

“Evaluation of Patient Satisfaction in Healthcare Service: an analysis of comments from patients in a hospital survey”

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I. INTRODUCTION

Patients' Satisfaction

Patients' satisfaction is defined as the result of matching one's expectation of healthcare services with actual experiences whether it is pleasant or disappointed in Clinical set-up.

The level of satisfaction will be low if the services do not meet what the patients have wished. However, the patients will show a high level of satisfaction if their expectations are met. In addition, patients will feel highly satisfied and delightful if services are even better than what they have expected (1).

Many articles about patients' satisfaction suggested the following significant relationship:

- Satisfaction is the result of perceiving service implementation against expectation.
- Willingness to buy or come back to receive the same services is the effect of satisfaction.
- Expecting and willingness to have services create alternatives for patients.

Findings from various articles suggested that most patients are very sensitive about what is going on with their health condition. They honestly insist to know exactly what the problems are, the ways treatment might be taken in account and the consequences that might happen. They still do even though it might frighten or disappoint them in any ways (2).

Socio-Demographic Characteristics

Many people have a strong belief that the high levels of positive opinions of patients might be closely related to some independent factors such as standards of living, gender, age groups, and even status of the patients whether they are single, married, or widowed, etc. Nonetheless, some other researchers have concluded that there is little relationship between socio-demographic characteristics with satisfaction levels (3).

Some findings confirm that people who are from the same ethnic groups tend to pay more attention or to help the people who are from the same

sources. This idea is also said to apply in the performance done by physicians who are from the same groups as their patients (4).

The concern about relationship between age groups and level of satisfaction has also been studied. Some previous researchers have suggested that the older respondents seem to give more scores to the service providers since they have been going through the social services all their lives. They are said to be more understanding and accepting than younger respondents who usually have less social and commercial experiences of the real world and seem to judge things very quickly (5).

Patients' Experiences with Healthcare Service

One significant dependent variable in the study of patients' satisfaction is the patients' own experiences of the real service performances. This vital factor later also creates ones' hopes of receiving the same or a better quality of services than they get used to. People normally base their judgment of the services on seeing, touching, listening, smelling and tasting than the elements included in a set of quality service. For healthcare service, particularly patients will decide whether they are low or highly satisfied with service through feeling the direct elements of the services such as physical facility, physicians' consultation and treatment skill, nurses' consoling skill, pharmacy service, registering service, and so on.

Patients' opinion about qualify services would be instantly changed if the patient continuously experiences same services with different ways of serving. Self-involvement really matters in determination of ones' way of perceiving quality of care they received. Ways of judging patients' satisfaction are convincible if the evident provided is the latest, particular, reachable, and comprehensible.

Physical Facility

A study revealed that the majority of his respondents 71% showed a high level of satisfaction while the other 29% had a low level of satisfaction

regarding waiting time, cleanliness, and the setting of infrastructure around (6).

Physicians' and Nurses' Services

There are some findings that physicians' and nurses' communication skills with patients are the key components to a high level of patients' satisfaction. In a research done in Switzerland, physician-patient interaction has been suggested as the vital factor in predicting patients' satisfaction (7). Likewise, way of raising voice, physical feeling, communication and personal behaviors of physicians really contribute in bringing a higher level of users' satisfaction. Last but not least, Barry in 2001 mentioned in a study in Ireland that good interaction between physicians and their patients is the milestone to reach clients' satisfaction and continuous improvement of quality of care (8).

Pharmacy, Registration and, Service Principles

Additional services like pharmacy, registration and service flow are particularly mentioned to significantly influence the level of patients' satisfaction. The quality of pharmacy service including numbers of personnel, rates of prescribing medicines and waiting time to receiving medicines determine the result of patients' satisfaction (9).

