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**OUTPATIENT EXPERIENCES, ACCESSIBILITY AND
SATISFACTION AT HLAING THARYAR GENERAL
HOSPITAL**

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Outpatient Experiences, Accessibility and Satisfaction at Hlaing Tharyar General Hospital

This thesis is submitted to the Board of Examiners in partial fulfillment of the requirements for the Degree of Master of Commerce (M. Com).

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ABSTRACT

This thesis focuses on outpatient experience, accessibility and satisfaction at Hlaing Tharyar General Hospital. The objectives were (1) to identify the health care service practices and procedures of Hlaing Tharyar General Hospital and (2) to analyze the patient satisfaction on health care services of outpatient department in Hlaing Tharyar General Hospital. To achieve this objectives, primary and secondary data were used and the data was collected from outpatient department of Hlaing Tharyar General Hospital with a sample of 344 patients. The result indicated that experiences with services, accessibility to services and patient satisfaction has medium mean score. Experiences to services and accessibility to services also have positive sign and highly significant on patient satisfaction. This study recommends not only administrators should develop both quality and procedures of provided services but also government and policy makers should increase the supports for better patient satisfaction.

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LIST OF ABBREVIATIONS

AN	Antenatal
D & C	Dilatation & Curettage
E & C	Evacuation & Curettage
OP	Operation
SPSS	Statistical Package for Social Sciences
WHO	World Health Organization

CHAPTER I

INTRODUCTION

Health is central to life. Every part of life relies on good health. There is also proverb in Myanmar: ārogyaṃ paramaṃ lābhaṃ- health is a big bribe. Health is the function and metabolic efficiency of the human body, and the ability to adapt to exposed physical, mental and social changes. Health care is one of the most complex activities in which human beings engage (Pandit, 2015). Health care is a comprehensive package of preventive, promotive, curative and rehabilitative health services to the people by the health professionals (Last, Spasoff and Harris, 2000). Health care is a broad term that refers to systems that involve maintaining and improving services to meet people's medical needs. The quality of the healthcare system and services in society is considered to be one of the key factors that define government in a given state. Even during a pandemic, the extent to which an individual's continued physical, emotional, mental, and social skills can cope with his environment is particularly important.

Health service delivery systems have to be safe, accessible, high quality, people-centred, and integrated are vital for moving towards universal health coverage. Service delivery systems are responsible for providing health services for patients, persons, families, communities and populations, generally. Service delivery systems should additionally take into account the entire range of care from promotion and prevention to diagnostic, rehabilitation and palliative care, along with levels of care including self-care, home care, community care, primary care, long-term care, hospital care, so as an effort to provide integrated health services throughout the life course. For every health care delivery, patients are the main users and therefore, patient care is the primary function of every hospital (Essiam, 2013). Patient-centered care focuses on the people seeking care (patients), while human-centered care covers these clinical experiences, as well as the health status of people in the community and their key role in the formulation of health policies and services. In a patient-centered healthcare environment, patients demand a greater role in managing their healthcare, and many medical institutions have been paying attention to patient experience.

Nowadays inequality is a characteristic of mega-cities in many developing countries, where the effect of a rapid urbanization have gone unchecked and the poor are left to cope unaided for themselves, while an urban prime adopts a secure

cosmopolitan lifestyle. In many developing countries, inadequate supply of urban public facilities and poor quality services have brought about in significant inequity of access. The equitable delivery of essential services is critically challenged including primary health care. WHO is supporting countries in aiming for universal health coverage over improving the efficiency and effectiveness of their health service delivery systems (WHO, 2020). Additionally, to recognize health facilities and barriers of peri-urban areas' accessibility of health care services is very important for policy makers. Peri-urban areas are an edge located between the city and countryside that develop as a result of immigration from urban and rural areas.

Regarding to 2001-2030 health care vision of Myanmar, reducing epidemic and infectious diseases that have impact on health that secure universal health coverage. Myanmar has committed to attain universal health coverage by 2030. The vital objective is to guarantee access to essential care without financial barriers for population. Due to the country's low expenditure on health care, Myanmar ranked 190 in the World Health Organization's Global Health Ranking in 2018. Due to the shortage of doctors and nurses across the country, public and private hospitals are understaffed. Myanmar is still in the third grade of WHO's concern, which means that many major events have affected Myanmar's public health. Government is still trying to provide sufficiently the most basic services such as waste management, health facilities and policing to peri-urban area like Hlaing Tharyar.

Hlaing Tharyar has families of various socio-economic-demographic classes including a number of permanent residents, as well as a transient population from other parts of the country. After Cyclone Nargis destroyed the delta in 2008, survivors whose home or livelihoods has been destroyed began moving to Hlaing Tharyar in the expectation of finding work in factories. So, population of the township has increased extensively due to the inward migration from other townships. Residential areas are dominated by dormitories' hostels (Thar, 2019). Hlaing Tharyar General Hospital is upgraded the 200 bedded facilities into 450 bedded facilities in order to cover the accessibility of health care of almost entire needed population of Hlaing Tharyar. Patient satisfaction is a crucial phenomenon that recognizes the patients' needs so as to improve health care systems (Fufa and Negao, 2019). Satisfaction is utilized as an indicator of the service delivery quality in addition to help doctors and the health service institutions to establish a better understanding of the patients' feedback and to use these perceptions to improve responsibility and the facilities that are provided (Saeed et al., 2001).

1.1 Rationale of the Study

Patient satisfaction is an important issue both for evaluation and improvement of healthcare services (Al-Elsa et al., 2005). Accessing the performance of the health service delivery and selection of strategic options for health care provision could be most probably done by measuring patient satisfaction (Fitzpatrick, 1991). Accessibility to health care services is an vital issue to be taken into consider when engage in the study of health care because access to health care can be thought of as a facilitator of overall population (Guagliardo, 2004). The objectives of health care service are changing according to the needs of customers and availability of resources. The 19th century (1850) became an era referred to as symptoms-centered. Health care was focused on local understanding and perceptions rather than scientific basis. Early 20th century (1900) was basic science or disease centered era, health care was viewed as doing experiments towards diseases to get scientific reasons. Mid of the 20th century (1950) was clinical science or patient centered era. Late 20th century (1975) was called public health or community centered era. Community as a whole was focused in terms of preventive, diagnosis and treatment rather than individualized. Start of 21st century (2000) was political health science or people centered era (Min, 2014).

Health as a view of public interest, public participation and proper allocation of resources reflecting the needs of community members were ensured (Chanawongse, 1994). Access to health care refers to the ability of individuals to obtain needed healthcare services (Albarrak and Li, 2018). To satisfy ever growing desire and demand of patient, health care industry is encountering speedy transformation nowadays (Qadri et al, 2012). As hospital management strategy, measuring patient satisfaction has turned out to be integral part worldwide (Bleich, Ozaltin and Murray, 2009). Hospitals are made to accommodate the necessities of patients in any society. Patients are the customers of the services provided by the hospital in any particular setup (Karachi, 2014). Outpatient department (OPD) is a very crucial department of any hospital being the first point of contact between the patient and the hospital staff (Sharma and Chowhan, 2013). OPD is the section of hospital which is staffed and equipped and has scheduled working hours to provide diagnosis, therapeutic, rehabilitative care to those patients who are registered as inpatient while receiving the services (Linn, 2017). It is usually integrated with inpatient services. Outpatient department play an important role in shaping patients' perception of performance of hospital, their judgement about impact

of physical facilities on satisfaction is important. So, to determine the patient satisfaction on the accessibility of healthcare services, OPD is the best place to measure.

In Yangon Region, there are many hospitals owned by government including circuit hospitals, township hospitals, general hospitals, eye hospital, psychiatric hospital and so on. Hlaing Tharyar General Hospital is also established to provide quality healthcare services for various socioeconomic-demographic classes of peri-urban patients with affordable price as a government owned hospital. This study is selected the outpatient department of Hlaing Tharyar General Hospital. It plays an important role because health care providers with a lot of experiences are functioning specialized care and highlighting the needs for corrective actions. There are very few studies about patient satisfaction on health care services and no research has been conducted relating with outpatient department of Hlaing Tharyar General Hospital. This study aims to fill the empirical gap between patient's perception, accessibility, requirements and expectation of services in compare with practices and procedures of services provided by hospitals. By conducting this research, hospitals can seek requirements and improve the practices and procedures in providing health care services. For patients, this study additionally hopes to get better satisfaction in utilizing the health care services of hospitals. Moreover, this study provides potential guidance for researchers in studying patient satisfaction and hospital services. For academics, this study aims to help and support for further study.

1.2 Objectives of the Study

There are two major objectives of the study:

1. To identify patients' experiences and accessibility to health care services of Hlaing Tharyar General Hospital
2. To analyze the effect of patients' experience and accessibility to health care services on their satisfaction towards outpatient department in Hlaing Tharyar General Hospital

1.3 Scope and Method of the Study

This study is outpatient experiences, accessibility and satisfaction at Hlaing Tharyar General Hospital. This study focuses on experience with health care services, accessibility to services and patient satisfaction. This study used the descriptive

research method by collecting primary and secondary data. For collecting primary data, structural questionnaire used and distributed to respondents who are outpatients. Although 382 respondents were selected by using simple random sampling method to conduct the survey, 90% of the respondents, 344 patients could be collected due to COVID-19 pandemic effect. Secondary data were collected from previous research papers, books and reports published by authors. Data collection period was from September 2020 to November 2020. The data collected from questionnaires were analyzed by using regression analysis via Statistical Package for Social Sciences (SPSS).

1.4 Organization of the Study

This study consists of five chapters. Chapter one is a brief introduction to the subject of the study. It includes the rationale, the objectives, the scope and method of the study. Chapter two, literature review, describes the theoretical background of experiences and accessibility to healthcare services and patient satisfaction. Previous study of medical services on patient satisfaction are also discussed in this chapter. Chapter three describes the background information of Hlaing Tharyar General Hospital. Analysis on outpatient experience, accessibility and satisfaction is evaluated from questionnaire survey in Chapter four. Chapter five consists of findings, suggestion and needs for further research of the study.

CHAPTER II

LITERATURE REVIEW

This chapter provides the review of existing scholarly literature about assessment of patient satisfaction on outpatient department of public hospitals. This chapter presents the definitions, concepts and theories of patient satisfaction, patients' experiences with health care services, accessibility to health care services, assessment of patient satisfaction in health care service, measurement of patient satisfaction, framework for the study of access to medical care and conceptual framework.

2.1 The Concepts of Patient Satisfaction

Patients satisfaction has been defined as 'the extent of agreement between what a patient expects to receive from health care experience and the perception of the level of care actually received (Babu, 2012). Patient satisfaction can be portrayed as the degree of coherence between the patient's expectations about ideal care and their understanding of the actual care received (Aragon & Gesell, 2003). Patient satisfaction derives from the patient's evaluation of how well the provider meets his or her personal and emotional as well as physical needs (Press, 2005). The satisfaction of patient can be portrayed as an assessment of a received health care services (Pascoe, 1983). As a measure of quality of care, patient satisfaction is mainly significant as a result it provides information on the provider's victory at meeting consumer values and expectations which are matter on which client is definitive authority (Donabedian, 1988). Patient satisfaction identifies and defines the major characteristics of providers and health and medical care services that influence patient satisfaction (Ware, Davies-Avery and Stewart, 1977).

The concept of patient satisfaction is important to understand and it cannot only be explained by patients' experiences with health care services but also by the system and characteristics of the health care services. Patient satisfaction is considered a complementary health care quality while most health care quality metrics access health care processes and health outcomes (Browne et al., 2010). For hospital management, both spreading the positive image of hospital and patient satisfaction are evenly matched important (Sanjeeva and Senevirathene, 2012; Jawahar, 2007). Despite problems with establishing a tangible definition of 'satisfaction' and difficulties with

its measurement, satisfaction measurement is important for health care sector (Crow et al., 2003). Assessment of patient satisfaction can be used to determine which aspects of service need enhancement and improvement (Jackson, Chamberlin and Kroenke, 2001).

