

Research Article

**Satisfaction of the Patients and Mediating Role of
Health Care Management Services in Pakistan**

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ABSTRACT

In public sector of Punjab there is a vivid shift in the improvement and enhancement of the appropriate quality assurance strategies. A required level of the comprehension of quality in the medical services can be evolved in the public sector of a country like Pakistan. The professionals and experts of healthcare, face satisfaction of the patients as a perilous debate. There are numerous variables pinpointing and interpreting the complicated and complex factor of attitude relating to the satisfaction of the patients. A person in pain and ailment needs deep concerns of the experts. The main aim of the study was to secure the interest of the public and facilitation of the hospitals of publicsector specifically of Lahore, working under the managerial umbrella of Government of Punjab; for the achievement of its principal objectives in the provision of attainable, fair and operative facilities of healthcare, in the favor of patient's fulfilment with ultimate available resources and potential in Pakistan. Furthermore, the analysis of the patients in the provision of necessary facilities was also considered in the subject study. The circle of this study was limited to public sector of Lahore. Both the genders including male and female of various age groups unanimously disagreed in the provisions of basic facilities to the patients by the hospital's management of the public-sector of Lahore, Punjab. Patients were not satisfied and contentment level was drastically discouraging, as observed in the live interactions with the patients.

Keywords: Patients, Facilities, Hospitals, Management, Health care.

INTRODUCTION

The deliberate measure of the healthcare performance level for this specific study is deeply rooted in the contentment of the patients[1]. The perspective of the patients, regard the satisfaction of the patients has been previously focused in United Kingdom and United States and they developed a handsome amount of literature as well, but in the recent past the same issue has been taken by the Pakistani scholastic researchers, they have also developed literature focusing on the

burning issue of the satisfaction of the patients. For the explanation of the features of the study, it methodically refers to the surveys held in Lahore. This perspective and scenario includes the interviews and questions answers session with the patients on the subject topic, these both techniques appeared as a potential source to extract valuable data for the development of health and services quality of public-sector[2].

It purely favors the patient's fulfilment and satisfaction. The investigations of the healthcare structure will ultimately help and enhance the achievement of the set outcomes of the overall system designed for healthcare of public, and it will also ensure the fulfilment of the patients[1]. Pakistan is ranked as 6th largest populous county in the list of World Health Organization (WHO), as Pakistan falls in the Eastern Mediterranean wing of WHO, and public sector's fulfilment is prime in the manifesto of WHO. The basic and crucial facilities like education, shelter and clothing including health facilities are the principal duties of a welfare state like Pakistan. Back in 1978 the declaration of Alma Ata, Pakistan was bound to extend its basic healthcare facilities to the remote areas for the interest of a common man, Pakistan founded this vast network with the objective of right, required, available, accessible and fully functional healthcare system[3].

IMPORTANCE AND CONTRIBUTION

The fulfilment and satisfaction of the patients directly reflects the standards and quality of the services provided by healthcare organizations. Healthcare quality and patient's satisfaction are linked together, they pose a direct proportion, as one increases also gives rise to the other and vice versa. The root intention and objective of this scholastic research is to help people, government and specifically patients under treatment in the public-sector. Furthermore, it also intends to equip the healthcare system with ample facts and figures to chalk out the basics of quality control and enhancement. These enhancements in the quality and standards will ultimately set a stage for better performance and delivery that will directly remove the concerns of the patients and in return the degree of satisfaction will rise[4].

RESEARCH HYPOTHESIS

The paper aims to respond to the two hypotheses hereafter presented:

1. There is a positive relationship patients' opinions.

2. There is a positive relationship about information provided in hospitals.

LITERATURE REVIEW

The sector of healthcare need pumping of adequate funds. The disappointment in the government relating to healthcare is caused because of public retaliation in the shape of dissatisfaction. Even though, there are multiple reasons behind the underutilization of the facilitation sanctioned by the Government in the hospitals of public-sector. What is the possible and actual factor of patient's dissatisfaction? Still need a better and pointed approach for its exploration in Pakistan[5]. This concept is neither new and nor it has made the department curious, but the incorporation of the appropriate delivery of the capabilities of the system for the patient's satisfaction is in question. There is a great deficiency of literature and criticism on the part of government that reflects the abandoned patient's satisfaction in the healthcare department. If such literature is available than access to that literature is meager due to its limited circulation. This is the prime responsibility of the Punjab government that she accommodates every sector of community whether low-paid or well-paid with equal and quality healthcare facilities. Studies have been carried out in Pakistan relating to the issues of outdoor patients, emergency services and indoor patient to know the fulfilment level of patients. Variables are also defined in numerous studies pertaining to the healthcare facilitators and patient's fulfilment. Pakistan has also endorsed and signed the Declaration of the Millennium which forces the achievement of Millennium Development Goals[6]. This declaration is wholly a verdict of the leaders of the world in order to eradicate the environment degradation, diseases and above all starvation. All the three goals directly link themselves in one way or the other with the healthcare department. Which is why! The significant importance in MDGs is put on specifically healthcare department and healthcare services[7]. The held studies also reveal Pakistan like few other countries will not be able to manage

and achieve the set objectives of MDGs. In order to do so it needs to develop, frame and implement strict and effective policies in the healthcare department. Pakistan also needs to resolve other multiple issues directly connected to the primary health issues. Like any other country political and economic unrest impede the development process or at least slows it down. There is an unrest in the economic and political circles of Pakistan which directly hampers the achievement of the set goals according to the said declaration. Pakistan faces a lethargic growth in the sectors of energy, economy, natural disaster management and human welfare due to terrorism and armed troops operations. These reasons almost block the potentialities if the government pumped into any other sector. At present, it is really hard for Pakistan to cope up with the MDGs objectives[8]. The funds allocation of government of Punjab in the public healthcare sector to achieve the MDGs goals is an under:

PUNJAB GOVERNMENT FUNDS ALLOCATION	
Allocation Detail	AMOUNT ALLOCATED (PKR)
Initial Allocation	11.80 Billion
Additional allocation to supplement MDGs	2 Billion
Facilities related to dialysis	600 Million
Free Treatment for underprivileged	0.25 Billion
Provision of advanced facilities and upgradation of the available system	1.44 Billion

The need of the hour is well understood by the government of Punjab and they have already put HSRP (Health Sector Reforms Program) in pipeline. The HSRP initiative has been taken to cope and curb the aroused public dissatisfaction

regular and permanent basis is forfeited to the healthcare administrators for the uninterrupted and quality healthcare facilitations. For the sustenance of patient's fulfillment healthcare program have been introduced and started. It is of great help for the policy designers and decision makers, as argued by Dhyana back in 2015 for the enlightenment of the significance for the extension of healthcare facilitation by its providers; the conclusion remarks that the physical faculties and services are primary and foremost in consideration after the consideration of staff attitude towards patients[9]. Physical state of the infrastructure and services including behavior of the hospital staff are the major concerns of the patients. Staff education also plays significant role in the adherence and knowledge of the healthcare quality improvement and implementation. As mentioned earlier that the patient satisfaction has an inbuilt link with the healthcare quality, other actors contributing to the fulfilment of the patients also

include, profitability, loyalty and productivity of the healthcare organization[10]. Although, this concept of healthcare quality is not that much simple, it is multidimensional, subjective in nature and complex phenomenon. Provision of right facilities at right place and time by the right facilitator to the right patient on right worth is mandatory for the required and right results[10].

Furthermore, following are the attributes directly affect the quality and standards of healthcare departments and public-sector healthcare facilities as recommended by Mosadeghrad back in 2012:

S No	Attribute	S No	Attribute	S No	Attribute	S No	Attribute
(i)	Appropriateness	(vi)	Confidentiality	(xi)	Caring	(xvi)	Responsiveness
(ii)	Competency	(vii)	Acceptability	(xii)	Attentiveness	(xvii)	Accountability
(iii)	Timeliness	(viii)	Accessibility	(xiii)	Accuracy	(xviii)	Reliability
(iv)	Reliability	(ix)	Continuity	(xiv)	Availability	(xix)	Completeness
(v)	Affordability	(x)	Privacy	(xv)	Equity	(xx)	Facilities

and miseries particularly related to healthcare sector. MDGs achievement was the basic factor, influential behind this workout and funds allocation[8].