Accessibility to Healthcare Service

Accessibility means physician-visiting structure, first-line reception, and availability of different physicians, personal house visitation, and the follow-up visits. Many factors are leading patients to feel frustrated when they are admitted to a hospital usually indicated as an embarrassing aspect, is the absence of clinical staffs in any working shifts, especially at nighttime. Emergency cases can happen anytime without warning; therefore, punctual and critical presence of necessary personnel must be under close monitoring. The trend of moving from public healthcare body to private one is increasing day to day as the result of such neglect. Good communication and capability to understand and share the feeling of others are now being perceived as the main aspects to patients' satisfaction (10).

Components of Patients' Satisfaction

The main elements of satisfaction comprise of *convenience, courtesy, and quality of care*.

Convenience

Convenience is defined as the comfort in approaching a set of standard quality of care such as chances of seeing wanted physicians, adequate waiting time, ease of meeting the required expectation and qualified services.

Users usually will come back to receive services from where they used to be satisfied. Researchers can use this characteristic to differentiate the quality of services provided. Furthermore, one main factor that should be considered for predicting the level of convenience is waiting time (11).

Courtesy

The last mentioned element of patients' satisfaction is courtesy. Courtesy is usually defined by respect, attentiveness, and care shown by the clinical personnel.

Quality of Care

Nowadays, hot issues like qualified health care service and patients' satisfaction are being crucially discussed throughout the world. Many different institutions have adopted a means to reflect on their service providing. Hi-tech, humanistic approach, educational backgrounds, communication, and means of transferring qualified service quality to the patients constitute the vitality of patients' satisfaction (12).

Efficacy, effectiveness, efficiency, optimality, acceptability, legitimacy, and equity are the seven main factors. Significant changes in health care service evaluating and enhancement are opening a new health care portrait for the service user. Formally accepted principles and apparatus to assessing and improving of health care service users are dated to the American College of Surgeon's, Hospital Standardization Program when it evolved into the Joint Commission on Accreditation of Healthcare Organization Accreditation Process (13).

Assessment of Patient Satisfaction in Healthcare Service

Assessment of users' satisfaction in healthcare services is a means of evaluating the healthcare service performances by clinical personnel. In addition, it also indicates the success and failure of service implementation and development in a way of perceived services.

Patient satisfaction is a very complicated principle, which is usually affected by some significant factors such as socio-demographic factors, personal

characters, physical and mental aspects, cause and effect of the services, and patients' expectations (14).

Theoretical Model for Constructing Conceptual Framework

- Satisfaction in term of convenience:
- Waiting time to obtain service
- Available care when required
- Base of receiving care
- Satisfaction in term of courtesy:
- Friendly and polite attitude of the service providers
- Provision of what is necessary for the welfare of a patient.
- Satisfaction in term of quality of care:
- The patients' perception of the service performance.

II. METHODOLOGY

The main objectives of this research was to assess the level of patient satisfaction in hospital services regarding physician-patient interaction; nurse-patient interaction; and patients' satisfaction in term of convenience, courtesy, and quality of care. By receiving permission from the director of the hospital, the research process was started from in-office data collection.

Study Design

A cross-sectional study design is particularly aimed to find out the levels of patients' satisfaction and its significant relationships with socio-demographic characteristics of the studied samples. Meanwhile, in order to achieve the set goals, a pre-interviewed questionnaire was adopted and used.

Study Population

Targeted samples were drawn from the patients who had visited the Marigold Hospital at the time of data collection.

Inclusion Criteria

- The outpatients whose age ranges are from 18 years to 65 years old.
- The patients who were willing to give consent.

Exclusion Criteria

- Patients who had mental problems.
- Patients who needed emergency attention.
- Patients who had not finished the interview process.

Research Instruments

The research instrument used in collecting data was a pre-structured questionnaire.

