

Outpatient Satisfaction with Health Care Services at 250 Bedded Mohammad Ali Hospital, Bogura, Bangladesh

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Abstract:

Background: Patient satisfaction is an essential factor that should be studied frequently, as indicated by the case study. The main findings of the study showed a high level of satisfaction that reached 82%. In Najran, Saudi Arabia, nurses' services and care had the highest satisfaction score in private tertiary hospitals. In the same study, the general satisfaction was found to be high as well. In Bangladesh, health care service is primarily oriented to hospitals, where the quality of service is a significant concern, particularly care provided by nurses. Linder-Pelz defined patient satisfaction as an expression of an attitude, an adequate response, and the individual's positive evaluation of distinct dimensions of healthcare providers and facilities available in the hospital. In this aspect, nurses are the direct care providers predominantly for in-patient service in the hospital situation.

Objective: The aim was to assess the level of outpatient satisfaction with health care services at 250-bed Mohammad Ali Hospital, Bogura.

Methodology: This descriptive type of cross-sectional study design was used, and a sample size of 110 that was a purposive sampling technique followed those who met the inclusion criteria to assess outpatient satisfaction with health care services. The study was conducted from July 2021 to December 2021. The instruments for data collection were a semi-structured questionnaire composed of two parts: Demographic variables and satisfaction-based information on outpatient satisfaction with health care services and measured by 3 (three) points on a Likert scale ranging from 1= satisfied, 2 = uncertain, and 3= dissatisfied.

Results: The findings of the present study revealed that the overall level of outpatient satisfaction with health care services score of 56% was a moderate level of satisfaction. It may be due to their receiving existing health care services.

Conclusion: It is concluded that the study provided baseline information for the current situations of the selected hospital. Therefore, the Hospital management and administration should understand these weak service areas or problems and plan to look for better management and enhance the quality of patient services in the hospital

Keywords: Outpatient Satisfaction, health care service.

1. INTRODUCTION

In recent years, the focus on consumers in a highly competitive environment has increased interest in measuring patient satisfaction with health care. Patient satisfaction is often considered an important parameter of the quality of care. Larsen and Root argued that patient satisfaction with nursing care is an important influence in determining whether a person seeks medical advice. The attitude and behavior of the patient are important for long-term care of the patient. Quality assurance in hospital services in both private and public sectors needs to improve patients' dissatisfaction. Out of dissatisfaction in different sides of the health sector, may patients go outside of Bangladesh for better management? Measuring patients' satisfaction with health care may be difficult because one patient is satisfied with something, but another may not be satisfied with the same thing; satisfaction varies widely from patient to patient. *Satisfaction* is the psychological state that results from confirmation or disconfirmation of expectations with reality. Patient satisfaction with health care services is commonly believed to depend on patient characteristics, including age, gender, and education. Perhaps the most consistent determinant characteristic is patient age.

Evidence from various countries suggests that older people are more satisfied with healthcare services than younger people [1]. Assaf (2009) stated that men are less satisfied than women with healthcare services [2]. Educational attainment is identified as a significant factor determining patient satisfaction, and the trend is that greater satisfaction is associated with lower levels of education [3]. Similarly, Schutz, Lee, Schmitt, Almon, and Baillie (1994) found that higher education is strongly associated with dissatisfaction with health care services. Some researchers have identified adherence to medically prescribed regimens as an outcome of patients' satisfaction with nursing care [4]. A dissatisfied patient is not considered psychologically or socially well, and thus, the goal of nursing has not been attained. Nurses must let patients express their views of care and incorporate them into the provided care. Patient-centered nursing care essentially plays an important role in increasing patient satisfaction and is considered an indicator of the quality of services.

