

DISSATISFACTION WITH MEDICAL PRACTICE.

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Abstract:

Objective: The objective of our study is to identify and describe the main sources of dissatisfaction with medical services among the population of MMCH.

Method: A cross sectional survey was conducted in august 2014 among the patients and attendants who visited the MMCH by using convinces sampling method. The list of reasons of dissatisfaction were taken from the previous study done in Lithuania.

Results: Study subjects were selected on the basis of convenience sampling from outpatients setting. study participants include n=100 males and n=100 females of age group ranges between 20-60 years. They belongs to poor socioeconomic status. They were interviewed and asked the reasons for the dissatisfaction.

Long queues to see the doctor was the commonest complaint. No money to buy medication (n=144, 72%), doctors are not willing to help when they have no money to buy medicine (n=154, 77%), health care services are of not good quality (n=120, 60%), Excess paperwork (n=104, 52%), lots of problem in getting to the specialist needed (n=112, 56%), long queue just to get a receipt for an appointment with the doctor (n=158, 79%), not satisfied with the fee of investigation (n=110, 55%), not satisfied with doctors way of examination (n=110, 55%), lacking attentiveness to the patients (n=102, 51%).

Conclusion: We found that the causes of dissatisfaction among most patients were cost of medicine and delay in seeing the patients.

Key Words: Dissatisfaction, patients, Medical practice, skills and attitude.

Introduction:

The practice and system of medicine has evolved over centuries. There are certain significant developments which have taken place in the health systems in recent times. among them, Significant ones are¹:

- the establishment of corporate hospitals equipped with the latest facilities
- the advent of third-party payers (insurance companies, governments, companies, etc.); increasing awareness among patients
- availability Of the higher expectations of patient care, and finally
- the increasing litigations for unsatisfying results.

In 1973, less than 15 percent of several thousand practicing physicians reported any doubts that they had made the correct career choice.² In contrast, surveys administered between mid 90s and mid 2004 have shown that 30 to 40 percent of practicing physicians

would not choose to enter the medical profession if they were deciding on a career again, and an even higher percentage would not encourage their children to pursue a medical career.^{3,4} In a telephone survey of 2000 physicians that was conducted in 1995, 40 percent of the doctors said they would not recommend the profession of medicine to a qualified college student. Data suggest that dissatisfaction on the part of physicians breeds poor clinical management, as well as dissatisfaction and noncompliance among patients, and that the rapid turnover of unhappy doctors in offices and hospitals may lead to discontinuous, substandard medical care.^{5,6}

All these factors have resulted in a challenging profile for the health care industry - away from the traditional concept of a noble profession toward a service industry.

Methodology:

A cross sectional survey was conducted in august 2014 among the patients and attendants who visited the MMCH by using convinces sampling method. The list of reasons of dissatisfaction were taken from the previous study done in Lithuania⁷. Structured interviews with closed ended questions were conducted. Duration of interview was 15 min each, conducted by authors. Proper consent was taken before interviews and the study was approved by research ethics committee of MMCH.

Result:

Study subjects were selected on the basis of convenience sampling from outpatients setting. Study participants include n=100 males and n=100 females of age group ranges between 20-60 years. They belongs to poor socioeconomic status. They were interviewed and asked the reasons for the dissatisfaction.

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S #	Reasons for dissatisfaction	No of response
1	long queue just to get a receipt for an appointment with the doctor	(n=158, 79%)
2	Doctors are not willing to help when they have no money to buy medicine	(n=154, 77%)
3	no money to buy medication	(n=144, 72%)
4	health care services are of not good quality	(n=120, 60%)
5	lots of problem in getting to the specialist needed	(n=112, 56%)
6	not satisfied with the fee of investigation	(n=110,55%)
7	not satisfied with doctors way of examination	(n=110, 55%)
8	Excess paperwork	(n=104, 52%)
9	lacking attentiveness to the patients	(n=102, 51%)

DISCUSSION:

Traditionally, hospitals have had discrete functional services such as house-keeping, dietary services, pharmacy, laboratory, etc. Unfortunately, this specialization has led to more fragmentation, costly care, and less than ideal customer service. One doctor, writing in a medical journal in 1869, called medicine "the most despised of all the professions" for educated men.⁸ In the first years of the 20th century, medical education was haphazard – the nation's ragtag array of substandard medical schools accepted all comers – and in 1913, the American Medical Association estimated that no more than 10 percent of physicians were able to earn a comfortable living.⁹

Patients often make appointments for one problem, and then decided to talk on a few more once they have our attention. Most appointments in our practice are in 15 minute slots; some are for 30 minutes (such as minor surgeries)

From the practical point of view of quality improvement, studying dissatisfaction might also be more important than studying satisfaction in the identification of system malfunctions.

The problem identified here involved the cost of medica-

tion as a source of dissatisfaction. Some respondents reported that the cost of medical care created a barrier to obtaining needed treatment and it is not possible to buy more expensive medications.

Another reason of dissatisfaction the respondents described is the delay in seeing the patient. They describe it as "a waste of time" or gave a description of the detrimental effects on health.

CONCLUSION:

We found that the causes of dissatisfaction among most patients were cost of medicine and delay in seeing the patients.

RECOMMENDATIONS:

- Minimize the patient's waiting time to the least possible.
- Step into your patients' shoes; see through their eyes and hear through their ears.
- Keep appointments, return calls, and apologize for delays.
- All health care facility providers must document patient complaints and their responses to them.
- *See the whole person:* see beyond illness the whole person.

REFERENCES:

1. Prakash B. Patient Satisfaction. J Cutan Aesthet Surg. 2010 Sep-Dec; 3(3): 151-155.
2. Hadley J, Cantor JC, Willke RJ, Feder J, Cohen AB. Young physicians most and least likely to have second thoughts about a career in medicine. Acad Med 1992;67:180-190
Massachusetts Medical Society. Physician satisfaction survey 2001. (Accessed October 8, 2003, at <http://www.massmed.org/pages/physiciansatisfaction.asp>.)
3. Chuck JM, Nesbitt TS, Kwan J, Kam SM. Is being a doctor still fun? West J Med 1993;159:665-669
4. DiMatteo MR, Sherbourne CD, Hays RD, et al. Physicians' characteristics influence patients' adherence to medical treatment: results from the
5. Medical Outcomes Study. Health Psychol 1993;12:93-102
6. Haas JS, Cook EF, Puopolo AL, Burstin HR, Cleary PD, Brennan TA. Is the professional satisfaction of general internists associated with patient satisfaction? J Gen Intern Med 2000;15:122-128
7. Bankauskaite V, Saarelma O. Why are people dissatisfied with medical care services in Lithuania? A qualitative study using responses to open-ended questions. International Journal for Quality in Health Care. Volume 15, Issue 1Pp. 23 - 029
8. Starr P. The social transformation of American medicine. New York: Basic Books, 1982:82.
9. American Medical Association. Report of the Judicial Council. JAMA 1913;60:1998-1998.