



THE AGA KHAN UNIVERSITY

eCommons@AKU

Community Health Sciences

Department of Community Health Sciences

June 2012

Determinants of patient's satisfaction with health care system in Pakistan: a critical review

Maliha Naseer
Aga Khan University

Aysha Zahidie
Aga Khan University

Babar Tasneem Shaikh
Health Services Academy

Follow this and additional works at: http://ecommons.aku.edu/pakistan_fhs_mc_chs_chs

 Part of the [Community Health Commons](#), [Health Services Administration Commons](#), and the [Health Services Research Commons](#)

Recommended Citation

Naseer, M., Zahidie, A., Shaikh, B. T. (2012). Determinants of patient's satisfaction with health care system in Pakistan: a critical review. *Pakistan Journal of Public Health*, 2(2), 52-61.

Available at: http://ecommons.aku.edu/pakistan_fhs_mc_chs_chs/135

Determinants of patient's satisfaction with health care system in Pakistan: A critical review.

Maliha Naseer¹, Aysha Zahidie¹, Babar Tasneem Shaikh²

¹Department of Community Health Sciences, Aga Khan University, Karachi. ²Health Systems and Policy Department, Health Services Academy, Islamabad. (Correspondence to Naseer M: maliha.naseer@aku.edu)

Abstract:

Patient satisfaction with health care services is considered an important factor of quality health care. Although research on patient satisfaction has become standard in many developed country, in countries such as Pakistan the concept of patient satisfaction is still relatively neglected. This study aimed to find out the determinants of patient satisfaction from existing literature in Pakistan. The literature search was carried out by using the database of Medscape, Medline, PakMedinet and PubMed, without any language restriction using MeSH words as "patient satisfaction AND health care system in Pakistan" and "Determinants of patient satisfaction AND Pakistan". Twenty-one articles were found which discussed the concept of patient satisfaction and its determinants with health care system in Pakistan and other developing countries. Variable level of patient satisfaction with health care services was identified in literature review, more with private hospitals as compared to public hospitals and health care providers. Patient experiences and their expectations with health care services were found to be important determinant of patient satisfaction in Pakistan. Young age, female gender, literacy and high social class are few patient characteristics influencing level of patient satisfaction. In addition lack of privacy, autonomy, involvement in decision making, poor communication, and sanitation/hygiene leads to bad patient experience hence decreased satisfaction. This review highlights the complex and interrelated determinants of patient satisfaction with health care system in Pakistan. Prompt attention to patients' expectations, enhancing responsiveness of health care system and consideration of patient's perceptions is of utmost importance to increase patient satisfaction outcomes. (*Pak J Public Health 2012;2(2):56-61*)

Keywords: Patient satisfaction, Health care system in Pakistan, Determinants of patient satisfaction, Pakistan.

Introduction

Every country has its own health care system to cater specific health care needs of its population in a unique social and cultural milieu. Main goal of health care system is to deliver equitable, effective and accessible health care services to enhance patient satisfaction (1). The patient or customer's satisfaction is a multidimensional and broader concept taking into account the individual perceptions, expectations and experience together (2). Satisfaction is a subjective feeling in which a person compares his/her own assessment (i.e. experience) of available health care with his/her expectations and it is defined as "health care recipient's reaction to salient aspects of his or her experience of a service" (3). Since the last two decades, lot of emphasis has been laid down to the measurement of patient satisfaction with the health care services and health care system as a whole.

Patient satisfaction is an important component of healthcare quality reflecting healthcare provider's ability to meet patient's needs and expectations. In many countries assessment and measurement of patient satisfaction with the health care system is recognized as the key indicator of

health care quality which is defined as the "the totality of features and characteristics of a service that bear on its ability to satisfy a given need" (4). Measurement of patient satisfaction with the health care system is important in several aspects. Literature has shown that a satisfied patient is more cooperative and compliant with the medical treatment regimen. By identifying the level of patient satisfaction and the factors associated with dissatisfaction, a country can address the gaps in health system, can bring reforms and improve overall health status of its population. Patient satisfaction surveys enhance health care provider's accountability and leads to service delivery improvements efforts by the hospitals and physicians. It also improves patient safety level and lowers the cost of care. It is also used to compare the performance of different health care systems globally, and to identify health care policies, health services organization and the provider's behaviors that best respond to patients' expectations or needs (5-7).

