Baseline Survey on Client Satisfaction in Kampot and Kampong Thom Provincial Referral Hospitals

Support to the Health Sector Reform Programme

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LIST OF ACRONYMS

BCC	Behaviour Change and Communication
BMZ	Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung (German Federal Ministry of Economic Cooperation and Development)
BOR	Bed Occupancy Rate (excludes tuberculosis cases)
CAS	Center for Advanced Study
CPA	Complementary Package of Activities
COPE	Client-Oriented Provider-Efficient Services
EF	Equity Fund
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH (German Agency for Technical Cooperation)
HC	Health Centre
HEF	Health Equity Fund
HIS	Health Information System
HMT	Health Management Training
HP	Health Partner
HSP	National Health Sector Strategic Plan 2003 – 2007
HSSP	Health Sector Support Project
HMT	Hospital Management Training
IEC	Information, Education, Communication
IMCI	Integrated Management of Childhood Illnesses
Kg Thom	Kampong Thom
MD	Medical Doctor
MoH	Ministry of Health
MPA	Minimum Package of Activities
NIPH	National Institute of Public Health
NGO	Nongovernmental Organisation
NMCHC	National Maternal and Child Health Centre
OD	Operational District
OPD	Out-patient Department
PBCI	Provider Behaviour Change Intervention
PHD	Provincial Health Department
PPMRH	Phnom Penh Municipal Referral Hospital
PRH	Provincial Referral Hospital
QA	Quality Assurance
QC	Quality Circles
QI	Quality Improvement
QIWG	Quality Improvement Working Group
QM	Quality Management
RGC	Royal Government of Cambodia
RH	Referral Hospital
RN	Nurse
SHSR-P	Support to the Health Sector Reform Programme
URC	University Research Co., LLC
VHSG	Village Health Support Group
VHV	Village Health Volunteer
WHO	World Health Organization

EXECUTIVE SUMMARY

Introduction
A client satisfaction survey was conducted in Kampot and Kampong Thom Provincial Referral Hospitals (PRH) in November 2005. The objective of the study was to collect baseline information on client satisfaction with services provided by the two PRH, for use in trending analysis and as a monitoring and evaluation tool for SHSR-P programme objectives.

Methods
Two-hundred patients were interviewed at each PRH, using an exit-interview questionnaire. Topics included the following areas: health-seeking behaviour; satisfaction with staff and staff services; cleanliness and hygiene; quantity and quality of food; hospital and service organisation; costs; and overall satisfaction. Interviews were conducted on the grounds of each PRH using a take-all approach until the sample size requirement was reached.

Findings
If client satisfaction can be representative of quality of care, then high satisfaction levels at the two PRH indicate quality services at the hospitals. Taken as a whole, services met the expectations of most patients in both facilities, who reported that they will return to the PRH as well as recommend it to sick family members. Patients at Kampong Thom PRH reported slightly better service and conditions than patients at Kampot PRH. But because of the tendency to overstate levels of satisfaction, negative responses can indicate problem areas. One area of concern is the technical expertise of clinicians, particularly during consultation where they fail to discuss relevant topics regarding patient illness/condition or provide appropriate and necessary advice. Standard procedures for communicating administrative information were similarly reported to be inadequate. Findings suggest a demand by patients for irrational treatments such as injectable medicines and intravenous fluids. Other notable findings include the number of patients who reported difficulty in meeting medical costs, causing many to request early discharge or buy less food. Both patient groups reported rude/impolite behaviour from staff, in the form of verbally insulting remarks.

Recommendations
- Influencing factors for health-seeking behaviour should be further investigated in order to better target messages about the PRH to the community, as well as to target QI interventions in the PRH. Exploring (1) *when* patients finally seek care outside the home; (2) *which* are the preferred providers and *reasons* for this choice; and (3) the referral mechanisms followed, if any, can be useful in designing quality improvement efforts at the PRH. Qualitative methods can be used to obtain this information.
- The standard operating procedures across staffing levels are cause for concern, especially in providing appropriate clinical instruction on treatment and information on drugs. This is an important component of technical competency. Courses such as the Hospital Management Training (HMT) can be used as a vehicle to address such issues, in conjunction with PHD supervision visits and on-the-job training for staff.
- Training on rational treatments should be provided for clinicians; awareness-raising campaigns about rational treatments should be conducted in the community.
- Improve provision of administrative information to patients, particularly about the exemption scheme in Kampot PRH and the health equity fund in Kampong Thom PRH, to alleviate financial burdens. Checklists can be utilised at patient contact points such as during triage and discharge.
- Increase patient knowledge of privacy and patient rights.
- Although the majority of responses were positive about staff interaction, negative behaviour and even verbal abuse was reported. The Provider Behaviour Change Intervention (PBCI) addresses such issues.
- Non-clinical features such as cleanliness of facilities, and the food portions and taste, should be improved.

1. INTRODUCTION

1.1. Background and Rationale

The nearly 30 years of war, political instability and neglect that destroyed most institutions and infrastructure in Cambodia also devastated the health sector and severely reduced the population of qualified health professionals. Although some steps towards improvement and reform of the health sector have been made in the last decade, health services still suffer from a chronic shortage of both financial and human resources. Under these conditions, utilisation of public sector health facilities services remains very low. Only about 19% of the population use public health services as their first line of treatment[1].

As a step towards reforming the health sector, the Ministry of Health (MoH) devised the Health Sector Strategic Plan (HSP) for 2003-2007 that includes six priority areas of development, including that of Quality Improvement (QI) of health delivery services. The GTZ Support to the Health Sector Reform (SHSR) Programme assists the MoH in the implementation of the HSP, with particular focus on the area of QI.

The GTZ SHSR Programme's overall objective is to support selected institutions at different levels of the health sector (public and private) in fulfilling their tasks according to quality requirements of sector reform development. One method that can be used to assess the fulfilment of this outcome is an increase in the proportion of patients satisfied with services provided in the public sector (measured by interviews with patients).

Why study client satisfaction? In order to properly address quality issues in the delivery of health services, perceptions from the demand side (patients) must be obtained. Client satisfaction is an integral component of quality of services. The effectiveness of health care is determined to some degree by consumer satisfaction with the provided services: satisfied patients are more likely to comply with the prescribed medical treatment, provide relevant information to providers, and continue using medical services[2], ultimately leading to increased patient knowledge, better preventive practices and improved health. Client satisfaction with services can also lead to an increase in service utilisation with positive effects on providers' incomes. In this context, client satisfaction should not only be viewed as an essential outcome of quality of care, but also as a key component of the sustainability of health services[3]. Better understanding of the determinants of client satisfaction can help policy- and decision-makers implement programs tailored to patients' needs.

Patient interviews contribute to our understanding of perception of services that is difficult to assess with other methodologies. Data on client satisfaction are an integral component of measuring quality of services. Challenges exist, however, regarding the collection of reliable information, which must be accounted for in the interpretation of results. Results from satisfaction surveys usually show high reported levels of satisfaction[4]. Many factors are thought to contribute to the high rates of satisfaction reported: social gratitude bias, desirability bias, reluctance to express negative opinions, and the wording of questions[5]. Patients who utilise public health services are more reluctant to express negative opinions of services, especially while they are still at the service site[6], than patients using other services.

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[1] NIS, DGH, ORC Macro, 2001.
[2] Bernhhart M et al. Patient Satisfaction in Developing Countries. Social Science & Medicine, 1999;48:989-996.
[3] Williams T et al. Measuring Family Planning Services Through Client Satisfaction Exit Interviews. International Family Planning Perspectives, 2000;26(2):63-71.
[4] Avis M et al. Questioning Patient Satisfaction: An Empirical Investigation in Two Outpatient Clinics. Social Science & Medicine, 1997 ;44 :85-92.
[5] Avis *et al*, 1997.
[6] Williams T *et al*, 2000; Avis *et al*, 1997.

Dependence on the provider may also contribute to ignoring difficulties and personal opinions. In addition to global phenomena like gratitude and social desirability bias, Khmer culture, like that of many other Asian countries, tends to discourage negative comments and opinions, particularly to strangers, sometimes referred to as 'diplomatic bias[7]' in the literature. Given such factors, client satisfaction surveys are then best used in conjunction with other quality evaluation tools in order to achieve complete results.

Very few client satisfaction surveys have so far been conducted in Cambodia. Five baseline surveys are referenced in this study.

In September 2000, the NGO Memisa interviewed 157 patients in an exit-interview survey[8] in Kampong Trach Referral Hospital, Kampot, to obtain baseline data on health-seeking behaviour, access, care and satisfaction of patients following the introduction of an incentive scheme that included a focus on quality aspects of patient care.

In 2001 the National Maternal and Child Health Centre interviewed 3,209 patients using both exit and in-patient interviews on the day of discharge[9], and results showed that 85% of patients interviewed expressed satisfaction with the services.

Also in 2001 Health Net International conducted a survey in the Kratie Provincial Hospital to measure satisfaction levels and other indicators, before (n=25) and after (n=40) introduction of a co-financing scheme[10]. It reported that the hospital was seen as the last line of treatment for severe cases and/or if money to pay private facilities ran out.

The National Institute of Public Health (NIPH) interviewed 1,600 patients in a 2001 survey in four health centres in Baray-Santuk OD, Kampong Thom[11]. Part of the survey consisted of a question on client satisfaction where participants were asked to mention all factors affecting satisfaction and dissatisfaction with services. Low costs (mentioned by over 50% of patients) and staff friendliness were the determinants mentioned most often by patients visiting selected HCs. Depending on the HC, cleanliness and short waiting times were also seen as important contributing factors to client satisfaction. It also reported that preferred providers were the health centre, private practitioners, or self-treatment.

In July 2005, URC[12] commissioned the Center for Advanced Study to conduct a survey on In-Patient Satisfaction with Quality of Services in the Municipal Hospital of Phnom Penh. Costs, staff behaviour, and effectiveness of treatment were reported by patients (n=100) as the most important determinants for returning and for recommending the hospital to others.

This survey, as one component in the assessment of quality of health care services, will be used to measure the effectiveness of present and future QI interventions in terms of client satisfaction with services (i.e. QC, COPE and other quality improvement tools). It will also be used as part of a monitoring system directed at improving quality of care. Finally, a better

[7] Bernhhart M et al.
[8] Klinkenberg S. Patients in Focus: A Survey About Health Seeking Behaviour, Access, Care, and Patient Satisfaction in Kampong Trach Referral Hospital. Entry interviews: Memisa, March 2001. Exit Interviews: Memisa, April 2001.
[9] The National Maternal and Child Health Centre and Japan International Cooperation Agency. Patients' Satisfaction Study for the National Maternal and Child Health Centre in Cambodia. NMCH and JICA, 2001.
[10] Sunners C et al. Survey on Client Satisfaction at Kratie Provincial Hospital Before and After Implementation of a Co-Financing Scheme. Health Net International (HNI), February 2003 and December 2003.
[11] Chheng K et al. Baseline Health Survey in Four Health Centres in Baray-Santuk Operational District, Kampong Thom. National Institute of Public Health (NIPH), 2001.
[12] In-Patient Satisfaction with Quality of Services in the Municipal Hospital of Phnom Penh: Exit-Interviews with Equity Fund and Non-Equity Fund Supported Patients. URC, July 2005.

understanding of the determinants of client satisfaction can help policy- and decision-makers design programmes tailored to patients' needs[13].

1.2. Objectives

Primary objective:

The primary objective of this study was to collect baseline information on client satisfaction with services provided by Kampot and Kampong Thom Provincial Referral Hospitals (PRH).

Results will be used as a foundation for measuring client satisfaction trends and as an evaluation tool for programme objectives. The data collected can also be used to establish a process of verification to the overall SHSR-P programme objective that *'Selected institutions at different levels of the health sector (public and private) fulfil their tasks according to quality requirements of sector reform development'.*

Secondary objectives:

1. Identify factors that influence individuals in using and accessing hospital services
2. Provide information on client satisfaction to health providers and hospital management staff
3. Lay the foundation for a monitoring tool of quality of hospital services

2. SURVEY METHODOLOGY

2.1. Instrument Development

An exit-interview questionnaire[14] (Annex) collected information using face-to-face interviews on the following areas:

Health-seeking behaviour
Satisfaction with staff / staff services
Cleanliness and hygiene
Quantity and quality of food
Hospital and service organisation
Costs of the treatment
Overall satisfaction of the patients

The questionnaire was translated into Khmer for field staff and pre-tested outside the project areas before the start of fieldwork.

