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RESEARCH ARTICLE

PATIENT SATISFACTION IN PRIVATE HEALTH FACILITIES OF KHOST PROVINCE.

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Abstract

Rational: The country has increasingly developed its healthcare services in response to patient needs over recent decade particularly private health sector, but the quality of services which is provided by private sector has never been assessed systematically in the country. Patient satisfaction is one of the essential indicators for healthcare service improvement. From that view, the patient satisfaction survey is an instrument in monitoring health care delivery of a hospital in relation to cost and services. Specifically, outpatient department is the first-line healthcare consultation service that comes in contact with the patients. Therefore, the quality of care will indicate the quality of service of the hospital as perceived by the patients regarding various factors.

Limited or no study has been conducted to show patient satisfaction in private health service delivery system in Afghanistan, therefore, it is very important to conduct this study.

Objective: To understand the level of patients' satisfaction in private health care services, to determine the quality of health care services in private health care services and to identify patients' perception regarding health care services in private health sector.

Method: Cross-sectional study with Mix method (Quantitative and Qualitative) the sample size is 384 and the study conducted in Khost province of Afghanistan in a private hospital by the name of Qadari Hospital. It is the only known and well equipped private 70 beds hospital in the province.

Population: The Study populations were those people who were coming to Qadari Hospital. It included both urban and rural population.

Time Frame: The study took 24 weeks from the start to the preparation of the first draft report.

Results: Out of 384 participants 219 (57.03%) were male and 165 (42.97%) were female. Minimum age of study participants was 1 month and maximum was 86 years. Out of 384 participants 56 (14.58%) were most satisfied from waiting in the waiting room, 237 (61.72%) were satisfied, 88 (22.92%) were not satisfied and 3 (0.78%) were much dissatisfied as showed in the following graphs:

Conclusion and Recommendation: This study showed higher clients' satisfaction level in the health facilities. Clients were more satisfied

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from the waiting time in the room, trustfulness on health workers, lent of time health workers spent with them and listened to their complaints; room space and feeling relaxed while being in bed, health workers taken care and paid attention to them. In the other hand, there was dissatisfaction clients indicated from the health workers such as taking parts in their treatment's decision and awareness about their treatment plan and future steps. Therefore, the facilities management team and responsible authorities should understand these weak series area and plan for better improvement and delivery of services.

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I also would like to thank the team (supervisors, Data collectors and Data entry officers) who participated in this work and finally I would like the all staff of health facilities in Khost province, who gave their time and participated in this study.

I hope this research will contribute to the enhancement of quality of health service delivery in Afghanistan.

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Introduction:-

Literature Review:-

Many Afghan patients spend millions of dollars abroad particularly in Pakistan and India to attain test results due to lack of standardized medical labs in the country. Investment in health sector and establishing sustained infrastructure has to be our first priority. One of the aims of this research is to find ways to find more investments and bring innovation in technology in order to strengthen the health sector. After visiting some famous medical lab centers and observing their condition, it is needed that they must be standardized. Significant technological innovation is the first priority in order to improve test results. Only through standardizing these labs we will be able to compete with regional countries and provide better health options to the people of Afghanistan.

Therefore, AISA wants to promote investment in health sector which will benefit investors.

AISA's mission is to first standardize the small research facilities we have. These facilities that are built recently may otherwise, take many years to improve. This research not only identifies the bright future of health sector for investment, but shows the effectiveness, efficiency and opportunities for investment in medical lab. This paper is a summary of condition of medical labs in Afghanistan.

Introduction/Background:-

Afghanistan is located in South Asia and Central Asia and is a landlocked country. The capital is Kabul city which is the most populated province of the country. Based on 2014 estimation, the population of the country is 31,822,848 (Enayatzade, 2015). The country divided into 7 regions (Central, East Central, Eastern, Southern, Western, Northern and North Eastern) (UN, n.d) and then by provinces. Each province divided in to districts and then each district divided by villages but urban areas are divided by Nahia (precincts) in each province.