In the light of available research this paper intends to discuss various determinants of patient satisfaction with the health care system in Pakistan. This will help policy makers, health care managers and physicians to identify

the reasons of patient dissatisfaction and design potential interventions to enhance their satisfaction with health care system. The literature search was carried out by using the database of Medscape, Medline, PakMedinet and PubMed, without any language restriction using MeSH key words as "patient satisfaction AND health care system in Pakistan" and "Determinants of patient satisfaction AND Pakistan". Twenty-one articles were found which discussed the concept of patient satisfaction and its determinants with health care system in Pakistan.

Health care delivery system in Pakistan and Patient Satisfaction

Islamic republic of Pakistan lies in the Eastern Mediterranean region of World Health Organization and population wise it's the 6th largest nation of this world. Pakistan is a welfare state and the provision of food, shelter, clothing, health and education is the responsibility of state (8). Following the spirit of the AlmaAta declaration in 1978, Pakistan's government established an extensive network of primary health care facilities to improved accessibility of the population to the basic health care facilities with a main aim of providing equitably, effective and accessible health care services at a cost that individual can afford (9).

Health care delivery system in Pakistan is mixed type, comprising of public, private and the informal health care sector. According to national health survey that was conducted in year 1998, the utilization of public primary health care facilities is not more than 21% and approximately 79% of the population utilizes private health care sector that includes both trained private health care sector (49%) and non formal health care sector (30%) including hakims, Unani healers, herbalists and quacks (10). There are numerous reasons for low utilization of public sector health care services and dissatisfaction from government health care facilities, among them unavailability of doctors and paramedics due to staff absenteeism, short supply of essential medicine and other equipments are major ones (11).

Pakistan spending not more than 0.55% of GDP on the health sector and this along with poverty, illiteracy, cultural factors, lack of patient satisfaction and trust on the government health care facilities, poor structure and sanitation, physical inaccessibility, lack of political will, commitment and public health policy are the other potential causes for severe under utilization of public health care facilities (12).

Out of the many causes of underutilization of

government health care facility, patient satisfaction is one which has not been explored to greater extent in Pakistan. Although it's not a new concept but there is no inclination of incorporation of patient suggestions and recommendations in the delivery of services according to patient expectations by the government. Studies has been done in the past that show decreased patient satisfaction with the government health care facilities and increased utilization of private health care facilities across all income quintiles (lower to higher socioeconomic status) (13). Studies have been done in Pakistan to determine the patient satisfaction with inpatient, outpatient and emergency health care facilities. However studies done at the local level in different parts of country showed variable level of patient satisfaction with health care services. No data is available at the national level to represent the level of patient satisfaction by responsiveness domains.

Determinants of patient satisfaction

Donabedian philosophy is globally acknowledged to encompass selected indicators to measure outcomes i.e. patient satisfaction. The indicators included in this philosophical framework are structure, process or outcome in nature. Structure indicators have medical as well as non medical determinants. Medical determinants are based on health care system that comprises of doctors and paramedic staff, training and equipment effectively. Non medical determinants of health care are physical infrastructure that constitutes the environment and availability of spacious room. Process indicators refer to the things done to and for the patient by practitioners in the course of treatment (14,15).

Broadly speaking patient expectations, perceptions and their experiences with health care system are the main determinants of patient satisfaction worldwide. These domains are interrelated and interconnected with each other and can simultaneously affect patient satisfaction (Figure 1).

1. Patient expectations

Patient's expectations with the health care providers and health care system play fundamental role in the concept of patient satisfaction. Patient compares his/her own experience of health care with expectations and this assessment of patient expectations about health care services helps health care providers to measure their satisfaction (16).

As an evaluative and measurement tool of quality assurance, expectations make the concept of satisfaction more complex. There are three categories of patient



Figure 1: Determinants of patient satisfaction with health care system

expectations identified from literature: i.e. a) Background expectations which are explicit resulting from accumulated learning of treatment and consultation processes b) Interaction expectations refers to patient expectations regarding the exchange of information between patient and health care provider c) Action expectation which is about the action that doctor will take, examples of action expectation includes prescribing, referral or advice from a doctor (17).