Patient satisfaction may not only be completely affected by mean of quality of physician available also it displays how medical care has been conveyed (Chanchlani and Chavan, 2017). Satisfaction studies allow the integration of patients view into the functioning of the health sector allowing the identification of problems and imperfections in health services (Williams, 1994; Mpinga and Chastonay, 2011). Patient satisfaction is factor that may help in improving the hospital functioning, it can be a good tool for administrators to know the problems of patients. It can also help the physicians to know the response of their health care delivery (Javed, 2005). Patient satisfaction has been used to evaluate controlled analgesia (Avis, Bond and Arthur, 1995). Patient satisfaction is influenced by patient factors, service providers factors and perception, attitude and understanding of person which are derived from the hospital and its services.

2.2 Theories of Patient Satisfaction

The subject of satisfaction has been studied extensively in the fields of sociology, psychology, marketing and health care management (Newsome and Wright, 1999). Consumer satisfaction with health care has gained widespread recognition because of the desire for greater involvement of the consumer in the health care process. Patient satisfaction is believed to be one goal of health care delivery as a movement of consumer satisfaction which is seen as necessary outcome of any transaction. A quantity of studies have been carried out to discover more about how patient assess the received care so as to develop theoretical and conceptual models. (Pascoe, 1983) and (Worthington, 2005) reviewed two main theories, disconfirmation theory and fulfillment theory.

(1) Disconfirmation Theory

At the point when taking everything into equal, patient will have higher expectations, the less likelihood that service or product performance can meet or surpass them, the result being reduced satisfaction or even dissatisfaction; patient has higher perceived level of performance, the more likelihood that expectations will be surpass,

resulting in increase satisfaction (Davidow, William and Uttal, 1989). As indicated by disconfirmation theory, when a product or service provided a pleasure level of consumption related fulfillment, satisfaction is defined as a consumer's judgement (Oliver, 2010). Disconfirmation is based on the cognitive process and the assumption is made that people who entered into an exchange relationship bring with them performed expectations and an ability and willingness to judge the quality of that relationship (Sowole, 2007). When perceptions of attribute performance diverge just marginally from expectations, there is a tendency for individual to displace their perceptions in the direction of their expectation (Newsome and Wright, 1999). The disconfirmation assumption is that the patient will not only experience pre-formed expectations, but also desire to evaluate the experience (Swan, 1985). When the satisfaction is between very positive or negative, the disconfirmation theory will rely heavily on the patient's extreme hospitalization satisfaction and provide a reasonable understanding. In healthcare, the disconfirmation theory explains the patient's response to the provider's personality and style (Mormer, 2012).

(2) Fulfillment Theory

Fulfillment theory assume the magnitude of the outcomes received under particular circumstance determine satisfaction. Fulfillment theory defines satisfaction as the amount received from a circumstance despite of expectations or want because of the assessment of distinct component of health care. Satisfaction is conceptualized as the simple difference between what is expected and what occurs, unadjusted for how much is desired in the first place (Morale, 2001). Moreover, satisfaction is the algebraic difference between patient's rating of outcome after service and their expectations about outcome formed before service according to fulfillment theory (Hudak et al., 2004). Since objective outcomes alone determine satisfaction, patient satisfaction is predicted by satisfaction with attributes associated with care experiences. Satisfaction is directly related to the extent to which occurrences concur with prior expectations (Linder-Pelz, 1982). Clients decide post consumption in which service contribute a satisfying degree of consumption related fulfillment (Oliver, 1997). Satisfaction results from the outcomes of an experience regardless of how much one feels he or she should get and/or wants to receive. Patient attitudes and perceptions prior to receiving health care were likely components or measure of patient satisfaction. The extent of agreement between patient's predictable expectation and perception of actual care influence

understanding of patient satisfaction (Senti and LeMire, 2011). If situations are different, the fulfillment of the need for relatedness is also under strain and low satisfaction can be resulted when few needs can be fulfilled by providers.

2.3 Patients' Experiences and Accessibility to with Health Care Services

Experiences reflect biggest opportunity in health care where experience compass quality, safety and service moments is impacted by cost and implications of accessibility and affordability is influenced by the health of communities and population (Wolf, 2016). The patient's experience begins with their ability to get appointments when needed, and continue to complete the appointments, and finally complete their long-term care plan. Satisfaction is affected by the ease of appointment, customer service at sign-in and waiting time. The most critical factor in the patient experience is how efficiently they feel that their provider communicates with them. For long term, hospitals and medical institutions have been developing patient participation strategies. Patients' expectation of receiving same or better service quality than they get is created by experience with services. Availability of health care services, adequacy of supply of services, chance to get exist health care and population assess of service determine accessibility (Gulliford et al., 2002).

2.3.1 Patients' Experiences with Health Care Services

Patients' experiences of actual service performance is one of the significant independent variables while studying patient satisfaction (Vadhana, 2012). Patients' opinion regarding quality service would be changed at once when patient experience same service with totally different mean of serving. When proof provided is accessible and comprehensible, patient satisfaction decision making methods are convincing. Particularly, patients will decide whether they are low or high satisfied with health care services via physical facilities, physicians' services, nurses' services, pharmacy services and registration services (Vadhana, 2012). The patient experience is the sum of all interactions that affect the patient's perception throughout the care process.

(1) Physical Facility

Physical facilities measure the patient's perception about the quality of service in regard to hospital's physical services (Huissain et al., 2019). Physical facility is first impression of patients towards hospitals. Well-maintained physical facility is essential

to improving patient experiences and satisfaction. Patient is focus of all activities of the hospital and for efficient effectivity their needs administrators should dictate the strategies including physical facilities. Since physical facilities is patients first come to contact with hospital, it is needed to explore whether it has any influence on patient satisfaction. Overall cleanliness of the hospital compound and facilities and avability of equiptments and facilities are the positive factors to enhance patient satisfaction. Well-maintained health care physical facility is essential to improve the patient experience. Hospitals and health systems can ensure that patients get a positive experience through well-maintained physical facilities, where people feel the safe, comfortable and confidential care they receive. Understanding the link between physical facilities and patient satisfaction can have a lasting impact on hospital performance. Well-designed and well-maintained physical facilities can reduce anxiety and speed up recovery. In 1994, Upreti observed that 70.2% were satisfied physical facilities of outpatient department.

(2) Health Care Providers' Services

The health care providers in various setting of hospital especially doctors and nurses have significant impact on patient satisfaction. As revealed by some studies, physicians and nurse services are important because patients normally ascertain their general perception about these services and potential outcomes (Szasz and Hollender, 1956; He and Zhou, 2017). In order to assess the health care services by the patients, they must develop a good relationship with physicians and nurses (Takahashi et al., 2017). Physician and nurse time spent with patient is also important factor in patient satisfaction (Lin et al., 2001). A satisfactory relationship between doctor, nurse and patient is important to ensure that the patient adhere to medical guidance they have received, which ultimately improves treatment efficacy (Mohr and Spekman, 1994; Waters et al., 2016). Some studies have also shown that the level of patient health has a direct impact on their level of satisfaction with patients in need of more in-depth medical attention, having a stronger impression of the quality of doctors' and nurses' services, alongside their overall satisfaction (Otani et al., 2010; Gu and Jarrett, 2018). According to Madokhali, 2007, physicians and nurses were perceived as satisfied by 82.67% and 82.22% respectively.

(3) Pharmacy and Registration Services

It is becoming more patient centered and caring services due to pharmacy services which have been progressively extended beyond simple medication provide (Ayalew et al., 2017). Since outpatient department services normally provide basic services to patients from registration in order to get hospital files, consultations, laboratory, radiology and pharmacy services, registration services are highly centralized in hospitals. The ease of registration procedures can enhance patient satisfaction. For patient satisfaction, service providers' sensitivity and interaction to patient is curical. As a valuable humanistic outcome, patient satisfaction is needed to determine to reflect how pharmacy and registration services can influence patient satisfaction. Although registrants do not provide medical services, they play an important role in getting patients into almost every hospital department (including radiology and laboratory services). By collaborating with health care professionals such as doctors, pharmacists can provide patients with the best medication management. As observed by Javed in 2005, 77.5% of the patients were satisfied from registration services and 65% of the patients were satisfied from pharmacy services.

2.3.2 Accessibility to Health Care Services

The accessibility refers to the feasibility of the person whether he or she could receive the health care services at any time with no constraint (Min, 2014). If accessibility to health care services is provided in a timely manner, patient's inconvenience become less. In 1981, Aday and Anderson suggested using access rights to describe the possibility and actual situation of a given individual or group of people entering the healthcare delivery system. Affected by social and economic conditions and health policies, countries, communities, and individuals may have access to medical care.

(1) Waiting Time

Waiting time can be defined as an objective evaluation of the quality service against the individual's expectation (Bergenmar et al., 2006). Waiting time is an important determinant of quality service because in health care provision, delays are expensive, not only in term of direct cost incurred but also potential cost of decrease patient satisfaction and adverse outcome (Hausmann, 1970). Unreasonable delay in service provision can provoke patient dissatisfaction. Patients have to wait longer time

for receiving services in most outpatient department due to overcrowding thereby reducing health care access to public and increasing operational cost to hospitals because of the associated inefficiencies (Conard, 2013). It is need to analyze the existing queue process and longer waiting time to determine the main improvement area of the long-term solution. In 2012, Vadhana observed that 93.5% of patients were satisfied with waiting time of outpatient department services.

(2) Working Schedule

Outpatient working schedule is the construction of resource scheduling under uncertainty (Cayirli and Veral, 2003). The proficiency staff perform schedule with specialized quality incorporate hospital and restorative aptitudes (Toms and Ng, 1995). Much of discontinuity of care experienced by patients receiving care from hospital is a function of working schedule of the hospital (Goodwin, Li and Kuo, 2019). Health care providers with more continuous schedules may be associated with better outcomes for patient (Goodwin, Li and Kuo, 2019). Health care providers should be ready to serve anytime because demand of health care service is always there (Vadhana, 2012). A sort of conflict of interest may be happen when huge numbers of patients went to the limited numbers of doctors who had to finished their tight clinic hours according to rigid schedule (Min, 2014). As observed by Vadhana in 2012, 99.5% of the patients were satisfied with working schedule of outpatient department. In 2005, Javed found that 78% of patients were agreed that working schedule of outpatient department was adequate.

(3) Service Procedures

The measurement of service quality relies on patient expectations and perceptions whereas the delivery of quality health service is governed by strict medical procedures. Service procedures provide standardize health care practices, tests and services in which decisions can be made and achieve great understanding and cooperation between health care providers and patients. Service procedures improve patient safety by helping guide decisions in critical moment. If service delivery meets the preference of client and the service procedures are well which can lead to higher patient satisfaction. In quality health service measurement, service procedures have potential to affect on patient satisfaction on the basis of a lot of experiences from serval service procedures which can prevent receiving poor care to patients. From this result,

patients will be more satisfied when qualified service procedures are being offered. In 2012, Vadhana found that service procedures were relatively satisfied by 95.5% of patients. According to Jwahar, 2007, service procedures of outpatient department were perceived as satisfied by 90-95%.

2.4 Measurement and Assessment of Patient Satisfaction

Areas needed to improve must be point out for focusing better patient care services by measuring and assessing patient satisfaction. Measuring patient satisfaction can point out areas for improvement in order to provide better patient care services. Patient satisfaction is at the core of patient-centered healthcare. The measurement and assessment of patient satisfaction is essential for identifying gaps in healthcare and understanding how to improve services. Measuring and assessing patient satisfaction can improve communication between healthcare providers, medical practices, and patients.