Questionnaire contained:

- Socio-demographic characteristics of the patients,
- Experiences of patients about outpatient department
- Physical facilities,
- Physician-patient interaction,
- Nurse-patient interaction,
- Experiences with pharmacy,
- Experiences with Registration.
- Accessibility to Outpatient Department
- Waiting time,
- Working schedule,
- and Service procedure.
- Patient Satisfaction towards Outpatient Department
- Accessibility,
- Courtesy,
- and quality of care, and last but not least
- Suggestion and comment for the improvement of Outpatient Department service.

Experiences of Patients about Outpatient Department

Experiences of patients who attended the services were divided into 3 sub-main parts including physician-patient interaction, nurse-patient interaction, experiences with pharmacy, and registration section.

Accessibility to Outpatient Department

Accessibility to Outpatient Department comprises waiting times for receiving services, working hours, physical facility, and service processes.

Patients' Satisfaction with Outpatient Department

Patient satisfaction statements were divided into 3 sub-main parts including convenience, courtesy, and quality of care by clinical staff.

Suggestion or Comments for Improvement

This last part is the only open-ended question described through patients' comments or suggestions for the improvement of Outpatient Department operation in Marigold hospital.

III. RESULTS

This study was aimed to find the level of patient satisfaction in Outpatient Department based on best

criteria. In addition, the researcher tried to figure out the possible relationship between the independent and dependent variables.

Socio-Demographic Characteristics of the Patients

Table 1 shows the socio-demographic characteristics of the samples collected at the time of data collection. The information includes age groups, gender, marital status, education background, occupations, and the number of visits to hospital. The respondents' ages were divided into five categories.

Table 1: Number and Percentage of Socio-Demographic Characteristics

| Socio-Demographic Characteristics | Frequency | |
|-----------------------------------|-----------|------------|
| | Number | Percentage |
| Gender: | | |
| Female | 110 | 55% |
| Male | 90 | 45% |
| Age (years): | | |
| 18-30 | 77 | 38.5% |
| 31-40 | 29 | 14.5% |
| 41-50 | 35 | 17.5% |
| 51-60 | 35 | 17.5% |
| Above 60 | 24 | 12% |
| Marital Status: | | |
| Single | 62 | 31% |
| Married | 127 | 63.5% |
| Widowed/Separated | 11 | 5.5% |
| Educations: | | |
| Illiterate | 26 | 13% |
| Primary | 50 | 25% |
| Secondary | 72 | 36% |
| High School/Diploma | 18 | 9% |
| Post-graduates | 34 | 17% |
| Occupations: | | |
| Student | 17 | 8.5% |
| Unemployed | 34 | 17% |
| Self-employed | 24 | 12% |
| Government Staff | 23 | 11.5% |
| Farmer | 54 | 27% |
| Worker | 25 | 12.5% |
| Private Company staff | 20 | 10% |
| NGO | 03 | 1.5% |
| Number of Visits (time): | | |
| 2-4 | 169 | 84.5% |
| Above 4 | 31 | 15.5% |

Gender:

More than one half of the total samples of 200 patients, 55% were females. The rest, 45% were males.

Age Groups:

The first group, from 18 years old to 30 years old, has the highest percentage of 38.50%; while the

third group, from 41 years old to 50 years old, has 17.5% and the fourth group, from 51 years old to 60 years old, has the same percentage of 17.5%. The second group from 31 years old to 40 years old; has 14.5% and the last group, from 60 years old and above has 12%.

Marital Status:

The highest proportion of the total sample tends to be the respondents who were married, accounting for 63.5%. Meanwhile, 31% of the respondents were single and 5.5% were separated or widows.

Education Background:

36% of the respondents had finished secondary school followed by 25% of the respondents who had ended up in primary school. Third in row, 17% of the respondents were patients with post-graduate degrees; while 13% and 9% of the respondents were illiterate, and finished high school, respectively.

Occupations:

In this section, the respondents were divided into eight different groups such as student, unemployed,

self-employed, government staff, farmer, worker, private staff, and NGO staff. The highest proportions, 27% were famers. 17% of the respondents were unemployed, in the second place; while 12.5%, 12%, and 10% were workers, self-employed, and private company staff respectively. The rest, 8.5% and 1.5% were students and NGOs' staff, respectively.

