CHAPTER I

INTRODUCTION

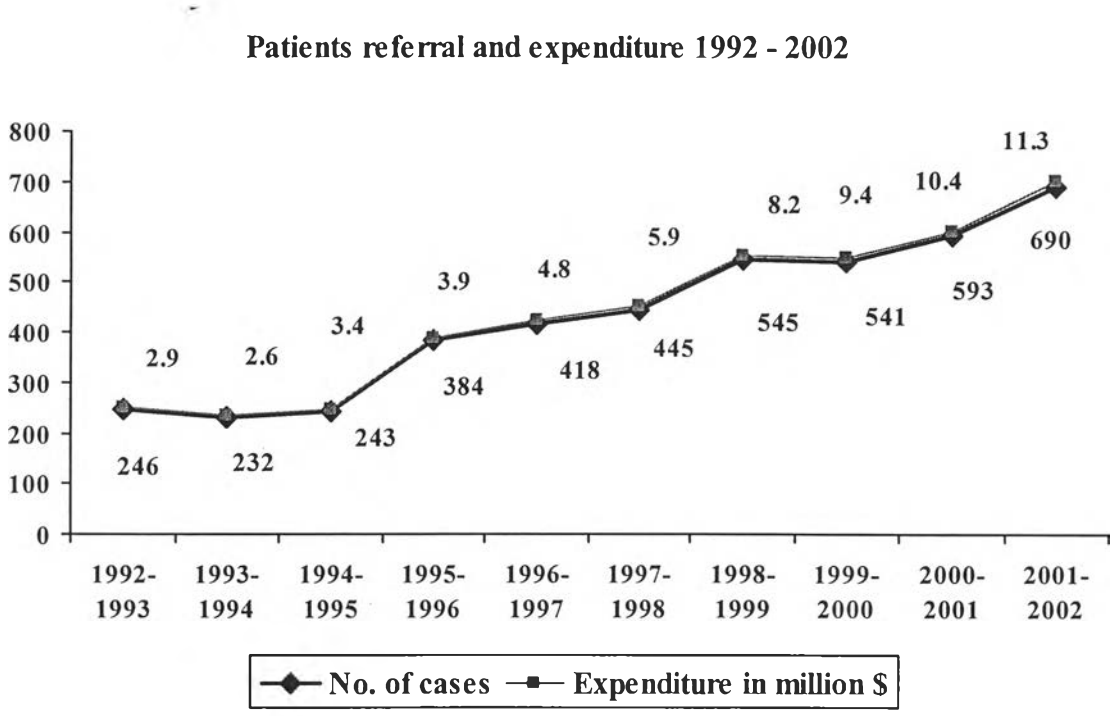
1. Background

Bhutan, a small land locked country in the Himalayas pursues a lofty philosophy of Gross National Happiness (GNH) as the overarching developmental philosophy (Vision 2020, 2000). This is contrary to the conventional Gross National Product (GNP) or Gross Domestic Product (GDP) that most countries follow for development and achieving economic goals. This philosophy emphasizes the wholesome development of Bhutanese society taking into considerations economic, social, psychological and even spiritual dimensions of development. The strategies engaged towards fulfillment of this utopian goal of GNH are economic development, environmental preservation, cultural promotion and good governance (Gross National Happiness, 1999, The Center for Bhutan Studies). This is again not to undermine economic gains, which are equally important for Bhutan whose GDP stands at about US $500 per person. Through this concept, the Royal Government of Bhutan (RGOB) strives to provide basic essential services in the social sectors like health and education freely to all Bhutanese citizens.

Health care services in Bhutan are still in a fledgling stage. An independent Ministry of Health (MOH) was constituted on 26th June 2003. Before that it was the Ministry of Health and Education. Primary Health Care (PHC) is the strategy for health care

delivery based on the Alma Ata declaration in 1978 with particular emphasis on decentralization and integration of activities up to community level. These are implemented through an equitably distributed network of 29 hospitals, 166 Basic Health Units (BHUs), one traditional (indigenous) hospital and 19 dispensaries, and about 455 outreach clinics. As of now, primary health coverage stands at about 90% and an army of about 1450 health workers across Bhutan is striving to achieve the remaining 10%.