Currently there are 34 provinces, 399 districts and roughly 40,020 villages in the country. All of these provinces are divided into 374 rural districts under the direct management of district governors. Of these districts, 365 are officially recognised, but ten rural districts are temporarily established while they are in the process of receiving official recognition (Enayatzade, 2015).

Khost province in which this study will be conducted is located at the South East Region of the country. The province has 13 districts and total population of the province is estimated to be 638,849 (UN, n.d). There are not much private health facilities in the province, recently a private hospital by the name of Qadari has been established which deliver health services to the population of the province.

Decades of conflicts and war and has left very negative impact on all systems of the government in Afghanistan. One of the most important sectors which have been badly affected is the health sector of the country. In addition, fragile health system has led to worst indicators in the world (Mustafa et al, 2010).

The Ministry of Public Health (MoPH) introduced a standard recording and reporting system based on the country priorities in 2003 which was based on Basic Package of Health Service (BPHS) which was published in March, 2003. The BPHS is addressing the core of primary health care services that should be available to all Afghans.

BPHS which is a standardized classifications of health facilities in the country through following health facilities:

1. Health Posts (HPs)
2. Health Sub-centres (HSCs)
3. Basic Health Centres (BHCs)
4. Mobile Health Teams (MHTs)
5. Comprehensive Health Centres (CHCs)
6. District Hospitals (DHs)

There is another public health system which call Essential Public Health System (EPHS). This system is also developed by the Ministry of Public Health which delivers tertiary health care to the people of the country(MoPH, 2010).

Literature Review:-

The quality of service performance including overall patient satisfaction was evaluated in the public health facilities(IHMR, 2008) but it has never been evaluated in private health care facilities. One of the important dimensions of quality of care is patient satisfaction.

Patient satisfaction is the extent to which a client’s expectations for services are met. Client satisfaction reflects the quality of services and it’s a mean for further improvement. It is one of the crucial indicators for three reasons.

Firstly, enough evidence shows that patient satisfaction helps track patient adherence to the treatment. It is related to whether patients re-attend for treatment or change their provider of health care.

Secondly, patient satisfaction is gradually becoming a more useful measure in assessing consultations and communication patterns

Thirdly, systematic patient feedback will enable the authority to choose between alternative methods of organizing and providing health care (Fitzpatrick, 1991).

This study will reveal the level of patient satisfaction and their perception regarding health care services at private health facilities.

Rationale/Justification:-

The country has increasingly developed its healthcare services in response to patient needs over recent decade particularly private health sector, but the quality of services which is provided by private sector has never been assessed systematically in the country. Patient satisfaction is one of the essential indicators for healthcare service improvement. From that view, the patient satisfaction survey is an instrument in monitoring health care delivery of a hospital in relation to cost and services. Specifically, outpatient department is the first-line healthcare consultation service that comes in contact with the patients. Therefore, the quality of care will indicate the quality of service of the hospital as perceived by the patients regarding various factors. As witnessed by the researcher according to his five-year experiences working in the biggest public stomatology hospital, in Afghanistan during the last decade,

there were huge numbers of patients' complaints about poor healthcare delivery services. Therefore, patients perception and their opinion regarding health care services in private hospital is required to understand their view over private hospital health care services(VADHANA, 2012).

Limited or no study has been conducted to show patient satisfaction in private health service delivery system in Afghanistan, therefore, it is very important to conduct this study.

Study Objectives:-

1. To understand the level of patient's satisfaction in private health care services
2. To determine the quality of health care services in private health care services
3. To identify patient's perception regarding health care services in private health sector.

