

# Patient Satisfaction Level At National Traditional Medicine Hospital 2024: A Cross-Sectional Study

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## Abstract

**Introduction:** Patient satisfaction reflects a hospital's ability to meet its expectations of its patients. By systematically evaluating these areas, hospitals can identify service gaps, patient concerns, and opportunities for improvement, ultimately enhancing care quality and patient outcomes.

**Method:** A cross-sectional survey was conducted at the National Traditional Medicine Hospital in Thimphu, Bhutan, over 90 days. The sample calculation method was adopted from Leslie Kish 1979.

**Results:** A total of 185 patients participated, with an average age of 47.58 years ( $\pm 16.92$ ). The overall satisfaction score averaged 3.69 (SD = 0.28), categorizing it as "Good" which is rated as moderately satisfied. This score suggests that patients were generally satisfied with their services. The low standard deviation indicates consistent satisfaction levels across participants, with minimal variation across treatment units and consultation rooms, reflecting a standard quality of care.

**Conclusion:** Despite achieving a "Good" satisfaction rating, the survey identified areas for improvement to elevate service quality. Hospital management should enhance the efficiency of clinical departments reception, consultation, pharmacy, and facility management. This may involve reviewing practices, addressing congestion, and establishing effective patient care systems. A commitment to continuous improvement is essential for both immediate concerns and long-term service quality enhancement.

**Keywords:** Alternative medicine, Patient satisfaction, Traditional Medicine.

## INTRODUCTION

Patient satisfaction can be defined as how happy or disappointed a person feels after they received the services from the healthcare center, or how well a patient's expectations match the care they feel they actually received during their healthcare experience [1].

Patient satisfaction should be a top priority because improving the quality of care in hospitals is essential. Listening to patients is key to building long-term relationships with them. Patient feedback helps measure satisfaction levels and provides valuable insights how to improve healthcare services [2].

From a health system's perspective, patient satisfaction depends on factors like the availability of healthcare staff, the waiting time to see doctors, the time taken for tests, and the time needed to collect prescribed medicines. Additionally, a key factor influencing satisfaction with government hospitals is a positive experience, such as being treated with politeness and respect by healthcare staff. Interestingly, this positive interaction is often considered more important than the technical skills of the healthcare providers [2].

Traditional medicine became an integral part of Bhutan's healthcare system in the late 1960s, providing an alternative option for medical care for Bhutanese. The Ministry of Health in line with the constitution of the country, to provide quality healthcare services in both traditional and modern medicines [3]. Therefore, gathering feedback from patients plays a crucial role in shaping policies for improving services. This study aimed to assess patient satisfaction levels at the National Traditional Medicine Hospital (NTMH), providing valuable insights to help policymakers to enhance the planning of quality care at NTMH and in districts as well.

## METHOD

### Study design

This cross-sectional study was carried out with patients visiting the National Traditional Medicine Hospital over three months, from July 1 to September 30, 2024. It aimed to assess their experiences and satisfaction during this period, providing insights into the quality of care offered at the hospital.

### Study setting

The survey was conducted at the National Traditional Medicine Hospital in Thimphu, recognizing its role as the leading institution for traditional medicine services in Bhutan. It offers the most specialized care, supported by 20 *Drungtshos* (Physician), 43 *Menpas* (Pharmacist), and 5 therapy aides currently serving at the hospital.

### Study participants, sample size and sampling

This study included patients aged 18 years and above who received services at NTMH. All patients who were able to answer the questions independently were included. The sample calculation method was adopted from Leslie Kish 1979 [4] considering the present satisfaction level is at the national level is 40% [5].

Once the required sample size was calculated, a simple random method was used to select 62 participants during the first two months and 61 participants in the final month.

### Study tool and data collection procedure

Short-Form Patients Satisfaction Questionnaire (PSQ-18) [6] with minor modification in context to Bhutanese was adopted to collect the data with face to face interview. The questions were focused to five domains such as receptions, OPD, Therapies, pharmacy and general environment with five indicators to each domain.

### Data analysis

Data were double entered and validated in EpiData software (version 3.1 for entry, EpiData Association, Odense, Denmark) and STATA software version IC/13.1 was used for the data analysis. Satisfaction level was measured using 4-point ordinal rating scale (i.e., 0=bad, 1= need improvement, 2= good, 3=very good) adopted as per Rensis Likert, 1932 [7]. Re-coded this scale as bad =dissatisfied, need improvement=satisfied, good= moderately satisfied, very good= highly satisfied.

### Ethics consideration

All participants were provided with clear and comprehensible information about the survey before consenting, ensuring that participation was voluntary and based on informed decision-making. Recruitment was done independently, ensuring there was no undue influence from healthcare providers. Patients were also reminded that their participation (or lack thereof) would not affect the quality of care they received.

