

The Observation of Patient Satisfaction with Healthcare Services in Chinese Public Hospitals Through Patients Experiences in Jiangsu

Majid Ali¹, Nawab Ali², Muhammad Aditya Kurnia³, Jiaying Chen⁴

¹ School of Health Policy and Management, Nanjing Medical University, Nanjing, China

² Associate Professor, Department of Physiotherapy, Sahara University, Norowal, Pakistan

³ School of Health Policy and Management, Nanjing Medical University, Nanjing, China

⁴ School of Health Policy and Management, Nanjing Medical University, Nanjing, China

*Corresponding author's E-mail: jychen@njmu.edu.cn

Article History	Abstract
Received: 06 June 2023 Revised: 05 Sept 2023 Accepted: 01 Dec 2023 CC License CC-BY-NC-SA 4.0	Background: The objective of this study was to assess patients' overall satisfaction with and experiences with various aspects of healthcare in Chinese public hospitals. In addition, it aimed to find out the extent to which patients' experiences in public hospitals in urban and rural locations might be accountable for general satisfaction. Methods: The data were derived from questionnaires designed to serve the patient's satisfaction within hospitals regarding several aspects in ten primary and tertiary level public/private hospitals across Jiangsu (China). In 2019, a survey encompassing 1185 Patients, physicians, and paramedical staff members was conducted in ten public hospitals located in Jiangsu, China. Donabedian's model classified patient experience questions into six categories under the heading's "structure" and "process," with overall satisfaction serving as the "outcome" category. To compare patient experiences and overall satisfaction in urban and rural settings, chi-square tests were employed. Results: For assessing the government healthcare system's staff, health insurance plans, and healthcare delivery units. The health status of the target populations was compared with that of the responders by looking at the demographic distribution, life expectancy, service delivery with and without favoritism, and health behaviors. Surveys from decision-makers, implementers, and the general public who experience policy revealed that a much higher proportion of respondents reported improvements and favorable changes in the majority of areas. The survey's findings indicate that patients are often more satisfied with urban hospitals as compared to rural hospitals. In Jiangsu, medical personnel are given nearly identical resources and facilities, albeit in transformed forms according to their jurisdiction. The process is how the policies are initiated, negotiated, formulated, communicated, implemented, and evaluated. Policy development is dominated by political factors impacting all aspects of policy, i.e., context, process, and content. Conclusions: Jiangsu has updated and implemented its health policy according to the demand of the day, which has noted the experiences of its workers, compassionate attitudes, and service delivery despite the workload. The province has put in place several insurance schemes, but there is an issue of dissatisfaction in rural health centers as compared to urban hospital patients that can be resolved by bringing awareness in the rural society; Jiangsu is also home to the best version of the Electronic Medical Record system. Furthermore, the satisfaction of urban hospital patients is comparatively high due to the excellent behavior of healthcare workers, the proper referral system, insurance availability, the duration of healthcare services, the out-of-pocket treatment cost, the resources availability at PHC centers, and the development of the healthcare system were also noted with noteworthy numbers. Keywords: Healthcare systems, Jiangsu (China), PREM, Donabedian Model.

1. Introduction

Background: Healthcare systems consist of all stakeholders and actions; the primary purpose is to improve health. Patient satisfaction with medical services is an essential, commonly used criterion for evaluating quality. In rural China, there are three tiers to the Basic Medical Care System: county hospitals, township health centers, and village clinics. The primary healthcare practitioners in village clinics and village doctors assume an essential position in the national healthcare system[1]. The interviewers noticed that some of the open-ended task respondents reacted poorly to the supply in the time trade-off the task that they could opt to "give up" time to live as compensation for a shorter life in good health. In response to these comments, a revised version of the open-ended inquiry was created[2]. China's public hospitals are the backbone of the healthcare system, accounting for 89% of hospital bed days and 92% of Patient visits[3]. The government regulates and operates the vast majority of Chinese public hospitals. In the past, government funding, charges for health services, and a 15% markup on medications were the primary sources of revenue for Chinese public hospitals. However, due to insufficient funding and artificially low medical service rates, hospital management and clinicians have been urged to overprescribe medications and tests in order to maximize earnings[4]. Deficiency of medical personnel, not a scarcity of resources or technology, is the main problem with global health. The number, quality, and efficacy of health services are determined by health human resources (HHR), an essential part of health resources that has a significant impact on the citizens' access to healthcare. As part of a long-term, fundamental system arrangement in public health, the government of China is specifically tasked with carrying out a preventative health policy by offering free essential public health services to both urban and rural populations. One of the most critical tasks of furthering medical and health system reform is the establishment of a national basic public health service, which is necessary for progressively increasing the equalization of essential public health services[5].

