

A PILOT STUDY OF THE PERCEPTIONS ABOUT HEALTH CARE SERVICES PROVIDED BY MYANMAR’S PUBLIC HOSPITALS AMONG MYANMAR NATIONALS LIVING IN BANGKOK, THAILAND

Kyi, A.A¹ and Aye, K.K²

^{1, 2} *Bernadette de Lourdes School of Nursing Science, Assumption University, Thailand, Ramkhemheng Soi (24),
10240, Huamak, Bangkok, Thailand*

Abstract

The provision of health care services is a major concern in every country and has a key impact on every nation's population. Hospitals play a vital role not only in promoting and protecting peoples' health but also are one of the foremost providers of health care to the public. The purpose of the study is to investigate how Myanmar nationals, who now live in Bangkok, Thailand, perceive and respond to the issue of the quality of health care services provided by Myanmar's public hospitals since little is known about perceptions to health care services among Myanmar nationals. The pilot study was conducted using a convenience sampling technique through self-administered questionnaires that assessed four key aspects with 27 items using a five Likert scale, measuring perceptions about hospitals, doctors, nurses and overall satisfaction with the health care services provided. The responses (N=40) were analysed by using both descriptive and inferential statistics. When comparing the groups regarding hospital admission, the one-way ANOVA test revealed that people previously admitted to Myanmar's public hospitals were more likely to perceive positively the public hospitals' willingness to solve their health problem, the doctors and nurses' competence, attention, professionalism and showed high level of satisfaction with provided healthcare services more than the others. The present study will be helpful to healthcare providers needing to understand patient's preferences and how previous experience of health systems can impact those perceptions, which helps to understand patients' likely satisfaction levels with and confidence in the hospital health sector in Myanmar.

Keywords: perception, Myanmar public hospitals, Myanmar nationals.

INTRODUCTION

Health is defined as is a state of complete physical, mental and social well-being and not merely absence of disease or infirmity (World Health Organization, 2005). The provision of health care services is a major concern in every country and has a key impact on every nation's population. Quality in health care services is at the forefront of professional and managerial attention because it is considered as the means to achieve competitive advantage and long-term profitability as well as achieve suitable health outcomes for consumers (Purcărea et al., 2013). Hospitals play a vital role not only in promoting and

protecting peoples' health but also are one of the foremost providers of health care to the public.

Hospitals are complex structures of man, machine and management where quality of end results depends upon many factors including quality treatment, safety and satisfaction of patients, efficiency of system, professionals and staff (Singh, 2012).

Patients nowadays are more aware and more quality conscious than before as they reason that a high level of quality can translate into patient satisfaction and this is important for health care providers as they deal with life (Adebiyi & Olonade, 2014). For example,

when a patient goes to a hospital, he or she expects good communication with doctors, nurses and officers, hopes equity and respect for his or her beliefs and feelings, wants service quality given in a friendly and human way, wish for effective solutions to his or her problems in a short time (Oguzhan, Bebitglu & Ustu, 2004).

In Myanmar, the Ministry of Health is responsible for comprehensive health care that provides preventive, curative and rehabilitative services to raise the health status of the population (www.moh.gov.mm). Due to foreign sanctions, the barring of NGO provision of health services, and the lack of government investment in healthcare, Myanmar's public health system was in a shambles as the country's healthcare system was ranked the second worst in the world by the WHO in 2000 (Shobert, 2013). However, "The new government has announced a series of reform measures to effect changes in all political, economic and social spheres. But the most important measures to improve the general health status of the country are both internal and external. Increased spending on health from both internal and external sources and other reform measures to be taken by the government would greatly improve the government's objective of uplifting the health status of all citizens" (Ingber, 2012).

Traditionally, health care quality has been assessed from the viewpoint of health care providers, care takers and government and the health related statistics over a period of time have neglected the patients' perspective that may result in reducing the reliability and significance of quality assessment (Narang, 2010). "In every country, there is opportunity to improve the quality and performance of the health-care system, as well as growing awareness and public pressure to do so. Working through the process will create a new agenda for change, which focuses on improving the quality of the health system"(World Health Organization, 2006). Modernisation of health care systems and associated advances in evidence-based healthcare has raised expectations of improvements in the quality of care (Sheldon, 2005). Although many empirical studies have been performed for evaluating the quality of health services in many countries, little is known about perceptions to health care services among Myanmar nationals. Moreover, by observation, many patients

from Myanmar now travel and are admitted to hospitals in Bangkok, Thailand. The main question is why do they come for treatment in Bangkok and what similar kind of health care services are offered in public hospitals in Myanmar? To understand this, the present study will focus on examining the quality of healthcare services provided in public hospitals since hospitals are secure places for patients as well as the general public. The main goal of this research is to study how people perceive healthcare services and what kind of influential factors will lead their perceptions about healthcare services provided in Myanmar public hospitals in order to improve the quality of health care services.

