

**PATIENT SATISFACTION ON HEALTH CARE
SERVICES PROVIDED BY GENERAL MEDICAL
UNIT 4 AND TROPICAL AND INFECTIOUS
DISEASES DEPARTMENT OF YANGON
GENERAL HOSPITAL (2019)**

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M.B., B.S

Master of Hospital Administration (MHA)

University of Public Health, Yangon

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**Thesis submitted to
the Postgraduate Academic Board of Studies
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as the partial fulfillment of the requirements
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This thesis has been approved by the Board of Examiners.

Chief Examiner

Examiner (1)

Examiner (2)

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ABSTRACT

Patient satisfaction is an important kind of measuring for the effectiveness of health care delivery and quality of medical care. It indicates the extent of general health care needs of the patient are met with their expectation. Hospital based cross sectional study was conducted to assess patients' satisfaction on the health care services provided by general medical unit 4 and tropical and infectious diseases department of Yangon General Hospital. Total 156 patients were selected by using the consecutive sampling method, from medical unit 4 and tropical and infectious diseases department. Data was collected by face to face interview using pre-tested, structured questionnaires.

Patients' satisfaction on health services provided by medical wards were high (96.2%). Explain information and doctors' services were most satisfied dimensions (98.7%) on each. The least satisfied dimension that required to controlled was basic amenities of the wards (92.9%).

Regarding to patient background characteristics, occupation, personal income and referral letter were associated with patient satisfaction. The patients who had occupation and had personal income were more satisfied than who were dependent and had no personal income ($P=0.021$). The patient who had referred from local health facilities with referral letter to YGH were more satisfied on health services than who did not have ($P=0.029$). There were strong correlation between patient satisfaction and dimensions such as nurse service ($r = 0.859, P=0.001$), convenience ($r = 0.851, P=0.001$), basic amenities ($r = 0.828, P=0.001$), dignity and confidentially ($r = 0.826, P=0.001$), doctor service ($r = 0.824, P=0.001$). Among nine dimensions of patient satisfaction, autonomy and explain information were strongly correlated ($r = 0.825, P=0.001$).

Patient satisfaction on two medical wards were high. Although patient satisfaction was high, there is still need to emphasize to fulfil the requirement of basic amenities of hospital especially toilet cleanliness. There is also necessary to strengthen the gatekeeping management and referral system of primary and secondary hospitals in Yangon region to promote patient satisfaction. Hospital administrators should be encouraging the health care providers to practice of explain information clearly and completely which in turn the patient to participate in choosing treatment options and decision making correctly.

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LIST OF ABBREVIATIONS

| | | |
|-----|---|--------------------------|
| YGH | - | Yangon General Hospital |
| MU4 | - | Medical Unit 4 |
| YCH | - | Yangon Children Hospital |
| RN | - | Registered Nurses |
| NHS | - | National Health Services |

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CHAPTER (1)

INTRODUCTION

1.1 Background Information

Patient satisfaction is the degree to which the individual regards the health care service in which it is delivered by provider as useful, effective or beneficial. Patient satisfaction is an important kind of measuring for the effectiveness of health care delivery and quality of medical care. It indicates the extent of general health care needs of the patient are met with their expectation. It belongs to the service dimension and technical dimension of quality of care. It is an influential factor of how healthcare practitioners practice medicine. Highly satisfied patients are more likely to follow the healthcare practitioners' instructions, accept prescribed treatment and come back for follow-up visits, which interprets into effective quality care, higher patient utilization, reduced harmful events and improved patient outcomes (Jalil et al., 2017).

Patient satisfaction is a complex phenomenon that is related to patient expectations, experiences, health status, and personal indifferences and to health system characteristics. In addition to individual patient factors, other important issues like cultural competency, care setting can influence on patient satisfaction. The ability of providers and organizations that deliver healthcare services effectively to meet the social, cultural, and language needs of patients is described as cultural competence (Baummer - Carr and Nicolau, 2017).

The World Health Organization (WHO) assesses the performance of health systems on three main goals such as improving health, fair financing and responsiveness. In responsiveness, respect for individuals includes maintaining patient dignity, establishing clear communication, upholding confidentiality of patient information and autonomy of individuals and families to make decisions about their own health. Customer oriented satisfaction includes prompt attention, access to social support networks during care, quality of basic amenities and choice of care provider (Kashkoli, 2014).

The factors that influence patient satisfaction are availability, accessibility and convenience of health care services, technical competency of the provider, interpersonal communication skill, basis amenities, supporting equipment, material and medicine supply, information and explanation and financial expense (Mulisa, Tessema and Merga, 2017).

Patient admitted in the hospital spend their entire time of stay in inpatient wards. A ward is not just a place for the care and treatment but it also served as a temporary home for the patient during the period of hospitalization. Therefore, the ward unit has to take care of all the needs of the patient including nursing care, treatment care and home comfort. Patients are dependent on the health care providers to a great extent, especially for psychosocial support. How well the staff attends to these needs, counts a lot towards patient satisfaction (Joshi, 2009).

In Myanmar, under the guidance of the Ministry of Health and Sport to provide National Health Plan to achieve universal health coverage in 2030 to get comprehensive health care without financial hardship. The hospitals are an important part of health system providing complex curative care, depending on their capacity, and act as a first referral, secondary referral and tertiary referral centre according to the level of curative care facilities (Ministry of Health and Sports Myanmar, 2016).

Yangon General Hospital is 120 years old, 2000 bedded, tertiary care teaching hospital. It has four general medical wards for inpatient with general medical diseases. Among these, medical unit 4 and tropical and infectious diseases department have been established on 2015 and 2017 respectively. According to hospital statistics of YGH, inpatient, outpatient and bed occupancy rate has been increased since 2013 (Yangon General Hospital, 2019).

1.2 Problem statement

Most of Myanmar people are living on a very low income and the existing of many jobless persons, they depend on public hospitals. Union government budget has been increased on health sector and prepare system readiness and reform. As provided free of charge policy for whole population and free medicine policy, utilization rate of public hospitals has been increased in the whole country. On the other hand, the cost in private hospitals could not afford for low income people and the health care work force in public hospital was not increased because of not having motivation and incentives. Patient needs and claim are also enhanced on providers services. Nowadays, public hospital like YGH is facing the problems of high workload which arise from health

policy and weakness of systematic referral system between different levels of hospitals in our country. Actually, there is a gap between patient's prospects and the services given by providers.

Patient satisfaction was becoming the problem in developed country like China, there has been increasing number of patient disputes and violence directed towards health care workers due to poor patient provider relationship. The study in China accessed (76%) of respondents were being satisfied with hospital inpatient care. Satisfaction was associated with high level of trust on health care provider and good ward environment (Shan et al., 2016) .

Patient satisfaction was a problem issued in Sri Lanka in which health care delivery costs were rapidly increasing and the government faced constraints to maintain its cherished principle of high-quality public-sector health free at the point of delivery. The study done in Sri Lanka teaching hospital Karapitiya (10.4%) satisfied on medical services (GGC and R, 2017).

In 2016, patient satisfaction done in cancer ward of Yangon General Hospital determined that (13.9%) satisfied the health care services provided by cancer ward. The area of least satisfaction was with basic amenities (Tin-Tin-Khine, 2016).

1.3 Justification

In Myanmar, government budget has been increased on health sector during these years. More invest on development of infrastructure and supply more medicines and equipment. Ministry of Health provide technical training and communication skill training to improve health care provider skill. And also set up protocols, guideline, rules and regulation to strictly follow them. Because of these changes, how much we achieved the effectiveness of change should be measured as patient satisfaction level.

On the other hand, health services costs in private sectors are high to reach for low income people in Myanmar. Utilization of public hospitals in Myanmar has been increased since 2012 (MOHS, 2016). Patient directly utilized tertiary hospital like YGH without referral system and workload of YGH has been increasing since 2013 (Yangon General Hospital, 2019). Although the work load was increased, the healthcare workforce in YGH was 30% vacant according to 2019 YGH profile.

YGH has four general medical wards for inpatient with general medical diseases. Among these, medical unit 4 and tropical and infectious diseases department have been established on 2015 and 2017 respectively. As the new wards and situated in ground floor and corridor there may be many requirements to provide health care

services such as basic amenities, health care workforce and medicine supply. Bed occupancy rate of the medical wards were round about 80% yearly (Annex 4).

Now a day, the socioeconomic, educational and health knowledge of people increased and their expectations on health care services also increase. It becomes the leading cause of problems or crisis between patient and health care provider. This requires the development of research that focuses on meeting their needs and measuring their satisfaction.

The main reason to perform patient satisfaction survey is to find out the patient satisfaction on various elements of health services and give the information regarding the magnitude of poor patient satisfaction. It will be useful to observe the ways of focusing to solve the potential problems. Health care providers are finding more and better ways to satisfy patient needs and promote the quality of the service while using resources more efficiently.

CHAPTER (2)

LITERATURE REVIEW

2.1 Overview

The health care activity is experiencing a rapid transformation to meet the ever-increasing needs and demands of its patient population. Respect for patient's needs and desires, is essential for humanitarian health care system (Mulisa, Tessema and Merga, 2017). There are association between patient satisfaction and five dimensions of medical interaction: technical expertise, interpersonal views, communication, consultation time, and access/availability (Jalil et al., 2017).

It is a conventional idea that the service providers desire patients to be satisfied with the treatment they provide to them, expressing clinical outcomes to report patient satisfaction as a valuable result. But what exactly is patient satisfaction and how should it be measured was questioned. Satisfaction is a multidimensional concept and there is no single, easily understood definition that would apply to all patients. Simply asking patients who have completed care whether they would undergo treatment again should not be considered a reasonable measure of satisfaction. However, one of the most important variables that affects how patients see their results is expectation. When the outcome of treatment fails to meet their expectations, patients are more likely to express dissatisfaction with the outcome. Thus, accurately establishing what would be considered an appropriate expectation may not always be possible (Graham, 2016).

There are plenty of other reasons why patients may not be satisfied with their health care, even if the clinical result seems to be acceptable or even good: it may have cost too much; may have been inconvenient, too far away, painful, or in some other way uncomfortable; or they may have just simply not liked the setting in which the care took place or the people who delivered it. Patients and members of the health care team including doctors, nursing professionals, therapists and others are key members of that stakeholder group but so to may be family members who might be caregivers or providers of transportation, insurers and other payers, institutional administrators, and anyone else who participates in the delivery of the care. These people may all contribute

to the understanding of factors leading to patient satisfaction and their input is essential (Graham, 2016).

Patient satisfaction is a complex phenomenon that is related to patient expectations, experiences, health status, and personal indifferences and to health system characteristics. In addition to individual patient factors, other important issues like cultural competency, care setting can influence on patient satisfaction. The ability of providers and organizations that deliver healthcare services effectively to meet the social, cultural, and language needs of patients is described as cultural competence (Baummer - Carr and Nicolau, 2017).

Patient satisfaction is widely different between inpatient services and outpatient services. Nursing staff on personal care and pain management are more influential variables for inpatient care. Outpatient care satisfaction is centred on direct care from the healthcare provider, whereas inpatient care focus on care received from the health care providers including manual workers of hospital, hospital environment, hospital experience and communicated information (Baummer - Carr and Nicolau, 2017).

2.2 Patient satisfaction on health care services

There are several factors involving doctors' ineffectiveness, such as incorrect handling of critical cases, inaccurate diagnose, excessive confidence on medical tests, absence of physical examination, un availability of specialist doctors, and experimentation by trainee doctors were related to patient dissatisfaction. Physicians working in public hospitals deal with patients of a lower socio-economic class with negligible health awareness and poor hygiene. Studies identifying specific aspects of doctor's conduct that significantly predicted patient satisfaction showed that: taking information, listening, empathy towards patient, emotional support, friendliness, explanation of medical treatment and respect for the patient (Jalil et al., 2017).

Patient satisfaction is inversely related to doctors' medical terms usage without explaining their meaning. With regard to the right to respect, studies conducted in developing countries demonstrated that the patients reveal high level of tolerance for disrespect by the doctors. It is perhaps a demonstration of 'paternalistic approach; a historical model that regards doctors to be in a superior position in contrast to the patients. The tolerance for disrespect and not understanding of right to respect indicate incidence of the paternalistic doctor-patient relationship in public hospitals of Pakistan (Jalil et al., 2017).

Understanding the gaps in doctor's knowledge regarding drivers of services or positive determinants of patient satisfaction is a critical and necessary first step to changing their practice. Patients' health status, age and the nurses' discussion about treatment are important drivers of patient satisfaction (Stewart et al., 2017).

Patients' perceptions of hospital care are strongly associated with missed nursing care, which in turn is related to poor professional nurse (RN) staffing and poor hospital working environments. Improving RN staffing in NHS hospitals holds promise for enhancing patient satisfaction (Aiken et al., 2018).

2.3 Related studies in other countries

In cross sectional study of Ethiopia, the overall patient satisfaction towards health service was 71.6%. Satisfaction to accessibility of the service was 84.5%, 80.6% to courtesy of the staff. 81.6% satisfied with quality of the service and 59.4% and 71% satisfied with physical environment and service provider respectively. On the other hand, 99.7% of the respondents were dissatisfied with privacy of the service. Respondent's education level, occupation as well as duration of time taken to enter into examination room were important factors influencing the satisfaction condition. It was recommended to give great care and attention to clients during examination procedure and also suggested that the department should decrease time taken to enter into examination room (Mulisa, Tessema and Merga, 2017) .

In Ethiopia cross sectional study, the overall patient satisfaction was 52.5%. Respondents' sex, age, admission ward, self-reported health status, and class of admission were the variables significantly associated with patient satisfaction with nursing care. The rate of patient satisfaction with nursing care was found to be low in this study. Being female, younger age group (18–30 years), good self-reported current health status, being admitted in ophthalmology ward, and first class of admission were significantly associated with better patient satisfaction with nursing care (Eyasu et al., 2016).

In southwest Ethiopia study, the proportion of overall net patient satisfaction was 117 (61.9%). Majority of the respondents 148 (78.3%) reported that they got the kind of service they anticipated. Cleanliness of the ward 145 (76.7%) and time to get back to home 27 (14.3%) were found to have the highest and the lowest proportion of satisfied respondents, respectively. Patients with no formal education 60 (76.9%) and patients from the rural areas 75 (68.8%) were satisfied higher than those from their counterparts. Patients at medical 22 (61.1%) and ophthalmology 10 (62.5%) wards

were less satisfied than patients in other departments (Woldeyohanes, Woldehaimanot and Kerie, 2015).

In cross-sectional mixed methods study done in Pakistan, demographic characteristics such as gender, education and occupation were significantly associated with the levels of patient satisfaction. The dimensions of doctor-patient interaction were significantly associated with patient satisfaction: technical expertise, interpersonal aspects, communication, time dimension and access/availability. Several factors involving doctors' incompetence, such as inappropriate handling of critical cases, inaccurate diagnose, excessive reliance on medical tests, absence of physical examination, non-availability of specialist doctors, and experimentation by trainee doctors were related to patient dissatisfaction (Jalil et al., 2017).

Cross sectional study done in Bangladesh found that 63.2% of the participants were satisfied with the healthcare service they received. Patients attending the private facilities had the highest level of satisfaction (73%) and patients attending the primary care facilities had the lowest level of satisfaction (52%). Factors like convenient opening hours, asking related questions to the providers, facility cleanliness and privacy settings were significantly associated with patients' satisfaction. Being satisfied with facility cleanliness and privacy settings were the strongest predictors of patients' satisfaction. Patients' satisfaction can be increased by focusing on improving facility cleanliness, privacy settings and providers' interpersonal communication (Adhikary et al., 2018).

In Bangladesh cross sectional study, single patients perceive tangibles, reliability, empathy and loyalty higher compared to married patients. Young patients (≤ 20 years) have a higher tangibles, empathy and loyalty scores compared to other age groups. The authors observed that private hospital patients perceive healthcare service quality performance higher compared to patients in public hospitals (Ahmed, Tarique and Arif, 2017).

In cross sectional study of England, patients' perceptions of care are significantly reduced by lack of confidence in either nurses or doctors, and by increases in missed nursing care. The average number of types of missed care was negatively related to excellent care, completely explained medications and positively associated with higher patient-to-nurse ratios and negatively associated with better work environments (Aiken et al., 2018).

In cross-sectional study, conducted in 2015, Iran the mean score of hospital responsiveness and patient satisfaction was 3.48 ± 0.69 and 3.54 ± 0.97 out of 5, respectively. Based on the regression analysis, around 65% of the variance in overall satisfaction can be explained by dimensions of responsiveness. Seven independent variables had a positive impact on patient satisfaction; the quality of basic amenities and respect for human dignity were the most powerful factors influencing overall patient satisfaction (Kashkoli, 2014).

In Srilanka cross sectional study, the mean score of patient satisfaction was 3.5 and 10.4% of patients were very satisfied with the medical service. The patient was very satisfied with courtesy (45.8%), quality of care (44.2%), physical environment (41.8%), convenience (24.7%), pocket cost (23.5%). Most patients are troubled about the waiting time for doctor's service and the counter service is delayed because there is not enough staff (GGC and R, 2017).