No private practices exist in the country and the only alternative medicine; the indigenous system is integrated with general medical care services. Medical care, at all levels is free for the Bhutanese except for some advanced technology-based interventions like crown and bridge procedures in dentistry and laproscopic surgeries in Jigme Dorji Wangchuck National Referral Hospital (JDWNRH), The National Referral Hospital in short. With a minimal 2% deduction as health contribution from monthly salary of government servants, government even pays for cost of treatment outside in India and Thailand. The referral cost incurred mainly for tertiary care has spiraled from US $ 2.9millions in 1992-93 to US $11.3 millions by 2001-002.



Source: The National Referral Hospital, 2003.

Figure 1: Graph patient referrals and expenditure 1992-2002 in NRH1

By and large, most Bhutanese health care seekers are simple and law-abiding people reposing full trust on care providers who are educated and also employed by the state. The overall motto of service delivery to our people is consonant with the principles of "Professionalism" and "Service With Humane Face". However, there are indications that certain sections of people in the capital city, Thimphu are no longer satisfied and happy with whatever free health care the government is providing to them.

These expressions are appearing in the media and as anecdotal evidences from people we know and interact within Thimphu, which is a small town. For example in April-May and August 2003, two topics as "Wrong Diagnosis" and "Doctors Hate Patients"

respectively made national headlines in the electronic media engaging a wide spectrum of Bhutanese elites in the debate. Both these complaints originated from The National Referral Hospital in Thimphu. These incidences disturb and frustrate the ministry, department of health including the rank and file of health personnel who are doing their best to render services despite limitations and constraints.

2. Problem Identification

The apparent rising trend of patient dissatisfaction in a free health system as in The NRH in Thimphu is a concern for policy makers and administrators in the ministry and departments of health. The royal government is spending a substantial amount of money for health care at all levels of services including tertiary care for referred treatment even outside the country. As a developing country, resources are limited and there are competing priorities at national level. The amount of budgetary resources allocated to social sectors to the tune of about 10-12% yearly bears testimony to the fact that health is high on the development agenda of Bhutan. Most countries in the South East Asia region have an allocation of 2-8% of gross domestic product for health sector (Than Sien, 2001). The best use of resources and to cater services to the satisfaction of general public is one of the overriding development objectives of health sector.

Geopolitically, Bhutan, a small nation with an area of 47,000 square kilometers and a population of about 700,000, lies sandwiched between two Asian giants; India in the south and China in the north. It is a paramount national goal for the government to keep her people satisfied and happy conforming to the philosophy of Gross National

Happiness. National solidarity, in essence, is a goal for Bhutan's very survival and as a strategy towards this; satisfaction and happiness of the public are dear objectives of all social sectors of the Bhutanese government.

Bobadella et al (1992) said that no country in the world can provide health care services to meet all the needs of the population. However, the kingdom of Bhutan aspires to take the challenges of providing these and that too freely to her citizens.

The problem of patient dissatisfaction may not be substantial and there have been no surveys or studies carried out to ascertain this. Also it has been difficult to pinpoint as to which categories of patients are complaining regarding the services. Few instances of grievances had focused both inpatient and outpatient services. The few complaints represent only the tip of the iceberg as only 4% of those dissatisfied patients complain (Roderick M. McNealy, 1994). There may be, therefore, quite a number of dissatisfied patients in town and elsewhere harboring bad experiences regarding health services at the NRH. And what happens at Thimphu spreads fast and wide to the districts with even possible backlash on patient referral to this pioneer hospital. The fact this has started warrants us to initiate and find out the factors and service areas related to patient dissatisfaction for initiating timely and necessary administrative and policy changes. The attempt to study the issues and factors related to patient satisfaction is also a testimony that we care for their needs and expectations.

3. The Research Questions

The following are some of the research questions related to the issues of patient dissatisfaction:

3.1 What are the socio-demographic characteristics of patients at the NRH?

3.2 Are there marked differences in quality of services and satisfaction levels among inpatients of different wards of NRH?

3.3 What is the level of dissatisfaction among inpatients of NRH?

3.4 What are the main factors that determine patient satisfaction in the Bhutanese context?

3.5 What are the perceptions of physicians, policy makers and administrators about issues of patient dissatisfaction?

4. Rationale of the Research

The following are the rationale for the research:

4.1 Patient satisfaction is a measure of quality of health services (Donabedien, 1966). Quality assessment and satisfaction are often used interchangeably though, as per Bitner M. and Hubbert A. (1994) satisfaction is generally considered in a broader term.