2.4.1 Measurement of Patient Satisfaction

Measuring patient satisfaction are being used as surrogate expressions of users' preferences about the range and type of the service they want as a way of qualifying the measurement of patient focused outcome (Avis, Bond and Arthur, 1995). Studies about patient satisfaction are important for smooth functioning of hospitals and hospitals should have self-working mechanism to address the changing needs of patients (Javed, 2005). The researcher proposed principle factors of satisfaction involve three elements namely convenience, courtesy and quality of care in the adapted conceptual framework.

(1) Convenience

Convenience can be defined whether necessary providers and service exist in the area and the convenience of working schedule (Sowole, 2007). Convenience is at the forefront of the upcoming development of the healthcare system. Need to improve by satisfying consumers' demand for more timely and convenient medical services. Convenience can be portrayed as comfort that achieves a set of standard care quality (Vadhana, 2012). In an increasing number of healthcare provider accountability and medical quality results, patient satisfaction plays an increasingly important role (Afzal et al., 2014). If receipt of care, guidance and support were to help patients make genuinely informed choices about interventions, it would be likely to impact on

operational delivery of services (Ibrahim, 2008). Convenience as patient satisfaction dimension involves all of the factors arranging to receive medical care generally, time and effort required to get the place where care is delivered and convenience of location (Ware et al., 1977). Clients can usually return to acquire services from the place they used to be satisfied. Improved convenience, courtesy and quality of care can lead to better health service use and ultimately better outcomes (Khudair and Raza, 2011). Convenience is an important factor with reference to the patient's experience. In 2008, Ibrahim observed that 75.3% of patients were satisfied with convenience.

(2) Courtesy

Courtesy is defined as respect, attentiveness and care shown by the health care provider (Vadhana, 2012). The courtesy of health care providers toward patients is an important factor in patients' assessment of their care experience. Since patient satisfaction may be considered as an indication of the confidence a patient has in the health services provided by the hospital, the courtesy and respect of health care providers during patient visit is important in measuring patient satisfaction (Van de Ven, 2014). Courtesy and satisfaction with confidentiality taken by service providers during providing service is associated factors for patient satisfaction (Asres et al., 2020). Employ a warm, friendly and reassuring manner and communicate awareness of relevant data which impacts patient's perception of care are critical for courtesy and respect of health care providers. In 2012, Vadhana found that 97.5% of patients were satisfied with courtesy of outpatient department.

(3) Quality of Care

Quality of care can be defined as the attribute of care as well as criteria for what constitute good health (Donabedian, 1980). This encompasses not only the competence of the providers, but also the commitment and involvement of the patients, in which the level of health services is done for individuals and the population increases the likelihood of desired health outcomes. In health care services, providing quality of care include patient centered, affordable, equitability, timeliness, effective and efficiency. Patients through their unique experiences can offer insight into quality of care which would be unseen from other perspectives (Beattie, Murphy and Lauder, 2015). Health care providers are more concerned with the patient satisfaction in order to know how patients perceive the quality of care and to know where, when and how service

improvements can be made (Zineldin, 2006). In 2008 Ibrahim found that, 44.2% of patients were highly satisfied with quality of care provided by outpatient department.

2.4.2 Assessment of Patient Satisfaction

Assessment of patient satisfaction has been proposed as an accurate merging of patients' opinion about health care service for the sake of quality improvement and assurance and increasing the level of complying with treatment originated from vital study of patients' behaviors towards services. In 1985, Donabedian indicates the means of evaluating whether a patient received what is acknowledged to be good quality care. Measures used might include features of physicians and hospitals and policy and procedures that potentially affect the quality of care. Hospital Consumer. The assessment of patient satisfaction can provide healthcare providers with valuable insights into all aspects of healthcare, including their care effectiveness and level of understanding. Health care providers are instructing patients to make health decisions and recommending treatment options based on the present symptoms of the disease.

Assessment of Health care Providers and Systems can measure patients' view point on hospital care (Surji, 2015). It is a part of both public and private partnership dedicating to publicly reporting valid and comparable information on hospital care quality. It can not only serve the goal of increasing patient's knowledge on hospital care but also provide hospital with data and benchmarks to gauge the performance. Improving services in health care require hospitals to measure their own performance in order to improve upon current system of service delivery since a well design health care delivery system can improve quality of life and improve patient satisfaction (Dzomeku et al., 2012). The assessment of patient satisfaction as an evaluation index is important to help in understanding the expectation as a patient and in identifying needs and expectations of the health care system (Pini et al., 2014).

2.5 Previous Studies of Medical Services on Patient Satisfaction

There are many researches about patient satisfaction because it has become increasingly important to determine deficiencies needed to improve. The following are some medical framework used in studying provided services on patient satisfaction.

2.5.1 Framework for the Study of Access to Medical Care

In 1974, Aday and Andersen reviewed and integrated definitions and aspects of access to medical care into a framework as follow.

(i) Health Policy

Access has been most often taken into consideration in a political context. The critical objective of much of health policy is “improved access to care.” To reach this goal, financing, education, and manpower and health care reorganization programs were acted as important subcomponents to characterize health policy as the starting point for consideration of the access concept. It is the effect of health policy in altering access to medical care that health planners and policy makers are frequently concerned with evaluating.

(ii) Characteristics of the Health Care Delivery System

The delivery system included resources and organization. Resources are the labor and capital committed to health care. The resources included both the volume and the distribution of medical resources in an area such as the number of hospital beds for a defined population. The manner in which medical personnel and facilities are coordinated and controlled during the process of providing medical services is referred to as organization (Andersen et al., 1970). Organization included two components; entry and structure. Entry refers to the process of gaining entrance to the system. Structure related to "the characteristics of the system that determine what happens to the patient following entry into the system" (whom he sees, how he is treated).

(iii) Characteristics of the Population at Risk

It includes three components namely predisposing, enabling and need. The predisposing component included variables that describe "propensity" of individuals to use services including age, sex, race, religion, and values concerning health and illness (Aday and Andersen, 1974). The available average of personal use services constitutes the enabling component. Individual perception or delivery system evaluation can portray need for care.

(iv) Utilization of Health Care Services

According to framework for the study of access to medical care, the utilization of health services included type, site, purpose, and the time interval involved. The type of utilization refers to the kind of service received and who provided it: hospital, physician, dentist, pharmacist, etc. (Andersen, 1963). The site of the medical care encounter refers to the place where the care was received: physician's office, hospital outpatient department, emergency room, etc. Preventive, illness-related, or custodial care referred to the purpose of a visit. Contact, volume, or continuity are using to measure the time interval for a visit. To reflect different aspects of caring-seeking process, the relevant dimension of utilization is needed to specify importantly.

(v) Consumer Satisfaction

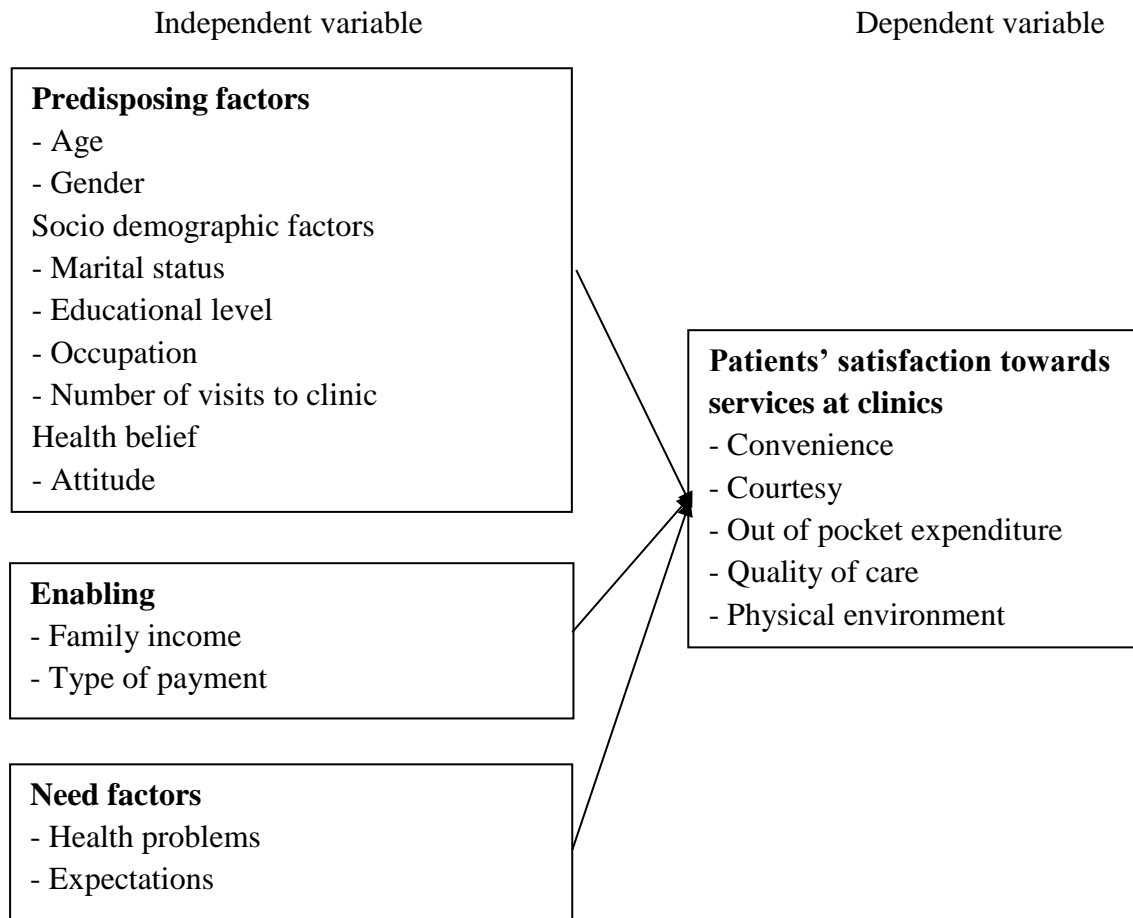
Consumer satisfaction refers to the people's attitudes toward the medical care system who have experienced a contact with it. Satisfaction measured the quantity or quality of care actually received (Aday and Andersen, 1974). Dimensions of satisfaction that seem to be applicable to think about in evoking subjective perceptions of access are satisfaction with the convenience of care, its coordination and cost, the providers' courtesy information given to patient about coping with illness and his judgment to the received quality of care (Andersen et al., 1971).

2.5.2 Conceptual Framework of the Previous Studies

There are various studies in the analyzing the patient satisfaction on outpatient department of public hospitals. Some of the previous conceptual framework of the studies are described as follow.

The first study was the use of OPD services to assess patient satisfaction in the outpatient department of the Karapitita Teaching Hospital in Sri Lanka. The objective of this study was to access the level of satisfaction of outpatients who have utilized the outpatient department services. 251 respondents have been utilized to collect data for survey. Correlation analysis was used in the study. According to the result from analysis, the association between expectation and satisfaction was not significantly associated. Most patients are concerned about the waiting times for doctor's service and the delayed counter services.

