35); 23–26 for technical quality (maximum 30); and 20 for access to care (maximum 25). Multiple linear regression models revealed that 6.8–7.3% of the variation in satisfaction could be explained by HSQ (health status questionnaire) scores, patient demographics, and physician specialty(Bidaut-Russell, Gabriel et al., 2002).

One of the studies of the type of health problem and satisfaction with service was to investigate the satisfaction of clients with care provided in a rural nurse-managed health center by family nurse practitioners and to describe common problems for which family nurse practitioner services were sought. The results indicated that of the 2,106 visits from a case load of 1,350 clients, acute health problems were the most common (95.7%), and chronic health problems were the least common (3.9%). Respiratory and ear infections were the most frequent acute illness (55%), and hypertension (29%), respiratory (27%), and musculoskeletal complaints (27%) were the most frequent chronic conditions. Children up to 6yearsof age constituted the largest client population (30%), followed by young adults (23%). Older adults were the smallest numbers of clients (3%) (Priscilla Ramsey 1993).

2.5.4 Patients satisfaction score different among the speciality

One of the study of the patient satisfaction in relation to age, health status and other background factors was conducted by (Rahmqvist, 2001) . In this study, there was to compare the different clinical specialties while at the same time adjusting for background factors in a regression solution. The aim was to see if there were any differences in the patient satisfaction between the specialities. Each speciality consisted of two or three departments in the four hospitals in the study, so that each speciality thereby consisted of at least two independent health care units. The oldest patients were in Internal Medicine and Surgery. In the unadjusted analysis the best overall health status was found among patients in Paediatrics and Gyanaecology, while the lowest pain scores were found among patients in Psychiatry and internal

medicine. As expected, Anxiety was most frequent among patients in Psychiatry, but high score for Anxiety was also found in Paediatrics. The lowest means for the patient satisfaction index score were found in Psychiatry and Paediatrics, while the other four specialities had means in the range 11.6-11.8.

In this above study, there was a large change in the patient satisfaction index score mean for Paediatrics, while for the other specialities it remained quite stable. For three specialities the mean became higher, with a remarkable increase for Paediatrics.

2.6 Clients' satisfaction

Clients‟ satisfaction is a person‟s feeling of pleasure or disappointment resulting from a service‟s perceived performance or outcome in relation to his or her expectation. As this definition makes it clear, satisfaction is a function of perceived performance and expectations (linder-Pelz, 1982)

The word satisfaction is derived from the Latin (satis=enough and faction=to do or make). These terms illustrate the point that satisfaction implies a filling or fulfilment response; this was stated by(R.L.Oliver, 1993). Patient‟s satisfaction is the individual‟s positive evaluations of distinct dimension of healthcare were described by Linder-Pelz in 1982. Expression of satisfaction is an expression of attitude an effective response, which is related to both the belief that the care possesses certain attitude (Linder-Pelz, 1982).

Measurement of clients‟ satisfaction stands poised to play an increasingly important role in the growing push toward accountability among health care providers. Clients‟ satisfaction measurement has traditionally been relegated to service improvement efforts by hospitals and larger physician practices, and to fulfilling accreditation requirements of health plans. Hospitals and healthcare providers experience growing pressure to increase the quality of their outcomes, enhance the safety of their patients and lower the cost of their care, analysts expect greater attention and scrutiny to be given to the accountability function of patient satisfaction scores, and to ways in which patient satisfaction measurement can be further integrated into an overall measure of clinical quality. Data on patient

satisfaction is currently collected by various entities, for different purposes and at different levels in the health care system - including health plans, hospitals and physician practices. Only recently have efforts begun to bring uniformity to patient satisfaction measurement for hospitals, as part of a hospital report card initiative launched by the Department of Health and Human Services. Role of quality of care is even appropriate to consider patient satisfaction as a valid clinical quality indicator what weight patient satisfaction should be given in the context of other quality of care measures.(Guadagnino, 2003)

It was determined that when examining satisfaction as a whole there general components can be identified:1) patient satisfaction as a response (emotional or cognitive) 2) the response pertains to a particular focus (expectations, product, consumption experience etc;) and 3) the response occurs at a particular time (after consumption, after choice, based on accumulated experience etc) (Maxell, 1984)

Health care consumers today, are more sophisticated than in the past and now demand increasingly more accurate and valid evidence of health plan quality. Patient-centered outcomes have taken center stage as the primary means of measuring the effectiveness of health care delivery. It is commonly acknowledged that patients" reports of their satisfaction with the quality of care and services, are as important as many clinical health measures. Health care organizations are operating in an extremely competitive environment, and patient satisfaction has become a key to gaining and maintaining market share. Patient satisfaction with the healthcare services largely determines their compliance with the treatment and thus contributes to the positive influence on health. This study was therefore undertaken with the aim to find out the level of patient satisfaction related to different parameters of quality health care (Ranjeeta Kumari, 2009).

The very first and taxonomy of client satisfaction with medical care was developed by Ware and associates that included satisfaction questionnaire and client response to open-ended questions posed to identify satisfaction and dissatisfaction. Since then a great number of studies have been done on client satisfaction evaluating service and service provider.(Doyle BJ, 1977).In 1999, a study was conduct in

Sweden showing that consumer satisfaction studies begin in Sweden in 1990‟s with an aim to improve quality of the services and increase efficiency and effectiveness of the process (Garpenby, 1999)

According to the WHO work book Client satisfaction evaluations can address,

1. The reliability of services, or the assurance that services are provided in a consistent and dependable manner;
2. The responsiveness of services or the willingness of providers to meet clients/ customer needs;
3. The courtesy of providers; and
4. The security of services, including the security of records.

Specific questions may assess clients‟ views about:

- the physical setting of services
- the helpfulness of support staff
- information resources
- the competence of counselors
- the costs of service
- the relevance of services to their needs
- the accessibility of services
- waiting times for service components
- frequency of appointments
- time spent with counselor
- the „humanness‟ of services
- the effectiveness of services in ameliorating their problems (WHO, Organization et al., 2000).

Client‟s satisfaction was reflected by their happy expression about general facility, doctor‟s consultations, superiority of their health system and also by consistent regular utilization by majority. On the contrary, they were dissatisfied with unsuitable/inadequate service hours, long waiting time, indoor treatment system, drug supply and laboratory. Their felt-need for long service hours, improved drug supply,

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own indoor facilities and specialists in all disciplines and ambulance facility at dispensary level was to be addressed as priority to secure better participation for ultimate success.(D Haldar, 2008).

From the concepts and studies mentioned above, clients" satisfaction is an important measure of service quality in health care organizations. Assessment of the patient satisfaction provides indications of improvement of care. There is a growing interest in evaluating the impact and effectiveness of health care services. Outpatient department is the first place of contact. Majority of the patients comes as outpatients and therefore their satisfaction level is more important since they will go back to the community talk about the hospital services. Patients attending each hospital are responsible for spreading the good image of the hospital and therefore satisfaction of patients attending the hospital is equally important for hospital management. Various studies about Out Patient Services have elicited problems like overcrowding, delay in consultation, proper behavior of staff etc. Therefore it can be concluded that the OPD services form an important component of Hospital services and feedback of patients are vital in quality improvement (Jawahar,2007).

2.7 Satisfaction related research

The importance of patient satisfaction was assessed by the questionnaire PSQ-18 (D.Hays,1994) and published by RAND corporation. This article reports on the development and psychometric properties of a short-form version of the 50-item Patient Satisfaction Questionnaire- III (PSQ-III). The PSQ-18 contains 18 items tapping each of the seven dimensions of satisfaction with medical care measured by the PSQ-III: general satisfaction, technical quality, interpersonal manner, communication, financial aspects, time spent with doctor and accessibility and convenience. PSQ-18 subscale scores are substantially correlated with their full-scale counterparts and possess generally adequate internal consistency reliability. Moreover, both the magnitude of the correlation coefficients and the overall pattern for the correlations among PSQ-18 subscales are highly similar to those observed for the PSQ-III.

The one of survey that is for the patient satisfaction to health care services at the OPD conducted by (Ichwansyah, 2001). In this study, the questionnaire was analysed by using the Cronbrach‟s coefficient of alpha. The reliability for questionnaire: accessibility to services patients‟ perception toward service system and satisfaction to services were being valid. Overall level of patients‟ satisfaction to the services provided. Almost half of them (49.7%) had moderate level of satisfaction. nearby a half (40.3%) had low of satisfaction level and only (10.0%) had higher level of satisfaction. Regarding on each category of services provided: medical expenses (68.3%) had higher level of satisfaction than another categories of satisfaction. The lower of satisfaction were found on convenience (60.3%), coordination (54.7%) and medical information (48.0%), whereas moderate satisfied was found on courtesy (27.0%) and quality of care (26.3%).

Concern over the quality of health care services in Bangladesh has led to loss of faith in public and private hospitals, low utilization of public health facilities, and increasing outflow of Bangladeshi patients to hospitals in neighbouring countries. Under the circumstances, assessment of the country‟s quality of health care service has become imperative, in which the patient‟s voice must begin to play a greater role. This study attempts to identify the determinants of patient satisfaction with public, private and foreign hospitals. For the local public hospitals, for example, five significant factors explained patient satisfaction. In order of importance (reflected in the standardized beta values), they are: doctors, tangibles (facilities), treatment cost, tangibles (staff) and nurses. The model explained 67% of the variation in the dependent variable. For local private hospitals, in order of importance, there were four significant variables: doctors, baksheesh (facilitation payments), nurses and hospital procedures. The model explained 73% of the variation in the dependent variable (Syed Saad Andaleeb, 2007).

In the study of the patient satisfaction towards outpatient department services in Pakistan institute of medical sciences, Islamabad was conducted by (Javed,2005) . The study result found that the overall satisfaction was 54% scored by using Likert‟s scaling. Regarding service procedure, a prominent variation in response of patients was observed. Patients were highly satisfied towards the medical expenses (81%),

registration service (77.5%) and nurses‟ service (76.5%) and relatively less satisfied with the pharmacy service (65%), medical equipment (65%), doctor‟s service (61.5%) and physical facilities (53%). With regards to the socio-demographic factors , a statistically significant association was found for age , marital status, education, occupation , and family income with patient satisfaction showing p-value<0.05. Accessibility was established as associated with living distance, outpatient department timing and patient satisfaction (P-value<0.001).

Patients and staff satisfaction is an important component of the health care industry in this competitive modern era. In the hospital, the Outpatient Department is often called “Shop Window”. Patients‟ satisfaction leads to drift in both new and old patients, which hinders the sustainability of any hospital in long run. A study conducted among out-patients in a super-specialty hospital in India investigated the satisfaction level of patients and also got a feedback about the services provided in the outpatient departments. The patients were randomly selected and a questionnaire was developed to evaluate patient satisfaction about the outpatient department services, logistic arrangement in the outpatient departments, waiting time, facilities, perception about the performance of staff, appointment system, behavior of staff, support service and any other suggestions of patients. Out of 200 patients surveyed, 90-95% of patients were satisfied with the service offered in the hospital. This study also showed that some of the patients waiting time were prolonged and the friendliness of the nursing staff needs to be improved (Jawahar, 2007). The result compares favourably with a similar survey in Ireland (De Brun C, 2002).