2.2. Sampling Methods

A purposive sampling strategy was employed. Data collection ended when the sample size requirement of 200 was met at each PRH (Kampot and Kampong Thom). Discharged patients were targeted for interview. Eligibility was defined by the following criteria:

[13] Aldana JM et al. Client Satisfaction and Quality of Health Care in Rural Bangladesh. Bulletin of the World Health Organization, 2001;79:512-517.
[14] Tool was developed by the Hospitals-In-Change Project, a EC-funded multi-country comparison, with Cambodian partner NIPH. It was also used by used by URC for a client satisfaction survey in the Phnom Penh Municipal Referral Hospital.

Inpatient aged 15 and above (If the patient was younger than 15, the caretaker was interviewed.)
Discharged during the survey period
Resident of Kampot at Kampot PRH (n=200)
Resident of Kampong Thom at Kampong Thom PRH (n=200)

2.3. Data Collection Methodology

At each PRH there were two research teams involved in the data collection, each consisting of three researchers and one supervisor. The Kampong Thom teams collected data from 11 November to 10 December 2005. The Kampot teams began on 12 November until 10 December. Data collection began daily from 7:00am until 12:30, and from 13:30 until 18:00, including weekends. Each interview lasted between 25 to 45 minutes. Approximately 50 interviews were conducted per week at each hospital until the sample size requirement of 200 patients in each PRH was reached.

Interviews to collect patients' subjective perception of quality were conducted on hospital grounds, in an isolated location away from hospital staff. Because there is no designated location for discharge, hospital staff were enlisted[15] to assist in identifying patients who were soon to be discharged.

Interviewers then approached the patient as s/he left the hospital room to enlist his/her participation in the survey. Interviewers explained the nature and objectives of the study, and prospective participants were assured of confidentiality of information provided. Patients were told they can refuse to answer any of the questions and can withdraw from the study at any time. Participation was voluntary and subjects retained the right not to answer questions or to withdraw from the survey.

2.4. Data Entry and Analysis

Questionnaires were reviewed after each interview for consistency. To further ensure data quality completed questionnaires were checked for consistency by the field supervisor. Data entry and analysis, using SPSS, were done in-house with double entry.

2.5. Limitations

Because patients were recruited from the Provincial Referral Hospitals of Kampot and Kampong Thom, results are not representative of other Referral Hospital or health facility patient groups.

Although interviewers were trained in administering the questions as consistently as possible, many biases are inherent to structured interviews, as cited in the introduction.

Since discharge is not conducted at any one specific location, the collection procedure is partially dependent on hospital staff assistance in identifying discharged or soon-to-be-discharged patients. In some cases, at both PRH, it was found that medical staff failed to inform the research team of an upcoming discharge, creating selection bias. Additionally, interviewers at both PRH voiced suspicion that the staff may have refrained from asking for additional fees from patients (as may be the norm) during the survey period.

[15] Up to four staff at each PRH assisted the interviewers in identifying patients about to be discharged, for the duration of the survey.

Lastly, prior to this survey, a local NGO, Action for Health, started to implement a Health Equity Fund[16] in Kampong Thom Referral Hospital on November 15, 2005. However, AFH began marketing activities about the equity fund in the villages on 10 October 2005. Awareness raising methods can create false impressions of quality of a product or service, and can have a skewing effect on the Kampong Thom results.

2.6. Patient Profile

Kampot

Of the 165 patients whose age is known, most are in the 20-34 years age group (n=80), followed by the 35-49 years age group (n=31). 60.5% of patients are female (n=121), 86 of whom are married. Nearly half of the men are married (39 of the 79 males). Of the patients whose literacy level is known (55 males, 110 females), 62% of males are fully literate, while 51% of women are fully literate. The age distribution of caretakers for the 0-14 years patients (35) is unknown. [See table 1]

Kampong Thom

Of the 160 patients whose age is known, most are in the 20-34 years age group (n=77). 58% of patients are female (n=116). 46% of males are single or divorced/widowed (n=40). 76 women are married, and 40 are single, divorced, or widowed. Of the patients whose literacy level is known (male n=64, female n=96), 48% of males are fully literate, while 55% of women are fully literate. The age distribution of caretakers for the 0-14 years patients (40) is unknown. [See table 1]

Table 1: Socio-demographic characteristics of study population

	Kampot		**Kampong Thom**	
	Male	**Female**	**Male**	**Female**
Age				
15-19 years	8	9	8	7
20-34 years	13	67	24	53
35-49 years	13	18	18	19
50-64 years	9	8	8	10
65+	12	8	6	7
Not known	24	11	20	20
Total	79 (39.5%)	121 (60.5%)	84 (42%)	116 (58%)
Marital Status				
Single	37	18	37	27
Married	39	86	40	76
Divorced/ Widow	3	17	7	13
Total	79 (39.5%)	121 (60.5%)	84 (42%)	116 (58%)
Literacy level >= 15 years				
Can read and write	34	56	31	53
Can read only	6	12	17	8
Neither	15	42	16	35
Total	55 (33.3%)	110 (66.7%)	64 (40%)	96 (60%)

[16] Health Equity Funds subsidise hospital care and food and transportation for the duration of hospitalisation for patients unable to afford needed medical services.

3. FINDINGS

This survey is intended to measure the quality of services offered at the two Provincial Referral Hospitals (PRH) by exploring patients' subjective opinion on services received. Findings were structured around the following areas: Health-seeking behaviour, reception, satisfaction with staff services, cleanliness and hygiene, food quantity and quality, hospital and service organisation, cost of treatment and the overall satisfaction of the patients.

Where relevant, patient response to similar questions from other client satisfaction surveys are included at the end of the section. It is not possible to generalise each study's findings to other patient populations or facilities. Rather, this information is referenced to provide a general overview of what client satisfaction surveys have reported thus far in Cambodia.

3.1. Admission[17] and Discharge

There were more admissions in the mornings at both PRH, but overall it is nearly evenly distributed throughout the day [See figure 1]. The Bed Occupancy Rate (BOR) at Kampot PRH during this period was 28% in November 2005, and 34% in December 2005. The BOR at Kampong Thom PRH was 47% in November 2005 and 63% in December 2005.

Figure 1: Admissions by time of day

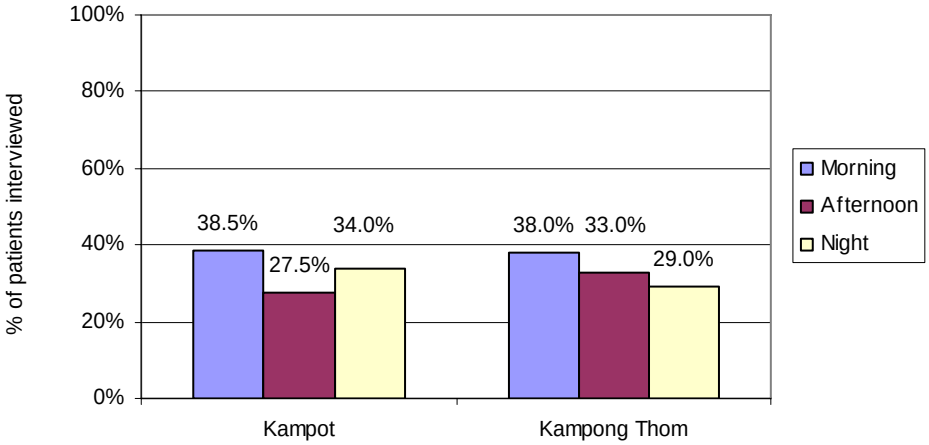


Table 2 below lists the reasons for discharge in both PRH. In Kampot Hospital 74 (37%) were discharged because they were cured. The most frequently-mentioned reasons for discharge were: having no caretaker for child or home (n=47, 23%); lack of money (n=24, 12%); and dissatisfaction with the medical staff (n=19, 9.5%).

Similarly in Kampong Thom being cured was the reason more than half of patients (n=102, 51%) left the PRH. Other frequently-mentioned reasons for discharge are: lack of funds (n=40, 20%); needing to care for child or home (n=16, 8%); and dissatisfaction with medical staff (n=9).

[17] In this survey morning admissions cover the period between 6am and 12pm; Afternoon admissions cover the period between 12pm and 6pm; and Night admissions cover the period between 6pm and 6am.

Table 2: Reasons given by patients for discharge

	Kampot	Kampong Thom
Cured	74 (37%)	102 (51%)
Lack of money	24 (12%)	40 (20%)
Caretaker unavailable for child/house	47 (23.5%)	16 (8%)
Not enough or Not effective attention/medicines/injection	19 (9.5%)	9 (4.5%)
Health service is better in Phnom Penh or in a private service	7 (3.5%)	7 (3.5%)
Seek traditional healer	8 (4%)	4 (2%)
Continue medicines at health centre	4 (2%)	7 (3.5%)
Insomnia when stay in hospital	7 (3.5%)	3 (1.5%)
Need to earn money	6 (3%)	4 (2%)
Other	4 (2%)	8 (4%)
Total	200	200

Findings from other surveys

The 2001 Kampong Trach RH survey found most admissions (around 55%) to occur in the mornings (roughly 15% admitted in afternoon; 15% in evening; and 15% in the night).

Reasons for discharge in the PPMRH (2001 survey) include the problem of needing a caretaker for child/home, the need to make a living to support the family, and lack of caretaker to look after the patient in the hospital.

3.2. Health-Seeking Behaviour

To explore why patients came to the Provincial Referral Hospitals and the steps they took before coming to the PRH, the health-seeking behaviour of the patients was also addressed. The two patient groups differed with regard to consulting other health care providers.

3.2.1. Providers First Visited and Referrals[18]

Prior to the health sector reform, people could visit any health facility. In 1997 the health system was reorganised to encourage patients to visit health centres first. Cases that are beyond the HC's capacity to address are referred to a Referral Hospital (RH) or the Provincial Referral Hospital (PRH). However, this is not strictly enforced. Service delivery limitations at the HC level are well known to the population and perceptions are hard to change. While utilisation of public health facilities remains low, those who seek treatment in the public sector in first instance do so through the RH or PRH, particularly if the facility is close to the home.

Kampot

Almost three-quarters of all patients (n=142, 71%) at Kampot Provincial Referral Hospital (PRH) consulted other health care providers first before coming to the PRH [See figure 2]. Of these, most patients consulted the health centre (n=50, 35%), a private clinic (n=36, 25%), or a village practitioner (n=25, 18%) prior to the PRH [See figure 3].

[18] It was not noted during the interviews if referrals were made for the initial consultation, or if visiting the PRH resulted from referral after first consulting another provider.

When asked why the patient changed from the other providers to the PRH, the most-mentioned reason is proximity of the PRH to the patient's house (n=69, 49%), followed by availability of a professional medical doctor at the PRH (n=40, 28%). [See table 3]

About 101 patients (71%) spent 10,000 Riel ($2.50) or less on providers consulted in the first instance before coming to the PRH. The mean amount spent by the sample is 34,929 Riel ($8.73).

Only a quarter of all patients (n=51, 25.5%) went to the PRH as a result of referral, with approximately half of these referrals (n=27) coming from medical doctors, followed by referrals made by medical staff (n=19) or a midwife (n=5).

Kampong Thom

A little more than half of all patients (n=108, 54%) went to Kampong Thom Provincial Referral Hospital (PRH) directly for their illness/condition. Ninety-two (46%) consulted other providers first [See figure 2]. Of these, most (n=41, 44.6%) sought help from practitioners in their village, followed by the health centre (n=18, 19.6%), and district Referral Hospital (n=12, 13.0%) [See figure 3].

Proximity to the home (n=30, 32.6%), followed by a serious health problem needing attention (n=28, 30.4%) were the top reasons given by patients for changing from the other providers to the PRH. Some stated that availability of a medical doctor was a factor in switching (n=6, 6.5%), and others claimed they wanted to get a proper diagnosis before treating their condition (n=6, 6.5%) [See table 3].

