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Research Article

Satisfaction of the Patients in Government Hospitals and Mediating Role of Doctors in Lahore, Pakistan

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ABSTRACT
Healthcare facilitators face a burning issue of the patient satisfaction and contentment. The environment is competitive for the healthcare service facilitators and organizations. If someone desires to be in the competition with other hospitals functioning in the vicinity, needs to focus the issue of patient's fulfilment and also needs to develop and improve the standards of quality of healthcare. Expectations of the patients if fulfilled are basically the satisfaction of the patients. A hospital basically extends its potentials to meet the execrations and desires of the patients. In order to stay in competition, understanding the trends and needs is primary. Organizational development and learning for the provision of facilities is totally dependent on the critique and feedback of the patients. That is why, research has targeted the fulfillment of the patients. Physicians professional competence and expertise is best reflected through the mirror of patient's fulfilment and doctor-patient mutual relationship which they develop through the course of treatment and patients visits to the doctor. The questionnaire was translated into Urdu for optimum understanding by all the categories and age groups of the patients, for confirmation and satisfaction of the scholastic research it was tested on a total of twenty-five patients before actual dissemination and furthering the study. SPSS (Version 23.0) was utilized for the finalization of the analysis of the data. Instruments used for the result analysis were Chron Bach Alpha and T-Test. The results showed that there was difference of opinions among patients.

Keywords: Diabetes, Pakistan, Patient satisfaction, Doctor-patient interaction.

INTRODUCTION
Human Healthcare System purely basis on the needs and desires of the ailing individuals (patients). Provision of facilities has a direct link with the patient's fulfilment. Any service provider in any sector whether public or private considers the consumer preferences. It is also widely acknowledged by the facilitators of the healthcare department services. It is not only limited to the provision of the facilities but it also extends to the development of the overall system. Studies reflects that awareness in this regard is very much deep inculcated in the patients, as it also said in the process of healthcare that patients' opinion is the actual expert witnesses. Because, patients are

those individuals who face comforts or crimes of the healthcare system[1]. A shift in the requirement realization of the patient have been observed over the past ten to fifteen years, the accountability of the reports of patients are considered for the future developmental process for the provision of improved healthcare services in the department. These facilities are added with few other features like care and safety. If the wantonness of the patients is not given due consideration in the overall healthcare improvisation than the whole exercise is futile and waste[2]. The preferences of the patients care; in order to measure these preferences, numerous methodologies are employed, these methodologies evaluate the occurrences and one can systematically deduce the care factor in the light of factual reports. Following are the examples of these methodologies:

- Before any consultation clinician patients are assessed through questionnaires.
- Making patients a part of decision taken.
- Clinical guidelines views of the focused patient's groups.
- Feedback through the conduct of surveys for the provision of facilities in the healthcare process[3].

United Kingdom charter of the patients and NHS review highlights and focuses on the tools and techniques development for the measurement of the degree of patients satisfaction in the light of shared opinions and views, in addition puts emphasis to consider and weigh the patients point of view for any futuristic possible developmental process, it is also pertinent to mention that it also encourages the expansion and utilization of these surveys and questionnaires[4]. Developed countries have employed this charter, however, underdeveloped or in Pakistan as a developing country are still behind this monumental trend in healthcare facility provision. In developing countries these studies relating to the patient's fulfilment and satisfaction are limited in scope and synopsis; such as they are limited to medicines provisions, day care surgery or emergency department. The aroused situation gives rise to the study of such nature which surveys and focuses on the missing aspect of patient's opinion, specially the care extended to the patients during the admission in hospital. Treatment and its modalities are very expansive and in the limited budget allocation of a country like Pakistan this study becomes a necessary evil, because treatment is out of the capacity of a number of patients. From now onward, the study will bring such facts, data and information that will, for sure, assist the healthcare managers, decision makers and doctors for the identification and remedial of unsatisfactory factors in the healthcare facility provision[5].

SIGNIFICANCE

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[6]. 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[7].