Number of Visits:

In this section, the majority, 84.5% of the total respondents had visited the Outpatient Department from 2 to 4 times and the rest, 15.5% had visited the department more than 4 times.

Experiences with Health Services:

Table 2: Number and Percentages of Experiences with Health Care Service

| Experience with Health Care Service | Frequency | | | |
|--|-----------|------|----------|------|
| | Agree | | Disagree | |
| | # | % | # | % |
| Physical Facilities: | | | | |
| - OPD's location is easy to find. | 199 | 99.5 | 1 | 0.5 |
| - OPD is clean and tidy. | 193 | 96.5 | 7 | 3.5 |
| - There are enough waiting chairs. | 177 | 88.5 | 23 | 11.5 |
| - There are clean toilets in the waiting area. | 70 | 35 | 130 | 65 |
| - The room is spacious, bright and airy. | 197 | 98.5 | 3 | 1.5 |
| Physicians' Services: | | | | |
| - Physicians introduced themselves to patients. | 49 | 24.5 | 151 | 75.5 |
| - Physicians told you the treatment procedure. | 132 | 66 | 68 | 34 |
| - Physicians critically asked your health problem. | 176 | 88 | 24 | 12 |
| - Physicians fully understood your complaint. | 191 | 95.5 | 9 | 4.5 |
| - You had chance to discuss your health problems. | 155 | 77.5 | 45 | 22.5 |
| - Physicians spent enough time in each consultation. | 89 | 44.5 | 111 | 55.5 |
| - There are adequate numbers of physicians. | 169 | 84.5 | 31 | 15.5 |
| Nurses' Services: | | | | |
| - Nurses welcomed you with respect. | 95 | 47.5 | 105 | 52.5 |
| - Nurses listened and answered to your complaints. | 144 | 72 | 56 | 28 |
| - Nurses prepared you for the consultation process. | 189 | 189 | 11 | 5.5 |
| - There are adequate numbers of nurses. | 174 | 174 | 26 | 13 |

Table 3: Number and Percentages of Experiences with Health Care Service

| Experience with Health Care Service | Frequency | | | | Comment |
|-------------------------------------|-----------|---|----------|---|---------|
| | Agree | | Disagree | | |
| | # | % | # | % | |
| | | | | | |

| | # | % | # | % | |
|---|-----|------|-----|------|------|
| Pharmacy Service: | | | | | |
| - Pharmacy staff showed respect towards you. | 135 | 67.5 | 65 | 32.5 | Good |
| - Pharmacy staff explained how to use medicines. | 157 | 78.5 | 43 | 21.5 | Good |
| - There were adequate amount of medicines. | 84 | 42 | 116 | 58 | Poor |
| - There were adequate staff in pharmacy. | 194 | 97 | 6 | 3 | Good |
| Registration: | | | | | |
| - Registration staff warmly welcomed you. | 136 | 68 | 64 | 32 | Good |
| - Registration staff politely told you where to go. | 55 | 27.5 | 145 | 72.5 | Poor |
| - There were adequate staff in the registration. | 182 | 91 | 18 | 9 | Good |

In physical facilities, the majority of respondents, 99.5% mentioned that the location of Outpatient Department was easy to find; 98.5% of the respondents agreed that the consultation rooms were spacious enough, equipped with good lighting system and well-functional ventilation appliances; 96.5% of the respondents stated that the department was clean and tidy; and 88.5% of the respondents also agreed that there were enough waiting chairs in the waiting area. However, the rate dramatically dropped down to 35% when the patients were asked about experiences regarding clean toilets in the waiting area.