About half of these patients (n=50, 54.3%) spent 10,000 Riel ($2.50) or less on the previously-consulted providers before coming to the PRH. The mean amount spent by the sample is 46,739 Riel ($11.69), higher than what patients spent in Kampot.

Around one-third of all patients (n=62, 31%) went to the hospital on referral. Of these, 35 were referred by medical staff, 12 were referred by medical doctors, and 10 were referred by midwives.

Figure 2: Number of patients who consulted another provider first before going to the PRH

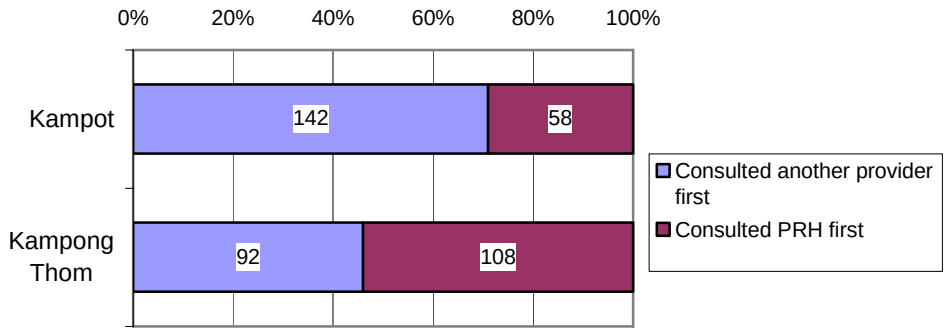


Figure 3: Providers who were consulted first before patients went to PRH[19]

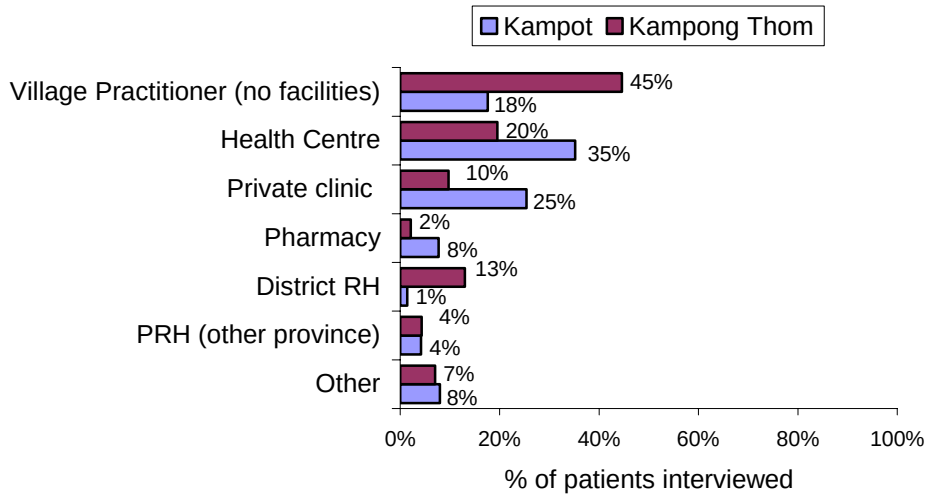


Table 3: Reasons given by patients for changing to the PRH

	Kampot	Kampong Thom
Close to house	69	30
Health condition (unconsciousness/much bleeding)	1	28
Availability of medical doctor	40	6
Pregnancy test	10	2
Want a diagnosis before treatment	3	6
Delivery	0	1
Treatment from practitioner in village	0	1
Health status is not serious	3	7
Taken by ambulance	0	1
Blood measurement	0	1
Receive injection	0	1
Free health care service	3	1
X-Ray	0	1

Findings from other surveys

The 2001 survey in the Baray-Santuk health centres in Kampot reported that health providers of choice are the health centre, private practitioner, or self-treatment. Few sought care at a hospital as the first option.

In the 2005 PPMRH survey, 37% of patients sought treatment elsewhere before visiting the PPMRH. Providers consulted in the first instance, by order of frequency, are the health centre, private clinic, and private pharmacy. The most frequently-mentioned reasons for changing to the PPMRH, as well as choosing it in the first place, were the technical capacity of the hospital and the costs (intervention by USG by way of payment for treatment).

[19] Providers which make up a small percentage of responses and are grouped into the category "other" include the traditional midwife, opticians, traditional healers, and village drug seller (no facilities).

3.2.2. Travel to the PRH

Kampot

Kampot Provincial Referral Hospital (PRH) was reachable within an hour for almost all patients (n=179, 89.5%). Fifteen patients travelled two hours, two travelled three hours, and four travelled more than three hours. The mean travel time to the PRH in our sample is 35.7 minutes.

The most frequently used means of transportation to the hospital was a private motorbike (n=64, 32.0%), followed by moto-dop (n=61, 30.5%), and "rumok moto" (n=33, 16.5%). Others travelled to the hospital by taxi (n=16), a car/truck/van (n=11), or ambulance (n=5). A few patients walked, cycled, or took boats.

Most patients (n=155, 77.5%) spent less than 10,000 Riel ($2.50) on transportation. Some (n=28, 14%) spent up to 20,000 Riel ($5.00). The remaining patients paid more money, with one claiming to have paid more than 100,000 Riel ($25.00). The mean amount spent on travel costs in this sample is 15,800 Riel ($3.95).

Kampong Thom

Travel to the PRH on average is longer, harder, and more expensive in Kampong Thom than in Kampot. More than half of those interviewed in Kampong Thom (n=122, 61%) stated they were able to reach the hospital within an hour. Others (n=49 or 25%) took up to two hours to get there, 19 took up to three hours, and 10 travelled more than three hours. The mean travel time to the PRH for our sample is 69.5 minutes.

Most patients (n=125, 62.5%) spent less than 10,000 Riel ($2.50) on transportation. Many (n=56 or 28%) spent between 10,000 and 50,000 Riel ($12.50). The remaining spent more, with one claiming to have paid more than 150,000 Riel ($37.50). The longer travel time of Kampong Thom patients corresponds with higher travel expenses for them (mean cost 26,350 Riel, or $6.59). It is worth noting here that, compared to Kampot PRH, the area around the Kampong Thom PRH has a harsher geography, with fewer paved roads and less vehicles, making transportation tougher for residents.

The most frequently used means of transportation to the hospital was the moto-dop (n=56), followed by private car/truck/van (n=53), personal motorbike (n=39), taxi (n=28). Others travelled to the hospital via "rumok moto" (n=9), ambulance (n=6), bicycle (n=4), speed boat (n=4).

Findings from other surveys

The 2001 survey in Baray-Santuk OD Health Centres found a negative correlation of distance to utilisation rates.

3.3. Reception

This section of the questionnaire focused on the reception of patients at the hospital. Information was gathered on whether patients were admitted to the emergency department, the waiting times involved, attitude of the staff upon arrival and the administrative procedures.

Kampot

Nearly a third (n=63, 31.5%) of patients were admitted to the Emergency department. Of these, most (n=55) felt they were treated promptly upon arrival.

Two-thirds were admitted to other departments (n=137, 68.5%). Of these, almost all (n=128, 93.4%) were admitted within an hour. The mean waiting time for this group was 21.85 minutes.

In general, for Emergency and other departments, a majority of patients (n=170 or 85%) stated they were received "well" to "very well" by the hospital staff, although a considerable number reported "bad" treatment by hospital staff upon arrival (n=30 or 15%). During the administrative procedure for admission, the majority (n=145, 72.5%) reported positive experiences. Two patients found the admission procedure complicated.

Kampong Thom

Thirty-eight percent (n=76) of patients were admitted to the Emergency department. Of these, most (n=66, 86.8%) felt they were treated promptly upon arrival at the hospital.

Sixty-two percent (n=124) were admitted to other departments. All were admitted within an hour. The mean waiting time was 14.27 minutes.

In general, for Emergency and other departments, a majority of patients in Kampong Thom (n=193, 96.5%) stated they were received "well", with only seven patients reporting that their treatment by hospital staff was "bad". During the administrative procedure for admission, most (n=183, 91.5%) reported positive experiences. None of the patients found the admission procedure complicated.

Findings from other surveys

Of all NMCHC patients interviewed (in 2001), 52% thought the waiting time was "not long, not short", and 33% felt they waited long or very long.

In the PPMRH survey (2005) most patients had a waiting time of less than 30 minutes.

3.4. Satisfaction with Health Staff / Staff Service[20]

A powerful predictor of client satisfaction is the attitude and behaviour of all staff in contact with patients[21]. To assess satisfaction with the treatment by medical staff, questions were asked about the degree to which patients were informed about their condition, the procedure and the treatment, and their satisfaction with this information. Patients were also asked to rate the overall attitude and behaviour towards them by the medical staff.

[20] It should be noted that in Cambodia medical practice is known as *pet*, which includes all consultations carried out by persons with a medical background, including midwives, nurses, assistants as well as doctors.
[21] Aldana JM *et al*.

3.4.1. Consultation Procedures

Kampot

Information about illness
Most patients (n=141, 70.5%) did NOT receive information on their illness from the doctor. Of the patients informed about their medical condition by the doctor (n=59, 29.5%), almost all (n=57) were satisfied with the information provided (the question refers to satisfaction with receipt of information, and did not explore content of diagnosis, if it was correct, or patient level of understanding).

Information about examination and treatment procedure
The attending physician provided information on examination and treatment procedure to 39 (19.5%) patients. Of these, 37 (95.0%) were satisfied with the information provided.

Information on prevention
The attending physician provided advice on how to prevent the condition or illness in the future to 48 (24%) patients. Most patients (n=151 or 75.5%) were not given prevention information.

Opportunity to ask questions
One-hundred-three (51.5%) patients felt they were given the chance to request more information about their condition or illness and clarify doubts.

Information about drugs
Regarding information about drugs prescribed to them, most patients (n=165, 82.5%) stated they received instructions on how to take the medicines. Of those patients who received explanations on how to take the drugs, the majority (n=153, 92.7%) felt the instructions were clear.

Information about hygiene
One-hundred-sixty-four (82%) patients stated they received instructions on hygiene issues (i.e. information on smoking prohibition, waste disposal, and washing, either directly by hospital staff or by posters).

Discharge advice
At discharge, staff neglected to tell 137 (68.5%) patients to return if the illness they were admitted for persists. Half (n=99 or 49.5%) were given advice on how to care for themselves after leaving the hospital.

Kampong Thom

Information about illness
The majority of patients (n=167 or 83.5%) in Kampong Thom was informed about their condition by the doctor; of these, 158 (94.6%) patients were satisfied with the information provided (question refers to receipt of information, and did not explore the content of diagnosis, if it was correct, or patient level of understanding).

Information about examination and treatment procedure
The physician provided information on examination and treatment procedure to 174 (87%) patients. Of these, 160 (92.0%) were satisfied with the information provided.

Information on prevention
The attending physician provided advice on how to prevent the condition or illness in the future to 117 (58.5%) patients.

Opportunity to ask questions
One-hundred-seventy (85.0%) patients were given the chance to request more information about their condition or illness and clarify doubts.

Information about drugs
Most patients (n=180, 90%) stated they received instructions on how to take the medicines. The majority of those patients (n=170, 94.4%) felt the instructions were clear.

Information about hygiene
One-hundred-eighty-five (92.5%) patients stated that they received instructions on hygiene issues (i.e. information on smoking prohibition, waste disposal, and washing, either directly by hospital staff or by posters).

Discharge advice
At discharge, staff neglected to tell 90 (45%) patients to return if the illness they were admitted for persists. Over half (n=134 or 67%) were given advice on how to care for themselves after leaving the hospital.

Findings from other surveys

The 2001 Kampong Trach RH survey showed that 68% of patients received information on disease prevention, 68% knew the reason for their admission or could provide information on their condition, 92% received information on how to take the drugs prescribed to them, 76% stated that received information on sanitation, and instructions for follow-up visits were given to 32% of patients at discharge.

