PATIENT SATISFACTION IN TERTIARY PRIVATE HOSPIATL IN DHAKA: A CASE STUDY ON SQUARE HOSPITAL LTD.

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ABSTRACT

There is always dispute that private health sector offers better service to the patients than public sector. People ready to disburse extra currency from their wallet in exchange of tenable treatment. The upper class of the country has been increasing due to open market economy, thus creating the needs of establishing tertiary hospital. The objective of this study is to find out factors which mostly contribute on patients' satisfaction in newly established tertiary hospital in Dhaka. Square Hospital Ltd was selected for the study to identify whether they satisfy patients' needs or not. An analysis covering 100 patients revealed that cost of treatment, physical evidence, doctor services, nurse services and feedback from patient lead to a higher level of patient satisfaction.

KEYWORDS

Patient satisfaction, Private hospital, Service.

INTRODUCTION

Health and Socio-economic developments are so closely intertwined that it is impossible to achieve one without the other (Ramani and Mavalankar, 2006). Health care for population is primarily the responsibility of state in most of the countries around the world including Bangladesh. Even in the highly free market economies like USA and Singapore, the government play very important role in health sector to ensure healthcare to population. But state sponsored health services are often unable to meet demand of country due to a set of factors like capacity constraints (Hasan and Rahman, 2002).

To face this challenge, Government of developing countries allocating more funds in health sector to curtail the sufferings of her citizens. Nevertheless, public services are experiencing more discerning and discriminating patients, who may choose between private and public sector services (Rowly, 1998). Several studies have also shown that people in general have a preference to seek healthcare services from the private sector (Ramani and Mavalankar, 2006). Hence, the private sector is viewed as inherently more efficient (Awio and Northcott, 2001).

The quality of services provided by the hospitals is contingent on market incentives: because private hospitals are not subsidized and depend on income from clients, they will be more inclined than public hospitals to provide quality services and to meet patients' needs better. By doing so, they will not only be able to build satisfied and loyal clients who will revisit the same facility for future needs; the clients will also serve as a source of referrals to recommend the private establishments to friends and family, thereby sustaining the long-term viability of private hospitals (Andaleeb et.el, 2007).

Since 1990 Bangladesh economy started to experience flourishing due to adopting free market economy. Certain number of middle class family entered into upper class during this period. This upper class visit neighboring country particularly in India for their medical needs. They are ready to spend money for the betterment of their health. Identifying this need, Lab Aid hospital was established to cater these patients. Moreover, seeing the success of Lab Aid, other company jointly or individually established tertiary hospital like Apollo, Square and United Hospital. Consequently, patients are taking medical services from these hospitals other than going outside the country and saving national currency.

Andaleeb (2007) undertook a research with his colleagues regarding patient satisfaction on public, private and some foreign hospitals operating in Bangladesh. A search of the literature suggests that no research, however, has been conducted on newly established tertiary hospitals about patient satisfaction. The reasons of patients return into these hospitals are yet to be discovered. It is likely that the patients revisit hospital either for better quality and satisfaction provided by the hospitals or no choice left for them to have treatment other than these establishments. With the development of private health care amenities, particularly in Dhaka city, it is imperative to assess the quality of services delivered by these institutions and determine the level of satisfaction perceived by the patients. If satisfaction issues are being compromised by these establishments, it calls for the re-evaluation of policy measures to redefine their role, growth and coverage, and to seek appropriate involvements to ensure that these institutions are more quality-focused and better able to meet the needs of their patients.

Consequently, this study was designed to determine whether patients are satisfied with the quality services of hospitals or deficiency of opportunities of tenable treatment in public and other private hospitals compelling them to revisit these institutions.

The study also attempts to find out the factors which mostly contribute in patients' satisfaction and encouraging them to visit domestic hospitals other than foreign.