Different patients hold different expectation based upon their knowledge and prior experience and are therefore likely to change with accumulating experiences. Patients with lesser expectations usually have higher satisfaction rates and it is evident from a cross sectional survey conducted at outpatient department of Civil Hospital Karachi (18). Patient expectation in terms of emotional support by health care providers, listening by the doctor with patience, understanding and explanation of the disease process, provision of correct and relevant information, proper diagnosis and treatment, prescription of medicines, ordering of investigations and specialist referral were identified from patient expectations surveys conducted in Pakistan (19-23). Waiting time of not more than 30 minutes and consultation time of not less than 20 minutes in the hospital outpatient and emergency department are some other expectations. These expectations are affected by patient characteristics as age, sex and marital status as well as psychosocial determinants.

a) Patient characteristics

Patient characteristics such as age, ethnicity, sex, socioeconomic status, education, and marital status are often used globally in patient expectation surveys as a proxy measure for patient expectation (24). Patient factors that predict and influence patient expectations with the health care are increasing age, male gender, high socioeconomic status and education as these were found to be positively associated with patient satisfaction in various surveys conducted in Pakistan. Older people have lower/modest expectations thus likely to be more satisfied with health care than do younger people. Older people expect lesser information from doctor and more likely to comply with medicine or prescription advice than younger people. Gender was found to be an inconsistent predictor of patient satisfaction in studies reviewed, as few studies showed that females tend to be lesser satisfied with health care services provided by the doctors and paramedic staff as compared to males. High expectations, diverse experiences or lack of decision making power in Pakistani women are the potential reasons (25,26).

Educational attainment has been identified as having a significant impact on satisfaction and studies showed that higher level of education is associated with lower level of patient satisfaction as educated patients are more likely to have good understanding of disease and they expect a better communication from health care providers (27). Among other determinants of patient satisfaction the relationship between satisfaction and socioeconomic status was also explored. People from low social class were found to be more satisfied with the treatment provided as compared to people from higher social class. A survey conducted in one of the tertiary care hospital in Pakistan to identify the predictors of satisfaction of geriatric patients with the care provided indicated that patients belonging to low social class i.e. having income between 5000-1000 Pakistani rupees were 1.68 times more likely to be satisfied as compared to other classes (21,28). Although ethnicity affect level of patient expectation but has not been explored in Pakistani context.

b) Psychosocial determinants

Variety of Psycho social factors also influences patient satisfaction. Psychological disorder such as affective distress and somatic preoccupation negatively influence patient satisfaction. In addition personality of patient also has an impact as anxious and depressed patient with negative personality traits are less likely to satisfy (29).

2. Patient experience as determinant of satisfaction

Patient experience is a strong predictor of patient satisfaction. Almost all patient satisfaction surveys conducted worldwide are intended to measure patient experience with health system for quality improvement of the health care services. World Health Organization uses measures of patient experience with the health care system as an indicator of responsiveness of health care system. The performance or for that matter the responsiveness of the system is reflected by an overall improvement in the health status of the people served, ensuring equity and efficiency, while protecting individuals from catastrophic cost (30). The level and distribution of responsiveness of health care system is therefore an important determinant of the patients' satisfaction with the health care system performance. According to World Health Organization, responsiveness of the health care system should be measured by asking the people about their experience while utilizing health care services (31). Patient satisfaction, quality of health care and patient's own experience are the corner stone of health care system responsiveness. Responsiveness specifically refers to the manner and environment in which people are treated when they seek health care. Eight domains of patient experience determine health system responsiveness. All of these domains of responsiveness are significantly and positively associated with patient satisfaction. Levels of patient satisfaction is variable from country to country and even in the countries having similar health outcomes and similar infrastructure of health care system, 10% of this variation in the level of patient satisfaction has been explained by the patient experience (24).