2.8 Health Services in Myanmar

Myanmar health care system evolves with changing political and administrative system and relative roles played by the key providers are also changing although the Ministry of Health remains the major provider of comprehensive health care. It has a pluralistic mix of public and private system both in the financing and provision. Health care is organized and provided by public and private providers. Ministry of Health is the main organization of health care provision. Department of Health one of 7 departments under the Ministry of Health plays a major role in

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providing comprehensive health care throughout the country including remote and hard to reach border areas.

Figure (2) shows the health expenditure for the year 1988-89 to 2005-6. The major sources of finance for health care services included in the figure are the government, private households, social security system, community contributions and external aid. The estimation of National Health Expenditure (NHE) for the year 2001-2002 is attempted by expenditure method and total NHE is estimated to be kyat 87,853.9 million equivalents to 2.5% of GDP. The largest contribution to the NHE is from private households and estimated to be kyat 64,483.4 million, equivalents to 73.4% of NHE (WHO, 2006) .Given the majority role of private health expenditure in Myanmar my study was conducted at private hospital.

The private, for profit, sector is mainly providing ambulatory care though some for profit sector is providing institutional care has developed in Yangon, Mandalay and some large cities in recent years. The Medical Association and its branches also provide a link between them and their counterparts in public sector so that private practitioners can also participate in public health care activities. Sectoral collaboration and community participation is strong in Myanmar health system thanks to the establishment of the National Health Committee in 1989. Recognizing the growing importance of the needs to involve all relevant sectors at all administrative levels and to mobilize the community more effectively in health activities health committees have been established in various administrative levels down to the wards and village tracts. These committees at each level are headed by the chairman or responsible person of the organs of power concern and include heads of related government departments and representatives from the social organizations as members. Heads of the health departments are designated as secretaries of the committees (WHO, 2006).

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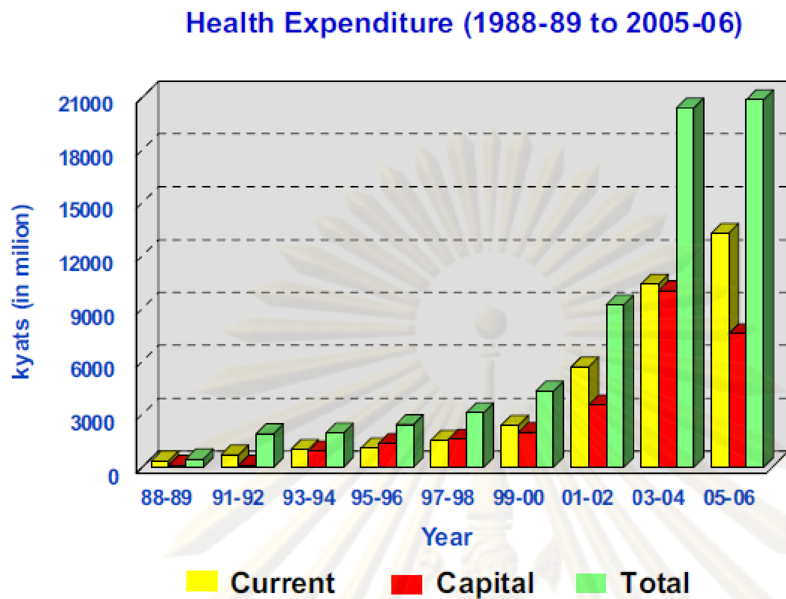


Figure (2) Health Expenditure (1988-89 to 2005-6)

Figure (3) Trends of hospital services [Average number of in-patients & outpatients per day]

Figure (3) shows the trends of hospital services of average number of in-patients and outpatients per day from 1997 to 2006. This figure also shows that average number of in-patients per day increased after the year 2000 in public hospitals up to 2005 and 2006. The out-patient visits are also gradually increased from 2000 onwards. Therefore, the study conducts towards at OPD of private hospital.

In Myanmar, hospital are an important part of any health care system: they provide complex curative care that, depending on their capacity acts as a first referral, secondary or last referral level curative facility: they also provide emergency care for severally injured or the critically ill; they are centers for the transfer of knowledge and skills, they constitute an essential source of information and power, and they generally spend the major part of national health resources. As part and parcel of a national health system where their role should be to support the primary health care (PHC) strategy as a referral and support mechanism (Myanmar, 2006).

2.9 Background Information about Pinlon Hospital

Pinlon Hospital is private hospital in Yangon, Myanmar. And also it is the largest private hospital in Myanmar .It has outpatient department service following figure in the below:

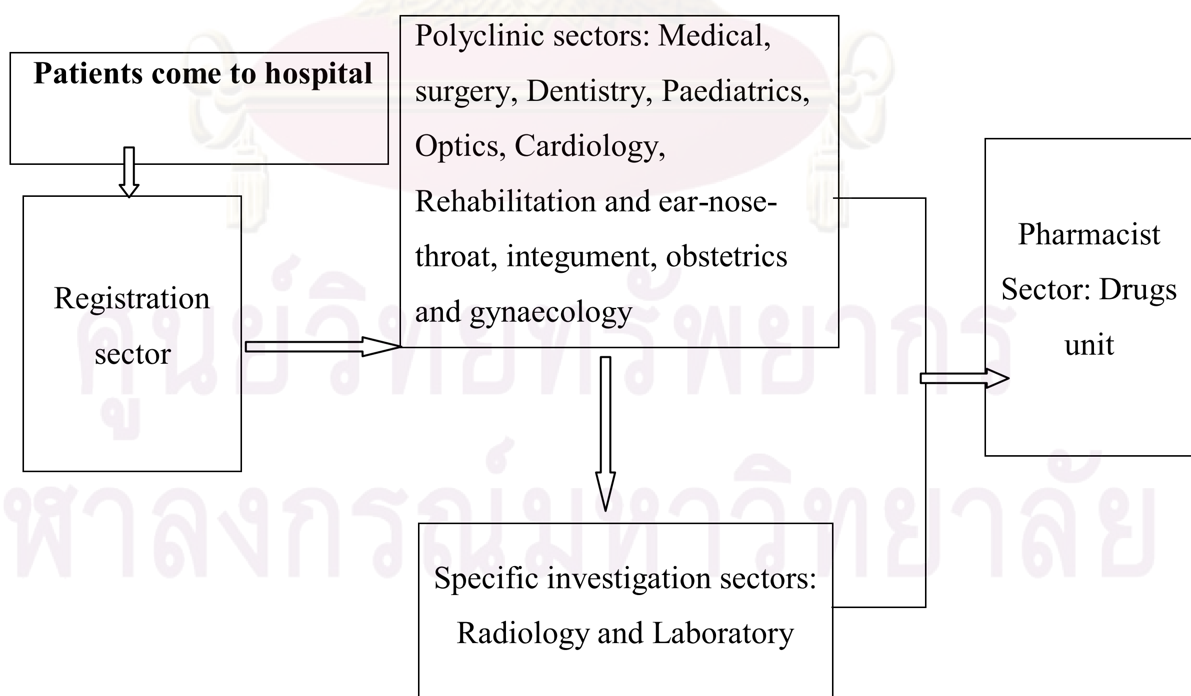
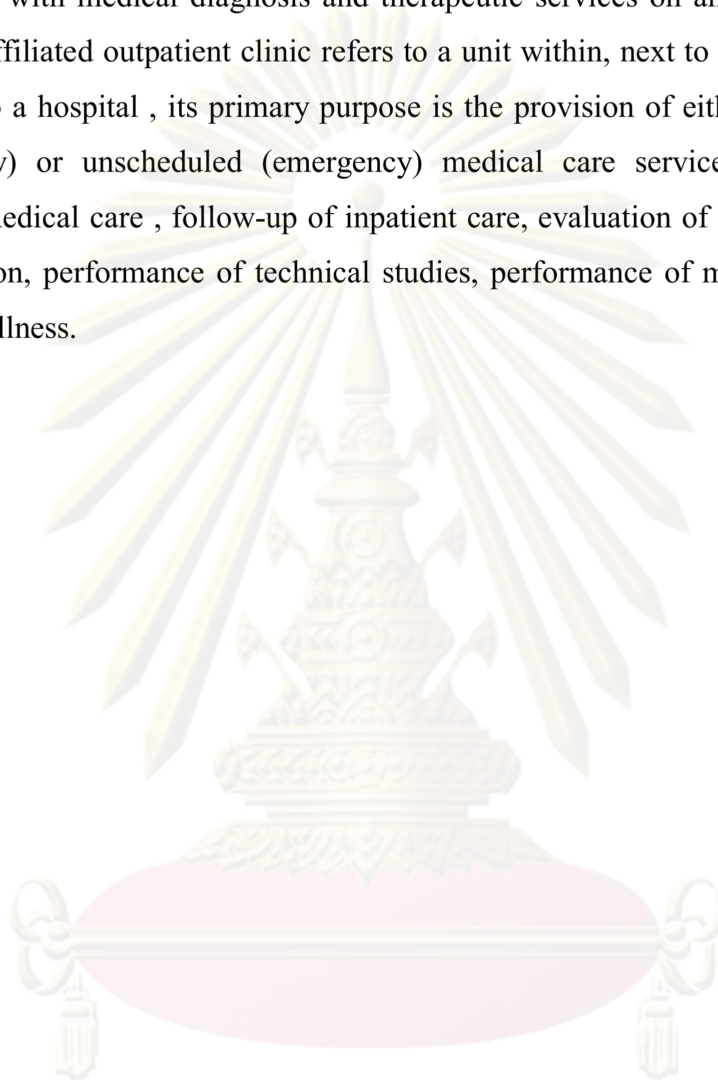


Figure (4) Steps in the outpatient department services of Pinlon Hospital

In this hospital, one mechanism of service is outpatient department. The outpatient clinic refers to a department or unit within a facility that provides individual with medical diagnosis and therapeutic services on an outpatient basis, a hospital affiliated outpatient clinic refers to a unit within, next to , or established as a satellite to a hospital , its primary purpose is the provision of either scheduled (non-emergency) or unscheduled (emergency) medical care services .Service include primary medical care , follow-up of inpatient care, evaluation of persons referred for consultation, performance of technical studies, performance of medical surgical and for acute illness.



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CHAPTER-III

RESEARCH METHODOLOGY

3.1 Research design

Research design is the cross-sectional descriptive survey, with the purpose to measure the level of care and satisfaction among a select group of the outpatient (OPD) and find out the association between satisfaction and level of care.