PRESENT SCENARIO OF HEALTH CARE IN BANGLADESH

Private providers are more diverse in terms of the services offered, training level of the medical staff, legal organizational status, system for medicine use and whether or not the doctors also have public sector employment. Private providers range from NGOs, mainly offering promotional and family planning services, for-profit providers (both very small practices and large modern health facilities) to traditional healers and homeopathic providers as well as licensed pharmacists and unlicensed drug sellers (World Bank paper, 2005).These can be shown in the following table:

TABLE – 1: KEY HEALTHCARE PROVIDERS IN BANGLADESH

Government of Bangladesh	Private	NGOs
University and Medical College Hospitals	Private Clinics and Hospitals	NGO Hospitals
District Hospitals	Private practitioners	NGO Clinics
Upazilla Health Complex	Traditional Providers	
Union Health and Family Welfare Center	Homeopathic Providers	
Community Clinics	Unqualified providers	
Specialized Hospitals	Drug Retail Outlets	
Other Facilities	Retail Sale of Other Medical goods	
Health Facilities in other Ministries and Autonomous Corporations		

Source: World bank Paper, 2005

A striking feature in the composition of health spending in Bangladesh is the large share of drugs in the total out of pocket expenditure. Over 70 percent of the household out-of-pocket expenditure is on medicines and almost 46 percent of total health expenditure (THE) is attributed to drug retail expenditure. The large shares of drugs in the total expenditure suggest a high degree of self-medication and the pre-dominance of pharmacists in the delivery of outpatient services. While the public sector is used in particular for inpatient services and preventive care, the private sector provides the large majority of outpatient curative care

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(90 percent of ARI and diarrhea of children is treated in the private sector). NGO activities are concentrated on family planning and immunization services (World Bank paper, 2005).

TABLE-2: SELECTED INDICATORS OF HEALTH FINANCING IN BANGLADESH, 2003

Indicator	Value
Total expenditure on health as percent of GDP	3.2%
Total per capita spending in average exchange rate	US$ 12
Public health spending as percent of total	44.2%
Public health spending as percent of total government budget	8.7%
External resources as percent of total of public health expenditure	13.3%
Private health spending as percent of total	55.8%
Out-of-pocket expenses as percent of total private spending	93.2%

Source: NHA 2003, WHO, 2001

The health sector, public and private is increasing its capacity to meet the needs of growing population in urban and rural areas. The actual fact is difficult to obtain as the research by BBS is undertaken once in a while. In earlier, it was witnessed that public sector was still dominating in providing medical facilities to its populace. Some key information regarding health sector can be noticed in the following table.

TABLE 3: PRESENT SCENARIO OF HEALTH SECTOR

1. No. of Beds in Health Sector	38,171	MIS/2008
2. No. of Beds in Private Sector	36244	DGHS/2009
3. No. of Registered Physicians	49,994	BMDC/2009
4. No. of Hospitals in Public Sector	589	DGHS/2009
5. No. of Clinics/Hospitals in Private Sector	2271	DGHS/2009
6. Population per Physicians	2860	DGHS/2008
7. Physicians per 10,000 population	03	MIS/2008
8. Population per Bed	1860	DGHS/2009
9. Physician to Nurse Ratio	2:1	DGHS/2008
10. Population per Nurse	5720	DGHS/2009

Source: Health Information Unit (MIS), Directorate General of Health Services, Mohakhali, Dhaka –1212.

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

Patient satisfaction is vital for a number of reasons. For one, today's buyers of health care services in developed countries are better informed, more discerning, knowing exactly what they need (Andaleeb et al., 2007). Customer satisfaction is also a valuable competitive tool; hospitals that are customer focused have been able to increase capacity utilization and market share (Gregory 1986; Boscarino 1992). Recent research has shown that service satisfaction can significantly enhance patients' quality of life (Dagger and Sweeney, 2006) and enable service providers to determine specific problems of customers, on which corrective action can then be taken (Oja et al., 2006).

Patient satisfaction is generally defined as "the patient's fulfillment response" (Oliver, 1997). It is a judgment that a health care gives service in a pleasurable level of consumption-related fulfillment. In other words, it is the overall level of contentment with a service/product experience (Andaleeb et al., 2007). Cheryl L. Stavins (2004), R.N., FACHE, senior vice president, Texas Children's Hospital, mentioned that there is hardly any one-time fix and sustainable approach to patient satisfaction. She considered training of the concerned employees as an essential integral part to improve patient satisfaction. She also indicated the necessity of a torch-bearer group who would be dedicated to keep the effort in the forefront of the organization to deliver the highest level of satisfaction to the patients.