LIMITATION OF THE STUDY

The research was limited to Lahore only. The third layer (tertiary) of the care and treatment of the hospitals was focused for the generalizations of the conclusion about the entire city of Lahore. In addition to that, only those patients were communicated those were still admitted in the hospitals. A possible tendency of the doctor's fear was evident in the patient's responses when asked about the framed questions.

HYPOTHESIS

1. There is no significant different in patients' opinions about doctors' behavior.

2. There is no significant different in information provided by patients about hospital services.

LITERATURE REVIEW

The key indicator of the objectives recommended by the researchers in the quality of medical care services is the satisfaction of the patients. In addition, how much a doctor is influential and successful in the measure of competence also depends on the patient's satisfaction, in otherwords patients-doctor'sinteractionserves as a catalyst [8]. Patients satisfaction also relies on the professionalism of doctors and their societal skills. A doctor needs to maintain both simultaneously. Technical skill with the mixture of ethical fiber and professionalism prove good ingredients to develop a better recipe of doctors. For the fulfillment of patients, a doctor needs to practice, exercise and demonstrate his skills at his best [9]. A sound physician's expertise lies in appropriate experience in his field, diagnosis ability, clinical procedures performance, prescription of the medical doze and above all learning the latest trends and developments in his field. Furthermore, illusive and two-way communication also plays its vital role in the medication and treatment by the physician. These all factors also decide the next visits of the patient to the same doctor that he visited last time. Experimental observation and literature clearly spells out that an unsatisfied patient will cease to visit his doctor as he considers the doctor incompetent and switches to someone else [10]. Similarly, it also leads to self-medication by the patients, this practice is observed frequently in the abandoned patients. Some less resourceful patientskeep visiting the same doctor due to the factors of unavailability of resources or due to his low economic and social stature, even being discontented [11].

In contrast to the developed nations, Pakistani medical students do not practice and comprehend the ethical perspective and communication expertise during the course of medical training. Doctors and physicians practicing in the public-sector interact with those patients who are unaware of hygienic health and also come from a low socio-economic circle. Condition of the hygiene in those patients is very poor. The need of the hour is to understand the overall situation faced by the physicians specially in the outpatient department in the public-sector [12]. Back in 2011 a survey held by Gallop Pakistan reveals that in the global doctor-patient grading Pakistan is graded very low as it scored only five points when compared to Ireland with a score of 66 as the highest score [10]. Diabetes Mellitus is another factor abundantly occurring in the 6.7% of the total population nationwide, which is again highest among the countries of the world.It is a threat that the rate of the same disease will further elevate in Pakistan in the days to come. Diabetes control and prevention needs rationalization in the planning process by the management and concerned authorities. The prerequisite and in time evaluation for the diabetic control facilities are need of the hour. Regrettably, the response from the healthcare department in the provision of free of cost facilities and consultation is not focused and it is an issue almost left unattended. The pumping of funds is another debilitating issue as the World Health Organization has also pointed out the same in Pakistan. Budget allocation in the healthcare department is one of the lowest among the other countries of the world in Pakistan, among that the share of Diabetes is even insignificant [13]. Furthermore, the healthcare facilities inaccessible to the people who are low paid or poor. Even in the major cities the situation is worst. Diabetes Mellitus treatment is unaffordable to the majority of people due to the factors of consultation, cost and availability of medicine [14].

Another experimental literatureanalysis also reveals; throughout the world the state of diabetes treatment is almost the same, one way or the other patient's fulfilment is a question unanswered.These facilities are also categorized as rare luxuries not in the access of everybody. The focus was on the patients of Type-1 and Type-2 diabetes patients. In addition to the type of diabetes few other factors were also considered such as illness duration, treatment mode and outcomes of the health. The good part of the scholastic research is that it also aimed at the

doctor's strengths as well as weaknesses in the clinical relevancy, it also identified few factors that can assist in the structuring and processing of the diabetes care programs. In the past studies

S No	Factors
(i)	Patients need detailed information
(ii)	Patients need attentive and careful listening of the problem
(iii)	Patients need empathy
(iv)	Patients need emotional support
(v)	Patients need friendly environment
(vi)	Patients need full and comprehensive explanation of the treatment process
(vii)	Patient need respectful dealing

