

PATIENT SATISFACTION WITH HEALTH SERVICES IN BIHAR

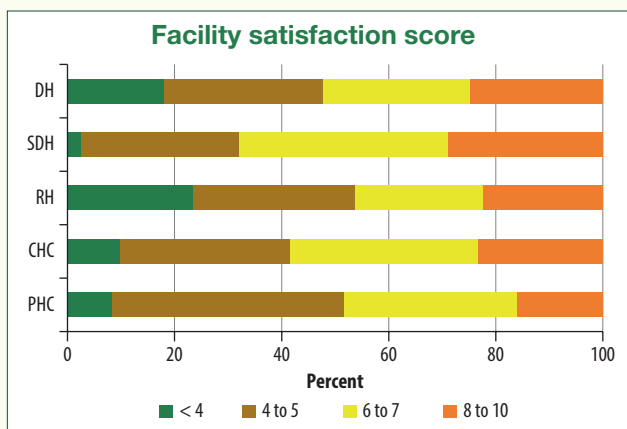
Over 1,700 patients seeking out-patient care in the public sector health facilities in four districts of Bihar were interviewed. The overall patient satisfaction score with the facility was lower than that with the medical doctor. The patients indicated that the doctors could do better with the time they give to the patients to ask questions, and provide more privacy for the consult.

Patient Satisfaction is one performance measure of health care quality. Given the significance of patient satisfaction in health care today, it is helpful to define and describe elements of care or patient/provider interactions that influence it. This study examined patient perspectives at public facilities; a major strength of this study is that patient satisfaction was assessed across the various levels of public sector health care.

Free treatment followed by availability of good medicines was cited as the most common reasons by the patients for choosing the facility for treatment. Convenient location was another most cited reason.

The patients were asked to score the facility on a scale from 1-10, with 10 being the highest score. **Overall facility satisfaction score was 5.8.**

Reasons for choosing the facility	DH	SDH	RH	CHC	PHC
Convenient location	32.7%	33.1%	43.4%	41.4%	46.0%
Convenient working hours	21.0%	26.4%	36.7%	35.1%	42.1%
Facility is free	69.8%	86.5%	67.4%	77.6%	77.0%
Seeing doctor is inexpensive	33.8%	26.4%	40.8%	37.3%	29.1%
Medicines are inexpensive	43.1%	19.6%	46.9%	32.4%	25.9%
Good reputation of medical staff	17.7%	23.3%	7.7%	12.0%	15.9%
Advised by a health worker	5.3%	6.8%	7.1%	2.2%	8.8%
Advised by family of friends	34.9%	14.1%	48.5%	35.4%	21.5%



There are many complex factors which affect patient satisfaction with the care they receive. Figure below shows the factors that were significant in patient satisfaction. How the patient was feeling on the day of check-up, the type of facility where treatment was sought, interaction with doctor on that day, level of cleanliness of facility, and availability of all the prescribed medicines were the factors that resulted in patients giving a facility score higher than the mean satisfaction score.

Health status of today (reference poor health)

- Patient in good/very good health status today

Type of facility (reference PHC)

- District hospital
- Sub-divisional hospital
- Community health centre

Interaction with doctor

- Respectfulness shown by doctor
- Time given to ask questions by doctor

Facility cleanliness

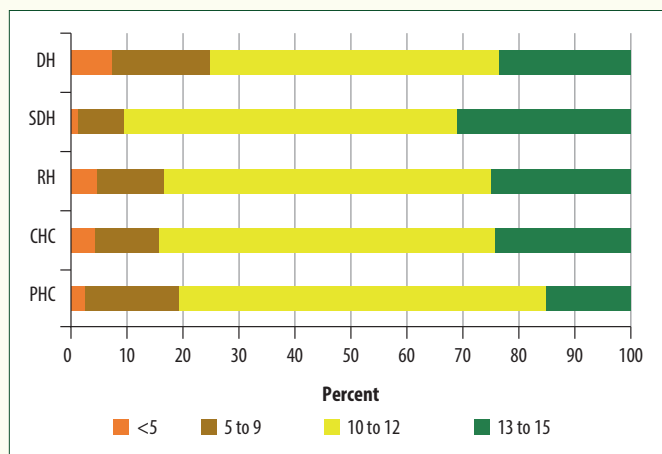
- Clean facility

Availability of prescribed medicines

- Availability of all prescribed medicines

INTERACTION WITH THE MEDICAL DOCTOR WAS AN IMPORTANT DETERMINANT OF PATIENT SATISFACTION

Satisfaction with medical doctors was rated high by the patients with a mean satisfaction score of 11 on a scale from 1-15, with 15 being the highest score. Mean rating of doctors at the district hospitals (10.6) and primary health centres (10.9) was slightly lower than those at sub-divisional hospitals (11.7), referral hospitals and community health centres (11.2).



	DH	SDH	RH	CHC	PHC
Doctor's respectfulness	75.1%	85.2%	87.5%	88.7%	84.7%
Clarity of doctor's explanations	71.5%	83.3%	82.1%	79.9%	74.8%
Time to ask questions to doctor	65.0%	71.1%	77.8%	70.6%	63.9%
Audio-visual privacy during consultation with doctor	51.8%	51.2%	49.1%	47.9%	33.4%
Privacy during examination by doctor	45.0%	37.8%	36.7%	32.8%	23.5%

The least satisfaction was documented for the availability of privacy during consultation and examination by doctor, highlighting the need to address relevant infrastructure to ensure privacy.

WAY FORWARD

Studies have shown that satisfied patients are more likely than unsatisfied patients to take medications, show up for outpatient appointments, and take overall ownership of their health. Since patient satisfaction is not directly observable, patient satisfaction surveys are commonly used to translate subjective results into meaningful, quantifiable, and actionable data. The Government of Bihar could consider the following actions:

- Invest in systems to maintain and monitor the facility cleanliness on a routine basis. Particular attention to be paid to the availability, accessibility and cleanliness of toilets for both men and women.
- Assess the audio-visual privacy available to patients during consultation and check-up, and upgrade as needed. Such privacy is imperative for the medical staff to set patients at ease to elicit critical information from them for treatment, and to provide dignified quality care services.
- Inform the health staff of these findings to motivate them to communicate with patients with respect, clarity, and compassion.
- Implement routine patient satisfaction surveys in health facilities, and use the findings for improving the service provision.
- Ensure that RKS is functional and plays an important role in implementation of patient satisfaction surveys, and partner with RKS for meaningful action.

About ACCO Study

The Access, Capacity, Costs of Care and Outputs (ACCO) study of Public Health Care Delivery Systems in Four Districts of Bihar, is a collaboration between the Centre for Health Policy, Asian Development Research Institute, Bihar and the Public Health Foundation of India, Gurugram. The goal of the study was to provide decision-makers with the best possible evidence on efficiency of the public sector facilities. In addition, facility capacity for service provision, human resources and patient satisfaction were assessed in detail. A total of 84 facilities were included across Aurangabad, East Champaran, Purnea and Samastipur districts.

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