Patient satisfaction is frequently defined as the extent to which patients' expectations of care match the actual care received. Based on a thorough concept analysis of patient satisfaction, Eriksen defined *patient satisfaction* with nursing care as "The patients' subjective evaluation of the cognitive, emotional response that results from the interaction of the patient's expectation of nursing care and their perceptions of actual nurse behaviors." Mrayyan defined patient satisfaction as "the degree to which nursing care needs patients' expectations in terms of the art of care, technical quality, physical environment, availability and continuity of care, and the efficacy of care. In Bangladesh, health care service is mostly curative-oriented in hospitals, where the quality of service is a major concern, particularly care provided by nurses. Linder-Pelz defined *patient satisfaction* as an expression of an attitude, an effective response, and the individual's positive evaluation of distinct dimensions of healthcare providers and facilities available in the hospital. In this aspect, nurses are the direct care providers predominantly for in-patient service in the hospital situation. Therefore, quality of service the nurses provide can be measured through nurses' attitude towards the patients, their level of performance in providing care, and their level of skills in providing care. The most important reason for measuring patient satisfaction is that there is increasing evidence of its contribution to other outcomes that are of great importance to service recipients and providers. It is already cited that dissatisfied patients are likely to seek further and go abroad for treatment. The whole environment of nursing and health services is changing rapidly worldwide. The health sector reform to nursing is significant, as nurses are key health providers in hospital and community settings. Since the beginning of the concepts of modern healthcare delivery, the patient's satisfaction with the service has been put to focus. This has become the subject of investigation in the healthcare systems of many countries, especially in Europe and North America, for various reasons. A study in Bangladesh revealed that the attitude and behavior of providers, adequate drug supply, and diagnostic and waiting room facilities influence patients' satisfaction [5]. Patient satisfaction with public health care services remains low despite tangible progress in developing health services in Bangladesh. In Bangladesh, a survey on the Health and

Population Sector Program between 1998-2003 showed that the rate of satisfied service users of public health facilities decreased from 66% in 2000 to 56% in 2003 [6]. The factors mentioned above mention variables rarely explored in other countries in general and were not investigated in Bangladesh in particular. The quality of healthcare services in Bangladesh has led to losing faith in public and private hospitals, low utilization of public health facilities, and an increasing outflow of Bangladeshi patients to hospitals in neighbouring countries such as India, Thailand, and Singapore [7]. Therefore, dissatisfaction, lack of proper management, ineffective communication, inadequate facilities, accessibility to health care services, long waiting times, and utilization of resources in Bangladesh have led to huge losses of income for Bangladeshi health care services that are estimated at 500 million of Bangladeshi taka per year [7,8].

2. METHODOLOGY AND MATERIALS

A descriptive type of cross-sectional study design was carried out to outpatient satisfaction with health care services at 250-bed Mohammad Ali Hospital, Bogura, Bangladesh. It is situated in the northern part of Bangladesh and is a secondary public hospital level. The hospital provides both inpatient and outpatient department services related to my study. It is a 250-bedded hospital, and all kinds of client treatment facilities are available. There are lots of patients who come for treatment at this hospital. The study was conducted from July/2021 to December/2021. The population was selected from all the outpatient's department who received healthcare services at the selected hospitals. A purposive sampling technique was used to collect data for this study. Approval for this study was obtained from the Institutional Ethical Committee to protect the participants in the study. Before conducting the data, a written permission letter was issued by the Principal of Bogura Nursing College, Bogura, for facilitating approval from the Hospital superintendent and Nursing superintendent of the hospital.

■ Inclusion Criteria

1. Patients who are physically and mentally fit to provide information.
2. Patients who have received OPD services in the hospital.

3. Patients who have at least listening, understanding, and speaking ability.
4. Patients who are willing to participate.
5. Respondents who are available to receive health care facilities during the data collection period.

■ Exclusion Criteria

1. Patients who are not physically and mentally fit to provide information.
2. Patients who have not received OPD services in the hospital.
3. Patients who do not have listening, understanding, and speaking ability.
4. Patients who are not willing to participate.
5. Respondents who are not available to receive health care facilities during the data collection period.

A Semi-structured questionnaire was prepared according to the objectives and variables of the study by the researchers. The questionnaire consisted of two parts; the first part covered the demographic information about the respondents, and the second part contained a satisfaction-related questionnaire. The level of outpatient satisfaction with health care services was measured by 3 (three) points on a Likert scale ranging from 1= satisfied, 2 = uncertain, and 3= dissatisfied. The questionnaire was pretested on ten respondents at Shaheed Ziaur Rahman Medical College Hospital, Bogura. Pretesting of the questionnaire was done for research instrument development and to check the validity and reliability of the questionnaire. Then, an expert teacher made the necessary corrections and modifications.