While considering the above mentioned it can be deduced that the fulfilment of the patient has an inverse relation to the doctors frequent use of complex medical terminologies without the explanation of those medical terms [15]. Scholastic researches were also conducted only in the aspect of respect to investigate how it effects the patient's satisfaction; results clearly reflect that in the developed countries patients expect a higher level of mature and responsive behavior from physicians. Thisactual refers to the protective approach, as it is a persistent complex that doctors are in superior position when compared to patients. Non-adherence of the respect factor and tolerating the disrespectful behavior in the public-sector of Pakistani hospitals indicates the protective relationship of the patients and doctors [16].

METHODOLOGY

Quantitative method was adopted to investigate the problem. The sample size was 150 patients of public sectors hospitals. Data was analyzed by the usage of SPSS 23 software. The data was collected through face-to-face interviews.

DATA ANALYSIS

Cronbach's Alpha

Variable 1

Cronbach's Alpha	N of Items
.835	6

The reliability of the first variable is .835 which is highly significant. Which recommends that the patient's fulfilment and doctor's behavior were those aspects which highlighted and identified that the following factor also add to the overall treatment:

development of the questionnaire is highly satisfied.

Variable 2

Cronbach's Alpha	N of Items
.788	6

The reliability of the second variable is .788 which is also highly significant. Which recommends that the development of the questionnaire is highly satisfied.

Hypothesis 1

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

T Test Results

	T	Mean Difference	Df
Hypothesis 1	36.889	2.61111	149

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 $t = 36.889$. 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

	T	Mean Difference	Df
Hypothesis 1	42.250	2.78111	149

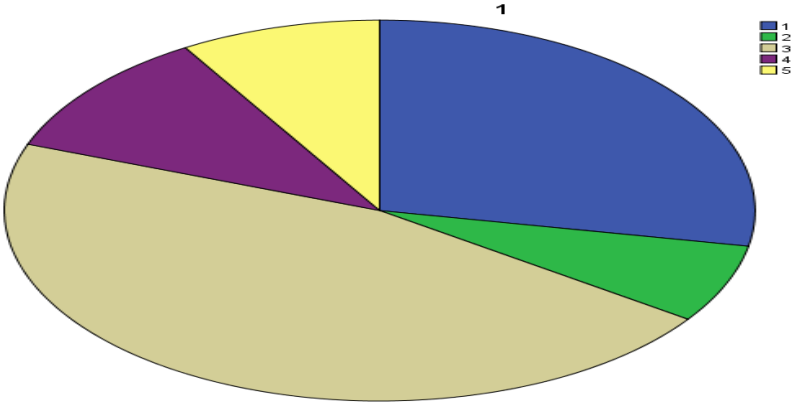
CONCLUSION

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 $t = 42.250$. Therefore, the null hypothesis is rejected and it concluded that there was difference of opinions among the information provided by hospital management.

Frequencies and Graphs

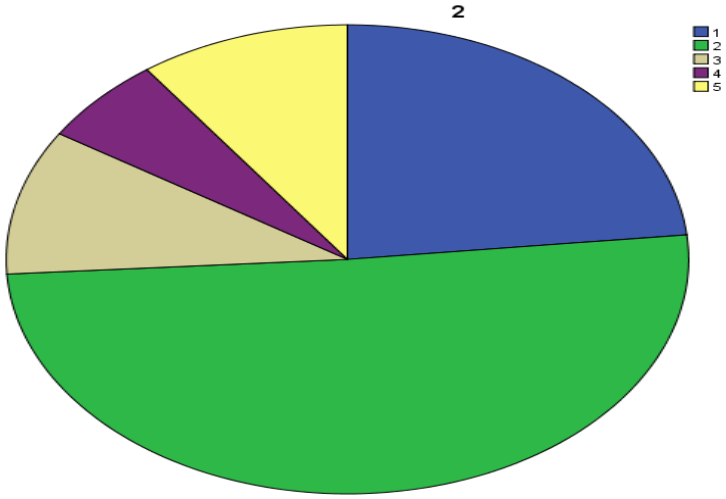
1					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	42	28.0	28.0	28.0
	2	10	6.7	6.7	34.7
	3	69	46.0	46.0	80.7
	4	16	10.7	10.7	91.3
	5	13	8.7	8.7	100.0
	Total	150	100.0	100.0	

The percentage option one of item no 1 is 28%, option two is 6.7%, option three is 46%, option four is 10.7%, option five is 8.7%.