In PPMRH (2005) 60% of patients were told about their condition/illness; additionally, 45% of accompanying persons received clear information about the situation of the patients. Although 96% were instructed in how to take their medicines, two-thirds of them were not told about side effects. Fifty-four percent of those who had tests/medical procedures done were given explanations about them, and the doctor advised only 39% on what kind of food they should eat. Patients were aware (76%) that the hospital had an education programme on hygiene, through an orientation on facility rules. Patients also reported IEC materials on the walls. Upon discharge, 35% of all patients were advised to return to the hospital if their condition worsens, and 52% were instructed on proper care.

3.4.2. Availability of Staff

Kampot

Almost all patients (n=191, 95.5%) thought nurses to be accessible throughout the day, while only around half (n=91, 45.5%) thought doctors were similarly accessible.

One-hundred-forty (70%) patients believed health staff (both clinical and non-clinical) were available at “all” times. The rest indicated that health staff were probably available “most” of the time.

During their stay in the hospital, 86 (43%) patients requested care during the night. Of these, 73 (85.0%) of them were able to receive care, and 62 (84.9%) of those who received care felt they were helped on time.

Kampong Thom

All 200 patients thought the nurses were accessible throughout the day. One-hundred-ninety of the same group thought doctors and midwives were accessible when needed.

One-hundred-fifty-three (76.5%) believed health staff (both clinical and non-clinical) were available at “all” times. The rest indicated that health staff were probably available “most” of the time.

During their stay in the hospital, 86 (43%) requested care during the night. Of these, 84 (98.0%) of them were able to receive care, and 75 (89.2%) of those who received care felt they were helped on time.

Findings from other surveys

Patients (95%) at the PPMRH generally perceived that help from the medical staff was available any time it is needed. Of those needing a doctor in the night, 88% received attention, on time.

3.4.3. Staff Behaviour

Kampot

Most patients (n=135, 67.5%) found the behaviour and attitude of doctors and midwives “polite and respectful”, though the considerable number who refused to comment (n=47, 23.5%) may indicate that this is a problem area. Two-thirds (n=136 or 68%) of all interviewed felt that the nurses treated them positively, while 46 (23%) complained of rude/impolite behaviour. Patients felt positive about the behaviour of non-medical staff towards them (n=144 or 72%). Responses are listed in table 4 below.

Notable in this patient group are the non-response rates. Forty-seven patients (23.5%) refused to comment on the behaviour and attitude of doctors and midwives, while twenty-one (10.5%) patients refrained from rating the non-medical staff. As mentioned in the introduction, this can be due to a number of reasons, such as reluctance to express negative opinion while still at the service site or phenomena cited in literature like gratitude and diplomatic bias.

Kampong Thom

Almost all patients in Kampong Thom (n=191, 95.5%) described the behaviour and attitude of the doctors and midwives as “polite and respectful”. Similarly, a large majority (n=179, 89.5%) were treated well by the nurses, with 10 (5%) complaining of rude/impolite treatment. Responses are listed in table 4 below.

Most interviewed (n=184, 92%) felt they were treated well by the non-medical staff.

Non-response rates were negligible in this group.

Table 4: Patient rating of staff attitude and behaviour during their hospital stay

Kampot	Very polite / respectful	Polite / respectful	Impolite / rude	Very impolite / rude / humiliating	No Answer
How would you describe the attitude and behaviour of the doctors/midwives?	22 (11%)	113 (56.5%)	18 (9%)	0	47 (23.5%)
How would you describe the attitude and behaviour of the nurses?	9 (4.5%)	136 (68%)	46 (23%)	3 (1.5%)	6 (3%)
How would you describe the attitude and behaviour of other staff (administrative / cleaning / cook)?	14 (7%)	130 (65%)	27 (13.5%)	8 (4%)	21 (10.5%)
Kampong Thom	**Very polite / respectful**	**Polite / respectful**	**Impolite / rude**	**Very impolite / rude / humiliating**	**No Answer**
How would you describe the attitude and behaviour of the doctors/midwives?	0	191 (95.5%)	6 (3%)	0	3 (1.5%)
How would you describe the attitude and behaviour of the nurses?	0	179 (89.5%)	20 (10%)	0	1 (0.5%)
How would you describe the attitude and behaviour of other staff (administrative / cleaning / cook)?	1 (0.5%)	184 (92%)	9 (4.5%)	0	6 (3%)

Findings from other surveys

The 2001 Kampong Trach RH survey reported a mean rating of 7 on a scale of 1-10 for the behaviour of nurses, with "10" indicating best behaviour. Overall ratings of staff in different hospital wards (Surgery, General, Maternity and Paediatric) were between 6.1 and 8.1 on the same scale of 1-10.

In the NMCHC Survey (2001) 76% of total patients interviewed rated the clinical staffs' behaviour as "good", while 86% of all patients rated the non-medical staff behaviour as "good".

Patients' opinions on the behaviour of PPMRH staff (2005 survey) were high: 75% found all staff in general to be "friendly, respectable, and polite".

3.4.4. Verbal Abuse from Staff

A number of patients in Kampot (n=35, 17.5%) claimed to have experienced verbal abuse from medical and non-medical staff. Similarly in Kampong Thom some patients (n=19, 9.5%) felt they received inappropriate comments from the staff. Statements from staff at both PRH which were perceived to be insulting were usually belittling remarks, such as the following:

"You seem stupid."
"You are a cowardly man."
"Should not be providing care for you."
"Don't make so much noise or get out."
"Don't talk so much."
"No money, you cannot stay in hospital."

Findings from other surveys

In the PPMRH (2005 survey) ill treatment from the hospital staff consisted of using “bad words”. Twenty-one percent of patients reported being abused, because “medical staff used threatening words”.

3.4.5. Privacy

As there is no clear Khmer word for "privacy", the first question in this section addresses the arrangement the doctor has for examination and treatment, in ensuring that the patient is not exposed to strangers during the consultation. The second question addresses the arrangement the hospital ward offers to inpatients. Mental and physical disturbances to the patient during their stay in the hospital are considered breaches of privacy.

Reasons given by some patients for dissatisfaction with the state of privacy indicate a different perception of what privacy may mean to Khmers:

"Bad smell goes into room."
"Room is hot."
"Lack of equipment such as mosquito net, blanket."
"Bed in the room is too small."
"Rain goes in my room by my window."

Kampot

Patients were asked about the degree of privacy during the examination and treatment. There were 123 (61.5%) positive responses, 53 (26.5%) stated they “did not know”, and 22 (11%) felt ashamed. Twenty-five patients who were dissatisfied with the privacy stated: "Other patients scream/make too much noise." Another complaint, made by three patients, was that there were "too many patients in the room." Two more patients claimed that the room was crowded and noisy during their examination and treatment.

When asked about the extent of privacy in their ward, 161 (80.5%) felt positive about it, with the rest stating dissatisfaction.

Kampong Thom

Patients were asked about the degree of privacy during the examination and treatment. There were 177 (88.5%) positive responses, 19 (9.5%) “did not know”, and 4 (2%) felt ashamed. The top complaints mirrored those made in Kampot PRH. Six patients who were dissatisfied with the privacy complained of "other patients screaming/making too much noise", and three complained that there were "too many patients in the room".

When asked about the extent of privacy in their ward, 176 (88%) felt positive about it, with the remaining 24 (12%) not satisfied.

Findings from other surveys

The issue of privacy was also explored in the PPMRH 2005 survey. It reports that 16% of patients complained that the doctor failed to ensure privacy for them, especially for the non-equity fund delivery patients (40%). Additionally, 63% felt that the hospital was a crowded and noisy place.

3.5. Cleanliness and Hygiene

To assess patients' perception on cleanliness and hygiene at the hospital, they were asked to rate the cleanliness of the different hospital facilities.

Kampot

At Kampot PRH 184 (92%) of patients were satisfied with the cleanliness of their ward. Ninety-two (46%) patients rated the toilet facilities “clean” or “very clean”, with 30 (15.0%) rating them “very dirty”. One hundred twelve (56%) patients found the hospital grounds clean.

When asked whether patients felt that their personal waste was disposed of in a timely and adequate manner, 81 (40.5%) patients replied positively. Fifty-nine (29.5%) patients did not think waste was disposed of timely, and 60 (30%) did not know.

One-hundred-sixty-four (82%) patients stated they were given instructions on hygiene issues (i.e. information on smoking prohibition, waste disposal, and washing, either directly by hospital staff or by posters).

Kampong Thom

The majority (n=183, 91.5%) of patients in Kampong Thom PRH found their ward “clean”. One-hundred-nine (54.5%) patients rated the toilet facilities “dirty” to “very dirty”, while 37 (43.5%) found them clean. The hospital grounds were “clean” according to 158 (79%) patients, with the rest rating it “dirty” to “very dirty”.

A majority of patients (n=184, 92%) felt that their personal waste was disposed of timely and adequately.

One-hundred-eighty-five (92.5%) patients stated that they were given instructions on hygiene issues (i.e. information on smoking prohibition, waste disposal, and washing, either directly by hospital staff or by posters).

Findings from other surveys

Of all patients interviewed at the NMCHC (2001), 89% rated hospital cleanliness “good”.

Patients at the PPMRH (2005) were generally satisfied with the cleanliness and hygiene of the hospital; a rating of “fairly clean” was given to the facilities (76%), hospital compound (68%), and toilets (62%).

3.6. Food Quantity and Quality[22]

Kampot

Meals were provided by the hospital twice a day to 110 (55%) patients.
Of those who received food while at the hospital (n=110), 63 (57.3%) patients were satisfied with the portion size, and 24 (21.8%) found the taste acceptable.

Ninety (45%) patients did not receive a meal. Many of those patients believed they were not given food because they did not receive an exemption card (n=82, 91.1%).

[22] In Cambodia people have dinner early in the evening, around 5 PM. When one is admitted at night, one is most likely not provided with meals anymore. Hospitals normally have cooking facilities where patients or accompanying family members can prepare food.

One-hundred-twenty-one (60.5%) patients found the cooking facilities adequate. Seventy-two (36.0%) were not informed about its availability.

Kampong Thom

One-hundred-fifty-five (77.5%) patients were given meals by the hospital twice a day.
Of those who received food while at the hospital (n=155), 124 (80.0%) patients were satisfied with the portion size, and 92 (59.4%) found the taste acceptable.

Forty-five (22.5%) patients did not receive meals. Not receiving an exemption card was cited as the reason 35 (77.8%) patients did not receive meals. Ten (22.2%) people stayed only one night, and were not provided a meal.

One-hundred-eighty-five (92.5%) patients at Kampong Thom stated that adequate cooking facilities were available to them at the hospital. Five (2.5%) were not informed about its availability.

Findings from other surveys

Of the 44% of patients who ate rice at the PPMRH (2005 survey) 80% felt the quantity was enough. Most (67%) rated accompanying dishes “fairly delicious”.

3.7. Hospital and Service Organisation

To measure the level of hospital and service organisation, patients were asked whether they were satisfied with the basic facilities provided at the hospital, such as light, ventilation and the availability of washing water. Patients were also asked if the hospital provided them with basic amenities such as mats, mosquito nets, plates and soap.

As one can see in Table 4 most patients at both hospitals were satisfied with the hospital facilities. In Kampot, there were some negative feedback about the ventilation in the ward and access/quantity of washing water. In Kampong Thom the ventilation also received negative responses.

Regarding the provision of basic items, patients reported that except for mats or mattresses, few other items were made available during their stay in the hospital. In Kampot a mat or mattress was provided to all 200 patients. Three people received a mosquito net, one received a baby napkin, and one received a spittoon. In Kampong Thom, 184 patients received a mat or mattress, with no other items provided.

Table 5: Patient opinion of hospital facilities

	Kampot		Kampong Thom	
	Yes	**No**	**Yes**	**No**
Are you satisfied with the availability of light in the ward during the night?	198 (99%)	2 (1%)	197 (96.5%)	3 (1.5%)
Are you satisfied with the ventilation in the ward?	160 (80%)	40 (20%)	175 (87.5%)	25 (12.5%)
Are you satisfied with the access and quantity of washing water?	159 (79.5%)	41 (20.5%)	190 (95%)	10 (5%)

Findings from other surveys

The 2001 Kampong Trach RH survey asked patients to assign positive and negative points for aspects of the hospital they appreciated or thought should be improved. The most positive points were assigned to new buildings, water and electricity, good service/treatment, and food for patients. The most negative points were given to "bad smell toilets", "no drugs given for disease", and "staff not so friendly".