Data Collection and Analysis

Researchers collected data through face-to-face interviews after getting an approval letter from Bogura Nursing College, Bogura. Researchers met with the Hospital superintendent and Nursing Superintendent of the hospital and explained the purpose of the study for educational requirements. After having permission, researchers asked for cooperation. Then, they explained the purpose of the study and asked for consent as their willingness. Therefore, who is interested in providing information and collecting their data by the researchers? Before data collection, the

investigators were provided a brief description of the purposes of the study and a questionnaire for clear understanding. Before data collection, the researchers obtained written consent from the respondents. The investigators collected data through a semi-structured questionnaire with face-to-face interviews with the respondents. Collected data was checked, organized, coded, edited, and analyzed manually. The results were interpreted using descriptive statistics like-frequency, percentage, and mean with the help of a scientific calculator. The critical variables were considered and analyzed to fulfil the study's objectives. The results were calculated from the tabulated column.

3. RESULT

Table 1 presents the demographic characteristics of the study population, comprising a total of 110 patients. The age distribution shows that 25.45% of the patients were aged 30 or below, 40.91% were in the age group of 31-40, 24.55% were aged 41-50, and 9.09% were over 50 years old. Regarding gender, 65.45% were male, and 33.64% were female. Regarding marital status, 24.55% of the patients were single, while 75.45% were married. The religious affiliation of the study population indicates that 78.18% were Muslim, 19.09% were Hindu, and 2.73% were Christian. Table 2 presents the socio-economic status of the study population, comprising a total of 110 patients. The population's educational position is as follows: 7.27% are illiterate, 33.64% have completed primary school, 27.27% have reached secondary school level, and 31.82% have attained a college or university education. Regarding occupation, the study population includes 14% students, 24% government/non-government employees, 47% farmers/business owners, and 15% individuals in other occupations. Regarding

monthly income, 24.55% earn less than 10,000, 45.45% earn between 10,000-19,000, 23.64% earn between 20,000-29,000, and 6.36% earn more than 29,000. Furthermore, the residential status of the study patients indicates that 34.55% reside in urban areas, 45.45% in rural areas, and 20% in slum areas. The study's findings highlight outpatient satisfaction with various healthcare services. Approximately 59% expressed contentment with the outpatient department's advanced equipment, while 77% were satisfied with the visual appeal of the facilities. Additionally, 73% were pleased with the cleanliness of the outpatient environment, and 68% appreciated staff empathy and problem-solving. 73% found services performed correctly, and 73% received timely information. Moreover, 64% received prompt service, but only 32% were satisfied with doctors explaining their conditions. Staff availability received mixed responses, with 27% feeling their requests needed to be addressed. Trust in hospital staff varied, with 32% expressing complete trust. Politeness from employees pleased 69% of the patients, while individual attention from doctors satisfied 64%. Furthermore, 71% believed the hospital prioritized patients' interests. Waiting times were a concern, with 62% finding registration times inappropriate and 27% dissatisfied with pharmacy wait times. These findings shed light on outpatient experiences, emphasizing areas for improvement in healthcare services (Table 3). Table 4 presents the distribution of overall satisfaction levels. 38% of the respondents reported a high level of satisfaction, while 56% expressed a moderate level of satisfaction. Only 6% of the respondents indicated a low level of satisfaction.

Table1. Demographical characteristics of the study population (n=110).

Characteristics	Frequency (n)	Percentage (%)
Age group (years)		
≤ 30	28	25
31-40	45	41
41-50	27	25
>50	10	9
Gender		
Male	72	65.45
Female	37	33.64
Marital status		
Single	27	24.55
Maried	83	75.45
Religion		
Muslim	86	78.18
Hindu	21	19.09
Christian	3	2.73

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Table2. Socio-economic status of the study population (n=110).

Characteristics	Frequency (n)	Percentage (%)
Educational status		
Illiterate	8	7.27
Primary school level	37	33.64
Secondary school level	30	27.27
College/University level	35	31.82
Occupation		
Student	15	14
Govt./Non govt. employee	27	24
Farmer/Business	52	47
Others	16	15
Monthly income		
<10,000/-	27	24.55
10,000-19,000/-	50	45.45
20,000-29,000/-	26	23.64
>29,000/-	7	6.36
Residential status		
Urban area	38	34.55
Rural area	50	45.45
Slum area	22	20.00

Table3. Distribution of study population based on outpatient satisfaction with health care service (n=110).

