

**EVALUATION OF PATIENT SATISFACTION LEVEL IN AN
OUTPATIENT DEPARTMENT OF
SENAHIYA HOSPITAL**

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THE MALDIVES NATIONAL UNIVERSITY

MAY, 2015

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SENAHIYA HOSPITAL**

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**A project submitted in partial fulfillment of the requirements for degree of
Bachelors in Primary Health care**

Faculty of Health Sciences

The Maldives National University

May, 2015

DECLARATION

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I hereby declare that this project is the result of my own work, except for quotations and summaries which have been duly acknowledged.

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ABSTRACT

This quantitative study was conducted with the aim to evaluate patient satisfaction level of outpatient health care service at Senahiya Hospital, in terms of accessibility of services, service delivery, and hospital environment.

The study population was aged over 14 years, sample size was 100, and data was collected by self-administered questionnaire from 12th to 16th April 2015. Data was collected from patients who used the Hospital's services during the mentioned period.

The result concluded that senahiya hospital patients are satisfied with 85%. Satisfaction for the three main variables of Accessibility of services is 83%, service delivery 93% and hospital environment 76%.

Based on the result on patients hospital has to improve waiting time for scan and Echo services are not reasonable. Doctor's availability for consultation has to improve; ventilation and space area is not enough.

Evidence from research proves that satisfaction level of patient are high and I advise that management to approach on weak areas to get maximum satisfaction. And maintain satisfied areas as well. Being good service provider requires repeated research often, which will help improve the quality of the hospital.

Key words: Patient satisfaction, Outpatient department, Quality care, Service delivery, Accessibility of service

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LIST OF ABBREVIATION

SCAN: Ultrasound scan

ECHO: Echocardiogram

SPSS: Statistical Product and Service Solutions

WHO: World health organization

OPD: Outpatient department

IPD: Inpatient department

US: United state

CHAPTER 1

INTRODUCTION

1.1 Background to the Study

The word “patient” refers to people who suffer from some kind of disease or illness, furthermore one who is not feeling well US (2007). It is also a term which may be used to refer to a customer or consumer who visits hospitals to receive their services and also Patient satisfaction is based on the level of service they receives from these places and is this score is generated by the patient (Luxford, 2010).

The main purpose of this study is to identify the level of patient satisfaction in Senahiya hospital. Senahiya hospital is a relatively newly opened hospital in Male’. First of all, its aim is to give exceptional healthcare services to members of the Maldives National Defense Force and their families. Recently however, it has extended it to some of government uniform bodies and their families. Some of the services that are available at Senahiya hospital are multispecialty consultations, twenty four hour casualty, inpatient facility and medical diagnostic laboratory, non-intensive cardiac laboratory and radiology department. Cardiac and laboratory services are open for the public due to the high demand.

One of the very best ways to improve or develop healthcare services is to identify the problems and concerns of the users or customers of any care provider. SENAHIYA hospital is an innovative hospital that serves a large community. Developers want to understand and know the current requirements of the patients and what developmental factors they should prioritize. By doing this research, it will help improve patient satisfaction with regard to the different services in the hospital, mainly OPD services, waiting time and physical difficulties of the patients.

1.2 Problem Statement

Following the developmental issue, hospital services are also engaged on it. Hospital staff and management try to identify the needs and want of patients and satisfy them. Senahiya provides access to large number of population who require medical care in Maldives. So primary attention of the hospital is to give 100% satisfactory care to the community uses its services.

So I take this issue in this research because outpatient services can be used to identify the big picture of a hospital; waiting time, long queue, and hassles in getting appointments for specialists make patients frustrated about the service and create a decline in productivity which means it is also reflected in the satisfaction of the patients.

Being a healthcare provider, the best way to bring improvements will be through the collected views of customers. A customer satisfaction survey will enhance the services at top level and help bring the developments necessary to fulfill their needs.

1.3 Objectives of the Study

- To assess the level of satisfaction with the services provided by the hospital.
- To identify the level of satisfaction with waiting time in different services.
- To evaluate the level of satisfaction with physical facilities.

1.4 Research Question and Hypothesis

Research question: What is the level of patient satisfaction towards outpatient health services at Senahiya Hospital?

Research hypothesis: patients are satisfied with the services of Senahiya Hospital

- Null hypothesis: Patients are satisfied with the hospital services
- Alternative: Patients are not satisfied with the hospital services

1.5 Significance of the Study

This study aims to define the level of patient satisfaction in outpatient services in Senahiya Hospital. Findings and result of this study is an important indicator for further improvement of hospital services and managerial decision making.

1.6 Scope of the Study

This study focuses on the patients' satisfaction on the health care services provided by Senahiya at the Out Patient Department in terms of all the necessary variables including physical facilities.

1.7 Definition of Terms

Patient/customers: people who come to hospital for health related services

Satisfaction: opinion of patient/ customer regarding the health care services

Registration: refers to initial reception from the service provider to patient as a new customer

Consultation: process to inspection patient by doctors.

General information: how much a patient know about the services provided by hospital

Outpatient department: department that provide services to patients without admitting like consultation, pharmacy, physiotherapy, laboratory, ultrasound scanning etc.

Physical facilities: physical utensils, assets that used by patient while on waiting or receiving services including ventilation and lighting.

Accessibility: refers to possibility of entrance to services provided by hospital including waiting time.

Convenience: easiness and comfortless of service to a patient.

Courtesy: professionalism, respect and politeness that the service provider expression for the patient.

Service delivery: the way the services are provided to patients

Quality of care: refers to the gratitude of service that provided to patient with knowledge and skills.

Waiting time: interval between service and tree and exit

CHAPTER 2

LITERATURE REVIEW

2.1 Patient satisfaction

Patient Satisfaction is a key to the prosperous development of any business. The same is important even for the medical service facilities. The level of the service provided reflects on the brand image as well as the number of potential patients, which in turn affects the revenue generated. Hence, increasing and maintaining patient satisfaction is vital to the continued development of health service providers.

Patient satisfaction is defined as the difference between what the patient expects and the actual patient experience, with regard to the needs and wants in relation to a service provider Hirschman and Albert (1970). So we can say that as different patients need and want different things, patient satisfaction may also vary depending on different services.

According to Angelova and Zekiri (2011) point out the fact that satisfied customers share their experiences with other people to the order of perhaps five or six people. On the contrary, dissatisfied customers are more likely to tell another ten people of their experience with product or service. This highly stresses on the importance of ensuring a positive patient experience. Negative patient experiences mean more and more people are exposed to the

negative feedbacks than if it were positive. This could easily smear the reputation of a hospital; which is vital to the long life of any health service provider.

Establishes patient satisfaction is derived from continuity, humanness, effectiveness of care and areas of cost and accessibility (Rodney, Quigley, Werblun , & Sumbureru , 1986). A study about satisfaction in 30 hospitals showed exactly what areas patients found dissatisfaction in: Long waiting time, poor hygiene or maintenance, weak doctor-patient interactions, and the hospital's physical environment.