In US study, positive and negative experience of nursing, communications, and infrastructure influence the overall satisfaction. Positive experience attributes of overall care quality which influence overall satisfaction, whereas negative experience of the same does not have any influence. Further, experiences of interactions with doctors and scheduling do not have any effect on overall satisfaction in emergency departments (Tanniru and Khuntia, 2017).

In China study, 24% of respondents reported being dissatisfied with hospital inpatient care. The logistic regression model indicated that patient satisfaction was positively associated with higher level of trust, lower levels of hospital medical expenditure, good staff attitude as well as good ward environment. But patient satisfaction was negatively associated with medical insurance for urban residents and other insurance status. The qualitative analysis showed that patient trust was the most significant predictor of patient satisfaction. Perceived high quality of service delivery, empathic and caring interpersonal interactions, and a better designed medical insurance that provides stronger financial protection and enables more equitable access to health care (Shan et al., 2016).

2.4 Related studies in Myanmar

The study done in outpatient department of Waibargi Specialist Hospital determined that (96.8%) satisfied on health care services and satisfied on all dimensions that influenced patient satisfaction (Zaw-Linn, 2017).

The study done in cancer ward of Yangon General Hospital determined that (13.9%) satisfied the health care services provided by cancer ward. The area of least satisfaction was with basic amenities (Tin-Tin-Khine, 2016).

Another study done in Yangon children hospital assessed that (51.9%) of care givers had good satisfaction with overall impression of hospital services (Khin-Theingi-Myint, 2016).

Study of patient satisfaction with the health care service provided by the obstetrics and gynaecology ward of Mawlamyine General Hospital assessed that (84.3%) were satisfied on health care service (Lin-Htike, 2015).

2.5 Conceptual Framework

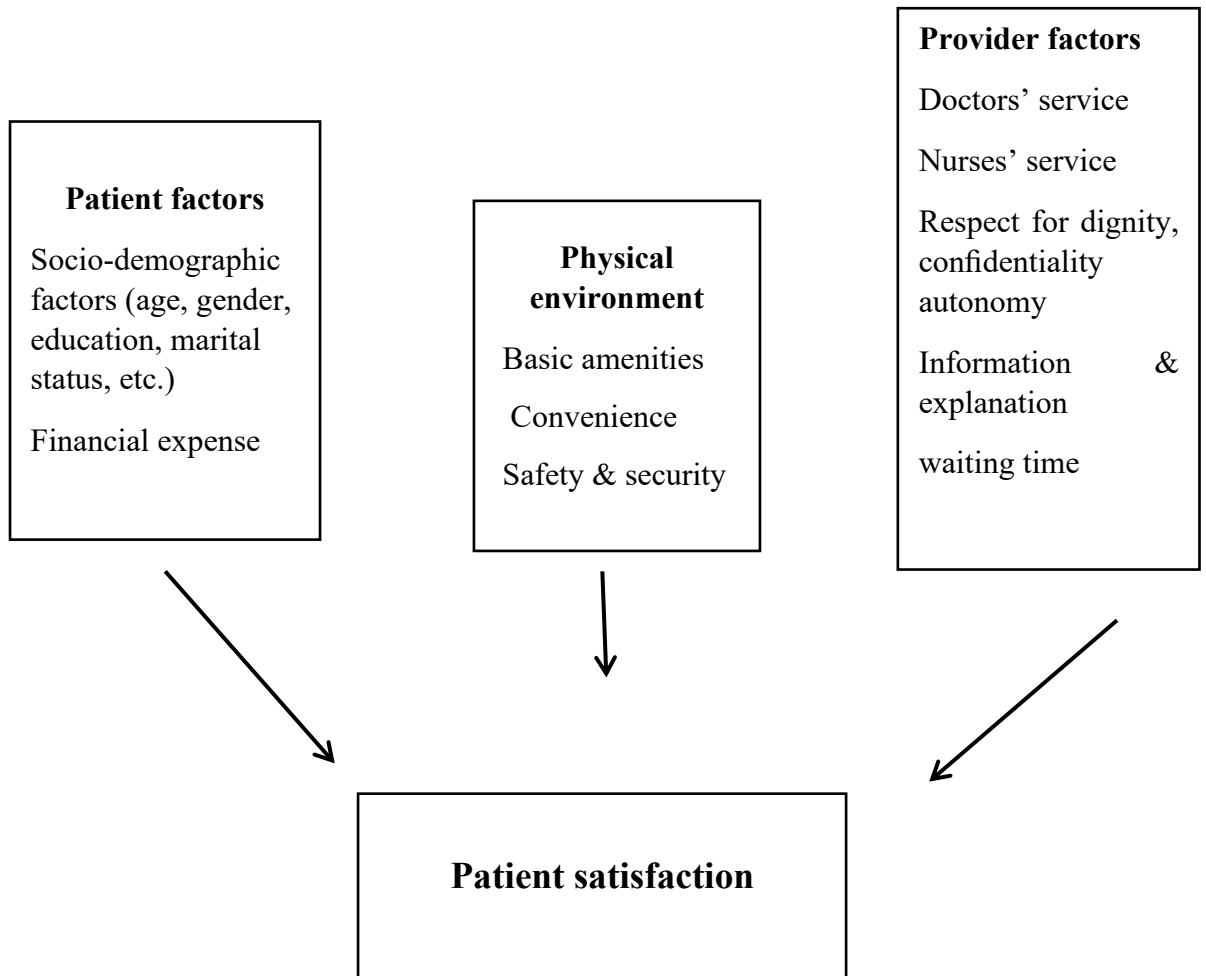


Figure (2.1) Conceptual Framework

CHAPTER (3)

OBJECTIVES

3.1 General Objective

To assess patient satisfaction in medical unit 4 and tropical and infectious diseases department of YGH

3.2 Specific Objectives

1. To assess the level of patient satisfaction on health services of medical unit 4 and tropical and infectious diseases department of YGH
2. To identify the factors influencing patient satisfaction level
3. To assess the correlation between patient satisfaction and dimensions of satisfaction

CHAPTER (4)

RESEARCH METHODOLOGY

4.1 Study design

It was a hospital-based, cross-sectional study.

4.2 Study period

The study was conducted from August to December 2019.

4.3 Study area

The study area was medical unit 4 and tropical and infectious diseases department of Yangon General Hospital.

4.4 Study population

All patients admitted to MU4 and tropical and infectious diseases department of YGH during data collection period.

Inclusion criteria

On the day of discharge

Eighteen years old and above

Exclusion criteria

Patients who were very ill to participate

4.5 Sample size determination

Sample size determination was calculated by following formula and assumption.

$$n = \frac{z^2 p q N}{d^2 (N-1) + z^2 p (1-p)} \quad (\text{WHO, 1998})$$

$$n = \frac{(1.96)^2 (0.14) (0.86) (600)}{(0.05)^2 (599) + (1.96)^2 (0.14) (0.86)}$$
$$= 142$$

n = Total number of subjects required

z = The standard normal deviate for α , = 1.96 at 95% CI

p = Proportion of patients who are satisfied with services 14% (Tin-Tin-Khine, 2016)

d = Absolute precision = 0.05

N = average number of patients admitted to this ward during one month, 600

Minimum sample sizes of at least 142 were needed for study. However, keeping the dropouts in the mind 10% extra sample for the study was considered and taken as $(142 + 14) = 156$

4.6 Sampling procedure

Consecutive sampling procedure was used to achieve the require sample size.

4.7 Data collection method and tools

Data was collected by face-to-face interview using structured questionnaire. The questionnaire was developed reviewing local and international literature.

Questionnaire consist of three parts;

- (a) socio-demographic characteristics
- (b) Patient experience on health care services
- (c) questions regarding with level of satisfaction.

Part (C) question is 39 items scale about nine dimensions of health care services: basic amenities, doctor service, nurse service, waiting time, conveniences, dignity and confidentiality, autonomy, information and explanation, financial expense on health care services. There were five response categories for each scale items. The response categories were very satisfied, satisfied, undecided, dissatisfied, very dissatisfied. They are recoded as very satisfied=5, satisfied =4, undecided=3, dissatisfied=2, very dissatisfied=1. Average score for each item was calculated. The score < 4 was regarded as poor satisfaction and ≥ 4 was regarded as good satisfaction.

4.8 Data management and analysis

The questionnaires were checked for completeness and consistency of the data and the coding in questionnaire forms was also checked. The data entry was done by Epi data3.1. After checking the missing data and inconsistencies, data analysis was carried by using Statistical Package for Social Science (SPSS) Version 16.1 software. Data summarization was done by using frequency and cross tabulation in SPSS program.

All continuous variables were presented as mean \pm SD, or median IQR according to skewness of data set. Categorical variables were described as frequency

and percentages. Tables and graphs were used to present the descriptive data where applicable.

Association between socio-demographic characteristics, patient experience on health care services and patient satisfaction was done by bivariate analysis using chi-square test. If assumption of chi-square was not met, Fisher exact test was done. All considered as two sided and $P < 0.05$ was said as statistically significant. Pearson correlation test was done to find out correlation between total satisfaction and nine dimensions of patient satisfaction.

4.9 Ethical consideration

The study was followed the research guidelines of University of Public Health Yangon. Ethical approval was obtained from the Institutional Review Board of University of Public Health Yangon, Myanmar UPH-IRB (2019/MHA/6). The individual was invited to participate in the research and participation was voluntary. The survey started obtaining informed consent from the respondents. All interviews were taken in the place with privacy.

CHAPTER (5)

FINDINGS

5.1 Socio-demographic characteristics of respondents

Table (5.1) Socio-demographic characteristics of respondents (N=156)

| Variables | Number | Percent (%) |
|--------------------|---------------|--------------------|
| Age | | |
| ≤40 | 33 | 21.2 |
| 41-60 | 68 | 43.6 |
| >60 | 55 | 35.3 |
| Gender | | |
| Male | 85 | 54.5 |
| Female | 71 | 45.5 |
| Address | | |
| Yangon region | 101 | 64 |
| Bago region | 22 | 14.1 |
| Ayeyarwady region | 23 | 14.7 |
| Mon state | 5 | 3.2 |
| Magway region | 3 | 1.9 |
| Mandalay region | 2 | 1.3 |
| Tanintharyi region | 1 | .6 |
| Yangon (n=101) | | |
| East | 39 | 39 |
| West | 19 | 19 |
| South | 26 | 26 |
| North | 17 | 17 |
| Occupation | | |
| Dependent | 55 | 35.3 |
| Regular income | 9 | 5.8 |
| Irregular income | 92 | 59 |

Table (5.1) Socio-demographic characteristics of respondents (N=156)**(continued:)**

| Variables | Number | Percent (%) |
|-------------------------|---------------|--------------------|
| Education | | |
| Illiteracy | 4 | 2.6 |
| Up to middle school | 105 | 67.3 |
| High school & graduate | 47 | 30.1 |
| Marital status | | |
| Married | 96 | 61.5 |
| Widow/widower | 29 | 18.6 |
| Single | 26 | 16.7 |
| Divorced | 5 | 3.2 |
| Personal income (kyats) | | |
| No | 55 | 35.3 |
| 1-150,000 | 45 | 28.8 |
| >150,000 | 56 | 35.9 |
| Family income | | |
| ≤150,000 | 53 | 34 |
| >150,000 | 103 | 66 |
| Type of disease | | |
| CVA | 46 | 29.5 |
| Heart disease | 29 | 18.6 |
| Chest disease | 21 | 13.5 |
| Liver disease | 10 | 6.4 |
| diabetes | 10 | 6.4 |
| Renal disease | 11 | 7.1 |
| Fever | 9 | 5.8 |
| Snake bite | 5 | 3.2 |
| Diarrhoea | 3 | 1.9 |
| Koch's lung | 3 | 1.9 |
| Gastritis | 2 | 1.3 |
| Convulsion | 3 | 1.9 |
| Alcohol related disease | 1 | 0.6 |
| Autoimmune SLE | 1 | 0.6 |
| RVI | 1 | 0.6 |
| Electrolyte imbalance | 1 | 0.6 |

Table (5.1) Sociodemographic characteristics of respondents (continued:)

| Variables | Number | Percent (%) |
|---------------------------------------|---------------|--------------------|
| Length of stayed in hospital | | |
| ≤ 7 days | 127 | 81.4 |
| >7 days | 29 | 18.6 |
| Previous admission | | |
| Yes | 41 | 26.3 |
| no | 115 | 73.7 |
| Frequency of previous hospitalization | | |
| No | 115 | 73.7 |
| ≤ 2 | 29 | 18.6 |
| >2 | 12 | 7.7 |

Total 156 patients were participated making a response rate of 100%. The age of study population ranged from 18 to 94 years with the mean (SD) age of 54 (15) years. Nearly 65% of study population was under 60 years. In gender distribution of study population, male was 54.5% and female were 45.5%. Among the 156-study population, most of the patients (64%) came from Yangon region, (14.7%) from Ayarwaddy, (14.1%) from Bago region. Few from Mon (3.2%), (1.9%) Magway, (1.3%) Mandalay and (0.6%) from Tanintharyi region.

Most of the patients came from east (38.6%) and south (25.7%) district of Yangon region. Patients from Tharcaeta township (14.9%) and Hlaingtharyar township (12%) were came to Yangon General Hospital more than other townships in Yangon in this study. Regarding occupation among 156 study population, (35.3%) of respondents were dependent and no income, (5.8%) had regular income occupation and (59%) had irregular income occupation. Among 156 study population, (2.6%) were illiterate, (67.3%) were up to middle school level and (30.1%) were high school graduated and above.

Among study population, (30%) had cerebrovascular disease, (18.6%) had heart disease and (13.5%) had chest disease. Among the respondents, (73.7%) had no history of hospitalization in Yangon General Hospital. The median of frequency of previous hospitalization was 2(2) times.

5.2 Patient's experiences on hospital services

Table (5. 2) patient experiences on hospital services (N=156)

| Variables | Number | Percent (%) |
|--|---------------|--------------------|
| Difficulties in transportation | | |
| Yes | 48 | 30.8 |
| No | 108 | 69.2 |
| Referral letter | | |
| present | 75 | 48.1 |
| Not | 81 | 51.9 |
| Information about OPD day and time | | |
| Yes | 28 | 17.9 |
| No | 128 | 82.1 |
| Information about OPD Queue system | | |
| Yes | 57 | 36.5 |
| No | 99 | 63.5 |
| Referral back to local specialist hospital after discharge | | |
| Yes | 26 | 16.7 |
| No | 130 | 83.3 |
| Knowledge of receiving continuity care in local hospital | | |
| Yes | 127 | 81.4 |
| No | 29 | 18.6 |
| Cost of care | | |
| Received drugs for treatment (n=156) | | |
| FOC | 8 | 5.1 |
| FOC and buying from pharmacy | 133 | 85.3 |
| Buying from pharmacy | 15 | 9.6 |
| Cost for laboratory investigation (n=156) | | |
| Yes | 88 | 56.4 |
| No | 68 | 43.6 |
| Cost for imaging(n=156) | | |
| Yes | 17 | 10.9 |
| No | 139 | 89.1 |

Table (5. 2) patient experiences on hospital services (N=156) (continued:)

| Variables | Number | Percent (%) |
|-----------------------------------|---------------|--------------------|
| Cost for blood transfusion (n=19) | | |
| Yes | 1 | 5.7 |
| No | 18 | 94.3 |
| Cost for accommodation (n=156) | | |
| Yes | 0 | 0 |
| No | 156 | 100 |
| Any cost for health care services | | |
| Yes | 4 | 2.6 |
| No | 152 | 97.4 |
| Type of service | | |
| Blood sugar check | 1 | 25 |
| Trolley transport cost | 3 | 75 |
| Patient attendants' accommodation | | |
| Hospital compound | 94 | 60.3 |
| Monastery | 6 | 3.8 |
| Relative house | 8 | 5.2 |
| Own house | 47 | 30.1 |
| Hostel | 1 | 0.6 |

Among the study population, (30.8%) had difficult transportation to Yangon General Hospital and (69.2%) had no difficult transportation to hospital. Among study population, (51.9%) had no referral letter and (48.1%) had referral letters. Among the respondents, (82.1%) did not know YGH OPD days and time and also (63.5%) did not know OPD Queue system. There were (83.3%) whom did not refer back to local specialist hospital after discharge but (81.4%) had knowledge about receiving continuity care in local hospital.

Regarding cost of care, only (5.1%) got free of charge for all the drugs needed for their treatment. Most of the respondents (85.3%) got free of charge as well as buying drugs from pharmacy for their treatment. Few respondents (9.6%) had bought all the drugs they used from pharmacy. More than half of respondents (56.4%) had cost for laboratory investigation. Some respondents (10.9%) had cost for imaging. Very few respondents (5.7%) had cost for blood transfusion. None of the respondents had cost for accommodation. Among the respondents, most of their attendants (60.3%) stayed in hospital compound days in and out during their patient stay in hospital.