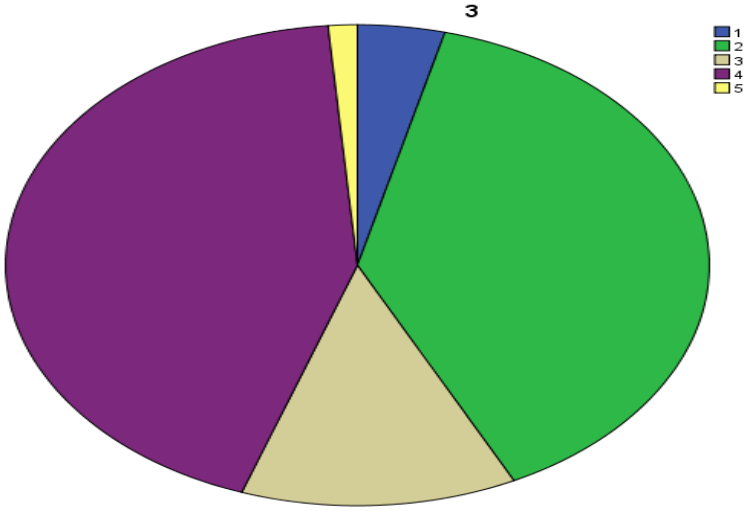
2					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	35	23.3	23.3	23.3
	2	76	50.7	50.7	74.0
	3	15	10.0	10.0	84.0
	4	9	6.0	6.0	90.0
	5	15	10.0	10.0	100.0
	Total	150	100.0	100.0	

The percentage option one of item no 1 is 23.3%, option two is 50.7%, option three is 10%, option four is 6%, option five is 10%.



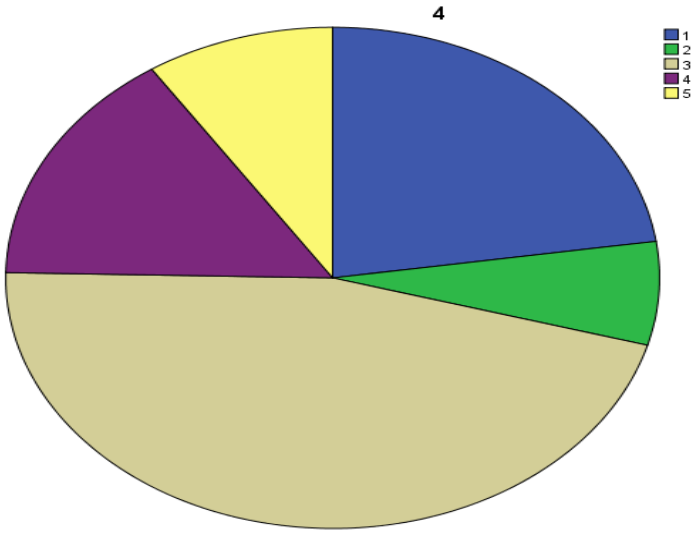
3					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	6	4.0	4.0	4.0
	2	58	38.7	38.7	42.7
	3	19	12.7	12.7	55.3
	4	65	43.3	43.3	98.7
	5	2	1.3	1.3	100.0
	Total	150	100.0	100.0	

The percentage option one of item no 1 is 4%, option two is 38.7%, option three is 12.7%, option four is 43.3%, option five is 1.3%.