Hence it is a given, that understanding the patients' satisfaction of the hospital can help it improve its operating functions, improving the service quality, patient outlook and generating more revenue. It can help doctors understand the feedback from their health care delivery. Furthermore, policymakers can utilize this information in making new strategies and providing effective and satisfying health care to its patients.

In a review of a global survey of patient satisfaction conducted within 1600 participants, included 400 respondents from U.S, 200 respondents each from Brazil, china, Germany, India, Japan and Russia. Result showed that 77% (U.S.), 76% (India), 72% (Germany), 61% (Japan), 58% (China), 57% (Brazil) and 50% (Russia) of respondents were satisfied with the services. So the global result of 66% was satisfied with the services (Gamble, 2012). According to the survey results, the satisfaction rate for developed countries was 72% and developing countries 60% (Gamble, 2012).

2.2 Factors Influencing Patient Satisfaction

According to Hokanson (1995) there are a number of variables that come to play when producing customer satisfaction. These variables include employees that are friendly, polite and well-mannered, experienced and well-informed, supportive. In addition accurate billing, an efficient billing process, reasonable pricing, service quality, value for money, transparency in billing and quick service is also major variables in this context.

From studies carried out in different countries, factors like service quality, and perceived value, are the key areas which affect the patients' satisfaction with regard to health services. Studies also point out that the consumers happiness results in trust, price tolerance, and customer loyalty Bollen and Emes (2008). Therefore, building consumer relationship is an advantage for all organizations in general, and companies in service industries especially which covers hospitals and other healthcare service providers. Issues like: consumer happiness, service quality, consumer perception, consumer loyalty, are the main concerns of the new age service companies, which improves organization's performance and translates into more in terms of revenue.

A study on patients' satisfaction on Iranian Military Hospital shows result that 96% of the patients were satisfied with the service provided by the hospital. The study showed that the details of the patients' satisfaction in relation to tokens, waiting time, access to the facilities, physical environment, welfare facilities, and personnel and physicians behavior were all above the 70 percentile mark. This further reflects on the importance of these variables in deciding the customer satisfaction for the respective hospitals or health service providers (Ameryoun, 2013).

A survey done by Petrova, Clerfeuille and Vakril (2009) showed that customer satisfaction done focused on Bulgarian pharmacies showed that besides these variables discussed above,

the patient's gender, age and the level of education also plays an important role in determining the level of patient satisfaction. It also additionally supported the previous researchers' claims that the waiting time played a significant role in influencing how service was rated by the patients'.

A study by Tateke, Woldie and Ololo (2012) shed light further on the issue of customer satisfaction at hospitals. This study highlighted the difference observed between private hospitals and public hospitals. Five private health institutions and five public ones were focused on during this study. This study revealed that both types of hospitals; both public and private in fact had to improve the capabilities and proficiencies of their staff, and also greatly improve the physical structures of the hospitals as patients expectations were to this. The improvement of staff capabilities were more geared towards the healthcare professionals who are the direct giver of healthcare services. While both hospitals needed improvement, there was a noticeable difference between private and public hospitals; the satisfaction levels of patients from private hospitals were much higher when compared to that of the public hospitals. The study's findings attested that self-evaluated hospital statuses, patients' expectation of the services, procedural competencies of the caregivers, perception of the adequacy of consultation period, as well as the warmth at which patients were approached are all determinants of patient satisfaction.

A research by Otani (2012) looked at patient satisfaction from a completely different angle of customer health. Their research looked at how patient satisfaction was tied to the illness of the patient. It showed the difference in satisfaction of patients suffering from serious illnesses to those suffering from less serious illnesses. Samples collected from 5 different hospitals showed that the biggest improvement to patient satisfaction was derived from enhanced nursing and staff care. It also concluded that patients' suffering from serious illnesses needed more doctors to care for them than nurses.

All in all there are a number of variables that could be attributed to the satisfaction of patients', some derived from general consumer satisfaction methodologies that are able to be tied with the satisfaction of patients.

2.3 Accessibility of Services

One of the three main factors of service analyzed were accessibility of Services, Service Delivery and Hospital environment. The first one to be reviewed is the Accessibility of Services. This includes General Information, waiting time, and registration; all important aspects of gaining good patient satisfaction ratings. These elements are the initial experiences provided by the healthcare provider to the patient.

Parasuraman, Zeithaml and Berry, 1988), found from his study of pharmacy requirement on OPD, where he looked at number of prescriptions, number of staffs working there, and the average time it took to dispense the medicine. Patient satisfaction study found that most patients were satisfied with the service.

A studied on ambulatory care of health service providers and the patient satisfaction of the service of Muller, Kleinberg and Barkas (1988) mentioned that the study via a questionnaire specially prepared to determine the patients' opinions as well as how satisfied they with the service. The findings showed that reduced waiting time played an important factor in determining how satisfied the patients' were.

These studies help highlight the significance and the relativity to these variable mentioned above. For a capable and well-rounded healthcare service which provides service to generally satisfied patients' being able to deliver their services in a timely fashion are vital. This is regardless of whether it is providing information, or even in terms of registering to the services that the hospital provides.

In addition to this the accessibility to information is also a key. Whether it is over the counter, in the form of brochures or even when consulting with the doctors, if the patient does not receive the amount of information he or she requires, the patient is more likely to be unsatisfied, and the patient's rating of the hospital's satisfaction rating may be greatly affected.

Also, when mentioning registration, it is important to know that the flow of registration is vital and is an important part of accessibility of services. From the minute a patient walks in through the door, to the minute they are able to reach their services, is determined by a good registration flow. Patient's that are required to wait for periods of time or require too many unnecessary documents for registration can lead to a negative perception. By walking into a hospital with an identification card, the patient should be able to register from one counter and head to the doctor as soon as is possible. These kinds of minor positives can satisfy the patient and hence lead to a more positive outlook on the services provided by the hospital.

2.4 Service Delivery

Over the past century researchers have been trying to define service and shed light on what services constitutes. With such an enormous contribution to the economies of countries worldwide, it is no wonder the interest in the field.

According to Parasuraman, Zeithaml and Berry (1985) there are a varied range of definitions towards service. He however defines it as deeds, processes and performances. Another definition of services is that it is an activity or series of activities of more or less intangibles nature that normally, but not necessarily, take place in interactions between the customer and service employees and physical resources or goods or systems of service provider, which are provided as solutions to customer problems (Gronroos, 1983).

But Sasser, Olsen and Wyckoff (1978) had a different opinion that a service is a package of explicit and implicit benefits performed with a supporting facility and using facilitating goods". Also service is any primary or complementary activity that does not directly produce a physical product - that is, the non-goods part of the transaction between customer and provider (Payne, 1993). However Kotler and Veronica (1999) defined services as the provision of services in the form of any activity or benefit from one party to the other, which is immaterial and does not result in any party owning anything. It may or may not also be tied to a physical product. Services include all activities that are intangible and not physically visible like products, and which provide a certain value to the patient.