Back in 2014, it was concluded by Mosadeghrad that healthcare facilitators will face severe consequences. Provision of healthcare facilities on

[11]
The severe and alarming issue for the healthcare providers is patient's fulfilment and satisfaction at any cost. It relation lies in the healthcare quality adherence and awareness including satisfaction on the sick individuals. A common forum to boost and enhance the healthcare facilities for the

public-sector is National Accountability, this forum can manage, supervise and monitor the transparency in the system of healthcare quality and standards improvement[12].

METHODOLOGY

Quantitative method was adopted to investigate the problem. The sample size was 200 patients of public sectors hospitals. Data was analyzed by the usage of SPSS 23 software.

RESULTS AND DISCUSSIONS

CHRONBACH'S ALPHA

Reliability Statistics	
Cronbach's Alpha	N of Items
.847	6

The reliability of the first variable is .847 which is highly significant. Which recommends that the development of the questionnaire is highly satisfied.

Reliability Statistics	
Cronbach's Alpha	N of Items
.818	6

The reliability of the second variable is .818 which is also highly significant. Which recommends that the development of the questionnaire is highly satisfied.

Frequencies and Graphs

1					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	52	26.0	26.0	26.0
	2	22	11.0	11.0	37.0
	3	82	41.0	41.0	78.0
	4	26	13.0	13.0	91.0
	5	18	9.0	9.0	100.0
	Total	200	100.0	100.0	

The percentage option one of item no 1 is 26%, option two is 11%, option three is 41%, option four is 13%, option five is 9%.

Hypothesis 1

Decision Rule : Hypothesis will be rejected if $t \geq 1.96$

T TEST RESULTS

Hypothesis	T	Mean Difference	Df
1	41.233	2.61	199

CONCLUSION

Referring to table t, we find that the tabulated value of $t = 1.96$ with $df = 198$ at $\alpha = 0.05$ is bigger than the computed value of $t = 41.233$. Therefore, the null hypothesis is rejected and it concluded that the patients are not satisfied with the facilities provided by hospital management.

Hypothesis 2

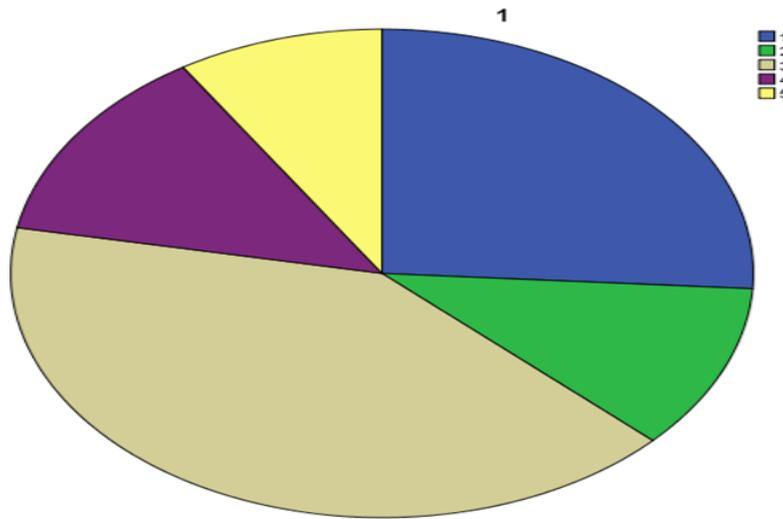
Decision Rule : Hypothesis will be rejected if $t \geq 1.96$