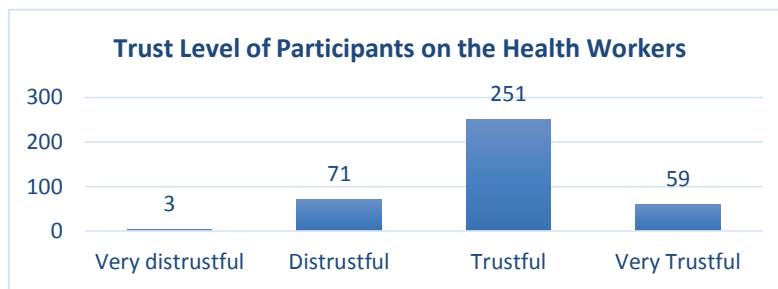
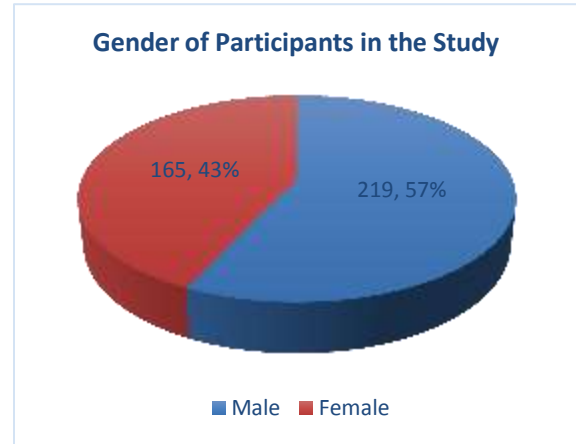
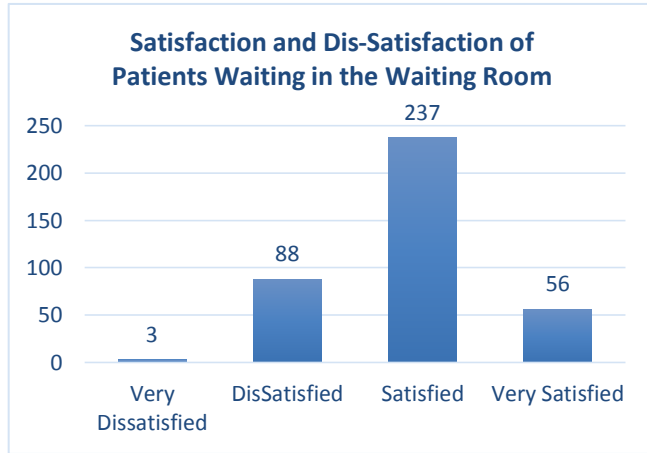
Methodology:-

The study was conducted in a private hospital by the name of Qadari Hospital. This hospital is located in Khost city, it is the only known and well equipped private 70 beds hospital in the province. Most of the patients were coming from the nearby places but also patient from all over the province coming to the hospital for treatment as well.

1. **Study type:-** Mix method (Quantitative and Qualitative)
2. **Study design:-** Cross-sectional study: The study that was used focuses on patient satisfaction in Qadari Hospital of Khost city. The study explored perception regarding private health service delivery, their satisfaction degree or range, their needs and challenges.
3. **Study site:-**This study was conducted in the city of the khost province. Qadari Hospital is currently providing health services in the capital for the people of Khost Province.
4. **Study population:-**The Study populations were those people who were coming to Qadari Hospital. It included both urban and rural population. Relatives/representatives were interviewed for children and those who could not speak.
5. **Inclusion criteria:-** Those who were coming to Qadari Hospital both adult male and female and as for children their relatives or representative will be interviewed.
6. **Exclusion criteria:-**Those patients who were not coming to Qadari hospital, or attending public or other private health services rather Qadari hospital were not included in this study. In addition, those who could not speak or rejected the interview were not included in this study.
7. **Sampling technique:-**The study looks into the health services from beneficiaries/patient perspective that included patients from urban and rural areas. Exit interviews were with those patients who had already received health care services in the hospital, when they were going back to their houses after receiving health care services, and they were interviewed. Satisfaction scores are used in the questionnaire to measure satisfaction level of the patients. The respondents were also asked about their previous provided health care services.
8. **Sample size:-**A total of 384 respondents were interviewed. Sample size was calculated in Epi-Info software using confidence limit 5%. We assume that Qadari Hospital covers 10000 populations of which 10% people may fall ill health. In-depth interview was done with 10 patients or their representative and also field note and observation note will be taken.
9. **Data collection method/technique and tool:-***Structural* questionnaire was used to identify satisfaction level and their perception regarding private health care services. Data collectors were trained on the questionnaire, interviewed regarding the methodology and purpose of the study before data collection. They got the training thathow to collect data and whom to be interviewed before data collection pilot test was done for the finalization of tools.
10. **Data Analysis:-**After collecting the raw data transcripts were made from qualitative data based on questionnaire and questionnaire was entered to Epi-Info software and analysed in the software. The qualitative data was transcript; unnecessary data were reduced. Codlings were done systematically for qualitative data. The data will be read thoroughly and will be cleaned after display. Qualitative and quantitative data were triangulated.
11. **Ethical Consideration:-**Approval was taken from the hospital authority. The purpose of the study was explained to the participant and informed written and verbal consent were obtained to the participant. They were assured about the confidentiality and privacy.