Patient experience and factors affecting are also explored through surveys conducted in public and private health care facilities. One of the surveys that was conducted at four major public hospitals showed that structure of the hospital measured on the basis of availability of medical health, building, cleanliness of room and availability of beds has impact on determining patient satisfaction (32). Unavailability of beds, long waiting times to get admission into hospital, unavailability of doctors and paramedical staff, lack of basic amenities such as non availability of drinking water and problem of sanitation were the main determinants of patient dissatisfaction (33). Patient centeredness that includes number of factors like availability of medicine in pharmacy, availability of time, getting attention of nurse and doctor listening skills were

also measured and found to be positively associated with patient satisfaction (34). An interventional study was conducted in one of RHC in Karachi showed a 34% level of patient satisfaction level at the baseline which raise to 80% over a period of one year after interventions mainly aimed at improving doctor and staff communications skills, capacity building on management of diseases, staff competence and introduction of quality of care concept in health care providers (13).

Similarly results of surveys conducted in Karachi to determine predictors of patient dissatisfaction with emergency services indicates that unavailability of beds, long waiting time in emergency department, followed by financial constraints, involvement of multiple specialty and lack of continuity of care are major predictors (35,36). According to a cross sectional survey carried out at a major tertiary care hospital in Karachi showed that the overall patient satisfaction level was at the level comparable to European countries. However, the results according to responsiveness domains 68% of patient reported that "they never asked for the views on quality of care provided". 48% patients report that "they had to wait for a very long time to get bed in ward". Lack of autonomy, prompt attention and effective communication by the doctor and nursing staff are the main factors responsible for patient's dissatisfaction in private tertiary care hospital in Karachi, Pakistan (25).

There is no concept of autonomy or involvement of patients in the treatment decision in both public and private health care sector in Pakistan, illiteracy and lack of awareness about their own rights might be the potential cause. Likewise other factors influencing patient experience with the health care services are continuity of care at various levels of health care provision and proper referrals (37,38). One of the cross sectional survey conducted in year 2004 showed that among patients who were referred by LHWs (lady health worker) 31.6% of patients were not satisfied with their management at the referral facilities. Long time to reach the referral facility, long distance to health facility and outcome of condition were significantly associated with patient dissatisfaction (39). Patient satisfaction represents an important aspect in quality of health care (40). One of the main concerns of any health care units is to achieve a high level of patient satisfaction by providing a better quality service. Trust on attending physician and word of mouth are two factors found to be highly and positively associated with satisfaction with physician and health care facility.

3. Patient perceptions

Perceptions of the patient regarding health care facilities are as equally important as assessment of patient expectations and perceptions. Self perceived health status and personality of the person utilizing health care services are important determinants of patient perceptions (41). This domain of patient satisfaction has not been explored yet in Pakistan. Other interventions that shows considerable improvement in patients' perceived quality of care and attached satisfaction is contracting out of services at public health facility leading to more availability of doctor, paramedic and medicines, reduce waiting time by increasing health personnels and decreasing staff absenteeism (42).

Conclusion and Recommendations

The paper attempts to present assimilated available information on patient satisfaction in Pakistan. Patient satisfaction is a measure of quality of care provided to the patients but the concept has suffered lack of formal attention to its meaning. From the literature review it is concluded that patients are more satisfied with the health care services if the health system is responsive in term of respect of dignity, autonomy and prompt attention and meeting their expectations. Patient expectations which are influenced by the patient characteristics such as age, social class, education and to lesser extent gender and ethnicity were found to be important predictors of patient satisfaction in many surveys. However, patient perceptions and other psychological factors are potentially neglected determinants. In Pakistan private health care sector is somehow responsive as indicated by few studies done in local settings but public sector is severely underutilized and there is no concept of quality improvement and quality service provision in government hospitals.

To improve patient satisfaction innervations at individual, hospital and health care system level are needed and includes: introduction of concept of quality care among health professionals, increase in staff competence and motivation leads to increased patient trust and satisfaction. One of the available and practical options to improve patient satisfaction is capacity building of health professionals including training the health personnel in interpersonal and communication skills. Majority of patient satisfaction surveys support this observation and may be more appropriate to resource-less countries as it is more cost effective than developing technical facilities. Above all, incorporation of patient satisfaction research findings at the national and local policy level will help in enhancing patient satisfaction with health care system in Pakistan.