3.2 Site of Study

Pinlon Clinic (250 bedded Hospital), Saya San Road, North Saya San(27)Quarter, North Dagon Township, Yangon, Myanmar. This Hospital is the one of the famous and largest private hospital in Myanmar.

3.3 Population and sample

The target population for this study was clients who exit all the specialities of the Pinlon outpatient department (OPD).

Inclusion Criteria

1) Male/female patients, pregnant women and male/female caretakers of the children below 15 years.
2) Age 15 year and above because respondents at this age are mature enough to answer questions independently.

Exclusion Criteria

1) Patient with severe symptoms and non-self sufficient elderly people
2) Unwilling customers who do not wish to participate in the study
3) Returning outpatients who have already answered the questionnaire during the study period.

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Sample and Sample Size

The sample size needs to calculate as follows:

Formula: $$N = \frac{Z^2_{\alpha/2}\, p.q}{d^2}$$

N = sample size

$Z_{\alpha/2}$ = value from normal distribution associated with 95% confidence interval =1.96

P = proportion of client satisfaction with OPD‟s services is 73 %(A research of Patient satisfaction with health care services at the local private Hospital, Bangladesh)(Syed Saad Andaleeb 2007)

q = 1-p=1-0.73=0.27

d = maximum allowable sampling error = 5%=0.05

Calculate:

Formula: $$n = \frac{(1.96)^2\,(0.73)\,(0.27)}{(0.05)^2}$$

$$= 303$$

Assuming a refusal rate of 5% additional was added to the sample size for a total of 320 subjects in this study.

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3.4 Research instrument for data collection

To measure patient"s satisfaction was a structure for self-administered questionnaires (see Annex 1). This structured questionnaire was used as measurement tools. This questionnaire was base on PSQ-18 (D.Hays,1994) for questions (14,15,16,17,18,19,20,21,22,26,36,37,41,44,45,46,47). With addition of other 22 questions(11,12,13,23,24,25,27,28,29,30,31,32,33,34,35,38,39,40,42,43,48,49) from (Ichwansyah, 2001) .The original PSQ-18 was developed for research by Rand as a service to its professional staff.

3.4.1 Questionnaire constructions

The questionnaire consist 5 sections as follow:

Section 1: The socio-demographic characteristics. This part consist of (7) items.

Section 2: „Type of client" has been added to PSQ-18 questionnaire

Section 3: (modified from PSQ-18 and Ichwansyah) The clients" perception about quality of health care services. This part consist of (21) items.

Section 4: (modified from PSQ-18 and Ichwansyah) The Accessibility to the health care services consist of (13) items.

Section 5: (modified from PSQ-18 and Ichwansyah) Clients" satisfaction to the services including (5) items.

The instrument contains both positively worded and negatively worded items. Response to each item were given on a 5-point scale ranging from strongly agree to strongly disagree.

3.4.2 Measurement Method

The measurement methods for each variable are as follows:

Section 1: Socio-demographic characteristics of client

This part consisted of general information about respondents like age, sex, marital status, education, occupation, monthly family income, number of OPD visits.

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Age: Only respondents aged more than 15 and over were selected. These were divided into groups with interval, of ten years in between them as follow

1=<20 years

2=21-30 years

3=31-40 years

4=41-50 years

5=51-60 years

6=61-70 years

7=71+

Sex: Gender of respondent broke into male and female was coded as follow,

1=male

2=female

Marital status: it was divided into following groups as follows,

1=single

2=Married

3=separated

4=widow

Education: education had the following groups and coding,

1=illiterate

2=primary school

3=middle school

4=high school

5=graduate

6=post graduate

7=other

Occupation: occupation had the following groups and coding,

1=dependent

2=government employed

3=labor

4=self-employed

5=agriculture

6=student

7=others

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Family income: family income (kyat per month) was divided into flowing groups,

1=<100000 kyats

2=100000-300000kyats

3=300000-500000kyats

4= >500000kyats

Number of OPD visit: number of OPD visit was divided into flowing groups,

1=First time

2=Second time

3=Third time

Section 2: Type of Client

This part consisted of type of respondents like patient, pregnant woman for antenatal care, caretaker of children, relationship with children, diagnosis (acute illness or chronic illness) and speciality.

Type of respondent: It was divided into flowing groups,

1= patient

2= pregnant woman for antenatal care

3=caretaker of children below 15 years of age

Relation with children: It was divided into flowing groups,

1=father

2=mother

3=relatives

3=baby sitter

4=other

Speciality: Speciality of the OPD department used was grouped and coded as follow,

1=General clinic
2=Internal medicine
3=Surgery
4=Pediatric
5=Obstetrics and Gyanaecology
6=Orthopedics
7=Neurosurgery
8=Neurology
9=ENT
10=Dentistry
11=Dermatology

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Section 3: Clients' perception about quality of OPD health care services

It comprised of physical facility, provider behavior and services, pharmacist‟s services, staff‟s services, service procedure, laboratory and radiological services, overall clients‟ perception about quality of health care services.

Scoring of perceptions was in accordance with "Likert scale" on the question. The instrument contains both positively worded and negatively worded items. "Strongly agree" was given five points and "strongly disagree" was given one point. Thus, if a group item has three statements, possible maximum score will be 15 for a respondent who strongly agreed on all three statements.

The level of perception on the group item could be ranked using some appropriate cut-off points , according to (Roy, 2002). Low level score would mean less favourable and high mean more favourable. Obtain scores were computed by summed up all individual recoded score. The median used as a cut point because data were not normally distributed, so the total score were grouped as follow:

High level of Perception ≥ Median

Low level of Perception < Median

Perception for goodness of facilities and structure: The median=12 was used as a cut point because data was not normally distributed, so the level of perception for goodness of facilities and structure were grouped as follow:

High level of Perception for goodness of facilities and structure ≥ Median

Low level of Perception for goodness of facilities and structure < Median

Perception for goodness of doctor and medical staff: The median=35 was used as a cut point because data was not normally distributed, so the level of perception for goodness of doctor and medical staff were grouped as follow:

High level of Perception for goodness of doctor and medical staff ≥ Median

Low level of Perception for goodness of doctor and medical staff < Median

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Perception for goodness of other staff: The median=27 was used as a cut point because data was not normally distributed, so the level of perception for goodness of doctor and medical staff were grouped as follow:

High level of Perception for goodness of other staff ≥ Median

Low level of Perception for goodness of other staff < Median

Section 4: Accessibility to the health care services

It included travelling distance, travelling time, cost of services, receive preliminary information about hospital and waiting time.

It contains both positively worded and negatively worded items. Response to each item were given on a 5-point scale ranging from strongly agree to strongly disagree. Obtain scores were computed by summed up all individual recoded score. The median=48 was used as a cut point because data was not normally distributed, so the score for classification of accessibility were grouped as follow:

High Accessibility ≥ Median

Low Accessibility < Median

Section 5: Clients' satisfaction to the services

In this section, it included five items and both positively worded and negatively worded items. Likert five point scaling was used for measuring the satisfaction. Obtained satisfaction"s scores were computed by summed up all individual recoded score. The median = 16 was used as a cut point because data was not normally distributed, so the level of satisfaction was grouped as follow:

High level of Satisfaction ≥ Median

Low level of Satisfaction < Median

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Table (1) Scoring Items

Item Numbers	Original Response Value	Scored Value
12,14,17,19,20,22,23,24,26,27,29,30,31,32,33, 34,37,38,39,40,42,43,44,46,47,49 (positive question)	1	5
	2	4
	3	3
	4	2
	5	1
11,13,15,16,18,21,25,28,35,36,40,41,45,48 (Negative question)	1	1
	2	2
	3	3
	4	4
	5	5

3.5 Translation and back translation

The questionnaires were translated in Myanmar language. Then back translations from Myanmar to English were done by another person in order to check the correctness of the translation. Inconsistencies between the two translations were solved by discussion between the translators and the researcher.

3.6 Pre-test Questionnaire

Before collecting data for pretest, the translated questionnaire to check the clarity and simplicity of the questions. Questionnaire pretest was done on thirty respondents .Socio-demographically and culturally similar to study population chosen in another private hospital in Yangon. Cronbach"s alpha coefficient was applied to measure reliability. The score of this reliability test for 21 items of clients" perception about quality of health care services was .86, for 13 items of

accessibility to the health care services was .80 and for 5 items of the clients" satisfaction to the services, the score was .88

3.7 Data Collection

Data collection was through self-administered questionnaire and all questionnaires were administered in Myanmar language. Two data collectors were used for collecting the information. They were not regular employees of Pinlon hospital staff and they did not wear hospital dress so that bias of influence could be avoided. Both the data collectors were trained by the researcher to have a professional and unbiased approach to the data collection process. For the few people who cannot read, the researcher or data collectors were read out the question to them and fill in the answers. The respondents take answer the questions at a separated room which is away from other OPD clients in order to be quiet and to avoid interruptions.

All respondents were taken from the clients who visited the OPD of the Pinlon Hospital. Every fifth client was requested to fill the questionnaire to get the cross section of the client views employing the technique of systematic random sampling.

In existing procedure of the hospital, when patient arrives in OPD for treatment, he has to get registration from registration counters. And then, he is sent to his relevant OPD department where he has to wait for his turn for examination by the doctor. After being examined by the doctor, patient goes to laboratory for pathology and X-ray tests. In the end patient reaches in pharmacy for receiving the medicines. In this study, for data collection they were requested to fill in the questionnaire at pharmacy and return it to data collectors.

The data was checked on the spot, errors rectified and missing data incorporated in the forms. The researcher checked the data collection process himself and counter checked the entries at random to ensure quality of the data collection. The collected data was entered in a statistical software package and statistical tests applied to it for analysis.

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3.8 Management of OPD clients that refuse to answer the questionnaire

The refusal rate was less than 5% the researcher was not take action because the sample has already been oversized by 5%. The number of those who refuse was recorded together with their age and sex, and type of client of those who refuse was recorded for use in analysis of the results.

3.9 Timing of the data collection

The times of data collection was morning, afternoon and evening. It was carried out over a period of 4 weeks without discontinuation, 1st February to 28th February 2010.

3.10 Data analysis

Recorded data from the respondents was handed over to the researcher at the end of each day. If there was any omission found, the questionnaire was discarded and fresh form was filled. After completing the process of data collection, the next process was the data entry and also collected data was coded, edited and recoded by using the statistical package name SPSS 16.0. Then through analysis, interpretation of statistical results was done. The statistical analysis of this study included;

- Descriptive statistics

  There were used to describe the characteristics of data, determining frequency, percent, mean, median, mode, maximum, minimum and standard deviation for variables under study.

- Inferential statistics

  In this study, chi-square test was used for association. There was applied to interpret relationship between the two variables.

3.11 Ethical consideration

An official letter was sent to Managing Director of Pinlon Hospital requesting his approval to conduct a survey.

