



## Patients' perspective of credibility, competence and courtesy of health staff in outpatient department of a district general hospital in Sri Lanka

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### Abstract

Higher perceived credibility, courtesy and competence of health staff not only increase the service utilization but also the desired health outcomes. To assess patients' perspective on these three aspects, a descriptive cross-sectional study was conducted among patients seeking care at the out-patient department (OPD) in District General Hospital, Kegalle, Sri Lanka. A pretested interviewer administered structured questionnaire was used to assess expected and perceived level of competence, credibility and courtesy of OPD staff. Response rate was 93.2% (n=358). Median age of the respondents was 40 (IQR=20) years. Majority were females. Nearly half were educated up to A/Level. More than 70% of the patients expected the OPD staff should be competent, credible and courteous. However, only 30.7% of the patients perceived that OPD staff were competent. Only 24.5% of patients perceived the service they received was credible. Only 24.9% experienced 'courtesy' in their visit. Many patients were unable to decide their level of perception. It was concluded that the perceived credibility, courtesy and competence of OPD staff were lower than patients' expectations. The study recommended improving technical and soft skills of OPD staff as well as empowering patients regarding competence, credibility and courtesy in OPD setting.

**Keywords:** out-patient department, credibility, courtesy, competence, patients' expectations, patients' perception

### Introduction

Out-patient department (OPD) of a hospital is the unit which provides diagnostic and treatment facilities to the patients who do not need overnight in-patient care at the time of health care encounter. The modern OPD provides a variety of additional services including health education, minor surgical procedures etc. The OPD laboratory, radiology department and out-door pharmacy provide the supportive services for the proper function of OPD. Average number of out-patient doctor visits per capita in 2015 varied from 16 visits in South Korea, 12.7 in Japan, 6.3 in France, 4 in United States and 1.9 in Colombia (Statista, 2016) [18]. Government health sector is the main healthcare service provider in Sri Lanka. Around 54 million Outpatient encounters were reported in government hospitals in 2015 in Sri Lanka (Medical Statistics Unit, 2017) [11]. This reveals that an average Sri Lankan visited the outpatient department more than twice a year.

Health workforce is one of the main building blocks of health systems according to World health organization and a main determinant of quality of care provided by a health institution. Often in the past the health care was 'physician centered' where the healthcare personnel especially the doctors decided what is best for the patients. However, this concept has changed gradually over the years and the 'service quality' has been defined in broader terms. Not only the technical quality of healthcare services but also the quality of satisfying 'Non-medical needs' of patients is considered a priority by many in the current context (Andaleeb, 2001) [1]. The importance of meeting patients' expectation in providing healthcare is highlighted by many authors including Øvretveit (1992) [13], Schuter *et al.*, (1998) and Leebov (2003) [9]. Øvretveit (1992) [13] highlighted the

importance of patient expectations in his definition of healthcare quality. Schuster *et al.* (1998) [17] emphasized that good healthcare service must include good communication, shared decision making and cultural sensitivity as well. In recent times, Leebov *et al.* (2003) [9] added customer satisfaction to health care service quality while Rashid and Kamaruzaman (2009) [15] declared that patients usually expected functional quality including provider attitudes more than technical quality. Knowing the expectations of patients can help avoid undesired reactions, enhance their healthcare experience, and reduce health staff being exposure to liability. Studies have shown that around 70% of litigation related to real or perceived problems involving physician communications. Not meeting expectations can also result in non-compliance or suboptimal compliance and affect physicians' reputation in a community (Lateef, 2011). Credibility, in other words trustworthiness and feeling safe, is an important aspect in any service especially in healthcare. According to Jackson (1994) [7] patient compliance to physician advice increased when the medical message was given with a credibility enhancing cue. In a study done among 358 individuals at a large medical clinic in Texas, Michelle *et al.* (2006) [12] found that source credibility except assertiveness of physicians, nurses and other health staff had the highest positive correlation with the perceived confidentiality of patients. According to Richmond *et al.* (2002), patients reported that they were more satisfied with credible physicians. Competence involves having knowledge or expertise in a given area. Caring is the degree to which a person perceives that a source has the person's best interests at heart. Trustworthiness involves the degree of trust a receiver has with the source (McCroskey & Teven, 1999). A study