T TEST RESULTS

Hypothesis	T	Mean Difference	Df
1	45.194	2.730	199

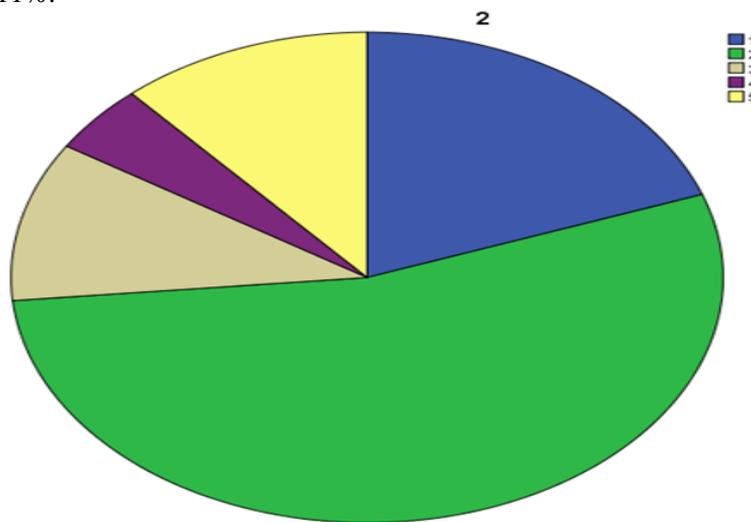
CONCLUSION

Referring to table t, we find that the tabulated value of $t = 1.96$ with $df = 198$ at $\alpha = 0.05$ is bigger than the computed value of $t = 45.194$. Therefore, the null hypothesis is rejected and it concluded that there was difference of opinions among the information provided by hospital management.



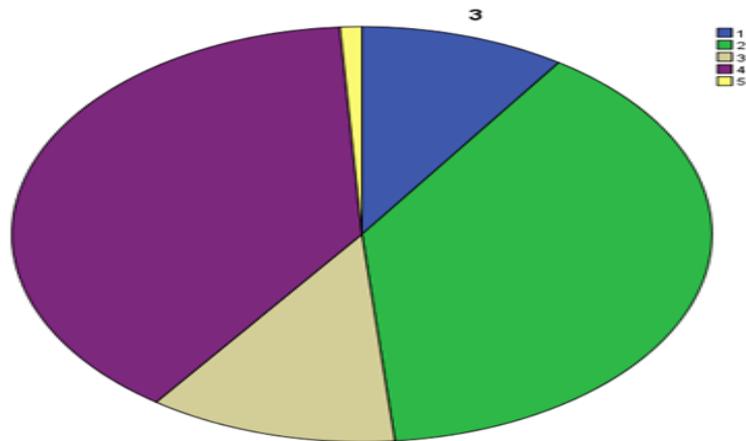
2					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	39	19.5	19.5	19.5
	2	108	54.0	54.0	73.5
	3	21	10.5	10.5	84.0
	4	9	4.5	4.5	88.5
	5	23	11.5	11.5	100.0
Total		200	100.0	100.0	

The percentage option one of item no 1 is 19%, option two is 54%, option three is 10%, option four is 4.5%, option five is 11%.



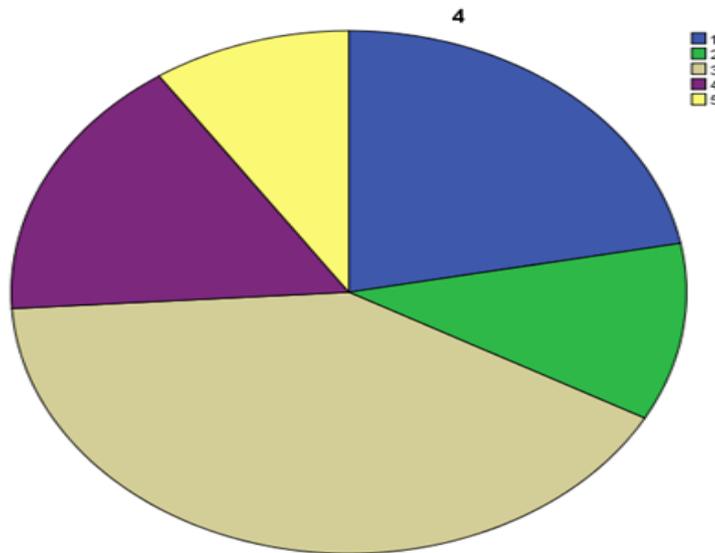
3					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	19	9.5	9.5	9.5
	2	78	39.0	39.0	48.5
	3	23	11.5	11.5	60.0
	4	78	39.0	39.0	99.0
	5	2	1.0	1.0	100.0
Total		200	100.0	100.0	

The percentage option one of item no 1 is 9.5%, option two is 39%, option three is 11.5%, option four is 39%, option five is 1%.



