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**INDO AMERICAN JOURNAL OF  
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.1065094>Available online at: <http://www.iajps.com>**Research Article****ASSESSMENT OF PATIENT'S SATISFACTION WITH  
PHARMACEUTICAL SERVICES AND HEALTHCARE FACILITIES IN  
TERTIARY CARE HOSPITALS QUETTA, PAKISTAN****Azhar Ahmed<sup>1</sup>, Ghulam Mustafa<sup>2</sup>, Noman Ul Haq<sup>2</sup>, Aqeel Nasim<sup>3\*</sup>, Maria Tahir<sup>3</sup>,  
Sohail Riaz<sup>3</sup>**<sup>1</sup>M.Phil Scholar, Pharmacy Practice Faculty of Pharmacy & Health Sciences, University of Balochistan, Quetta, Pakistan<sup>2</sup>Assistant Professor, Faculty of Pharmacy & Health Sciences, University of Balochistan, Quetta, Pakistan.<sup>3</sup>M.Phil. Pharmacy Practice, Pharmacy Practice, Faculty of Pharmacy & Health Sciences, University of Balochistan, Quetta, Pakistan.**Abstract:**

*Patient satisfaction assessment is regarded as a major pointer of the quality of the pharmacy services patients received in the tertiary care hospitals Quetta. This study was set out to evaluate patient satisfaction with pharmaceutical services. The evaluation of various literatures supports the level of patient satisfaction in various studies. A critical but defective situation in healthcare is that patient satisfaction has not been taken seriously enough; patient satisfaction and patient trust demonstrate patient loyalty and satisfaction are directly linked to services, recommending the hospital and their willingness to pay the bill. A Cross sectional descriptive study led in tertiary care hospitals of Quetta to determine the patient satisfaction with pharmacist and pharmacy services. This study was done in different government hospitals in Quetta city of Pakistan. The prime results of current study specified that persons with middle to low or no income were not pleased with pharmacy facilities. It designates that facilities related to exact medications, particularly their obtainability, information on side effects, storage, predictable consequences from the medicines and other were accountable for the lower level of satisfaction this was consistent with studies where they have similar response.*

**Keywords:** *Pharmaceutical services; Satisfaction; Hospital and Expectations***Corresponding author:****Aqeel Nasim,***M.Phil. Pharmacy Practice**Faculty of Pharmacy & health Sciences,**University of Balochistan,**Contact: aqeel\_nasim@yahoo.com,**+92 333 7879598)*

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**INTRODUCTION:**

The health care system become changed and advanced over time. The health care services are becoming towards more patient centric rather than drug centric to provide better health care to patient. [1] The World Health Organization conference utters on “health for all” in the 21<sup>st</sup> century that includes enhancement of the health of individuals or patients is the definitive goal of social and economic expansion, to advance health systems to fight or make better current illness or conditions and to anticipate health situations, socioeconomic conditions and requirements of patients and to improve overall patient satisfaction. [2].

Patient satisfaction is an essential tool for measuring the performance of health plans and health care programs [3]. Patients’ assessment of health care facilities is significant tool in assessing accessibility of care and the quality of care delivered. Satisfaction is attained once patient’s awareness of excellence of care & facilities they take in healthcare setting has been, sufficient, optimistic and sees their hopes. [4]

On ground of above realities, it is necessary to create the policy that facilitates easy, accessible and satisfactory medical care to patients, it will be of high value and is to valuable to assess the need of patients. By considering the importance of patient fulfilment, healthcare facilities could be made possibly to appropriate to the necessities of the patients.

The evaluation of various literatures supports the level of patient satisfaction in various studies.

Williams B (1994) stated that Patient satisfaction is believed as significant product measure for health services, throughout time fulfillment has grew widespread acknowledgement as a degree of eminence in public sector [5].

Shikiar et al. projected following levels of satisfaction

1. Gratification through health-care distribution system.
2. Satisfaction with treatment.
3. Satisfaction with medication and related counseling [6].

Patient satisfaction can be seen on various dimensions with therapeutic care: over-all satisfaction, convenience of facilities i.e. physical setting, kind attitude of doctors, quality of care, and permanence of care. [7]

Pharmaceutical facilities familiar as vital healthcare-system module Study evaluated patient gratification is definitely affected by facility punctuality, chemist

defiance, medicine therapy, pharmacy site and waiting zone. [8]

Health care establishments are working in a modest setting. Now a days hospital needs to improve patients requirements to be fulfill in order to compete with other institutes or hospitals. Satisfaction is fundamentally substantial patients’ prospects and considerate their requirements. Patients’ response can mark the general value, to advance structural knowledge and growth schedule and provide chance [9]

A critical but defective situation in healthcare is that patient satisfaction has not been taken seriously enough; patient satisfaction and patient trust demonstrate patient loyalty and satisfaction are directly linked to services, recommending the hospital and their willingness to pay the bill. [10]

The patient satisfactions, on the basis of above studies have shown that patient satisfaction is essential for particular hospital; the patient may not come again if he has not been satisfied with the services he gets. So ultimately hospital resources will be wasted and patient money is also wasted. It is important to consider these studies while health policies were being made by policy makers.