Facilities at the PPMRH (2005 survey) overall met patient expectations: 93% were satisfied with the lighting, 92% were satisfied with the room environment, and 97% were satisfied with the quality of the tap water.

3.8. Cost of Treatment/Payments

A variety of topics were addressed about hospitalisation costs: the information provided to patients about user fees and exemption schemes; patient use of exemption; expenses for hospitalisation and how patients financed these expenses; and whether hospital staff made requests to patients for unofficial fees.

3.8.1. Hospitalisation Costs

Kampot

Almost half of the patients (n=88, 44%) knew of the payment system prior to admission. An equal number (n=89, 44.5%) learned of the user fees upon arrival. The number of patients unaware of an exemption scheme was high at Kampot Hospital (n=166, 83%), with staff neglecting to inform almost all patients (n=197, 98.5%) of the availability of such assistance. Exemptions from user fees were made for 18 (9%) patients.

If patients were not exempted from user fees, they were asked what and how much their expenses were during their stay in the hospital. In Kampot the average total was 150,491 Riel ($37.62). Table 5 depicts the reported costs for services received while at the hospital.

When asked to rate hospitalisation costs, almost a quarter of patients considered it to be "expensive" (n=31, 15.5%), or "very expensive" (n=16, 8%), as can be seen in Figure 4. The mean total reported cost of hospitalisation (including official fees, medicines, and ancillary services) amounted to 131,911Riel ($32.98).

One patient refrained from buying drugs (antibiotics) because of a limited budget, and two patients were unable to afford medical tests (laboratory tests for TB and cancer). Budget limitations forced 45 (22.5%) patients to buy less food than usual, and to request early discharge (n=38, 19%).

Kampong Thom

Most patients (n=140 or 70%) learned of the user fees upon arrival, with some (n=24, 12%) having knowledge of the payment system before arriving at the hospital[23]. The number of patients unaware of an exemption scheme was high (n=151, 75.5%), and staff neglected to tell more than half of patients (n=113, 56.5%) about exemption schemes during their hospital stay. Exemptions from user fees were made for 43 (21.5%) patients.

[23] Action for Health (AFH) NGO started to implement a Health Equity Fund (HEF) in Kampong Thom PRH on 15 November 2005. However, NGO staff claim to have begun awareness activities for the HEF in the villages as early as 10 October 2005.

If patients were not exempted from user fees, they were asked about expenses incurred during their stay in the hospital. In Kampong Thom the reported average total was 142,051 Riel ($35.51). Table 5 depicts an itemisation of reported expenses.

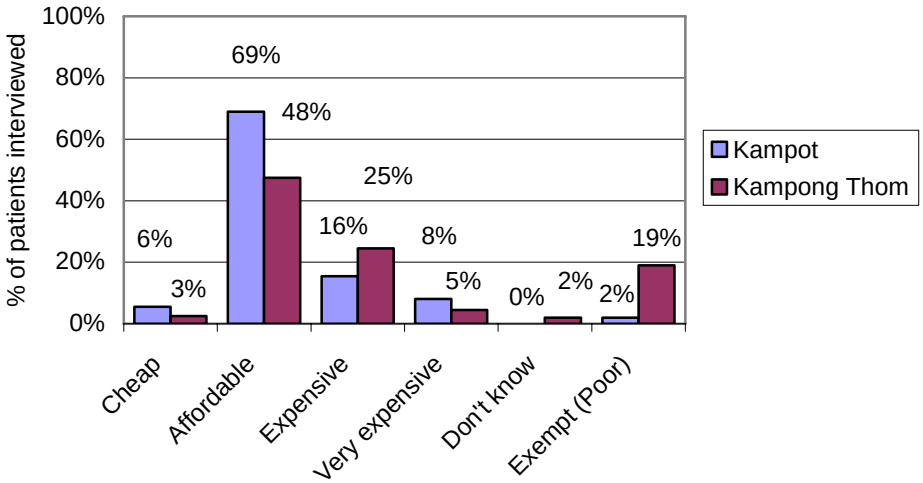
When asked to rate hospitalisation costs, most patients rated it “affordable” (n=95, 47.5%). Almost a quarter of patients considered costs to be “expensive” (n=49, 24.5%), or “very expensive” (n=9, 4.5%) [See figure 4]. The mean total reported cost of hospitalisation (including official fees, medicines, and ancillary services) amounted to 132,701Riel ($33.18).

Four patients refrained from buying drugs (malaria, eye drops, lilamox) because they could not afford it. Budget limitations forced almost half of patients (n=98, 49%) to buy less food than usual, and to request early discharge (n=79, 39.5%).

Table 6: Average prices paid (by patients not exempt from user fees) during hospitalisation

	Kampot	Kampong Thom
Official hospital fees	53,765	53,645
Extra food	56,935	62,383
Extra drugs	5,977	7,153
Extra for the staff	18,580	9,350
Buying blood	4,000	5,875
X-ray	0	150
Ultrasound	290	585
Blood test	580	60
Washing clothes	0	25
Take foetus out	0	500
Suture	0	125
Cleaning placenta	40	0
Tissues/spittoon/hot water container	5,481	0
Baby clothes	2,343	0
Artificial pupils	0	2,200
Pin/plate of steel	2,500	0
Total Riel	150,491	142,051
Total $	37.62	35.51

Figure 4: Perception of hospitalisation costs among patients in Kampot and Kampong Thom



Findings from other surveys

The 2001 NMCHC survey showed that although 89% of patients were aware of user fees, 72% were not aware of the user fee exemption system. Most of the patients (89%) interviewed felt that the hospital costs were “not expensive not cheap”.

The 2001 survey in Kampong Trach RH found that the average cost of hospitalisation (157 total, 5% exempted) was 32,861 Riel. Patients generally found the costs acceptable (81%), with 16% reporting it “expensive”.

At the PPMRH (2005 survey) 29% of patients knew of the payment system before admission. For non-equity fund/non-delivery patients, the average expenditure for medical care was 77,000 Riel ($19.25). Fifty-eight percent of all patients found hospitalisation costs to be “very expensive”.

3.8.2. Unofficial Fees[24]

A key determinant in the poor motivation of public service staff in Cambodia is the salary levels that fall far below the living wage. As it is necessary to seek additional income from other sources, the practice of soliciting additional favours for services is not infrequent.

Kampot

Requests for payment of *unofficial fees* were made to 95 (48%) patients in Kampot. More requests came from nurses than from other staff. The high proportion of nurses making this request could be caused by the fact that the nurses have the most contact with patients and carry out the majority of treatments. Patients paid these fees for reasons ranging from “I wanted to give staff a tip at discharge” (46.3%), to “I wanted to get more attention from staff” (34.0%), and “I was asked to pay by staff” (20.0%). Patients reported paying a mean cost of 18,580 Riel ($4.65) for “extra payment for staff”. Additionally, 11 (5.5%) patients were asked to give a non-monetary gift to staff, apart of official and unofficial fees.

Kampong Thom

Requests for payment of *unofficial fees* were made to 21 (10.5%) patients in Kampong Thom. More requests came from nurses than other staff, as in Kampot. Similarly, the higher number of requests coming from nurses can be due to greater exposure of patients to nurses than other health staff. Patients paid these fees for reasons ranging from “I wanted to get more attention from staff” (43.0%), to “I was asked to pay by staff” (38.1%), and “I wanted to give staff a tip at discharge” (19.0%). Patients reported paying an average of 9,350 Riel ($2.34) for “extra payment for staff”. Besides official and unofficial fees, twenty-eight (14.0%) patients were asked to give a non-monetary gift to staff.

Findings from other surveys

The 2001 NMCHC survey reported that unofficial fees were paid by 6% of patients (25% of which were demands made by staff), while only 39% of all interviewed knew that they did not have to pay them.

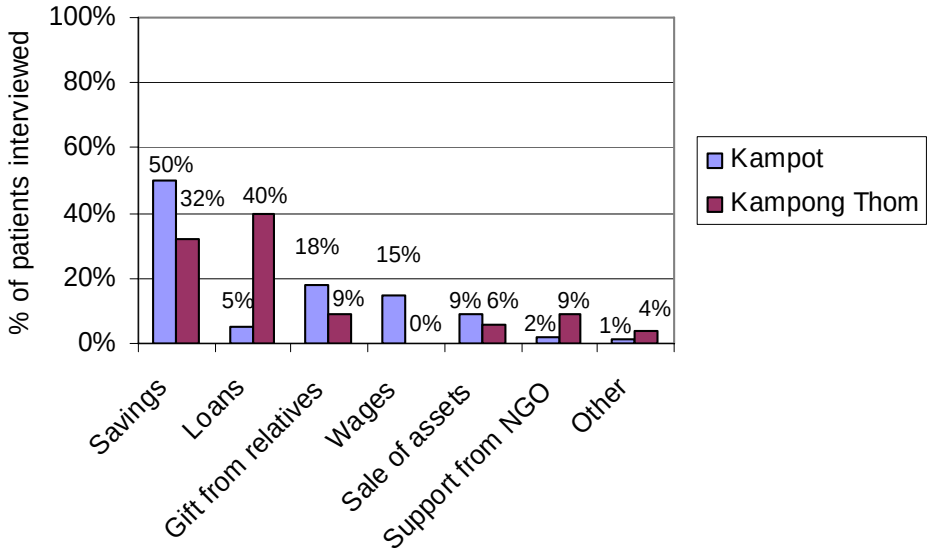
In PPMRH (2005 survey) 21% of patients paid unofficial fees, the top reason for doing so is to bribe the staff for more care.

[24] The question specifically addresses corrupt practices.

3.8.3. Sources of Financing

Kampot patients used their savings as the first source of financing health expenditures (n=100, 50%). Thirty-five patients (17.5%) received help from relatives, and 31 (15.5%) used wages. In Kampong Thom savings were the first source of financing health expenditures for over a third of patients (n=65, 32.5%). Others took out a loan (31.5% with interest, 8.5% without interest), requested assistance from relatives (9.5%), or received support from an NGO (8.5%). Figure 5 presents a comparison of the two patient groups' sources of financing.

Figure 5: Source of financing for hospitalisation costs[25]



Findings from other surveys

The 2001 NMCHC survey showed that 52% of patients paid for hospitalisation from household income.

In the PPMRH (2005 survey) most people tapped into savings, asked for help from relatives, or took an interest-free loan, respectively, to pay for hospitalisation. Lack of money caused 6% to refrain from buying medicines, 2% to refrain from taking medical tests, 63% to buy less food, and 13% to refrain from buying items necessary for treatment, such as plastic bag for ice. Thirty-one percent asked for early discharge due to budget limitations.

3.9. Overall Satisfaction

In the final section, patients were asked to indicate their overall satisfaction with the hospital care and services. This was done by asking them whether they would come back to the hospital, whether they would recommend the hospital to family members, and by rating the effectiveness of their hospitalisation. The subjective opinion of patients is emphasised here, since questions did not address availability of a service or item as in earlier sections, but asks for the patients' opinion of overall services.

[25] Sources of financing which make up a small percentage of responses and are grouped into the category "other" include being indebted to the hospital, bicycle pawning, and exemptions.

Findings from other surveys

Satisfaction factors for patients interviewed in the 2001 survey in Baray-Santuk OD include cost, staff friendliness, drug availability, cleanliness of the HC, and distance from the home.

The 2001 Kampong Trach RH survey asked patients to rate various features of the facility as positive or negative. The most positive points were given for the new buildings, water and electricity, good service/treatment, and food for patients. The most negative points were given to “bad smell toilets”, “no drugs given for disease”, and “staff not so friendly”.

3.9.1. Returning to the PRH

More than three-quarters of the patients (n=157, 78.5%) will return to Kampot PRH if they get sick again, compared to 95% (n=190, 95%) in Kampong Thom. Figure 6 compares results in the two patient groups.