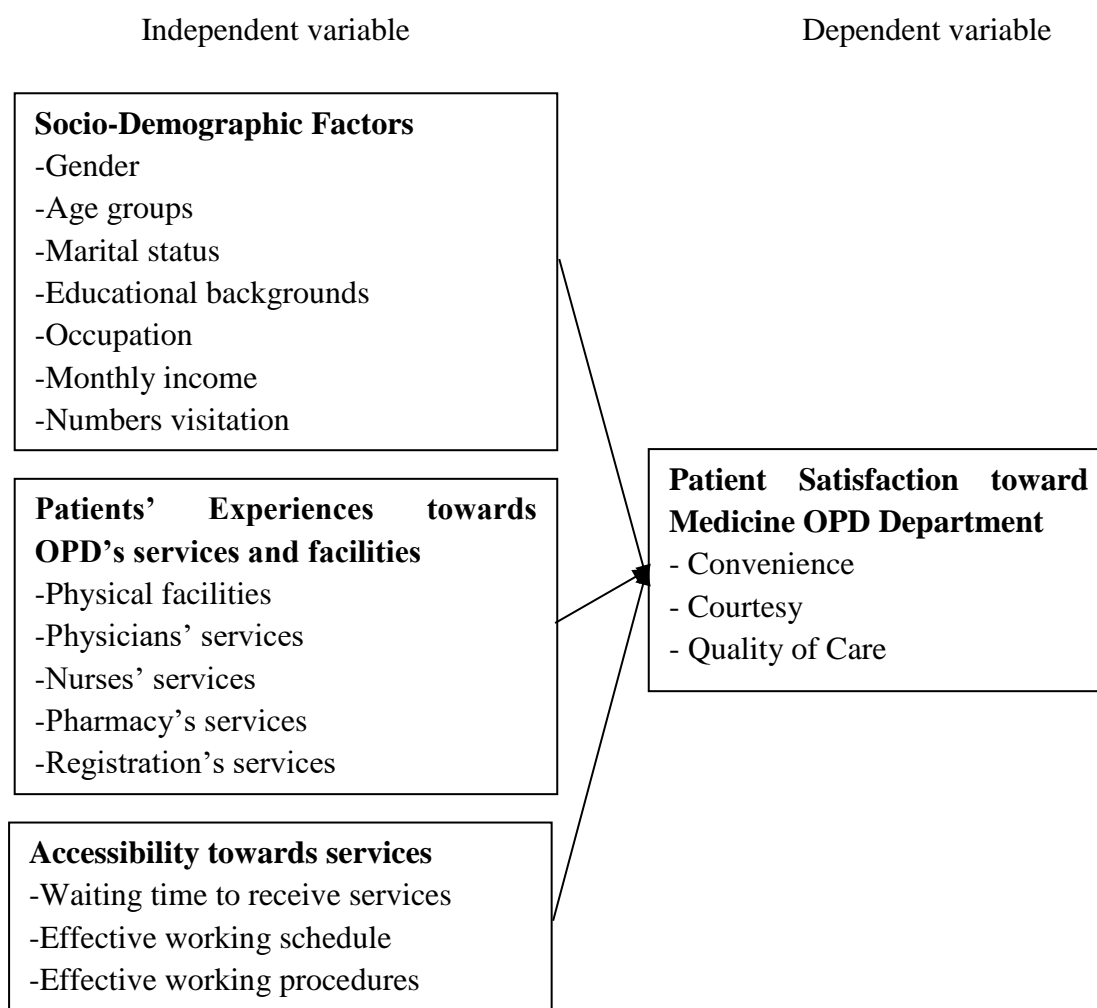
Figure 2.1 Framework of Sanjeewa, G. G. C. and Seneviratnae, R., 2017



Source: Sanjeewa G. G. C. and Seneviratnae R., 2017

The second study was to patient satisfaction assessment in the outpatient department of an autonomous hospital in Phnom Penh, Cambodia. The objective of this study is to evaluate the extent of patients' satisfaction on the Medicine Outpatient Department (OPD). 200 respondents were systematically caculated for data collection. Correlational analysis was used in the study. According to the analysis, there is a significant relationship between the services of doctors, nurses, and pharmacies and patient satisfaction, while there is no significant relationship between accessibility factors and patient satisfaction.

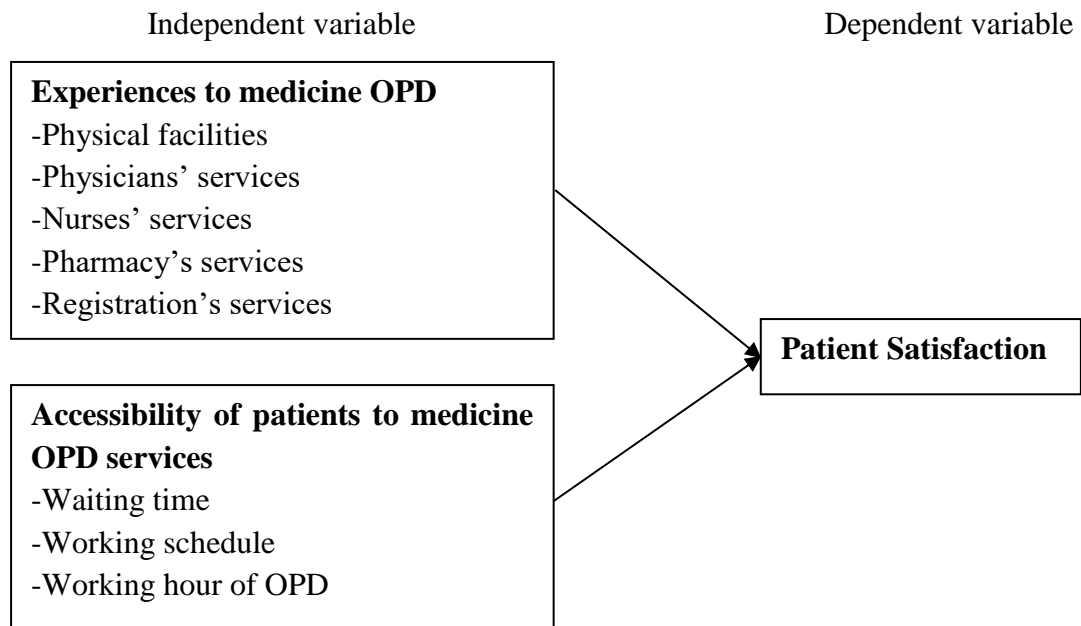
Figure 2.2 Framework of Vadhana, M., 2012



Source: Vadhana M., 2012

The third study is a study on the satisfaction of outpatients at the secondary health care hospital in Bhopal. The objective of this study is to evaluate the level of patient satisfaction with outpatient department services for which one of the descriptive statistical method, frequency analysis is used for experience and accessibility to services of patients. Moreover, 66% of patients had good accessibility towards medicine outpatient department. The patient has the highest level of experience in nurse's help, OPD internal lighting and ventilation, and good communication with pharmacists.

Figure 2.3 Framework of Joshi, S. and Joshi, M. K., 2017

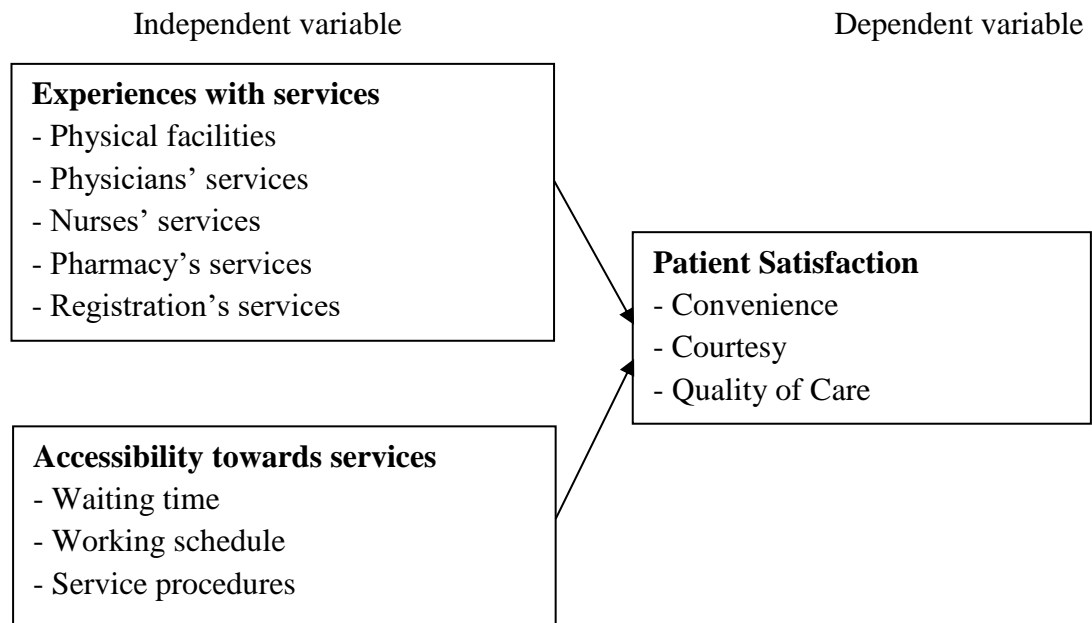


Source: Joshi S. and Joshi M. K., 2017

2.6 Conceptual Framework of the Study

This conceptual framework is designed to analyze the outpatient experience, accessibility and satisfaction at Hlaing Tharyar General Hospital. The conceptual framework of the study is adapted from Mao Vadhana, 2012. In this analysis, the influencing factors which are measured to patient satisfaction with experiences on services accessibility towards services. They influence how patients judge a set of service they experience and likewise impact on improving the patient satisfaction based on capable of being utilized providing services.

Figure 2.4 Conceptual Framework of the Study



Source: Adapted from Mao Vadhana, 2012

2.7 Working Definitions of the Study

Working definitions can explain the term used for a practical reference in context of research. Working definitions of the variables are adapted from Mao (2012) to explain in term of practical references.

Outpatient Department: Outpatient Department is characterized as a part of hospital fundamentally intended to treatment, provide medical consultation and primary health care services.

Patient Satisfaction: Patient satisfaction is defined as the measure of patients' extent to which patient opinion about health care delivery system that they involved.

Experiences: The feeling and self-judgement gained from patients' involvement in the health care delivery is characterized as experience.

Physical facilities: Physical facilities is created for specific purpose in order to easily provide tangible facilities and preparation such as ease of location, department's cleanliness and tidiness, ventilation and lighting system, waiting chair, sanitary rest toilets.

Physicians' services: Physicians' services refer to the physicians' promoting, maintain and restoring patients' care such as effective consultation techniques and attentiveness.

Nurses' services: Nurses provide prevention of diseases and promoting of health by communication and assistance skills.

Pharmacy's service: The procurement, dispensing, distributing, storage and control all pharmaceutical used are encompassed in pharmacy's services.

Registration's services: Registration's services refer to register patients at the time of visit according to identified best practice.

Accessibility to services: The process of creating services that are used by patients with the widest possible range of ability is the accessibility to services.

Waiting time: Waiting time refer to the length of time the patients spent for waiting in OPD before receiving services.

Working schedule: Working schedule is defined as the specified working shifts hour per day designated to provide services for patients.

Service procedure: A course of action intended to achieve a result of health care delivery in terms of time and good coordination between relevant departments is service procedures.

CHAPTER 3

BACKGROUND INFORMATION OF HLAING THARYAR GENERAL HOSPITAL

This chapter describes the background information of Hlaing Tharyar General Hospital including the services provided by the hospital.