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The researcher was explaining the purpose and usefulness of the study to all respondents as follow:

1) To evaluate level of clients‟ satisfaction at outpatient medical care service
2) This research will be useful for health services system development via getting satisfaction evaluation from the respondents
3) This research can be useful for improvement of quality and effectiveness of service by knowing clients‟ perception on service system.

In additions exit client will be assured:

- The research will not involve any risk for the participants except inconvenience for the time of answering the questionnaire
- Of anonymity, because the questionnaire will not include clients names,
- Of privacy, because the self-administered questionnaire will be filled in a private room.
- That Individual answers will not be reported to the hospital management and only aggregated answers will be presented to the hospital management in the thesis results and for publication.
- That there are no consequences whatsoever if the exit client refuse to participate to the research
- During the whole process of interview the respondents have the right to refuse the answer the question

The data was collected following written informed consent (see annex 2) of respondents.

3.12 Limitation

❖ Data were collected only during a 4 week period of time and results could be different if data were collected over a longer period of time

- The research was measure satisfaction among OPD users and not satisfaction among in-patient. So, cure note satisfaction cannot be measured among the patient.

- The study was conducted in private hospital and findings cannot be extended to public hospitals

- The satisfaction of children under the age of 15 was not being measured directly but through the report of their caretakers. Children who are old enough to express their own opinion may have a different level of satisfaction than that their caretaker

3.13 Expected Benefit from the research

- Clients" satisfaction evaluation will be used for health services system development

- Can know clients" perception on service system that can minimize the factors related to clients, which are distorting the level of satisfaction

- Get the idea of association between the socio-demographic of clients , their experience of medical care service and their satisfaction which can provide vital information for hospital planning

- Get the information about accessibility to health care service (Travelling distance, travelling time, cost of care, information received, and waiting time) which in turn can be used to implement the effective and easily accessible way in future.

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CHAPTER IV
RESEARCH RESULT

This chapter presents the results of the survey. The data of 320 respondents was collected at the OPD department of the Pinlon Hospital from 1st to 28th February 2010. The studied results were described into the following topics;

4.1 Socio-demographic characteristics of the respondents

4.2 Reasons for going to OPD

4.3 Perception about quality of OPD healthcare services

4.4 Accessibility to the OPD health care services

4.5 Clients‟ satisfaction with OPD

4.6 Relationship between independent and dependent variables

4.7 Other Recommendations from the clients

In this study, 336 people were invited to answer the questionnaire. Out of 336 people, 16 people refused, equivalent to 4.8% refusal rate. Table (2) shows the age, gender and client type for those who refused to participate in the study. Clients who refused to participate were younger (below 20yrs) or older (above 60yrs) than those who participated. Refusing clients were also more from the males and caretakers groups than participating clients. The refusal rates in table (2) were collected by observation. Clients who refused were only asked their age without discomfort and no waste of their time.

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Table 2: Characteristic of the refusal person

Characteristic	Frequency	Percent N=16	Percent N=336
Age			
≤ 20	2	12.5	0.6
21-30	1	6.3	0.3
31-40	1	6.3	0.3
41-50	2	12.5	0.6
51-60	3	18.7	0.9
61-70	3	18.7	0.9
70+	4	25.0	1.2
Gender			
Male	10	63.0	3.0
Female	6	37.0	1.8
Type of respondents			
Patient	5	31.2	1.5
Pregnant woman for AN-care	3	18.8	0.9
Caretaker of children <15yr	8	50.0	2.4

4.1 Socio-demographic characteristics of the respondents

Table 3 shows the detailed respondents‟ socio demographic characteristics including age, gender, marital status, education level, occupation, Family income and number of OPD visits. The age of the respondents ranged between 16 and 80 years. It was skewed towards the younger ages with a median age of 39.0 and interquartile range (IQR) was 30 to 51. The respondents were distributed in seven age groups: 2.5% were less than 20 years. The two age groups of 21-30 and 31-40 made the largest group (53.2%) while the 41-50 and 51-60 groups were 35.7% and those above 61 were 8.7%. According to gender the majority were females (57.2%). Majority (74.4%) of them were married, 16.9%, 7.2% and 1.6% were single, widow and separated respectively. Most of the respondents (59.4%) had the highest level of

education (graduate and above) followed by high school (27.2%) and middle school (10.6%) while primary school or less was only 2.8%. Regarding occupation about 37% of the respondents were unemployed (dependents, students, others) another 37% self-employed and the remaining 26% employed. As far as family income, 6.9% of respondents had monthly income below 100,000 kyats (100 USD) and the majority (45.9%) had between 300,000-500,000 kyats (300-500 USD). Regarding to the number of OPD visits, respondents at the first visit were 28.4% second time 38.1% and three times or more 33.4%.

Table 3: Socio-demographic characteristics of OPD respondents

Socio-demographic variables	Frequency	Percent
Age group		
≤ 20	8	2.5
21 - 30	76	23.8
31 - 40	94	29.4
41 - 50	60	18.8
51 - 60	54	16.9
61 - 70	17	5.3
71+	11	3.4
Median	39.0	
Interquartile Range(IQR)	30-51	
Sex		
Male	137	42.8
Female	183	57.2

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Table 3: Socio-demographic characteristics of OPD respondents (continue)

Socio-demographic variables	Frequency	Percent
Marital status		
Married	238	74.4
Single	54	16.9
Widow	23	7.2
Separated	5	1.6
Education		
Illiterate	1	0.3
Primary school	8	2.5
Middle school	34	10.6
High school	87	27.2
Graduate	186	58.1
Post graduate	4	1.3
Occupation		
Unemployed	119	37.2
Dependent	106	33.1
Student	12	3.8
Others	1	0.3
Self-employed	117	36.6
Employed	84	26.2
Government-employed	27	8.4
Labor	42	13.1
Agriculture	15	4.7
Family income		
<100,000 kyats (<100USD)	22	6.9
100,000 - 300,000 kyats(100-300USD)	82	25.6
300,000 - 500,000 kyats(300-500USD)	147	45.9
> 500,000 kyats(>500USD)	69	21.6
Number of OPD visit		
First time	91	28.4
Second time	122	38.1
≥ 3times	107	33.4

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4.2 Type of clients attending OPD

The type of clients attending OPD was shown in table (4) showing that the majority (72.5%) of clients were patients followed by pregnant women and caretakers of children (mostly mothers followed by fathers, other relatives and nannies).

Table 4: Type of client of OPD respondents

	Frequency		Percent	
Type of respondent (N=320)				
Patient	232		72.5	
Pregnant Women	41		12.8	
Caretaker of children <15 year	47		14.7	
Mother		24		36.2
Father		17		51.1
Relatives		4		8.5
Nanny		2		4.3

Table 5 shows the groups of diagnosis of OPD clients. Chronic diseases (77.5%) were the most common diagnoses and the other 12.5% were diagnosed as acute disease. The rest 10% of the respondent coming to OPD was for the purpose of AN-care which later combined with pregnant women of chronic disease 2.8%

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Table 5: Different type of diagnosis of OPD respondents

Diagnosis	Frequency	Percent
Chronic diseases	**248**	**77.5**
Patient	202	63.1
Pregnant women	9	2.8
Caretaker of children	37	11.6
Acute diseases	**40**	**12.5**
Patient	30	9.4
Pregnant women	0	0.0
Caretaker of children	10	3.1
Not specific diagnosis case (AN-care)	**32**	**10.0**

Table 6 shows frequency distribution of clients by type of departments they booked for consultation. Most frequently consulted specialties were Internal medicine (20%), obstetrics & gynaecology (16.9%) and general clinic (15.3%).

Table 6: Different types of consultations of OPD respondents

Consulted department	Frequency	Percent
Internal medicine	64	20.0
Obstetrics and gynaecology	54	16.9
General clinic	49	15.3
Paediatrics	44	13.8
Surgery	21	6.6
Neurophysicians	19	5.9
E&T specialist	19	5.9
Orthopaedics	18	5.6
Dermatology	15	4.7
Dental surgery	9	2.8
Neurosurgery	8	2.5

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4.3 Perception towards quality of OPD health care services

Perception assessment was made by 21 questions grouped into:

- Perception on quality of infrastructure and facilities
- Perceptions on quality of OPD services of medical doctors and clinical staff
- Perceptions on quality of OPD services of other staff

4.3.1 Perception on quality of infrastructure and facilities

Table 7 shows the expressions on all three statements about perceptions on quality of infrastructure were found most favourable having more than 50% on "agree". However, comparing among three statements, perceptions on goodness of lighting and ventilation was less favourable than other two (26.6% undetermined and 7.8% disagree).

Table 7: Perception towards quality of Infrastructure of OPD respondents

Perception towards quality of Infrastructure	Percent of response (N=320)				
	Strongly agree	Agree	Neither Ag nor Dis	Disagree	Strongly disagree
There are adequate numbers of chairs in waiting room.	22.5	74.1	2.5	0.9	0.0
There are adequate numbers of examination rooms in OPD.	19.4	73.1	7.2	0.3	0.0
Lightening and ventilation system of this OPD is good.	6.3	58.4	26.6	7.8	0.9

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4.3.2 Perceptions on quality of OPD services of medical doctors and clinical staff

Table 8 show the expressions on quality of doctors and clinical staffs were favourable. Most favourably expressed statements were about carefulness on treatment and warmly communication was agreed at 87.8%, strongly agreed more than 8% and less than 1% disagreed. None of them strongly disagreed. Explanation about preventive measure had highest percentage of agreement with 85.6%. The complete explanation about medical test was agreed at 76.3%, strongly agreed 14.4% and disagreed 0.3%. Slightly less favourable on the statements were long enough duration of consultation and never treat in hurry. Long enough duration of consultation was rated as disagree at 22.5% and never treat in hurry was disagreed at 7.8%, agreed 76.6%, strongly agreed 2.8%, neither agree nor disagree 12%.

Table 8: Perceptions towards goodness of Service of doctors and clinic staff of OPD respondents

Perceptions towards goodness of Service of doctors and clinic staff	Strongly agree	Agree	Neither Ag nor Dis	Disagree	Strongly disagree
Doctors explain about investigation that the patients performed and why.	14.4	76.3	9.1	0.3	0.0
Doctors' communication with me is not very formal. (Not too businesslike and not impersonal)	4.7	68.8	12.5	12.2	1.9
I never feel doubtful on doctors" examination and medical result.	7.2	78.1	9.4	5.0	0.3
In this OPD, doctors and staffs treat me carefully.	9.1	87.8	3.1	0.0	0.0
Doctors never neglect what I said.	3.8	79.7	13.4	2.8	0.3
Duration of consultation with me is long enough.	2.2	43.8	31.6	22.5	0.0
Doctors from this OPD treated me warmly and carefully.	8.4	87.8	3.1	0.6	0.0
Care givers from this clinic never treat me in hurry.	2.8	76.6	11.6	7.8	1.3
The doctor explains me how to prevent the disease.	6.3	85.6	6.9	1.3	0.0

4.3.3 Perceptions on quality of OPD services of other staff

Table 9 show the most statements showed favourable on quality of service other staff at OPD. 86.6% of respondents agreed that pharmacy staffs complete explain about the drug. About the communication of clinic staff with clients was relaxed, 85.6% agreed that clinic staff was not irritated in dealing with clients, 84.7 percent of respondents agreed on that easy to consult with desired specialist.80.6% of respondents said that registration system for the patient is simple and easy. Favour on three kinds of services were undetermined by significant number of respondents. Those services were; (1) Inter-departmental linkage (36.3%), (2) Hospitality of laboratory staff (35.3%), (3) Hospitality of X ray room staff (29.1%).