Patient satisfaction is a complex concept that can be difficult to interpret despite its importance. Rather than focusing solely on overall satisfaction, it may be more beneficial to identify the underlying factors contributing to patient experiences. Patient-Reported Experience Measures (PREMs) can help in this regard by capturing patients' perceptions of various aspects of their healthcare experiences and providing actionable indicators for quality improvement. By assessing both patient experiences and overall happiness, healthcare providers can gain insights into areas for improvement and develop a more complete understanding of patient satisfaction[6]. The 2009 national health care reform program launched by the Chinese central government aimed to reform public hospitals. In China, 92% of patient visits were given by public hospitals, which were often extensive secondary or tertiary facilities. However, there were no official referral mechanisms in place, and even for minor illnesses, patients would visit public hospitals instead of primary healthcare facilities. Unfortunately, many Chinese patients had little faith in the standard of care offered by primary healthcare facilities. The pilot program aimed to improve the standard and effectiveness of healthcare while limiting the rate of increase in medical costs in public hospitals[7]. The difference in available resources is significant between urban and rural medical facilities in China. In 2014, there were 2.90 million beds in medical facilities in urban areas, while rural areas had only 2.05 million beds. Research has evaluated clinical quality, technical efficiency, and health expenditures in relation to China's public hospital reform. However, studies have yet to be conducted on patients' perceptions of the care they receive in Chinese public hospitals, especially the differences in experiences between urban and rural patients. To improve public hospital reform, more patient-centered expertise in this area is necessary[8].

Conceptual framework

This study aimed to evaluate the satisfaction of Patients with the healthcare services provided in Chinese public hospitals. It also aimed to determine how patients' experiences with different aspects of care in China's urban and rural public hospitals contribute to their overall satisfaction with care. The study used an adapted version of Donabedian's quality of care model (Figure 1) to achieve these goals. In a previous qualitative study, our research group employed Donabedian's methodology to identify patients' primary concerns regarding the care they received in Chinese public hospitals. Based on the methodology and findings of the preceding study, patients' experiences with public hospital care can be classified into three groups: "structure," "process," and "outcome"[9]. The study found that patients receiving treatment at public hospitals in China were most concerned about the environment and facilities, as well as the professional competency and morality of the medical staff. These factors were classified under the "structure" category, as shown in Figure 1. Under the "process" category, patients' top concerns were medical costs, communication and information, emotional support and caring attitudes, efficiency and coordination of care, and communication and information. The questionnaire's "outcome" category was renamed "general satisfaction," which aimed to measure the patient's overall happiness with the care they received in public hospitals, as there were no questions about the health outcomes of Patients[10]. Donabedian's model suggests that the "structure" of healthcare directly affects the

"process" of treatment, and the "process" directly affects the "outcome" of care. We hypothesized that the "structure" and "process" elements of patients' experiences during treatment would have a direct impact on their overall satisfaction¹⁰ Additionally, we believe that "structure" components may indirectly affect overall satisfaction by influencing the "process." Figure. 1 illustrates this hypothesized relationship. To ensure that Indonesian citizens' rights are upheld, the community needs quality health services. Hospitals have to be able to deliver quality care as health services organizations. A system that can integrate all of these elements is necessary for the delivery of health services with integrity, transparency, accountability, and responsiveness. In order to boost customer satisfaction and make an effort to assess, seize, and maximize every opportunity, hospitals must offer high-quality medical care at reasonable costs and competitiveness in the North Sumatra Province's Medan Haji General Hospital's (RSUHM) inpatient unit. In this study, a cross-sectional design and quantitative analytics were employed as research methods[11]. Hospital marketing is a crucial aspect of the decision-making process of choosing a hospital. It is a fundamental activity that is necessary for the survival of any organization. To make the marketing mix for services more comprehensive, it should consist of seven elements, including three non-traditional ones: people, tangible evidence, and process. The main objective of this study is to determine how the marketing mix of services influences the decision of BPJS inpatients at Royal Prima Marelán General Hospital to follow up with their treatment[12]. The human lymphocyte population is responsible for humoral and adaptive immunity in the body. However, certain infections can compromise their ability to provide protection. In some cases, during these infections, CD4+ T cells are not present. This research aims to study the potential of small extracellular vesicles (sEV) that are derived from CD4+ T cells to enhance the immune system[13]