Among respondents, few (2.6%) had paid for services charges for health care services. Among respondents who paid for health care services, (25%) paid for blood sugar examination and (75%) paid for transportation with trolley.

5.3 Satisfaction on health care services in medical wards

Satisfaction on basic amenities

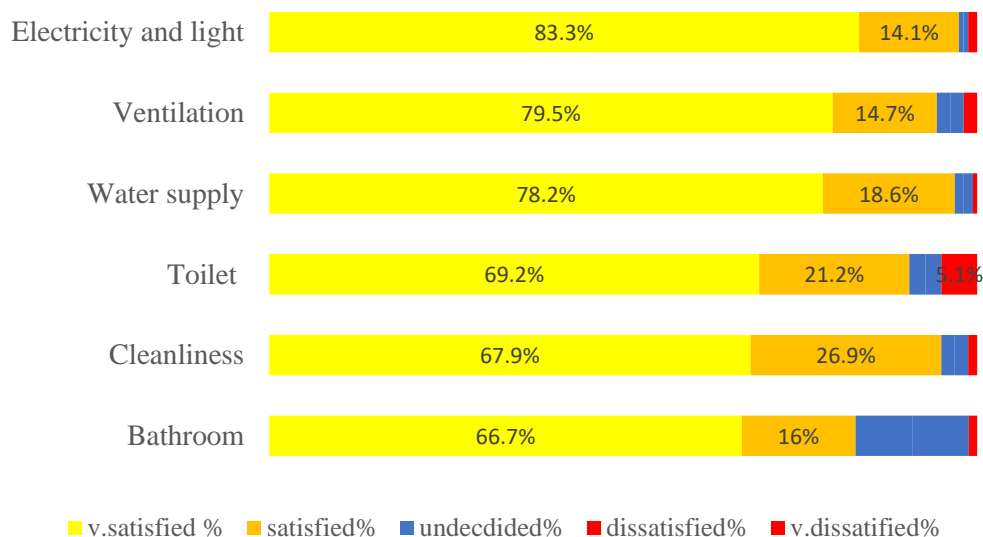


Figure (5.1) Distribution of respondents by satisfaction on basic amenities

Upon basic amenities dimension, (83.3%) were very satisfied on electricity and light, (66.7%) were very satisfied on bathroom. The portion that they dissatisfied most was toilet cleanliness (5.1%).

Satisfaction on doctor service

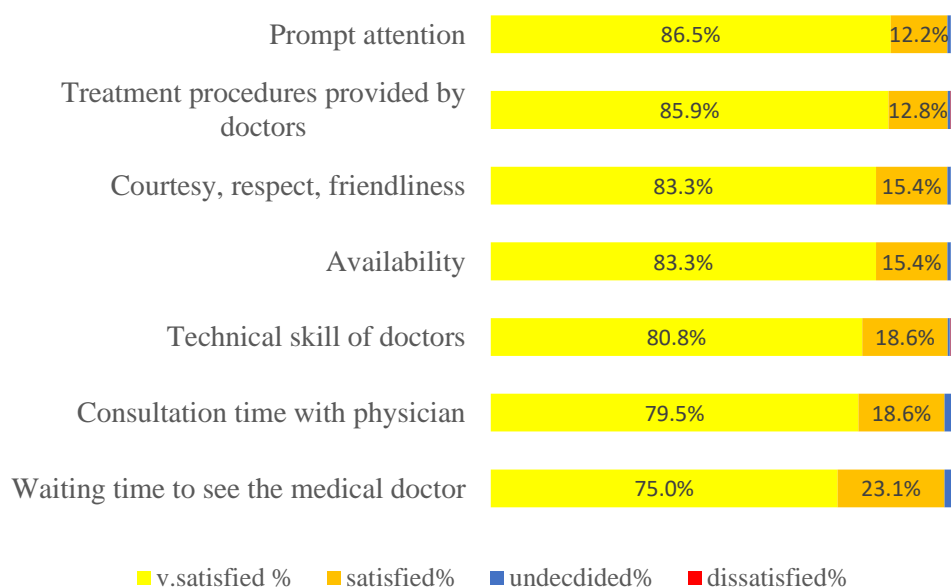


Figure (5.2) Distribution of respondents by satisfaction on doctor’s service

According to patient satisfaction on doctor services, they very satisfied most on prompt attention (86.5%), few dissatisfied on technical skill of doctors and treatment procedures provided by doctors (0.6%) respectively. Apart from this, there was no dissatisfied items.

Satisfaction on nurse service

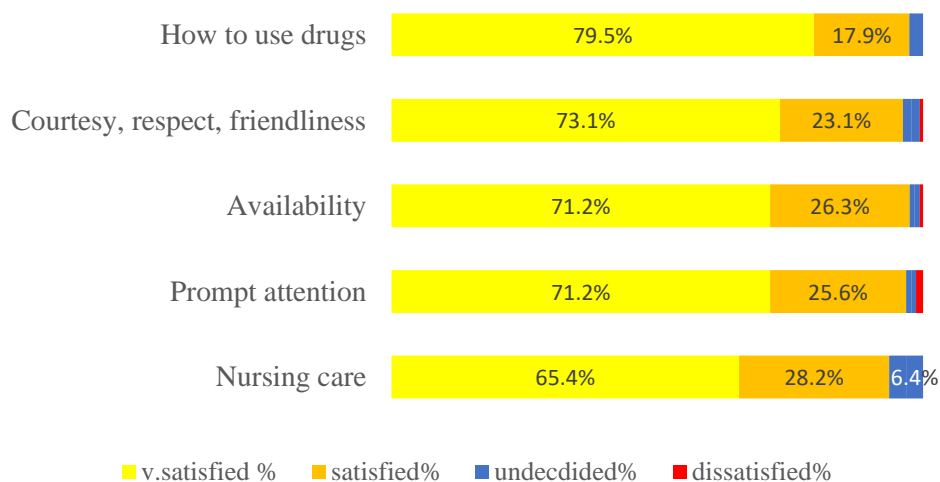


Figure (5.3) Distribution of respondents by satisfaction on nurse’s service

According to patient satisfaction on nurses’ services, the respondents were very satisfied on the items how to use drugs (79.5%), dissatisfied on prompt attention (1.3%) and undecided on nursing care (6.4%).

Satisfaction on waiting time

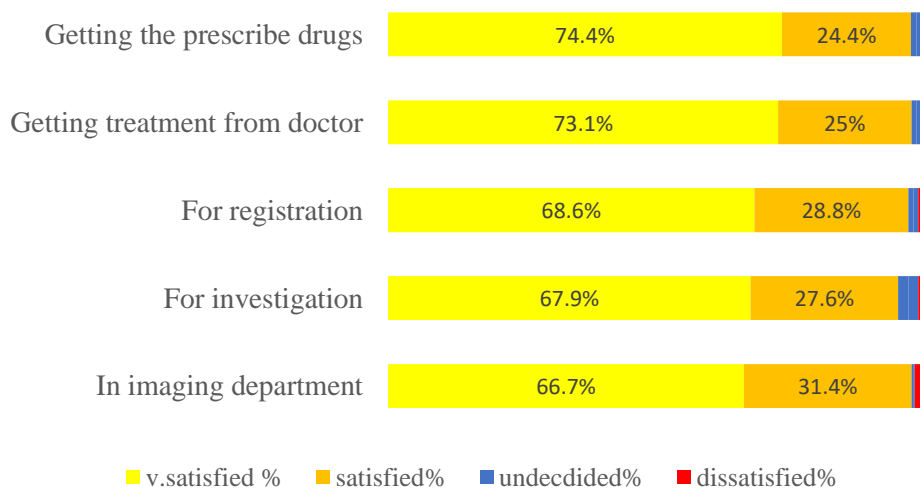


Figure (5.4) Distribution of respondents by satisfaction on waiting time

According to patient satisfaction on waiting time, very satisfied on getting the prescribe drugs (74.4%), dissatisfied on waiting time for registration (0.6%), for investigation (0.6%), and in imaging department (1.3%).

Satisfaction on convenience

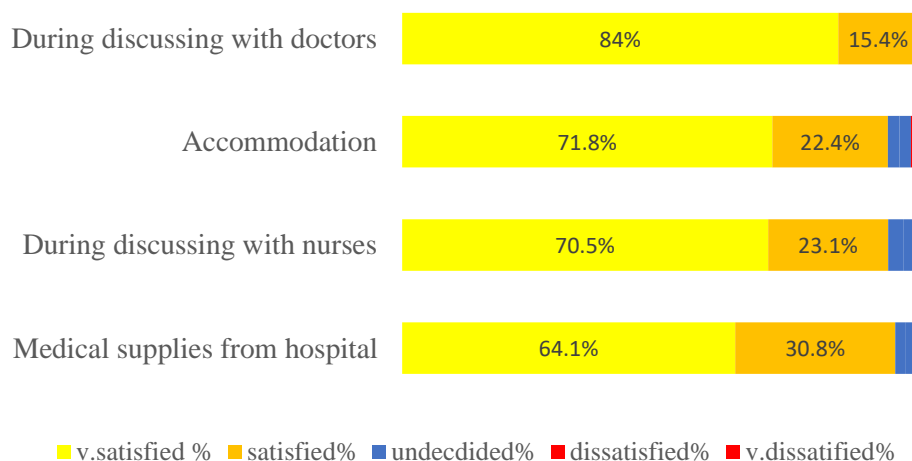


Figure (5.5) Distribution of respondents by satisfaction on convenience

According to patient satisfaction on convenience, very satisfied on convenience during discussion with doctors (84%) and very dissatisfied on medical supply from hospital (0.6%) and discussion with nurses (0.6%). they dissatisfied on accommodation (1.3%).

Satisfaction on dignity and confidentiality

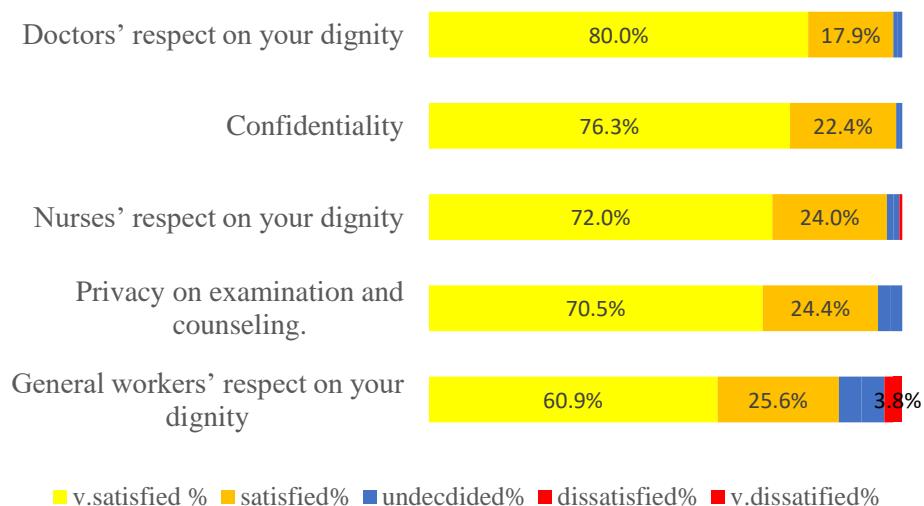


Figure (5.6) Distribution of respondents by satisfaction on dignity and confidentiality

According to patient satisfaction on dignity and confidentiality, they very satisfied on doctors' respect on your dignity (80%). They dissatisfied and very dissatisfied on general workers' respect on their dignity (3.8%).

Satisfaction on autonomy

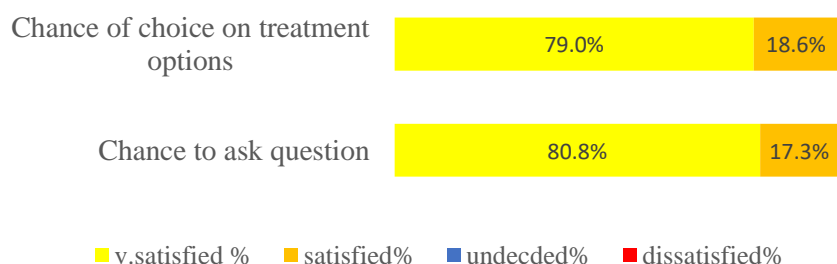


Figure (5.7) Distribution of respondents by satisfaction on autonomy

According to patient satisfaction on autonomy, (80%) were very satisfied on the item of chance to ask question about their disease (80.8%).

Satisfaction on information and explanation

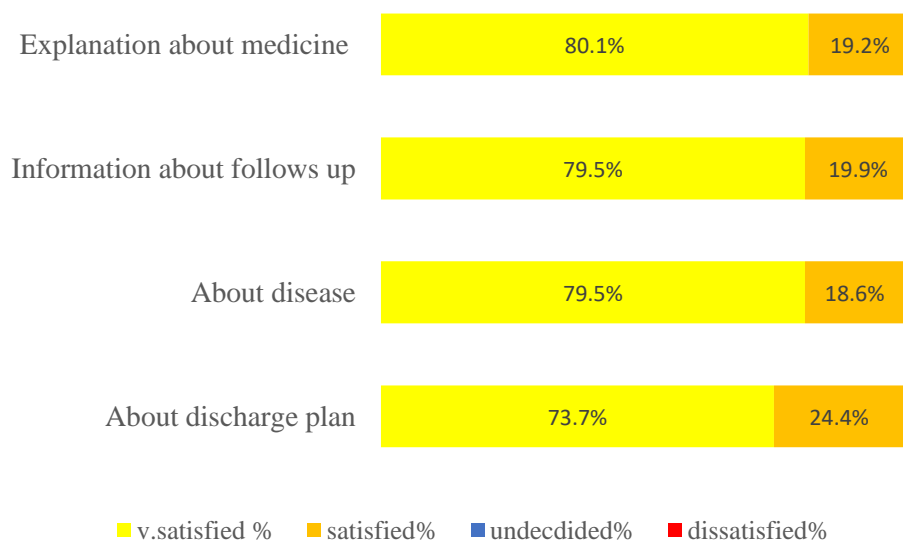


Figure (5.8) Distribution of respondents by satisfaction on information and explanation

According to patient satisfaction on information and explanation, (80.1%) were very satisfied on the items of explanation about medicine. they dissatisfied on explanation about disease and about discharge plan (0.6%) on both.

Satisfaction on financial expense

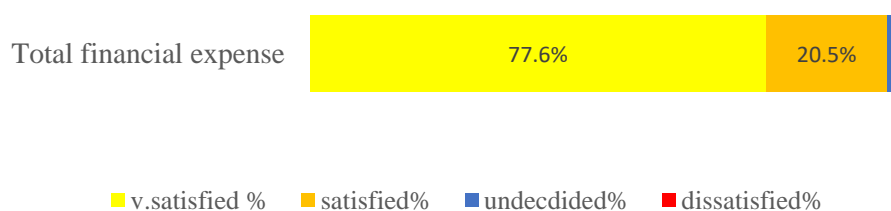


Figure (5.9) Distribution of respondents by satisfaction on financial expense

According to patient satisfaction on financial expense, (77.6%) were very satisfied on financial expense.

Table (5.3) distribution of respondent’s satisfaction level on different components of health services (N=156)

| Dimensions (factors) | Satisfied (%) | Dissatisfied (%) |
|-----------------------------|----------------------|-------------------------|
| Basic amenities | 92.9 | 7.1 |
| Dignity and confidentiality | 93.6 | 6.4 |
| Nurses services | 95.5 | 4.5 |
| convenience | 95.5 | 4.5 |
| Waiting time | 96.8 | 3.2 |
| Autonomy | 98.1 | 1.9 |
| Financial expense | 98.1 | 1.9 |
| Doctor services | 98.7 | 1.3 |
| Information and explanation | 98.7 | 1.3 |

In nine dimensions of patient satisfaction, doctor services (98.7%) and information and explanation dimensions were highest rating and basic amenities dimension was lowest rating. All the dimensions had good satisfactory rating above (90%). Few dissatisfied on the services provided by medical wards.