Table 9: Perceptions towards goodness of Services of other staff of OPD respondents

Perceptions towards goodness of Services of other staff	Strongly agree	Agree	Neither Ag nor Dis	Disagree	Strongly disagree
Pharmacy dept staffs explain how to take and use the medicine in detail.	6.3	86.6	5.6	1.6	0.0
Communication of clinic staff with client is relaxed.	4.4	85.6	7.5	2.2	0.0
In this OPD, it is easy to consult with desired specialist.	8.8	84.7	3.8	2.8	0.0
Registration system for the patient is simple and easy.	10.9	80.6	6.6	1.9	0.0
Regarding with giving services, Interdepartmental linkage is poor.	1.9	57.5	36.3	3.8	0.6
Lab dept staff are kind and warm.	6.9	57.5	35.3	0.3	0.0
X-ray dept staff are kind and warm.	6.3	64.7	29.1	0.0	0.0
Overview on OPD services is good.	12.5	80.0	5.3	2.2	0.0

4.4 Accessibility to the OPD health care services

Accessibility to the OPD health care services was measured in four components as; physical accessibility, economic accessibility, information about the clinic and waiting time.

Table 10 shows that most of the clients (about 70%) „Strongly agree‟ and „agree‟ that the clinic is easy accessible for distance. A minority, however, of 24.7% considered the clinic not near and 16.9% that it took too long to reach the clinic.

Affordability and cost were also perceived as less favourable by some of respondents. When the respondents were asked about cost for the medical care services, 21.6% of respondents said that medical care services were more than they can afford. 73.8% respondents said that they can well afford the required cost for health care without being set back financially.

Regarding completeness of the information on clients, it was generally favourable, more than 80% of the respondents accepted that they had received adequate information about the services provided and cost of medical care services of OPD except less about prevention and health education matters since 19.4% of which responses were undetermined.

Mainly less favourable statements were about “waiting time” and “getting appointment for consultation” (15.8% and 18.8% disagree on goodness of those services).

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Table 10: Accessibility to health care service of OPD respondents

Perception towards accessibility of health care service	Strongly agree	Agree	Neither Ag nor Dis	Disagree	Strongly disagree
Physical accessibility					
Hospital is nearby from my home	5.6	62.8	5.6	24.7	1.3
This hospital is situated in the place where transportation is good.	4.1	69.7	13.8	11.6	0.9
Time taken to go to this OPD from my home is not long.	5.0	62.5	14.7	16.9	0.9
Transportation to this OPD from my home is convenient.	0.9	71.6	14.1	13.1	0.3
Economic accessibility					
Cost for treatment and services in this hospital are less than that I can afford.	0.3	53.8	21.3	21.6	3.1
I can well afford the required cost for health care without being set back financially.	2.8	73.8	12.5	10.6	0.3
Information about the hospital					
I have got complete information about the procedure of services.	4.1	83.8	9.7	2.5	0.0
I have got complete information about costs for treatment and services provided.	4.7	80.6	12.5	1.9	0.3
Information about prevention and health education is complete.	2.2	74.4	19.4	3.4	0.6
Waiting Time					
It is easy to get appointment for medical care.	1.9	42.8	35.9	18.8	0.6
Waiting time for me to consult with doctor is appropriate.	5.0	78.1	9.1	7.8	0.0
Waiting time for me to get medicine is appropriate.	5.9	81.9	9.7	2.2	0.3
Other patients are not waiting for a long time while I am consulting.	1.3	33.8	48.4	15.9	0.6

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4.5 Clients’ satisfaction with OPD

Clients‟ satisfaction was the main outcome variable and it was assessed by four questions (including general satisfaction, receiving expected services, goodness of treatment and skill of doctors). Most statements were expressing satisfaction.

Table 11: Clients' satisfaction at the OPD

Clients' satisfaction	Strongly agree	Agree	Neither Ag nor Dis	Disagree	Strongly disagree
I am satisfied with the health care services that I have received.	5.3	83.1	8.4	2.5	0.6
Medical care service can be available whenever I need.	4.4	85.9	8.8	0.9	0.0
Medical care in this OPD is good.	9.4	85.9	4.7	0.0	0.0
I believe in the skill of doctors.	11.9	78.8	7.2	1.6	0.6

Table (12) showed that 79.7% of the respondents were high satisfied to the services and 54.1% of the respondents were high satisfied to the accessibility of the services.

Table 12: Clients' overall satisfaction and accessibility at the OPD

Different type of perception	Frequency	Percent
Clients satisfaction		
Low (<16)	65	20.3
High (≥16.00)	255	79.7
Accessibility		
Low (<48)	147	45.9
High (≥48.00)	173	54.1

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Table (13) shows that 67.2% were high perception for goodness of facilities and structure, 52.0% of respondents were high perception for the goodness of doctors and medical staff and 63.4% of respondents were high perception for goodness of other staff.

Table 13: Clients' overall perception at the OPD

Different type of perception	Frequency	Percent
Goodness of facilities and structure		
Low (<12.00)	105	32.8
High (≥12.00)	215	67.2
Goodness of doctor and medical staff		
Low (<35.00)	154	48.0
High(≥35.00)	166	52.0
Goodness of other staff		
Low and moderate(<27.00)	117	36.6
High(≥27.00)	203	63.4

4.6 Relationship between independent and dependent variables

4.6.1 Association of socio-demographic variables and client's satisfaction

Socio-demographic variables were analysed for association with client satisfaction by cross tabulation Association was determined if P value of Chi-Square test was less than 0.05.

Age, gender, marital status, education, occupation, monthly family income and numbers of OPD visits were analysed. Only family income and numbers of OPD visits were significantly associated with clients" satisfaction. Respondents who got higher family income had higher satisfaction. Among those with family income more than 500000 kyats, 91.3% were high satisfied compared to 63.6% of those with lowest family income (<100000 kyats). The number of OPD visit had strong and significant association with satisfaction at p value= 0.000.with 62.6% of clients at

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their first OPD visit with high satisfaction compared to 87.9% of those at the third OPD visit.

Table 14: Association of socio-demographic characteristic and clients' satisfaction to health care services of OPD respondents

SD	Clients' satisfaction level						Chi Square	P value
	Low (<16.00)		High (≥16.00)		Total			
	Freq	%	Freq	%	Freq	%		
Age								
≤30	22	26.2	62	73.8	84	100		
31 – 40	19	20.2	75	79.8	94	100	2.818	0.421
41 – 50	10	16.7	50	83.3	60	100		
> 50	14	17.1	68	82.9	82	100		
Sex								
Male	27	19.7	110	80.3	137	100	0.054	0.816
Female	38	20.8	145	79.2	183	100		
Marital status								
Single	14	25.9	40	74.1	54	100		
Married	44	18.5	194	81.5	238	100	1.921	0.383
Separated/ Widow	7	25	21	75	28	100		
Education								
Below middle school	12	27.9	31	72.1	43	100		
High school	15	17.2	72	82.8	87	100	2.015	0.359
University/Post graduate	38	20	152	80	190	100		
Occupation								
Dependent	26	21.8	93	78.2	119	100		
Government-employed	8	29.6	19	70.4	27	100	4.674	0.197
labor	14	24.6	43	75.4	57	100		
Self-employed	17	14.5	100	85.5	117	100		

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Table 14: Association of socio-demographic characteristic and clients' satisfaction to health care services of OPD respondents (continue)

SD	Clients' satisfaction level						Chi Square	P value
	Low (<16.00)		High (≥16.00)		Total			
	Freq	%	Freq	%	Freq	%		
Family income								
<100,000 kyats	8	36.4	14	63.6	22	100	12.432	0.006
100,000 - 300,000 kyats	23	28	59	72	82	100		
300,000 - 500,000 kyats	28	19	119	81	147	100		
> 500,000 kyats	6	8.7	63	91.3	69	100		
Number of OPD visit								
First time	34	37.4	57	62.6	91	100	23.077	0.000
Second time	18	14.8	104	85.2	122	100		
≥3times	13	12.1	94	87.9	107	100		

4.6.2 Association of perception towards health care services and clients' satisfaction

To be able to identify associations between perceptions and satisfaction, many different items of perceptions were composited into grouped variables. By doing this, number of variables, number of cross tabulation for subsequent analysis for association and statistical testing were reduced. In this way, interpretations of association and pattern of association were more concrete and easy to understand.

Table 15 shows that 87.4% of clients with high level of perception of the goodness of facilities had high satisfaction. Among clients with low level of perception of the goodness of facilities 63.8% had high satisfaction. Overall the higher the perception of the goodness of facilities the higher the clients satisfaction statistically and this was significant at p value=0.000.

Table 15 also shows that 91.0% of clients with high level of perception of the goodness of doctors had high satisfaction. Among clients with low level of perception of the goodness of doctors 67.5% had high satisfaction. Overall the higher the perception of the goodness of doctors the higher the clients satisfaction and this was statistically significant at p value=0.000. Similar statistically significant association was shown in table 15 for the relationship between the goodness of other staff and clients satisfaction.

Table 15: Association of perception towards health care services and clients' satisfaction to health care services of OPD respondents

Perception	Clients' satisfaction level						Chi Square	P value
	Low (<16)		High (≥16.00)		Total			
	Freq	%	Freq	%	Freq	%		
Goodness of facilities and structure							24.341	0.000
Low	38	36.2	67	63.8	105	100		
High	27	12.6	188	87.4	215	100		
Goodness of doctor and medical staff								
Low	50	32.5	104	67.5	154	100	27.097	0.000
High	15	9.0	151	91.0	166	100		
Goodness of other staff								
Low	46	39.3	71	60.7	117	100	41.149	0.000
High	19	9.4	184	90.6	203	100		

4.6.3 Association of accessibility to the OPD health care services and clients' satisfaction

Table 16 shows the association between level of accessibility (travelling distance and time, information and cost of services) and level of satisfaction. Among those having high level of accessibility 92.5% had high level of satisfaction while among those with low level of accessibility 64.6 % had high level of satisfaction. This difference was statistically significant at p value=0.000

Table 16: Association of accessibility to the healthcare services and clients' satisfaction to health care services of OPD respondents

	Clients' satisfaction level						Chi Square	P value
	Low (<16.00)		High (≥16.00)		Total			
	Freq	%	Freq	%	Freq	%		
Accessibility								
Low	52	35.4	95	64.6	147	100	38.108	0.000
High	13	7.5	160	92.5	173	100		

4.6.4 Association of type of client and clients' satisfaction

Table 17 does not show any statistically significant relationship between the type of OPD client and satisfaction.