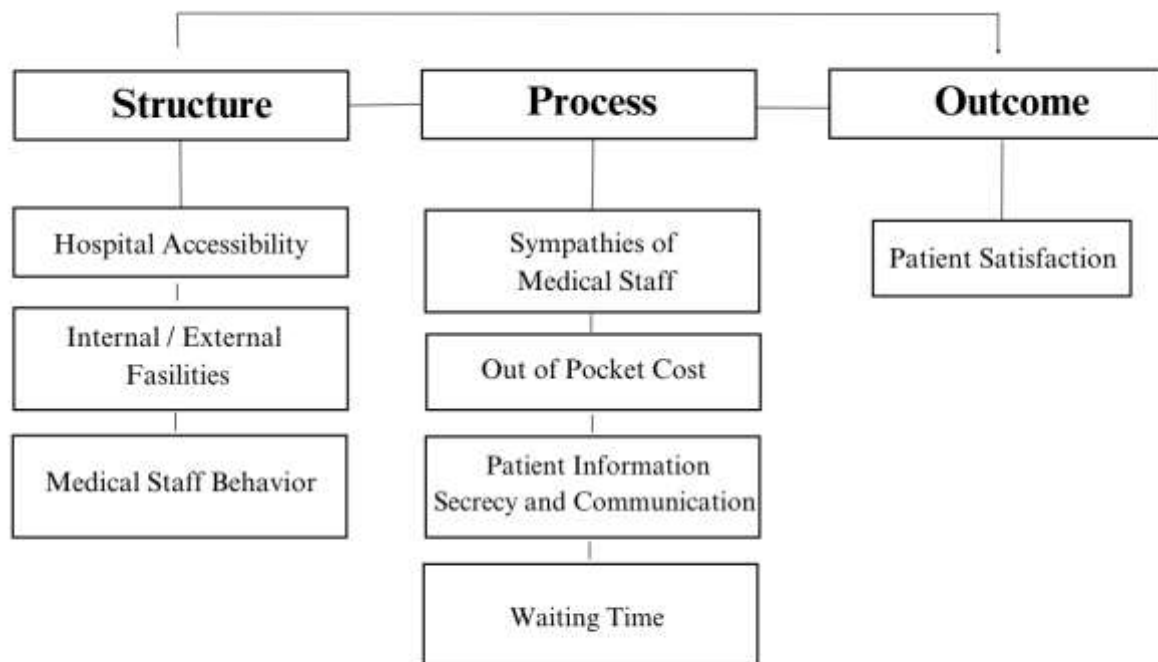


Figure1. The ideational model shaped from Donabedian's model.

2. Materials And Methods

This study is based on data collected from a patient survey carried out in 2019 across eight public hospitals in China. The selected public hospitals were chosen using stratified sampling, and consultations were conducted with representatives from Nanjing Medical University's School of Health Policy & Management. The research team worked with representatives of SHPM_NMU to identify counties in rural areas and cities in urban areas that had implemented concrete reform measures in their public hospitals. Based on SHPM_NMU's recommendations, the team selected 10 hospitals for the study: Renmin Hospital, Nanjing Brain Hospital, Drum Tower Hospital, Nanjing Red Cross Hospital, PHC Nanjing, PHC Downtown, First Affiliated Hospital Suzhou, First People Hospital Huai'an, Second Affiliated Hospital Huai'an, Sir RunRun Hospital Jiangning.

Participants

The study aimed to gather data from Patients in different hospitals. A convenience sample of 115 Patients was chosen from each hospital, and face-to-face interviews were conducted using a

questionnaire created by the research team. Only those participants who had completed their trips were included, and those who were unable to answer for themselves were excluded. Initially, 1250 Patients were registered to take part in the study, but after the data were cleaned and analyzed, only 1185 Patients were included in the final results.

The Survey Instrument

The survey consists of two sections. The first section comprises ten questions that cover age, sex, health insurance, socioeconomic status, type of illness, and how the patient rates the severity of their condition. The second section consists of 76 questions that focus on patients' experiences of receiving care in Chinese public hospitals. The 76 questions were created after a qualitative study that involved patient interviews with open-ended questions. The study aimed to identify what mattered most to patients in Chinese public hospitals. A literature study was also conducted to identify pertinent and validated questions on patients' experiences receiving hospital care. Finally, the behavior of hospital workers was scrutinized to gain insight into hospital management. Firstly, each question was translated into Chinese, and its corresponding response alternatives were appropriately adapted to the language and situation. Secondly, the pool of questions was compared to the results of the prior qualitative study to ensure that the most frequently mentioned aspects of care by the patients themselves were included. Based on the feedback received during the pilot study, a few minor adjustments were made to improve the questionnaire's readability. The final version of the questionnaire consists of 76 questions, which are listed in Questionnaire in Table 3, along with the relevant response options.

Data Collection and Quality Control

As part of a hospital survey, a team of three highly skilled interviewers conducted all the interviews. The research group or a master's student from Nanjing Medical University's School of Health Policy & Management (NMU) led each visit. Before the survey began, all interviewers underwent training that covered the survey's objectives, patient inclusion requirements, minimum sample size, survey instrument, and interpersonal interviewing procedures. Prior to each visit, pilot interviews were carried out to ensure that everyone was proficient in using the interview techniques and understood the survey instrument. The group leader was responsible for ensuring that all interviewers were skilled in using the interviewing techniques. During the study, individual face-to-face interviews were conducted in several hospitals. Each interview lasted between twenty and thirty minutes. At the end of each workday, group members checked the completeness and conceptual accuracy of each questionnaire in pairs. The group leader then reviewed each questionnaire once more. If any information regarding the inpatients needed to be included, the relevant interviewer returned to the hospital on the same or the next day to re-ask the question.