Jerry Spicer (2002) showed that there are seven factors are vitally important as to deliver the highest satisfaction; (i) the consistency of measuring the reliable statistics regarding the patients' condition, (ii) level of dissatisfaction around the environment, the improvements tools and the infrastructure (as part of Six Sigma Philosophy) (iii) the level of monitoring at several points throughout the treatment, (iv) program regarding the clinical outcome, (v) aid structure regarding customer perceived services along with marketing programs, (vi) quality improvement strategy that includes the act of caregivers and (vii) the positive "word-of-mouth" about the staff members.

Monnin and Perneger (2002) developed 14-item scale, which can be used to assess the level of satisfaction of patient especially in the physical therapy area, (i) simplicity of administrative procedure, (ii) courteousness and helpfulness of secretary, (iii) ease of scheduling, (iv) skill and ability of physical therapist to put patient at their comfort level, (v) explaining what the patients will go through during the treatment, (vi) receiving worthy information any patients need at the end of their treatment concerning their future,

(vii) the sense of security at every level of period of the treatment, (viii) degree to which treatment meet the need of to patients' problem, (ix) effortlessness of access of physical therapy facilities, (x) helping patient find patients' way around and in hospital buildings, (xi) level of Comfort of the relaxing atmosphere, (xii) calmness of the rooms, (xiii) overall treatment and (xiv) 'word of mouth'. The important component of health services in the context of tertiary hospital, as derived from theoretical considerations is as follows.

FACTORS INFLUENCE ON HEALTH SERVICES

Doctor Services

Patients' satisfaction is created through a combination of responsiveness to the patient's views and needs, and continuous improvement of the healthcare services, as well as continuous improvement of the overall doctor-patients relationship. Moreover, sustainable relationship depends on reliability between each other. But in Bangladesh, reliability of the doctor is often perceived as low for various reasons, such as the accusation that doctors recommend unnecessary medical tests, supervision of patients by care providers is irregular, and specialists are unavailable (Andaleeb et al., 2007). Perceptions of reliability are also attenuated when doctors do not provide correct treatment the first time. In view of these reliability drivers, the more reliable the doctor, the greater the patients' satisfaction.

Communication

Communication is also vital for patient satisfaction. If a patient feels alienated, uninformed or uncertain about her health status and outcomes, it may affect the healing process. When questions of concern can be readily discussed and when patients are consulted regarding the type of care they will be receiving, it can alleviate their feelings of uncertainty (Cohen, 1996). Also, when the nature of the treatment is clearly explained, patients' awareness is heightened and they are better sensitized to expected outcomes. Appropriate communication and good rapport can, thus, help convey important information to influence patient

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satisfaction. In particular, patients expect from doctors to listen carefully to the patients, explain things in a way so that patients could understand, show interest for what the patients say, spend enough time with patients, visits sufficiently to the patients, consult with patients relatives regularly.

Nurse Services

Professionals nurse can deliver better quality service to the patients. On the other hand, Knowledge, skill and courtesy of the nurses can provide a sense of assurance that they have the patient's best interest in mind and that they will deliver services with integrity, fairness and beneficence. In the health care system, assurance is embodied in service providers who correctly interpret laboratory reports, diagnose the disease competently, provide appropriate explanations to queries, and generate a sense of safety (Andaleeb et al., 2007). Nurses also play an important part in providing additional support to patients' feelings of assurance by being well-trained and by addressing their needs competently.

Nurse empathy and understanding of patients' problems and needs can greatly influence patient satisfaction. Moreover, patients expect nurses to provide personal care and mental support to them. The greater the care to the patients, the greater the satisfaction of the patients.