conducted by Michelle *et al.* (2006) [12] at a large medical clinic to examine how patients' perceptions of competence and caring related to their satisfaction with the quality of medical care they received and satisfaction with their physician, revealed that higher perceptions of competence and caring for each member of the medical team were related to higher patient satisfaction. SERVQUAL model developed by Parasuraman *et al.* (1985) [14] is a model used to assess service quality in variety of industries. Competence, courtesy and credibility categorized under the assurance dimension of this model. Review of literature revealed that different studies conducted in many parts of the world had measured the service quality in terms of patients' expectations, patients' perception, gap between expectations and perceptions and patients' satisfaction and dissatisfaction regarding the services.

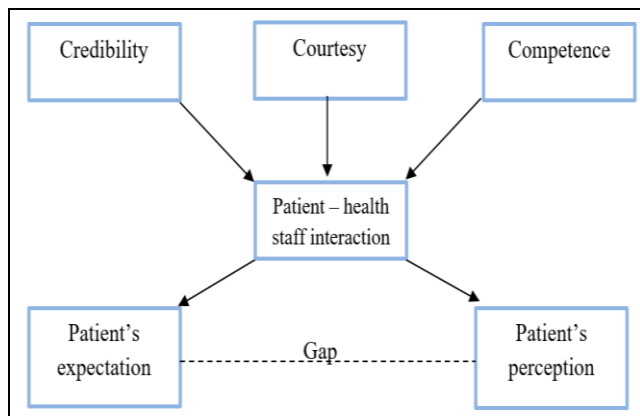


Fig 1: Conceptual framework

(Author generated based on literature review)  
 Credibility, courtesy and competence of health staff influence the service utilization as well as the health outcomes of the care seekers. Many authors have highlighted the importance of credibility, courtesy and competence of health staff in providing high quality health care service. Donabedian (1980) [4] distinguished three main aspects of healthcare quality namely, technical quality, amenities and interpersonal quality which included the effectiveness of care in producing achievable health gain and accommodating patient needs and preferences. According to Lohr and Wehling (1991) [10] one of the goals of healthcare service is to increase the likelihood of achieving desired health outcomes for the patient by applying current professional knowledge when providing care. Careful analysis of these views reveals that patients' preferences, provider attitude, technical competence, effective communication etc. are very important

determinants of a high quality health care service. However, there was a significant paucity of research evidence in the local OPD setting to support evidence based action to improve the existing services.

Kegalle hospital is a District General Hospital (DGH) hospital situated in Sabaragamuwa province with a bed strength of 735 beds and an average daily Outpatient attendance of 850 patients. Having a highly utilized OPD not only provided a good opportunity to study a significant number of patients but also to obtain a comprehensive understanding of the patients' expectations and perception regarding credibility, courtesy and competence of health staff in OPD. Assessment of these service elements pave the path for the hospital management to improve the deficient areas in OPD services.

**Objective**

The study intended to assess the patients' expectations and perceptions of credibility, competence and courtesy of health staff and determine the gaps in relation to credibility, competence and courtesy of health staff in outpatient department in District General Hospital – Kegalle.

**Material and Methods**

**The study was a descriptive cross-sectional study.**

**Sampling Rationale**

Study population was identified as the patients seeking outpatient care from the OPD of District General hospital (DGH) Kegalle. Average daily OPD attendance of DGH Kegalle amounted to 850 encounters. In order to incorporate daily variation of out-patients, sampling frame was chosen as out-patients attending the OPD for 7 consecutive days. Systematic sampling was adopted and every 15<sup>th</sup> patient attending the OPD was recruited to the sample until the intended sample size of 384 was achieved.