METHODOLOGY

A total of 50 Myanmar nationals, who now live in Bangkok, Thailand participated in this survey. The pilot study was conducted using a convenience sampling technique through self-administered questionnaires. Participants were asked to complete and 40 participants, which is a 80 percent response rate as a whole, returned completed the self-administered questionnaires. Responses were assessed on four key aspects with 27 items using a five Likert scale, measuring perceptions to hospitals, doctors, nurses and overall satisfaction with the health care services provided. The data collected was analyzed by using both descriptive and inferential statistics. The inferential statistics was done by using one-way ANOVA test that measured significant mean differences among the above-stated four key aspects of Myanmar public hospitals' health care services classified by hospitals, doctors, nurses and overall satisfaction with the health care services provided by group of people regarding different type of hospital admission. We applied the BEST mean range (Best, 1970) in the interpretation of this study. These are as follows:

Table 1: Criteria of class interval mean range for this study

1.00-1.49	1	Strongly disagree
1.50-2.49	2	Disagree
2.50-3.49	3	Neutral
3.50-4.49	4	Agree
4.50-5.00	5	Strongly agree

In order to avoid the absence of responses in this study, the following options were included: 7 = do not know; 8 = refuse to answer; 9 = question does not apply and were assigned as missing data.

RESULTS

Table 2: Overall descriptive statistics on health care services

Key aspects of health care services	Mean	Std. deviation	Conclusion
Hospitals	2.4156	.6485	Disagree (1.50-2.49)
Doctors	2.5821	.6417	Neutral (2.50-3.49)
Nurses	2.5483	.6731	Neutral (2.50-3.49)
Overall satisfaction	2.5000	1.0622	Neutral (2.50-3.49)

Table 2 shows the overall mean for the four different key aspects of health care services stating the range of the mean score. Among them the last three key aspects showed a high mean score of (2.50-3.49) while the first key aspect showed a mean score range of (1.50-2.49). However, it indicates that the higher the mean, the more likely participants are to think about their openness to Myanmar public hospital health care services.

Note: the following group categories shall apply to Table 3 to 6.

- 0= previously not admitted to both public & private hospitals
- 1= previously admitted to public hospitals
- 2= previously admitted to private hospitals
- 3= previously admitted to both public & private hospitals

Table 3: ANOVA test for perception about doctors by groups

Perception about doctors	Group	Mean	Std. deviation	F-statistic (p-value)
professionalism	0	2.1333	.6399	2.866(.048)
	1	3.1667	.7528	
	2	2.6667	.7071	
	3	2.6000	.9661	
helpful doctors	0	2.6667	.7238	1.963(.137)
	1	3.3333	5.640	
	2	2.6667	.5000	
	3	2.5000	.84984	
immediate care	0	1.9333	.7037	2.150(.111)
	1	2.8333	.4083	
	2	2.4444	.7265	
	3	2.4000	1.0750	
competence	0	2.4000	.7368	3.218(.034)
	1	3.1667	.4083	
	2	2.8889	.6009	
	3	2.9000	.3162	
attentiveness	0	1.8667	.7432	2.972(.045)
	1	3.0000	.8944	
	2	2.6667	1.0000	
	3	2.4000	.9661	
respectful doctors	0	2.4667	.7432	1.507(.229)
	1	3.1667	.7528	
	2	2.6667	.7071	
	3	2.4000	.8433	

Table 3 shows mean scores of each item of perception about doctors at Myanmar public hospitals. Mean comparisons showed that people previously admitted to Myanmar’s public hospitals have high mean score than other groups in all six variables of doctors. One-way ANOVA test also showed that there is a significant relationship between groups and the three different items of health care services. This suggests that people previously admitted to Myanmar’s public hospitals were more likely to perceive positively doctor’s professionalism, competence and attentiveness than others (p<.05).

Table 4: ANOVA test for perception about nurses by groups

Perception about nurses	Group	Mean	Std. deviation	F-statistic (p-value)
professionalism	0	2.3333	.6172	3.603(.023)
	1	3.3000	1.0488	
	2	3.1111	.9280	
	3	2.7000	.8233	
helpful doctors	0	2.5333	.8338	1.248(.307)
	1	3.1667	.7528	
	2	2.5556	.7265	
	3	2.4000	.8433	
immediate care	0	2.0000	.6547	1.859(.154)
	1	2.2667	.5164	
	2	2.6667	.7071	
	3	2.4000	1.0750	
competence	0	2.4000	.6325	3.293(.031)
	1	3.1667	.7528	
	2	2.7778	.6667	
	3	3.1000	.5677	
attentiveness	0	1.8000	.7746	3.323(.030)
	1	3.0000	.8944	
	2	2.6667	1.0000	
	3	2.4000	.9661	
respectful doctors	0	2.4667	.8338	.976(.419)
	1	3.1667	.9832	
	2	2.7778	.4410	
	3	2.6667	1.1180	

Table 4 shows the different groups of people and their responses to the nurses in Myanmar public hospitals. Among the group categories, it can be seen that people previously admitted to Myanmar’s public hospitals have the highest mean score for the majority of variables. When comparing groups, using a one-way ANOVA test, the results indicated that people previously admitted to Myanmar’s public hospitals are more likely to perceive positively nurses’ professionalism, competence and attentiveness than others ($p < .05$).