If family members get sick, 161 (80.5%) patients will recommend Kampot PRH. Almost all (n=191, 95.5%) will also recommend Kampong Thom PRH to sick family members. Figure 7 compares results in the two groups.

While the number of patients stating they will NOT return to the PRH or recommend the PRH to others is rather small, this represents a group whose negative opinion can have greater impact upon the general population's perception of hospital services than the group who will return or recommend the hospital to others. Reasons for the negative opinions are similar in the two patient groups, and are listed in table 9 below.

Figure 6: Responses when asked if patients will return to the PRH the next time they are sick

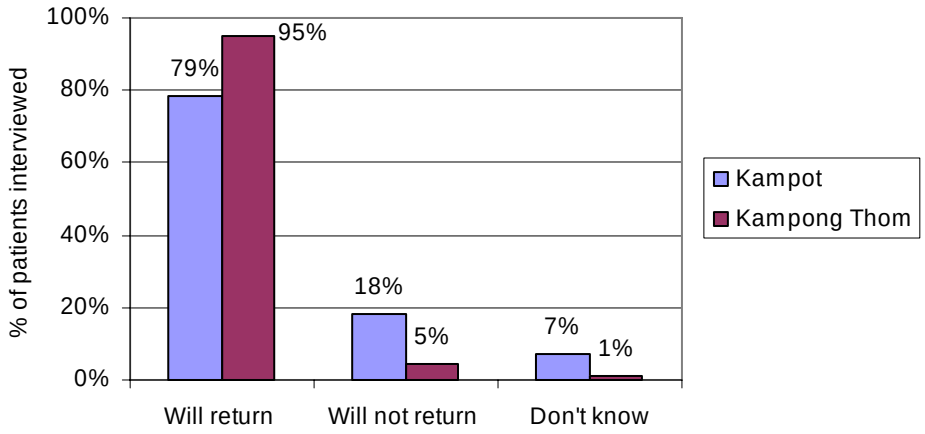


Figure 7: Responses given when asked if patients will recommend the PRH to sick family

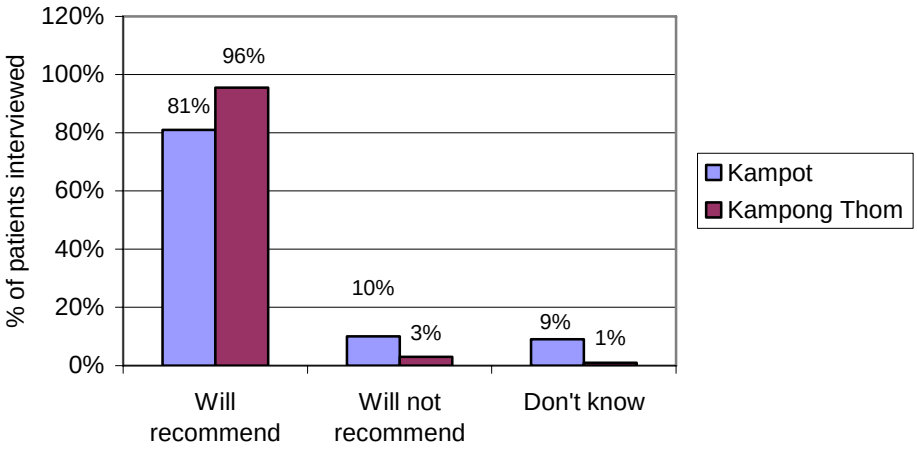


Table 9: Reasons given for not returning to or recommending sick family to go to PRH

Reasons for not returning to the PRH	**Kampot**	**Kampong Thom**
Treatment is not effective	0	3
Health care in Phnom Penh is cheaper	1	2
Not enough medicines/injections	6	2
Health care is expensive	11	2
Not much attention to health care	18	0
Total	36 (18.0%)	9 (4.5%)
Reasons for not recommending a sick family member to go to the PRH	**Kampot**	**Kampong Thom**
Health care in Phnom Penh is cheaper	1	2
Not enough medicines/injections	1	2
Not much attention to health care	12	2
Health care is expensive	5	1
Hygiene / sanitation is not good	0	1
Total	20 (10.0%)	7 (3.5%)

Findings from other surveys

At the PPMRH (2005 survey) 79% reported they would return if they were ill again. The main reasons patients will return include satisfaction with attention received from medical staff, medical treatment was paid for (by NGO), qualified medical staff, and effective treatment. The reasons for not returning include the same reasons used by others for doing so: dissatisfaction with the attention received from medical staff, abusive behaviour from staff, and ineffective medical treatment.

Similarly, 77% of all patients reported they would recommend the hospital to family members who fall ill. Friendly staff was the most frequently-mentioned reason for recommending the PPMRH to relatives. Costs and effectiveness of treatments were also cited as important reasons. Patients who will not return complained of discriminatory behaviour, cost, and lack of medicines.

3.9.2. Patient Expectations

Patients were asked a number of questions comparing the actual services they received against what they expected. More patients in Kampong Thom reported positive perception of services received against their expectations than did the patient group in Kampot, and are compared in Figures 8, 9 and 10.

Services provided in Kampot PRH met the expectations of slightly more than half of the patients (n=109, 54.5%). The majority (n=123, 61.5%) felt that the PRH had the relevant technologies to care for their illness/condition. And in rating the effectiveness of their hospitalisation to cure their illness, the majority of patients (n=172, 86%) were satisfied.

In Kampong Thom, 175 (87.5%) patients felt that the hospital services they received met expectations. Most (n=133, 66.5%) felt that the hospital had the relevant technology to care for their condition. A majority (n=174, 92%) felt that hospitalisation was effective in treating their illness, with (7%) stating that hospitalisation was somewhat ineffective.

Figure 8: Degree to which expectations were met at the PRH

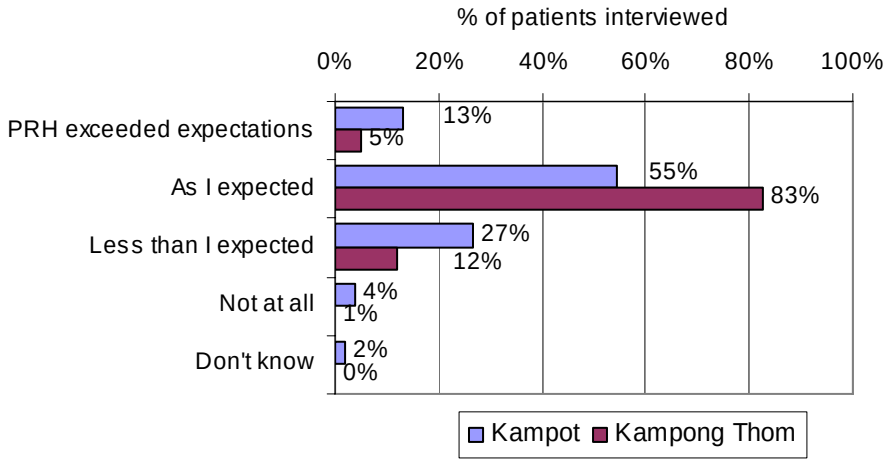


Figure 9: Perception on relevant technology to take care of patients' condition/illness

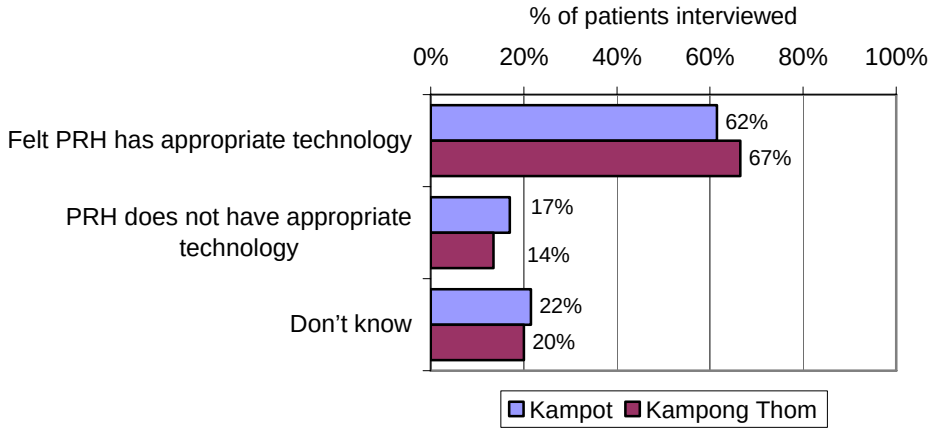
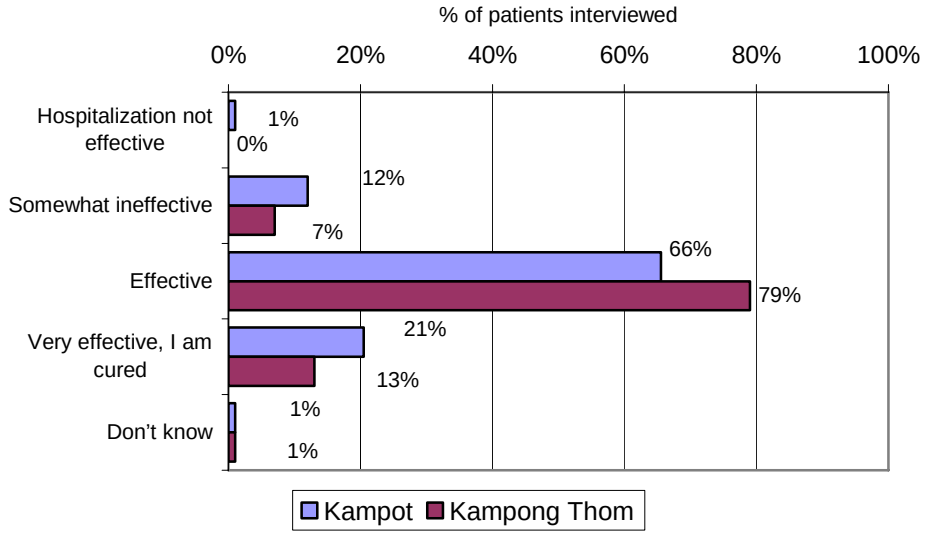


Figure 10: Perceived effectiveness of hospitalisation



Findings from other surveys

The 2001 NMCHC survey reported that 85% of patients interviewed thought the quality of treatment was "good"; overall satisfaction was "good" for 69%.

The 2005 PPMRH survey reported that 93% of patients thought the hospital had the relevant technology to treat their condition/illness. Most patients (90%) felt the hospital had the appropriate technical capacity. Seventy-eight percent of all patients were satisfied with the effectiveness of treatment.

3.9.3. Complaints

Patients were asked to provide the types of complaints they gave to the staff. When presented with questions targeting specific aspects of their care, patients were able to express discontent. But despite the higher percentage noting discontent in other questions, this open-ended question revealed only a handful of remarks. These are listed in Table 7 for both patient groups.

Table 7: Complaints patients made to the staff

	Kampot	Kampong Thom
Staff not tell me about time of injection	0	1
Blood flows into serum	0	1
Serum runs out/take it off on time	0	1
Make serum flow quicker	0	1
Take needle of serum out/ feel suffering	0	1
Want injection to reduce suffering	0	1
Allow me to stay to receive treatment	0	1
5 sarongs are soaked with blood	0	1
Paid 60,000 riel for treatment	0	1
Paid 60,000 riel for one-week treatment	0	1
Not enough money for all services	0	1
Provide health care before payment	0	1
Use polite words for patients	2	1
Call medical staff several times but no one comes	1	1
Turn fan on when I feel hot	1	0
Other	1	3
Total	5 (2.5%)	16 (8%)

4. DISCUSSION

In Cambodia, where three decades of conflict destroyed the health infrastructure and severely reduced the number of health professionals, it is uncertain whether people are aware of what quality of care is, and what they as patients are entitled to when visiting a public health facility. A slow yet steady recovery of the health system has not been proportionate with the utilisation of its facilities. Because perception of service quality in the public sector is quite low, it is believed that public facilities are accessed as a last resort when patients seek medical care. Instead, the population has turned to private providers in a consistently increasing trend, leading to the rapid growth of the sector in all parts of the country. This is evidenced by the per capita out-of-pocket spending amounting to 75% of total health service expenditure going mainly to private providers. Improvement efforts in the public sector therefore aim at reversing this trend in patient perception and health-seeking behaviour. And client satisfaction surveys are a tool used as part of a monitoring system directed at improving the quality of care as well as detecting deterioration.