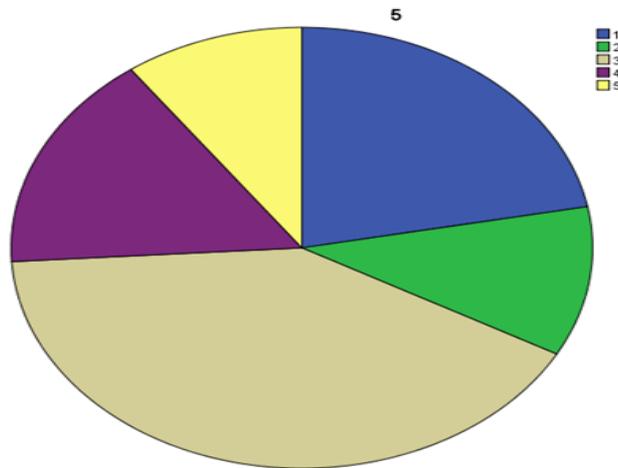
4					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	44	22.0	22.0	22.0
	2	22	11.0	11.0	33.0
	3	82	41.0	41.0	74.0
	4	33	16.5	16.5	90.5
	5	19	9.5	9.5	100.0
Total		200	100.0	100.0	

The percentage option one of item no 1 is 22%, option two is 11%, option three is 41%, option four is 16%, option five is 9.5%.



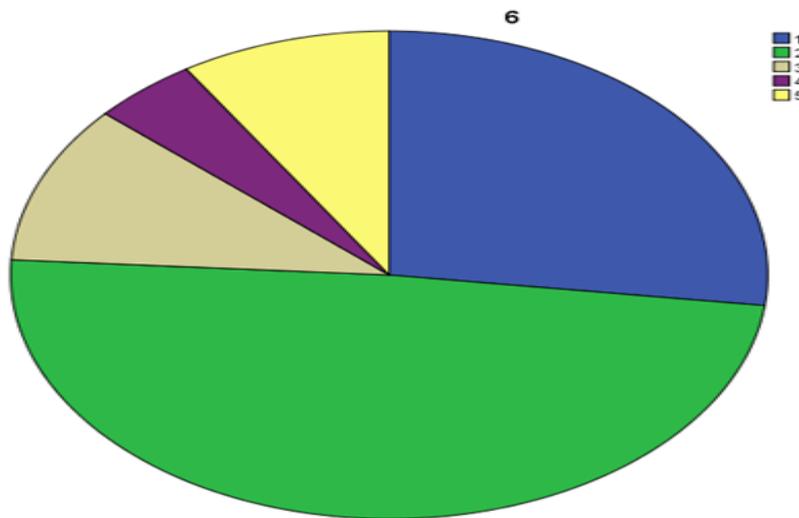
5					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	44	22.0	22.0	22.0
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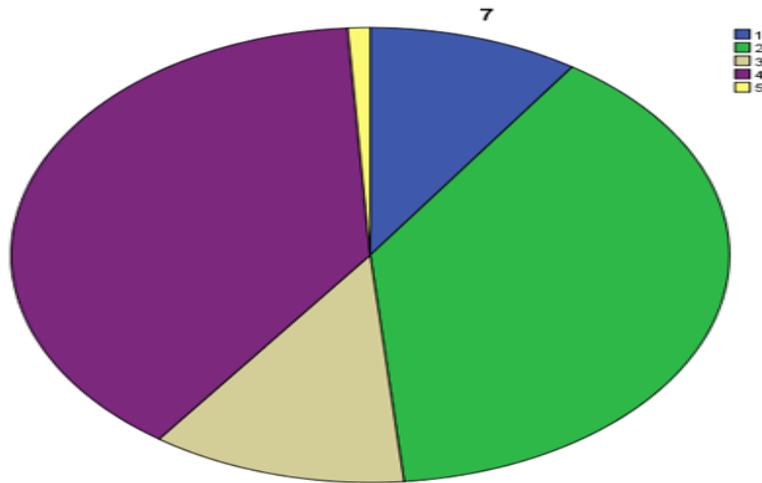
6					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	54	27.0	27.0	27.0
	2	98	49.0	49.0	76.0
	3	21	10.5	10.5	86.5
	4	9	4.5	4.5	91.0
	5	18	9.0	9.0	100.0
Total		200	100.0	100.0	

The percentage option one of item no 1 is 27%, option two is 49%, option three is 10.5 %, option four is 4.5%, option five is 9%.