**Inclusion criteria**

Patients aged more than 18 years and in-case of pediatric patients, guardian accompanying the child were selected for the sample.

Exclusion criteria: Patients with cognitive impairment and having significant disability were excluded from the sample.

**Study Instrument**

A survey strategy was used to collect data using a pretested validated interviewer administered structured questionnaire. Five point Likert scale was used to record the responses of the patients. All questions were worded as positive statements related to credibility, courtesy and competence of health staff.

Table 1: Scoring system used in the questionnaire

Patient's expectations	Patient's perception	Scoring system
Competence: <ul style="list-style-type: none"> <li>▪ Staff should be knowledgeable</li> <li>▪ Staff should be competent</li> </ul> Credibility: <ul style="list-style-type: none"> <li>▪ Staff should be trustworthy</li> </ul> Patient should feel safe while being treated <ul style="list-style-type: none"> <li>▪ Staff should be polite</li> </ul> Courtesy: <ul style="list-style-type: none"> <li>▪ Staff should respect the privacy of patients</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff was knowledgeable               <ul style="list-style-type: none"> <li>▪ Staff was competent</li> <li>▪ Staff was trustworthy</li> </ul> </li> <li>▪ Patient felt safe while being treated               <ul style="list-style-type: none"> <li>▪ Staff was polite</li> </ul> </li> <li>▪ Staff respected the privacy of patients</li> </ul>	1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree Maximum score =5 Minimum Score = 1

The questionnaire was already validated and tested in

studies conducted worldwide. It was further validated by

healthcare quality experts in the Directorate of Healthcare quality. Opinion on director of healthcare quality and safety was consulted in modifying the questionnaire. It was pretested among a similar sample and modified according to the feedback. This ensured validity of the questions asked to obtain data.

**Data collection**

Data collection was conducted by two trained data collectors when patients were entering and exiting the Outpatient department. An information sheet regarding the study was provided to the participants and time was allowed to clarify doubts. Informed written consent was obtained from the participants prior to data collection and the questionnaire was administered. Data pertaining to their experience on the current OPD encounter was obtained.

**Validity and reliability**

In order to minimize information bias, the participants were explained that the confidentiality of the data will be maintained and that the data will not have any effect on the service they receive in future. The author intended to administer a self-administered questionnaire to minimize both observer error and observer bias. However, as the pretest revealed a significant incompleteness of data, the initial attempt was abandoned and an interviewer administered questionnaire was used. Researcher bias was minimized by training the data collectors to be unbiased, adopting the systematic sampling method and structured questionnaire. Data pertaining to their experience on the current OPD encounter was obtained to minimize recall bias. Possibility of participant error was expected as the data was planned to be collected at the time the patient existing the OPD. Systematic sampling reduced the participant error as data was collected throughout the functioning hours for 7 consecutive days. Possibility of participant bias was minimized by using 2 trained data collectors who were not staff of the hospital and participants were explained that the data collection will not affect their future health encounters with the hospital. Possibility of observer error was minimized by providing the questionnaire as a structured questionnaire.

**Data Analysis**

The raw data from the completed questionnaire were entered in to Microsoft Excel spreadsheet and was analyzed using Microsoft office- Excel – 2013 and SPSS version 21. Patients’ expectations and perceptions were interpreted based on the Mean score and the frequency of responses. Mean scores were interpreted based on following criteria.

**Table 2:** Criteria for interpretation of mean scores

Mean Score	Expected /Perceived level
Less than 3	Low
3 to 3.99	Average
More than 3	High

The gap was calculated by;  
 Gap score= Mean Perception score – Mean Expectation