The main aspects of service delivery are confined to the hospitality aspects of it, you can say. It is about the courtesy and the quality of care that is presented to the patients. During the initial contact between the patient and the staff at the counter of the hospital, the courtesy levels of the staff can directly affect the satisfaction levels of the patients'. This is because the first impressions make a huge impact on how the patient perceives the other services, and hence the overall satisfaction rating.

Even if all the facilities are provided, and all the processes are smoothly running, this does not simply mean that the patient satisfaction level would be highest at that hospital or health service center. The courtesy must also be extended from the doctors and nurses that diagnose and treat the patients'.

Besides courtesy, the quality of care also plays a great role. The experiences the patient goes through at the hospital translate into the perception on the quality of care. With the advancement of healthcare technologies and their incorporation into the services of the hospital the general quality of care is higher in average hospitals too.

The American College of Surgeons established quality of care as a basic principle of all healthcare institutes in 1913, and subsequently in 1917 made it a component in its Hospital Standardization Program. These formed the basis of quality of care levels in the beginning.

2.5 Hospital Environment

Though it comes last, the hospital environment is also a key factor in contributing to patient satisfaction levels. Upret (1994) showed that in a study of patients with 71.1% satisfaction level, the 29.8% that were not satisfied were poorly satisfied due to the poor satisfaction in the extended waiting time, inadequacy in hygiene and the physical setting of the overall health center environment. This study easily sheds light onto the case of the hospital environment, the need for its development in order to increase the satisfaction of the patients'. The hospital environment referred here, is not only limited to the aesthetic beauty of the hospital, or the functionality of it, but also in terms of ease of movement, availability of sufficient seating and such as well as provision of machinery and other necessary assets for the optimal running of the place.

This is given additional backing by a study by Pasaribu (1996) which found that the patients' were not satisfied due to less than sufficient level of quality of care as well as an inadequate supply of medicine. The importance of being able to provide these services is of the utmost importance. When for example a patient requires doing a procedure as diagnosed by a doctor, the patient will not be satisfied if the hospital does not have the equipment or the machinery to carry out the treatment.

In addition to the service facilities and amenities the hospital's plans and layout also come into play. Ease in movement from one area to the other, clarity in terms of the locations of rooms and service facilities can help the patients' to easily find and get to the areas that they

need to. This ties in with the service element of the hospital as well. The staff working the counters matched with easy movement layouts as well as visual aids to find their way about, patient satisfaction can easily be greatly increased.

In this way, the same as the first experience with the staff and service, the lobby or the area of first contact should be designed and its layout should be more friendly, and welcoming. This can contribute to a boost in overall patient satisfaction. When combined with good management of the other aspects impacting the patient satisfaction levels, this would mean that the patients' using the hospital would rate the hospital higher than others.

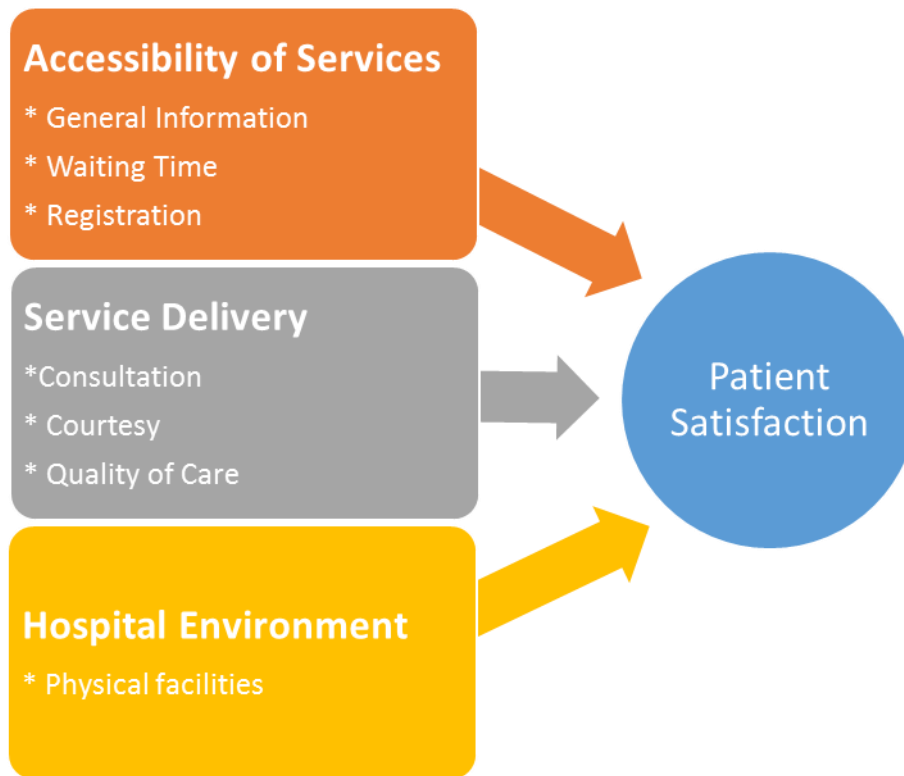
2.6 Conclusion to literature review

To conclude, the review of these studies and research has led to the understanding that there are many variables for determining customer satisfaction. But all these studies have always focused on certain aspects of the patient satisfaction variables identified. Therefore it is important to choose certain determinants of these variables for this research. Hence the following have been chosen.

General information, waiting time, registration process, courtesy and quality of care, physical environment, service equipment and assets, these factors come under 3 umbrellas: accessibility of services, service delivery, and hospital environment.

The compilation of these variables has led to the theoretical framework as depicted below.

2.7 Theoretical Framework



CHAPTER 3

RESEARCH METHODOLOGY

3.1 Research Design

The research is a descriptive cross sectional research that will be carried out on patient satisfaction in Senahiya Hospital in Male', specifically on the out-patient department. The questioner is the tool that will be used to obtain data from the patients because it will reduce the bias of the research. The literature review will provide the necessary structure and background for the creation of the questionnaire that will be used to obtain the data for the research.

The research sample will be selected from the patients that only used OPD services at Senahiya Hospital; which will include any consultation, x-ray services, laboratory services, scanning, echo, physiotherapy services, as well as usage of pharmacy.

3.2 Research Procedure

The researcher will collect information on the available secondary data regarding the patient satisfaction of hospitals on a global level. Due to the fact that there is not any research or studies done on patient satisfaction levels of Senahiya, alternatively the researcher will look

at previous studies that were carried out on Indira Gandhi Memorial Hospital (IGMH). These studies would help to further refine the research procedure and process.

After reviewing the previous or secondary data, the researcher will gather primary data from the research sample. The data will be collected from 12th April 2015 to 16th April 2015, with 20 respondents questioned each day. At the end of the research period, a total of 100 questionnaires will be filled and collected by the researcher. The ideal sample size is 300, which is the best number of sample. But due to time shortage and advice of the supervisor the researcher will take 100 samples.