Items	Satisfied		Uncertain		Dissatisfied	
	f	%	f	%	f	%
Does the outpatient department, have the most advanced equipment?	65	59.00	8	7.00	37	34.00
The physical facilities (e.g. pharmacy, registration counter) are visually during outpatient department visits.	85	77.00	2	2.00	23	21.00
The physical environment of the outpatient department (e.g. rooms, toilets, waiting area) is cleanliness.	80	73.00	8	7.00	22	20.00
When a patient has a problem in hospital, staffs show a sympathetic, sincere interest in solving it.	75	68.00	10	9.00	25	23.00
The outpatient department of this hospital performs the service correctly.	80	73.00	5	5.00	25	22.00
Employees are given information to me exactly when services will be performed.	80	73.00	4	4.00	26	23.00
I received prompt service from hospital staff in the outpatient department.	70	64.00	8	7.00	32	29.00
Doctor willing to explain me about my illness/prognosis/time required for treatment.	35	32.00	12	11.00	63	57.00
Employees are never too busy to respond to my request.	30	27.00	8	7.00	72	66.00
I have complete trust in hospital staff with health care service in the outpatient department.	35	32.00	7	6.00	68	62.00
Employees are polite with patients.	76	69.00	3	3.00	31	28.00
My doctor always gives me individual attention during outpatient department services.	70	64.00	2	2.00	38	34.00
The outpatient department has its patients' best interests at heart.	78	71.00	4	4.00	28	25.00
The waiting time is appropriate for me regarding consultation of doctor services.	68	62.00	6	5.00	36	33.00
The waiting time is appropriate for me during registration service.	38	35.00	3	3.00	69	62.00
The waiting time is appropriate for me to get medication from the pharmacy.	78	71.00	2	2.00	30	27.00

Table4. The overall level of satisfaction.

Items	Frequency (n)	Percentage (%)
High level of satisfaction	6	38.00
Moderate level of satisfaction	9	56.00
Low level of satisfaction	1	6.00
Total	16	100

4. DISCUSSION

The purpose of this descriptive cross-sectional study was to determine the level of inpatient satisfaction with health care services at 250-bed

Mohammad Ali Hospital, Bogura. This chapter summarizes the study, findings about those previously reported in the literature, and discussion. In addition, the suggestions for nursing practice and recommendations for future

research will also be addressed. The present study findings revealed that the socio-demographic characteristics of age were 25.45% were within ≤ 30 years of age, 40.91% were within 31-40 years, 24.55% were 41-50 years, and 9.09% were >50 years of age. The mean age of respondents is 43.6 years. The findings also highest 65.45% were male and the rest of 33.64% female; 75.45% were married whereas 24.55% were single; 78.18% were Muslim, 19.09% were Hindu, and 2.73% were Christian; 7.27% were illiterate, 33.64% were Primary level, 27.27% were secondary school level, and 31.82% were college/university level; 14% were students, 24% Govt./Non-government employee, 47% Farmer/ Business and 15% others; 24.55% were within $<10,000/-$, 45.45% between 10,000-19,000/-, 23.64% between 20,000-29,000/- and 6.36% within $>29,000/-$; and 34.55% were urban area, 45.45% rural area and 20% slum area among the respondents in the present study. The findings were mostly similar to the same study conducted by Mohanan et al. (2010) to evaluate outpatient satisfaction in which the majority of 55% of subjects were aged 41-60 years [9]. The maximum 60% were male, whereas 40% were female. Concerning marital status, 92% were married, whereas 8% were single, and the majority, 78% of the respondents, were Muslim. A similar study done in Dhaka city showed that 33.9% of respondents had a secondary level, followed by 25% H.S.C, 19.6% primary, 16.6% graduate, and only 5.4% were illiterate. It was dissimilar findings from the present study that may vary in different places. Moreover, the monthly income, the maximum of 34%, was between 10000-19000/-; another study found that 57.1% of respondents' monthly family income was Tk. $<5000/-$ whereas only 17% income was Tk. $>10000/-$. This may be due to value inflation and time factor. This finding was mostly the opposite of a previous study conducted by Banashankari (2010), where 65% of respondents lived in urban areas. This may be due to demographic factors [10]. The findings of outpatient satisfaction with health care services revealed that the highest, 77%, were physical facilities (e.g., pharmacy, registration counter) visually during outpatient department visits; 73% were the physical environment of the outpatient department (e.g., rooms, toilets, waiting area) is cleanliness; 68% were patient has a problem in hospital staffs show a