Table 17: Association of type of client and clients' satisfaction to health care services of OPD respondents

Variable	Clients' satisfaction level						Chi Square	P value
	Low (<16.00)		High (≥16.00)		Total			
	Freq	%	Freq	%	Freq	%		
Type of respondents								
Patient	46	19.8	186	80.2	232	100	0.494	0.781
Pregnant women for ANC	10	24.4	31	75.6	41	100		
Consult for children<15year	9	19.1	38	80.9	47	100		
Diagnosis								
Acute	10	25.0	30	75.0	40	100	1.261	0.532
Chronic	47	19.0	201	81.0	248	100		
Not specific diagnosis case(AN-care)	8	25.0	24	75.0	32	100		
Consultant department								
General clinic	10	20.4	39	779.6	49	100	1.770	0.880
Internal Medicine	11	17.2	53	82.8	64	100		
Surgery	3	14.3	18	85.7	21	100		
Paediatrics	8	18.2	36	81.8	44	100		
Obstetrics and Gynaecology	13	24.1	41	75.9	54	100		
Other speciality	20	22.7	68	77.3	88	100		

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4. 7: Other recommendations from the clients

The questionnaire concluded with three open questions and the answers are summarized in the following tables.

Table 18 present suggestions. Not all respondents stated their suggestions. Among those stated suggestion, most frequent response were related to cost and services. Regarding the cost, almost all expressed to reduce the cost of services. Statements also showed cost should be affordable to less income people and some stated the recent cost was higher than other private hospital.

Regarding the services, reception counter and emergency were commented to be better. Steps prior to meet medical doctors should have to be improved. 11.2% of respondents suggested about waiting time which was long most probably due to delay of specialists‟ arrival and procedure. According to their expression, the hospital was located at not accessible to public transportation system. Booking and registration session, instruction sign board, toilets were also have some problems for clients because there were suggestion for improvement on those areas.

Table 18: Suggestions made by respondents

General suggestion	Frequency	Percent
Cost Cost should be affordable. Should be for all strata of SES (social-economic status). Higher cost than another Private Hospital.	20	22.5
Service Good but should be better than now. Reception service should be improved. Pre steps should be done for faster. Emergency service need to be improved.	20	22.5
Waiting time Specialists should be right time. Waiting for specialist are too long.	10	11.2
Transportation There was no public transportation service to the hospital.	8	9.0
Booking for future follow up No clear information There was limited number of accepted patients.	7	7.9
Cleanliness should be improved much for Food center Waiting room	7	7.9
Instruction sign board Flow to different stations (OPD, Lab and Pharmacy) should have instruction board because they are too far.	7	7.9
Toilet Should be water flushing and sanitary toilet.	6	6.7
Entertainment During long waiting time, patients should have TV for entertainment.	2	2.2
Separate waiting room Children patients and infectious patients should not be in common waiting room.	2	2.2
Total	89	100

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Table 19 summarizes the answers for the most satisfying aspects of OPD services. Medical counter, management, medical doctors‟ relationship were highlighted as the more satisfying aspects.

Table 19: Most satisfying aspects of OPD services

Mostly satisfied items	N	Percent
Treatment		
Generally		
MO and nurse	29	33.3
Specialist		
received all necessary management		
Medicine counter	18	20.7
Service		
Generally	12	13.8
Prompt action		
Comfortable and cleanliness		
Seating	12	13.8
Spacing		
Convenience		
Doctors' relation		
Kindness	9	10.3
Calm and warmly		
Good attention		
Facilities fully equipped	7	8.0
Total	87	100

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Table 20 summarizes the answers for the least satisfying aspects of OPD services. Long waiting time, booking procedure and cleanliness were highlighted as the least satisfying aspects. In addition, respondents recommended that the hospitality of staff should be improved.

Table 20: Least satisfying aspect of OPD services

Least satisfied items	N	Percent
Long waiting time General waiting time Doctors" delay Pre-investigation procedure	21	55.3
Booking problem	8	21.1
Cleanliness Toilet cleanliness General cleanliness	4	10.5
Service Hospitality of reception service Staff"s communication with clients Measuring BP, weight	4	10.5
No public access phone booth	1	2.6
Total	38	100

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CHAPTER V

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

There are three parts include in this chapter:

5.1 Discussions

5.2 Conclusion

5.3 Recommendations

DISCUSSIONS

The objectives of this cross- sectional descriptive study were to (1) evaluate level of clients‟ satisfaction at OPD care service at Pinlon Hospital, Yangon, Myanmar and to (2) find the relationship between clients‟ socio-demographic characteristics, their perception towards the quality of OPD health care service, their accessibility to the service, type of client (independent variable) and clients‟ satisfaction at OPD Department of Pinlon Hospital (dependent Variable).

Out of 336 invited people 16 refused to participate to the study (4.8% refusal rate). This is a commonly found and acceptable refusal rate. Refusal rate introduces biases into the study because people who refuse to participate may have different characteristics from those who participate and, therefore, offer different answers to the study questions. The study did not analyse the bias introduced by this refusal rate in details. In summary it can be said that our group of refusing clients were of younger and older ages, more males and more caretakers than clients who participated. In spite of this the bias introduced in the study is limited by the low refusal rate and at the very most the satisfaction could have been +4.8% different if all refusing clients were completely satisfied or – 4.8% if they were completely dissatisfied.

Data were collected in February and results could be different if data were collected over a different time of the year. The reason for the result could be different in other periods might be the different monthly income or different waiting

appointment time. There might be different income in different period of year because in my study, the majority of clients coming to Pinlon hospital OPD were self-employed group. So their income level cannot be the same every month. For the different waiting appointment time it can be longer if the clients are more and shorter if the clients are fewer, especially in relation to some seasonal diseases more frequent in some months of the year.

The rest of the discussion will be presented as the following:

5.1.1 Client satisfaction to the services

5.1.2 Socio-demographic characteristics

5.1.3 Type of client

5.1.4 Perception toward quality of OPD healthcare services

5.1.5 Accessibility to the health care services

5.1.6 Suggestions and comments from the clients

5.1.1 Clients' satisfaction to the services

From this study, 79.7% of the respondents attending OPD were „high satisfied‟ with the services measured as: „received health care services‟, „medical care available whenever needed‟, „good medical care‟ and „doctors skills‟. A similar study of patient satisfaction with health care services at a local private hospital was conducted in Bangladesh which showed that 73% of the respondents were satisfied (Syed Saad Andaleeb, 2007). These results may be not completely comparable because the Bangladesh study was looking at all health care services and not OPD only. In the another study on patient satisfaction at OPD in a super specialty hospital in India, out of 200 patients surveyed, 90% of patients were satisfied with the service offered in the hospital (Jawahar, 2007).

It can be seen from these data that patient satisfaction varies in different health facilities and circumstances. This variation may be due to difference in quality of service provided or difference in expectations of the clients. Difference in

expectations was supported by results in Thailand (Pasaribu,1996) and Pakistan (Javed,2005) OPD in public hospitals were the satisfaction was 53 % and 54 % respectively. It was generally recognised that OPD clients have higher expectations from services in private than public hospitals.

5.1.2 Socio-demographic characteristics

The age groups of this study were different from the age groups of the general population in Myanmar where 15-64 y olds are 67 % compared to 93.4 % of OPD clients. The comparison is however not appropriate because the percentage of the age groups in the general population includes also people below 15yrs while the OPD population of this study includes people above 15yrs only. Appropriate comparison can only be made for people above 64 y. They were 4.9 % in the general population compared to 6.6 % of OPD clients. The difference was most probably due to the fact that this age group needs more medical care and therefore was more represented in an OPD population than in the general population. These results were confirmed by other studies that show that clients attending hospital services were not representative of the general population (Rutebemberwa, Ekirapa-Kiracho et al., 2009).

In this study the majority of clients (53.2%) were from the 21-40 age groups. This age group represents the physically active and healthiest age group in the general population with the least need for health care. It was, at first sight, surprising to have so many clients in this age group. Such a high percentage in this age group, however, was most likely due to the inclusion of pregnant mothers and caretakers of children. In fact 97.6% of the pregnant women who represent 12.5% of all respondents were in the 21-40 age groups. The majority (66.0%) of caretakers also, who represent 9.7% of all respondents, were in the 21-40 age groups.

A similar greater prevalence of younger patients (21-40 yrs old) was found in two Thailand OPD patients" satisfaction studies. In one study it was patient satisfaction at OPD in Banphaeo Autonomous Community hospital (Amin Khan Mandokhail, 2007) the other was patient satisfaction at OPD in Bamrasnaradura institute (tertiary hospital) (Boonjun, 2002). In the first Thai study (Amin Khan Mandokhail, 2007) the reason given for the older age groups to go more frequently to public services was

greater convenience. In Myanmar anecdotic evidence reports that older patients, that require frequent follow up visits, prefer to go see private general practitioners (GP) instead of doctors of hospital OPD because the GPs are less expensive and closer to their homes.

The level of satisfaction was almost the same in all age groups and there was no significant association between age and satisfaction. The result was opposite to the study by (Javed,2005), patient satisfaction towards OPD services in public hospital in Parkistan, in which he concluded that old aged patients had high level of satisfaction as compared to younger age group. Another study by (Amin Khan Mandokhail, 2007) OPD in Banphaeo Autonomous Community hospital in Thailand found that age of respondents was not associated with level of satisfaction. The reason for almost equal level of satisfaction in Pinlon OPD clients might be due to high quality of services as well as the extra care provided for the older age group by the hospital staff especially from nurses. This was personally witnessed by the researcher during the data collection and it is consistent with the high value placed on caring for old people in Myanmar culture

In this survey, females" respondents were more (57.2%) than males. This was very marginally due the higher ratio (50.3 %) of females to (49.7%) males in Myanmar. The main reason for higher female representation was the inclusion of pregnant women in the study samples as well as that among the 47 caretakers the majority (64%) were females. Limiting the analysis of the data to the 232 patients only, there were slightly more males (37.2%) than females (35.3%); (data not shown in table 4.2). It was found out that there was very little difference between gender and satisfaction and this difference was not statistically significant. Many studies, including this one, found that satisfaction is unrelated to gender. For example a study of public OPD client satisfaction in Indonesia (Ichwansyah, 2001) and also of OPD clients satisfaction in Banphaeo Autonomous Community hospital in Thailand (Amin Khan Mandokhail, 2007). However one research in public OPD clients in Dhaka, Bangladesh identified women as being more satisfied than men with the medical care received (Jabbar, 2008).