Score

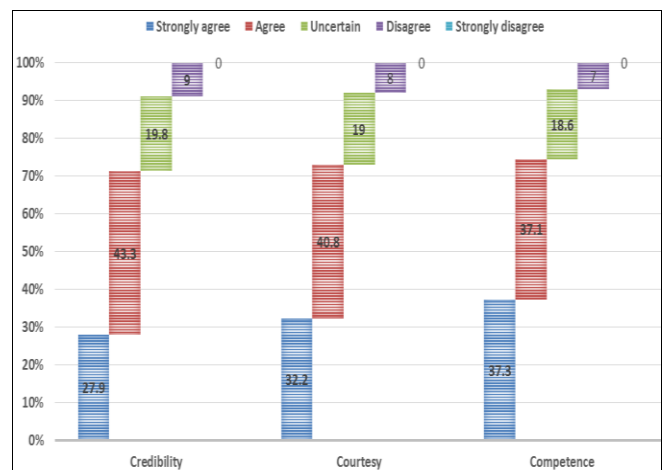
**Table 3:** Criteria for interpretation of gap score

Gap score	Satisfaction level
Negative Score	Poor – Patients are dissatisfied
Zero	No gap -Patients are Satisfied
Positive Score	High – Patients are delighted

A positive gap score indicates a better service compared to expectations of the respondent while a negative score indicates a worse perceived level compared to the expectations of the respondent.

**Results and Discussion**

Total number of 384 patients were recruited for the sample and 358 responded with a non-responder rate of 6.77%. Mean and median age of the respondents was 40 years. Age ranged from 18 years to 73 years as pediatric patients were excluded from the sample. Majority of the sample were females which amounted to 58.9% (n= 211). Most of the respondents were married (n= 247, 69%) while 24% (n= 86) were unmarried. Around 48.6%, 24.3% and 13.1% of the respondents were educated up to A/Level, O/level and grade 8 respectively. None had post graduate qualifications while only 4.7% were recorded to be graduates.



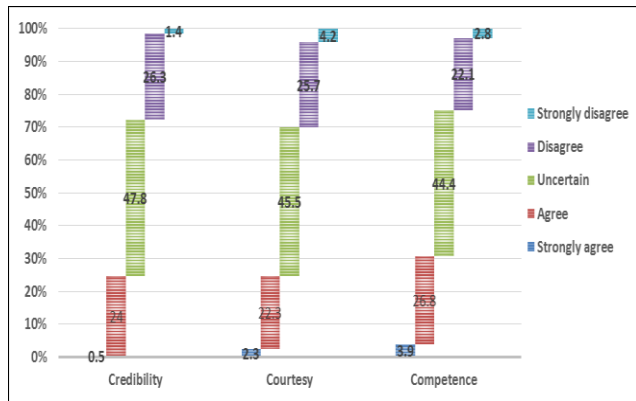
(Source: Author generated based on survey data)

**Fig 2:** Patient’s expectations of credibility, courtesy and competence

Patient’s expectations and perceptions regarding credibility, courtesy and competence were analyzed based on the frequency of responses. Around 71.2% (n=255) of the patients expected credibility of services while 19.8% (n=71) were uncertain about their expectations. Majority (74.6%, n=267) agreed or strongly agreed that the OPD staff should be competent while 18.7% (n=67) were uncertain on their expectations. Courtesy was expected by 72.8% (n=260) of the patients while 19% (n=68) were uncertain about their expectations. None of the respondents expressed strong disagreement that OPD staff should have credibility, courtesy and competence. However, 9%,8% and 7% did not expect staff credibility, courtesy or competency in OPD services according to the findings.

These findings were compatible with a study conducted in 8 private hospitals in Tehran where Zarei *et al.* (2012) found that the politeness of staff which was considered as part of ‘interaction quality’ an important determinant of satisfaction

of patients. A descriptive cross sectional study done in a tertiary care hospital in Faridabad city among 402 OPD attendees revealed that one of the most important factors (51.7%) for patient satisfaction was good doctor behavior (Goyal *et al*, 2016) [5]. According to Lateef (2011) [8] some of the general expectations of patients include the need to be listened to, the need to receive clear explanation and instructions about their condition, to be treated by staff who show care/concern/compassion and to be treated by staff who are professional in their work.