This study was conducted in order to collect baseline information on client satisfaction in Kampot and Kampong Thom Provincial Referral Hospitals, and to explore factors influencing utilisation of hospital services. Findings will be disseminated to health providers and the hospital management staff at both facilities. This data is intended to lay the foundation for a monitoring tool for the structural, technical and behavioural quality of hospital services.

In the survey populations at Kampot and Kampong Thom hospitals, patients generally reported satisfactory services and conditions, with satisfaction levels slightly higher in

Kampong Thom PRH. Both patient groups reported good experiences with the administrative process. Cooking facilities, lighting, ventilation, and availability of washing water were found satisfactory. Both facilities' medical technology was perceived relevant to patient needs. Both patient groups found their stay in the hospital to be effective (they were cured), and most claimed that services met their expectations. The majority at both PRH will return, as well as recommend the facility to sick family members.

However, while this and other client satisfaction surveys conducted in Cambodia's health sector report an overall positive experience among patients with the technical capacity and technology of the health facility in question, patients also expressed dissatisfaction. A number of phenomena that are recognised globally such as gratitude bias and desirability bias, as well as region-specific tendencies such as reluctance to criticise have been reported in the literature to skew results. Because of the tendency to overstate levels of satisfaction a small number of negative responses can represent a larger number of people who withhold such comments. Examining negative responses, even in low numbers, can reveal key areas for targeting improvement efforts. Findings are examined here within the context of access, quality, and staff-patient interaction.

Access to Care

Hospitalisation is considered **expensive** by one-quarter to one-third of patients at both hospitals. Many in both patient groups did not know about the availability of exemption schemes prior to arrival, and little effort was put into informing them about this option once admitted. Reported average costs incurred during hospitalisation is slightly higher by 8,000 Riel ($2) in Kampong Thom than in Kampot.

The practice of paying unofficial fees and "gifts", either in the form of solicitation by the hospital staff or patient initiative by way of "tips" to receive better services, also cause additional budget strain. Nurses made more requests than other staff for additional payments, at both PRH, though this can be due to the fact that patients have more contact with nurses than other staff. Kampot patients paid more unofficial fees in the form of tip than by solicitation from staff, while Kampong Thom patients who paid additional fees were evenly distributed between being asked to pay and voluntarily paying a tip. The mean amount spent on extra payment for staff by Kampot patients is twice what Kampong Thom patients reported. This practice is also reported in all previous surveys.

Although being cured was reported by most to be the reason for leaving the hospital, lack of money was also among the top reasons in both patient groups for discharge. It also forced many to buy less food than usual. The occurrence of both is twice as high in Kampong Thom as in Kampot. More patients took loans to cover hospitalisation costs in Kampong Thom than in Kampot, where most financed hospitalisation through wages and assistance from relatives.

The rationale behind patients' **health-seeking behaviour**, such as provider preference and at what stage of illness they seek care, remains unclear. A quarter of Kampot patients and a third of Kampong Thom patients went to the PRH via referral. But, consistent with findings from other surveys, a large number of patients consult other providers first before the PRH. Over a third of Kampot patients interviewed consulted a health centre, a private clinic, or village practitioner first. In Kampong Thom almost half consulted other providers first, and most of these preferred providers are village practitioners, health centre, or a District RH. These choices are in line with the preferences of patients who seek other providers first in other surveys. But the top reason why these patients change to the PRH after first consulting another provider is its proximity to the home. Previous studies report technical capacity and costs as primary reasons to change providers, not the convenience of proximity to the patient's home. This calls into question the barriers encountered by patients which thwart them from consulting the PRH in the first instance.

Additionally, patients are normally observed to present at health facilities in the morning hours, a trend reported in the results of other surveys. This study finds just a slight peak time in the mornings in the two patient groups, with admissions in the night constituting nearly a third of all admissions, at both PRH. These night admissions are assumed to be *self-referrals* and suggest a high number of real emergencies. If this assumption is correct, it is uncertain if patients go to the PRH because they are waiting until they are very sick, by which time they need a hospital. The question then is if they wait due to the costs of services or if poor perception of service quality causes delays in seeking care, etc.

Quality of Care

Once at the health facility, patients generally believe that help is accessible if needed at any time of the day or night. Patients feel that nurse **availability** is better than doctors'/midwives' availability. But regardless of which provider (doctor/midwife, nurse, or health staff) was perceived to be most accessible when needed, both patient groups were satisfied with the likelihood of receiving care at any time, including during the night.

Inconsistency in providing **administrative information** to patients is a problem area, particularly in Kampot PRH. Few to none were told about the exemption scheme available. Many were not told about the cooking facilities. Most did not receive instructions on hygiene. Staff failed to advise the majority to return to the PRH if the illness/condition persisted. The reported negligence is not as high in Kampong Thom PRH, but its occurrence highlights a concern there as well.

Previous studies report similar gaps in consultation practices as was found here. A complete sequence of appropriate questions followed by instruction and advice is not consistently provided to patients. Many patients in Kampot PRH did not receive complete **medical advice** during their consultation. Not all were informed about their illness/condition, treatment, prevention of the illness in future, and/or about the drugs prescribed (if any). Less than half felt they had the opportunity to ask questions or clarify doubts. These findings are surprising given that in 2001 a survey at the Kampong Trach Referral Hospital in Kampot Province reported better scores on similar questions pertaining to consultation practices. The PRH should have better quality of care than its satellite hospitals.

In Kampong Thom the number of patients receiving relevant advice and instructions is higher, and opportunity to raise questions and voice doubts is higher. There is still, however, room for improvement in clinical competency.

When information was provided, health staff and clinicians at the two PRH were generally perceived to offer appropriate instruction and advice, whether it is about the illness/condition, prevention, exemption schemes, the availability of cooking facilities, or personal hygiene. Failure to provide information consistently to all patients is a concern because this is the most tangible aspect of a provider's technical competency as well as the primary reason patients present to the PRH.

Complaints reported by a small number of patients raise questions about **irrational treatment** at both PRH. It is well-known that Cambodians prefer treatments with infusions and injections rather than advice on sound lifestyle changes. Of the patients who will not return to the hospital the next time they are sick, one in six in Kampot and one in five in Kampong Thom cite "not enough medicines/injections" as the reason. It is one of the top reasons given by patients in both groups as a reason for discharge. One in four complaints in Kampong Thom refers to injections and IV. Demand for such irrational treatments is met by a thriving private sector that can respond to these requests and undermines the efforts of public facilities that try to comply with the standard treatment guidelines and protocols from the MoH. In effect, in order to augment their income, public providers are pressured to submit to inappropriate requests for drugs, injections and IVs.

Patients in this and other surveys were found to be generally satisfied with **structural features** such as cleanliness of the wards, as well as the lighting, ventilation, and availability of washing water. Complaints at both PRH in this study focused on the dirty condition of toilets. The cleanliness of hospital grounds also received negative feedback from a number of patients. In Kampot PRH, timely personal waste removal was noted as an additional complaint.

Many felt that their respective PRH can improve on the portion size and taste of **meals** served, with more patients expressing such wishes in Kampot PRH than Kampong Thom PRH. Other studies where this component was addressed similarly recommend improving the portion size and taste of meals.

Staff-Patient Interaction

Most patients reported that adequate privacy was provided. But some reasons given when asked about breaches to **privacy** indicate that patients are not fully aware of what privacy entails. A number of patients at both PRH did not know if they were satisfied or not with the state of privacy during examination. Reasons given for dissatisfaction with the state of privacy in their ward at both PRH ranged from a crowded room to “rain goes into my room by my window”, and “room is hot”. In Kampot most complaints were caused by other patients in the ward. Negative feedback was also reported where privacy was explored as a component of satisfaction in previous studies, such as the 2005 survey in PPMRH, mainly due to crowd and noise.

In Kampot PRH nearly two-thirds of patients ranked doctor/midwife, nurse, and health staff **behaviour** to be “polite/respectful”. In Kampong Thom PRH a large majority of patients found all staff “polite/respectful”. Previous surveys all report similarly high levels of satisfaction with staff behaviour. But some patients at both hospitals experienced mistreatment in the form of verbal abuse from the medical and non-medical staff. These reported instances occurred at triage upon admission, during treatment, and through the stay in the hospital. Additionally, a high number of non-responses by Kampot PRH patients about staff behaviour were recorded, particularly regarding the doctors/midwives, highlighting a possible problem area. More negative responses were reported in Kampot than Kampong Thom.

5. CONCLUSION AND RECOMMENDATIONS

Regulation of both public and private facilities is the first choice in improving quality, but the infrastructure to enforce a legislative framework of licensing, certification, and accreditation is still beyond the current capacity of the Ministry of Health. The context of low incentives by providers to follow appropriate treatment procedures, and the strong propensity of patients towards irrational treatments such as injectable medicines and intravenous fluids makes it necessary to seek the right combination of interventions that address and change the perception of quality at both the supply side (providers) and demand side (patients). Since public providers make up a sizable portion of the private sector, addressing barriers to public health care can also have the added benefit of positively affecting quality of services in the private sector. On the demand side, patients should be empowered with the knowledge of their rights, as well as armed with correct information about drugs and intravenous fluids, because as long as the population demands these irrational treatments, providers are likely to give it to them.

Identifying these bottlenecks in the health service delivery system can lead to improved technical and behavioural quality of health services and increase utilisation of public health facilities. But quality is a broad concept that no single method of study can adequately

capture. This study was undertaken in Kampot Provincial Referral Hospital and in Kampong Thom Provincial Referral Hospital to collect baseline information on client satisfaction with services provided at these health facilities. Findings will be disseminated to health providers and the hospital management for development of concrete strategies to address priority issues. And it will lay the groundwork for monitoring and evaluating progress in the quality improvement effort. In the long term, consideration towards client satisfaction can help make services more sustainable and assist in achieving the outcome of better health for the population. The following recommendations require the commitment of hospital staff and collaboration of health partners.

Access to Care

Since costs have been documented to be a determinant in access to care as well as overall client satisfaction, addressing this financial component is a priority. Provision of administrative information to patients about the availability of exemption schemes should be improved. In Kampot PRH, on-the-job training and job aid visuals and tools such as a checklist can be employed to remind staff of discussion points. Intervention in the form of a health equity fund in Kampong Thom is currently addressing this issue.

Many patients in both hospitals sought treatment elsewhere before going to the PRH. The reasons for doing so remain unclear, as is the decision-making process patients go through when seeking medical attention. Because increased utilisation of public health facilities is an important objective in improvement efforts, it is useful to know the determinants affecting these health-seeking decisions. Focus group discussions or key informant interviews can be employed for rapid assessments, to explore when in the course of illness that medical attention is enlisted, reasons behind patients' preferred providers, and the referral mechanisms followed.

Quality of Care

The technical quality of health services at both hospitals, but particularly at Kampot PRH, is highlighted in the findings as a critical gap in treatment. Many patients were not provided appropriate information and advice about their illness during their visit. Improve the technical competence of medical staff (characterised by appropriate instruction administered consistently in consultation sessions, discussing the nature of patients' illness, the examination and treatment procedure, advice on prevention, and instruction on medicine administration) by providing courses in consultation, particularly in Kampot PRH. Existing courses such as the Hospital Management Training (HMT) can be a useful vehicle for addressing this issue, in conjunction with on-the-job supervision and training for staff. Additionally, Quality Circle activities can be a tool to reach all staff in other RH, not just in the PRH. It can be constructive to determine the actual practice of each clinician, and provide on-the-job training if assessments suggest the need, or job aid visuals and tools such as a checklist of information to be imparted at each patient contact. Ongoing supervision and monitoring after each training is vital to sustainability of improved consultation skills.