References

1. World Health Organization. World Health Report 2000. Health systems- improving performance. Geneva: WHO; 2000.
2. Bleich SN, Ozaltin E, Murray CK. How does satisfaction with the health-care system relate to patient experience? *Bull World Health Organ* 2009;87(4):271-8.
3. Hills R, Kitchen S. Toward a theory of patient satisfaction with physiotherapy: exploring the concept of satisfaction. *Physiother Theory Pract* 2007;23(5):243-54.
4. Savage R, Armstrong D. Effect of a general practitioner's consulting style on patients' satisfaction: a controlled study. *BMJ* 1990; 301:968-70.
5. Quintana M, González N, Bilbao A, Aizpuru F. Predictors of patient satisfaction with hospital health care. *BMC Health Serv Res* 2006;6:102.
6. Bernhart M, Wiadnyana IG, Wihardjo H, Pohan I. Patient satisfaction in developing countries. *Soc Sci Med* 1999;48:989-96.
7. Newsome PRH, Wright GH. A review of patient satisfaction: Concepts of satisfaction. *Br Dent J* 1999;186:161-5.
8. Nishtar S. Choked Pipes-Reforming Pakistan's Mixed Health System (invited editorial). *J Pak Med Assoc* 2010;60(4):252-3.
9. Sabih F, Bile KM, Buehler W, Hafeez A, Nishtar S, Siddiqi S. Implementing the district health system in the framework of primary health care in Pakistan: can the evolving reforms enhance the pace towards the Millennium Development Goals? *East Mediterr Health J* 2010;16 Suppl:132-44.
10. Pakistan Medical Research Council. National Health Survey of Pakistan 1990-94. Islamabad: Ministry of Health; 1998.
11. Mushtaq MU, Gull S, Shad MA, Akram J. Socio-demographic correlates of the health-seeking behaviours in two districts of Pakistan's Punjab province. *J Pak Med Assoc* 2011;61(12):1205-9.
12. Ahmed J, Shaikh BT. An all time low budget for healthcare in Pakistan. *J Coll Physicians Surg Pak* 2008;18(6):388-91.
13. Shaikh BT, Mobeen N, Azam I, Rabbani F. Using SERVQUAL for assessing and improving patient satisfaction at a rural health facility in Pakistan. *East Mediterr Health J* 2008;14(2):447-56.
14. Sitzia J, Wood N. Patient satisfaction: a review of issues and concepts. *Soc Sci Med* 1997;45(12):1829-43.
15. Donabedian A. The Definition of Quality and Approaches to Its Assessment. Ann Arbor, MI: Health Administration Press; 1980.
16. Constantino MJ, Arnkoff DB, Glass CR, Ametrano RM, Smith JZ. Expectations. *J Clin Psychol* 2011;67(2):184-92.
17. Greenberg RP, Constantino MJ, Bruce N. Are patient