The researcher will handle the collection of the data personally, face-to-face with the respondents. This is so that the researcher could have a further insight into the data that will be collected, and also ensure that the respondents are aware of the questions that will be asked. This would greatly help in identifying and excluding any misinformation that might arise from the respondents not being sure of what the questions could mean.

The respondents will be able to clarify any misunderstandings and also this will ensure that the data collected from the respondents via the questionnaire are properly answered. The researcher will be able to clarify any inclusions and exclusions for the questions the respondent may have doubts about. This means that all respondents will answer the questions to the best of their ability and will not deviate from the subject of the questionnaire.

After the research data is collected, the information will then be analyzed and fed into SPSS for analysis material. After the data, graphs and outputs from SPSS will be analyzed by the user and used in conjunction with Microsoft Excel to show the outcomes of the research that will be carried out.

3.4 Sampling Methods

As this is a quantitative method the researcher will look at probability sampling methods of which, the most suitable method that may be used is Systematic Random Sampling. The total sample size will be 100 respondents. The sample size will be initially calculated through Raosoft sample size calculator; an online tool that is used to calculate the sample size for research sampling.

The population will be defined as the number of people that are registered under Senahiya Hospital at the time of the data collection period. Any patient that obtains services at the hospital is required to register beforehand. The number of patients registered at the time of data collection, will be considered as the population size. This information was obtained from Senahiya Hospital.

The researcher will look at the inflow of OPD patients to the hospital and approached every 5th person that comes to obtain services from the hospital. It will reduce bias. The respondents will only be approached after they have obtained services from the Hospital. This will ensure that there is a proper random sample of respondents and the researcher is not in any way influenced in deciding (even randomly) the respondents that are approached.

The sample is calculated with a 5% margin of error, a confidence level of 95% based on the population size of 26,000 and a response distribution of 50%. These values output a sample size of 379. However, due to the lack of time available for the research and its completion the researcher is required to generate a smaller sample size. The final sample size used will be 100 respondents, and this meant the margin of error would be 9.78%.

There are also an inclusion criteria and exclusion criteria set which will be used when approaching respondents. The inclusion criteria will have the following points to consider:

- Patients who were willing to take part in the research

- Patients who visited at least once to the Outpatient Department

The exclusion criteria are as below:

- Patients who were not willing to take part in the research
- Returning outpatients who answered the questions previously
- Patients with serious psychological issues

3.5 Research Instruments

The research was carried out via the use of a questionnaire that was produced to the respondents containing 35 questions which were distributed into 7 sections: General information, waiting time, registration, consultation, courtesy, quality of care.

These questions were prepared based on the intensive literature review that was carried out during the initial stages of the research. The questionnaire looked at different factors that influenced the patient satisfaction levels that were found in the literature that was reviewed as well as the research that was carried out in IGMH by other researchers prior to this research.

The questionnaire was initially created in English, but later translated to Dhivehi; the mother-tongue of the Maldivian people. The questioners were piloted to 5 patients and get the corrections done. This was so that the respondents who were not familiar with English use could also answer with full understanding of the questions and the context would not be lost in translation. After the information was collected, it was used in analyzing and entered into SPSS. Though the Dhivehi questionnaire was used, the question numbers were used for reference and thus meant that there were no errors encountered.

The rating for the answer for the questionnaire was recorded as mentioned below. As all the sections of the questionnaire were structure in the same way, the rating was also maintained

the same for the entire questionnaire. The rating was quantified or rated for all questions as follows:

1 = strongly agree

2 = agree

3 = slightly agree

4 = disagree

5 = strongly disagree.

The researcher determines the score for each question as whether the patient is satisfied or dissatisfied. Then the researcher determines the number of patients that are satisfied with services by quantifying how many respondents agreed with the statement.

At the same time, the number of respondents that disagreed with the statement are reflected as dissatisfied with the service in question. The total number of satisfied and dissatisfied answers by a respondent will help to determine level of satisfaction for each questionnaire.

3.6 Profile of Respondents

The respondents were targeted at random and the respondent ages were dispersed from children to seniors. The reason the researchers feels that this is worth mentioning is because it is important to convey that any respondent below the age of 14 were not directly approached. But rather their relative/guardian that escorted them there was approached. This would help to diversify the patient satisfaction for a diverse range of respondents while maintaining the level of confidence towards the answer and reducing any additional margin of error.

CHAPTER 4

DATA ANALYSIS AND RESULT

4.1 Introduction

The data that was collected was fed into SPSS to be analyzed and reviewed. After the data was entered into SPSS and the necessary outputs created, some of these information were also used in excel to further dig into the reports and statistics.

The analysis below looks at the satisfaction levels after evaluating statements by subcategory, category and as a whole. This allows the data to be analyzed at three different levels. As a whole and at the individual level.

Satisfied percentage is calculated by finding the frequency of respondents that answered “Strongly Agree”, “Agree”, “Slightly Agree” as Satisfied, and the rest as dissatisfied. This helps to easily identify whether the respondent is generally satisfied with the service or not.

Table 4.1 Percentage of respondent's to patient satisfaction towards OPD services regarding general information.

Question	Strongly Agree	Agree	Slightly Agree	Disagree	Strongly Disagree	Respondent	Satisfied (%)	Dissatisfied (%)
1. Enough general information was received about this hospital	16	40	26	10	8	100	82%	18%
2. It is easy to get an outpatient appointment	22	31	24	12	11	100	77%	23%

Table 4.1 tell us about how much patients are satisfied with general information regarding hospital services and how easy to get appointments about hospital services. According to 100 respondent 82% of patients are satisfied with the information received about hospital services and 77% are satisfied with appointment service.

Table 4.2 Percentage of respondent's to patient satisfaction towards OPD services regarding waiting time.

Question	Strongly Agree	Agree	Slightly Agree	Disagree	Strongly Disagree	Respondent	Satisfied (%)	Dissatisfied (%)
3. waiting time for registration is reasonable	38	34	20	7	1	100	92%	8%
4. waiting time for outpatient appointment is reasonable	24	32	21	14	9	100	77%	23%
5. waiting time for Consultation is reasonable	15	34	31	10	10	100	80%	20%
6. waiting time for X-ray is reasonable	25	21	24	8	3	81	86%	14%
7. waiting time for Physiotherapy is reasonable	16	25	19	9	3	72	83%	17%
8. waiting time for scan is reasonable	11	19	18	11	17	76	63%	37%
9. waiting time for pharmacy is reasonable	31	30	21	7	11	100	82%	18%
10. waiting time for laboratory is	28	27	25	6	6	92	87%	13%

reasonable

11. waiting time for Echo is reasonable	14	14	15	13	6	62	69%	31%
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Table 4.2 displays that how reasonable the times that are waiting to receive services and it explain that 92% of respondents are very satisfied with waiting time for registration services. The lowest satisfaction rate of 63% of respondents is with regard to the waiting time for scan service. Waiting time for Laboratory service also had a high satisfaction rate with a score of 87% satisfaction.