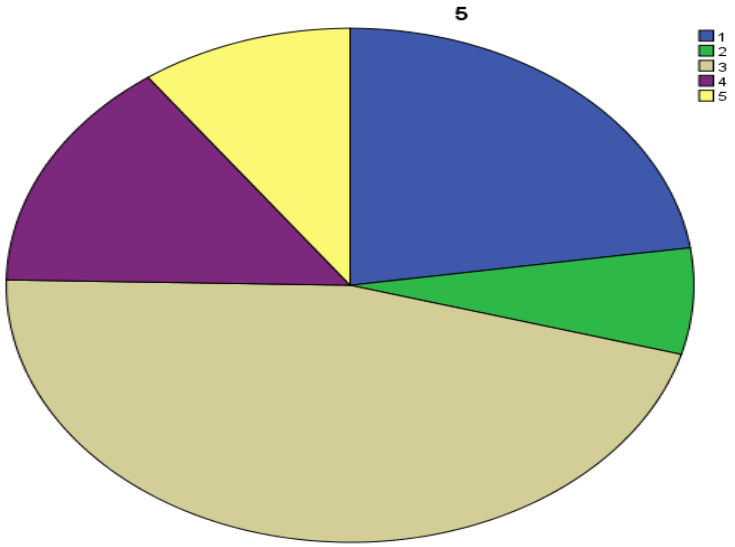
4					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	34	22.7	22.7	22.7
	2	10	6.7	6.7	29.3
	3	69	46.0	46.0	75.3
	4	23	15.3	15.3	90.7
	5	14	9.3	9.3	100.0
	Total	150	100.0	100.0	

The percentage option one of item no 1 is 22.7%, option two is 6.7%, option three is 46%, option four is 15.3%, option five is 9.3%.



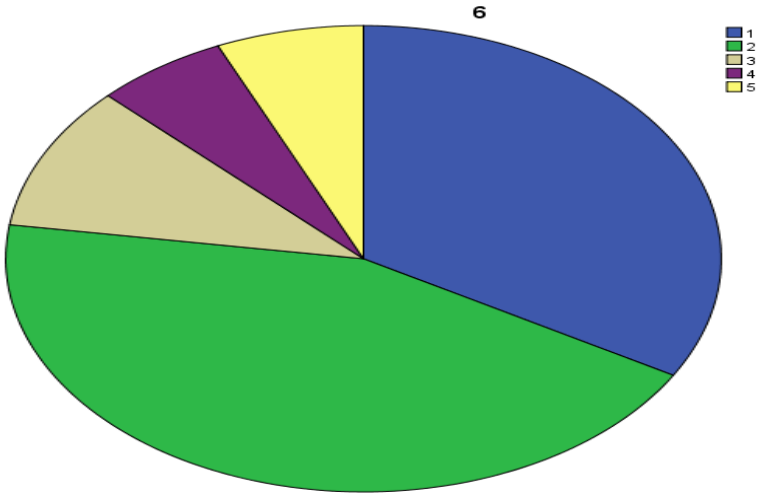
5					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	34	22.7	22.7	22.7
	2	10	6.7	6.7	29.3
	3	69	46.0	46.0	75.3
	4	22	14.7	14.7	90.0
	5	15	10.0	10.0	100.0
	Total	150	100.0	100.0	

The percentage option one of item no 1 is 22.7%, option two is 6.7%, option three is 46%, option four is 14%, option five is 10%.



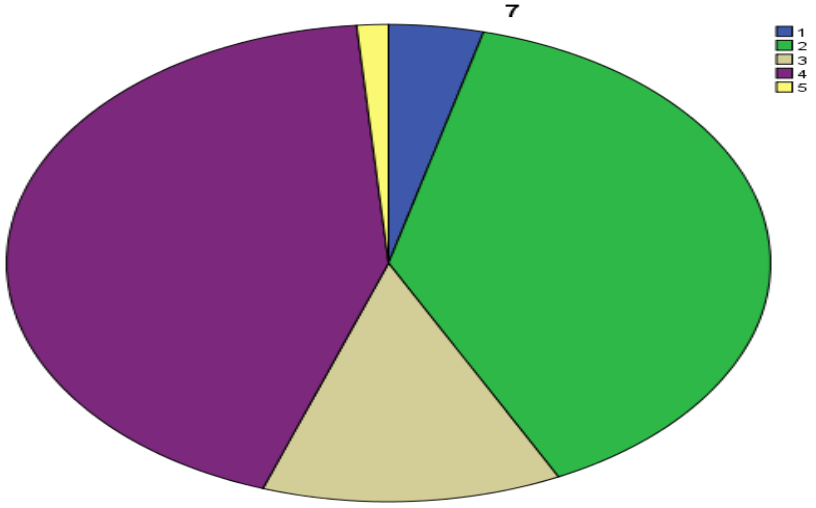
6					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	50	33.3	33.3	33.3
	2	66	44.0	44.0	77.3
	3	15	10.0	10.0	87.3
	4	9	6.0	6.0	93.3
	5	10	6.7	6.7	100.0
	Total	150	100.0	100.0	