5.4 Total Satisfaction level on health care services in medical wards

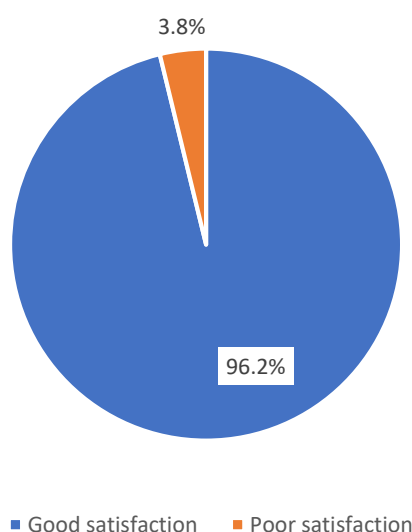


Figure (5.10) satisfaction level among respondents

Among respondents, mostly (96.2%) had good satisfaction on the health services provided by general medical wards and only (3.8%) had poor satisfaction on all dimensions. (95%CI = 93.1,99.2)

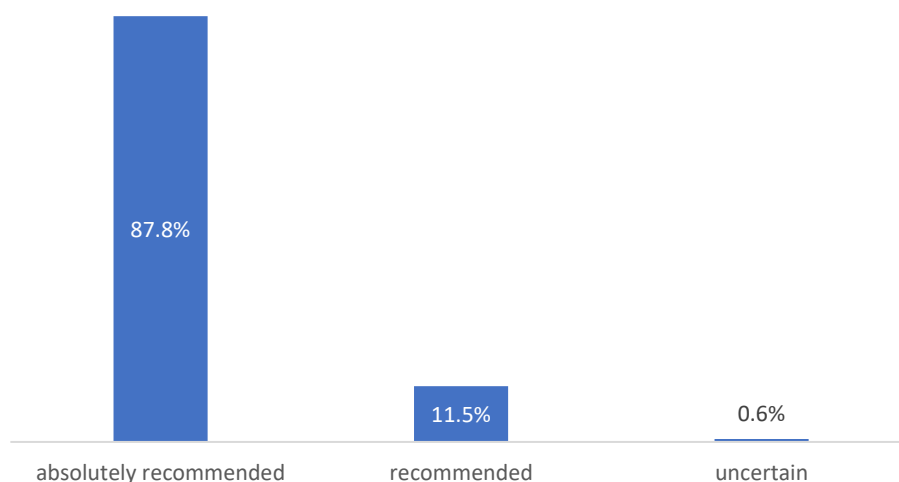


Figure (5.11) Distribution of respondents by recommendation for hospital

Among respondents, (87.8%) absolutely recommended the hospital and (11.5%) recommended the hospital.

Distribution of respondents by reasons for recommendation

Table (5.4) Distribution of respondents by reason for recommendation (n=155)

| Reasons for recommendation | Number | Percent (%) |
|--|---------------|--------------------|
| Convenience in all health service | 67 | 42.9 |
| Well- equipped hospital & got complete treatment | 46 | 29.5 |
| Minimum financial expense for health services | 19 | 12.2 |
| Doctors & nurses are good | 8 | 5.1 |
| Doctors are good | 6 | 3.8 |
| Improved all services compare with previous years | 4 | 2.6 |
| Confident in treatment services | 3 | 1.9 |
| Save their lives many times in emergency condition | 2 | 1.3 |
| Total | 155 | 100 |

Among the respondents,(42.9%) said that all health services provided by hospital were convenience for them, (29.5%) said that it was well equipped hospital and they got complete treatment,(12.2%) said that the financial expense for health services was minimal,(5.1%) were recommended for good doctors & nurses, (3.8%) were recommended only for good doctors,(2.6%) said all hospital services were improved compare with previous years,(1.9%) were confident in treatment services and (1.3%) said that the hospital saved their lives many times in emergency condition.

Table (5.5) Distribution of respondents by the services that they dissatisfied during hospitalization (n=156)

| Dissatisfied service | Number | Percent (%) |
|---|---------------|--------------------|
| No | 134 | 85.9 |
| Rude behaviour of manual workers | 4 | 2.6 |
| Investigation cost in private lab | 3 | 1.9 |
| No rest house for patient caregiver | 2 | 1.3 |
| 24 hours lab has one entrance for sample taking and result giving | 1 | 0.6 |
| Toilet cleanliness | 1 | 0.6 |
| Electric plug is not functioning for infusion pump | 1 | 0.6 |
| Give wrong name for lab result | 1 | 0.6 |
| Corridor cleanliness | 1 | 0.6 |
| Full Waste container in toilet & bathroom | 1 | 0.6 |
| No upkeep of patient bed after dead with disinfectant | 1 | 0.6 |
| Fluorescent lamp is not working | 1 | 0.6 |
| Workers order attendant to sweep the ward | 1 | 0.6 |
| Rude behaviour of ward reception nurse | 1 | 0.6 |
| Noise from attendants disturb patient sleep in night | 1 | 0.6 |
| Environmental sanitation rats, dogs, bad smell | 1 | 0.6 |
| Water leakage from ceiling during raining | 1 | 0.6 |
| Total | 156 | 100 |

Among respondents, (85.9%) said that they had no dissatisfied services in hospital. Some respondents (14.1%) said about the dissatisfied services such as the rude behaviour of some manual workers in medical wards (2.6%) , the investigation cost in private laboratory for the test that could not done in hospital (1.9%),there was no rest house /shelter for patient care giver in hospital compare with their local hospitals (1.3%),YGH 24 hour laboratory has one entrance for sample taking and result giving (0.6%), wrong name for laboratory result (0.6%),toilet cleanliness (0.6%),corridor

cleanliness where their bed situated (0.6%),full waste containers in toilet and bathroom(0.6%),the manual workers ordered the caregiver to sweep the room(0.6%),electric plugs were not working for infusion pump(0.6%),fluorescent lamps were not working (0.6%),the rude behaviour of nurse (0.6%),noise from caregivers disturb other patients' sleep during night (0.6%),environmental sanitation, dogs, rats and bad smell (0.6%),water leakage from ceiling during raining(0.6%) and not being upkeep of patient bed with disinfectant after dead .

5.5 Association between socio-demographic characteristics and satisfaction level of respondents

Table (5.6) Association between socio-demographic characteristics and satisfaction level of respondents

| Socio-demographic characteristics | Satisfaction Level | | * <i>P</i> value |
|-----------------------------------|--------------------|---------------|------------------|
| | Good n (%) | Poor n (%) | |
| Age | | | 0.666 |
| ≤60years | 98(97) | 3(3) | |
| >60years | 52(94.5) | 3(5.5) | |
| Sex | | | 1.000 |
| Male | 82(96.5) | 3(3.5) | |
| female | 68(95.8) | 3(4.2) | |
| Address | | | 0.421 |
| Yangon region | 95(95) | 5(5) | |
| Other region | 55(98.2) | 1(1.8) | |
| Occupation | | | 0.021 |
| Dependent | 50(90.9) | 5(9.1) | |
| Working people | 100(99) | 1(1.0) | |
| Personal income | | | 0.021 |
| Yes | 100(99) | 1(1) | |
| no | 50(90.9) | 5(9.1) | |
| Family income | | | 0.665 |
| ≤ 150,000 | 52(98.1) | 1(1.9) | |
| >150,000 | 98(95.1) | 5(4.9) | |
| Education | | | 1.000 |
| Illiteracy | 4(100) | 0(0) | |
| educated | 146(96.1) | 6(3.9) | |

Table (5.6) Association between socio-demographic characteristics and satisfaction level of respondents (continued:)

| Socio-demographic characteristics | Satisfaction Level | | <i>*P</i> value |
|-----------------------------------|--------------------|---------------|-----------------|
| | Good n (%) | Poor n (%) | |
| Marital status | | | 0.328 |
| Single | 24(92.3) | 2(7.7) | |
| Married | 94(97.9) | 2(2.1) | |
| others | 32(94.1) | 2(5.9) | |
| Ward | | | 0.681 |
| Medical unit4 | 74(94.9) | 4(5.1) | |
| Tropical medicine | 76(97.4) | 2(2.6) | |
| Length of stay in hospital | | | 0.594 |
| ≤7days | 121(95.3) | 6(4.7) | |
| >7days | 29(100) | 0(0) | |
| Previous admission | | | 0.186 |
| Yes | 38(92.7) | 3(7.3) | |
| No | 112(97.4) | 3(2.6) | |
| Frequency of hospitalization | | | 1.000 |
| < 2 | 27(93.1) | 2(6.9) | |
| ≥ 2 | 11(91.7) | 1(8.3) | |

*Fisher exact test

There was significant association between occupation and patient satisfaction.

Almost all patients (99%) of patient who had occupation were more satisfied than the patient who were dependents.

There was significant association between personal income and patient satisfaction.

Almost all patients (99%) of patient who had personal income were more satisfied than the patient who did not have.

Table (5.7) Association between patient’s experiences on health care services and satisfaction level of respondents

| patient’s experiences on health care services | satisfaction level | | * <i>P</i> value |
|---|--------------------|---------------|------------------|
| | Good n (%) | Poor n (%) | |
| Accessibility | | | 1.000 |
| Difficulty in transportation | | | |
| Yes | 46(95.8%) | 2(4.2%) | |
| No | 104(96.3%) | 4(3.7%) | |
| Referral letter | | | 0.029 |
| Yes | 75(100%) | 0(0%) | |
| No | 75(92.6%) | 6(7.4%) | |
| Information about OPD days& time | | | 0.293 |
| Yes | | | |
| No | 26(92.9%) | 2(7.1%) | |
| | 124(96.9%) | 4(3.1%) | |
| Information about queue system | | | 0.669 |
| Yes | 54(94.7%) | 3(5.3%) | |
| No | 96(97%) | 3(3.0%) | |
| Refer to local hospital after discharge | | | 0.262 |
| Yes | 24(92.3%) | 2(7.7%) | |
| No | 126(96.9%) | 4(3.1%) | |
| Knowledge about continuity care in local hospital | | | 0.594 |
| Yes | 121(95.3%) | 6(4.7%) | |
| No | 29(100%) | 0(0%) | |
| Medicine cost | | | 1.000 |
| FOC | 8(100%) | 0(0%) | |
| FOC& buying | 127(95.5%) | 6(4.5%) | |
| Buying | 15(100%) | 0(0%) | |
| Laboratory cost | | | 0.697 |
| Yes | 84(95.5%) | 4(4.5%) | |
| No | 66(97.1%) | 2(2.9%) | |
| Imaging cost | | | 1.000 |
| Yes | 17(100%) | 0(0%) | |
| No | 133(95.7%) | 6(4.3%) | |

Table (5.7) Association between patient’s experiences on health care services and satisfaction level of respondents (continued:)

| Patient’s experiences on health care services | satisfaction level | | <i>*P</i> value |
|---|--------------------|---------------|-----------------|
| | Good n (%) | Poor n (%) | |
| Blood transfusion cost | | | 1.000 |
| No blood transfusion | 131(95.6%) | 6(4.4%) | |
| Cost for blood transfusion | 1(100%) | 0(0%) | |
| No cost for blood transfusion | 18(100%) | 0(0%) | |
| Other cause for health services | | | 1.000 |
| Yes | 4(100%) | 146(96.1%) | |
| No | 0(0%) | 6(3.9%) | |
| Caregivers | | | 0.682 |
| live in hospital compound | 91(96.8%) | 3(3.2%) | |
| others | 59(95.2%) | 3(4.8%) | |

*Fisher exact test

There was significant association between referral letter and patient satisfaction. All (100%) of respondents who had referral from local health facilities were more satisfied than who had not.

5.7 Correlation between patient satisfaction and services dimensions

Table (5.8) The result of correlation between total satisfaction and dimensions of satisfaction

| Dimension of patient satisfaction | Basic amenities | Doctor service | Nurse service | Waiting time | convenience | Dignity confidentiality | Autonomy | Explain Information | Financial expense |
|-----------------------------------|-----------------|----------------|---------------|--------------|-------------|-------------------------|----------|---------------------|-------------------|
| Total satisfies | | | | | | | | | |
| <i>r</i> | 0.828 | 0.824 | 0.859 | 0.734 | 0.851 | 0.826 | 0.755 | 0.779 | 0.552 |
| <i>P</i> | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 |
| Basic amenities | | | | | | | | | |
| <i>r</i> | 1 | 0.614 | 0.632 | 0.534 | 0.67 | 0.667 | 0.553 | 0.526 | 0.403 |
| <i>P</i> | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 |
| Doctor service | | | | | | | | | |
| <i>r</i> | 0.614 | 1 | 0.675 | 0.556 | 0.668 | 0.602 | 0.567 | 0.610 | 0.419 |
| <i>P</i> | 0.001 | | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 |
| Nurse service | | | | | | | | | |
| <i>r</i> | 0.632 | 0.675 | 1 | 0.605 | 0.704 | 0.666 | 0.646 | 0.611 | 0.454 |
| <i>p</i> | 0.001 | 0.001 | | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 |
| Waiting time | | | | | | | | | |
| <i>r</i> | 0.534 | 0.556 | 0.605 | 1 | 0.581 | 0.471 | 0.464 | 0.495 | 0.350 |
| <i>p</i> | 0.001 | 0.001 | 0.001 | | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 |

| | | | | | | | | | |
|----------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Convenience | | | | | | | | | |
| <i>r</i> | 0.670 | 0.668 | 0.704 | 0.581 | 1 | 0.675 | 0.554 | 0.635 | 0.559 |
| <i>p</i> | 0.001 | 0.001 | 0.001 | 0.001 | | 0.001 | 0.001 | 0.001 | 0.001 |
| Dignity confidentiality | | | | | | | | | |
| <i>r</i> | 0.667 | 0.602 | 0.666 | 0.471 | 0.675 | 1 | 0.614 | 0.615 | 0.458 |
| <i>P</i> | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | | 0.001 | 0.001 | 0.001 |
| Autonomy | | | | | | | | | |
| <i>r</i> | 0.553 | 0.567 | 0.645 | 0.464 | 0.544 | 0.614 | 1 | 0.825 | 0.330 |
| <i>P</i> | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | | 0.001 | 0.001 |
| Explain Information | | | | | | | | | |
| <i>r</i> | 0.526 | 0.61 | 0.611 | 0.495 | 0.635 | 0.615 | 0.825 | 1 | 0.397 |
| <i>p</i> | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | | 0.001 |
| Financial Expense | | | | | | | | | |
| <i>r</i> | 0.403 | 0.419 | 0.454 | 0.35 | 0.559 | 0.458 | 0.330 | 0.397 | 1 |
| <i>p</i> | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | |

r = Pearson's correlation

All of the dimensions were statistically significantly correlated with total satisfaction ($p=0.001$)

There was strong correlation between patient satisfaction and dimensions such as nurse service ($r = 0.859$), convenience ($r = 0.851$), basic amenities ($r = 0.828$), dignity and confidentially ($r = 0.826$), doctor service ($r = 0.825$).

There was moderate correlation between patient satisfaction and information and explanation ($r = 0.779$), autonomy ($r = 0.755$), waiting time ($r = 0.734$), and health financial expense ($r = 0.552$).

There was weak correlation between waiting time and financial expense ($r = 0.350$).

There was strong correlation between autonomy and explain information ($r = 0.825$) and also weak correlation between autonomy and financial expense ($r = 0.330$).

There was weak correlation between explain information and financial expense ($r = 0.397$).

Financial expense was weakly correlated with other factors such as waiting time ($r = 0.350$) and moderately correlated with basic amenities ($r = 0.403$), doctor service ($r = 0.413$), nurse service ($r = 0.454$), dignity and confidentiality ($r = 0.458$).

CHAPTERER (6)

DISCUSSION

In this study, almost all the respondents got high level of satisfaction on overall satisfaction. Explain information and doctors' services were most satisfied dimensions. The least satisfied dimension was basic amenities. The satisfaction level on all dimensions were not very much different. It was found that there was association between occupation, personal income and patient satisfaction. The patient who had occupation and personal income were more satisfied on health care services than those who were dependent and had no personal income. The study also found that the association between referral letter and patient satisfaction. The patients who referred from local health facilities with referral letters were more satisfied on health services than who did not have. There was strong correlation between patient satisfaction and basic amenities, doctor service, nurse service, convenience, dignity and confidentiality. There was moderate correlation between patient satisfaction and waiting time, autonomy, information and explanation and health financial expense. There was strong correlation between autonomy and explain information.

In Yangon general Hospital (YGH) medical unit 4 and tropical and infectious diseases department have been established on 2015 and 2017 respectively. According to hospital statistics of two wards during the year 2016 to 2019, the utilization and workload of the wards were high but not overloaded across the year because bed occupancy rate was increase to 80 percent but not reach or over 100 percent.

According to permanent address, most of the respondents came from Yangon region and some came from other regions. Among the patients from Yangon region most of the patients came from east and south district of Yangon region. Although Yangon General Hospital was situated in west Yangon district, patients in west district especially in downtown catchment area were less visited to YGH than other districts. In east district, the township that mostly drained to YGH medical wards was Tharkaeta township. It might be due to easily accessible in transportation and under developed gatekeeping management in primary and secondary hospitals of east district. In south district, which was second most drained to YGH include nine townships in which Thanlyin, Kutmu and Dala townships were mostly drained. In north district,

Halingtharyar was the most visited township to YGH medical wards. The most visited townships to YGH medical wards were Tharkaeta and Hlaingtharyar during study period. As tertiary teaching hospital, YGH had accepted all specialist cases refer from whole country. But the cases that could handle by secondary hospitals of local area directly admitted to YGH and had burdened on healthcare workforce, disturbed quality of care and patient safety. Instead of using primary and secondary hospitals, they used tertiary care hospital which was fully equipped, had well trained health providers and no more referral so their satisfaction was high.