Table 4.3 Percentage of respondent’s to patient satisfaction towards OPD services regarding registration.

Question	Strongly Agree	Agree	Slightly Agree	Disagree	Strongly Disagree	Respondent	Satisfied (%)	Dissatisfied (%)
12. It is convenient to register for services	56	26	15	3	0	100	97%	3%
13. Service hours are convenient	46	29	17	6	2	100	92%	8%
14. Doctors are available for consultation	29	19	22	20	9	99	71%	29%

As shown in table 4.3 three questions are based on registration service. Among the respondents 92% are satisfied with convenience for registration of which 46% are strongly satisfied. 92% are satisfied with convenience of service hours. The satisfaction level about doctor’s availability for consultation was lowest at 71%.

Table 4.4 Percentage of respondent's to patient satisfaction towards OPD services regarding consultation.

Question	Strongly Agree	Agree	Slightly Agree	Disagree	Strongly Disagree	Respondent	Satisfied (%)	Dissatisfied (%)
15. The doctor listens to patient complaints and give adequate explanation of treatments	36	25	27	8	3	99	89%	11%
16. clinical assistance is provided	40	26	20	6	5	97	89%	11%
17. Instruments are available for treatment procedures	37	28	26	2	5	98	93%	7%

Above table 4.4 prove that 89% satisfaction of patient with clinical assistance provided with doctors for consultation and 93% are strongly satisfied with the instruments available in the room for consultation. 89% were also satisfied with the listening ability of the doctors in consultation process.

Table 4.5 Percentage of respondent's to patient satisfaction towards OPD services regarding courtesy.

Question	Strongly Agree	Agree	Slightly Agree	Disagree	Strongly Disagree	Respondent	Satisfied (%)	Dissatisfied (%)
18. Doctors examine and treat patients with respect and with kindness	58	20	21	0	1	100	99%	1%
19. Hospital nurses treat patients with respect and with kindness	43	27	13	1	2	86	97%	3%
20. sufficient privacy is provided in procedure rooms	52	26	10	4	4	96	92%	8%
21. Doctors and nurses are attentive while answering your questions	45	26	18	7	2	98	91%	9%

Above table 4.5 mention 4 questions on courtesy to evaluate satisfaction level. Most of the patients were very satisfied with the statement that highlights the doctors and nurses treat with kindness and respect. Also patients strongly agreed with attentiveness and privacy that was provided during procedures.

Table 4.6 Percentage of respondent's to patient satisfaction towards OPD services regarding quality of care.

Question	Strongly Agree	Agree	Slightly Agree	Disagree	Strongly Disagree	Respondent	Satisfied (%)	Dissatisfied (%)
22. The doctors are very competent and well-trained	61	17	18	1	1	98	98%	2%
23. Doctors examines patients carefully	39	32	25	3	0	99	97%	3%
24. Doctors at hospital is good about explaining medical tests and reports (pre and post investigation)	49	25	22	3	0	99	97%	3%
25. Pharmacist clearly explains usage/directives of medicines prescribed	35	21	25	7	11	99	82%	18%
26. Staffs at the registration counter has good communication skills	55	23	15	4	3	100	93%	7%
27. You were given opportunity to ask about your illness during consultation	50	20	24	4	2	100	94%	6%

According to above table 4.6 six questions are based on quality of care and 98% of patients are satisfied about doctor's capability and knowledge in field. And doctors are good at examination and explain investigation report to which a huge number of patients were satisfied. Hospital staffs are good with communication and patients were given the opportunity to discuss about the disease so 94% of people are strongly satisfied with service.

Table 4.7 Percentage of respondent's to patient satisfaction towards OPD services regarding physical facilities.

Question	Strongly Agree	Agree	Slightly Agree	Disagree	Strongly Disagree	Respondent	Satisfied (%)	Dissatisfied (%)
28. Lighting and ventilation system of the hospital is adequate	27	24	18	24	6	99	70%	30%
29. Waiting room has enough sitting chairs.	35	27	12	18	8	100	74%	26%
30. Facilities and equipment are tidy and clean	41	22	16	8	8	95	83%	17%
31. The location of services is clean and are of enough space to use	21	16	27	23	13	100	64%	36%
32. There are clear signs to locate service areas	41	18	23	13	4	99	83%	17%
33. drinking water is available	48	21	16	12	3	100	85%	15%
34. toilets are clean and easily accessible	34	17	21	18	7	97	74%	26%
35. Instruments used are of good quality	23	29	22	14	12	100	74%	26%

Last 8 question of the last part shown in table 4.7. More than 80% of patients were satisfied with the cleanliness of equipment, availability of drinking water, and clear signage to identify services. 74% mention toilets are also clean and accessible. Lighting and ventilation are neutral with 70% of respondents. The location of services is clean and 74% respondents are satisfied with the environment.

Table 4.8 Number and percentage distribution of satisfaction regarding Accessibility of Services

Accessibility of service	Total Satisfied	Total Dissatisfied	Total Satisfied (%)	Total Dissatisfied (%)
General Information	159	41	80%	20%
Waiting Time	632	151	81%	19%
Registration	259	40	87%	13%

The above table 4.8 total number and percentage distribution of satisfaction regarding accessibility of services showed the highest satisfaction was from registration related questions and highest dissatisfaction was from General Information questions, which was 21%.

Table 4.9 Number and percentage distribution of satisfaction regarding Service Delivery

Service Delivery	Total Satisfied	Total Dissatisfied	Total Satisfied (%)	Total Dissatisfied (%)
Consultation	265	29	90%	10%
Courtesy	359	21	94%	6%
Quality of care	556	39	93%	7%

The above table 4.9 displays total numbers and percentages distribution of satisfaction regarding service delivery. The most satisfaction was noted by patients about the courtesy statements (94%) with quality of care consultation satisfaction levels close thru.

Table 4.10 Number and percentage distribution of satisfaction regarding Hospital Environment

Hospital environment	Total Satisfied	Total Dissatisfied	Total Satisfied (%)	Total Dissatisfied (%)
Physical facilities	599	191	76%	24%

The above table 4.10 displays total numbers and percentages distribution of satisfaction regarding established physical facilities for the statements regarding the subject. 76% of those questioned were satisfied with the physical environment and 24% were not.

Table 4.11 Number and percentage of level satisfaction in major evaluated areas

Senahiya hospital	Total Satisfied	Total Dissatisfied	Total Satisfied (%)	Total Dissatisfied (%)
Overall satisfaction	2829	512	85%	15%

The above figure 4.11 display total Number and percentage of total satisfaction level in all evaluated areas. 85% of respondents are generally satisfied with services at Senahiya Hospital and 15% were dissatisfied. This was calculated by weighing total satisfied statements against total dissatisfied statements.