The percentage option one of item no 1 is 33.3%, option two is 44%, option three is 10%, option four is 6%, option five is 6.7%.



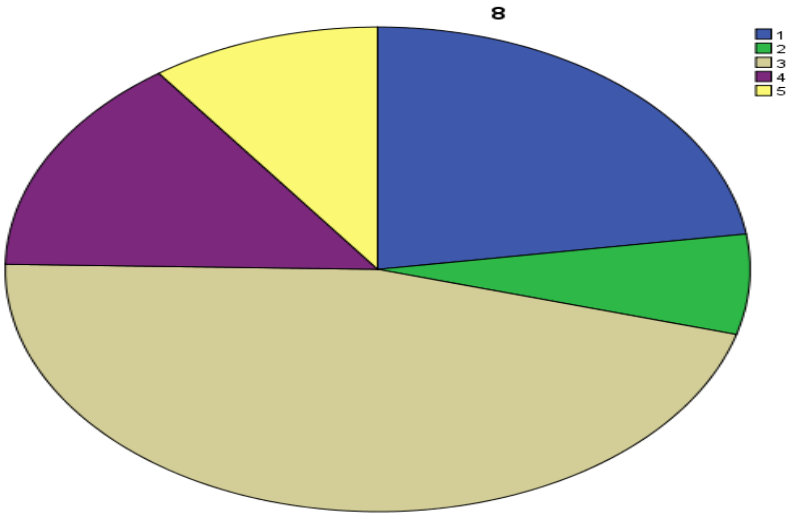
7					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	6	4.0	4.0	4.0
	2	58	38.7	38.7	42.7
	3	19	12.7	12.7	55.3
	4	65	43.3	43.3	98.7
	5	2	1.3	1.3	100.0
	Total	150	100.0	100.0	

The percentage option one of item no 1 is 4%, option two is 38.7%, option three is 12.7%, option four is 43.3%, option five is 1.3%.



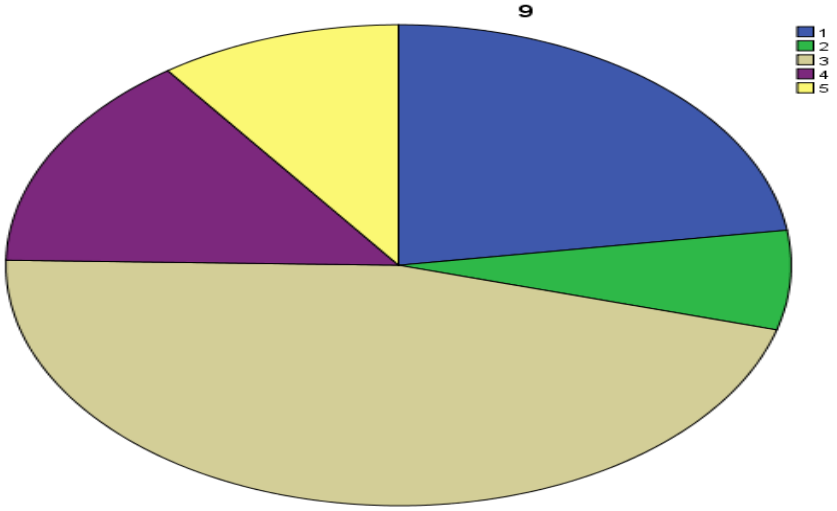
8					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	34	22.7	22.7	22.7
	2	10	6.7	6.7	29.3
	3	69	46.0	46.0	75.3
	4	22	14.7	14.7	90.0
	5	15	10.0	10.0	100.0
	Total	150	100.0	100.0	

The percentage option one of item no 1 is 22.7%, option two is 6.7%, option three is 46%, option four is 14.7%, option five is 10%.