Table 5: ANOVA test for overall satisfaction with health care services in Myanmar public hospitals by groups

Satisfaction with health care services	Group	Mean	Std. deviation	F-statistic (p-value)
Overall satisfaction with health care services	0	1.9333	.9612	4.644(.008)
	1	3.8000	.8367	
	2	2.8889	.9280	
	3	2.4000	.9661	

Table 5 shows the difference of mean for overall satisfaction with health care services by different groups. It shows that people previously admitted to Myanmar’s public hospitals have a higher mean score than others and also indicates that people previously admitted to Myanmar’s public hospitals are more likely to respond positively to overall satisfaction with health care services in Myanmar public hospitals.

The differences of means in Myanmar public hospital health care services by different groups were discussed. One-way ANOVA test is significant for only one variable which indicates people previously admitted to Myanmar’s public hospitals were more likely to perceive positively the public hospitals’ willingness to solve their health problem compared to others ($p < .05$) (Table does not show).

DISCUSSION

This study investigated how Myanmar nationals, who now live in Bangkok, Thailand, perceive and responds to the issue of the quality of health care services provided by Myanmar’s public hospitals. The four key aspects of perceptions to hospitals, doctors, nurses and overall satisfaction with the health care services provided were measured as an initial assessment. Comparing the doctors and nurses’

services by groups (based on type of hospital admission), one-way ANOVA test showed a significant mean difference among the groups and suggested that people previously admitted to Myanmar’s public hospitals were more likely to perceive positively doctors and nurses’ professionalism, competence and attentiveness than others ($p < .05$). For the different responses for the Myanmar public hospital health care services with respect to different groups, one-way ANOVA test is significant for only one variable. However, the result again indicated that people previously admitted to Myanmar’s public hospitals were more likely to perceive positively the public hospitals’ willingness to solve their health problem compared to others ($p < .05$). It may be because of inadequate health facilities, unhygienic hospital environment, poor services... etc. As a result, patients are more likely to have a lack of trust in treatment which discouraged those visiting public hospitals in Myanmar.

CONCLUSION & RECOMMENDATIONS

In Myanmar, updated information on health care services has been missing over the time. Moreover, authorities from health sector may not be aware whether public hospitals meet certain level of patients’ satisfaction. As a result, people are taking treatment at overseas hospitals rather than to access public hospital health care services in their home country. To understand the issue more, the primary purpose of this study is to investigate how Myanmar nationals, who now live in Bangkok, Thailand, perceive and responds to the issue of the quality of health care services provided by Myanmar’s public hospitals. It suggests that people previously admitted to Myanmar’s public hospitals were more likely to perceive positively the public hospitals’ willingness to solve their health problem, the doctors and nurses’ competence, attention, professionalism and showed high level of satisfaction with provided healthcare services more than others. In addition, the results of this study suggest that further studies needed to be examined in timely manners for the improvement of healthcare services offered by public hospitals in Myanmar.

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REFERENCES

- Adebiyi, S. O. and Olonade, O. P. (2014) Using analytic hierarchy process AHP for assessment of National Health Insurance Scheme service delivery in Nigeria. Retrieved from, http://citation.allacademic.com/meta/p721503_index.html
- Best, John W. (1970). Research in Education. New Jersey: Prentice Hall, Inc.
- Constitution of the World Health Organization. In: World Health Organization: Basic documents. 45th ed. Geneva: World Health Organization; 2005.
- Ingber, H. (2012). Myanmar's women desperate for health care after decades of government neglect. Retrieved from <http://www.globalpost.com>.
- Myanmar health care system 2013; Ministry of health of Myanmar. Retrieved from <http://www.moh.gov.mm>.
- Narang, R. (2010). Measuring perceived quality of health care services in India. *International Journal of Health Care Quality Assurance*, 23 (2), 171-186.
- Oguzhan, T., Bebitglu, G., & Ustu, Y. (2004). Hospital administration operations in Turkey. *Journal of the Academy of Hospital administration*, 16(2).
- Purcărea, V. L., Gheorghe, I. R., Petrescu, C. M. (2013). The Assessment of Perceived Service Quality of Public Health Care Services in Romania Using the SERVQUAL Scale. *Procedia economics and finance*, 6, 573-585.
- Quality of care - World Health Organization. (2006). Retrieved from [http://www.who.int/management/quality/assurance/Quality Care](http://www.who.int/management/quality/assurance/Quality%20Care).
- Singh, G. Ajay Singh, Shashi Singh. (2012). Perception of Departmental Heads and Chief Executives towards Hospital HR Management Issues: A Comparison of Public and Private Hospitals in India. *International journal of human resource studies*, 2(3), 46-58.
- Sheldon, T. (2005). The healthcare quality measurement industry: time to slow the juggernaut? *Quality and Safety in Health Care*, 14(1), 3-4.
- Shobert, B. (2013). Myanmar's Health Infrastructure. Retrieved from <http://www.nbr.org>.