Regarding physicians' services, 24.5% of the respondents agreed that physicians had introduced themselves to the patients before giving consultation, while 66% of the respondents mentioned that physicians had informed them of what they were going to do before beginning

treatment processes. Nonetheless, the majority of the respondents, accounting for 88% and 95.5%, said that physicians had critically asked and listened to the patients' complaints, respectively. Moreover, 84.5% of the respondents agreed that there were adequate numbers of physicians in each consultation room; while 77.5% and 74.5% of the patients mentioned that they had chances to discuss their health problems, and physicians had spent adequate times in consultation process.

Regarding nurses' services, 47.5% of the respondents agreed that nurses had welcomed them with respect. However, 72% of the respondents mentioned that nurses had listened and answered to patients' complaints. Moreover, the majority of the respondents, accounting for 94% and 87%, said that nurses had carefully prepared them for consultation process and there were adequate numbers of nurses in each consultation room.

Table 4: Respondents' Opinions by Levels of Total Experiences in OPD

| | Level of Experiences | Frequency | |
|------|----------------------|-----------|------------|
| | | Number | Percentage |
| Good | | 193 | 98.5% |
| Poor | | 7 | 3.5% |

Table 5: Number and Percentages of Accessibility to Health Care Service

| Access to Health Care Service | Frequency | | | | Comment |
|--|-----------|------|----------|------|---------|
| | Agree | | Disagree | | |
| | # | % | # | % | |
| Waiting Time: | | | | | |
| - Waiting time in registration process is appropriate. | 99 | 49.5 | 101 | 50.5 | Poor |
| - Waiting time for consultation is appropriate. | 178 | 89 | 22 | 11 | Good |
| - Waiting time for medicines is appropriate. | 188 | 94 | 12 | 12 | Good |
| Working Schedule: | | | | | |

| | | | | | |
|--|-----|------|-----|------|------|
| - Work schedules of O.P.D. are appropriate for you. | 198 | 99 | 2 | 1 | Good |
| - Clinical staff is present in all shifts. | 82 | 41 | 118 | 59 | Poor |
| Service Procedure: | | | | | |
| - Registration process was done timely. | 85 | 42.5 | 115 | 57.5 | Poor |
| - Good coordination was established between Registration, OPD, and Pharmacy section. | 191 | 95.5 | 9 | 4.5 | Good |

Table 6: Number and Percentages of Patient Satisfaction in OPD

| Accessibility to Health Care Service | Frequency | | | | COMMENTS |
|---|--------------|------|-----------------|------|----------|
| | Satisfactory | | Dissatisfactory | | |
| | # | % | # | % | |
| Convenience: | | | | | |
| - Ease of registering process | 88 | 44 | 112 | 56 | Low |
| - Ease of finding O.P.D. | 194 | 97 | 6 | 3 | High |
| - Equipment (Waiting chairs, toilets, rooms, beds, ventilation, and light.) | 196 | 98 | 4 | 2 | High |
| - Appropriate waiting time for consultation. | 181 | 90.5 | 19 | 9.5 | High |
| - Medical supplies (Blood pressure monitor, thermometers, stethoscopes, and scales. | 183 | 91.5 | 17 | 8.5 | High |
| - Presence of clinical staff. | 91 | 45.5 | 109 | 55.5 | Low |
| - Ease of coming back to visit in the same day if necessary. | 69 | 34.5 | 131 | 65.5 | Low |
| Courtesy: | | | | | |
| - Welcome attitudes by registration staff. | 95 | 47.5 | 105 | 52.5 | Low |
| - Language used by physicians. | 157 | 78.5 | 43 | 21.5 | High |
| - Friendly manners of nurses. | 184 | 92 | 16 | 8 | High |
| - Physicians' communication skills. | 175 | 87.5 | 25 | 12.5 | High |
| - Confidentiality of the patient records. | 154 | 77 | 46 | 23 | High |
| - Respectful manner by Pharmacy staff. | 183 | 91.5 | 17 | 8.5 | High |
| Quality of Care: | | | | | |
| - Physicians and nurses helped you to stay away from worrying. | 154 | 77 | 46 | 23 | High |
| - Self-confidence and ethic of physicians. | 164 | 82 | 37 | 18.5 | High |