Some comments reveal the occurrence of inappropriate prescribing practices in the hospitals and use of inappropriate treatments among the population. Since the general Khmer population tends to equate "quality" medical care with the provision of injections and IV fluids, health staff are willing to deviate from MoH guidelines and protocols and over-prescribe in order to secure their income. Otherwise patients will not return or recommend the provider to family, as evidenced by some responses (e.g. complaints about not receiving enough injections). Changing this perception in the population is a long-term effort. As long as the demand for irrational practices is there, providers will meet it in order to survive. Therefore enlisting VHSG and VHV to raise awareness in the community about rational use should be an ongoing programme. Additionally, provide training in Rational Drug Use for providers.

Determine whether the Department of Drug and Food conduct regularly-scheduled supervision visits to clinicians regarding standard treatment guidelines (STGs) and strengthen these existing interventions.

Structural features of a facility where care is provided is an important component of quality of care. They determine a patient's comfort level upon arrival and for the duration of his/her stay at the hospital, allow appropriate space for clinical practices, and provide a snapshot impression of competency. While there is an overall positive response regarding cleanliness of sanitary facilities, hospital grounds, and the provision of meals, the negative responses also indicate that there is room for improvement. Therefore, improve sanitary facilities, particularly in Kampot PRH. Improve cleanliness of hospital grounds. Meals should be provided in larger portions and the taste improved.

Staff-Patient Interaction

Some responses regarding privacy (e.g. "room is hot") reveal gaps in knowledge about what a patient is entitled to when seeking care. Additionally, patients should be empowered to expect certain levels of quality in treatment. Increase patient knowledge of privacy and patient rights through behaviour change and communication (BCC) efforts, which can be facilitated by village health support groups. The launching of the Patients' and Providers' Rights in Kampot is aimed at implementing and strengthening patients' and providers' rights in Cambodia. Provide information, education and communication (IEC) materials to village health volunteers (VHV) and village health support groups (VHSG), and train them in disseminating appropriate information to villages about privacy and patient rights.

Staff behaviour is another component of quality care provision. Most responses regarding staff behaviour were positive. But there were some complaints regarding insulting comments from staff to patients. Additionally, the many non-responses indicate a possible problem area. In Kampot PRH a Provider Behaviour Change Intervention (PBCI) was conducted in January, with the aim of sensitising providers in their attitude and behaviour towards patients. The intervention is also planned for Kampong Thom PRH. Monitor change in behaviour through ongoing exit-interviews or mystery patient visits to the hospitals and report findings to staff. And provide refresher courses and ongoing dialogue through regularly-scheduled meetings to ensure sustainability.

6. ANNEX

6.1. Exit-Interview Questionnaire

Hospital Client satisfaction Questionnaire

Name of Interviewer: _____
Date: _____
Interview Starting Time: _____
Ending Time: _____

1. Socio-demographic Characteristics

1.1.1 Age (years) _____

1.2 Sex:
- 1 Male
- 2 Female

1.3 Marital Status
- 1 Single
- 2 Married
- 3 Divorced/Widowed

1.4 Literacy level
- 1 Can read and write
- 2 Can read only
- 3 Can neither read nor write

1.5 Number of people in household _____

1.6 Number of dependents in household _____

2. Health-Seeking Behaviour

2.1 Date of Admission _____

2.2 Time of Admission
- 1 Morning
- 2 Afternoon
- 3 Night

2.3 Designated Ward(s) _____

2.4 Date of Discharge _____

2.5 What was the reason for leaving the hospital?
- 1 Cured
- 2 Lack of money
- 3 Other

2.6 Did you go to another health provider before coming to the hospital?
- 1 No
- 2 Yes

2.7 If YES, which one(s)? (Please list first to last visited provider)

1. _____
2. _____
3. _____
4. _____

2.8 What was the total amount that you spent on these providers? _____Riel

2.9 Were you referred by a health centre or doctor/clinic to come to the hospital?

1 No
2 Yes

2.10 If YES, by whom? _____

2.11 How long did it take you to reach the hospital? _____ minutes

2.12 How did you travel to the hospital?

1 Walking
2 Bicycle
3 Motorbike
4 Moto-dop
5 Car/Truck/Van
6 Taxi
7 Ambulance
8 Oxcart
9 Other _____

2.13 What was the travel cost to come to the hospital? _____Riel

3. Reception

3.1 Were you admitted to the Emergency Department?

1 No
2 Yes

3.2 If YES, do you think you were dealt with promptly?

1 No
2 Yes

3.3 If NO, how long did you wait until you were placed in the ward? _____minutes

3.4 How did the staff receive you?

1 Very well
2 Well
3 Bad
4 Very bad

3.5 How was the administrative procedure during your admission?

1 Complicated, we were lost and not assisted
2 Complicated, but we were assisted
3 Easy and very clear or well assisted
4 Don't know

4. Satisfaction with Health Staff / Staff Service

4.1 Did the doctor discuss your condition/illness with you?

1 No
2 Yes:

4.2 Was the discussion clear for you?

1 Yes
2 No

4.3 Did the doctor discuss with you the examination and treatment procedure?

1 No
2 Yes:

4.4 Was the discussion clear for you?

1 Yes
2 No

4.5 Did the doctor discuss with you how to prevent your condition/illness next time?

1 No
2 Yes
3 N/A

4.6 Did the staff give you opportunities to ask questions and clarify doubts?

1 No
2 Yes

4.7 Did the staff explain to you how to take the prescribed drugs?

1 No
2 Yes:

4.8 Was the discussion clear for you?

1 Yes
2 No

4.9 Did the staff tell you about possible side effects of the prescribed drugs?

1 Yes
2 No

4.10 Please describe the attitude and behaviour of the doctors/midwives:

1 Very polite and respectful
2 Polite and respectful
3 Impolite/rude
4 Very impolite/rude/humiliating
5 Don’t know

4.11 Please describe the attitude and behaviour of the nurses:

1 Very polite and respectful
2 Polite and respectful
3 Impolite/rude
4 Very impolite/rude/humiliating
5 Don’t know

4.12 Please describe the attitude and behaviour of the other staff (administration/cleaner/ cook):

1 Very polite and respectful
2 Polite and respectful
3 Impolite/rude
4 Very impolite/rude/humiliating
5 Don’t know

4.13 Did you suffer from any verbal abuse by staff (e.g. staff laughing at you/criticizing/threatening you)?

1 No
2 Yes (Please describe)
_____

4.14 Are the doctors/midwives available during the day?

1 No
2 Yes

4.15 Are the nurses available during the day?

1 No
2 Yes

4.16 Did you ever request care during the night?

1 No
2 Yes

4.17 If YES, have you been able to find staff?

1 No
2 Yes

4.18 If YES, did they help you on time?

1 No
2 Yes

4.19 Would you say that the hospital has health staff available all the time to help you?

1 Yes, all the time
2 Yes, most of the time
3 Not available at all

4.20 At discharge, did the health staff tell you to come back if your problem persists?

1 No
2 Yes

4.21 At discharge, were you given advice on how to care of yourself when at home?

1 No
2 Yes

4.22 What do you think of the privacy during examination and treatment?

1 Liked it
2 Did not like it (Please describe)
_____
3 Don't know
4 Felt ashamed

4.23 What do you think of the privacy in your ward?

1 Liked it
2 Did not like it (Please describe)
_____
3 Don't know

5. Cleanliness and Hygiene

5.1 How do you find the cleanliness inside your ward?

1 Very clean
2 Clean
3 Dirty
4 Very dirty
5 Don't know

5.2 How do you find the cleanliness of the toilet and bathroom facilities?

1 Very clean
2 Clean
3 Dirty
4 Very dirty
5 Don't know

5.3 How do you find the cleanliness of the hospital grounds?

1 Very clean
2 Clean
3 Dirty
4 Very dirty
5 Don't know

5.4 Is your personal waste disposed of in a timely and adequate fashion?

1 No
2 Yes
3 Don't know

5.5 Did the hospital provide you with information on hygiene? (i.e. smoking prohibition, waste disposal, washing)

1 No
2 Yes

6. Food Quantity and Quality

6.1 Did the hospital provide you with meals (rice and soup) twice daily?

1 Yes
2 No, why _____

6.2 Was the quantity of meals enough for you?

1 No
2 Yes

6.3 Please describe the taste of the soup:

1 Very tasty
2 Tasty
3 Not tasty at all / bad
4 Don' t know

6.4 Did the hospital provide adequate cooking facilities for you or your accompanying persons?

1 Yes
2 No, why_____

7. Hospital and Service Organization

7.1 Are you satisfied with the availability of light in the ward during the night?
- 1 No
- 2 Yes

7.2 Are you satisfied with the ventilation of the ward?
- 1 No
- 2 Yes

7.3 Are you satisfied with the access and quantity of washing water?
- 1 No
- 2 Yes

7.4 Are you satisfied with the access and quantity of drinking water?
- 1 No
- 2 Yes

7.5 Are you satisfied with the quality of the drinking water?
- 1 No
- 2 Yes

7.6 Which of the following items were available for your use during your hospital stay?
- 1 Mosquito bed net
- 2 Mat/mattress
- 3 Drinking water
- 4 Rice plate and bowl
- 5 Soap
- 6 Other_____

8. Cost of Treatment/Payments

8.1 At what stage have you been informed about the official payment system/user fees in this hospital?
- 1 Before coming
- 2 At arrival
- 3 Later during the hospital stay
- 4 At discharge
- 5 Never

8.2 Did you know about an exemption scheme before going to the hospital?
- 1 No
- 2 Yes

8.3 Were you informed of an exemption scheme during your hospital stay?
- 1 No
- 2 Yes, which one? _____

8.4 Were you exempted from paying user fees?
- 1 No
- 2 Yes

8.5 If you paid anything, how much did you pay for the following items during your hospital stay?
- 1 Official hospital fees _____
- 2 Extra Food _____
- 3 Extra drugs _____
- 4 Extra for the staff _____
- 5 Other _____
- Total _____

8.6 During your hospital stay, were you requested to pay a money gift for a service from staff?

1 No
2 Yes

8.7 If YES, for what and by whom (i.e. administration, doctor, nurse?)

What_____Who_____
What_____Who_____
What_____Who_____
What_____Who_____

8.8 What do you think about the total cost for hospitalization?

1 Cheap
2 Affordable
3 Expensive
4 Very expensive
5 Don' t know
6 Exempted (Poor)

8.9 How did you finance these expenditures?

1 Wages
2 Savings
3 Sale of assets
4 Loan with interest
5 Gift from relatives
6 Owe to the hospital
7 Other _____

8.10 During your hospital stay, were you requested to pay money to staff apart from the official fees?

1 No
2 Yes

8.11 If YES, why?

1 I was asked to pay by the staff
2 I wanted to get more attention from staff
3 I wanted to give staff a tip at discharge
4 No comment

8.12 Were you asked to give something else to the staff (such as a gift)?

1 Yes
2 No

8.13 During your hospital stay, did you refrain from buying drugs because of limited budget?

1 Yes
2 No

8.14 During your hospital stay, did you refrain from doing laboratory and other tests because of limited budget?

1 Yes
2 No

8.15 During your hospital stay, did you buy less food than usual because of limited budget?

1 Yes
2 No

8.16 Did you ask staff to discharge you because of limited budget?

1 Yes
2 No

9. Overall Satisfaction

9.1 Will you return to this hospital the next time you get sick?

1 Yes
2 No (Please explain)
_____
3 Don't know

9.2 If one of your family members gets sick, will you recommend the hospital to him/her?

1 Yes
2 No (Please explain)
_____
3 Don't know

9.3 If you were unhappy with some behaviours or situations, were you able to complain?

1 No
2 Yes (Please explain what your complaint was about?)
_____

9.4 Did the services you received meet your expectations?

1 More than I expected
2 As good as I expected
3 Less than I expected
4 Not at all
5 Don't know

9.5 Would you say that the hospital has the relevant technology to take care of your condition/illness?

1 No
2 Yes
3 Don’t know

9.6 How do you feel now about the effectiveness of your hospital stay and the treatment?

1 Not effective at all
2 Somewhat ineffective
3 Effective
4 Very effective, I am cured
5 Don’t know

THANK YOU FOR TIME AND PARTICIPATION!