Patient satisfaction is a concept which reproduces the kind and excellence of facility providing by healthcare members. However, no study has been conducted in Quetta. According to report District health profile 2009 Quetta is principal city of Balochistan, Pakistan. Situated in river valley, comprises of health care distribution system controlled by Executive District officer Quetta that controls various BHUS, DHQH etc.

The study aimed to evaluate Assessment of patient satisfaction with health care system and pharmaceutical facilities in tertiary care hospitals Quetta, Balochistan

**METHODOLOGY****Study Design and settings**

A Cross sectional descriptive study led in tertiary care hospitals of Quetta to determine the patient satisfaction with pharmacist and pharmacy services. This study was done in different government hospitals in Quetta city of Pakistan. These include;

- Sandeman provisional Hospital Quetta
- Bolan Medical Complex Hospital Quetta

**Study Tool:**

The questionnaire was developed in English by experts of Pharmacy Practice department then it was translated into national language of Pakistan Urdu and approved by Faculty of Pharmacy expert

committee. Likert five points rating scale was used for calculating satisfaction and composed of six domains:

1. Demographics
2. Prescription and counseling Satisfaction
3. Pharmacy Services Satisfaction
4. Satisfaction related to Pharmacist
5. Patient satisfaction regarding current treatment
6. Patient perception towards pharmacist role

#### Sampling Procedure:

According convenient sampling and time constraint for data collection 1013 respondents were interviewed and convenient sampling technique was used to take data.

#### Inclusion Criteria:

All registered in-patients who seek medical care are included in this study. Willing to participate in this study and able to understand national language of Pakistan (Urdu).

#### Exclusion criteria:

Those who do not want to participate in this study are excluded.

#### Ethical consideration

The study was performed according to National Bioethics Committee Pakistan's guidelines [11] and study approved by Department of Pharmacy Practice, Faculty of Pharmacy, University of Balochistan, Quetta, Pakistan. According to the standards, written consent was taken from patients prior to data collection. Before conducting the survey proper

permission from Medical superintend (MS) of each hospital was taken in the form of approval letters. Informed consent was presented to the patient and their willingness was given priority prior to data collection.

#### Data Analysis:

Collected data was entered in SPSS version 20. Descriptive statistics were used to demonstrate the characteristics of the study population. Categorical variables were measured as frequency and percentage where continuous variables were expressed ad mean standard deviation. Inferential statistics (Kruskal Wallis, Mann-Whitney U test,  $p < 0.05$ ) were used to assess the significance among study Variables.

#### RESULTS:

##### Demographics Characteristics

As shown in table. 1. The demographic result showed that majority of respondents 229(22.6%) were have age ranges between 38-47 years. The gender showed that majority 556 (54.9%) were male. Majority Of respondents 179 (17.7%) were have qualification of matric. Majority 637 (62.9%) were have no income. Majority of respondents were 837 (82.6%) married. Majority were 647 (63.9) lived in their own house. Majority of the respondent's 638 (63.0%) were live in urban areas. Majority of respondents 290 (28.6%) were prescribed 6 medicines and large number of respondents 188 (18.6%) were dispensed 2 medicines.

**Table 1: Demographic Characteristics**

Description	Frequency	Percentage
<b>Age</b>		
8-17 years	63	6.2
18-27 years	119	11.7
28-37 years	164	16.2
38-47 years	229	22.6
48-57 years	209	20.6
58-67 years	132	13.0
68-77 years	67	6.6
78-87 years	30	3.0
<b>Gender</b>		
Male	556	54.9
Female	457	45.1
<b>Education</b>		
Primary	160	15.8
Matric	179	17.7
Intermediate	119	11.7
Bachelor	58	5.7
Masters	9	0.9
No education	488	48.2
Continue.....		