Data analysis Measurements of patients' experiences of care

Initially, the survey consisted of Seventy-six questions that were not arranged following Donabedian's model or classified based on response formats. However, before analyzing the data, the questions were reorganized in accordance with Donabedian's model and the features displayed in Figure. 1. Then, each question was grouped under its respective component based on the available answer formats. Finally, a comparison was made between each question and the results of the last qualitative study, and 15 questions that were deemed more significant to Patients themselves were included in the analysis, Table 1 provides visual representations of the inclusion and exclusion processes. The data included in this study covers various socioeconomic and demographic factors such as gender, age, education level (educated, meaning those who attended school and can read and write, and illiterate), father's occupation status (not working, part-time working, or full-time working), household status (internally displaced people or hosts), family type (joint or nuclear), family size (small, medium, or large), water quality (not improved refers to open water from lakes, ponds, or other sources), and restroom facilities available in the home[14].

Table 1 Characteristics of Patients by Urban and Rural level hospitals

Total (n=1185)	Urban Level Hospitals (n=790)	Rural Level Hospitals (n=395)
----------------	-------------------------------	-------------------------------

	N	%	N	%	N	%
Gender						
Men	496	41.8%	302	38.2%	194	49.2%
Women	689	58.2%	488	61.8%	201	50.8%
Age Group						
<30 Years	213	17.9%	184	23.3%	29	7.3%
31-45 Years	541	45.6%	390	49.3%	151	38.3%
> 46 Years	431	36.5%	216	27.4%	215	54.4%
Level of Education						
Below Primary School	137	11.5%	96	12.1%	41	10.4%
Middle School	349	29.4%	232	29.3%	117	29.6%
High School	403	34.1%	269	34.1%	134	33.9%
College and above	296	25%	193	24.4%	103	26.1%
Level of Income						
First group	124	10.4%	57	7.2%	67	16.9%
Second group	396	33.4%	283	35.8%	113	28.6%
Third group	570	48.1%	392	49.6%	178	45.1%
Cannot say	95	8.1%	58	7.4%	37	9.4%

*First group:< 30.000 RMB, Second Group: 30.000 – 50.000 RMB, Third Group: > 50.000 RMB

3. Results and Discussion

As in Table 1, the number of male patients is 41.8% while the female Patients are 58.2%, comprising 38.2% male and 61.8% female patients in Urban Hospitals while 49.2% male and 50.8% female in rural hospitals. These numbers also demonstrate the presence of a large number of female patients in both urban and rural hospitals. Patients in the age group 31-45 were reported to be 45.6%, followed by 46 years and above group 36.5%, while below 30 years were noted as 17.9% of the total number of respondents. The increase in the aging population has led to a higher demand for health and social services. Rural areas have comparatively less developed services, which makes fulfilling the demand more challenging. Furthermore, rural residents are more prone to adverse exposures and events throughout their lives, which may cause the need for health and social services at a younger age[15]. In this survey, the high number of educated respondents were high school passed, i.e., 34.1%, followed by middle school respondents 29.4% while college and above graduation 25% seems an impressive figure as primary school passed was only 11.5% respondents of the total patients interviewed. About 10.4% of respondents reported that their annual income is lower than 30000 RMB, While 33.4% answered that their annual income is b/w 30000 to 50000 RMB. In the third group, 48.1 expressed that their annual income is more than 50000 RMB; beyond this, 8.1% hesitate to express their annual income. Compared to respondents at urban public hospitals, more respondents at rural public hospitals were high-aged, had a Primary school education or below, and answered that they had the lowest level of annual household income. The respondent's satisfaction varies with the age and level of education, as well as observed in both rural and urban hospitals.

Compared to rural hospitals, a more significant percentage of patients at urban hospitals reported having pleasant experiences with all aspects of the surroundings and facilities. The most significant difference in patients' experiences of the four aspects of environment and facilities was observed in the hospital environment. A more significant number of patients in urban hospitals found the hospital environment to be cleaner and more comfortable than those in rural hospitals. A more significant proportion of respondents in city hospitals held a favorable opinion of medical staff skills compared to county hospitals.

Table 2 Patient's experiences of care by Urban and Rural hospitals (%)

	Urban Hospitals(N=790)		Rural hospital(N=395)		
	Positive responses	Negative responses	Positive responses	Negative responses	
Hospital accessibility					
Q.12 Distance to PHC Hospital	86.7	13.3	79.2	20.8	

Q.13 Distance to THC Hospital	67.4	32.6	64.4	35.6	
Q.E.5 Can Visit again if needed	78.4	21.6	69.3	30.7	
Internal & external Facilities					
Q.D.1.Admission Procedure is smooth	73.4	26.6	61.7	38.3	
Q.D.13 Hospital is neat & Clean	81.5	18.5	74.7	25.3	
Q.D.20. disturbs in Doctor's absence	85.6	14.4	78.9	21.1	
Medical Staff Behavior					
Q.C.1.Staff behave soft & Kind	86.3	13.7	73.7	26.3	
Q.C.12. Staff scolds, if I cry or vomit	79.4	20.6	71.6	28.4	
Q.C.14.Same care in Doctor's presence	69.8	30.2	59.3	40.7	
Out of Pocket Cost					
Q.11 Household annual income	82.4	17.8	76.8	23.2	
Q.F.17. Prescribed tests relate treatment	65.9	34.1	58.7	41.3	
Q.F.2.Medicines are good for treatment	77.4	22.6	68.4	31.6	
Patient info secrecy&communication					
Q, B.7. Doctor Listens me carefully	83.1	16.9	74.8	25.2	
Q.B.22. Doctor respects my privacy	73.8	26.2	62.5	37.5	
Q.B.23 inform me about my disease	76.1	23.9	66.2	33.8	
Waiting Time					
Q.B.10 Doctor gives more time to listen	78.9	21.1	59.4	40.6	
Q.D.17 Treatment is unusually delayed	71.6	28.4	56.8	43.2	
Patient Satisfaction					
Q.1 Satisfaction with staff	74.9	25.1	59.8	40.2	
Q.2 Satisfaction with Doctor	84.6	15.4	61.2	38.9	
Q.3 Satisfaction with Environment	74.9	25.1	54.3	45.7	