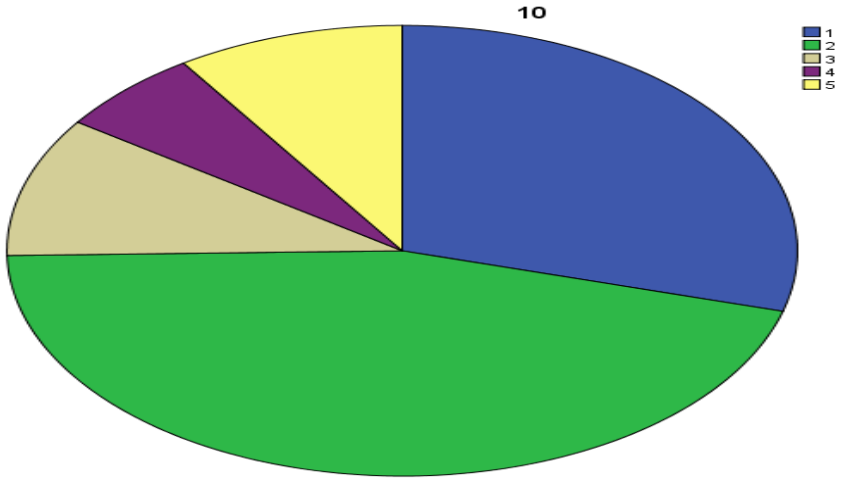
9					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	34	22.7	22.7	22.7
	2	10	6.7	6.7	29.3
	3	69	46.0	46.0	75.3
	4	22	14.7	14.7	90.0
	5	15	10.0	10.0	100.0
	Total	150	100.0	100.0	

The percentage option one of item no 1 is 22.7%, option two is 6.7%, option three is 46%, option four is 14.7%, option five is 10%.



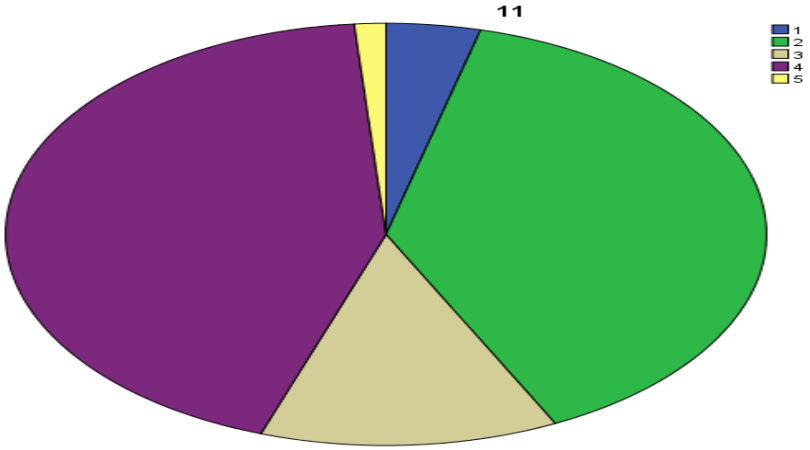
10					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	44	29.3	29.3	29.3
	2	68	45.3	45.3	74.7
	3	15	10.0	10.0	84.7
	4	9	6.0	6.0	90.7
	5	14	9.3	9.3	100.0
	Total	150	100.0	100.0	

The percentage option one of item no 1 is 29.3%, option two is 45.3%, option three is 10%, option four is 6%, option five is 9.3%.