sympathetic, sincere interest in solving it; 73% were an outpatient department of this hospital are performs the service correctly; 73% were Employees are given information to me exactly when services will be performed; 71% were outpatient department has their patients' best interest at heart; and 71% were waiting time is appropriate for me to getting medication from the pharmacy. Moreover, the highest outpatient dissatisfaction with health care services revealed that 66% were Employees are never too busy to respond to my request, 62% complete trust in hospital staff with health care service in the outpatient department, 62% were waiting time is appropriate for me during registration service; and 57% were Doctor willing to explain me about my illness/prognosis/time required for treatment among the respondents. The findings of the present study revealed that in the overall level of outpatient satisfaction with health care services, 38% had a high level of satisfaction, 56% had a moderate level of satisfaction, and 6% had a low level of satisfaction among the respondents. The finding was also supported by a study by Bano and Khalid (2008), who stated that patient satisfaction with nursing care was high at 97% in Iran, where 78% of patients were satisfied with the nursing staff service [11]. A similar study of patient satisfaction with health care services was conducted in Bangladesh, which showed that 73% were satisfied [7,12]. Another study in Thailand on patient satisfaction toward the health care service by Boakye (2013) showed that 65.5% were delighted [13]. It is also consistent with the present study that stated that patient satisfaction with service in Indonesia by Ruhansyah (2012) revealed high satisfaction. Last but not least, Boakye (2013) mentioned in a study in Ireland that good interaction between physicians, nurses, and their patients is the milestone to patient satisfaction and continuous improvement of quality of care [13-15]. Therefore, nurse managers should have due regard to enhancing comprehensive communication skills for nurses in the hospital because it is one way of contributing further to the quality of nursing care services [16].

5. LIMITATIONS OF THE STUDY

This study reflects the outpatient satisfaction with healthcare services of a small segment of healthcare facilities in the country; due to funds, logistics, and other supports, a detailed study

with a large sample size could not be conducted and it was confined to a limited number of samples. The study place is only one hospital that cannot generate the study findings in the country. The college authority supported the transport facilities.

6. CONCLUSION AND RECOMMENDATIONS

It is concluded that the study provided baseline information for the current situations of the selected hospital. Patient satisfaction is an instrument for monitoring a hospital's quality of care and reducing administrative complexity, thereby improving the government's responsiveness to local needs, enhancing the effectiveness and efficiency of management by allowing more consideration that is significant or judgment, increase accountability to the public, improve resource mobilization for national and local development policies, and improve local knowledge of development priorities. The findings of the present study revealed that the overall level of satisfaction with health care services 38% were, high satisfaction, 56% had a moderate level of satisfaction, and 6% had a low level of satisfaction with health care services. These study findings would improve the quality of care to continue outpatients' satisfaction. The healthcare system was one major problem because the economy was not strong enough to provide proper healthcare services and medications for everyone in the country. In addition, developing countries need more natural resources essential for life. Therefore, the Hospital management and administration should understand these weak service areas or problems and plan to look for better management and enhance the quality of patient services in the hospital.

In the future, the findings will provide baseline data for further research on outpatient satisfaction with health care services.

1. This study only described the descriptive study of outpatient satisfaction with health care services. The other researchers may explore other factors in different settings that affect outpatient satisfaction with health care services.

2. Health personnel researchers must replicate the study in other public hospitals or different private hospitals in Bangladesh because the present study was conducted only in one public hospital.

3. The present study findings may be used for evidence-based practice.

4. Hospital authorities should take action to improve cleanliness and reduce the waiting time in the hospital. Furthermore, other researchers may use this study's findings of cross-sectional study design.

ETHICAL APPROVAL

The study was approved by the Institutional Ethics Committee.

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