According to the survey, patients in urban hospitals reported receiving better emotional support and caring attitudes as compared to those in rural hospitals. The study found that more patients in urban hospitals perceived medical staff members to be polite, and more patients felt that doctors listened carefully to their descriptions of their conditions during their visits. In terms of patient experiences, similar patterns of variance were discovered between hospitals at the municipal and rural, specifically in the areas of communication and information. Among the three aspects under communication and information, respondents at hospitals at the municipal and rural expressed the least amount of satisfaction with physicians' explanations of their symptoms and other relevant topics. However, in comparison to respondents at county-level hospitals, more respondents at urban hospitals reported being satisfied with the way medical staff communicated with them throughout their visit and provided information about the issues that needed to be addressed. When it comes to waiting times, people who visited city-level hospitals were more likely to feel that the wait to see a doctor was long or very long compared to those who visited rural hospitals. On the other hand, people in urban areas were more

satisfied with the services provided by public hospitals than those in rural regions.

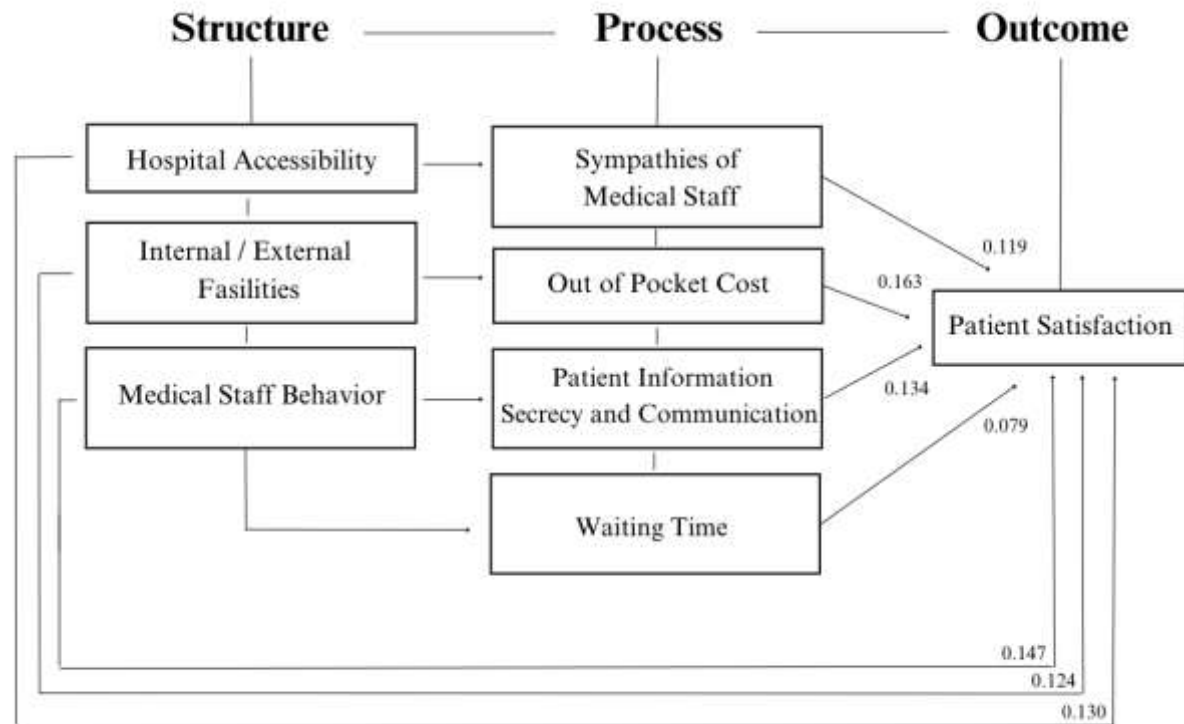


Figure 2 Path coefficients of direct effects in the path model of Patients' satisfaction and experiences of care at public hospitals

The statistics presented in Figure 2 demonstrate that urban hospitals have a significantly positive impact on patient satisfaction. The patients' satisfaction levels were primarily influenced by their experiences with hospital accessibility and the interior environment (path coefficient = 0.130), as well as the internal and exterior facilities (path coefficient = 0.124). Moreover, hospital accessibility and interior hospital facilities had a substantial indirect positive effect on patient satisfaction. Among the four "process" factors, patient information and communication had the second-strongest direct positive effect on patient satisfaction (path coefficient = 0.134). This was followed by the sympathy and caring attitude of staff (path coefficient = 0.119), waiting time (path coefficient = 0.079), and medical expenses paid out of pocket (path coefficient = 0.163). This path model explains variations in the general satisfaction of Patients at public hospitals.