6.1 Satisfaction on health care services in general medical unit 4 and tropical and infectious diseases department

The study found that total patient satisfaction on health care services provided by general medical wards of YGH was very high. This finding was much higher compared with the previous studies conducted in YGH , other hospitals in Myanmar and in other countries (Tin-Tin-Khine, 2016) (Zaw-Linn, 2017). Patient satisfaction rate was obviously increase on the services provided by YGH in 2019 compared with 2016. The result of the study was also higher than the studies conducted in tertiary specialized hospitals of other countries in which the overall patient satisfaction rate as (10.4%) in Sri Lanka 2017, (63.2%) in Bangladesh 2018, (61.9%) in Southwest Ethiopia 2015, (73%) in India 2015, (76%) in China 2016 (Adhikary et al., 2018)(GGC and R, 2017)(Eyasu et al., 2016)(Woldeyohanes, Woldehaimanot and Kerie, 2015)(Shan et al., 2016)(Sharma, 2015). It might be due to the cut -off point of satisfaction in analysis of studies, study area, study population, the change in health sector to increase investment of government budget on health and patient perception on hospital services in country. But studies showed that poverty and illiteracy are associated with higher level of satisfaction with free of cost healthcare facilities.

6.1.1 Satisfaction on basic amenities

Most of the respondents satisfied on basic amenities of hospital and a few respondents dissatisfied the services. The portion that they dissatisfied most was toilet cleanliness. The degree of patient satisfaction was high compared with previous study of YGH 2016, in which basic amenities dimension was least satisfied dimension and most dissatisfied on toilet cleanliness which were similar to this study. The magnitude of dissatisfaction on toilet cleanliness was reduced in this study. This might be due to the improvement of administrative management especially engineering department of hospital. In current study, few dissatisfied on water supply and toilet cleanliness that

was low compared to previous study. It was due to the arrangement to get 24 hours running water by filling the 50,000 gallons water tank throughout the day and that indicated the improvement of administrative management as well as hospital infection control. Although the study wards were situated in ground floor, corridor and the wards were seemed to be poorly ventilated and suffocated, the hospital administrators support the facilities of fluorescent lamps in day time and wall mounted fans of the wards so the satisfaction on ventilation and light were high.

In Ethiopia study, half of the patients were also satisfied with the cleanliness of the bed and some dissatisfaction upon the cleanliness of the bathroom, the cleanliness of the latrines and water supply which were higher than current study. The quality of basic amenities had the greatest effect on patient satisfaction, which is consistent with previous studies. A hospital's physical environment was one of the most important factors influencing patient satisfaction and regarded as visible aspect of patient services. When the patient first encountered with hospital, they decided their satisfaction on good environment of hospital rather than medical services (Kashkoli, 2014).

6.1.2 Satisfaction on doctor services

Doctor service was the most satisfied dimension in this study which was high compared to local study of Zaw-Lin 2017 and Tin-Tin-Khing 2016 in which (75%) and (89.7%) satisfied on doctor services respectively. In this study, satisfaction on doctor services was higher than the study in Ethiopia (Woldeyohanes, Woldehaimanot and Kerie, 2015). This might be due to the well trained, good experienced doctors in YGH. People in Myanmar regarded the doctors in YGH as most expertise doctors in country and the patients who could not afford for private hospital and foreign health cost were depend on YGH doctors' service. Another reason was that patient expectation was not too much high for doctor services in Myanmar.

In this study, a few patients dissatisfied on the technical skill of doctors, courtesy, respect, friendliness, consultation time with physician. The results were low compared to Ethiopia study in which dissatisfaction was on technical and communication skill of physician. The difference might be due to education status of the patients, their perception on doctor service, their expectation level and the benefit of health outcome (Woldeyohanes, Woldehaimanot and Kerie, 2015).

6.1.3 Satisfaction on nurse service

The study showed that most of the respondents satisfied on nurse services and few dissatisfied. The portion that they dissatisfied most was prompt attention, courtesy

respect and friendliness. Some were not decided about nursing care and they said they got more care from doctors than nurses and it might be due to the presence of house-surgeons in teaching hospital. The result of the study was higher than previous country studies of YGH and Waibargi hospital in which two third of respondents were satisfied on nursing care (Tin-Tin-Khine, 2016) (Zaw-Linn, 2017).

The result of the study was higher than the study of Sri Lanka teaching hospital Karapitiya, 2017, Ethiopian Referral Hospital, Northeast 2016 in which half of patients were very satisfied and half of patients were not satisfied with the quality of care provided by nurses (GGC and R, 2017) (Eyasu et al., 2016).

The difference might be due to the fact that the patients did not expect much about nursing care and improvement of nurses' behaviour in communication compared with their experience in past. It was good indicator for the health services as nursing care was one of the major components of healthcare services. Nursing staff were the most numerous professional groups and had the greatest contact with patients in comparison with physicians and other healthcare profession. Therefore, nursing care as well as courtesy, respect and friendliness were important for patient satisfaction.

6.1.4 Satisfaction on waiting time

The study revealed that most of the respondents satisfied and few dissatisfied on waiting time for registration, treatment, getting prescribed drugs, investigation and imaging. The results were higher than Myanmar studies (Tin-Tin-Khine, 2016)(Zaw-Linn, 2017)(Khin-Theingi-Myint, 2016),Ethiopia study (Gebremedhn and Lemma, 2017)(Woldeyohanes, Woldehaimanot and Kerie, 2015) and the study of Teaching Hospital Karapitiya Sri Lanka (GGC and R, 2017).This study results were discrepancy with study of Iran which revealed that public hospitals were known for having high levels of customer dissatisfaction, long waiting periods, poor and unclear communication and poor quality of services (Yaghoubi, 2011).

The difference might be due to the free of cost system of health services in Myanmar. Waiting time in YGH was prolong because of the higher utilization rate of hospital from 2016 to 2019. Although they spent a lot of time in out -patient department apart from emergency condition, most of the patient tolerated the condition and perceived positively. It also might be the presence of the triage system provided by emergency department of Yangon General Hospital which differentiate the patient condition and treated as priority. Most of the patients admitted to hospital were entry from emergency.

6.1.5 Satisfaction on convenience

The study found that most were satisfied on convenience dimension. Most of the patients were convenient on health services but a few were dissatisfied on discussion with nurses and on accommodation. The result of the study was higher compared with Myanmar studies (Tin-Tin-Khine, 2016) and Sri Lanka teaching hospital Karapitiya, 2017 (25%) and Ethiopia (54.7%) (GGC and R, 2017)(Woldeyohanes, Woldehaimanot and Kerie, 2015) .

This could be explained that most of the patients who utilized YGH were from low social economic status and the services provided by medical wards met their needs. They got free of costs for all services medicine, laboratory, imaging, accommodation, doctors and nurses services. In addition, there was medico social department in YGH which engaged and facilitated the social as well as financial difficulties on medical treatment of poor patients with donors. There were also receptionists' services who were trained for guiding of patient to right location, explained and answered the question of patients politely. Although the hospital did not arrange hospital diet system, it had individual and group donation of diet for patients and their caregivers daily.

6.1.6 Satisfaction on dignity and confidentiality

The study showed that most of the patient satisfied on dignity and confidentiality. This was the second least satisfied dimension in this study. The portion that they dissatisfied was the general workers' respect on their dignity, nurses' respect on their dignity, doctors' respect on their dignity. The result of the study was higher compared with Myanmar studies (Tin-Tin-Khine, 2016)(Zaw-Linn, 2017)(Khin-Theingi-Myint, 2016) and Bangladesh study in which privacy of the patients was not always adequately maintained, especially for females. Only half of the patient satisfied with privacy maintenance during consultation for maternal and/or family planning services (Adhikary et al., 2018).

It might be due to impolite manners of general workers in hospital and needed to train them how to communicate the patients and care givers to follow hospital discipline politely. It was also important to train the doctors and nurses to get the awareness to communicate patients with mutual respect. A few patients responded 'undecided/don't know' about the respect on their dignity and did not realized that they had the right to be respected by doctors and nurses. On the question of privacy on examination few were un decided as the lack of knowledge about this.

6.1.7 Satisfaction on autonomy

The study found that most of the patient satisfied on autonomy dimension. Most of the patients were had chance to ask question about their disease and get chance to choose on treatment options. The results were higher compared with Myanmar studies (Tin-Tin-Khine, 2016)(Zaw-Linn, 2017)(Khin-Theingi-Myint, 2016).

It might be due to the nature of medical ward in which the patient did not considered and decided much on treatment option as compared to surgical nature. It could be their belief on doctors and they regarded as the doctors know everything about their diseases and rely on their doctors' choice.

6.1.8 Satisfaction on information and explanation

Satisfaction on information and explanation was highest satisfied portion as doctor service in this study. Majority of the patients satisfied on information and explanation they had got. They satisfied the information about disease, discharge plan, follow up and usage of medicine. This results were higher compared with Myanmar studies of YGH, Waibargi and YCH (Tin-Tin-Khine, 2016)(Zaw-Linn, 2017)(Khin-Theingi-Myint, 2016). It was also higher than the study of a university referral and teaching hospital, Ethiopia 2014 in which low satisfaction on information about the side effect of medication and information about the importance of investigations (Gebremedhn and Lemma, 2017).

The discrepancy of the study with Pakistan study in which doctors' share limited information which was understandable for the uneducated patient. Neither the doctors tell what was diagnosed nor do the patients enquire (Jalil et al., 2017).The information provided by the doctor and nurses regarding the disease ,treatment options, possible outcome of disease and continuity care after discharge were important factors of patient satisfaction and giving adequate information create confidence from patients.

6.1.9 Satisfaction on financial expense

The study found that almost all the patient satisfied on financial expense. The study result was higher in comparison with previous Myanmar studies (Zaw-Linn, 2017)(Tin-Tin-Khine, 2016)(Khin-Theingi-Myint, 2016). The study result was also higher than Ethiopia in which low satisfaction on the fairness of medication and investigation costs and in the study of Sri Lanka teaching hospital Karapitiya, 2017, also reduced.

The result might be due to free of cost health system in public hospitals of Myanmar. All the people who took care in public hospitals got free of cost for all health

services. Myanmar provides the whole population with free care for all emergency, maternal, and childhood illnesses since 2012 in all public hospitals. A free medicines policy was also introduced at the same time.

In practically, patients admitted to YGH got free of cost for all health services but half of the respondents in this study spent laboratory cost as out of pocket expenditure. As free medicine policy, the patients got free of cost for listed drugs that the ministry and hospital committee described according to guideline. In this study, few patients got free of cost for all medicines they used and most of the patient got medicines by buying as well as free of cost. They spent out of pocket for some or all kinds of drugs that were not available in hospital and might be due to shortage of drugs, on the other way imbalance between received and usage. Nevertheless, the health cost in public hospital was reduced compared with studies from previous years in Myanmar and private hospital cost for that reason patient satisfied on this dimension. Patient expected to buy most of the drugs when they came to hospital but they got some drugs in free of cost so their satisfaction was high.

6.1.10 Recommendation for hospital and reasons for recommendation

The study found that almost all the patients recommended the hospital on five and four rating.

YGH was the biggest and oldest tertiary public hospital in Myanmar and people from the whole country believe, trust and depend on hospital health services. Most of the patients recommended the hospital for being convenience in all health service and as well- equipped hospital and they had got complete treatment without further referral. Some patients recommended for minimum financial expense for health services; the doctors and nurses of hospital were good; the hospital services were improved in compare with previous years; the hospital services were improved in compare with previous years; being confident and trust in hospital treatment services; saving their lives many times in emergency conditions.

6.1.11 The services that they dissatisfied during hospitalization

The study found that some respondents had dissatisfied upon some health services. Regarding laboratory services, 24 hour laboratory in emergency department has one entrance for sample taking and result giving processes .The sample receiving process took more time than result giving process and the caregiver who wanted to get results wait more time and it could be errors about wrong name if the care giver would not rechecked the result or if he would be illiterate. They suggested to be assigned two

persons for two processes with each entrance. There might be difficulties in distribution of health workforce in laboratory department which has separate functions of routine lab and 24- hour lab in separate areas. A few complained about the wrong name result. Some dissatisfied about the investigation cost in private lab for the tests.

Some dissatisfied about the rude behaviour of general workers and nurses who had bad attitude according to their backgrounds. Patient suggested to improve their communication skills and liked to behave them not in rude manners. Although doctors and nurses provide the services effectively, some general workers and nurses behaviour can disturb patient satisfaction and decline hospital image.

Few dissatisfied about the rest place or shelter for caregivers and they slept on platform during their patient stayed in hospital. They suggested for caregiver shelter like other local hospitals and lodge able them with hospital discipline. Among the respondents, most of their attendants more than half were stayed in hospital compound days in and out during their patients stay in hospital. Patient caregivers were needed to provide various aspect of patient care according to patient condition. Although the discipline of hospital permitted maximal two caregivers for one patient in wards, most of the patients and hospital workers did not follow. Originally the main building of YGH had been designed for 300 bedded since 1905, had extended with new buildings and upgraded to 2000 bedded hospital. The space for the patients were not wide enough ideally and inadequate in sewage disposal. As the caregivers stayed days in and out within hospital compound, the burden of sanitation, noise and security were more increase as usual. These were the main challenges for hospital administrators in YGH.

The dissatisfactions might be due to weakness in maintenance system of building as the building was not intended for 2000 bedded originally, weakness in supervision of responsible person in infection control, weakness in punishment system and interpersonal communication skill.

6.2 Association between socio-demographic characteristics and satisfaction level of respondents

There was no significant association between age, sex, education and marital status in this study. Some previous studies have found that female patients were more likely to report satisfaction compared with male patients. In some studies, low educated person were more likely to express satisfaction than highly educated (Tin-Tin-Khine, 2016)(Zaw-Linn, 2017)(Khin-Theingi-Myint, 2016).

There was significant association between patient satisfaction and occupation and personal income. The patients who had occupation and had personal income were more satisfied than who were dependent and had no personal income.

The study results could be explained by the patients had less amount of financial expense on all health services they received than the private hospitals in Myanmar. The person who had occupation were had more knowledge and noticed about low input with high outcome in using utilization of tertiary hospital. Although they had personal income, it was not enough to cover the cost in private hospital. It might also be due to that they received the complete treatment without further referral and the accommodation of the hospital could accept for them.

6.3 Association between patient's experiences on health care services and satisfaction level of respondents

There was no association between patient experience of accessibility, information about health services, financial expense and patient satisfaction. There was association between referral letter and patient satisfaction. The patient who had referred from local health facilities with referral letter to YGH were more satisfied on health services than who did not have.

It might be the present of the confidence to communicate higher level hospital and knowing about the cause of referral and prepare for their disease. The patients who had been referred from local hospitals had experiences about local health care services. They compared their experiences with the health care services from YGH which were more convenient in all aspects. Therefore, their satisfaction on health services of YGH were high. Among study population, more than half of patients had no referral letter from local health services to YGH in emergency as well as elective conditions. It may be due to not following the previous good discipline of the health system, underdevelopment of the gatekeepers' management of the referral system at the primary-level hospital, the allocation and management of bed resources at the higher-level hospital (secondary hospital), coordination of hospitals at the different levels especially Yangon region. These were the facts to solve the problem of overcrowded patients and overloaded health care workforces of the hospital. Therefore, development of referral system was needed for patient satisfaction.

6.4 Correlation between total satisfaction and dimensions of satisfaction

All dimensions such as basic amenities, doctor service, nurse service, waiting time, convenience, dignity and confidentiality, autonomy, information and explanation and financial expense were significantly correlated with patient satisfaction.

There was strong correlation between patient satisfaction and dimensions such as basic amenities, doctor service, nurse service, convenience, dignity and confidentiality.

The study results were consistent with Bangladesh studies, in which patient satisfaction and nursing care were significantly correlated (Ahmed, Tarique and Arif, 2017).

In Iran study, the quality of basic amenities and respect for human dignity were the most powerful factors influencing overall patient satisfaction. The findings of other Iran studies, which have shown that respecting the privacy and dignity of patients is positively correlated with satisfaction of health services. Respecting the dignity and privacy of patients is thought to improve one's sense of peace and security. Lin et al. (2011) found a positive correlation between confidentiality and patient satisfaction. In Iran study, clear doctor-patient communication led to a more pleasant clinical experience and contributed to accurate diagnoses and treatment compliance and it is important in information and explanation (Kashkoli, 2014).

The relationship of patients with their doctors and nurses is the most important factor affecting patient satisfaction with the health care system (Pai, Y. P. and Chary, 2016). Respect of patient dignity had a positive impact on patient satisfaction. This is similar to the findings of other studies, which have shown that respecting the privacy and dignity of patients is positively correlated with satisfaction of health services (Kashkoli, 2014).

There was moderate association between patient satisfaction and waiting time, autonomy, information and explanation and health financial expense.