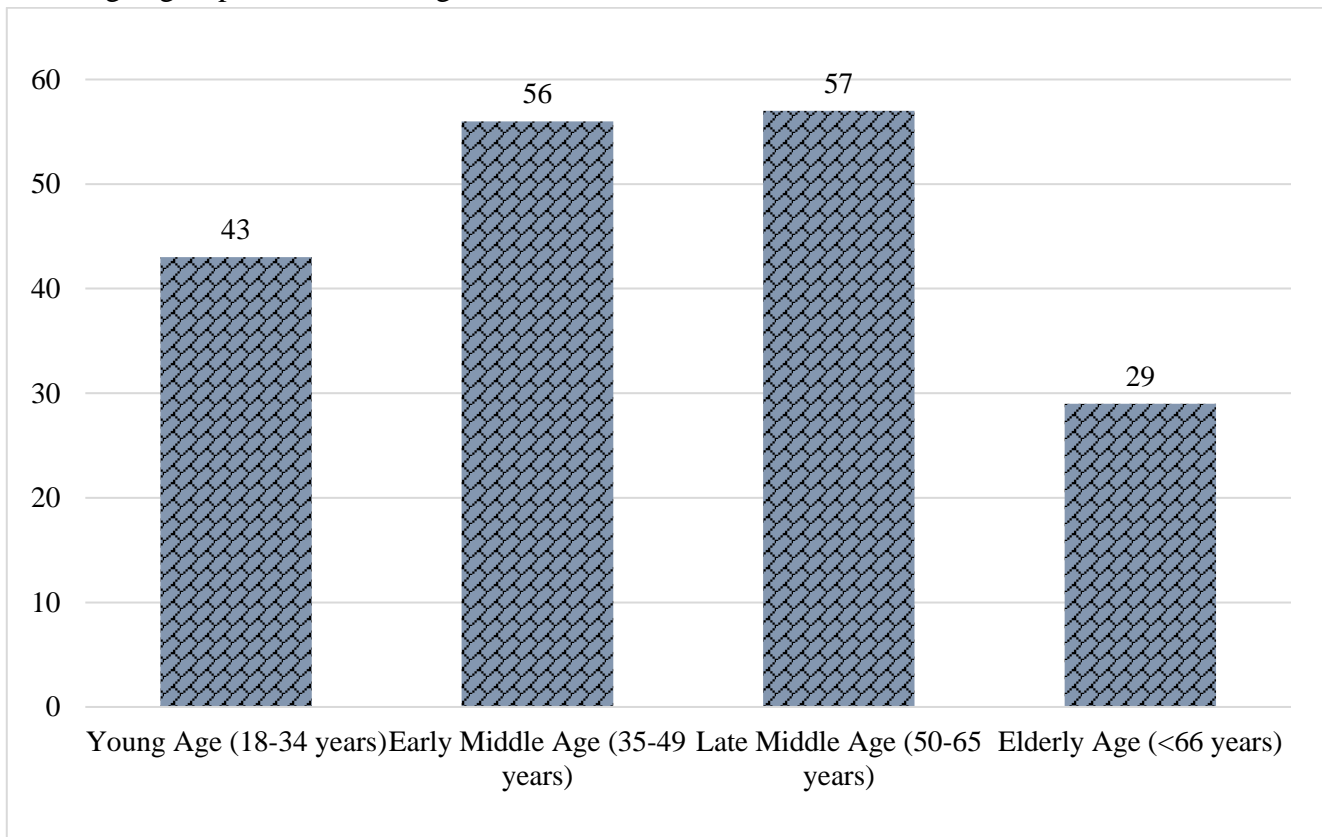
**RESULTS**

A total of 185 patients consented to participate in the survey, with 59.46% being female. The participants' ages ranged from 18 to 86 years, with an average age of 47.58 years ( $\pm 16.92$ ), as detailed in Table 1. Overall, the average satisfaction score was 3.69 with a standard deviation of 0.28, falling within the "Good" category and it was moderately satisfied. The rating scale used was as follows: 1=Dissatisfied, 2=Satisfied, 3=Moderately Satisfied, and 4=Very Satisfied.