According to a recent study, the majority of Patients who received medical care at public hospitals in rural and urban areas expressed satisfaction with the service. Among the patients surveyed, 78.2% were satisfied with the care provided at urban hospitals, while 69.8% mentioned satisfaction with rural hospitals. However, the study found that Patients in urban areas reported being more satisfied with almost every aspect of care they received in public hospitals than those in rural areas. The study is the first to use the PLS method to demonstrate that patients' experiences with specific aspects of care in rural and urban areas can influence their overall satisfaction with medical care. In Chinese public hospitals, patients' experiences with particular aspects of care in urban and rural areas account for 48.1% and 43.3% of their overall satisfaction, respectively. The findings of the study revealed that Patients, whether in urban or rural public hospitals, experienced significant adverse effects due to waiting times, but the importance of such experiences was overshadowed by other aspects of care. Professional competence was the most critical factor for Patients seeking healthcare in urban hospitals. Their perception of the medical staff's abilities impacted not only their overall satisfaction with hospital-provided healthcare services but also their perception of the care delivery process, which includes information secrecy and communication, waiting times, medical costs, and compassionate attitudes and emotional support. On the other hand, surroundings and amenities were the most critical factors for patients seeking care at rural hospitals. These factors influenced their evaluation of specific components of the care delivery process as well as their overall level of satisfaction. It is important to note that all the hospitals at the city level included in this study are tertiary hospitals and are located in urban areas. This may contribute to the variation in the relationship between general satisfaction and experiences of different aspects of care at urban and rural hospitals. However, most of the rural hospitals included in

this study are Primary healthcare hospitals situated in rural areas. In China, healthcare facilities in urban areas have access to more significant and better medical resources, such as financial, human, and material resources, compared to those in rural areas. This may explain why Patients seeking medical care at urban hospitals reported better experiences in almost every area of care[16]. When it comes to evaluating their satisfaction with health care services provided by Chinese public hospitals, Patients' opinions of various aspects, such as the hospital's atmosphere, the condition of its facilities, the professionalism of its medical personnel, etc., can play a significant role. However, it has been observed that county-level respondents tend to evaluate these aspects lower than their city counterparts. Therefore, policymakers responsible for distributing healthcare resources and those involved in public hospital reform must take these factors into account while making decisions.

Patients who visit city-level hospitals as Patients consider the availability of information and communication to be a more significant factor in determining their satisfaction with the care they receive. The way medical information is delivered, and its quality is essential elements in patients' experiences with communication and information at urban public hospitals. Among the three components under the aspect of communication and information, patients had the most unpleasant experiences with doctors explaining their sickness conditions. This was followed by the notice of matters requiring attention during treatment and the communication with medical personnel. These findings suggest that medical professionals must deliver informative medical information clearly and effectively to improve patients' experiences with care delivery in urban public hospitals. This is in line with previous studies, which have demonstrated that patients closely attend to the supply of clinical status information and value the use of simple language to describe their clinical condition[17][18] The factor of caring attitudes and emotional support was found to be a more significant determinant of overall satisfaction with care for Patients at county-level hospitals than other aspects related to the process of care delivery. Patients had negative opinions about the respect and friendliness of health professionals, as well as the patience of doctors. These findings suggest that patients seeking healthcare at public hospitals in rural areas may place more excellent value on being treated with courtesy and patience by medical staff compared to receiving an informative explanation of their condition and treatment. These results are consistent with previous research[19]. It is important to note that certain factors have a more substantial impact on overall satisfaction in China's public hospitals. These factors provide opportunities for development in public hospital reform. Although waiting time has a minor impact on patients' satisfaction compared to other components of care, it is still statistically significant. This highlights the heavy workload that medical staff in Chinese public hospitals. Therefore, more effective methods for directing patients to primary healthcare institutions are required. The study shows that most of the Patients are young, with over 4.65% of the respondents being under 45 years old. It also indicates that older people tend to seek care for chronic diseases and more complex issues. This data highlights a significant problem in China, where Patient visits are mainly concentrated at secondary and tertiary state hospitals, irrespective of disease complexity[20].

4. Conclusion

According to the findings of this study, patient satisfaction with healthcare at Chinese public hospitals was higher in urban areas than in rural areas. Patient-reported experiences in urban and rural settings were partially comparable and partly different in terms of patient satisfaction with patient care. Patients' perceptions of medical staff professional competence were highly connected to their overall satisfaction with care in both settings. Patients' experiences of the hospital environment and the state of hospital facilities, on the other hand, were more strongly related to patient satisfaction among respondents in rural areas than in urban areas. In contrast, their experiences of communication with and information provided by medical staff were more strongly related to patient satisfaction among respondents in urban areas than in rural areas. The current study's findings may be valuable to policymakers. Further research on patient satisfaction and experiences in terms of care, including among inpatients, is required to inform and guide the continuing reform of public hospitals and to accomplish the reform's aims.