Most respondents in Pinlon hospital were married and few were still single because the study population consisted of clients 16 year old and above, pregnant women (12.8%) and caretakers of children (13.4% mothers and fathers). There was no association between marital status and satisfaction. However, results in a Pakistan public hospital OPD, there was association between marital status and satisfaction. Married patients were found more satisfied than the single and association was significant at p value=0.000. (Javed, 2005). In the Pakistan study (Javed, 2005) the reason given for married patients were more satisfied than single ,because of married may need to utilize health facilities more due to their family.

Most of the respondents had education at graduate level (58.1%) compared to 11 % of gradated Myanmar general population. The reason for having found such a high percentage of most highly educated clients might be because the study was conducted in private hospital which is more accessible to people with high level of education compared to those with low level. However, the satisfaction level was not statistically significantly different in all respondents irrespective of their educational background. This result was consistent with a study conducted by patients" satisfaction at Public OPD in Indonesia (Ichwansyah, 2001).

Regarding the occupations, dependent (non- working) and the self-employed (own business) were the two most represented types of respondents in this study. In Myanmar culture, the husbands/fathers are the household head and breadwinner and most of the wives/mothers are dependent (non-working). Yangon is the economic capital of Myanmar, and many people work in their own business. In the study, the self-employed group was more satisfied than any other group. Nevertheless, the difference was not statistically significant in this as in any other occupational group. The result of the study was opposite to the findings of Client Satisfaction on OPD Medical Care Service in Sampran Community Hospital in Thailand (Roy, 2002) which concluded that unemployed groups were more satisfied. However this was a community hospital that offered services free of charge and it looks reasonable to think that unemployed clients, with no income, were satisfied with free-of charge services.

In this study there was a statistically significant association (p value 0.006) between the family monthly income and the degree of satisfaction. There was regular progressive satisfaction in every income group from 63.6% in clients with the lowest income (<100,000 kyats approximately 100 USD) to 91.3% in clients with the highest income (> 500,000 kyats approximately 500 USD). The high income group might be able to pay more to get more and better services which would reflect on their levels of satisfaction. This result was similar with a study on patients“ satisfaction at Public OPD in Indonesia (Ichwansyah, 2001).

Regarding the numbers of OPD visits of the respondents there was highly statistically significant association with satisfaction (p value 0.000). There was regular progressive satisfaction with the increased number of visits, from 62.6% in clients at the first visit to 87.9% in clients with three or more visits. It was likely that past experience of using the OPD services caused clients with history of more visits to be more familiar with doctors and the services provided and that frequent visitor clients are more confident than first visitors about the good quality of the doctors and the services.

In this study, the relationship between clients“ satisfaction and socio-demographic characteristic of the respondents only showed significant association with the monthly family income and number of OPD visit. Similarly the already quoted study OPD patients“ satisfaction at a Public hospital in Indonesia (Ichwansyah, 2001) showed that gender, age , marital status and education had no significant association with satisfaction.

5.1.3 Type of client

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According to type of respondents, the largest group (72.5%) was made of patients followed pregnant woman for AN- care clients and caretakers of children with illness. Most of the OPD patients suffered a chronic illness 77.5% and the remaining an acute illness. This result was different to the one in a study conducted by Types of Health Problems and Satisfaction With Services in a Rural Nurse-Managed Clinic in Tennessee (Priscilla Ramsey, 1993) which was concluded the acute illness 55% and the most frequent chronic conditions. At Pinlon OPD most consultations (20.0%)

were due to internal medicine problems and secondly to obstetrics & gynaecology problems.

In this study there was no statistically significant association between clients‟ satisfaction and (1) type of clients (2) diagnosis (3) consultant department (speciality). In a study on type of clients and Satisfaction with Children's Medical Care OPD in Washington, D.C (Dutton, Gomby et al.,1985) the results were different and had shown that mothers taking their children to the OPD had lower satisfaction than other type of clients.

5.1.4 Perception toward quality of OPD healthcare services

Perception was assessed in terms of quality of infrastructure, quality of OPD services doctors and medical staff, quality of other OPD services staff. The study found that perceptions on the services of OPD were generally favourable with few items needing improvements.

In this study, the clients‟ perception of quality of infrastructure was generally favourable except for good lightening and ventilation system (58.4% agreement). This was probably due to the current situation in Yangon townships where power supply was discontinued for many hours a day.

The perception of quality of doctors and medical staffs were generally favourable. This finding agrees with the study of (Zeithaml, 1990) Delivering Quality Service Balancing Customer Perceptions and Expectations, New York that if the customers met their expectation to perceive the doctor‟s abilities in the practical treatment of diseases they might rated that they perceived high quality of service

For the less favourable item, 43.8% agreed consultation time was long enough while about 54% were not sure or disagreed. It seems that most clients needed more consultation time. Because in Myanmar the demand of private service care exceeds supply the health care providers were pressed to see clients as quickly as possible.

In this study, the clients‟ perception of quality of other OPD services staff included: Pharmacists, registration staff, and laboratory and radiology staff.

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In the laboratory and radiological services, 57.5% agreed that lab staffs were kind and efficient compared with 64.7% agreement for the X- ray staffs. In an OPD Patient satisfaction study at the Muhimbili National Hospital in Dar Es Salam, Tanzania. (E.P.Y.Muhondwa, 2008), 61.3% clients indicated that they had received good or excellent service from the lab and 39.8% from x rays technicians. Been the Muhimbili a public hospital it is expected to find less satisfaction among OPD clients that in a private hospital but in reality the satisfaction for Lab staff was a bit higher in Muhimbili than in Pinlon Hospital.

Regarding service procedures at Pinlon OPD, 57.5% of respondents agreed that interdepartmental linkage is poor. In the open questions several clients suggested that the OPD should have large and frequent direction boards to make easier the flow to and from different stations (OPD, Lab and Pharmacy) because they are far apart.

All items for perception were significantly associated with satisfaction with the higher level of perception, associated with the higher level of the satisfaction. There was a similar with a study conducted by quality of service and customer satisfaction at the OPD Med in Bamrasnaradura institute in Thailand (Boonjun, 2002).

5.1.5 Accessibility to the health care services

The statistical significance association between accessibility and patient satisfaction level was assessed by using chi square. Main factors used for accessibility analysis were physical accessibility, waiting time, economic accessibility and received preliminary information about hospital. Of all factors the least accessible were economic accessibility and physical accessibility. For economic accessibility 42.9% disagreed or were not sure that the cost were affordable (even if 76.6% strongly agreed /agreed that the costs were not making them bankrupts). This agree with a study on accessibility to care in Sri Lanka were even low income groups were using private OPD care but not private inpatient care because the latte would have cause them a financial disaster (Steven Russell, 2006).

For physical accessibility, 30.3% of clients disagreed were not sure that their home was near the OPD.

The study found that the highest accessibility was on good information about the OPD, which shows the care the Pinlon hospital, as any private hospital, has taken in advertising its services.

Regarding the waiting time, 42.8% only agreed that it was easy to get appointment for medical care but once they were at OPD the waiting time to see a doctor and get drugs was appropriate for about 80% of the patients. The reason for the difficulty in getting appointments for medical care is due to the fact that there are many patients and few doctors especially specialists. These findings agree with a study on public OPD services satisfaction in Manica, Mozambique (Newman RD, 1998) where the most common complaints were lack of adequate transportation and long waiting times.

This study found highly significant association between accessibility and the level of satisfaction. Several studies confirmed the association between accessibility level and the satisfaction level. One of the study towards MCH services satisfaction among mothers attending the Maternal and Child Health Training Institute in Dhaka, Bangladesh (Asma Hasan, 2007) revealed that good accessibility was related to high satisfaction while poor accessibility was related to low satisfaction.

The study has found many statistically significant associations by bivariate analysis. These statistical associations may be due to confounding factors. It is necessary to conduct multivariate analysis to determine which one the confounding factors. Multivariate analysis however is beyond the score of this research.

5.1.6 Suggestions and comments from the clients

Out of the 320 respondents only 27.9% gave general suggestion questions. The suggestion and comments from the clients were for improving the Pinlon hospital OPD department services. Among those stated suggestion, almost all expressed to reduce the cost of services. Statements also showed cost should be affordable to less income people and some stated the recent cost was higher than other private hospital. The open ended questions confirm the findings on the difficulties of economic accessibility

Booking and registration section, instruction sign boards, entertainment in waiting areas and toilets had some problems since there were suggestions for improvement on those areas. Long waiting time for specialists, booking procedure and cleanliness were highlighted as least satisfied items. Hospitality of reception staff should be considered for improvement. The most satisfying OPD aspects were medical counter, management, medical doctors‟ relationship.

Conclusion

From the study it was found that female was attending OPD slightly more than male clients and the majority of age of the participants was 21-30 and 31-40. Most of the patients were married and they had high education level. The average family income was 300,000-500,000kyats (100USD-500USD). Most of the patient visits the Hospital for OPD care more than one time. The aim of the study was to describe how customer perceives the service offered by OPD. It was concluded that most of the client (79.7%) were high satisfied. Less satisfaction was expressed for lighting and ventilation system, duration of consultation time, inter-departmental linkage service, and hospitality of laboratory staff and X-ray department staff, not convenient booking procedure and takes time to get appointments.

In this study independent variables not significantly associated with satisfaction were: age, gender, marital status, education, occupation and type of client. Meanwhile, family income, number of OPD visits, perceptions of quality of services and accessibility to services were significantly associated with satisfaction. All associations were positive meaning that the higher the measurement of the independent variable the higher the satisfaction. The highest level of satisfaction was with the "goodness and competence of other staff" followed by the „goodness and competence of doctors‟.

Nowadays, health care industries in developing countries are struggling with the challenges of setting up economic ways and means of satisfying the human wants for health care services and are established to provide satisfactory and quality health services. From my study, all variables of perception towards the quality of service showed significant association with clients‟ satisfaction. Therefore quality of service

is the major influence factor in satisfaction level which in turn can be impact upon utilization pattern. Moreover, another essential finding is that clients who having good economic and physical accessibility were more satisfied than that of their counterparts.

Many findings of this study may be useful for future improvements. Patient satisfaction assessment should be a regular assignment of all hospitals that should be conducted yearly. It will help knowing the problems of patients and improving the quality of care, ultimately earning good name and prestige for the institution.

Although the results in this study can be conducted to consider the objectives, further research and recommendations for health care systems need to be sorted out as mentioned below.

Recommendations

Based on the study results and discussion the following recommendations could be offered:

5.3.1 Quality of health care services

(a) As successfully done elsewhere and reported in the literature review, the hospital should encourage the training programs for the young health providers, provide the continuing education for the experienced health provider to keep up work updated knowledge and technology, and conduct some workshops to improve their professionalism in customer care.

(b) The hospital needs to maintain training program for all staff, such as Universal Precautions (UP), Excellent Service Behavior (ESB), counselling, and Interpersonal communication.