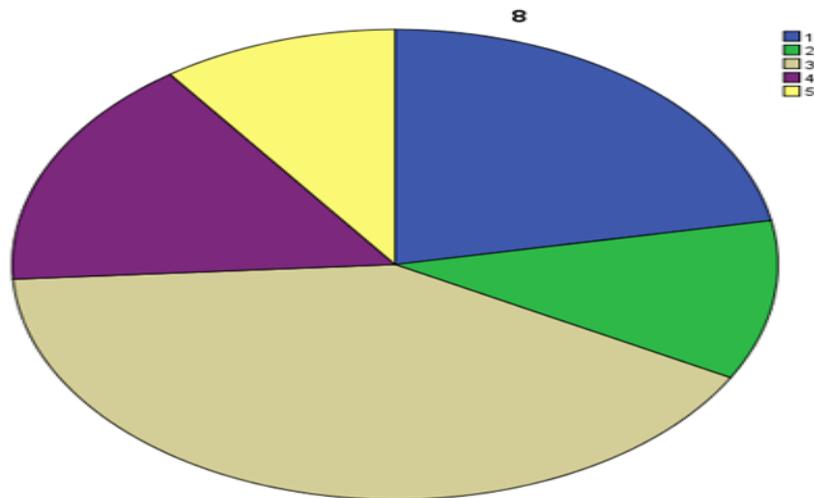
7					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	19	9.5	9.5	9.5
	2	78	39.0	39.0	48.5
	3	23	11.5	11.5	60.0
	4	78	39.0	39.0	99.0
	5	2	1.0	1.0	100.0
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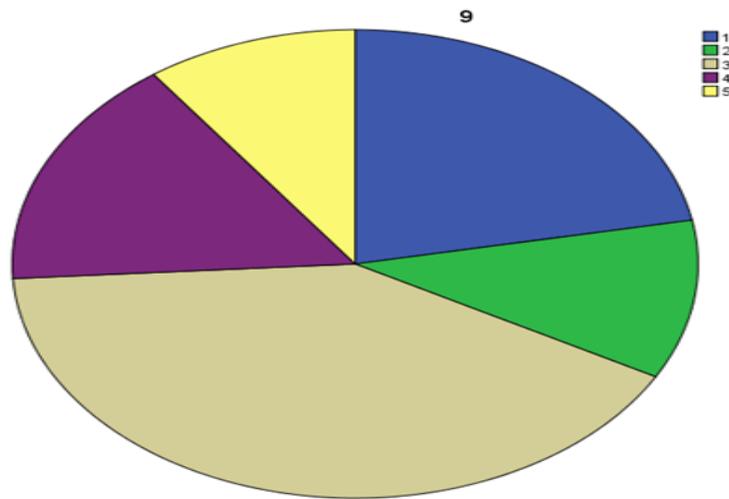
8					
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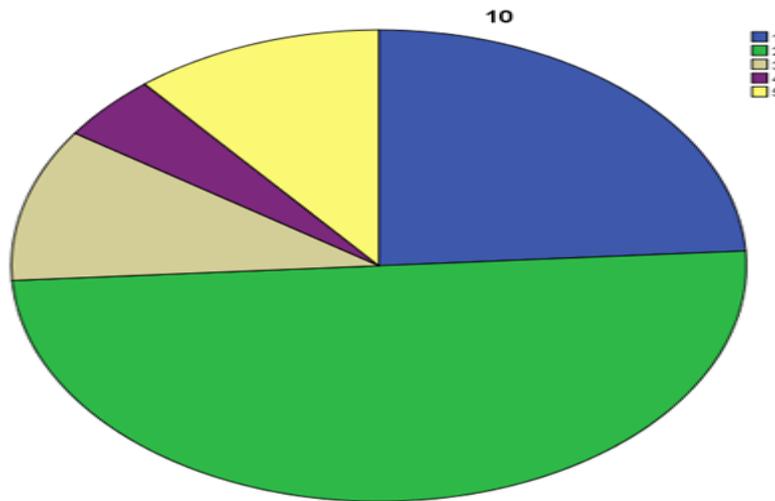
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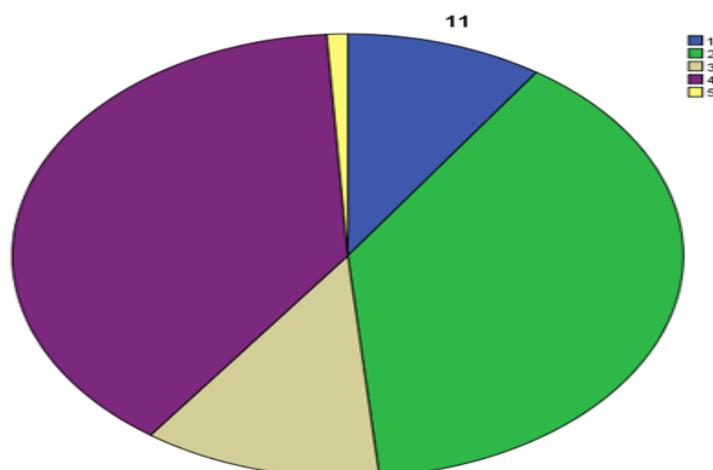
10					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	48	24.0	24.0	24.0
	2	100	50.0	50.0	74.0
	3	21	10.5	10.5	84.5
	4	9	4.5	4.5	89.0
	5	22	11.0	11.0	100.0
Total		200	100.0	100.0	