**Table 1. Demography status of the patients**

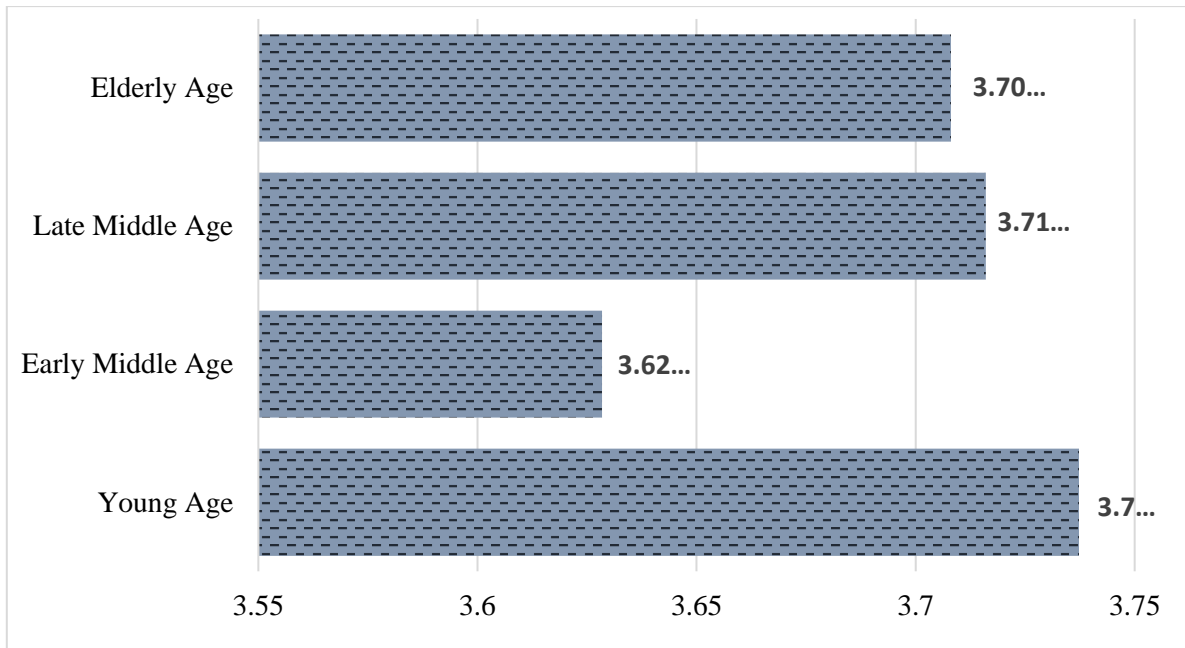
Gender	(n)	(%)
Female	110	59.46
Male	75	40.54
<b>Total</b>	<b>185</b>	<b>100</b>

The largest number of patients came from the late middle-aged group, followed by those in the early middle-aged group, as shown in Figure 1 below.



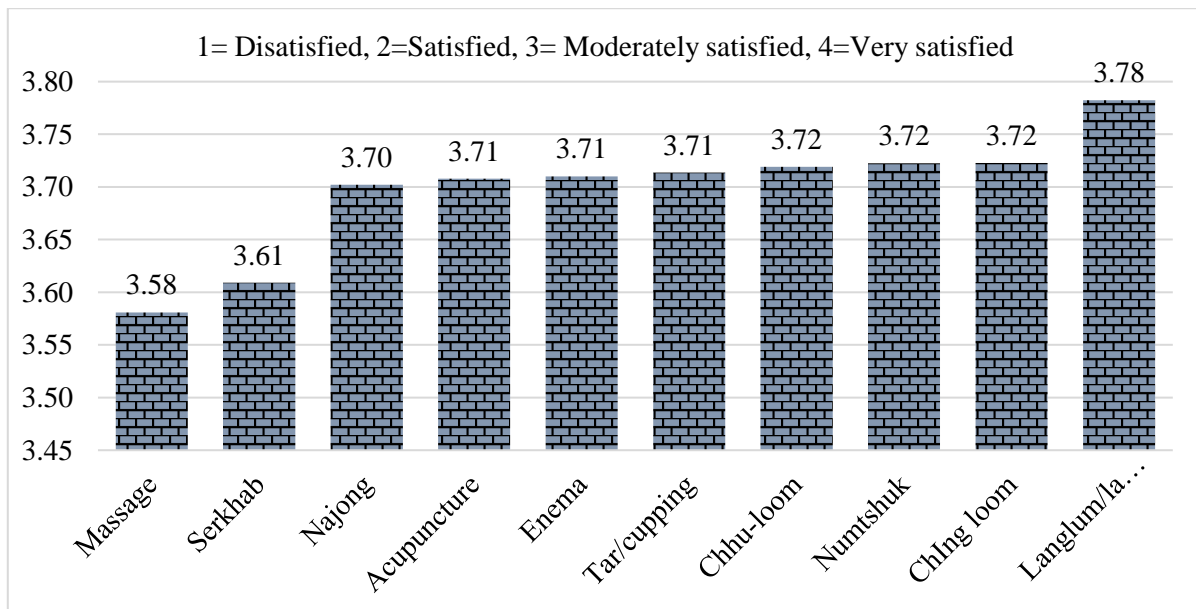
**Figure 1. Participants from different age groups**

A one-way ANOVA test indicated no statistically significant difference in satisfaction levels across the age groups ( $p=0.214$ ). However, the younger age group showed slightly higher satisfaction compared to the other groups (Figure 2).