Health Care Time

A busy doctor is often a popular doctor with a great reputation. However, by waiting too long for an appointment, patients may compromise their health. The one consistent feature of dissatisfaction which has been expressed with the out-patient service is the length of waiting time in the clinic (Hart, 1995). Patient satisfaction in hospitals will be achieved when the needs of patients will be fulfilled. Regular visits of doctors are one of the existent demands among patients.

Staffs Empathy

Health service quality is multi-dimensional. Besides medical care, patients also want comfortable rooms, courteous and empathetic staff (Angelopoulou et al., 1998), Lochman (1983) and Gibbs (1989). The success of health sector whether public or private is totally determined on the way service providers offer it to the patients. It is said empathic behavior reduce half of disease. Consequently, assuring the good quality of health care services is an ethical obligation of health care providers. (Zineldin, 2006).Therefore, Good quality of care is considered to be the right of all patients and the responsibility of all staff within the hospital.

Physical Evidence

Physical evidence that the hospital will provide satisfactory services is very important to patient satisfaction judgments. Generally, good appearance (tangibility) of the physical facilities, equipment, personnel and written materials create positive impressions. A clean and organized appearance of a hospital, its staff, its premises, restrooms, equipment, wards and beds can influence patients' impressions about the hospital (Andaleeb et al., 2007). However, in Bangladesh, most of the hospitals/clinics are lacking in many of the above attributes, thereby attenuating patient satisfaction. However, private hospitals which were established within 5 years have better physical facilities than other hospitals. So, it can be said that better the physical evidence greater the patient satisfaction.

Feedback from Patient

The marketer's job does not end when the product is bought. After purchasing the product, the consumer will be satisfied or dissatisfied and will engage in postpurchase behavior of interest to the marketer (kotler and Armstrong, 2006). Patients always expect the hospital staffs especially doctor and nurse will communicate and listen their feedback after leaving hospital. Sudden call from hospital to know patient health condition delight them certainly. Although, very few hospitals take this relationship building measure with their ex-patient. It can be posited that more call from staffs to know patients condition, the greater the patient satisfaction.

Cost of Treatment

In addition to service factors, perceived treatment cost is another factor that patients may perceive as excessive. In the more affluent Western world, Schlossberg (1990) and Wong (1990) suggest that health care consumers have become much more sensitive to costs, despite health insurance coverage. Wong also predicts that consumers will shop for the best value. In the developing world, especially Bangladesh, cost is a perennial concern among those seeking health care service, given their low earnings. Such costs include consultation fees, laboratory test charges, travel, drugs and accommodation. While basic health care service is supposed to be free in public hospitals, patients end up bearing the costs of medicine and laboratory tests, as well as some additional unseen costs. Private hospitals are not free but their costs vary markedly across hospitals.
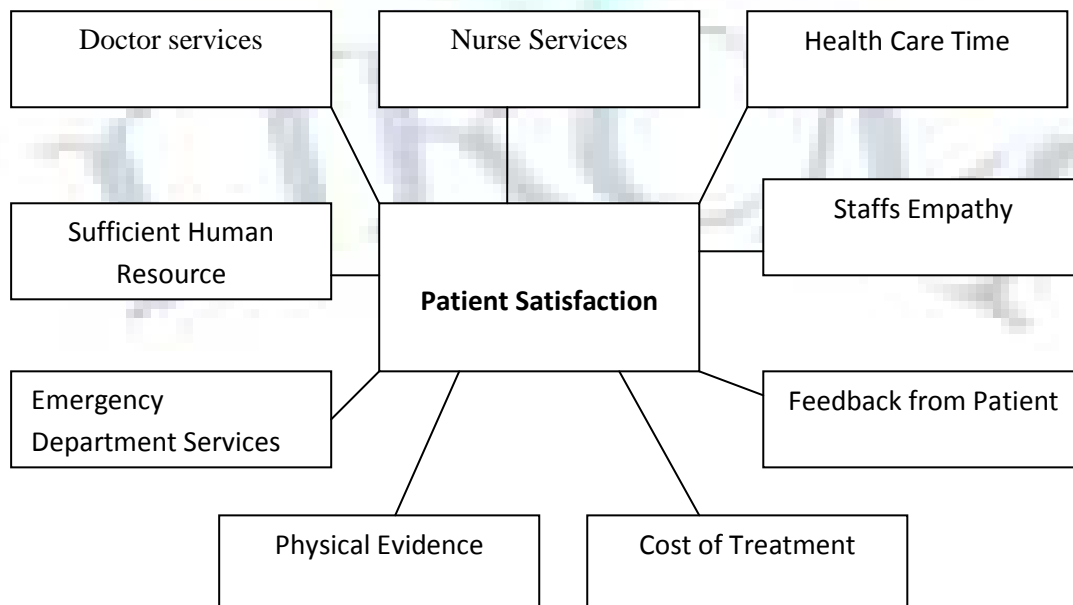
Sufficient Human Resources