(Source: Author generated based on survey data)

**Fig 3:** Patient’s perceptions of credibility, courtesy and competence

Only 24.6% (n=88) of patients recorded the OPD staff were credible while 27.7% (n=99) disagreed or strongly disagreed. Nearly 47.8% (n=171) were uncertain about their feeling. Only 24.5% (n=88) experienced ‘courtesy’ in their visit while 29.9% (n=107) did not. Nearly 45.5% were uncertain of their perception. However, a study conducted in Outpatient department of Teaching hospital Karapitiya found that 45.8% of the patients were satisfied about the courtesy of the health staff (Sanjeewa and Senevirathne, 2017). Only 30.7% (n=110) of the patients agreed or strongly agreed that OPD staff were competent while 24.9% (n=89) disagreed or strongly disagreed. Interestingly, 44.4% (n=159) were uncertain on their perception. This high degree of uncertainty in expressing their expectations and perceptions may be attributed to the fact that the information was collected within the hospital premises where patients were reluctant to express their feelings openly. Patients’ expectations and perceptions were analyzed according to the mean expectation score and mean perception score.

**Table 4:** Mean patient expectation scores for competence, credibility and courtesy

Element	MES	Rank	Expectation level
1. Competence (Staff being knowledgeable and competent to provide OPD services)	4.05	1	High
2. Credibility (Staff being trustworthy and Patients feeling safe while being treated at the OPD)	3.90	3	Average
3. Courtesy (Staff being polite and respecting privacy of patients)	3.97	2	Average

(Author generated based on survey data)

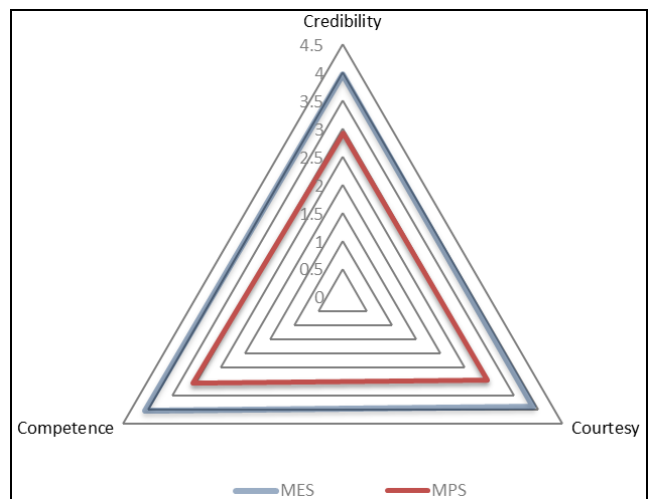
Staff being trustworthy and patient feeling safe while being treated at OPD carried the least MES (3.90) still recording an ‘average’ level of expectations. Staff being polite and respecting the privacy of patients was also expected in ‘average’ level by the respondents. Highest expectation level was recorded for staff competence. Similarly, the highest number of patients (74.6%) expected competence according to the frequency of responses. Even though credibility and courtesy were ranked ‘average’ according to the scoring system, the scores were very close to the ‘high’ level.

**Table 5:** Patients’ perception of credibility, courtesy and competence

Element	MPS	Rank	Perceived level
1. Competence - Staff being knowledgeable and competent to provide OPD services	3.07	1	Average
2. Credibility - Staff being trustworthy and Patients feeling safe while being treated at the OPD	2.96	2	Low
3. Courtesy - Staff being polite and respecting privacy of patients	2.93	3	Low

(Author generated based on survey data)

None of the elements were perceived as ‘high’. Highest perceived level was recorded as ‘average’ for competence. Hence, both expectations and perceptions were ranked ‘average’ in the study. However, the MPS was lower than the MES score. Both courtesy and credibility were perceived as ‘low’. According to Assefa and Mosse. (2011) [2] lack of privacy caused dissatisfaction among patients in a specialized hospital in Ethiopia which was compatible with the findings of the study. Gaps in competence, credibility and courtesy of OPD staff as perceived by the patients was analyzed according to the gap scores.