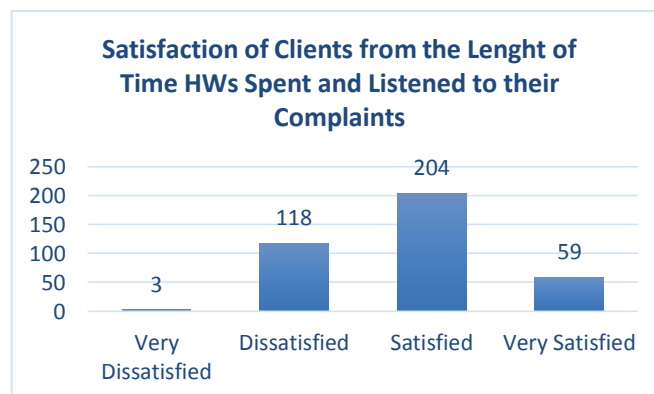
Results:-

Out of 384 participants 219 (57.03%) were male and 165 (42.97%) were female. Minimum age of study participants was 1 month and maximum was 86 years. Out of 384 participants 56 (14.58%) were most satisfied from waiting in the waiting room, 237 (61.72%) were satisfied, 88 (22.92%) were not satisfied and 3 (0.78%) were much dissatisfied as showed in the following graphs:



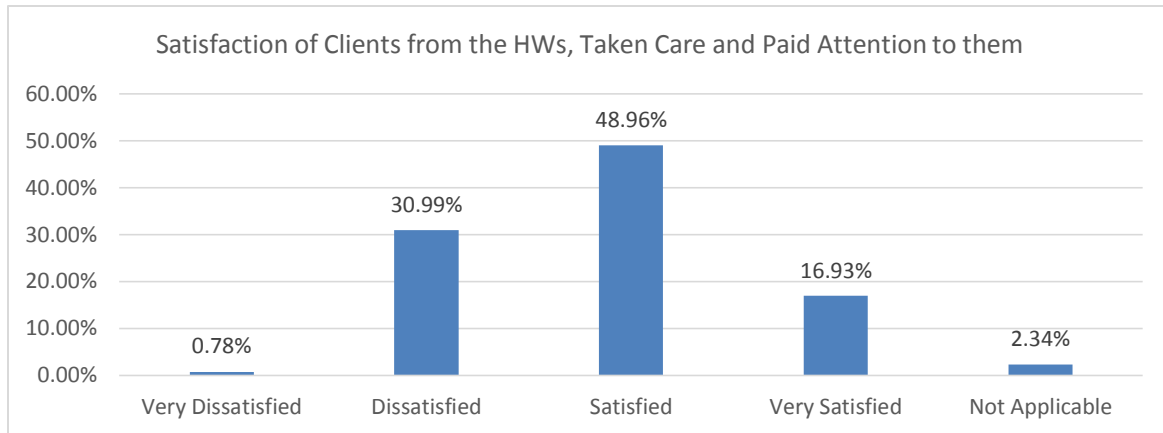
The trust level of the clients on the health workers shows that 59 (15.36%) of the clients were very trustful, 71 (18.49%) were trustful, 251 (65.36%) were distrustful and 3 (0.78%) were very distrustful on the health workers regarding their treatment. The graph shows the trust level of the study participants:

Satisfaction of clients from the length of time medical personnel spent and listened their complaints shows that 59 (15.36%) of the clients were very satisfied from the health workers giving time and listened to their complaints, 204 (53.13%) were satisfied, 118 (30.73%) were dissatisfied and 3 (0.78%) were very dissatisfied from the length of time and listening to their complaints of the health workers, as showed in the following graph:



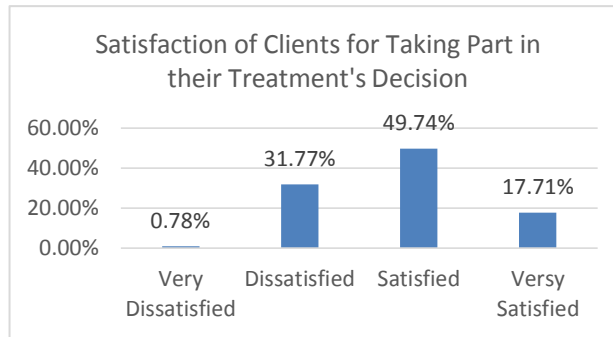
The satisfaction of clients from the health workers took care and paid attention for them were shows that 65 (16.93%) of the clients were very satisfied, 188 (48.96%) were satisfied, 119 (30.99%) were dissatisfied and 3

(0.78%) were very dissatisfied from the health workers took their care and paid attention for them, as illustrated in

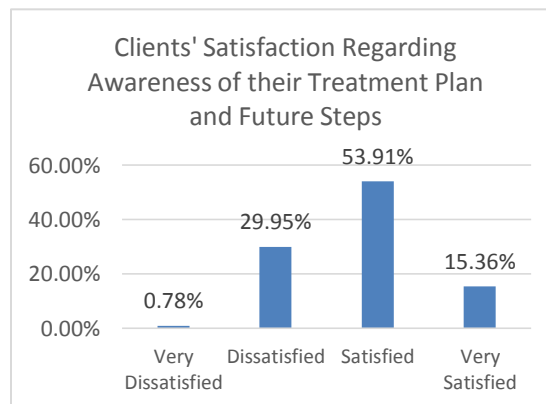


the following graph:

Satisfaction of clients they are involved in the decision of their treatment manners shows that 68 (17.71%) of the participants were very satisfied to take part and be involve in their treatment manners, 191 (49.74%) were satisfied, 122 (31.77%) were dissatisfied and 3 (0.78%) were very dissatisfied to take part and be involved in the treatment manners and treatment decision, moreover, 2.34% of the clients were those who did not have any idea about the health workers' attention and taking care of them, as showed in the following graph:



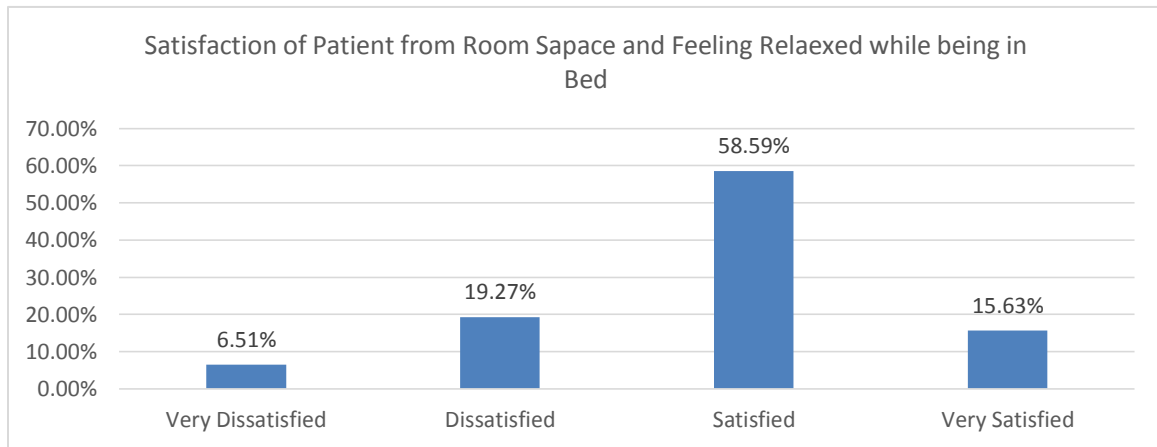
Clients' satisfaction regarding their awareness about treatment plan that what works have been done and what are the future steps is that 59 (15.36%) of the clients indicated that they were very satisfied, 207 (53.91%) were satisfied, 115 (29.95%) were dissatisfied and 3 (0.78%) were very dissatisfied about their awareness regarding their treatment plan and future steps. The following graphs shows clients' satisfaction about awareness of treatment plan and future steps:



Out of 384 of clients 117 (30.47%) know that how to make a complaint when they were dissatisfied from the health services offering by health workers. The number and percentage of clients for who the different treatment methods

been described for them was 139(36.20%). The number and percentage of clients who decline the treatment provided by the health workers was 131 (34.11%). Clients who felt that the medical personnel had respectful behavior with are 261 (67.97%). The number and percentage of clients their privacy is preserved by medical personnel or hospital staff during their treatment was 356 (92.71%).

The number and percentage of clients that health personnel had respect for their confidentiality during medical examinations was 353 (91.93%). Satisfaction and dissatisfaction of patients from room space and feel relaxed while being in bed shows that 60 (15.63%) were very satisfied from room space and felt relaxed while they were in bed, 225 (58.59%) were satisfied, 74 (19.27%) were dissatisfied and 25 (6.51%) were very dissatisfied as indicated in the following graph:-



Out of 384 study participants 84 (21.88%) were very satisfied, 156(40.63%) were satisfied, 116 (30.210 dissatisfied and 28 (7.29%) were very dissatisfied from the cleanliness and cleansing of health facility (room, toilet, hall and yard). The number and percentage of clients satisfied and dissatisfied from the efforts of the hospital staff for preventing transmission and spread of infection inside the hospital (for example, using gloves, masks, hand washing, etc...) shows that 72 (18.75%) of clients were very satisfied, 199 (51.82%) were satisfied, 91 (23.70%) were dissatisfied and 22 (5.73%) were very dissatisfied. Satisfaction of clients from ability to receive assistance at all-time indicates that 63 (16.41%) of the participants were very satisfied, 216 (56.25%) were satisfied, 83 (21.61%) were dissatisfied and 22 (5.73%) were very dissatisfied.

Discussion:-

The study which is conducted in Afghanistan for exploring barriers to utilization of Basic Package of Health Services (BPHS) by mothers in Afghanistan shows that the satisfaction of clients from privacy was 85.5%, from health worker explanation about illness 73.2%, from health worker explanation about treatment was 74.5% from cost of services was 77.5%, from availability of medicine was 72.4%, from toilet was 63.3% and from Shurai-Sehi (village council) which is supportive to health facility activities was 73.6% (Gawhari, 2014).

Additionally, the other study conducted to assess user expectation and degree of clients' satisfaction and quality of health care provided in rural Bangladesh shows that the reduction in waiting time (one average to 30 min) was very important to clients than the prolongation of quite short (form a medical standpoint) consultation time (one average 2 min, 22 sec) with 75% of clients were satisfied; the waiting time in outreach services was about double than at fixed services, this was the only component in which the outreach users were dissatisfied (Aldana, Piechulek, & Al-Sabir, 2001).

Furthermore, the study conducted to find patient satisfaction with primary health care services in two districts in Lower and Upper Egypt shows that the patients satisfaction was high for accessibility, waiting area conditions and performance of doctors and nurses; the main dissatisfaction of the patient was from the prescribed drugs, laboratory investigations and availability; moreover, 33% of patients were dissatisfied from the privacy in the consultation room; at all there was no any association between age, gender, level of education or service type they received and patient satisfaction (Gadallah, Zaki, Rady, Anwer, & Sallam, 2003).

The assessment of clients' satisfaction with health service deliveries at Jimma university specialized hospital indicated that the overall satisfaction of patients was 77%, satisfaction from examination of the doctors was 82.7% and dissatisfaction from time spent to see a doctor was 46.9%; there was obvious association between satisfaction with the health care and age and educational level of the respondents (Assefa & Mosse, 2011).