Hospital with sufficient human resource signified as good hospitals (Lam, 1997). This resource includes doctor, nurse, ward boy, maid servant, administrative staff and receptionist. Patient satisfaction will be enhanced for the availability of sufficient resources as it help hospital to execute the services promptly and efficiently.

Emergency Department

Patients arrive at emergency departments in distress. Physical needs are addressed, but less pressing emotional and social needs often go unrecognized. Although patients may not articulate their concerns, they may later feel dissatisfaction if needs were unmet (Hostutler et al., 1999). Rapid and well-organized service of emergency department increases the patient satisfaction.

Therefore, the basic model being tested in the study is as follows:

FIGURE – 1: CONCEPTUAL MODEL OF PATIENT SATISFACTION

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Patient Satisfaction = a + b 1* Doctor services+ b 2* Nurse Services + b 3* Health Care Time
+ b 4* Sufficient Human Resource +b 5* Staffs Empathy
+ b 6* Emergency Department Services + b 7* Feedback from Patient
+ b 8* Physical Evidence + b 9* Cost of Treatment + error

OBJECTIVES

Under these circumstances, this study attempts to find out the factors that influence patients' satisfaction in square hospital ltd. in Dhaka. A better understanding of the determinants of patient satisfaction should help policy- and decision-makers adopt and implement effective measures to improve health care services in the country. The following are the main objectives of this study:

- find out the key factors that affect patients' satisfaction;
- find out whether patients are satisfied or not;

RESEARCH METHODOLOGY

The study was conducted on four major hospitals in Dhaka, over a four-week period from July 18 to August 15, 2010. Square Hospital Ltd was selected as sample hospital for the study. Both primary and secondary data have been used for conducting present research. Primary data have been collected by using direct interview and questionnaire method. A pilot test was conducted on selected samples. On the basis of respondents opinion from pilot testing necessary modifications of questionnaire was done. Non-probability Judgment sampling is the sampling technique in this research.

Sample Size and Data Collection

Total samples respondents are 100, comprising 40 female and 60 male patients, 58 patients under age 65 and 42 patients above 65. To be selected in the survey, patients had to be adults (age 18 and older) and admitted for at least a one night stay in the hospital. The sampling procedure began with the lists of respondents in 12 locations such as Purana Paltan, Dhanmandi, Mohammadpur, Lalmatia, Mirpur, Gulshan, Banani, D.O.H.S, Uttora, Mohakhali, Rampura and Malibagh. Interviews were taken in the residents of inpatients after 10 days of their hospital leave. The addresses of the inpatients were collected from the concerned hospitals with the permission of the authority. Interviewers were given a letter of introduction from a well recognized private university and guaranteed complete confidentiality so residents could see that the study was authentic. Finally, a telephone number was provided for respondents with questions or concerns.

As researcher anticipated some respondents would not be able to appear in interview due to their prolonged illness or disinclination about the study, primarily 120 samples were determined for the survey to avoid the incomplete questionnaires and missing data. At last 100 complete questionnaires were selected after the interview in selected locations for final input.

The secondary data have been collected through text books, journals and websites.

Sample Hospital

Square Hospital, Dhaka, Bangladesh, a concern of Square Group is a 300 bed tertiary care hospital. The hospital is an affiliate partner of Methodist Healthcare, Memphis, Tennessee, USA, Christian Medical College, Vellore and Care IVF (Invitro fertility centre) Centre.