3.1 Profile of Hlaing Tharyar General Hospital

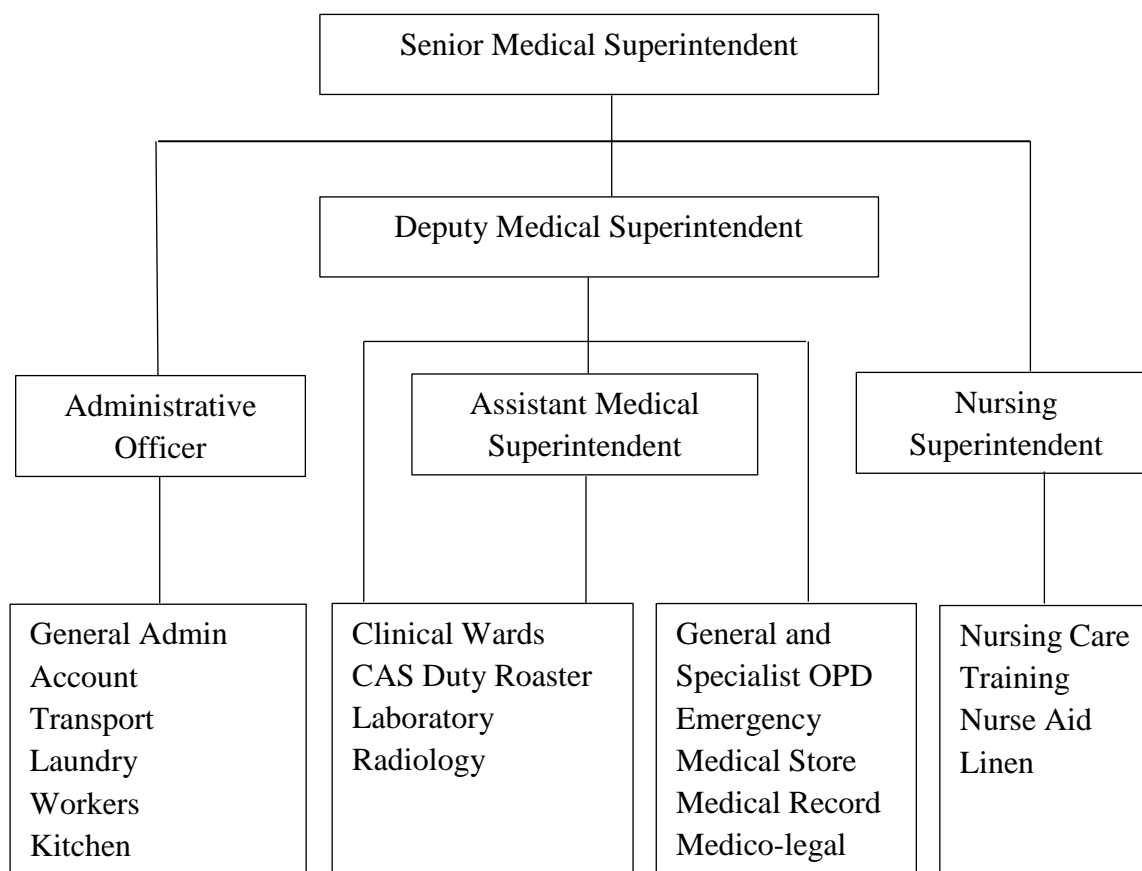
Hlaing Tharyar General Hospital is 450 bedded hospital located in western part of Yangon. It is situated in No. (123), Corner of Yangon-Nyaung Done Road and Kyansitthar Road, (6) Block, Hlaing Tharyar Township. It covers about 9.5 acres. It was established as 25 bedded hospital since 1991. The vision of Hlaing Thar Yar General Hospital is to be rapidly growing hospital in the country for the patients to receive quality care, employees to satisfy as well as care providers to be proud. Starting from 1997, the hospital has been upgrading and investing both materials and personnel. One extension building was built in 1997 to 1999 and it was regarded as township hospital. It began providing 24-hour inpatient and outpatient services and minor or major surgical intervention. It was upgraded to 200 bedded hospital by building two new buildings in 2014 to 2016.

In 2019, it is upgraded again into 450 bedded facilities in order to cover the accessibility of health care of almost entire needed population with the emergency renovation and extension of four storied building. It is providing multidisciplinary health care services not only with modernized technologies and equipment but also excellent management with effective treatment to patients given well by well-trained health care providers and supported by expert professional staffs. Hlaing Tharyar General Hospital is managed by an organization of well experienced medical professionals to provide medical service with continuous quality improvement for patient satisfaction. It also provides continuous medical and nursing education to maintain and develop knowledge, skill and professional performance of health care providers.

Organizational Set Up of Senior Medical Superintendent Office

Hospital has to function very precisely, executing high quality services every hour of every day. It requires precision in the execution of job responsibilities and multiple layers of accountability in order to function. Figure (3.1) presents the organizational set up of senior medical superintendent office of Hlaing Tharyar General Hospital.

Figure 3.1 Organizational Set Up of Senior Medical Superintendent Office of Hlaing Tharyar General Hospital



Source: Hlaing Tharyar General Hospital, 2020

3.2 Health Care Services of Hlaing Tharyar General Hospital

Hlaing Tharyar General Hospital dedicates health care services to meet the requirements of variety of patients' health. Health care services provided by Hlaing Tharyar General Hospital are as follow:

(1) Emergency Service

Emergency Department offers all of emergency care services. It is available 24 hour with modernized facilities and lifesaving equipment to give effective treatment for patients who need immediate and prompt medical care in all sorts of emergencies as quickly as possible. It is dedicated to providing the highest quality of care with rapid assessment, planning and treatment which is tailored to meet the patients' specific needs.

(2) Outpatient Department Services

The outpatient department works weekday generally from 9 AM to 12 PM. OPD card is issued to every patient for recording observation, ordering investigation, cross reference and admission once necessary. There are highly skilled and compassionate specialists on different specialties. There are clean, spacious and comfortable examination rooms and waiting areas.

(3) Inpatient Services

The hospital has a capacity to accommodate 450 beds for inpatients with different types of patient rooms. All patients are charged a fee for procedures and are also supplied with free diet. Nurses and supporting staffs are shift duty round the clock in all wards. Lift is also available. There is nurse calling system for each and every of the inpatients. The specialist of hospital see patient at least one time a day and as needed.

(4) Operation Theater Service

Operation theater is one of the facilities in hospital where surgical operations are carried out by invasive methods under aseptic environment by most experience professionals. It offers services related with different kinds of operations which are operated by professional and specialist surgeons and nurses.

(5) Laboratory Service

Most experienced pathologists and skillful lab technicians are well integrated and organized as a part of hospital. It provides specimen collection and testing for both inpatients and outpatients with advanced medical technology. Laboratory reports are made available within the shortest possible time which is specified in the patients slips.

(6) Imaging Service

Imaging services screen for possible health conditions of appearing health system for treatment plans. As a government owned hospital, basic diagnostic imaging tests such as X-Ray, CT and Ultrasound are provided.

Table 3.1 described the specific inpatient and outpatient health care services provided by Hlaing Tharyar General Hospital.

Table 3.1 Health Care Services of Hlaing Tharyar General Hospital

Types of Care	Outpatient Services	Inpatient Services
Emergency Care	24-hr Emergency Services	High Dependency Unit
	Day Care Services	Operation Services
OPD Care	Medical OPD	Medical Care Services
	Surgical OPD	Surgical Care Services
	Gynaecological OPD	Delivery Care Services
	AN Care	Operation Services
	Child OPD	E&C, D&C services
	Ortho OPD	Ortho Care Services
	Eye OPD	Eye Operation Services
	Mental OPD	Child Care Services
	ART	Neonate Care Services
	Dental OPD	
	TB clinic	Medical Observation Unit
	General OPD	Surgical Observation Unit
	Family Planning Services	Pre OP Assessment Unit
	Physiotherapy Services	Post OP Recovery Unit

Source: Hlaing Tharyar General Hospital, 2020

CHAPTER IV

ANALYSIS ON OUTPATIENT EXPERIENCE, ACCESSIBILITY AND SATISFACTION

This chapter concerned with the data analysis and findings from the patient satisfaction in outpatient department of Hlaing Tharyar General Hospital. It includes socio-demographic characteristics of the respondents, experience of health care services, accessibility to services and patient satisfaction.

4.1 Research Design

The aim of this study is to explore the outpatient experience, accessibility and satisfaction at Hlaing Tharyar General Hospital. To assess the patient satisfaction in outpatient department, structural questionnaires were used to collect data with descriptive research method and regression analysis. The questionnaire includes socio-demographic characteristics of the respondents, 27 questions regarding experience of health care services, 11 questions related to accessibility to services and 21 questions for patient satisfaction. Five-Point Likert Scale was used in structural questionnaires in which 1 means Strongly disagree, 2 means disagree, 3 means Neutral, 4 Means Agree and 5 means Strongly agree. For primary data collection, sample size is selected by computing simple random sampling method in which the population is average number of patients who come to the outpatient department of Hlaing Tharyar General Hospital from 2020, January to July.

4.2 Socio-demographic Characteristics of Respondents

The socio-demographic characteristics of respondents in outpatient department of Hlaing Tharyar General Hospital are described in Table 4.1. To conduct the survey, 382 respondents were selected by using simple random sampling method. Due to COVID-19 pandemic effect, 90% of the 382 respondents can be collected survey data. 344 questionnaires are returned out 344 questionnaires to the researcher so that respond rate is 100%.

Table 4.1 Socio-demographic Characteristics of Respondents

	Frequency	Percentage (%)
Gender		
Male	106	30.8
Female	238	69.2
Age		
Under 20	22	6.4
21-30	113	32.8
31-40	101	29.4
41-50	63	18.3
51-60	24	7.0
Over 60	21	6.1
Marital Status		
Single	46	13.4
Married	248	72.1
Widowed/Separated	40	11.6
Other	10	2.9
Education		
Illiterate	11	3.2
Primary school	158	45.9
Middle school	135	39.2
High school	37	10.8
Graduate	3	0.9
Job		
Student	11	3.2
Unemployed	79	23.0
Self-employed	32	9.3
	Frequency	Percentage (%)
Government staff	10	2.9
Private staff	145	42.2
Other	67	19.5

Table 4.1 Socio-demographic Characteristics of Respondents (Continued)

	Frequency	Percentage (%)
Income		
Under 200,000 Ks	181	52.6
200,001 Ks - 400,000 Ks	156	45.3
400,001 Ks - 600,000 Ks	4	1.2
600,001 Ks and above	3	0.9
Times of Visit		
2 - 4 times	281	81.7
More than 4 times	63	18.3
Payment		
Personal Finance	321	93.3
NGO Funds	7	2.0
Work Injury Benefit Fund	16	4.7
Total	344	100

Source: Survey Data, 2020

The socio-demographic characteristics of respondents are shown in Table 4.1. Regarding to the survey data, 106 are male respondents and 238 are female respondents. The respondents can be divided into five age group with a 10-year interval. Age under 20 has respond rate 6.4%, between 21 and 30 has 32.8%, between 31 and 40 has 29.4%, between 41 and 50 has 18.3%, between 51 and 60 has 7.0% and over 60 has 8.1%. According to result of the marital status, 13.4% are single, 72.1% are married, 11.6% are widowed/separated and 2.9% are other like single mother. In the education level, 3.2% are illiterate, 45.9% finished primary school, 39.2% finished secondary school, 10.8% finished high school and 0.9% hold bachelor degree. Concerning with job, 3.2% are students, 23.0% are unemployed, 9.3% are self-employed, 2.9% are government staff, 42.2% are government staff and other like odd job men are 19.5%. With relation to times of visit, 81.7% had visited 2 to 4 times and 18.3% had visited more than 4 times. The payment methods of respondents are 93.3% made use of personal finance, 2.0% made use of NGO's fund and 4.7% made use of Work Injury Benefit Fund.

4.3 Reliability Test

Reliability refers to the internal consistency indicator. A measure's homogeneity or the extent to which each indicator of a concept converges on some common meaning is represented by internal consistency. It is measured by correlating scores on subsets of the items which makes up a scale (Zikmund et al., 2010). When an alpha value indicates between 0.7 and 0.8, it is acceptable reliability. The alpha value 0.8 to 0.9 suggests proper reliability, 0.9 to not greater than 0.95 shows excellent reliability.

Table 4.2 Reliability Test from Respondent Responses on Scale Items

Factors	No. of Items	Cornbach's Alpha
Physical Facilities	6	.913
Physicians' Services	6	.859
Nurses' Services	5	.846
Pharmacy's Services	5	.948
Registration's Services	5	.853
Waiting Time	4	.737
Working Schedule	3	.731
Service Procedures	4	.759
Convenience	7	.852
Courtesy	5	.946
Quality of Care	9	.780

Source: Survey Data, 2020

According to table 4.2, it could be observed that alpha value for waiting time, working schedule, service procedures and quality of care are between 0.7 and 0.8 that shows acceptable reliability. Alpha value for physicians' services, nurses' services, registration's services and convenience are between 0.8 and 0.9 which indicates proper reliability and alpha value for physical facilities, pharmacy's services and courtesy are over 0.9 shows excellent reliability.