CHAPTER 5

DISCUSSION AND CONCLUSION

5.1 Introduction

The research focused on the main task of answering the question; what is the level of patient satisfaction towards outpatient health services in Senahiya Hospital? This research looked to explore the question by the use of a set of questions in a collective survey that was given to the patients of Senahiya.

These questions were a collection of variables that were identified during the process of reviewing literature; the literature review section. These variables were identified and organized into key categories, and these categories ranged from the quality at which service was provided, to the physical facilities that were available at the hospital. To better identify the way the questions are segmented or broken down, please read below.

There are three main categories of questions; Accessibility, Service Delivery and Hospital Environment. These three main categories may be further broken down as below:

1. Accessibility

- General Information
- Waiting Time
- Registration

2. Service Delivery

- Consultation
- Courtesy
- Quality of Care

3. Hospital Environment

- Physical Capabilities

This helps to look at the different aspects of accessibility of services, the way in which the service is delivered to the patients, as well as the physical construct of the hospital. These are all key elements of determining the level of satisfaction of the patients. Determining the level of satisfaction is after all important to any healthcare provider, both for themselves and the patient. As mentioned in Andaleeb (2007) the patient is more likely to follow the advice of the doctors and continue using the services of the hospital if they are satisfied.

Analyzing these results gave backing to the quality of service provided at Senahiya Hospital, as well as the way the hospital is constructed. After all, when the percentage of overall satisfied patients were identified and weighed against the dissatisfied patients, the number was greatly leaning towards satisfied. It showed that 85% of the patients were satisfied with the overall service and environment of the hospital, whereas 15% was not satisfied. This was similar to the survey of the Iranian military hospital (Ameryoun, 2013). While the Iranian hospital has overall 96% satisfaction, Senahiya has overall 85% satisfaction. This was because all the scores were higher than 70% in that case, whereas in Senahiya, some of the

scores dropped to as low as 63%. So this means that some of the services in Senahiya are lower than those of the Iranian Hospital, but the overall satisfaction does not show much difference.

The assumption above was made after comparing the positive answers to the negative answers and dividing them over the total answers in order to achieve a percentage for satisfied and dissatisfied patients. This deduction was then used to conclude that, as per the frequency of positive statements the majority of the respondents were satisfied with the services provided.

5.2 Accessibility of services

When looking at satisfaction with regard to accessibility, it showed that the highest satisfaction was identified in the registration process. The convenience in registration was especially identified by the respondents, as well as the ease of service hours that were utilized by the existing service system. With a 71% satisfaction level, availability of doctors ranked lowest in the accessibility section. So if there is any area for improvement of accessibility, it would be to increase the number of doctors that could be accessed by the patients. The relationship between accessibility and satisfaction was also highlighted in (Mandokhail, 2007).

To sum up the overall Accessibility category, it showed that 82% of respondents agreed to one of the three levels of satisfaction, whereas 18% were dissatisfied with overall accessibility. The researcher also believes it is important to identify the different levels of satisfaction within the total satisfied patients for this category. Analysis of the figures showed that 30% of the respondents were highly satisfied with accessibility and 29% satisfied. These being the higher tier of the satisfaction options, it shows that 56% of the respondents are exceedingly satisfied.

Hence, in terms of accessibility, more than half of the sample was exceedingly satisfied with the accessibility of services provided by Senahiya Hospital, and dissatisfied level was a mere 18%. This goes on to show the huge positive perception and experience of patients in terms of accessibility.

A closer look at the subcategories reveals that with regard to general information, highest satisfaction was that the information provided by the hospital at 82% and the ease of getting an appointment was classified as at 77% satisfaction level. So at a closer level inspection, this shows that with regard to overall satisfaction for general information elements, there is more room for improvement in providing appointments to patients: However, this should not be mistaken for dissatisfaction as the satisfaction rating for these subcategories are well over 70% mark.

Looking at waiting time subcategory, the highest satisfaction level was recorded for waiting time for registration, which was at 92% satisfaction. The lowest satisfaction level recorded was for the long waiting time to get scans. As reflected in Clerfeuille (2007) long waiting time for services can have negative impacts on the patient satisfaction. But when comparing these results of 92% satisfaction against Aldana, Piechulek and Sabir (2001) whose research in Bangladesh showed patients were only 75% satisfied. This means that in comparison, Senahiya Hospital is doing much better in terms of quickly providing services.

While this score did not reach or go below the 50% satisfaction mark which would have meant patients were dissatisfied with the service, it still reached the lowest of the standard satisfaction levels found in the data analysis: Meaning, while patients were satisfied, there is a lot of room for improvement with regard to waiting time for scans. And as proven by Ogunfowokan and Mora (2012) patient-clinic encounter time results in increased satisfaction of the patients.

5.3 Service Delivery

Even higher than Accessibility category was the Service Delivery category. The satisfaction level for total service delivery is 94% with regard to courtesy element, 93% with regard to quality of care and 90% with regard to consultation. All these categories under services delivery showcased extremely high satisfaction levels with each category netting over 90% satisfaction.

Looking further at Courtesy subcategory, the 94% satisfaction could be attributed to the amazing courtesy levels observed by the patients. An amazing 99% of the patients are satisfied with the how the doctors treat and examine their patients with respect and kindness. This could have been the missing element in IGMH, as shown in Zaid, Sillabutra, and Keiwkarnka (2013) which 18.4% satisfaction in service quality. So in comparison to a much older and prestigious hospital, Senahiya is doing much better in terms of service quality.

Taking a closer look at the quality of care subcategory reveal that the patients believed that doctors were very competent and well trained, examines patients carefully and they do well to explain tests and reports. The other elements of quality of subcategory were also high, but the lowest recorded satisfaction level was from 82% satisfaction with regard to service delivery in pharmacies. This was due to the pharmacist not being able to properly explain usage/directives of medicine that is prescribed to the patients. However this meant that a mere 18% of patients were dissatisfied with the service.

When looking satisfaction levels of courtesy, 74% of patients were in the higher tier of satisfaction; “strongly agree” and “agree”, and more specifically 49% of the patients chose that they “strongly agree” with the statement. Meaning 49% were extremely satisfied with regard to the courtesy element under service delivery. Its importance is highlighted in Otani (2012). While he claims that the varying levels of illness require varying levels of

satisfaction, it is highlighted the care or courtesy when providing care can create satisfaction. This element is required more in seriously ill patients than those that are not.

Consultation element was the lower satisfaction of the three subcategories under the Service Delivery category. But the satisfaction level was still considerably high. 90% of patients were satisfied with the consultation element. Of this, satisfaction rating was highest for the availability of instruments for treatment procedures, which was 93%. The patients tied satisfaction levels at 89% for provision of clinical assistance capability of doctors to listen to patient complaints and issues.

When comparing these figures with the satisfaction ratings of Kavitha, (2012) Senahiya has a rate much higher as a public hospital. Where Kavitha's work reported 70% satisfaction, Senahiya has reported 85%. It is in actuality a huge success for Senahiya and shows its higher satisfaction rating while being a public hospital.

