Satisfaction of in-patient towards community hospital services in Sena hospital, Ayutthaya province, Thailand

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ABSTRACT

This cross-sectional study was designed to measure in-patient satisfaction towards medical services, non-medical services and overall satisfaction towards hospital services. The study also aimed to determine associations between patients’ factors, service factors and overall satisfaction. The study was conducted in Sena hospital from 3-20 March 1998. The sample consisted of 206 in-patients who were adult and in a sufficient health condition to complete the constructed questionnaire. The data were collected after termination of hospital services.

The results revealed that a majority of the in-patients (84.5%) were satisfied with the medical services, while more than a half (63.6%) them were satisfied with the non-medical services. The low satisfaction in non-medical services was due to low satisfaction in food services, especially low satisfaction of food taste. More than a half (56.8%) of the patients were satisfied with overall services.

The highest level of satisfaction was recorded among patients in 30-39 years and decline in the order age groups. Patients in younger age groups (less than 29 years) were less satisfied than those in other groups. Associations between age and overall satisfaction were statistically significant (p value = .019). In addition, the association between patients’ education level and overall satisfaction was statistically significant (p value = .003). No statistical significant associations were found for patients’ factors such as gender, marital status, occupation, average monthly family income, perception of sufficiency in income nor for severity of disease.

Patients at the Female Medical Ward were less satisfied than patients at the Male Medical, Female and Male Surgical Wards. The association between type of ward and overall satisfaction were statistically significant (p = .009). The association between service factors as well as distant to the hospital, perception of convenience of traveling, access to family, payment scheme, frequencies of treatment, length of stay and type of ward were statistically not significant.