Conclusion:-

This study showed higher clients' satisfaction level in the health facilities. Clients were more satisfied from the waiting time in the room, trustfulness on health workers, length of time health workers spent with them and listened to their complaints; room space and feeling relaxed while being in bed, health workers taken care and paid attention to them. In the other hand, there was dissatisfaction clients indicated from the health workers such as taking parts in their treatment's decision and awareness about their treatment plan and future steps. Therefore, the facilities management team and responsible authorities should understand these weak series area and plan for better improvement and delivery of services.

Recommendations:-

out of 384 participants which is 57% were male it is 219 clients and 42% which is 165 were female and minimum age of participant of client were 1 month and max age of client were 86 years. At least 75% participant were satisfied in waiting room of OPD and 25% were not satisfied. I request to the hospital authority to increase the OPD staff. 65% of participant were distrustful in case of use bad behavior with client. I request to the hospital authority to advice the health care staff to respect the medical behavior. In case of listening the complaint of the client satisfied 65% of participant client were agree. The health care worker keeps it listening to the client. I request from the hospital authority to increase the professional staff to get reach the client complaint and the staff must be aware from the treatment of client.

And request to the MOPH to provide such kind of program in media which is more beneficial for the client to get information about their right in the hospital. When they aware from their right they easily defend from their right and solves the problem and satisfied as well.

Out of 384 participants in cleanliness In generally I request to the high level authority of health care center and leadership must be update and they should train Their staff that how to care there IP. The health worker must to respect the culture of different nation they should have the good behavior in this case they can satisfied the client.

References:-

1. Aldana, Jorge Mendoza, Piechulek, Helga, & Al-Sabir, Ahmed. (2001). Client satisfaction and quality of health care in rural Bangladesh. *Bulletin of the World Health Organization*, 79(6), 512-517.
2. Assefa, Fekadu, & Mosse, Andualem. (2011). Assessment of Clients' satisfaction with health service deliveries at jimma university specialized hospital. *Ethiopian journal of health sciences*, 21(2), 101-110.
3. Duggirala, M., Rajendran, C., & Anantharaman, R. N. (2008). Patient-perceived dimensions of total quality service in healthcare. *Benchmarking: An International Journal*, 15(5), 560-583.
4. Enayatzade, Shakila. (2015). *The Comparison of Local Administrative structure of Kabul with Istanbul*. Retrieved Nov 11, 2016, from http://www.academia.edu/10744101/The_Comparison_of_Local_Administrative_structure_of_Kabul_with_Istanbul
5. Fitzpatrick, R. (1991). Surveys of patient satisfaction: I-Important general considerations. *British Medical Journal*, 302, 887-889. Retrieved Nov 19, 2016, from <http://www.bmj.com/content/302/6781/887.full.pdf>
6. Gadallah, M, Zaki, B, Rady, M, Anwer, W, & Sallam, I. (2003). Patient satisfaction with primary health care services in two districts in Lower and Upper Egypt.
7. Gawhari, Sayed Ahmad. (2014). Exploring barriers to utilization of Basic Package of Health Services (BPHS) by mothers in Afghanistan.
8. IIMR, JHUBSPH &. (2008). Afghanistan Health Sector Balanced Scorecard (pp. 1-117).
9. MoPH. (2010). A Basic Package of Health Services for Afghanistan – 2010/1389 (pp. 1-82).
10. Mustafa. L.M, Atallah.S., Noormal. B. Salimi. F., and Ayazi. E. (2013). Patients Acquiring Medical Treatment from India, *Ministry of Public Health, Afghan Public Health Institute, Research Department* Retrieved from https://moph.gov.af/Content/Media/Documents/Exitinterviewreport_Ata_19.02.2011281201412279396553325325.pdf
11. VADHANA, MAO. (2012). *OUTPATIENT DEPARTMENT OF AN AUTONOMOUS HOSPITAL IN PHNOM PENH, CAMBODIA*. (Public Health Management), Ritsumeikan Asia Pacific University.