5.4 Hospital Environment

The lowest satisfaction levels for the three categories were in Hospital Environment, or also the only subcategory referred to as Physical Facilities. The satisfaction level read 76% satisfied for the overall category and subcategory.

The highest satisfaction levels for this category came from elements like availability of drinking water, clear signage to locate services and facilities as well as cleanliness and tidiness of facilities and equipment. The lowest satisfaction for the category and one of the lowest amongst all the categories and subcategories is the availability of physical facility, which had a satisfaction rating of 64% which is of the lowest categories of satisfaction as highlighted by the patients.

Tateke et al. (2012) comes to mind, as it also mentions about the physical structures of the hospital, and how it plays an important role in patient satisfaction. This proves that currently

the physical structure or the physical environment of the hospital is contributing to the greatly declined overall satisfaction. Increasing the quality of the physical/hospital environment can help to reduce this drop and increase overall patient satisfaction.

This could be largely attributed to the small space of the Senahiya Hospital when compared to other Hospitals in the area or region. Again, it is important to know that while this element has a low satisfaction rating, the satisfaction rating is still positive and is conclusive of satisfied patients. Looking at Westaway, Rheeder, Van and Seager (2003) availability of seats, toilets in the waiting areas, as well as cleanliness fall into this category and are determinants in satisfaction ratings.

5.5 Implications

To wrap up the findings and analysis it is easily understandable the nature of patient satisfaction levels at Senahiya Hospital. Overall the entire patient or respondents' questionnaire data has declared that they are satisfied with all the elements that have been put forward more or less at average.

This should not be used by the Senahiya Hospital to portray that their services are great and that there is no room for improvement. However they should look at the lowest satisfaction levels, even if they are high in order to further improve the services they provide to the patients.

When looking at the categories as a whole it shows that Accessibility and Hospital Environment are comparatively lower, and thus more emphasis should be put on developing these services. Of these two categories, especially Hospital Environment development is necessary, as out of the satisfaction ratings for all categories, this was the lowest.

A lot of the feedback from the data for the Hospital Environment category insinuated the need to develop the hospital, especially in terms of its physical environment. The Hospital

should try to expand their physical space, by combining adjacent land, or increasing the number of floors to provide space for the patients and improve the physical environment.

Furthermore, lighting and ventilation can also be improved as this has been reviewed as such in the data, in addition to this the establishment of a bigger waiting room with additional seating arrangements could also increase the overall satisfaction rating as well as that for the category.

When looking at accessibility overall waiting time can be reduced for all services with a special emphasis on the scans, echo, and improve availability of doctors for consultations. In general three highlighted areas, waiting time is currently considered as highly satisfied by the patients who use Senahiya Hospital.

5.6 Limitations of the Study

There are a number of limitations on this study. For the bigger part, there was no information collected about the respondents themselves. This meant that no relationships could be driven from the data, with regard to the age, sex, income or even island where respondent is from. This information if it had been collected would have been valuable in associating satisfaction levels to these determinants or variables.

Also, while ideally the sample size should be roughly 300, a sample size of 100 had to be used as due to time constraints and a nature of the research it was not possible to do for such a large sample. This however meant that the sample size decreasing would translate to increased margin of error. Therefore, this is also one of the limitations that need to be noted.

Besides this, the data was collected within 5 days. This could also be extended along with the sample size; this would help ensure that the research results have a lesser margin of error, and that a more diverse group of respondents could possibly be secured.

5.7 Directions of Future Research

In future research, as per the limitations of study, it is important to look at more details with regard to the areas covered in this research. Various different studies could be carried out, specifically targeting the categories of this research. For example, specific studies targeting Accessibility of Services, Service Delivery as well as Hospital Environment.

These would help to shed more light onto the areas of these specific categories. In addition to this, the researcher believes that going down another level could help understand these components better in future studies. For example, a stand-alone study on the waiting time for different services and the patients' opinions and views on them could help the Senahiya Hospital reduce waiting time where necessary and also include the views shared by the patients which Integrating their voices into the development plans of the hospital.

A proper study could also be done towards the renovation and physical expansion of the hospital. Looking at options to increase the number of floors, change the hospital layout and make it more aesthetically pleasing. However for such a study it is important to contact the necessary skilled experts of the area to make sure that the work is carried out in the best able way.

A combined study could also be done on courtesy and quality of care, to further evaluate exactly what are the shortcomings of the service providing staff, even doctors. This could be built upon the findings of the Service Delivery Category of this research.

To conclude, there are still areas and subcategories from this research that can and should be further explored by the use of other studies and surveys where applicable. This would help increase the benefits to the hospital and promote growth and positive development.

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APPENDIX

APPENDIX A

QUESTIONNAIRE

This questionnaire is prepared for a research conducted as partial requirement for fulfillment of bachelor's degree in primary health care from Maldives National University. Please fill out the questionnaire as accurately as possible to reflect your opinion about the health care services of Senahiya Hospital. Your answers will be kept confidentially and will only be used for the stated purpose.

Please tick () the level of your satisfaction against the following statement in the relevant box.

	Level of satisfaction				
	Strongly Agree	Agree	Slightly Agree	Disagree	Strongly Disagree
A. General information					
1. Enough general information was received about this hospital					
2. It is easy to get an outpatient appointment					
B. Waiting time					
3. waiting time for registration is reasonable					
4. waiting time for outpatient appointment is reasonable					
5. waiting time for Consultation is reasonable					
6. waiting time for X-ray is reasonable					
7. waiting time for Physiotherapy is reasonable					
8. waiting time for scan is reasonable					
9. waiting time for pharmacy is reasonable					
10. waiting time for laboratory is reasonable					
11. waiting time for Echo is reasonable					
C. Registration					
12. It is convenient to register for services					
13. Service hours are convenient					
14. Doctors are available for consultation					

D. Consultation					
15. The doctor listens to patient complaints and give adequate explanation of treatments					
16. clinical assistance is provided					
17. Instruments are available for treatment procedures					
E. Courtesy					
18. Doctors examine and treat patients with respect and with kindness					
19. Hospital nurses treat patients with respect and with kindness					
20. sufficient privacy is provided in procedure rooms					
21. Doctors and nurses are attentive while answering your questions					
F. Quality of care					
22. The doctors are very competent and well-trained					
23. Doctors examines patients carefully					
24. Doctors at hospital is good about explaining medical tests and reports (pre and post investigation)					
25. Pharmacist clearly explains usage/directives of medicines prescribed					
26. Staffs at the registration counter has good communication skills					
27. You were given opportunity to ask about your illness during consultation					
G. Physical facilities					
28. Lighting and ventilation system of the hospital is adequate					
29. Waiting room has enough sitting chairs.					
30. Facilities and equipment are tidy and clean					
31. The location of services is clean and are of enough space to use					
32. There are clear signs to locate service areas					
33. drinking water is available					
34. toilets are clean and easily accessible					
35. Instruments used are of good quality					