4.2 Patient satisfaction is an indicator of patient and health provider relationship. In our system too as elsewhere, a congenial health provider and patient relationship is crucial for the satisfaction of the latter. Ware and Davis (1993) said that satisfaction is a cementing process that binds a patient and the health care provider. This bond can be used as one of the

predictors whether patients are likely to continue or change their health care providers.

4.3 Patient satisfaction increases likelihood of compliance to treatment and better follow up of patient care (Wilson P., McNamara, 1982).

4.4 Patient satisfaction may also lead to provider satisfaction and motivation to work better. Tzeng Huey-Ming (2002) found a positive relationship between these two parameters in a study among nurses in a Taiwan teaching hospital. In an altruistic sense, this is important in our system as there are no private practices and patient satisfaction may be an important factor for job satisfaction for our physicians and health care workers.

4.5 Roderick M. Mc Nealy in his book Making Customer Satisfaction Happen says that only 4% of dissatisfied patients complain. The other 96 % walk away quietly. Hence, the few instances of complaints represent only the tip of iceberg of dissatisfied population among the clientele base of this hospital.

5. Purpose of the Research

The main purpose of the study was to assess level of dissatisfaction among inpatients of NRH and to ascertain the main factors for satisfaction/dissatisfaction in a free health care system in the Bhutanese context. And ultimately, this would be used to improve patient care, patient satisfaction and utilization of inpatient services at NRH.

6. Objectives of the Research

6.1 General:

To provide a scientific basis for formulating quality and satisfaction related policies and strategies for improving service utilization at NRH.

6.2 Specific objectives

6.2.1 To describe the socio-demographic characteristics of inpatients in NRH.

6.2.2 To characterize patient satisfaction levels in respect to different service domains in all wards of NRH.

6.2.3 To find out the level of dissatisfaction among inpatients of NRH.

6.2.4 To ascertain the main factors that influence patient satisfaction among inpatients in NRH.

6.2.5 To find out perceptions of physicians, hospital administrators and department policy makers in terms of patient satisfaction or dissatisfaction, quality and sustainability of health care services in NRH.

6.2.6 To seek recommendations for specific factors or service areas for improvement from inpatients and physicians of NRH.