Data Analysis

To analyze the data multiple regressions stepwise forward selection have been used. Stepwise forward selection, which involves starting with no variables in the model, trying out the variables one by one and including them if they are 'statistically significant'. If adding the variable contributes to the model then it is retained, but all other variables in the model are then retested to see if they are still contributing to the success of the model. If they no longer contribute significantly they are removed. Thus, this method should ensure that end up with the smallest possible set of predictor variables included in model.

RESULTS AND DISCUSSIONS

Personal Characteristics of the Respondents

Table (Appendix: 1) provides a socio-demographic profile of the respondents who participated in the study. As shown in the Table, the distribution of respondents' gender is quite balanced but their age, profession, income, house, living place and education is somewhat skewed. The age of respondents varied from 18 to more than 65 years old, but the highest percentage of respondents is in the age group 65 and above (42%). The percentage of respondents in other age groups is as follows: 14% ranging from 18 to 30 years old, 21 % from 31 to 45, and 23 % from 46 to 65 years. Nearly half of the sample of respondents are businessman (56 %) and 22% service holder, others are housewives and students. From the table it is evident that upper class and higher middle class are the patients of this hospital. Among the respondents 62% respondents have monthly income more than 75000 taka. Only 10% respondents have income ranging from 30000 to 50000. Since most of the respondents of the survey have higher income, they have their own house or apartment accounted for 87%. However, only 13% respondents live in rented house. Most of the respondents live in Dhanmondi (12) %, Gulshan (13%), Banani (10%), D.O.H.S (11%) and Mirpur (10%) respectively. Approximately 75 % of respondents have higher education, in which undergraduate level accounted for 30%, posgraduate-37%, Ph.D-8%.Together, SSC and HSC accounted for 25% of the sample. The study results tend to agree with current research that well-educated and rich people are most likely to visit this tertiary hospital.

Regression Analysis

Before conducting the regression analysis, the assumptions underlying multiple regression analysis were examined. Many scholars use Cohen's criteria for identifying whether the relationship between dependent and dependent variable is strong or weak (Cohen, 1983).   Applying Cohen's criteria for effect size (less than .01 = trivial; .01 up to 0.30 = weak; .30 up to .50 = moderately strong; .50 or greater = strong), the relationship in this study was correctly characterized as strong (Multiple R = .751).

A model with a large regression sum of squares in comparison to the residual sum of squares indicates that the model accounts for most of variation in the dependent variable. A model with a large regression sum of squares (53.855) in comparison to the residual sum of squares (41.700) in model 6 indicates that the model accounts for most of variation in the dependent variable. Here, Model 1, 2, 3 and 4 have a large residual sum of squares than regression sum of squares. However, Model 5 and 6 have large regression sum of squares in comparison to the residual sum of squares indicates that the model accounts for most of variation in the dependent variable.

The t statistics can help to determine the relative importance of each variable in the model. If the significance value is small (less than says 0.05) then the coefficient is considered significant. Collinearity (or multicollinearity) is the undesirable situation where the correlations among the independent variables are strong. Tolerance is a statistic used to determine how much the independent variables are linearly related to one another (multicollinear). A variable with very low tolerance contributes little information to a model, and can cause computational problems. VIF or the variance inflation factor is the reciprocal of the tolerance. As the variance inflation factor increases, so does the variance of the regression coefficient, making it an unstable estimate. Large VIF values are an indicator of multicollinearity. VIF of independent variables in all regression models ranged from 1.000 to 2.744 (Table-6). As a rule of thumb, a VIF value for a variable of less than 10 is deemed acceptable (Neuman, 2000; Hair et al, 1998.