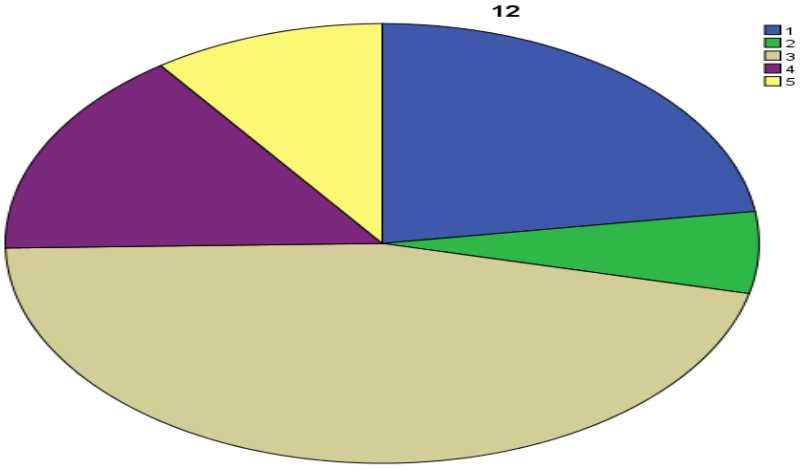
11					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	6	4.0	4.0	4.0
	2	58	38.7	38.7	42.7
	3	19	12.7	12.7	55.3
	4	65	43.3	43.3	98.7
	5	2	1.3	1.3	100.0
	Total	150	100.0	100.0	

The percentage option one of item no 1 is 4%, option two is 38.7%, option three is 12.7%, option four is 43.3%, option five is 1.3%.



12					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	34	22.7	22.7	22.7
	2	9	6.0	6.0	28.7
	3	69	46.0	46.0	74.7
	4	23	15.3	15.3	90.0
	5	15	10.0	10.0	100.0
	Total	150	100.0	100.0	

The percentage option one of item no 1 is 22.7%, option two is 6%, option three is 46%, option four is 15.3%, option five is 10%.



CONCLUSION

The outcomes and results of the scholastic research puts emphasis on the need of deloping the doctors in the faculties of slinical expertise, interpersonal and communication skills. This will bring better results for the improvement of overall system's quality in public-sector of Pakistan. Potential research assignment should focus on the exploration on factors specific to the context in the satisfactionof the patients. Surveys during the

research provided mixed and varying opinions from the patients. Patients were mainly displeased with the following services not being provided:

- Non-availability of consultation by the specialists' doctors.
- A new doctor attending the same patient in every next visit.
- Non-availability of any physical examination.
- Very slow or stagnant healing process in the disease.
- Accurate and pinpoint diagnosis of the disease by the doctors.
- Fear of asking questions by the doctors about the complexity of the disease.

When the problem was probed in qualitative manner it also highlighted the resourcefulness of the patients in countries like Pakistan, as everything is out of the reach of patients even minute information and details are inaccessible. Diabetes Mellitus needs an attention of such a level where state is directly owning and handling the strategy for the eradication of the diabetes. Tolerance level of the doctors needs improvement specially in the case of treating the illiterate and underprivileged for the satisfaction of the patients. This can be achieved by training the doctors in the communication skills that best meet the requirement of the explanation to the patients. Lower classes dealing is another issue which can be expertly resolved b training the doctors on organized and sequential manner.Doctors consultation and attending the patients time need increment and the wait time of the patients in contrast needs reduction. A possible solution to this very problem is enrolment of new specialist's doctors. In the OPDs of diabetic control which are free of cost, ethical and strict professional service provision is also required for the enhancement of the quality of healthcare in the public-sector of Pakistan. Regular surveys in this regard have the potential to oppose a positive addition for the solution of the dissatisfaction problem in the patients. Public-sector healthcare needs direct, continuous and strict supervision and state-control. A good corporate and managerial control can assure the better provision of facilities to the public-sector by the state departments. Some sectors are almost in competition to the developed countries but there is also an urgent need for the overall improvement of the department as a whole. A deep and enhanced involvement with the patients is required by the comrades of healthcare department for patient's fulfilment by extended support, being informed and regularly getting feedback. This will add immensely in the patient's satisfaction.

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