QUESTIONNAIRE Demographic Characteristics:

1. Patient Name: _____
2. Hospital Name &Department:_____
3. Mode of Admission _____Duration of Admission__
4. Age:_____
5. Sex: Male_Female_

6. Maritalstatus: (A)Married (B) Notmarried (C)Widowed (D)Divorced/Separated (If not married) Number ofSiblings: _____(If married) Number ofchildren:
7. FamilySize: _____
8. Highest level of educationattained:

(A) None	(B) Can Read and Write	(C)Primary UnderMatric	(D)
(E) Matric	(F) Under Graduate	(H) Graduate PostGraduate	(I)

9. Profession/Occupation: _____
10. Overall Household Income Annual:
- (A) Less thanRs.30000 (B) Rs. 30001–Rs.50,000 (C) Rs. 50,00 and more (D) Can't Say
12. Accessibility: How far is PHC / BHU (Basic Health Unit) center from your residence?
- (A)2-4 Km (B)4-6 Km (C)6 – 8 Km (D) 8-10 Km (E) more than 10 Km
13. How far is Tertiary Hospital from your residence?
- (A) 4-4 Km (B)6-9 Km (C)9 – 12 Km (D) 12-20 Km (E) more than 200 Km

Table 3 Patient's Opinion

Q.No	Questions	Strongly Agree	Agree	Neither Agreeor Disagree	Disagree	Strongly Disagree	N/A
A	General Satisfaction						
1	I am totally satisfied with the staff of the hospital						
2	I am totally satisfied with the doctor of the hospital						
3	I am totally satisfied with the environment of the hospital						
B	Satisfaction with Doctor						
1	Doctor check me with quite concentration and care						
2	Doctor examine each and everything on his visit to me						
3	Doctor guides me properly for the diet and prevention related to my disease						
4	Doctor tell me everything about my treatment						
5	Doctor prescribed me the absolutely right drugs and no extra drug given to me						
6	Doctor understands my illness very well						
7	Doctor listens to me with interest						
8	Doctor understands my disease properly						
9	Doctor seems to be expert while dealing my conditions related to disease						
10	Doctor encourages me to ask questions regarding my illness						
11	Doctor ignores my questions related to my illness						
12	The duration of visit of doctor to me is short						
13	Doctor gives more concentration to wealthier patients						
14	Doctor should give more time for the examination to me						
15	Whenever I need doctor, he/she comes and checks me without irritation						
16	Doctor's prescription is quite comprehensible for me						
17	Doctor should write detail prescription regarding my illness						
18	Doctor does not care for the side effects of the treatment						
19	Doctor guides staff related to my illness in detail						
20	Doctor guides staff about my treatment in detail						
21	Doctor guides staff about my diet in detail						
22	Doctor respects my privacy						
23	Doctor clearly informs me about the symptoms of my disease						

24	Doctor clearly stated the purpose of my treatment						
25	Doctor clearly informs me about the warning signs of the disease						
26	Doctor clearly describes about medical follow up						
27	Bed-side statements of doctors are upset						
C	Satisfaction with Staff						
1	Staff behaves quite soft& Kind						
2	Staff listens my problem interestedly						
3	Staff solves my problem immediately						
4	Staff follows the doctor's advice given for me						
5	Staff provides me the same diet as prescribed by the doctor						
6	Staff provides me the same treatment as prescribed by the doctor						
7	Staff comes to me immediately whenever I call without irritation						
8	Staff provides me medicines on time						
9	Staff nips in the drip/injection softly						
10	Staff nips out the drip on time						
11	Staff gives more attention to the wealthier patient						
12	Staff scolds me if I cry or vomit in the ward						
13	Staff works hard for the patient care						
14	Staff cares me the same as in the presence of doctor						
15	Staff helps me in washing hands etc.						
D	Satisfaction with Hospital/Environment						
1	Admission Procedures are smooth						
2	Department coordination is good						
3	The diet given to me is enough						
4	The sanitary condition is satisfactory						
5	Beds of the hospital is comfortable						
6	Beds are free of bugs& dirt						
7	Drinking Water is available all the time						
8	Drinking Water is pure						
9	Diet is nutritious						
10	Diet is same as prescribed by the doctor						
11	Diet is given to me when I demand						
12	Ward is smilingly bad						
13	Ward is neat and clean						
14	Ward is sufficiently ventilated						
15	The surrounding of ward is healthy						
16	Length of treatment is appropriate						
17	Length of treatment is unusually delayed						
18	Discharging Procedures are smooth						
19	Records of my disease are well maintained						
20	Staff disturbs me in the absence of doctor						
E	Satisfaction with Treatment						
1	Everything done was to relieve my disease						
2	I feel relaxation during my treatment						
3	My health status will be better on discharge						
4	My psychological status will be better on discharge						
5	If necessary, I will intend to return to the same department						
6	If necessary, I will intend to return for out-patient follow up						
7	I will recommend this department to others too						
F	Satisfaction with Prescription						
1	The tests were prescribed according to the diagnosis						
2	The medicines were prescribed according to the prescription						
3	Did anyone told you to buy medicine from the specific store						
4	Did anyone told you to do medical tests in specific Lab						