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TABLE – 6: FACTORS INFLUENCE ON PATIENTS' SATISFACTION

Coefficients								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	1.977	.324		6.109	.000		
	Cost of treatment	.444	.084	.511	5.281	.000	1.000	1.000
2	(Constant)	.453	.473		.957	.341		
	Cost of treatment	.467	.077	.537	6.074	.000	.995	1.005
	Physical Evidence	.369	.090	.365	4.123	.000	.995	1.005
3	(Constant)	.189	.465		.406	.686		
	Cost of treatment	.439	.075	.505	5.881	.000	.976	1.025
	Physical evidence	.313	.089	.309	3.537	.001	.941	1.063
	Doctor Services	.322	.119	.238	2.708	.008	.932	1.073
4	(Constant)	.378	.487		.775	.441		
	Cost of treatment	.344	.079	.396	4.373	.000	.803	1.246
	Physical Evidence	.268	.086	.264	3.104	.003	.908	1.101
	Doctor Services	.422	.119	.312	3.548	.001	.851	1.176
	Nurse Services	.265	.093	.263	2.854	.006	.778	1.285
5	(Constant)	.283	.476		.594	.554		
	Cost of treatment	.417	.083	.481	5.032	.000	.684	1.463
	Physical Evidence	.332	.088	.328	3.754	.000	.817	1.224
	Doctor Services	.370	.118	.274	3.139	.002	.819	1.221
	Nurse Services	.352	.098	.349	3.592	.001	.662	1.511
	Feedback from Patient	-.253	.110	-.240	-2.296	.024	.568	1.759
6	(Constant)	1.468	.693		2.119	.037		
	Cost of treatment	.381	.082	.438	4.631	.000	.658	1.520
	Physical Evidence	.372	.088	.368	4.241	.000	.784	1.275
	Doctor Services	.404	.116	.298	3.489	.001	.807	1.240
	Nurse Services	.346	.095	.342	3.626	.001	.661	1.512
	Feedback from Patient	-.438	.134	-.416	-3.268	.002	.364	2.744
	Emergency Department	.627	.273	.269	2.300	.024	.432	2.314
a. Dépendent Variable: Patient satisfaction.								

After checking linearity assumption and multicollinearity problem satisfactorily, the multiple regression analysis of research models was run to test the expected relationships for predicting Patient Satisfaction. The regression model was run by simultaneously forcing all the independent variables in the model. The overall results from the regressions are reported in Table 1, 2 and 3. The overall regression model is statistically significant (*p*-value for the ANOVA F statistic is less than 0.001). The independent variables together explained 52.8 of the variance in Patient Satisfaction.

In table-3, the standardized coefficients (the betas), *t*-value for the significance test and significance value are reported. The absolute value of beta reflects the relative importance of a variable, thus the characteristic with the highest absolute beta is the most important variable in explaining the variance of the dependent variable. The findings indicate that among the nine variables that were expected to be related to Patient Satisfaction, only five were found to be significantly related to this dependent variable: Doctor Services (b_1=0.298, $p<0.01$), Nurse Services (b_2=0.342, $p<0.01$), Physical Evidence (b_5=0.368, $p<0.001$), Feedback from Patient (b_6=0.41, $p<0.01$), and Cost of Treatment (b_7=0.438, $p<0.001$). This can be showed in the following table:

TABLE – 7: VARIABLE RELATIONSHIPS AND SUMMARY OF THE FINDINGS

Relationships	Status
b 1* Doctor services → Patient Satisfaction	Supported
b 2* Nurse Services → Patient Satisfaction	Supported
b 3* Health Care Time → Patient Satisfaction	Not Supported
b 4* Sufficient Human Resource → Patient Satisfaction	Not Supported
b 5* Staffs Empathy → Patient Satisfaction	Not Supported
b 6* Emergency Department Services → Patient Satisfaction	Not Supported
b 7* Feedback from Patient → Patient Satisfaction	Not Supported
b 8* Physical Evidence → Patient Satisfaction	Supported
b 9* Cost of Treatment → Patient Satisfaction	Supported