<b>Income</b>		
No income	637	62.9
5000-9999	48	4.7
1000-19999	263	26.0
20000-29000	57	5.6
30000-39000	5	0.5
More than 40000	3	0.3
<b>Marital status</b>		
Married	837	82.6
Unmarried	176	17.4
<b>House occupancy</b>		
Own House	647	63.9
Rent	366	36.1
<b>Locality</b>		
Urban	638	63.86
Rural	375	37.01
<b>Number of Medicine</b>		
1	2	0.2
2	12	1.2
3	14	1.4
4	85	8.4
5	181	17.9
6	290	28.6
7	175	17.3
8	161	15.9
9	60	5.9
10	23	2.3
11	2	0.2
12	8	0.8
<b>Number of dispensed Medicine</b>		
0	27	2.7
1	113	11.2
2	188	18.6
3	151	14.9
4	174	17.2
5	167	16.5
6	137	13.5
7	33	3.3
8	19	1.9
9	1	0.1
10	2	0.2
12	1	0.1

### Patient satisfaction response

As shown in table 2. Majority of patients 357(35.2%) were strongly disagreed that they get their complete drug course. Majority were 533 (52.6%) strongly agreed that they get counseling about their prescription. Majority of respondents 402 (39.7%) agreed that they are satisfied with counseling of prescription. Majority were 503 (49.7%) agreed that they get counseling about disease. Majority of respondents 411 (40.6%) agreed that they were satisfied about disease counseling. Majorities were 455(44.9%) agreed about received medicines and counseling satisfaction. Large number of respondents 443 (43.7%) were agreed that they can easily get

immediate pharmacy services. Majorities were 343 (33.9%) strongly agreed that they get pharmacy services without set back financially. Majority 413 (40.8%) were strongly disagreed that it is difficult to get pharmacy services on short notice. Majorities were 654 (64.6%) strongly agreed that pharmacy services could be better. Majority of respondents 310 (30.6%) were strongly disagreed that pharmacy stores are conveniently located. Large number of respondents 386 (38.1%) were strongly agreed that pharmacist should pay more attention to their privacy.

**Table 2: Satisfaction Response**

	SA	A	N	D	SD
Do you get drugs for your complete course	239(23.6%)	263 (26.0%)	13 (1.3%)	141(13.9%)	357(35.2%)
Do you get counseling for your prescription	533 (52.6%)	371 (36.6%)	----	30(3.0%)	79(7.8%)
Are you satisfied with counseling for your prescription	349 (34.5%)	402(39.7%)	1 (0.1%)	79 (7.8%)	182(18.0%)
Do you get counseling for your disease	503 (49.7%)	392(38.7%)	27 (2.7%)	90 (8.9%)	1 (0.1%)
Are you satisfied with counseling of your disease	344 (33.0%)	411(40.6%)	2 (0.2%)	82 (8.1%)	184(18.2%)
Are you satisfied with medicines and counseling you received	306 (30.2%)	455(44.9%)	3 (0.3%)	78 (7.7%)	171(16.9%)
Is it easy for you to get pharmacy service in emergency	358 (35.3%)	443(43.7%)	16 (1.6%)	130(12.8%)	65 (6.4%)
I feel confident that i can get pharmacy services i need without being set back financially	343 (33.9%)	220(21.7%)	175(17.3%)	86 (8.5%)	189(18.7%)
It is hard for you to get pharmacy devices on short notice	112 (11.1%)	119(11.7%)	10 (1.0%)	359(35.4%)	413(40.8%)
there are somethings about pharmacy services that could be better	654 (64.6%)	314(31.0%)	10 (1.0%)	24 (2.4%)	11 (1.1%)
Places where i can get pharmacy services are very conveniently located	180 (17.8%)	274(27.0%)	8 (0.8%)	241(23.8%)	310(30.6%)
When i am receiving counseling, they should pay more attention to my privacy	386 (38.1%)	275(27.1%)	193(19.1%)	89 (8.8%)	70 (6.9%)

SA=Strongly Agree

A=Agree

N=Neutral

D=Disagree

SD=Strongly Disagree

**Scoring description of patients satisfaction**

As shown in table 3. Satisfaction score calculated by using conversion factor. There are 12 questions in Likert scale, each response was assigned marks or values as strongly agree was given 5 marks, agree was given 4 marks, neutral was given 3 marks, disagree was given 2 marks and strongly disagree

was assigned 1 mark. As there are 12 questions so minimum score was 12 and highest was 60, cut off level was taken as 48 which means respondent score equal and more than 48 was considered as Adequate Satisfaction and less than 48 was considered as poor satisfaction.

**Table 3: Satisfaction result**

Satisfaction	Frequency	Percentage
Poor Satisfaction	693	68.4
Adequate satisfaction	320	31.6

**Comparison of mean score with demographics**  
Table no 4. Showed association of mean satisfaction score with demographics, none of the demographic

was significantly associated with overall satisfaction (i.e.  $p > 0.05$ ) except Number of dispensed Medicine  $p < 0.01$