The percentage option one of item no 1 is 24%, option two is 50%, option three is 10%, option four is 4%, option five is 11%.



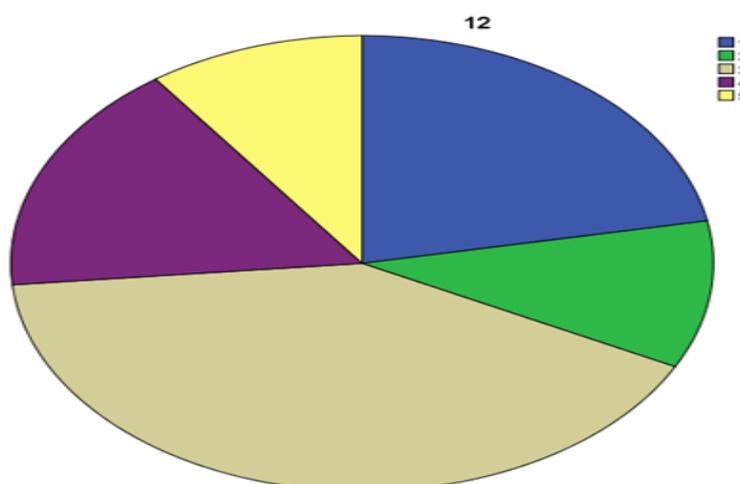
11					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	19	9.5	9.5	9.5
	2	78	39.0	39.0	48.5
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12					
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CONCLUSION

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Furthermore, the analysis of the patients in the provision of necessary facilities was also considered in the subject study. The circle of this study was limited to public sector of Lahore. Both the genders including male and female of various age groups unanimously disagreed in the provisions of basic facilities to the patients by the hospital's management of the public-sector of Lahore, Punjab. Patients were not satisfied and contentment level was drastically discouraging, as

observed in the live interactions with the patients. Quantitative method was adopted to investigate the problem. The sample size was 200 patients of public sectors hospitals. Data was analyzed by the usage of SPSS 23 software. The reliability of the first variable is .847 which is highly significant. Which recommends that the development of the questionnaire is highly satisfied. The reliability of the second variable is .818 which is also highly significant. Which recommends that the development of the questionnaire is highly satisfied. Both of the hypotheses were rejected and it was concluded that there is need of arrangements of facilities for the patients.

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