In Malaysia 2009 study, a positive correlation between satisfaction about waiting time and outpatient satisfaction. In Bangladesh study, waiting time is not associated with patient satisfaction but in another study of Bangladesh, duration of consultation and waiting time strongly predicted patients' satisfaction (Adhikary et al., 2018). In India study, patient waiting time was an important indicator of patient satisfaction with the quality of healthcare they received (Mehra, 2016). Long waiting

times and a lack of immediate attention could contribute to a patient's mistrust of the health system before actual services were even received (Habibullah, 2012).

In Bangladesh study when patients could ask questions to the healthcare providers regarding their diagnosis and management plan, they seemed to be more satisfied. Previous literature also suggested that healthcare providers' interpersonal communication skills and behaviour towards the patients were directly linked with patients' satisfaction (Adhikary et al., 2018).

There was weak association between waiting time and financial expense on health services.

This could be explained that there were no more costs on health services whether the waiting time is being prolong or not because of equal charges for health services. Although prolong waiting time could disturbed caregivers' job and their income, the cost of health services in public hospital was less in compare with private hospital.

There were strong association between autonomy and explain information and also weak association between autonomy and financial expense.

Explain information thoroughly about the disease, consequences of disease, treatment options, side effect of drugs, continuity of health care could support the patient to participate in their treatment decision. The more they know about their disease clearly, the more they make the decision in right ways and the less being misinformed on providers.

Explain more information is not only useful to the patient by providing knowledge and reassurance but also acts as a method of proof by their healthcare provider (Baummer - Carr and Nicolau, 2017).

Therefore, patient satisfaction would be improved if the strongly correlated dimension such as basic amenities, doctors and nurses' services, convenience, dignity and confidentiality were modified. As explain information and autonomy were strongly correlated, explain the disease condition completely and clearly could lead double patient satisfaction.

Strength and limitation of study

Strength of study

The response rate of the study participants was (100%) and all participants answered actively. The participants were interviewed on their discharge day and so there was no recalled bias. There was no inter observer variation because the face to

face interviewed were done by investigator alone. This study showed the satisfaction level of health services provided by medical wards of YGH.

Limitations of study

It is difficult to assess patient satisfaction which was subjective measure and easily change under or over reporting is possible by quantitative method. Underreporting might be present because of low privacy bed side interview.

CHAPTER (7)

CONCLUSION

Patients' satisfaction on health care services provided by two medical wards were high. Only less than 10% of patient dissatisfied on basic amenities dimension. Regarding to patient characteristics and experience on hospital services, occupation, personal income and referral letter were associated with patient satisfaction. If health care providers give information about the disease and explain the treatment options clearly and completely, the patients can participate in choice of treatment and decision making which in turn increase patient satisfaction. To achieve the highest level of patient satisfaction, the hospitals should fulfil provider services, basic amenities, convenience, dignity and confidentiality dimensions.

CHAPTER (8)

RECOMMENDATIONS

Based on the results of this study, the following recommendations are proposed:

1. To maintain good satisfaction level in hospital, it should be promoted the practice of explain information clearly and completely that can lead the patient to participate in choosing treatment options and decision making correctly.
2. Health care providers should be communicating the patients with respects to improve provider's patient relationship.
3. It should be strengthened the gatekeeping management and referral system of primary and secondary hospitals in Yangon region.
4. General workers are needed to follow the rules and regulation of hospital.
5. Hospital should provide two entrances in 24-hour emergency lab for sample taking and result giving processes.

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ANNEXES

Annex (1) Operational Definitions of Variables

| Sr. No | Variable | Operational definition | Scales of measurement |
|--------|-------------------------|--|-----------------------|
| 1 | Age | Age at last birthday | Ratio |
| 2 | Autonomy | The right of the individual to make choices about his / her own health | Nominal |
| 3 | Courtesy | Having, showing good manner, polite and kind (to) | Ordinal |
| 4 | Convenience | Comfortable during examination and discussion | Nominal |
| 5 | Confidentiality | With utmost privacy not allow to know other. The fact which was kept in secret | Ordinal |
| 6 | Dignity | Being shown respect having physical examinations conducted in privacy | Ordinal |
| 7 | Education group | Low = Primary school level and below High=Middle school level and above | Ordinal |
| 8 | Family members | Total number of family members living in the same house | Ratio |
| 9 | Health care providers | Persons who provide health care services to the patients. (Doctors, nurses, technicians, etc.) | Nominal |
| 10 | Occupation | Income generating job | Nominal |
| 11 | Personal monthly income | Personal income per month | Ratio |
| 12 | Quality | Degree of goodness or worth | Ordinal |
| 13 | Satisfaction | The state of being pleased and confessed the feeling that one's desire are fulfill | Ordinal |

Annex (2) Informed Consent Forms (Myanmar and English)

သုတေသနလုပ်ငန်းတွင် ပါဝင်ဆောင်ရွက်ရန် သဘောတူညီချက်တောင်းခံခြင်း

ဤသဘောတူညီချက်မှာ ရန်ကုန်ပြည်သူ့ဆေးရုံကြီး၊ ဆေးကုသဆောင် (၄) နှင့် အပူပိုင်းနှင့် ကူးစက်ရောဂါဆေးပညာဌာန တွင် တက်ရောက်ကုသနေသော လူနာများအား ဆေးကုသမှုနှင့် ပတ်သက်၍ စိတ်ကျေနပ်မှု သုတေသနပြုလုပ်ရာတွင် ပါဝင်ဆောင်ရွက်ရန် ဖိတ်ခေါ်ခြင်း ဖြစ်ပါတယ်/

- အဓိကသုတေသီအမည် - ဒေါက်တာနန္ဒာကျော်
- ဌာန - ပြည်သူ့ကျန်းမာရေးတက္ကသိုလ် ရန်ကုန်
- သုတေသနခေါင်းစဉ် - ရန်ကုန်ဆေးရုံကြီး၊ ဆေးကုသဆောင် (၄) နှင့် အပူပိုင်းနှင့် ကူးစက်ရောဂါဆေးပညာဌာန တွင် တက်ရောက်ကုသ နေသော လူနာများအား ဆေးကုသမှုနှင့် ပတ်သက်၍ စိတ်ကျေနပ်မှုအား စမ်းစစ်ခြင်း သဘောထား အမြင်အား သုတေသနပြုလုပ်ခြင်း

အပိုင်း (က) သုတေသနနှင့် သက်ဆိုင်သော အချက်များ

၁။ မိတ်ဆက်နိဒါန်း

ကျွန်မသည် ဒေါက်တာနန္ဒာကျော် ဆေးရုံအုပ်ချုပ်မှု ပညာဘွဲ့လွန်ကျောင်းသူ၊ ပြည်သူ့ ကျန်းမာရေး တက္ကသိုလ် ရန်ကုန်မှ ဖြစ်ပါတယ်။ ကျွန်မအနေနဲ့ ရန်ကုန်ပြည်သူ့ဆေးရုံကြီး၊ ဆေးကုသဆောင် (၄) နှင့် အပူပိုင်းနှင့် ကူးစက်ရောဂါဆေးပညာဌာန တွင် တက်ရောက်ကုသနေသော လူနာများအား ဆေးကုသမှုနှင့် ပတ်သက်၍ စိတ်ကျေနပ်မှုအား စမ်းစစ်ခြင်း သဘောထားအမြင်အား သုတေသနပြုလုပ်ခြင်း ဖြစ်ပါသည်။

၂။ ရည်ရွယ်ချက်

ဤသုတေသန၏ ရည်ရွယ်ချက်မှာ ရန်ကုန်ဆေးရုံကြီး၊ ဆေးကုသဆောင် (၄) နှင့် အပူပိုင်းနှင့် ကူးစက်ရောဂါဆေးပညာဌာန တွင် တက်ရောက်ကုသနေသော လူနာများအား ဆေးကုသမှုနှင့် ပတ်သက်၍ စိတ်ကျေနပ်မှုအား စမ်းစစ်ခြင်း သဘောထားအမြင်အား လေ့လာလိုပါသည်။

၃။ သုတေသနဆောင်ရွက်ပုံ အမျိုးအစား

မေးခွန်းများကို လူတွေ့ မေးမြန်းခြင်းပုံစံဖြင့် ဖြေဆိုရမည် ဖြစ်ပါသည်။

၄။ ပါဝင်မည့်သူများ ရွေးချယ်ခြင်း

သင်အား ယခု သုတေသနတွင် ပါဝင်ရန် ဖိတ်ခေါ်ခြင်းမှာ သင်၏ အတွေ့အကြုံများသည် ဆေးရုံ၏ ဆေးကုသမှုလုပ်ငန်းများအပေါ်တွင် စိတ်ကျေနပ်မှု ရှိ/မရှိ စမ်းစစ်ရာတွင် အထောက်အကူပြုမည်ဟု ယူဆသော ကြောင့် ဖြစ်ပါသည်။

၅။ မိမိဆန္ဒအလျောက် ပါဝင်ခြင်း

ဤသုတေသနတွင် ပါဝင်ဖို့ သင်ပါဝင်ကူညီခြင်းသည် သင်၏ သဘောဆန္ဒအလျောက်သာ ဖြစ်ပါသည်/ ပါဝင်ခြင်း၊ မပါဝင်ခြင်းမှာ သင်၏ ဆန္ဒအတိုင်း ရွေးချယ်မှုသာ ဖြစ်ပါသည်။

၆။ လုပ်ဆောင်ပုံ

ယခု သုတေသနတွင် ပါဝင်ရန် သင်သဘောတူမည်ဆိုလျှင် မေးခွန်းများကို လူတွေ့မေးမြန်းခြင်းပုံစံဖြင့် ဖြေဆိုရမည် ဖြစ်ပါသည်။ မေးခွန်းများဖြေဆိုရာတွင် စိတ်အနှောင့်အယှက်ဖြစ်သဖြင့် ဆက်လက်မဖြေဆိုလိုပါက ဆန္ဒအလျောက် ငြင်းဆိုနိုင်ပါသည်။

၇။ အကျိုးကျေးဇူးများ

ဤသုတေသနတွင် ပါဝင်သောကြောင့် သင့်အတွက် တိုက်ရိုက်အကျိုးကျေးဇူးရရှိမည် မဟုတ်ပါ။ သို့သော် သင်ပါဝင်မှုသည် စိတ်ကျေနပ်မှု ရှိခြင်း / မရှိခြင်းအပေါ် အခြေခံသော သဘောထားအမြင်တို့သည် ပြုပြင် ရေးလုပ်ဆောင်မှုများအပေါ်တွင် အထောက်အကူ ဖြစ်စေပါသည်။

၈။ အချက်အလက်များ သိမ်းဆည်းထားရှိခြင်း

ဤသုတေသနမှ ကောက်ယူရရှိသည့် အချက်အလက်များကို လုံခြုံစွာ ထားရှိမှာဖြစ်ပါသည်။ သင့်ထံမှ သိရှိရသည့်အချက်များကို သုတေသနအဖွဲ့မှ တပါးအခြားမည်သူမှ မသိစေရပါ/

၉။ သုတေသနရလဒ်များကို ဖြန့်ဝေခြင်း

ဤသုတေသန၏ တွေ့ရှိချက်များကို စိတ်ဝင်စားသူများမှ သိရှိနိုင်စေရန် ရလဒ်များကိုသာ ဖြန့်ဝေမှာ ဖြစ်ပါသည်။

၁၀။ ဆက်သွယ်ရမည့် ပုဂ္ဂိုလ်

အကြောင်းတစ်စုံတစ်ရာ မေးမြန်းလိုလျှင် ဒေါက်တာနန္ဒာကျော်၊ ဖုန်း 09 – 254378556 ကို ဆက်သွယ်နိုင် ပါသည်။ ဤသုတေသနကို လူပုဂ္ဂိုလ်များအပေါ် သုတေသနပြုမှုဆိုင်ရာ ကျင့်ဝတ်ကော်မတီမှ ခွင့်ပြုချက်ရရှိပြီး ဖြစ်ပါသည်။

အပိုင်း(ခ) သုတေသနတွင် ပါဝင်ရန် သဘောတူညီမှုပုံစံ

ကျွန်ုပ်သည် ဆေးကုသမှုလုပ်ငန်းများအပေါ် ကျေနပ်မှုနှင့်ပတ်သက်သော သဘောထားအမြင်အား လေ့လာသော သုတေသနတွင် ပါဝင်ရန် ဖိတ်ခေါ်ခြင်းခံရပါသည်။ ဤသုတေသနတွင် ပါဝင်သောကြောင့် ကျွန်ုပ်အတွက် တိုက်ရိုက်အကျိုးကျေးဇူး မရရှိပါ။ ကျွန်ုပ်သည် ကိုယ်တိုင်မေးခွန်းများကိုဖတ်၍ ဖြေဆိုရမည်ဖြစ်ပြီး မိနစ် (၃၀) ခန့် ကြာမြင့်မည်ဖြစ်ကြောင်းနှင့် လူမှုရေးအချက်အလက်များ၊ ဆေးကုသမှုနှင့် ပတ်သက်သော သဘောထား အမြင်အား မေးမြန်းမှာဖြစ်ကြောင်း သိရှိရပါသည်။ ဤသုတေသနတွင် ကျွန်ုပ်သည် အထက်ဖော်ပြချက်များကို ဖတ်ရှုပြီး ဖြစ်ပါသည်။ မရှင်းလင်းသည့် မေးခွန်းများကိုလည်း မေးမြန်းနိုင်၍ ၎င်းတို့ကို ကျွန်ုပ်သည် ကျေနပ်စွာ ဖြေ ဆိုပေးပါသည်။ ကျွန်ုပ်ဆန္ဒအလျောက် ဤသုတေသနတွင် ပါဝင်ရန် သဘောတူပါသည်။

သုတေသနတွင် ပါဝင်သူအမည် -----

သုတေသနတွင် ပါဝင်သူလက်မှတ် -----

ရက်စွဲ -----

Informed consent form (English)

Institutional Review Board

University of Public Health, Yangon

Name of Investigator – Dr Nandar Kyaw

Title of research - “Assessment of patient satisfaction on health care services provided by general medical unit 4 and tropical and infectious diseases department of of Yangon General Hospital 2019”

Part (A) Informed consent form for face-to-face interviewed questionnaires

1. Introduction

I am Dr Nandar Kyaw, Master of Hospital Administration candidate at University of Public Health, Yangon. I am doing research on “Assessment of patient satisfaction on health care services provided by general medical unit 4 and tropical and infectious diseases department of Yangon General Hospital 2019”

2. Purpose of the research

This study is to assess patient satisfaction on health care services provided by general medical unit 4 and tropical and infectious diseases department of Yangon General Hospital.

3. Type of Research Intervention

This research will involve your participation in face-to-face interviewed questionnaires about thirty minutes.

4. Participant Selection

You are being invited to take part in this research because we feel that you will interest in “Assessment of patient satisfaction on health care services provided by general medical unit 4 and tropical and infectious diseases department of Yangon General Hospital 2019”

5. Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether participate or not.

6. Procedure

I would like to invite you to take part in this research project. If you accept, you have to answer in face-to-face interviewed questionnaires about thirty minutes. It will

be taken at a place which is comfortable for you. The questionnaires will include information about your socio-demographic factors, your experience in hospital services and your satisfaction level on different components of hospital services .You do not have to answer any question or take part in the discussion if you feel the issue(s) are too personal or if talking about them makes you uncomfortable.

7. Benefits

Participation in this study will not benefit the participant directly but your participation is likely to help us find out more about how to solve the problems of dissatisfaction of patients.

8. Confidentiality

I will not be sharing information about your participation in this study to anyone outside. The information that I collect from this research project will be kept private.

9. Sharing the Results

The knowledge that I get from research will be only to the persons who have the responsibility for this study. I will then publish the results to be read only by the interested people.

10. Who to contact

If there are any queries before, during and after the study you can directly contact the investigator Dr Nandar Kyaw, Phone –09254378556 or via email nandar.kyaw1975@gmail.com. This proposal had been reviewed and approved by the Institutional Review Board, University of Public Health, Yangon which is a committee whose task is to make sure that research participants are protected from harm. If you wish to find out more about the committee, contact the secretary of the committee at University of Public Health, Yangon, No. 246, Myoma Kyaung Street, Latha Township, Yangon, 11311. Office phone +95 1395213, +95 1395214 ext:23/25.

Part (B) Consent form

I have been invited to participate in research about “Assessment of patient satisfaction on health care services provided by general medical unit 4 and tropical and infectious diseases department of Yangon General Hospital 2019”.

. I know that I will have to answer the face-to-face interviewed questionnaires about thirty minutes. I am aware that there may be no benefit to me personally. The questionnaires include socio demographic characteristics, experience in hospital services and satisfaction level on different components of hospital services. I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked to my satisfaction. I consent voluntarily to be a participant in this study.