7. Conceptual Framework

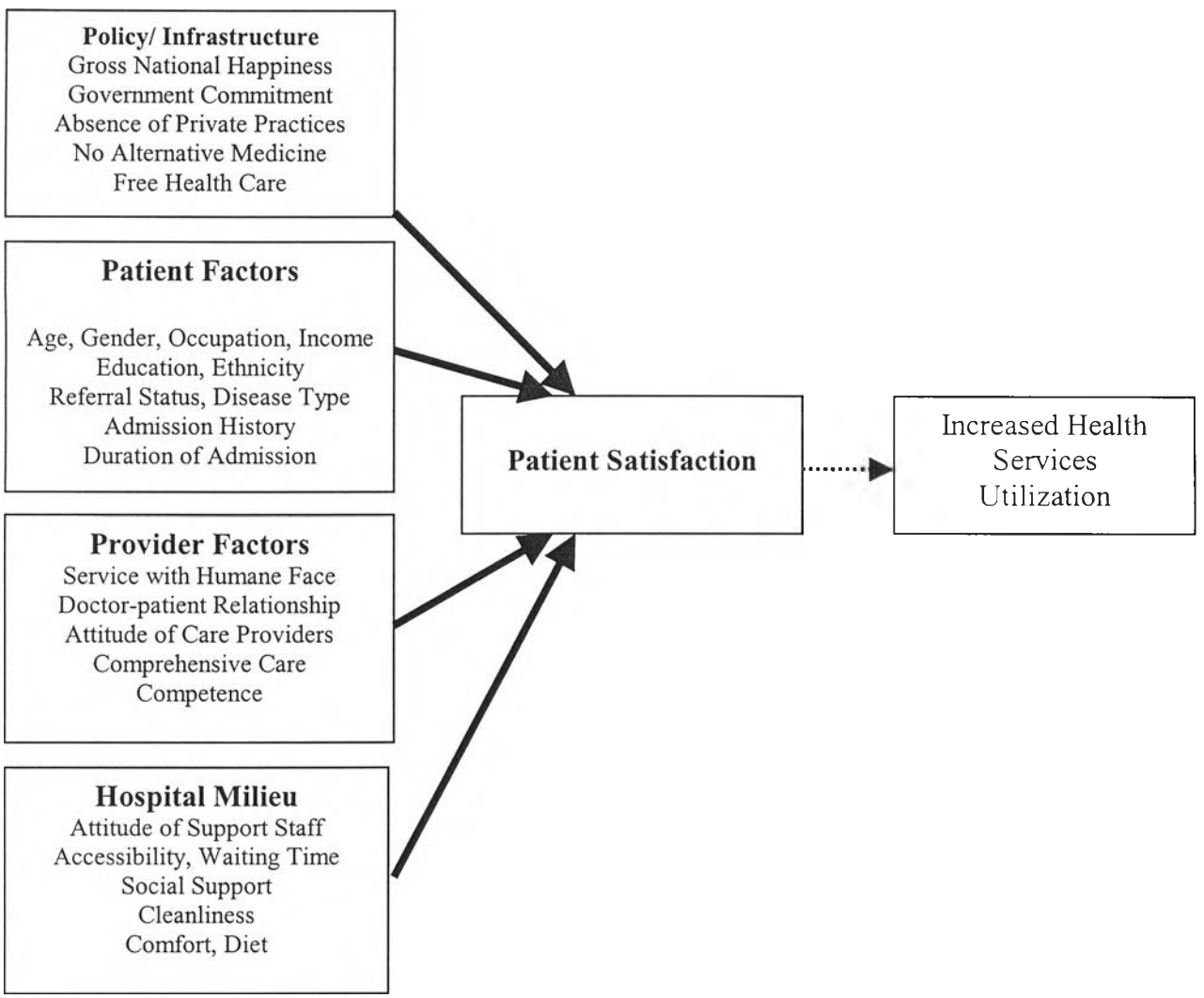


Figure 2: Conceptual frame work of research

7.1 Variables in the Conceptual Framework

These were divided into Dependent and Independent variables as follows:

7.1.1 Dependent Variable

The Dependent Variable was Patient Satisfaction.

These were divided under two broad domains as follows:

7.1.1.1 Factors under Hospital Milieu domain

These were as follows:

- Accessibility- pertained to services, location, and access for admission.
- Cleanliness – pertained to wards, toilets, bathrooms.
- Waiting Time- pertained to length and quality.
- Attitude of Support Staff – Ward boys, cooks and sweepers.
- Comfort in the Ward- light, ventilation, noise control etc.
- Hospital Diet- quality, quantity, timing.
- Social Support- pertained to visitors/attendants and visiting times.

7.1.1.2 Factors under Provider domain

- Competence of Health Providers – pertained to doctors and nurses
- Doctor-patient Relationship
- Attitude of care providers (Doctors and nurses)
- Comprehensive Care
- Service with Humane Face (kind, caring, sympathetic)

7.1.2 Independent Variables

These were patient socio-demographic characteristics as below.

- Gender
- Age
- Occupation
- Education
- Income
- Ethnicity
- Referral status- self referred/admitted or referred as per referral policies.
- Type of disease- acute or chronic.
- Duration of hospital stay
- Admission history - first time or repeat admission

The Policy and Infrastructure domains, which consisted of the driving and enabling forces or factors in our health system among independent variables, were not included for the study.

8. Operational Definitions of Variables

Table 1: Operational definition of variables

VARIABLES		OPERATIONAL DEFINITIONS
Independent	**Patient/Consumer Factors**	Demographic and socio-economic features of inpatients that have relationship with satisfaction.
	Patient Satisfaction	Proportion/levels of inpatients' expectations fulfilled in regards to health care services in NRH in respect to the following.
Dependent	**1. Hospital Milieu**	Inpatient environment that facilitates smooth service delivery leading to inpatient satisfaction.
	2.Provider Factors	Qualities or values in doctors and nurses that affect satisfaction levels of inpatients.