**Fig 4:** Perceived service gaps in credibility. Courtesy and competence according to mean scores

**Table 6**

Element	Mean Perception Score	Mean Expectation Score	Gap score	Rank
Competence	3.07	4.05	-0.98	3
Courtesy	2.96	3.90	-0.94	2
Credibility	2.93	3.97	-1.04	1

(Author generated based on survey data)

A negative gap was found in all three elements denoting that perceived credibility, competence and courtesy of health staff were less than the expectations of the patients. Highest gap was noted in credibility and least in courtesy. A study done in an Indian peripheral hospital OPD also found similar results with a negative gap in credibility; the trustworthiness of staff and patients feeling safe while being treated which was not significant (Chakravarty, 2011) [3]. This was compatible with the gap score of -1.04 in credibility found in the present study. Confidentiality of patient records, skills and knowledge of staff to answer questions, politeness of staff and respecting patients had lower perceived quality than expectations of patients in Tanzania (Khamis and Njau, 2014) [6].

### Limitations

The morbidity and mortality outcome of the patients, seasonal variations of OPD attendance and disease pattern influences the type of patients coming to the OPD which was not addressed by this cross-sectional study. The time and resource constraints prevented conducting this study as a longitudinal study. Modern OPD consists not only of doctors' consultation but also out-door pharmacy, outdoor radiology, out-door laboratory, day surgery unit etc. Therefore, various different health staff interact with patients in OPD. The study assessed the health staff in general for all OPD services.

### Conclusions

Credibility, courtesy and competence of health staff has high influence on service utilization and health outcomes. Critically reviewing the evidence in other countries showed that patients' expectations on these three aspects were not fulfilled up to the level of their expectations in most studies. Most studies concluded that the overall perceptions were lower than expected in India, Iran, Ethiopia, Europe etc. The present study also found a similar trend where credibility, competence and courtesy were poorer than expected by the patients. This is an eye opener for the Sri Lankan health sector as it portrays the current deficiencies in OPD services. This paves the path to evidence-based resource allocation and planning of healthcare services. The new knowledge gathered from this exercise lays the foundation for effective and sustainable improvement of OPD services. Overall, the study shed some light on the knowledge gap found in credibility, courtesy and competence of OPD services in Sri Lankan context especially the District General Hospital Kegalle.

### Recommendations

Emergency physicians in Hong Kong have come up with a list of 10 Cs, helpful and applicable for quality emergency care and risk management: competence, confidence, comfortable, careful attitude, compliance with protocols, checklists, courtesy, being calm and controlled, compassionate, and considerate as well as timely and appropriate communications...the same values we all strive for [19].

The study revealed an unmet need in patients' expectations in credibility, courtesy and competence. This may have resulted from hospital management being unaware of the patients' expectations or not taking timely measures to improve the gaps. Therefore, it is recommended to conduct surveys periodically to assess the patients' expectations and

perceptions regarding credibility, courtesy and competence. The hospital quality management and planning unit staff can be assigned for this task. Further, establishing a system to get constant feedback from the patients regarding their experience can be implemented in the OPD. Placing a complaint and suggestion box in various places in the OPD or displaying an email/ telephone or mobile phone number in the OPD dedicated to accept such complaints are also low cost measures that can be implemented in the hospital. A quality management review committee including hospital managers, clinicians and other staff categories etc. needs to be established to review these complaints and suggestions monthly and to take remedial action. Soft skills such as listening skills, communication skills, interpersonal skills and emotional intelligence etc. are very important to understand and respond to non-medical needs of the patients. Hence, it is recommended to incorporate soft skill development programmes for all the categories of OPD staff to the institutional in-service training programme.

A considerable number of respondents were uncertain about their expectations and perceptions, may be due to lack of empowerment. Therefore, awareness regarding credibility, courtesy and competence should be increased among care seekers to demand for credibility, courtesy and competence as well as to have realistic and legitimate expectations.

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