4.4 Experiences with Services

Physical facilities, physicians' services, nurses' services, pharmacy services and registration services are used in questionnaire to explore patients' experiences with services. The mean value and of experiences with services are presented as follow.

Table 4.3 Patient Experiences on Physical Facilities

No.	Description	Mean	Standard Deviation
1	Easiness of finding the location of OPD	3.35	0.96
2	Cleanliness and tidiness of OPD	3.42	0.89
3	Having enough waiting chairs in the waiting area	3.21	0.96
4	Cleanliness of toilets	3.20	1.01
5	Spacious, bright and airy of OPD waiting area	3.35	1.02
6	Spacious of examination room	3.22	1.07
Overall mean		3.28	0.82

Source: Survey Data, 2020

Table 4.3 presents the individual mean value of six descriptions of physical facilities factors. Overall mean value of physical facilities is 3.28 and which can be seen as medium level. The analysis showed that the maximum mean value 3.42 is concerned with cleanliness and tidiness of outpatient department. The minimum mean value 3.20 is found in cleanliness of toilets. According to the overall mean value it can be concluded that patients' experiences with health care services in term of physical facilities is medium.

Table 4.4 Patient Experiences on Physicians' Services

No.	Description	Mean	Standard Deviation
1	Informing the treatment process by physicians	3.30	0.98
2	Taking health history in detail by physicians	3.33	0.94
3	Understanding patients' health complaints by physicians	3.36	0.91
4	Having chances to discuss problems with physicians	3.30	0.97
5	Spending enough time in consultation by physicians	3.24	1.01
6	Punctuality and reach of physicians	3.24	1.03
Overall mean		3.30	0.89

Source: Survey Data, 2020

Table 4.4 presents the individual mean value of six descriptions of physicians' services factors. Overall mean value of physicians' services is 3.30 and which can be seen as medium level. The analysis showed that the maximum mean value 3.36 is concerned with understanding patients' health complaints by physicians. The minimum mean value 3.24 is found in spending enough time in consultation by physicians. According to the overall mean value it can be concluded that patients' experiences with health care services in term of physicians' services is medium.

Table 4.5 Patient Experiences on Nurses' Services

No.	Description	Mean	Standard Deviation
1	Welcome with respect by nurses	3.18	0.98
2	Answering questions gently by nurses	3.21	0.99
3	Preparation for consultation by nurses	3.20	1.00
4	Punctual and reach of nurses	3.25	1.02
5	Showing good communication skills by nurses	3.10	1.07
Overall mean		3.19	0.92

Source: Survey Data, 2020

Table 4.5 presents the individual mean value of five descriptions of nurses' services factors. Overall mean value of nurses' services is 3.19 and which can be seen as medium level. The analysis showed that the maximum mean value 3.25 is concerned with preparation for consultation by nurses. The minimum mean value 3.10 is found in showing good communication skills by nurses. According to the overall mean value it can be concluded that patients' experiences with health care services in term of nurses' services is medium.

Table 4.6 Patient Experiences on Pharmacy Services

No.	Description	Mean	Standard Deviation
1	Showing respect by pharmacists	3.30	0.92
2	Explanation about usage of drugs by pharmacists	3.38	0.92
3	Giving information by pharmacists about the result that can expect from medication	3.31	0.91
4	Adequacy of medicines	3.23	0.95
5	Punctuality and reach of pharmacists	3.33	0.95
Overall mean		3.31	0.85

Source: Survey Data, 2020

Table 4.6 presents the individual mean value of five descriptions of pharmacy services factors. Overall mean value of pharmacy services is 3.31 and which can be seen as medium level. The analysis showed that the maximum mean value 3.38 is concerned with explanation about usage of drugs by pharmacists. The minimum mean value 3.23 is found in adequacy of medicines. According to the overall mean value it can be concluded that patients' experiences with health care services in term of pharmacy services is medium.

Table 4.7 Patient Experiences on Registration Services

No.	Description	Mean	Standard Deviation
1	Warmly welcomed by registration staffs	3.22	0.96
2	Punctuality and reach of registration staffs	3.29	0.96
3	Attentive to queries by registration staffs	3.23	1.00
4	Information given by registration staffs about OPD	3.17	1.02
5	Showing good communication skill by registration staffs	3.22	0.93
Overall mean		3.23	0.90

Source: Survey Data, 2020

Table 4.7 presents the individual mean value of five descriptions of registration services factors. Overall mean value of registration services is 3.23 and which can be seen as medium level. The analysis showed that the maximum mean value 3.29 is concerned with punctuality and reach of registration staff. The minimum mean value 3.17 is found in information provided by registration staff. According to the overall mean value it can be concluded that patients' experiences with health care services in term of registration services is medium.

Table 4.8 Overall Mean Values of Experiences with Health Care Services

No.	Description	Mean	Standard Deviation
1	Physical Facilities	3.28	0.82
2	Physicians' Services	3.30	0.90
3	Nurses' Services	3.19	0.92
4	Pharmacy Services	3.31	0.85
5	Registration Services	3.23	0.90

Source: Survey Data, 2020

According to Table 4.8, the maximum mean value 3.31 is found in pharmacy services. It can be concluded that pharmacy services has the highest effect on patient satisfaction. Regarding the mean value result, physicians' services is 3.30, physical

facilities is 3.28 and registration services is 3.23. The minimum mean value 3.19 is found in nurse services. Since those means are higher than standard mean 3, it can be concluded that patients are moderately satisfied experiences with health care services.

4.5 Accessibility to Services

Waiting time, working schedule and service procedures are used in questionnaire to explore patients' accessibility to services. The mean value of accessibility to services are presented as follow.

Table 4.9 Patient Accessibility on Waiting Time

No.	Description	Mean	Standard Deviation
1	Appropriateness of waiting time in registration process	3.15	0.93
2	Appropriateness of waiting time for receiving treatment and consultation	3.17	0.96
3	Appropriateness of waiting time for investigation to get result	3.27	0.89
4	Appropriateness of waiting time for getting prescribed drug	3.25	0.90
Overall mean		3.21	0.84

Source: Survey Data, 2020

Table 4.9 presents the individual mean value of four descriptions of waiting time factors. Overall mean value of waiting time is 3.21 and which can be seen as medium level. The analysis showed that the maximum mean value 3.27 is concerned with appropriateness of waiting time for getting result of investigation. The minimum mean value 3.15 is found in appropriateness of waiting time for registration. According to the overall mean value it can be concluded that accessibility to services in term of waiting time is medium.

Table 4.10 Patient Accessibility on Working Schedule

No.	Description	Mean	Standard Deviation
1	Easiness of OPD's working shift	3.28	0.97
2	Easiness access to the needed medical specialists	3.22	1.02
3	Availability health care personnel when required	3.18	1.09
Overall mean		3.23	0.96

Source: Survey Data, 2020

Table 4.10 presents the individual mean value of three descriptions of working schedule factors. Overall mean value of working schedule is 3.23 and which can be seen as medium level. The analysis showed that the maximum mean value 3.28 is concerned with easiness of outpatient department's working shift. The minimum mean value 3.18 is found in availability of health care personnel when required. According to the overall mean value it can be concluded that accessibility to services in term of working schedule is medium.

Table 4.11 Patient Accessibility on Service Procedures

No.	Description	Mean	Standard Deviation
1	Appropriateness of procedures for treatment, consultation and examination	3.25	0.96
2	Convenience of payment process	3.29	0.96
3	Convenience of making appointment	3.28	0.89
4	Establishment of good coordination between wards	3.23	1.02
Overall mean		3.26	0.92

Source: Survey Data, 2020

Table 4.11 presents the individual mean value of four descriptions of service procedures factors. Overall mean value of waiting time is 3.26 and which can be seen as medium level. The analysis showed that the maximum mean value 3.29 is concerned

with convenience of payment process. The minimum mean value 3.23 is found in establishment of good coordination between wards. According to the overall mean value it can be concluded that accessibility to services in term of service procedures is medium.

Table 4.12 Overall Mean Values of Accessibility to Services

No.	Description	Mean	Standard Deviation
1	Waiting Time	3.21	0.84
2	Working Schedule	3.23	0.96
3	Service Procedures	3.26	0.92

Source: Survey Data, 2020

According to Table 4.12, the maximum mean value 3.26 is found in service procedures. It can be concluded that service procedures have the highest effect on patient satisfaction. The mean value 3.23 is found in working schedule. The minimum mean value 3.21 is found in waiting time. Since those means are higher than standard mean 3, it can be concluded that patients are moderately satisfied accessibility to services.

4.6 Patient Satisfaction

Convenience, courtesy and quality of care used in questionnaire to explore patient satisfaction dimensions. The mean value of patient satisfaction dimensions are presented as follow.

Table 4.13 Patient Satisfaction on Convenience

No.	Description	Mean	Standard Deviation
1	Easiness of registration process	3.25	0.98
2	Easiness of finding outpatient department cause of showing diagrams and signs	3.33	0.94
3	Convenience of overall OPD facilities for patients (chairs, toilets)	3.21	0.93
4	Appropriateness of overall waiting time for receiving services	3.21	0.96
5	Enough medical supplies in OPD (thermometers, blood pressure monitor)	3.33	0.93
6	Regular presence of health care personnel	3.33	0.92
7	Easiness to coming back to OPD in the same day	3.28	0.94
Overall mean		3.28	0.83

Source: Survey Data, 2020

Table 4.13 presents the individual mean value of seven descriptions of service convenience factors. Overall mean value of courtesy is 3.28 and which can be seen as medium level. The analysis showed that the maximum mean value 3.33 is concerned with easiness of finding outpatient department cause of showing diagrams and signs, enough medical supplies in outpatient department and regular presence of health care personnel. The minimum mean value 3.21 is found in convenience of overall facilities of outpatient department for patients and appropriateness of overall waiting time for receiving services. According to the overall mean value it can be concluded that patient satisfaction in term of convenience is medium.

Table 4.14 Patient Satisfaction on Courtesy

No.	Description	Mean	Standard Deviation
1	Confidentiality of patient records	3.40	0.88
2	Appropriateness of physicians' communication skill	3.31	0.92
3	Showing friendly manner and attentiveness by nurses	3.22	0.92
4	Appropriateness of attitude and cooperation of pharmacists	3.33	0.90
5	Appropriateness of attitude and respect of receptionists	3.22	0.97
Overall mean		3.30	0.83

Source: Survey Data, 2020

Table 4.14 presents the individual mean value of five descriptions of service courtesy factors. Overall mean value of courtesy is 3.30 and which can be seen as medium level. The analysis showed that the maximum mean value 3.40 is concerned with confidentiality of patient records. The minimum mean value 3.22 is found in showing friendly manner and attentiveness by nurses and appropriateness of attitude and respect of receptionists. According to the overall mean value it can be concluded that patient satisfaction in term of courtesy is medium.

Table 4.15 Patient Satisfaction on Quality of Care

No.	Description	Mean	Standard Deviation
1	Keeping from worrying by physicians and nurses	3.26	0.96
2	Having self-confidence and thoroughness in treatment by physicians	3.36	0.87
3	Appropriateness of quality of care by nurses	3.27	0.88
4	Having chances in describing health conditions by patients	3.33	0.89
5	Appropriateness of methods of consultation and treatment	3.33	0.87
6	Appropriateness of explanation and accuracy of the diagnosis	3.36	0.86
7	Having awareness of health conditions by health care personnel	3.30	0.87
8	Appropriateness of getting explanation about medication	3.35	0.87
9	Improving health condition after treatment.	3.41	0.84
Overall mean		3.33	0.82

Source: Survey Data, 2020

Table 4.15 presents the individual mean value of nine descriptions of service quality of care factors. Overall mean value of quality of care is 3.33 and which can be seen as medium level. The analysis showed that the maximum mean value 3.41 is concerned with improving health condition after treatment. The minimum mean value 3.26 is found in keeping from worrying by physicians and nurses. According to the overall mean value it can be concluded that patient satisfaction in term of quality of care is medium.