Name of participant -----

Signature of participant -----

Date -----

Annex (3) Questionnaires (Myanmar and English)

ရန်ကုန်ပြည်သူ့ဆေးရုံကြီး အထွေထွေဆေးကုသဆောင်များမှ ဆေးကုသပေးမှုများနှင့်
ဝန်ဆောင်မှုများအပေါ်တွင် လူနာများ၏ စိတ်ကျေနပ်မှုအတိုင်းအတာများအား လေ့လာဆန်းစစ်ခြင်း
မေးခွန်းလွှာ

သုတေသနမေးခွန်းလွှာအမှတ်-----

ရက်စွဲ -----

(၁) လူမှုစီးပွားရေးဆိုင်ရာအချက်အလက်များ

| စဉ် | မေးခွန်း | ဖြေ | Code |
|------|----------------------------|--|------|
| က-၁ | အသက်(ပြည့်ပြီးအသက်)နှစ် | | _ _ |
| က-၂ | ကျား/မ | | _ |
| က-၃ | နေရပ်လိပ်စာ(အမြဲတမ်းနေရပ်) | | _ |
| က-၄ | အလုပ်အကိုင် | (၁) မှီခို (၂) ကျပန်း (၃) ကျွမ်းကျင်လုပ်သား (၄) ဈေးရောင်း (၅) ကုန်သည် (၆) အစိုးရဝန်ထမ်း (၇) ပုဂ္ဂလိကဝန်ထမ်း (၈) လယ်ခြံလုပ် (၉) အခြား | _ |
| က-၅ | ပညာအရည်အချင်း | (၁) စာမတတ် (၂) ရေးတတ်ဖတ်တတ် (၃) မူလတန်း (၄) အလယ်တန်း (၅) အထက်တန်း (၆) ဘွဲ့ | _ |
| | | | |
| က-၆ | အိမ်ထောင်ရေးအခြေအနေ | (၁) အိမ်ထောင်မရှိ/အပျို/လူပျို (၂) အိမ်ထောင်ရှိ (၃) အိမ်ထောင်ကွဲ (၄) မုဆိုးမ (၅) အခြား | _ |
| က-၇ | မိသားစုဝင်ဦးရေ | | _ |
| က-၈ | လစဉ်ဝင်ငွေ (ကျပ်) | | _ |
| က-၉ | လစဉ် မိသားစုဝင်ငွေ (ကျပ်) | | _ |
| က-၁၀ | တက်ရောက်ကုသသည့်အဆောင် | (က) ဆေးကုသဆောင် ၄ (ခ) tropical medical ward | _ |
| က-၁၁ | ရောဂါအမည် | | _ |

| | | | |
|------|---|---------------------------------|---|
| က-၁၂ | ဆေးရုံတွင် တက်ရောက်ကုသ သည့်ရက်ပေါင်း | | - |
| က-၁၃ | ယခင်ကဤဆေးရုံတက်ဖူးပါသလား။ | (က) တက်ဖူးသည် (ခ) မတက်ဖူးပါ။ | - |
| က-၁၄ | ယခင်ဤဆေးရုံတက်သည့်အကြိမ် အရေအတွက် | | - |

၂။ စိတ်ကျေနပ်မှုနှင့်သက်ဆိုင်သောမေးခွန်းများ

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| (က) က.၁ | ဆေးရုံ၏အခြေခံလိုအပ်ချက်များနှင့်ပတ်သက်၍ စိတ်ကျေနပ်မှု ဆေးရုံ၏သန့်ရှင်းမှုအပေါ် | (က) လုံးဝကျေနပ်မှုမရှိပါ (ခ) ကျေနပ်မှုမရှိပါ (ဂ) မဖြေဆိုလိုပါ (ဃ) ကျေနပ်ပါသည် (င) အလွန်ကျေနပ်ပါသည်။ | - |
| က.၂ | ဆေးရုံ၏ ရေရရှိမှုအပေါ် | (က) လုံးဝကျေနပ်မှုမရှိပါ (ခ) ကျေနပ်မှုမရှိပါ (ဂ) မဖြေဆိုလိုပါ (ဃ) ကျေနပ်ပါသည် (င) အလွန်ကျေနပ်ပါသည်။ | - |
| က.၃ | ဆေးရုံ၏ အိမ်သာနှင့်သန့်ရှင်းမှုအပေါ် | (က) လုံးဝကျေနပ်မှုမရှိပါ (ခ) ကျေနပ်မှုမရှိပါ (ဂ) မဖြေဆိုလိုပါ (ဃ) ကျေနပ်ပါသည် (င) အလွန်ကျေနပ်ပါသည်။ | - |
| က.၄ | ဆေးရုံ၏ ရေချိုးခန်းနှင့် သန့်ရှင်းမှုအပေါ် | (က) လုံးဝကျေနပ်မှုမရှိပါ (ခ) ကျေနပ်မှုမရှိပါ (ဂ) မဖြေဆိုလိုပါ (ဃ) ကျေနပ်ပါသည် (င) အလွန်ကျေနပ်ပါသည်။ | - |
| က.၅ | ဆေးရုံ၏ လျှပ်စစ်မီးနှင့် အလင်းရောင်ရရှိမှုအပေါ် | (က) လုံးဝကျေနပ်မှုမရှိပါ (ခ) ကျေနပ်မှုမရှိပါ (ဂ) မဖြေဆိုလိုပါ (ဃ) ကျေနပ်ပါသည် (င) အလွန်ကျေနပ်ပါသည်။ | - |
| က.၆ | ဆေးရုံ၏ လေဝင်လေထွက် ကောင်းမွန်မှုအပေါ် | (က) လုံးဝကျေနပ်မှုမရှိပါ (ခ) ကျေနပ်မှုမရှိပါ (ဂ) မဖြေဆိုလိုပါ (ဃ) ကျေနပ်ပါသည် (င) အလွန်ကျေနပ်ပါသည်။ | - |

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| (ခ) | ဆေးရုံ၏ကုသဆောင်ရှိ ဆရာဝန်များ၏ ကျန်းမာရေးဝန်ဆောင်မှုနှင့် ပတ်သက်၍ စိတ်ကျေနပ်မှု | |
| ခ.၁ | ဆေးကုသဆောင်သို့ရောက်ရှိချိန်နှင့်ဆေးရုံတက်ရောက်နေစဉ်အတွင်းဆရာဝန်များ အလျင်အမြန် ကုသပေးခြင်းအပေါ်၌ (က) လုံးဝကျေနပ်မှုမရှိပါ (ခ) ကျေနပ်မှုမရှိပါ (ဂ) မဖြေဆိုလိုပါ (ဃ) ကျေနပ်ပါသည် (င) အလွန်ကျေနပ်ပါသည်။ | _ |
| ခ.၂ | သင်ဆေးကုသမှု လိုအပ်ချိန်တွင် ဆရာဝန်များ၏လာရောက်ကုသပေးခြင်းအပေါ်၌ (က) လုံးဝကျေနပ်မှုမရှိပါ (ခ) ကျေနပ်မှုမရှိပါ (ဂ) မဖြေဆိုလိုပါ (ဃ) ကျေနပ်ပါသည် (င) အလွန်ကျေနပ်ပါသည်။ | _ |
| ခ.၃ | ဆေးကုသဆောင်သို့ ရောက်ရှိချိန်တွင် ဆရာဝန်၏ ကုသပေးမှုအားစောင့်ဆိုင်းရခြင်း အပေါ်၌ (က) လုံးဝကျေနပ်မှုမရှိပါ (ခ) ကျေနပ်မှုမရှိပါ (ဂ) မဖြေဆိုလိုပါ (ဃ) ကျေနပ်ပါသည် (င) အလွန်ကျေနပ်ပါသည်။ | _ |
| ခ.၄ | ဆရာဝန်နှင့်တွေ့ဆုံဆွေးနွေးခွင့်ရသည့်အချိန်အပေါ်၌ (က) လုံးဝကျေနပ်မှုမရှိပါ (ခ) ကျေနပ်မှုမရှိပါ (ဂ) မဖြေဆိုလိုပါ (ဃ) ကျေနပ်ပါသည် (င) အလွန်ကျေနပ်ပါသည်။ | _ |
| ခ.၅ | ဆရာဝန်၏ ဆေးကုသမှုအရည်အချင်း အပေါ်၌ (က) လုံးဝကျေနပ်မှုမရှိပါ (ခ) ကျေနပ်မှုမရှိပါ (ဂ) မဖြေဆိုလိုပါ (ဃ) ကျေနပ်ပါသည် (င) အလွန်ကျေနပ်ပါသည်။ | _ |
| ခ.၆ | သင်ရရှိသော ဆေးကုသမှုများအပေါ်၌ (က) လုံးဝကျေနပ်မှုမရှိပါ (ခ) ကျေနပ်မှုမရှိပါ (ဂ) မဖြေဆိုလိုပါ (ဃ) ကျေနပ်ပါသည် (င) အလွန်ကျေနပ်ပါသည်။ | _ |
| ခ.၇ | ဆရာဝန်များ၏ ကိုယ်နုတ်အမှုအယာ(ယဉ်ကျေးသိမ်မွေ့ခြင်း၊ လေးစားမှုရှိခြင်း၊ ဖော်ရွေစွာဆက်ဆံခြင်း) အပေါ်၌ (က) လုံးဝကျေနပ်မှုမရှိပါ (ခ) ကျေနပ်မှုမရှိပါ (ဂ) မဖြေဆိုလိုပါ (ဃ) ကျေနပ်ပါသည် (င) အလွန်ကျေနပ်ပါသည်။ | _ |

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| (ဂ) | သူနာပြုများ၏ ဝန်ဆောင်မှုနှင့်ပတ်သက်၍ စိတ်ကျေနပ်မှု | |
| ဂ.၁ | ဆေးကုသဆောင်သို့ရောက်ရှိချိန်နှင့်ဆေးရုံတက်စဉ်အတွင်းသူနာပြုများ၏ လျင်မြန်စွာကုသပေးခြင်း အပေါ်၌ | |
| | (က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ | (ဂ) |
| | (ခ) ကျေနပ်မှုမရှိပါ | _ |
| | (ဃ) ကျေနပ်ပါသည် | (ဂ) |
| ဂ.၂ | သင်ဆေးကုသမှုလိုအပ်သည့်အချိန်တွင်သူနာပြုများ၏လာရောက်ကုသမှုပေးခြင်းအပေါ်၌ | |
| | (က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ | (ဂ) |
| | (ခ) ကျေနပ်မှုမရှိပါ | _ |
| | (ဃ) ကျေနပ်ပါသည် | (ဂ) |
| ဂ.၃ | ဆေးရုံတက်စဉ်အတွင်းသူနာပြုများ၏သင့်အပေါ်တွင်ပြုစုပေးခဲ့သောသူနာပြုလုပ်ငန်းများ အတွက် | |
| | (က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ | (ဂ) |
| | (ခ) ကျေနပ်မှုမရှိပါ | _ |
| | (ဃ) ကျေနပ်ပါသည် | (ဂ) |
| ဂ.၄ | သူနာပြုများ၏ကိုယ်နှုတ်အမှုအယာ(ယဉ်ကျေးသိမ်မွေ့ခြင်း၊လေးစားမှုရှိခြင်း၊ ဖော်ရွေစွာဆက်ဆံခြင်း)အပေါ်၌ | |
| | (က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ | (ဂ) |
| | (ခ) ကျေနပ်မှုမရှိပါ | _ |
| | (ဃ) ကျေနပ်ပါသည် | (ဂ) |
| ဂ.၅ | သူနာပြုများ၏ဆေးများကိုမည်သို့သောက်ရမည်ကိုတိကျကျကျနှင့်စိတ်ရှည်စွာရှင်းလင်းပြ သမှုအပေါ်၌ | |
| | (က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ | (ဂ) |
| | (ခ) ကျေနပ်မှုမရှိပါ | _ |
| | (ဃ) ကျေနပ်ပါသည် | (ဂ) |
| (ဃ) | စောင့်ဆိုင်းရသည့်အချိန်များအပေါ်၌ စိတ်ကျေနပ်မှု။ | |
| ဃ.၁ | လူနာမှတ်ပုံတင်ပြုလုပ်ရန် စောင့်ဆိုင်းရခြင်းအပေါ်၌ | |
| | (က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ | (ဂ) |
| | (ခ) ကျေနပ်မှုမရှိပါ | _ |
| | (ဃ) ကျေနပ်ပါသည် | (ဂ) |
| ဃ.၂ | ဆရာဝန်၏ကုသမှုရရှိရန် စောင့်ဆိုင်းရခြင်းအပေါ်၌ | |
| | (က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ | (ဂ) |
| | (ခ) ကျေနပ်မှုမရှိပါ | _ |
| | (ဃ) ကျေနပ်ပါသည် | (ဂ) |
| ဃ.၃ | ဆရာဝန်ညွှန်းသော ဆေးရရှိရန် စောင့်ဆိုင်းရခြင်း အပေါ်၌ | |

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| <p>ဃ.၄</p> <p>ဃ.၅</p> | <p>(က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ</p> <p>(ဃ) ကျေနပ်ပါသည်</p> <p>ဓါတ်ခွဲစစ်ဆေးမှုများရရှိရန် စောင့်ဆိုင်းရခြင်းအပေါ်၌</p> <p>(က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ</p> <p>(ဃ) ကျေနပ်ပါသည်</p> <p>ဓါတ်မှန်ဌာနတွင် စောင့်ဆိုင်းရခြင်းအပေါ်၌</p> <p>(က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ</p> <p>(ဃ) ကျေနပ်ပါသည်</p> | <p>(ခ) ကျေနပ်မှုမရှိပါ</p> <p>(ဂ) ကျေနပ်မှုမရှိပါ</p> <p>(ခ) ကျေနပ်မှုမရှိပါ</p> <p>(ဂ) ကျေနပ်မှုမရှိပါ</p> <p>(ခ) ကျေနပ်မှုမရှိပါ</p> <p>(ဂ) ကျေနပ်မှုမရှိပါ</p> <p>(ခ) ကျေနပ်မှုမရှိပါ</p> <p>(ဂ) ကျေနပ်မှုမရှိပါ</p> | <p>(ဂ)</p> <p>(ဂ)</p> <p>(ဂ)</p> <p>(ဂ)</p> <p>(ဂ)</p> <p>(ဂ)</p> <p>(ဂ)</p> <p>(ဂ)</p> | <p>(c) ကျန်းမာရေးဝန်ဆောင်မှုများ၏ အဆင်ပြေမှုနှင့်ပတ်သက်၍ စိတ်ကျေနပ်မှု ဆေးရုံမှ ထောက်ပံ့သော ဆေးဝါးများအပေါ်၌</p> <p>သင့်ရောဂါအကြောင်း ဆရာဝန်နှင့် ဆွေးနွေးရာတွင် အဆင်ပြေမှုရှိခြင်းအပေါ်၌</p> <p>သင့်ရောဂါအကြောင်း သူနာပြုများနှင့် ဆွေးနွေးရာတွင် အဆင်ပြေမှုရှိခြင်းအပေါ်၌</p> <p>ဆေးရုံတက်နေစဉ် နေရာထိုင်ခင်းအဆင်ပြေမှုရှိခြင်းအပေါ်၌</p> | <p>(က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ</p> <p>(ဃ) ကျေနပ်ပါသည်</p> <p>(က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ</p> <p>(ဃ) ကျေနပ်ပါသည်</p> <p>(က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ</p> <p>(ဃ) ကျေနပ်ပါသည်</p> <p>(က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ</p> <p>(ဃ) ကျေနပ်ပါသည်</p> | <p>(ခ) ကျေနပ်မှုမရှိပါ</p> <p>(ဂ) ကျေနပ်မှုမရှိပါ</p> <p>(ခ) ကျေနပ်မှုမရှိပါ</p> <p>(ဂ) ကျေနပ်မှုမရှိပါ</p> <p>(ခ) ကျေနပ်မှုမရှိပါ</p> <p>(ဂ) ကျေနပ်မှုမရှိပါ</p> <p>(ခ) ကျေနပ်မှုမရှိပါ</p> <p>(ဂ) ကျေနပ်မှုမရှိပါ</p> | <p>(ဂ)</p> <p>(ဂ)</p> <p>(ဂ)</p> <p>(ဂ)</p> <p>(ဂ)</p> <p>(ဂ)</p> <p>(ဂ)</p> <p>(ဂ)</p> |
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| (စ) | လူနာ၏ ဂုဏ်သိက္ခာအပေါ်လေးစားမှု၊ လျှို့ဝှက်ကိစ္စရပ်များအား ထိန်းသိမ်းထားနိုင်ခြင်းနှင့်ပတ်သက်၍ စိတ်ကျေနပ်မှု | | | |
| စ.၁ | သင်၏ ဂုဏ်သိက္ခာအား ဆရာဝန်များမှ လေးစားမှုရှိခြင်းအပေါ် | | | _ |
| | (က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ | (ခ) ကျေနပ်မှုမရှိပါ | (ဂ) | |
| | (ဃ) ကျေနပ်ပါသည် | (င) အလွန်ကျေနပ်ပါသည်။ | | _ |
| စ.၂ | သင်၏ဂုဏ်သိက္ခာအား သူနာပြုမှလေးစားမှုရှိခြင်းအပေါ် | | | |
| | (က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ | (ခ) ကျေနပ်မှုမရှိပါ | (ဂ) | _ |
| | (ဃ) ကျေနပ်ပါသည် | (င) အလွန်ကျေနပ်ပါသည်။ | | _ |
| စ.၃ | သင်၏ ဂုဏ်သိက္ခာအား ဆေးရုံလုပ်သားများမှလေးစားမှုရှိခြင်းအပေါ် | | | |
| | (က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ | (ခ) ကျေနပ်မှုမရှိပါ | (ဂ) | _ |
| | (ဃ) ကျေနပ်ပါသည် | (င) အလွန်ကျေနပ်ပါသည်။ | | _ |
| စ.၄ | ဆေးရုံတက်နေစဉ် ကာကွယ်မှု ပေးခြင်းအပေါ် | စမ်းသပ်စစ်ဆေးကုသရာ၌ မမြင်သင့်မမြင်အပ်သည်များကို | | _ |
| | (က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ | (ခ) ကျေနပ်မှုမရှိပါ | (ဂ) | |
| | (ဃ) ကျေနပ်ပါသည် | (င) အလွန်ကျေနပ်ပါသည်။ | | |
| စ.၅ | သင်၏ကိုယ်ရေးအချက်အလက်များနှင့် ဝန်ထမ်းများမှ လျှို့ဝှက်ပေးထားနိုင်ခြင်းအပေါ် | ရောဂါအကြောင်းအရာများကို | ကျန်းမာရေး | |
| | (က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ | (ခ) ကျေနပ်မှုမရှိပါ | (ဂ) | |
| | (ဃ) ကျေနပ်ပါသည် | (င) အလွန်ကျေနပ်ပါသည်။ | | |