| | | | | | | |
|--|-----|------|-----|------|------|--|
| - Quality of taking care by nurses. | 85 | 42.5 | 115 | 57.5 | Low | |
| - Chances in discussing with clinical staff. | 158 | 79 | 42 | 21 | High | |
| - Consultation and treatment methods. | 164 | 82 | 36 | 18 | High | |
| - Explanation and diagnosis by physicians. | 171 | 85.5 | 29 | 14.5 | High | |
| - Awareness of your health conditions. | 90 | 45 | 110 | 55 | Low | |
| - Adequate amount of drugs. | 82 | 41 | 118 | 59 | Low | |
| - Patients' condition after treatment. | 169 | 84.5 | 31 | 15.5 | High | |
| | | | | | | |

IV. DISCUSSION

Patient satisfaction surveys are essential in obtaining a comprehensive understanding of the patient's need and their opinion of the service received. In a survey conducted by Amin Khan, the level of satisfaction among 225 OPD patients was 86.67%. Physicians and nurses were perceived as friendly and helpful by 82.67% and 82.22%, respectively. Physical facilities and pharmacy services were perceived as good by 73.33% and 78.67% of the patients, respectively; and drugs were perceived as expensive by 30.67%. Access to the services was perceived as poor by 35.11%. Satisfaction level was influenced by marital status, main occupation, physical facilities, physicians' service, nurses' service, pharmacy services, registration services, waiting time, service process, and working hours. The study indicated the areas for improvement from the respondents' points of perspective (15).

Low patient satisfaction can lead to poor compliance with treatment and end up in poor health outcome. In a study implemented by Asma at Indira Gandhi Memorial Hospital, Male' Maldives only 10.4% of 251 patients were highly satisfied. It revealed that the respondents' perceptions of the services were not good in term of convenience, courtesy, quality of care, hospital fee, and physical facilities. Particularly, the patients' opinion was mainly affected by the staff's attitude (16).

Patient satisfaction is a vital tool in evaluating the quality of the healthcare service in the outpatient department. In another study conducted on a sample of outpatient at Pakistan Institute of Medical Science, Islamabad by Anjum, out of 200 randomly selected patients, 108 had high level of satisfaction. Medical expense, registration service and nurse's services were perceived as good by 81%, 77.5% and 76.5%, respectively, while pharmacy service, medical equipment, doctor's service, and physical facilities were relatively less

satisfied by 65%, 65%, 61.5%, and 53% of the patients, respectively. Satisfaction level was said to have significant relationship with distance from patient patients' living areas to the hospital and outpatient department timing. The study suggested that waiting time for service should be improved (17).

From these studies, it is evident that the satisfaction level of patients attending the outpatient department should be accessed periodically. From the current study, it is seen that 93.5% (187) of the respondents were satisfied with the services provided in the hospital. 98.5% of the patients were satisfied with hospital facilities. The assessment of the services offered by physicians, nurses, and pharmacists, also showed that 81.5-96% of patients were highly satisfied with the service. The amount of prescribed drugs and the friendliness of the registering staff need to be improved.

V. CONCLUSION

Patients receiving each hospital service are responsible for conveying the good image of the hospital; therefore, securing high satisfaction of patients attending the hospital is equally important for a hospital management team. Many studies about outpatient services have revealed some problem like overcrowding, long waiting time, high hospital fee, and poor behavior of staff, etc. In current study, it was found that the majority of the respondents were highly satisfied with the services offered. Patients were satisfied with logistic arrangement, nursing care, physicians' communication skills, number of staff etc. Education, physicians' services, nurses' services, and pharmacy's services were found to have significant relationships with patient satisfaction level. It is beneficial to understand that there is an opportunity for the improvement of the Outpatient Department service. Hence, it can be concluded that the outpatient department services form a vital

element to draw a good image of the hospital services and the patients' opinion are essential in quality improvement.