Table 4.16 Overall Mean Values of Patient Satisfaction

No.	Description	Mean	Standard Deviation
1	Convenience	3.28	0.83
2	Courtesy	3.30	0.83
3	Quality of Care	3.33	0.82

Source: Survey Data, 2020

According to Table 4.15, the maximum mean value 3.33 is found in quality of care. Quality of care has the highest effect on patient satisfaction regarding to the result. The mean value 3.30 is found in courtesy. The minimum mean value 3.28 is found in convenience. Since those means are higher than standard mean 3, it can be concluded that patients are moderately satisfied experiences with health care services.

4.7 Analysis on Effect of Health Care Services on Patient Satisfaction

The effect of experiences with services on patient satisfaction, the effect of accessibility to services on satisfaction, the effect of outpatient department services on satisfaction are analyzed via regression analysis. The output generating from analysis are shown in Table 4.17, Table 4.18 and Table 4.19.

4.7.1 The Effect of Experiences with Services on Patient Satisfaction

Table 4.17 describes the relationship between experiences with services and patient satisfaction. Influencing factors on patient satisfaction are physical facilities, physicians' services, nurses' services, pharmacy's services and registration services. The multiple regression model is used to analyze which dimensions of experiences with services has impact on patient satisfaction.

Table 4.17 The Effect of Experiences with Services on Patient Satisfaction

Regression Model	Unstandardized Coefficient		Standardized Coefficient	T	Sig.
	B	Std. Error	Beta		
(Constant)	.209	.047		4.485	.000
Physical Facilities	.106***	.025	.109	4.204	.000
Physicians' Services	.341***	.028	.377	12.327	.000
Nurses' Services	.164***	.026	.187	6.349	.000
Pharmacy's Services	.156***	.028	.165	5.677	.000
Registration's Services	.180***	.027	.202	6.567	.000
R Square	.938				
Adjusted R Square	.937				
F Value	1023.157***				

Source: Survey Data, 2020

*** Significant at 1% level, ** Significant at 5% level, * Significant at 10% level

Table 4.17 explains well about the effect of experiences with services on patient satisfaction. As described in table, R is 96.9%, R^2 is 93.8% and adjusted R^2 is 93.7% with five independent variables. So, 93.7% of total variation in dependent variables is effected by independent variables. F value, 1023.157 is highly significant at 1% level.

Physical facilities of experience with health care services has the positive sign and highly significant coefficient value at 1 percent level. At 1 percent significant level, the increase in physical facilities by 1 unit can increase the patient satisfaction by 0.106 unit. Physical facilities are the first impression towards patient satisfaction. By forming pleasant ambience and getting facilities easily can promote the patient's feeling of safety and serenity.

Physicians' services of experience with health care services has the positive sign and highly significant coefficient value at 1 percent level. The increase in physicians' services by 1 unit can increase the patient satisfaction by 0.341 unit. The physicians' medical effectiveness, the environment they create and the support they offer can assist patient satisfaction.

Nurses' services of experience with health care services has the positive sign and highly significant coefficient value at 1 percent level. The increase in nurses'

services by 1 unit can increase the patient satisfaction by 0.164 unit. Since nurses are care givers for patients and help to manage physical needs and treat health conditions, patient satisfaction rely on nurse services. By caring holistically encompassing the psychological, developmental and spiritual needs of each patients can promote patient satisfaction.

Pharmacy services of experience with health care services has the positive sign and highly significant coefficient value at 1 percent level. The increase in pharmacy's services by 1 unit can increase the patient satisfaction by 0.156 unit. Pharmacy service is important within the hospital because pharmacists carry out medication, reconciliation and admission for effective use of medicine. Offering information on potential side effects and checking medicines are compatible with existing medication can induce patient satisfaction.

Registration services of experience with health care services has the positive sign and highly significant coefficient value at 1 percent level. The increase in registration's services by 1 unit can increase the patient satisfaction by 0.18 unit. Registering services include important role in patient satisfaction because registering a patient is very first and initial step when the patient needs the services of medical care. As front-line office, providing information is very important for registration services in relation to patient satisfaction.

4.7.2 The Effect of Accessibility to Services on Patient Satisfaction

Table 4.18 describes the relationship between accessibility to services and patient satisfaction. Influencing factors on patient satisfaction are waiting time, working schedule and service procedures. The multiple regression model is used to analyze which dimensions of accessibility services has impact on patient satisfaction.

Table 4.18 The Effect of Accessibility to Services on Patient Satisfaction

Regression Model	Unstandardized Coefficient		Standardized Coefficient	T	Sig.
	B	Std. Error	Beta		
(Constant)	.426	.057		7.507	.000
Waiting Time	.230***	.028	.242	8.147	.000
Working Schedule	.217***	.032	.261	6.740	.000
Service Procedures	.440***	.031	.505	14.077	.000
R Square	.897				
Adjusted R Square	.896				
F Value	987.142***				

Source: Survey Data, 2020

*** Significant at 1% level, ** Significant at 5% level, * Significant at 10% level

Table 4.18 explains well about the effect of accessibility to services on patient satisfaction. As described in table, R is 94.7%, R^2 is 89.7% and adjusted R^2 is 89.6% with three independent variables. So, 89.6% of total variation in dependent variables is effected by independent variables. F value, 987.142 is highly significant at 1% level.

Waiting time of accessibility to services has the positive sign and highly significant coefficient value at 1 percent level. The increase in physical facilities by 1 unit can increase the patient satisfaction by 0.23 unit. Waiting time is the important indicator for quality health service and patient satisfaction because patient perceive long waiting time as a barrier to actually obtain services. Evaluating the timely access to quality outpatient service can pinpoint causes of delay in service delivery.

Working schedule of accessibility to services has the positive sign and highly significant coefficient value at 1 percent level. The increase in physical facilities by 1 unit can increase the patient satisfaction by 0.217 unit. By accessing working schedule, hospital administrators can determine the needs for enhancement of patient satisfaction. Effective working schedule is critical to create good health care service providing environment in which host factor like shift rotation takes part important role.

Service procedure of accessibility to services has the positive sign and highly significant coefficient value at 1 percent level. The increase in physical facilities by 1

unit can increase the patient satisfaction by 0.44 unit. To satisfy patients, service procedures has turned out to reasonably imperative. To provide clarity in daily operational activities, service procedures are needed to be clear.

4.7.3 The Effect of Outpatient Department Services on Patient Satisfaction

Table 4.19 describes the relationship between outpatient department services and patient satisfaction. Influencing factors on patient satisfaction are experiences with services and accessibility to services. The multiple regression model is used to analyze which dimensions of outpatient department services has impact on patient satisfaction.

Table 4.19 The Effect of Outpatient Department Services on Patient Satisfaction

Regression Model	Unstandardized Coefficient		Standardized Coefficient	T	Sig.
	B	Std. Error	Beta		
(Constant)	.173	.043		4.049	.000
Experiences with Services	.666***	.037	.671	18.039	.000
Accessibility to Services	.296***	.035	.314	8.444	.000
R Square	.971				
Adjusted R Square	.944				
F Value	2859.005***				

Source: Survey Data, 2020

*** Significant at 1% level, ** Significant at 5% level, * Significant at 10% level

Table 4.19 explains well about the effect of outpatient department services on patient satisfaction. As described in table, R is 97.1%, R^2 is 94.4% and adjusted R^2 is 94.3% with two independent variables. So, 94.3% of total variation in dependent variables is effected by independent variables. F value, 2859.005 is highly significant at 1% level.

Outpatient department service of experiences with health care services has the positive sign and highly significant coefficient value at 1 percent level. The increase in

physical facilities by 1 unit can increase the patient satisfaction by 0.666 unit. Evaluation of patients' experiences with health care services is useful for monitoring the performance of services provided by OPD and patient satisfaction. It is also related to adherence to treatment process, better health outcome and lower utilization of unnecessary services.

Outpatient department accessibility to services has the positive sign and highly significant coefficient value at 1 percent level. The increase in physical facilities by 1 unit can increase the patient satisfaction by 0.296 unit. Accessibility to health care services is directly related to patient satisfaction and associated with the use of health care services. To provide better accessibility as an essential effort, precise and successful system is needed.

CHAPTER V

CONCLUSION

This chapter includes three parts. First part presents finding of study based on result of data analysis, second part describes suggestion from the study of paper and third part recommends the needs for further study.

5.1 Findings

This study identifies the patients' experiences and accessibility to health care services and analyze the effect of experiences and accessibility to services on patient satisfaction in outpatient department of Hlaing Tharyar General Hospital. To measure the patient satisfaction, the structural questionnaires include four sections, socio-demographic characteristics, experiences with health care services, accessibility to services and dimensions of patient satisfaction. 344 patients from outpatient department of Hlaing Tharyar General Hospital are selected as primary data by using simple random sampling method.

The findings from socio-demographic characteristics indicate that most of the respondents of outpatient department of Hlaing Tharyar General Hospital are female and whose age group is between 21 years old and 30 years old. Most of the patients are married. Most of the respondents attended primary school. Majority of the respondents are private staff who have monthly income between 200,001 Kyats and 400,000 Kyats. Most of the patients visit 2-4 time to outpatient department and the payment method they used is personal finance. The outcomes of mean values are used to identify the level of patients' satisfaction on their experiences and accessibility to health care services.

Regarding to the physical facilities, it has medium mean value on patient satisfaction. Among the six factors, patient satisfaction with cleanliness and tidiness of outpatient department is high. Regarding to the physicians' services, it has medium mean value on patient satisfaction. Among the six factors, patient satisfaction with understanding patients' health complaints by physicians is high. Regarding to the nurses' services, it has medium mean value on patient satisfaction. Among the five factors, patient satisfaction with preparation for consultation by nurses is high. Regarding to the pharmacy' services, it has medium mean value on patient satisfaction.

Among the five factors, patient satisfaction with explanation about usage of drugs by pharmacists is high. Regarding to the registration' services, it has medium mean value on patient satisfaction. Among the five factors, patient satisfaction with punctual and reach of registration staffs is high.

Accessibility to services comprise three independent variables namely, waiting time, working schedule and service procedures. Regarding to the waiting time, it has medium mean value on patient satisfaction. Among the four factors, patient satisfaction with appropriateness of waiting time for investigation to get result is high. Regarding to the working schedule, it has medium mean value on patient satisfaction. Among the three factors, patient satisfaction with easiness of OPD's working shift is high. Regarding to the service procedures, it has medium mean value on patient satisfaction. Among the four factors, patient satisfaction with convenience of payment process is high.

Regarding to the convenience component of patient satisfaction, it has medium mean value. Among the seven factors, patient satisfaction with easiness of finding outpatient department cause of showing diagrams and signs, enough medical supplies and regular presence of health care personnel are high. Regarding to the courtesy component of patient satisfaction, it has medium mean value. Among the five factors, confidentiality of patient records is high. Regarding to the quality of care component of patient satisfaction, it has medium mean value. Among the nine factors, improving health condition after treatment is high.

Regression analysis is used to analyze the effect of patients' experiences and accessibility to health care services on their satisfaction. The result points out that patient experiences services have positive strong effect on patient satisfaction. It can be concluded that patients' expectations meet services of outpatient department. Among five factors of experiences with services, physicians' services is the highest significant. Accessibility to services have positive strong effect on patient satisfaction. It can be concluded that patients are able to get needed well procedural services. Among three factors of experiences with services, service procedures is the highest significant. The effect of outpatient department services also has positive strong effect on patient satisfaction. According to the result, patients are satisfied with services of outpatient department. Among two factors, experiences with services is the highest significant.