					8. ס'נ'ס'ר ר'ת'ר'ז'ר ר'ת'ר'ו'ס'ר א'ל'ר'י'ס'ר'ו' ו'י'פ'ו'
					9. ח'ר'ס'ר'ט'ט' ו'ס' ח'ת'ר'ז'ר ר'ת'ר'ו'ס'ר א'ל'ר'י'ס'ר'ו' ו'י'פ'ו'
					10. ח'ת'פ'י'מ' ר'ת'ר'ז'ר'ו'ס'ר א'ל'ר'י'ס'ר'ו' ו'י'פ'ו'
					11. ר'י'פ'י' ס'נ'ס'ר'י' ר'ת'ר'ז'ר'ו'ס'ר א'ל'ר'י'ס'ר'ו' ו'י'פ'ו'
מ'ר'ח' ס'נ'פ'י'מ' ר'ת'ר'ז'ו'					
					12. מ'ר'ח' ס'נ'פ'י'מ' ו'ר'י' ר'ת'ר'ז'ו' מ'ר'ס'ר'י'ו'
					13. ר'ת'ר'ז'ו' מ'ר'ח'ס'ר'ת'ר'ז'ר'ו'ס'ר ר'ז'ו'ז'ר' ר'ס'ר'ס' ו'י'פ'ו'ס'ר' מ'ר'ס'ר'י'ו'
					14. ו'ס'ס'ר'ו'א'ח' ר'ס'ת'ר'א'י'א' ע'ל'פ'מ'ר' ח'ס'ר'ל'ל'ל' ח'ר'א'ו'
ע'ל'פ'מ'ר' ח'ר'א'ו'					
					15. ו'ח'ר'ר'י' ס'נ'פ'ו'פ'ו' א'ל'ס'ו' א'ת'ר' ח'מ'ו' ל'מ'ר'ס'ר'י'ס'ר'ו'ס'ר' י'פ'י' ח'ר'ת'ר'ז'ו' ח'ר'א'ו'
					16. ו'ס'ס'ר'ס'ר' ו'ר'ח' ר'ס'ת'ר'א'י'א' ע'ל'פ'מ'ר' א'ר'י'מ'ר'א' ר'ח'ר'
					17. ו'ח'ר'ר'ז'ר'ס' א'ל'ח'ו'ר'ז'ר' ו'ס'ס'ר'ו' א'ר'י'פ'ו'ס'ר' ע'ל'פ'מ'ר'י'א' ר'מ'
ר'ת'ר'ז'ו'י' א'ר'י'פ'ו'ס'ר'					
					18. ע'ל'פ'מ'ר'ס'ר' ח'מ'ו' ח'ר'א'ו'ס'ר' א'ר'י'מ'ר'א' א'י'פ'ו'מ'ר'א' א'ל'א'
					19. ס'ר'מ'ר'ז'ר'ס' ר'ת'ר'ז'ו' ח'ר'א'ו'ס'ר' א'ר'י'מ'ר'א' א'י'פ'ו'מ'ר'א' א'ל'א'
					20. ח'מ'ו' ח'ר'ת'ר'ז'י'א' ו'ח'ר'ר'י' ס'ר'ז'ס'ר'ס' ס'ר'ל'ח'י'ל'ל'ל' ס'ר'ו'ס'ס'ר' ח'ר'י'פ'ו'ס'ר' ס'ד'ר'ז'ו' ח'ר'א'ו'
					21. ע'ל'פ'מ'ר'ס'ר'ס'ר' ס'ר'מ'ר'ז'ר'ס' ו'ח'ר'ר'י' ס'ד'ו'ח'י'ל'ל'ל' ח'מ'ו'פ'ו'מ'ר'א' א'ל'א'
ח'מ'ו'פ'ו'מ'ר'א' א'ל'א'					
ר'ת'ר'ז'ו'י' ח'ס'ר'ו'מ'					
					22. ר'ת'ר'ז'ו' ח'ר'א'ו'ס'ר' ח'מ'ו' ע'ל'פ'מ'ר'ס'ר'ס'ר' א'ל'א' ח'ר'ת'ר'ז'ו' ח'ר'י'פ'ו'ס'ר' ח'ר'י'פ'ו'ס'ר'
					23. ע'ל'פ'מ'ר'ס'ר' ו'מ'ר'ס'ר' מ'ר'ס'ר'י'ו'ס'ר' ו'ח'ר'ר'ז'ר'ס' א'ל'א'ו'
					24. ר'ת'ר'ז'ו' ח'ר'א'ו' ע'ל'פ'מ'ר'ס'ר' ח'ר'י'פ'ו'ס'ר' ס'ר'י'ח' ח'מ'ו'ס'ר'
					25. ו'ס'ס'ר' ח'ר'מ'ר'א'ו' ח'מ'פ'ו'פ'ו'ס'ר' ו'ס'ס'ר'ס'ר' ל'מ'ר'ס'ר'ו' י'פ'ו' א'ל'א'ס'ר' ח'ר'ז'ו'ח'ר'א'ו'
					26. ל'א'ס'ר'פ'מ'ר'י'א' ח'מ'ו' ח'ו'א'ח'ח'ז'ר'ס' ח'ר'ת'ר'ז'ו'מ'ר'ס'ר' מ'ר'י'פ'ו'ס'ר'
					27. ע'ל'פ'מ'ר'ס'ר' א'ל'ח'ו'ר'ז'י'א' ח'מ'ו' ח'ר'י'פ'ו'ס'ר' ס'ד'ו'ח'י'ל'ל'ל' ח'מ'ו'פ'ו'מ'ר'א' ח'ר'ת'ר'ז'ו' ח'ר'א'ו'
ח'ר'ת'ר'ז'ו'י' ח'ר'א'ו'					
					28. ר'ס'נ'פ'י'ח'ח'י'א' א'ל'א'ס'ר' א'ת'ר' ו'ר' ח'ר'מ'ו' ס'ר'ח' ח'י'ל'ל' ל'מ'ר'ו'ז'ר' ו'
					29. ר'ת'ר'ז'ו'י' א'ת'ר' ח'מ'ר'א'ו' ו'י'פ'ו'ס'ר' א'ר'י'ס'ר'ס'ר'ס'ר' א'ר'י'פ'ו'ס'ר' א'ל'ר'י'ס'ר'ו' ו'מ'ר'ז'ר' ר'ח'ח'ר'ח'ר'א'ו'
					30. ר'ס'נ'פ'י'ח'ח'י'א' י'ס'ר'י'ל'א'ו' ח'מ'ר'א'ו' ח'ר'ת'ר'ז'ו' ס'ד'ר'ז'ר'מ'
					31. ר'ת'ר'ז'ו'י' ח'ר'א'ו' ס'מ'ר'ל'ח'י'ל'ל' א'ל'ר'י'ס'ר'ו' ח'ס'ר'ו'מ'ר'ס'ר' ח'י'ל'ל'י' ח'ס'ר'ו'ס'ל'א'ס'ר'ו'