- expectations still relevant for psychotherapy process and outcome? *Clin Psychol Rev* 2006;26(6):657-78.
18. Jawaid M, Ali I, Rizvi BH, Razzak HA. Patient's satisfaction of surgical outpatient department using concise outpatient department user satisfaction scale. *Int J Surg* 2009;22(1):[doi:10.5580/5c0] Available from <http://www.ispub.com/journal/the-internet-journal-of-surgery/volume-22-number-1/patient-s-satisfaction-of-surgical-outpatient-department-using-concise-outpatient-department-user-satisfaction-scale.html>
 19. Siddiqui S, Sheikh F, Kamal R. "What families want - an assessment of family expectations in the ICU". *Int Arch Med* 2011;22(4):21.
 20. Ishaque S, Saleem T, Khawaja FB, Qidwai W. Breaking bad news: exploring patient's perspective and expectations. *J Pak Med Assoc* 2010; 60(5):407-11.
 21. Saleem T, Khalid U, Qidwai W. Geriatric patients' expectations of their physicians: findings from a tertiary care hospital in Pakistan. *BMC Health Serv Res* 2009;13:9.
 22. Qidwai W, Ali SS, Baqir M, Ayub S. Patient expectations from an emergency medical service. *J Ayub Med Coll Abbottabad* 2005;17(3):3-6.
 23. Qidwai W, Dhanani RH, Khan FM. Implications for the practice of a patient expectation and satisfaction survey, at a teaching hospital in Karachi, Pakistan. *J Pak Med Assoc* 2003;53(3):122-5.
 24. Bleich S, Özaltın E, Murray C. How does satisfaction with the health-care system relate to patient experience? *Bull World Health Organ* 2009;87:271-8.
 25. Imam S, Syed K, Ali S. patient's satisfaction and opinions of their experiences during admission in a tertiary care hospital in Pakistan- a cross sectional study. *BMC Health Serv Res* 2007;7:161.
 26. Sultana A, Riaz R, Hameed S, Arshad S, Tehseen I, Bilal A, Hayat M. Patient satisfaction in emergency department of District Head Quarters Hospital, Rawalpindi. *Rawal Med J* 2010;35(1):85-90.
 27. Jawaid A, Ahmed N, Alam SN, Rizvi B, Razzak HA. Patient's experiences and satisfaction from surgical outpatient department of a tertiary care teaching hospital. *Pak J Med Sci* 2009;25(3):439-42.
 28. Danish K, Khan U, Chaudhry T, Naseer M. Patient satisfaction; An experience at IIMC-T Railway Hospital. *Rawal Med J* 2008;33(2):245-8
 29. Funderburk JS, Fielder RL, Demartini KS, Flynn CA. Integrating behavioral health services into a university health center: patient and provider satisfaction. *Fam Syst Health* 2012 [in press].
 30. World Health Organization. *World Health Report 2009. A safer future: global public health security in the 21st century*. Geneva: WHO; 2009.
 31. World Health Organization. *The Health systems responsiveness analytical guidelines for surveys in the multi-country survey study*. Geneva: WHO; 2005.
 32. Sultana A, Riaz R, Rehman A, Sabir A. Patient satisfaction in two tertiary care hospitals of Rawalpindi. *J Rawal Med Coll* 2009;13(1):41-3.
 33. Sajid A, Ali H, Rashid M, Raza A. Impact of process improvement on patient satisfaction in public health care facility in Pakistan. *Proceedings of the 11th Quality Management and Organizational Development (QMOD) Conference; 2008 Aug 20-22; Helsingborg, Sweden: Linköping University Electronic Press; 2008*. Available from URL:<http://www.ep.liu.se/ecp/033/041/ecp0803341.pdf>
 34. Qidwai W, Karim S, Irfan F. Communication skills of family physicians in a doctor-patient consultation. *J Coll Physicians Surg Pak* 2003;13(11):674.
 35. Hassan R, Rehman A. Doctor patient relationship in gynecology department of public and private hospitals of Rawalpindi and Islamabad. *Pak J Med Res* 2011;50(2):75-9.
 36. Khan HI, Afzal MF, Khaliq N. Level of satisfaction of parents attending pediatric emergency. *Ann King Edward Med Uni* 2006;12(1):110-3.
 37. Ahmad M, Zafar A, Griffin S, Ahmad S, Orakzai N, Fayyaz F. An audit of patients' satisfaction after adult day-case surgery at Ayub teaching hospital, Abbottabad. *J Ayub Med Coll Abbottabad* 2005;17(1):22-5.
 38. Itrat A, Taqui AM, Qazi F, Qidwai W. Family systems: perceptions of elderly patients and their attendants presenting at a university hospital in Karachi, Pakistan. *J Pak Med Assoc* 2007 Feb;57(2):106-10.
 39. Afsar HA, Younus M, Gul A. Outcome of patient referral made by the lady health workers in Karachi, Pakistan. *J Pak Med Assoc* 2005;55(5):209-11.
 40. Shaikh BT. Quality of health care: an absolute necessity for patient satisfaction. *J Pak Med Assoc* 2005;55(11):514-6.
 41. Nguyen Thi PL, Briançon S, Empereur F, Guillemin F. Factors determining inpatient satisfaction with care. *Soc Sci Med* 2002;54(4):493-504.
 42. Loevinsohn B, Haq I, Couffinhal A, Pande A. Contracting-in management to strengthen publicly financed primary health services-The experience of Punjab, Pakistan. *Health Policy* 2009;91:1723.