**Table 4: Comparison of mean score with demographics**

Demographics	Frequency	Satisfaction		Mean SD	P-Value
		Poor Satisfaction	Adequate Satisfaction		
<b>Age*</b>					
8-17 years	63	4.74	1.48	41.11 ± 7.556	0.409
18-27 years	119	7.31	4.44	43.69 ± 7.728	
28-37 years	164	11.35	4.84	42.55 ± 7.856	
38-47 years	229	16.19	6.42	42.60 ± 6.758	
48-57 years	209	13.72	6.91	43.71 ± 6.579	
58-67 years	132	9.08	3.95	41.76 ± 8.018	
68-77 years	67	4.24	2.37	43.96 ± 7.617	
78-87 years	30	1.78	1.18	42.93 ± 8.602	
<b>Gender**</b>					
Male	556	37.91	16.98	42.76 ± 7.253	0.621
Female	457	30.50	14.61	42.95 ± 7.544	
<b>Education*</b>					
Primary	160	11.06	4.74	42.93 ± 7.259	0.309
Matric	179	11.15	6.52	43.73 ± 6.894	
Intermediate	119	7.50	4.24	43.41 ± 7.524	
Bachelor	58	3.95	1.78	43.84 ± 7.088	
Masters	9	0.49	0.39	43.33 ± 8.201	
No education	488	34.25	13.92	42.23 ± 7.557	
<b>Income*</b>					
No income	637	42.74	20.14	42.76 ± 7.668	0.132
5000-9999	48	3.65	1.09	42.90 ± 6.821	
1000-19999	263	17.77	8.19	42.79 ± 7.048	
20000-29000	57	3.95	1.68	43.46 ± 6.299	
30000-39000	5	0.30	0.20	45.60 ± 5.683	
More than 40000	3	0.00	0.30	49.67 ± 1.528	
<b>Marital status**</b>					
Married	837	56.07	26.55	42.95 ± 7.347	0.412
Unmarried	176	12.34	5.03	42.37 ± 7.553	
<b>House occupancy*</b>					
Own House	647	42.45	21.42	43.23 ± 7.431	0.076
Rent	366	25.96	10.17	42.17 ± 7.257	
<b>Locality**</b>					
Urban	638	42.35	20.63	42.96 ± 7.312	0.296
Rural	375	26.06	10.96	42.65 ± 7.506	

\* *Kruskal Wallis Test.*

\*\* *Mann Whitney U Test*

**DISCUSSION:**

The aim of this study was to examine patient satisfaction with Pharmacy services and Pharmacist to determine how these components of health care services are interrelated with overall patient satisfaction in particular hospital. Patient satisfaction is a significant indicator for determining the excellence in well-being and care. It marks consequences, patient holding, and medical negligence. It is also important for acknowledgement and distinction in the health care system. In current study, the mean satisfaction level was low as it is below the “modest” level in the five-point Likert scale. The described mean level of satisfaction was inferior equated to results of other studies [12, 13].

Overall gratification with health care provision grounded on fulfilment with various discrete facilities, with those established from health care tactics, pharmacy services and pharmacists. Patient satisfaction with health care services can be determined by subdomains, such as accessibility, convenience, availability, interpersonal communication, technical quality, and financial burdens etc. which were covered in this study. These satisfaction domains are also studied in various studies where they associated the same domains to assess patient satisfaction.

For hospitals, when it arises to refining eminence of care and the complete patient involvement. In an epoch of shifting tactics to healthcare improvement, pharmacists have exceptional prospect to deliver patient-focused initiatives of care [14]. Patient satisfaction can mark patients' health-related verdicts and treatment-related actions, which can subsidize to treatment accomplishment and better health consequences [15, 16]. Patient satisfaction eloquently prophesied by achievement of treatment, medicine agreement with treatment schedule, and use of facilities in a suitable way [17]. Quantification of patient satisfaction utilized to associate health care plans, to assess quality of care, to recognize which features of a facility, need development and to support administrations in classifying which customers are likely to unenroll [18].

Care to endorse harmless and rational use of medicines & to enhance therapeutic consequences. Services might be one of the vigorous constraints for forecasting the excellence of drugstore facilities and facilities [19]. This study showed that number of subjects were content that they get counseling for prescription, this was somewhat varying with earlier research that assessed the quality of current medicine counseling in community pharmacies was low [20].

Though, this study showed that maximum respondents were not satisfied with Pharmacist and Pharmacy services who knew about Pharmacists this is inconsistent with study where they have satisfactory satisfaction [21].

The prime results of current study specified that persons with middle to low or no income were not pleased with pharmacy facilities. Our outcomes were inconsistent with the verdicts from an earlier study where they stated that persons who had lesser earnings had higher gratification toward facilities providing to them. The lowermost evaluated domain in current study were “the info pharmacist provides you about the appropriate storing of your medication”, and “how well the pharmacist clarifies conceivable side effects” which presented alike result to the study where they have same response of respondents [22]. It designates that facilities related to exact medications, particularly their obtain ability, information on side effects, storage, predictable consequences from the medicines and other were accountable for the lower level of satisfaction this was consistent with studies where they have similar response [22].

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