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| (ဆ) ဆ.၁ | လူနာ၏ရွေးချယ်ဆုံးဖြတ်ခွင့်နှင့်ပတ်သက်၍စိတ်ကျေနပ်မှု သင်၏ရောဂါအခြေအနေနှင့်ပတ်သက်၍သိလိုသည်များကိုမေးမြန်းရန်အခွင့်အရေးရရှိခြင်းအပေါ်၌ | _ |
| | (က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ | |
| | (ခ) ကျေနပ်မှုမရှိပါ | (ဂ) |
| | (ဃ) ကျေနပ်ပါသည် | (င) အလွန်ကျေနပ်ပါသည်။ |
| ဆ.၂ | သင့်ရောဂါကုသမှုနည်းလမ်းနှင့်ပတ်သက်၍ ရွေးချယ်ရန်အခွင့်အရေးရရှိခြင်းအပေါ်၌ | _ |
| | (က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ | |
| | (ခ) ကျေနပ်မှုမရှိပါ | (ဂ) |
| | (ဃ) ကျေနပ်ပါသည် | (င) အလွန်ကျေနပ်ပါသည်။ |
| ဇ. ဇ.၁ | ကျန်းမာရေး သတင်းအချက်အလက်ရရှိမှုနှင့် ရှင်းလင်းပြောကြားမှုအပေါ် စိတ်ကျေနပ်မှု သင်၏ရောဂါအကြောင်း၊ ကုသမှုနည်းလမ်းများအကြောင်း ရှင်းလင်းပြောကြားပေးမှု အပေါ် စိတ်ကျေနပ်မှု | _ |
| | (က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ | |
| | (ခ) ကျေနပ်မှုမရှိပါ | (ဂ) |
| | (ဃ) ကျေနပ်ပါသည် | (င) အလွန်ကျေနပ်ပါသည်။ |
| ဇ.၂ | ဆေးရုံဆင်းရမည့် အစီအစဉ်နှင့် ပတ်သက်၍ သိရှိခြင်း အပေါ်၌ | _ |
| | (က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ | |
| | (ခ) ကျေနပ်မှုမရှိပါ | (ဂ) |
| | (ဃ) ကျေနပ်ပါသည် | (င) အလွန်ကျေနပ်ပါသည်။ |
| ဇ.၃ | ဆေးရုံဆင်းပြီး ပြန်လည်ပြသရန် နှင့် လိုက်နာဆောင်ရွက်ရန် ရှင်းလင်းပြောကြားမှု အပေါ်၌ | _ |
| | (က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ | |
| | (ခ) ကျေနပ်မှုမရှိပါ | (ဂ) |
| | (ဃ) ကျေနပ်ပါသည် | (င) အလွန်ကျေနပ်ပါသည်။ |
| ဇ.၄ | သောက်သုံးရမည့် ဆေးဝါးများနှင့်ပတ်သက်၍ ကျန်းမာရေးဝန်ထမ်းများမှ ရှင်းလင်း ပြောကြားမှုအပေါ်၌ | |
| | (က) လုံးဝကျေနပ်မှုမရှိပါ မဖြေဆိုလိုပါ | |
| | (ခ) ကျေနပ်မှုမရှိပါ | (ဂ) |
| | (ဃ) ကျေနပ်ပါသည် | (င) အလွန်ကျေနပ်ပါသည်။ |

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| <p>(ဈ) ဈ.၁</p> | <p>ဆေးကုသမှုကုန်ကျစရိတ် ဆေးကုသမှု ကုန်ကျစရိတ် နှင့်ပတ်သက်၍ (က) လုံးဝကျေနပ်မှုမရှိပါ (ခ) ကျေနပ်မှုမရှိပါ (ဂ) မဖြေဆိုလိုပါ (ဃ) ကျေနပ်ပါသည် (င) အလွန်ကျေနပ်ပါသည်။</p> | <p> _ </p> |
| <p>(ည) ည.၁</p> | <p>ဆေးရုံ၏ဝန်ဆောင်မှုများ ဆေးရုံ၏ဝန်ဆောင်မှုများအပေါ်တွင် ယေဘုယျအားဖြင့် စိတ်၏ကျေနပ်မှု (က) လုံးဝကျေနပ်မှုမရှိပါ (ခ) ကျေနပ်မှုမရှိပါ (ဂ) မဖြေဆိုလိုပါ (ဃ) ကျေနပ်ပါသည် (င) အလွန်ကျေနပ်ပါသည်။</p> | <p> _ </p> |
| <p>ည.၂</p> | <p>သင်၏ မိတ်ဆွေ (သို့) ဆွေမျိုးများ ဤဆေးရုံသို့ လာရောက်ကုသ ရန်ရှိပါက သင့်အနေဖြင့် ထောက်ခံတိုက်တွန်းပါမည်လား။ (က) လုံးဝထောက်ခံမှုမပေးပါ (ခ) ထောက်ခံမှုမပေးပါ (ဂ) မဖြေဆိုလိုပါ (ဃ) ထောက်ခံပေးပါမည် (င) သေချာပေါက် ထောက်ခံပေးပါမည်။</p> | <p> _ </p> |
| <p>ည.၃</p> | <p>သင့်အနေဖြင့် ထောက်ခံပါက အကြောင်းရင်းကို ဖော်ပြပေးပါ။(၃ ဃ / င ဖြေဆိုသူများသာ) -----</p> | |
| <p>ည.၄</p> | <p>ဆေးရုံတက်နေစဉ်အတွင်း ကျေနပ်မှုမရှိဆုံး ဝန်ဆောင်မှုတစ်ခုအား ဖော်ပြပါ။ -----</p> | |

Questionnaires form (English)

Questionnaires on patient satisfaction of health care services provided by general medical unit 4 and tropical and infectious diseases department of YGH

Date interview: -----

Serial number of respondents: -----

(A). Socio-demographic characteristics

| | | | |
|-----|--|---|--|
| A1 | Age (completed years) | | |
| A2 | Gender | (1) male (2) female | |
| A3 | Address(permanent) | | |
| A4 | Occupation | (1) Dependent (2) Manual labor (3) Skilled employee (4) Small scale/retail seller (5) Large scale seller/ Business owner (6) Government staff (7) Private staff (8) Farm owner (9) Others | |
| A5 | Education status | (1) Illiterate (2) Read and write (3) Primary school (4) Middle school (5) High school (6) University degree | |
| A6 | Marital status | (1) single / unmarried (2) married (3) separated/divorced (4) widow (5) others | |
| A7 | Number of family members living in household | | |
| A8 | Person income per month (Kyats) | | |
| A9 | Family income per month (Kyats) | | |
| A10 | Admission ward | (1) medical Unit 4 (2) tropical & infectious diseases department | |

| | | | |
|-----|------------------------------------|--|--|
| A11 | Diagnosis | | |
| A12 | Duration of stay (in days) | | |
| A13 | Have you been hospitalized before? | | |
| A14 | Number of visits in this hospital? | | |

(B). Questions regarding with patient's experiences with health care services

| | | | |
|-------|---|-----|----|
| B.1 | Accessibility | | |
| B.1.1 | Any difficulties in transportation? | Yes | No |
| B.1.2 | Is there any referral from local health facilities? Referral letter present or not. | | |

| | | | |
|-------|---|-----|----|
| B.2 | Information about hospital | | |
| B.2.1 | Do you know OPD day and time of hospital? | Yes | No |
| B.2.2 | Do you know OPD Queue system? | | |
| B.2.3 | Did your health care provider refer you to local specialist hospital in follow up visit? | | |
| B.2.4 | Do you have knowledge to get continuity care in local specialist hospital? | | |
| B.3 | Cost of care | | |
| B.3.1 | How did you receive drug for treatment? (1) FOC (2) FOC+ Buying from pharmacy (3) Buying from pharmacy | | |
| B.3.2 | Were there any costs for laboratory test? | | |
| B.3.3 | Were there any costs for imaging? | | |
| B.3.4 | Were there any blood transfusion? | | |
| B.3.5 | If yes, were there any costs for blood transfusion? | | |
| B.3.6 | Was there any cost for accommodation? | | |
| B.3.7 | Where the caregivers live during your hospital stay? (a)hospital compound (b)monastery (c) relative's house (d)own house (e)hostel (f) others | | |
| B.3.8 | Were there any costs for service provider? | | |
| B.3.9 | If yes, why? | | |

3. Questions regarding with level of satisfaction

A. Satisfaction with physical facilities

1. Satisfaction with the condition of hospital cleanliness

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

2. Satisfaction with the condition of water supply

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

3. Satisfaction with enough toilets and their cleanliness

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

4. Satisfaction with the condition of bathroom

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

5. Satisfaction with the condition of electricity/light

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

6. Satisfaction with the condition of ventilation

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

B. Satisfaction with doctors' services

1. Satisfaction with prompt attention of doctors at the time of admission and during hospital stay

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

2. Satisfaction with Availability of doctors when you are in need of them

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

3. Satisfaction with waiting time to see the medical doctor

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

4. Satisfaction with consultation time with physician

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

5. Satisfaction with Technical skill of doctors

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

6. Satisfaction with treatment procedures provided by doctors

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

7. Satisfaction with personal manner (courtesy, respect, friendliness) of doctors

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

C. Satisfaction with nurses' service

1. Satisfaction with prompt attention of nurses at the time of admission and during hospital stay

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

2. Satisfaction with Availability of health care provider when you are in need of them

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

3. Satisfaction upon nursing care during hospital stay

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

4. Satisfaction with personal manner (courtesy, respect, friendliness) of nurses

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

5. Satisfaction on nurses' explanation of how to use drugs exactly and patiently

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

D. Satisfaction with waiting time

1. Waiting time for registration

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

2. Waiting time for getting treatment from doctor

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

3. Waiting time for getting the prescribe drugs

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

4. Waiting time for investigation

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

5. Waiting time in imaging department

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

E. Satisfaction with convenience of the services

1. Ease of registering process

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

2. Medical supplies from hospital

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

3. Satisfaction regarding with convenience for you during discussing with doctors

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

4. Satisfaction regarding with convenience for you during discussing with nurses

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

5. Satisfaction regarding with accommodation

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

F. Satisfaction with respect for dignity and confidentiality

1. Satisfaction with doctors' respect on your dignity.

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

2. Satisfaction with nurses' respect on your dignity

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

3. Satisfaction with general workers' respect on your dignity

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

4. Satisfaction with Privacy on examination and counselling.

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

5. Satisfaction with confidentiality kept by health care providers about your personal information and illness

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

G. Satisfaction with autonomy

1. Satisfaction with Chance to ask question in case of queries about illness

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

2. Satisfaction with Chance of choice on treatment options

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

H. Satisfaction with information and explanation

1. Satisfaction with getting explanation about disease condition and treatment plan

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

2. Satisfaction with getting information about discharge plan

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

3. Satisfaction with getting information about follows up

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

4. Satisfaction with getting explanation about medicine

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

I. Satisfaction with financial expense and overall general performance

1. Satisfaction with total financial expense in hospital

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

2. Satisfaction with overall general performance of hospital

(a) very unsatisfied (b) unsatisfied (c) unwilling to answer (d) satisfied (e) very satisfied

3. Will you recommend any of your friends (or) relatives to come to this hospital?

(a) absolutely will not recommend (b) will not recommend (c) unwilling to answer (d) will recommend (e) absolutely will recommend

4. If you recommended, reasons for recommendation?

5. Mention the most dissatisfied service that you have encountered during your hospital stay?

Annex (4) Hospital statistics of medical wards

Hospital statistics of medical unit4 and tropical and infectious diseases department of Yangon General hospital

Medical unit 4

| Category | 2016 | 2017 | 2018 | 2019Aug |
|---|-------------|-------------|-------------|----------------|
| Average no of outpatient per day | 27 | 39 | 41 | 0.8 |
| Average no of inpatient per day | 54.5 | 61 | 63 | 46 |
| Average duration of stay in hospital | 5 | 5 | 6 | 5 |
| % of occupancy based on available bed | 57 | 57 | 59 | 43 |
| No of available bed | 78 | 78 | 107 | 107 |
| Average turnover of patients per bed per year | 48 | 58 | 39 | 30 |
| Average turnover interval | 2 | 1 | 3 | 6 |
| Hospital death rate | 11 | 11 | 11 | 11 |

Tropical and infectious diseases department

| category | 2017 | 2018 | 2019Aug |
|---|-------------|-------------|----------------|
| Average no of outpatient per day | 0 | 9 | 0 |
| Average no of inpatient per day | 57 | 68 | 53 |
| Average duration of stay in hospital | 5 | 5 | 5 |
| % of occupancy based on available bed | 71 | 84 | 66 |
| No of available bed | 80 | 80 | 80 |
| Average turnover of patients per bed per year | 52 | 59 | 44 |
| Average turnover interval | 2 | 0.8 | 3 |
| Hospital death rate | 10 | 11 | 12 |

Annex (5) Gantt chart

| Month | August | | | | September | | | | October | | | | November | | | | December | | | | | |
|--|--------|---|---|---|-----------|---|---|---|---------|---|---|---|----------|---|---|---|----------|---|---|---|--|--|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | | |
| Protocol preparation | █ | █ | | | | | | | | | | | | | | | | | | | | |
| Protocol defend | | | █ | | | | | | | | | | | | | | | | | | | |
| Pilot study – Preparation for data collection | | | | █ | | | | | | | | | | | | | | | | | | |
| Data collection | | | | | █ | █ | | | | | | | | | | | | | | | | |
| Data entry and analysis | | | | | | | █ | █ | █ | █ | | | | | | | | | | | | |
| Preparation for Grand Presentation | | | | | | | | | | | █ | █ | █ | | | | | | | | | |
| Thesis preparation | | | | | | | | | | | | | █ | █ | | | | | | | | |
| Submission of Thesis (Draft) | | | | | | | | | | | | | | | █ | | | | | | | |
| Thesis defend | | | | | | | | | | | | | | | | | █ | █ | | | | |
| Correction and Submission of thesis | | | | | | | | | | | | | | | | | | | | █ | | |

Annex (6)

Curriculum Vitae



Name : Dr Nandar Kyaw
Gender : Female
Date of Birth : 24.5.1975
Race : Bamar
Religion : Buddhist
Permanent address : No (52/54B3), Aung Thitsar street, Block 1, Hlaing Township, Yangon.
Phone number : 09254378556
Email address : nandar.kyaw1975@gmail.com
Academic qualification : M.B., B.S (2001), University of Medicine 2, Yangon
Employment history

- 1 Township medical officer, Zayarthiri (50) bedded township hospital, Union territory of Naypyidaw (30.10.2017 to date)
- 2 Station medical officer, Pattaw station hospital, Monyo, Bago region (5.1.2016 to 29.10.2017)
- 3 Station medical officer, Eingthabu station hospital, Ayyarwaddy region (13.12.2012 to 4.1.2016)
- 4 Assistant surgeon, No (4) Fertilizer Factory, Myaungtagar, Yangon region (17.8.2010 to 12.12.2012)
- 5 Station medical officer, Tonegwa station hospital, Daikeoo, Bago region (3.2.2008 to 16.8.2010)
- 6 Assistant surgeon, Kyaunggone Township Hospital, Ayyarwaddy region (1.6.2005 to 2.2.2008)
- 7 Assistant surgeon, Yangon General Hospital (2.4.2002 to 30.5.2005)