5.3.2 Quality of infrastructure

The hospital should improve the quality of infrastructure such as

- Providing audiovisual health education in the waiting areas.

- Placing sign boards to direct the patients to the different stations of the OPD patients flow.
- Better cleaning and maintenance of toilets.
- Separate waiting room for children.

5.3.3 Improve accessibility

- The hospital should to provide a shuttle van that takes OPD clients to and from strategic points in the city such as the railway and bus station, busy bus stops and other sites alike.
- Reasonable price should be enhanced to achieve economic accessibility for clients from different socio-economic levels

5.3.4 Recommendation for the future studies

Repeat cross-sectional OPD satisfaction studies in Pinlon Hospital once a year to keep track of changes in satisfaction level and the reasons behind it. The study should be extended to inpatient department satisfaction as well, by considering the appropriate variables. Yearly cross-sectional satisfaction studies should be scheduled in different months year after year to see if there is a season related pattern in patient satisfaction. Further study would better to conduct multivariate analysis in order to rule out confounding factors. Moreover, future studies should include other OPD of the different Hospital (private or public hospital) in order to compare the differences in services delivery imparted by the identical and different institutions. Another effective way of knowing the level of patient satisfaction may be community based survey. The results will have less bias and will provide wide spread opinion of the community regarding the quality of care and hospital functioning.

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APPENDICES

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APPENDIX A

QUESTIONNAIRE

The following box to be filled in by researcher or researcher assistant, after checking that the exit client has not yet answered the questionnaire in a previous OPD visit

Name of researcher / researcher assistant …………………….
Research I.D. # = ☐☐☐
Date = …../…../…….. Time = ………….am/pm
Diagnosis (copied from the patient record book) ………………………………………………………
Acute disease ☐ Chronic disease ☐ AN care ☐

SECTION 1: Social-Demographic Status Information

Please tick ☑ in the box or fill in the blanks as required, which must be the facts about yourselves.

1. Age

   …………………..year

2. Sex
   1) Male ☐
   2) Female ☐

3. Marital status
   1) Single ☐
   2) Married ☐
   3) Widow ☐
   4) Separate ☐

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4. Education Level
    1) Illiterate ☐
    2) Primary school ☐
    3) Secondary school ☐
    4) High school ☐
    5) Graduate
    6) Post graduate ☐
    7) Other ☐
5. Occupation
    1) Dependent ☐
    2) Government employed ☐
    3) Labor ☐
    4) Self-employed ☐
    5) Agriculture ☐
    6) Student ☐
    7) Other (specify)……………….. ☐
6. Family Income
    1) <100000 Kyat ☐
    2) 100000-300000 Kyat ☐
    3) 300000-500000 Kyat ☐
    4) 500000 Kyat (or) Above ☐
7. Number of OPD visits
    1) First time ☐
    2) Second time ☐
    3) Third time or more ☐

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SECTION 2: Type of client

Please mark ✓ the appropriate answer in the box and fill in the blank as follow.

8. Type of client:

   1) Patient ☐
   2) Pregnant woman for Antenatal care ☐
   3) Caretaker of children below 15years of age ☐

9. If you choose caretaker in question number 1 ,please specify your answer by marking ✓ the appropriate answer in the box

   1) Father ☐
   2) Mother ☐
   3) Relatives ☐
   4) Baby Sitter ☐
   5) Other (specify)……………….. ☐

10. Speciality used

    1) General ☐
    2) Internal Medicine ☐
    3) Surgery ☐
    4) Paediatric ☐
    5) Obstetrics and gynaecology ☐
    6) Orthopaedics ☐
    7) Neurosurgery ☐
    8) Neurology ☐
    9) ENT ☐
    10) Dentistry ☐
    11) Dermatology ☐

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SECTION 3: Clients' perception about quality of health care services

Please answer the following question by ticking the sign ✓ in the box of your choice.

Clients' perception about quality of healthcare Services	Strongly agree	Agree	Neither Ag nor Dis (1)	Disagree	Strongly disagree
Physical facility					
11. Waiting room has enough sitting chairs*					
12. Number and situation of physical examination rooms are adequate.					
13.Lighting and ventilation system of the hospital is bad.*					
Provider behaviour and services					
14.Doctors are good about explaining the reason for medical tests					
15.Doctors act too businesslike and impersonal towards me*					
16.Sometimes doctors make me wonder if their diagnosis is correct *					
17.When I go for medical care , they are careful to check everything when treating and examining me					
18.Doctors sometimes ignore what I tell them*					
19.Doctors usually spend plenty of time with me					
20.My doctors treat me in a very friendly and courteous manner					
21.Those who provide my medical care sometimes hurry too much when they treat me*					
22.I think my doctor‟s office has everything needed to provide complete medical care					
23.Doctors are good to explain how to prevent my disease					

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Pharmacist's services					
24.Pharmacists explain the use of medicine clearly					
Staff's services					
25.Registration staff are irritated in dealing with clients*					
26.I have easy access to the medical specialists I need					
Service procedure					
27.The service procedure of the registration is fast, simple and trouble free for patients					
28.The service procedure at this hospital is poorly co-ordinate between different departments*					
28.The service procedure at this hospital is poorly co-ordinate between different departments*					
Laboratory and radiological services					
29. Laboratory staff is kind and efficient					
30. X-ray staff is kind and efficient					
Overall clients' perception about quality of health care services					
31.Overall quality of health care services is good in this OPD					

(1) Neither Ag nor Dis= Neither agree nor disagree

*means negative questions

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SECTION 4: Accessibility to the health care services

Please mark ✓ the appropriate answer in the box.

Accessibility to the health care services	Strongly agree	Agree	Neither Ag nor Dis (1)	Disagree	Strongly disagree
Travelling distance					
32. My residence is relatively near to this hospital					
33. This hospital is very conveniently located					
Travelling time					
34. Travel time from my residence to this hospital is not much					
35.Get problem to find transportation, if I want go to hospital*					
Cost of services					
36.I have to pay for more of my medical care than I can afford *					
37.I feel confident that I can get the medical care I need without being set back financially					
Received preliminary information about the hospital					
38.Received enough information about steps of service procedure					
39.Received enough information about medical expenses					
40.Information about health promotion and prevention is not sufficient*					
Waiting time					
41.I find it hard to get an appointment for medical care right away*					
42.The waiting time for outpatient appointment is appropriate for me					
43.The waiting time for getting the prescribe drug is appropriate for me					
44.Where I get medical care , people have to wait too long for emergency treatment					

(1) Neither Ag nor Dis= Neither agree nor disagree

*means negative questions

SECTION 5: Clients' satisfaction

Please answer the following question by giving the sign☑ on the answers, which choose to your opinion. Each number question has only one answer.

Satisfaction to the services	Strongly agree	Agree	Neither Ag nor Dis (1)	Disagree	Strongly disagree
45.I am dissatisfied with some things about the medical care I receive*					
46.I am able to get medical care whenever I need it					
47.The medical care I have been receiving is just about perfect					
48.I have some doubts about the ability of the doctors who treat me*					
49. I am overall satisfied with the OPD services					

(1) Neither Ag nor Dis= Neither agree nor disagree

*means negative questions

50. Any suggestion and comment about OPD service and quality of health care at this OPD?

a. ………………………………………………………………………………..

b. …………………………………………………………………………………

c. …………………………………………………………………………………

d. …………………………………………………………………………………

51. What is the part of the OPD service you have received that satisfied you most?

…………………………………………………………………………………

52. What is the part of the OPD service you have received that satisfied you least?

…………………………………………………………………………………

Thank you very much

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APPENDIX B

TALLY SHEET OF OPD PATIENTS WHO REFUSE TO PARTICIPATE TO THE CLIENT EXIT SURVEY

1. Sex M ☐ F☐ Age …….. Client: Patient ☐ Caretaker ☐ Pregnant woman ☐
2. Sex M ☐ F☐ Age …….. Client: Patient ☐ Caretaker ☐ Pregnant woman ☐
3. Sex M ☐ F☐ Age …….. Client: Patient ☐ Caretaker ☐ Pregnant woman ☐
4. Sex M ☐ F☐ Age …….. Client: Patient ☐ Caretaker ☐ Pregnant woman ☐
5. Sex M ☐ F☐ Age …….. Client: Patient ☐ Caretaker ☐ Pregnant woman ☐
6. Sex M ☐ F☐ Age …….. Client: Patient ☐ Caretaker ☐ Pregnant woman ☐
7. Sex M ☐ F☐ Age …….. Client: Patient ☐ Caretaker ☐ Pregnant woman ☐
8. Sex M ☐ F☐ Age …….. Client: Patient ☐ Caretaker ☐ Pregnant woman ☐
9. Sex M ☐ F☐ Age …….. Client: Patient ☐ Caretaker ☐ Pregnant woman ☐
10. Sex M ☐ F☐ Age …….. Client: Patient ☐ Caretaker ☐ Pregnant woman ☐
11. Sex M ☐ F☐ Age …….. Client: Patient ☐ Caretaker ☐ Pregnant woman ☐
12. Sex M ☐ F☐ Age …….. Client: Patient ☐ Caretaker ☐ Pregnant woman ☐
13. Sex M ☐ F☐ Age …….. Client: Patient ☐ Caretaker ☐ Pregnant woman ☐
14. Sex M ☐ F☐ Age …….. Client: Patient ☐ Caretaker ☐ Pregnant woman ☐
15. Sex M ☐ F☐ Age …….. Client: Patient ☐ Caretaker ☐ Pregnant woman ☐
16. Sex M ☐ F☐ Age …….. Client: Patient ☐ Caretaker ☐ Pregnant woman ☐
17. Sex M ☐ F☐ Age …….. Client: Patient ☐ Caretaker ☐ Pregnant woman ☐

ศูนย์วิทยทรัพยากร
จุฬาลงกรณ์มหาวิทยาลัย

VITAE

PERSONAL DETAILS			
Full Name	AUNG HTET WIN		
Address	No.(84/H),Thanlwin St., Bahan Township, Yangon , Myanmar		
Telephone	951-501595	Mobile	959-513-1164(Myanmar) 085-341-5653(Thai)
e-mail	drahwin@gmail.com	Date of birth	27 May 1985
Nationality	Myanmar	Marital Status	Single

EDUCATION AND QUALIFICATIONS		
Name and address of school, college or university	Dates attended	Subjects/courses taken and qualifications obtained
University of Medicine (1), Yangon, Myanmar	2002 To 2007	M.B.,B.S., (Medicine, Surgery, Obstetrics &Gynaecology, Child)

EMPLOYMENT HISTORY		
Name of employer and address or location	Dates employed	Position held (job title) and List of duties or responsibilities
Pinlon Hospital Add:No.9/1,Sayar San Road,27th Quarter, North Dagon township, Yangon, Myanmar	2008 To 2009	Assistant Medical officer

ศูนย์วิทยทรัพยากร
จุฬาลงกรณ์มหาวิทยาลัย