**Figure 2. Level of satisfaction among different groups of the population**

There was minimal variation in satisfaction levels across the different treatment units. However, this variation was not statistically significant, as illustrated in Figure 3. Despite slight differences in satisfaction scores between the units, the results suggest that these differences do not hold statistical importance, indicating that patient satisfaction was relatively consistent across treatment units.



**Figure 3. Level of satisfaction in different treatment units**

Patients who visited Chamber 16 reported the highest level of satisfaction, followed by those who received services in Chambers 8, 14, 20, 12, and 24. In contrast, patients who were treated in Chamber 23 expressed the lowest satisfaction levels, as detailed in the table below. This trend indicates an outstanding difference in patient satisfaction across various chambers, with Chamber 16 standing out for its high satisfaction

scores, while Chamber 23 showed the lowest levels of satisfaction among all chambers. A two-sample t-test revealed no significant difference in satisfaction levels between male and female patients regarding the services provided at the healthcare center ( $p = 0.06$ ). This indicates that both male and female patients reported similar levels of satisfaction, with no statistically meaningful variation between the two groups. Therefore, gender did not appear to influence patient satisfaction in this context.

The analysis showed a significant positive relationship between patient satisfaction with reception services and overall satisfaction with OPD services, as indicated by the Pearson correlation coefficient ( $r = 0.5285$ ,  $p < 0.05$ ). This suggests that when patients are satisfied with the reception services, they are more likely to report higher satisfaction with other services, such as OPD and treatment services. This finding is further supported by regression analysis, which also demonstrated a statistically significant result ( $p < 0.05$ ), reinforcing the strong link between satisfaction at the reception and subsequent services.

The overall level of patient satisfaction was found to be significantly associated with aspects of the hospital environment, including the availability of seating, cleanliness of toilets, and the presence of clear signboards and directions ( $p < 0.01$ ). These environmental factors played a key role in influencing patient satisfaction, with a well-maintained and organized hospital setting contributing to a more positive overall experience. The statistical significance ( $p < 0.01$ ) indicates a strong relationship between these elements and patient satisfaction levels.

## DISCUSSION

The use of TM services remains popular across all age groups throughout the districts. In this sample, more female patients and farmers availed of TM services. The number of females availing of TM service was comparatively higher than, which corresponds to the data published in the Annual Health Bulletin 2021[8] and [9].

The common belief that traditional medicine (TM) is predominantly favored by older individuals has been challenged by the current findings of this study. Contrary to this assumption, the research revealed that the majority of patients utilizing traditional medicine fall within the early and late middle age groups, specifically between the ages of 35 and 65 years. This indicates that traditional medicine appeals to a broader demographic than previously thought, encompassing not only older citizens but also younger middle-aged individuals. The results highlight the growing acceptance and use of traditional medicine across different age groups, suggesting that it is not exclusively associated with older patients. This shift in perception may reflect a changing attitude towards traditional medicine, with more individuals recognizing its value and benefits regardless of age.

The overall satisfaction level was "moderately satisfied," which matches the findings of Tandin Chogyal and his team's paper published in the Bhutan Sorig Journal 2024, Volume I, Issue I, pages 23–28 [5].

## Limitations

The study recruited patients during regular working hours over a 90-days, which may not fully capture the experiences of patients, particularly those visiting outside peak hours or during less busy times.

## CONCLUSION

The feedback received highlights several key areas for improvement in hospital services, particularly concerning cleanliness, staff availability, and facilities management. A recurring concern is the cleanliness and maintenance of the hospital toilets. Many users pointed out that the toilets are often unclean and suffer

from a lack of water. Regular maintenance and daily cleaning are strongly recommended to address these issues and ensure hygienic conditions for patients and staff.

Another significant concern is the availability of medical staff, particularly physicians (*Drungtshos*) and other healthcare providers. Feedback indicates that many chambers are empty after 10-11 am, with most physicians being unavailable, leading to a lack of continuous service. This issue could be mitigated by implementing a more structured shift system, ensuring that physicians are present throughout the day to attend to patients.

There is also a need for improved staff identification and uniformity. Many patients expressed difficulty in distinguishing between healthcare providers and other staff members due to the absence of nametags and uniforms. Providing a standard dress code and nametags for all staff members would enhance professionalism and make it easier for patients to identify the staff.

Moreover, the seating arrangements and overall comfort for patients require attention. Many patients prefer wooden chairs over metal ones and have requested an increase in the number of available chairs. Addressing these preferences could significantly improve patient satisfaction.

Lastly, punctuality and service efficiency are highlighted as areas needing improvement. Patients have suggested issuing tokens before the designated time and ensuring that all services start promptly. By addressing these concerns, the hospital can enhance the overall patient experience and ensure a more organized and efficient service delivery.

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