References:

- [1] Qi Zhang, PhDa, Jiayan Chen, PhDb, Min Yang, MPHa, Jay Pan, PhDa, Xiaoping Li, PhDc, Lin Yue, MSa, Yuan Huang, PhDd, Tao Mao, MDe, Cong Zhang, MDf, Xiao Ma, MD M. Current status and job satisfaction of village doctors in western China n.d.
- [2] Shuang Hao¹ • Emelie Heintz² • Gert Helgesson³ • Sophie Langenskiöld^{1, 4} • Jiaying Chen^{5, 6} • Kristina Burström^{1, 5, 7} 8. Influence of elicitation procedure and phrasing on health state valuations in experience-based time trade-off tasks among diabetes patients in China n.d.
- [3] Barber SL, Borowitz M, Bekedam H MJ. The hospital of the future in China: China's reform of public hospitals and trends from industrialized countries. *Health Policy Plan* 2013;29:367–78.
- [4] Xuanxuan Wang, Rongqin Jiang, Jingxian Li¹, Jiaying Chen, Bo Burström KB. What do patients care most about in China's public hospitals? Interviews with patients in Jiangsu Province n.d.
- [5] Yue Hu JC. How to allocate public health manpower in township health centers in China scientifically and reasonably 2014.
- [6] Male L, Noble A, Atkinson J MT. Measuring patient experience: a systematic review to evaluate psychometric properties of patient reported experience measures (PREMs) for emergency care service provision. *Int J Qual Health Care* 2017;29:314–26.
- [7] Yip WC-M, Hsiao WC, Chen W, Hu S, Ma J MA. Early appraisal of China's huge and complex health-care reforms. *Lancet* 2012;379:833–42.
- [8] BaoY, FanG, Zou D, Wang T XD. Patient experience without patient encounters at public hospitals in Shanghai: examining different aspects of physician services and implications of overcrowding. *PLoS ONE* 2017;12.
- [9] Donabedian A. The quality of care. How can it be assessed? *JAMA* 1988;260:1743.
- [10] Donabedian A. Evaluating the quality of medical care. *Milbank Q* 2005;83:691–729.
- [11] Halawa, Yosia Nathaniel E, Chrismis Novalinda Ginting MAK. The Impact of Good Corporate Governance Implementation and The Standard of Medical Care on Patients' Satisfaction in The Inpatient Unit at Medan Haji General Hospital. *Journal of Community Health* 2022;8. doi:https://doi.org/10.25311/keskom.
- [12] Ginting CN, Kurnia MA, Jaya Z, Zai P. INTERNATIONAL JOURNAL OF The Influence of Service Marketing Mix on the Revisitation Intention of BPJS Inpatient Patients at Royal Prima Marelana General Hospital 2023;06:4707–18. doi:10.47191/ijmra/v6-i10-22.
- [13] Gong J, Ali N, Abubakar M, Ahmad A, Bukhari S, Ilyas M, et al. *Journal of Population Therapeutics & Clinical Pharmacology* 2023;30:1774–83. doi:10.53555/jptcp.v30i18.3355.
- [14] Haq I, Mehmood Z, Khan N, Khan MN, Israr M, Khan EA, et al. Risk Factors of Mid-upper Arm Circumference (MUAC) Based Child Malnutrition in the Flood- affected Areas of Pakistan : A Cross-sectional Study Risk Factors of Mid-upper Arm Circumference (MUAC) Based Child Malnutrition in the Flood-affected Areas of. *Ecology of Food and Nutrition* 2021;00:1–17. doi:10.1080/03670244.2021.1872024.
- [15] Jiang H, Burström B, Chen J, Burström K. Rural – Urban Inequalities in Poor Self-Rated Health , Self-Reported Functional Disabilities , and Depression among Chinese Older Adults : Evidence from the China Health and Retirement Longitudinal Study 2011 and 2015 2021.
- [16] Li L, Rao J, He L QH. A study on the equity and efficiency of healthcare resources allocations in urban and rural areas (in Chinese). *Sci Technol Dev* 2013;13:531.
- [17] Tasso K, Behar-Horenstein LS, Aumiller A, Gamble K, Grimaudo N, Guin P, Mandell T RB. Assessing patient satisfaction and quality of care through observation and interview. *Hosp Top* 2002;80:4–10.
- [18] Sofaer S FK. Patient perceptions of the quality of health services. *Annu Rev Public Health* 2005;26:513–59.
- [19] Wong EL, Coulter A, Cheung AW, Yam CH, Yeoh EK GS. Item generation in the development of an inpatient experience questionnaire: a qualitative study. *BMC Health Services Research* 2013;13:265.
- [20] Liu GG, Vortherms SA HX. China's health reform update. *Annu Rev Public Health. Annu Rev Public Health* 2017;38:431–48