Therefore, Doctor Services, Nurse Services, Physical Evidence, Feedback from Patient and Cost of Treatment lead to a higher level of Patient Satisfaction. Patient considers these factors while choosing hospital for health care. Based on sample, the cost of treatment has the greatest effect on patient satisfaction in the hospital. This factor deserves the most attention from administrators and policy makers responsible for building a better and more patient-centric health care delivery system. Since, the patients of the hospital are rich and ready to spend any amount for their better health and they never compromise their health for the higher cost. They admit hospital due to better treatment in reasonable cost from their perspective. Moreover, they can stay with family; therefore, psychological cost is avoided. Feedback from patient positively increases patient satisfaction. In most of the hospitals, especially in public hospitals patient do not have any opportunity to express their views after taking services. This tertiary hospital is exceptional and it encourages patients' keeping their feedback after the service. This opportunity leads to higher patient satisfaction. If hospitals are neat and clean, doctors and nurses are well dressed certainly leads to patient satisfaction. Most of the hospitals, especially public hospitals do not have satisfactory environment which will appease someone mind and ease the illness considerably. The square hospital has notable and pleasing physical environment which lead satisfaction to the patient. Finally, doctors and nurse services are vital determinant for patient satisfaction. If doctors and nurses listen carefully, concentrate on patients' problems and conduct compassionately, patients' become undoubtedly satisfied. These factors deserve the most attention from administrators and policy makers responsible for building a better and more patient-centric health care delivery system.

However, Health Care Time, Sufficient Human Resources, Staffs Empathy, Emergency Department Services do not have impact on patient satisfaction. This finding is counterintuitive. It can be analyzed that patients in Bangladesh are mostly doctor and nurse oriented. If they find doctors and nurses satisfying them, they ignore other determinants. Therefore, sufficient human resources, staffs empathy, emergency department services are not primarily considered by the patients of these tertiary hospitals.

RECOMMENDATIONS AND CONCLUSION

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The general quality levels of the hospitals were concluded to be very good, thus confirming the success of the use of quality service in these organizations. Hospital requires patients to run it business; patients, however, require satisfaction to meet their problems. When hospital services and patients expectations are matched, patients undoubtedly satisfied. The study findings indicate that patients in this hospital is highly satisfied and this satisfaction mostly comes from doctors and nurse services, reasonable cost, physical evidence as well as feedback from the patients. It is matter of pleasure that Bangladesh right now has some high-quality hospitals which serving nation in better way, refraining patient to visit hospitals in abroad. When patient leaves the country he/she bears financial and psychological cost, in addition, anxiety and insecurity about their family members. There is also a fear not to come back again in home country. Seeing the success of the tertiary hospital, successful and health conscious entrepreneur about to set up more sophisticated hospital like this hospital. Although, the public sector may have a role in the financing of health care; this can be coupled with private sector provision, or a public/private mix. The government should strive to increase the strength and the competitive environment of the private sector. Moreover, the cost of treatment is unaffordable for the major portion of the nation; the hospitals authority should take some footstep to bring them under the umbrella of their health care services.

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APPENDIX

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APPENDIX: 1: PERSONAL CHARACTERISTICS OF THE RESPONDENTS

Measures	Items	Frequency	Percent
Gender			
	Male	60	60.0
	Female	40	40.0
Age			
	18-30	14	14.0
	31-45	21	21.0
	46-64	23	23.0
	65 and Above	42	42.0
Profession			
	Student	9	9.0
	Service holder	22	22.0
	Businessman	56	56.0
	Housewife	13	13.0
Monthly Income			
	30000-50000	10	10.0
	50001-75000	28	28.0
	75001-100000	24	24.0
	100001 and Above	38	38.0
House			
	Own	52	52.0
	Own apartment	35	35.0
	Rented apartment	13	13.0
Education			
	SSC	12	12.0
	HSC	13	13.0
	Undergraduate	30	30.0
	Postgraduate	37	37.0
	Ph.D	8	8.0
Living place			
	Purana paltan	3	3.0
	Dhanmandi	12	12.0
	Mohammadpur	7	7.0
	Lalmatia	6	6.0
	Mirpur	10	10.0
	Gulshan	13	13.0
	Banani	10	10.0
	D.O.H.S	11	11.0
	Uttora	9	9.0
	Mohakhali	8	8.0

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