5.2 Suggestion

According to the study, low satisfaction was found due to cleanliness of toilet regarding physical facilities. Since the hospital toilets are focus of any cleaning regimen due to which are hot beds for the spread of diseases via, the hospital's housekeeping staff should be trained more for more regular and routine cleaning and maintaining hygiene in the facilities. In physicians' services, consultation time has less satisfaction in comparing with other factors. Although difficulties in time management and running late are disappointing both patients and physicians, managing time effectively by keeping patients inform and consult dealing with multiple problems. According to analysis result of the nurses' services, patients had less satisfaction on communication of nurse. Nurses need to have a sincere intention to understand what concern their patients have. To respond adequately to the expectation of patient, nurses need to communicate with proper techniques.

Inadequacy of medicine had less patient satisfaction in pharmacists' services. Pharmacists, the custodians of medicines play a critical role in management of medicine. They need to help ensure the availability of medicines to patient in hospital. The pharmacists can welly manage the shortage of medicines by ensuring in hospital by using well defined management strategies. Regarding to registration service, staff informed about outpatient department has less patient satisfaction. Registration staff are patient's first introduction to the organization in related to quality care depends on hospitals being paid what they are owed for service rendered. Administrators should develop soft skill training like customer service and patient centered care.

In accessibility to services, patients had less satisfaction with waiting time of registration process because queues to the registration desk is the longest and slowest queues before examination especially in obstetrics and gynecology days. The administrators should develop patient friendly registration methods to successfully implement the comprehensive reservation system. In working schedule, patients were less satisfied for not easy access to medical specialists. According to the result, hospital administrators should to be focused on improving effective procedures to improve working schedules in ways of establishing effective scheduling methods to monitor the cancellations, appoint denials and rescheduling. Patients were less satisfied with coordination established between wards in service procedures. In every hospital ward, nurses and ward staff have to work to provide care and compassion to people when they

need for well coordination. Hospital administrators should to be focused on providing trainings for improve management skills in coordination between wards.

Although patients have medium satisfaction with physical facilities, overall facilities result less satisfaction in view of convenience. As a government owned hospital, it is needed to consider the optimal conditions to deliver best care to patients despite of having insufficient facilities. In courtesy, patients are less satisfied with showing friendly manner and attentiveness by nurses and appropriateness of attitude and cooperation of pharmacists. Nurses have to give special kind of compassionate personality, calm head and intestinal fortitude to care for people when needed. Interaction and consultation of pharmacists with patients increase patient knowledge of medication and satisfaction. Poor communication of pharmacists to patients often result medication error and adverse drug events. Patients are less satisfied with keeping from worrying by physicians and nurses. To improve patient satisfaction, physicians and nurses should ask about and sincerely listen to patients' concern, explain procedures and tests and express empathy.

According to result from the effect of experiences with services on patient satisfaction, physical facilities is the less significant. It is necessary to correct problems like dirty and crowded waiting area and insufficient and dirty toilets to support better patient experiences. In the effect of accessibility to services on patient satisfaction, working schedule is the less significant. Since working schedule is major for running outpatient department and strongly associated to continuity of care, health care administrators need to manage carefully. Accessibility to services is less significant in the effect of outpatient department services on patient satisfaction. Patients' needs and expectations cannot meet without accessibility to services. In promoting and maintaining health, preventing and managing diseases, reducing unnecessary disability and premature death, accessibility is fundamentally important. Both policy makers and health administrators must ensure patients have to access outpatient service department for effectively implementing universal health coverage.

5.3 Needs for Further Study

This study focuses only on patient satisfaction in outpatient department of Hlaing Tharyar General Hospital. Since this study does not cover the whole health care industry, the further study worthwhile to focus on a specific type of private or general hospital. It is recommended to extend the scope such as comparative study between patients' satisfaction and health care providers' satisfaction and patient satisfaction between inpatient and outpatient department. Moreover, services of public hospital can also be compared with hospitals working in private sector by using the important indicators of patient satisfaction. Patient satisfaction assessment should be conducted by hospitals in order to know the problem of patients and improving quality of care ultimately earning good name and prestige.

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APPENDICES

APPENDIX I: Survey Questionnaire

Questionnaire for Outpatient Experience, Accessibility and Satisfaction at Hlaing Tharyar General Hoapital

Please write (i) the one that matches to your situation.

Part A. Socio-Demographic Characteristics

1. Gender

- ☐ Male ☐ Female

2. Age

- ☐ under 20 ☐ 21-30 ☐ 31-40 ☐ 41-50 ☐ 51-60
☐ over 60

3. Marital Status

- ☐ Single ☐ Married ☐ Widowed/Separated ☐ Other

4. Educational degree

- ☐ Illiterate ☐ Primary school ☐ Middle school ☐ High school
☐ Graduate ☐ Post Graduate

5. What do you do for living?

- ☐ Student ☐ Unemployed ☐ Self-employed
☐ Government staff ☐ Private staff ☐ Other

6. How much do you earn per month?

- ☐ under 200,000 Ks ☐ 200,001 Ks-400,000 Ks ☐ 400,001 Ks-600,000 Ks
☐ 600,001 Ks and above

7. How many times have you visited Outpatient Department?

- ☐ 2-4 times ☐ more than 4 times

8. What is your type of payment for health care services fee?

- ☐ Personal finance ☐ Non-Government Organizations' fund
☐ Work Injury Benefit Fund

In the scale, the numbers indicate as follow; 1= Strongly Disagree, 2= Disagree, 3= Neutral, 4= Agree, 5= Strongly Agree. In which, please write (i) that is appropriate for you.

Part B. Experiences with Health Care Services

Physical Facilities

Statements	1	2	3	4	5
1. The location of OPD is easy to find.					
2. OPD is clean and tidy.					
3. There are enough waiting chairs in the waiting area.					
4. Toilets are clean.					
5. The waiting area of OPD is spacious, bright and airy.					
6. The examination room is spacious.					

Physicians' Services

Statements	1	2	3	4	5
1. Physicians informed you the treatment process.					
2. Physicians took your health history in detail.					

3. Physicians understood your health complaints.					
4. You had chances to discuss problems with physicians.					
5. Physicians spent enough time in consultation.					
6. Physicians were punctual and reachable.					

Nurses' Service

Statements	1	2	3	4	5
1. Nurses welcomed you with respect.					
2. Nurses answered to your questions gently.					
3. Nurses prepared you for consultation.					
4. Nurses were punctual and reachable.					
5. Nurses showed good communication skills.					

Pharmacy Services

Statements					
1. Pharmacists showed respect toward you.					
2. Pharmacists explained how to use drugs.					
3. Pharmacists gave you information about the result you can expect from medication.					
4. There were adequate medicines.					
5. Pharmacists were punctual and reachable.					

Registration Services

Statements	1	2	3	4	5
1. Registration staffs warmly welcomed you.					
Statements	1	2	3	4	5
2. Registration staffs were punctual and reachable.					
3. Registration staffs attentive to your queries.					
4. Registration staffs informed you about OPD.					
5. Registration staffs showed good communication skill.					

Part C. Accessibility to Services

Waiting Time

Statements	1	2	3	4	5
1. Waiting time in registration process is appropriate.					
2. Waiting time for receiving treatment and consultation is appropriate.					
3. Waiting time for investigation to get result is appropriate.					
4. Waiting time for getting prescribed drug is appropriate.					

Working Schedule

Statements	1	2	3	4	5
1. OPD's working shift was easy for you.					
2. I had easy access to the medical specialists I needed.					
3. Health care personnel were available when required.					

Service Procedures

Statements	1	2	3	4	5
1. Procedures for treatment, consultation and examination were appropriate.					
2. Payment process was convenient.					
3. Making appointment was convenient.					
4. Good coordination was established between wards.					

Part D. Patient Satisfaction

Convenience

Statements	1	2	3	4	5
1. The registration process was easy.					
2. Diagrams and signs showing directions to OPD were easy to find.					
3. Overall facilities of OPD were convenient for patients. (chairs, toilets)					
4. Overall waiting time for receiving services is appropriate.					
5. There were enough medical supplies in OPD. (thermometers, blood pressure monitor)					
6. There was regular presence of health care personnel.					
7. It was easy to coming back to OPD in the same day.					

Courtesy

Statements	1	2	3	4	5
1. There was confidentiality of patient records.					
2. Physicians' communication skill was appropriate.					
3. Nurses showed friendly manner and attentiveness.					
4. Attitude and cooperation of pharmacists were appropriate.					
5. Attitude and respect of receptionists were appropriate.					

Quality of Care

Statements	1	2	3	4	5
1. Physicians and nurses kept you from worrying.					
2. Physicians had self-confidence and thoroughness in treatment.					
3. Nurses' quality of care was appropriate.					
4. You had chances in describing your health conditions.					
5. Methods of consultation and treatment were appropriate.					
6. Explanation and accuracy of the diagnosis were appropriate.					
7. Health care personnel had awareness of your health conditions.					
8. Getting explanation about medication is appropriate.					
Statements	1	2	3	4	5
9. Your health condition was improved after treatment.					

APPENDIX II

SPSS DATA OUTPUT

SPSS Data Output for Experiences with Health Care Services on Patient Satisfaction

Descriptive Statistics

	N	Mean	Std. Deviation
PF	344	3.2800	.82296
PS	344	3.2946	.88902
NS	344	3.1907	.91666
Pha_Ser	344	3.3081	.84629
RS	344	3.2256	.89588

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.969 ^a	.938	.937	.20118

a. Predictors: (Constant), RS, PF, NS, Pha_Ser, RS

ANOVA^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	207.063	5	41.413	1023.157	.000 ^b
	Residual	13.681	338	.040		
	Total	220.744	343			

a. Dependent Variable: PS

b. Predictors: (Constant), RS, PF, NS, Pha_Ser, RS

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.209	.047		4.485	.000
	PF	.106	.025	.109	4.204	.000
	PS	.341	.028	.377	12.327	.000
	NS	.164	.026	.187	6.349	.000
	Pha_Ser	.156	.028	.165	5.677	.000
	RS	.180	.027	.202	6.567	.000

a. Dependent Variable: PS

SPSS Data Output for Accessibility to Services on Patient Satisfaction**Descriptive Statistics**

	N	Mean	Std. Deviation
WT	344	3.2115	.84373
WS	344	3.2258	.96374
SP	344	3.2624	.92110

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.947 ^a	.897	.896	.25858

a. Predictors: (Constant), SP, WT, WS

ANOVA^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	198.010	3	66.003	987.142	.000 ^b
	Residual	22.733	340	.067		
	Total	220.744	343			

a. Dependent Variable: PS

b. Predictors: (Constant), SP, WT, WS

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.426	.057		7.507	.000
	WT	.230	.028	.242	8.147	.000
	WS	.217	.032	.261	6.740	.000
	SP	.440	.031	.505	14.077	.000

a. Dependent Variable: PS

SPSS Data Output for Patient Satisfaction factors**Descriptive Statistics**

	N	Mean	Std. Deviation
Con	344	3.2762	.83169
Cou	344	3.2936	.83199
Qoc	344	3.3317	.81625

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.971 ^a	.944	.943	.19087

a. Predictors: (Constant), factor2, factor1

ANOVA^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	208.320	2	104.160	2859.005	.000 ^b
	Residual	12.423	341	.036		
	Total	220.744	343			

a. Dependent Variable: PS

b. Predictors: (Constant), factor2, factor1

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	.173	.043		4.049	.000
factor1	.666	.037	.671	18.039	.000
factor2	.296	.035	.314	8.444	.000

a. Dependent Variable: PS