REFERENCES

- [1]. Oliver, R.L. A conceptual model of service quality and service satisfaction: Compatible goals, different concepts. In: Swartz TA, Bowen DE, Brown SN, and Stephen, Advances in services marketing and management: Research and practice, Vol. 2, Greenwich, CT: JAI Press, 1993. pp. 65-85.
- [2]. McQuity S, Finn A, Willey JB. Systematically varying consumer satisfaction and its implications for product choice [online]. Academy of marketing science Review 2000; (10): [1-18].
- [3]. Doborah L. Consumerism reflexivity and the medical encounter. Soc Sci Med. 1997; 45(3): 373-81.
- [4]. Aday LA, Anderson RM. Equity of access to medical care: a concept and empirical overview. Med care 1981; 19(12): 4-27.
- [5]. Doborah L. Consumerism reflexivity and the medical encounter. Soc Sci Med. 1997; 45(3): 373-81.
- [6]. Upreti SR. Consumer Satisfaction towards Health centers in Suphanburi province, Thailand [M.P.H.M. Thesis in Primary Health Care Management]. Bangkok: Faculty of Graduate studies, Mahidol University, 1994.
- [7]. Robert JS, Coale Redman RR. A history of the joint commission on accreditation of hospitals. JAMA 1987; 258: 936-40
- [8]. Likun P. Strategic issues for reducing patient waiting time and improving satisfaction with services at outpatient department of first affiliated, Kunming Medical college, P.R.C.A. [M.S. Thesis in Health Development Program] Bangkok: Faculty of Graduate Studies, Chulalongkorn University; 1996.
- [9]. Devokata SR. Consumer Satisfaction towards health services provided by health center in Muang district, Loeit province, Thailand [M.P.H.M Thesis in Primary Health Care Management] Nakhon Pathom: Faculty of graduate studies, Mahidol University ; 1997.
- [10]. Aday LA, Anderson RM. Exploring dimensions of access to medical care: Health services research. Pub Med 1983; 18(1): 49-74. Available from: www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1068709
- [11]. Kunarantnapruet S, Boonpadoong, D. The study of client satisfaction towards curative services in general hospital. Bangkok: Vachirasan; 1989.
- [12]. Al-Bashir M, Armstrong D. Preference of healthy and ill patients for style of general practitioner care: implications for work load and financial incentives under the new contract. Br J Gen Pract 1991; 41:6-8.
- [13]. Williams SJ, Calnan M. Convergence and divergence: assessing criteria of consumer satisfaction across general practice, dental and hospital care settings. Soc Sci Med 1991; 33(6): 707-16.
- [14]. Barry CA, et al. Giving voice to life world, more humans and more effective medical care. Soc Sci Med 2001; 51(4): 487-505.
- [15]. Khan AM. Patient Satisfaction towards Medicine Outpatient Department services in Bunphaeo Autonomous Hospital, Samut Sakhon Province, Thailand. [M.P.H.M. Thesis in Primary Health Care Management]. Nakhon Pathom: Faculty of Graduate Studies, Mahidol University; 2007.
- [16]. Ashma Ibrahim. Patient Satisfaction with Health Services at the Outpatient Department of Indira Gandhi Memorial Hospital, Male' Maldives. [M.P.H.M. Thesis in Primary Health Care Management]. Nakhon Pathom: Faculty of Graduate Studies, Mahidol University; 2008.
- [17]. Anjum Javed. Patient Satisfaction towards Outpatient Department Services in Pakistan Institute of Medical Science, Islamabad. [M.P.H.M. Thesis in Primary Health Care Management]. Nakhon Pathom: Faculty of Graduate Studies, Mahidol University; 2005.