

Satisfaction of Patients on Herbal Medication Treatment at the Applied Thai Traditional Medicine Clinic of Suan Sunandha Rajabhat University

Peeraya Arnmanee* and Supalak Fakkham**

This research aims 1) to study satisfaction of the patients on herbal medication treatment at the applied Thai traditional medicine clinic of Suan Sunandha Rajabhat University, Bangkok, Thailand; 2) evaluate the appropriateness of the treatment in the views of the patients; and 3) the influence of the demographic factors on the patients' satisfaction. The study was carried out between March and April 2015. This study employed a quantitative research methodology. The research sample consisted of 97 patients. A questionnaire was used to collect the data. The data were analyzed by descriptive statistics including frequency, percentage, mean and standard deviation, and inferential statistics. The Research result showed that: 1) the patients were satisfied with the treatment, the overall satisfaction was rated at a high level; 2) in the view of the patient, the treatment was very appropriate; and 3) demographic factors including age, gender, and occupation, were found to have an influence on their satisfaction of the treatment.

Keywords: Satisfaction; Patients; Herbal medication treatment; Appropriateness; Demographic factors

Field of research: Marketing

1. Introduction

Presently, in Thailand, the modern medicine is a mainstream therapeutics to deal with the diseases. However, the limitations of healthcare service access and its high cost such as the non-holistic treatment, use of synthetic drug, and expensive expenditure are directly affected to people. Some patients have to torment from their physical diseases because of economic and social problems. According to these limitations, people is seeking for alternative choices of remedy. The Applied Thai Traditional Medicine is one of their choices.

Ministry of Public Health also recognized this problem and aware that is a must to implement. Therefore, the Department of Thai Traditional and Alternative Medicine have been established which aims to move forward the development of Thai traditional, folk and Other alternative medicines and deliver the opportunity to access this healthcare service to all Thai.

However, Thai people can access this treatment by following the healthcare system. Besides, the Provincial Public Health Office is in charge of an authorized auditor from the Ministry of Public Health to check and control the service standard of Thai Traditional Medicine a year.

National policy and key index developed by Department of Public health have presently supported the use of Thai Traditional Medicines. However doctors and medical staffs are not experts in Thai traditional recipe and the remedy with Thai Traditional Medicine is not

*The Graduate School, Suan Sunandha Rajabhat University, 1 U-Thong nok Road, Dusit, Bangkok 10300 Thailand, Email: peeraya.am@ssru.ac.th, Tel. +6621601174 Fax. +6621601177

**College of Allied Health Sciences, Suan Sunandha Rajabhat University, 1 U-Thong nok Road, Dusit, Bangkok 10300 Thailand, Email: Supalak99@hotmail.com, Tel. +6621601174Fax. +6621601177

widespread, they have less dispended the herbal medicines to the patients. In addition, the supported literature works in this field are not much, patients are still not confident in the use of herbal medicines. Thus, to support these, the emergence of the concept of developing healthcare services especially for patients on herbal medication treatment. The focus of patients using herbal medicines and having the specialized organization can help reducing some side effect that may cause because Thai traditional healthcare service center is the patient-closer who patients can easier get into the Thai traditional services.

This research aims to explore the satisfaction of patients using herbal medicines and Thai traditional medicines at Applied Thai Traditional Medicine Clinic of Suan Sunandha Rajabhat University as well as to evaluate the treatment suitability in order to refer the results for service quality improvement and development.

2. Literature review

In 2008, the Bureau of Sanatorium and Art of Healing, Department of Health Service Support, Ministry of Public Health assigned the Department of Thai traditional and Alternative Medicine (DTAM) to specify the Thai Traditional Medicine Service Standard for Thai Service Centers. The standard is comprised of (1) Area, instrument and environment (2) Staff (3) Action (4) Quality control (5) Management.

However, this preparation on Thai Traditional Medicine Service Standard for Service Centers in Thailand is sub-divided into 2 levels according to location (1) Standard level for hospital and (2) standard level for healthcare center.

Other public health centers should refer Thai Traditional Medicine Service Standard as follow.

1. Any university opens Thai Traditional Medicine Program must refer the standard level for hospital.
2. Other public health centers should consider from types of service. If the service is supplied near the hospital, it should follow the standard level for hospital. However, whether it is supplied near the healthcare center, it should refer the standard level for healthcare center.

There are the similarities and differences between standard levels for hospital and healthcare center. According to the similarities, both levels are consisted of service area, instrument, environment, action and quality control, in contrast, staffs, practitioners, leading-action, and service provider are different because there is adequate licensed physician in healthcare center. Moreover, other differences standard levels for hospital and health care center are service management which are different issues of Thai traditional medicine management for healing, pharmacy, and healing massage.

Management

National policy and key index developed by Department of Public health have presently supported the use of Thai Traditional Medicines. However doctors and medical staffs are not experts in Thai traditional recipe and the remedy with Thai Traditional Medicine is not widespread, they have less dispended the herbal medicines to the patients. In addition, the supported literature works in this field are not much, patients are still not confident in the use of herbal medicines. Thus, to support these, the emergence of the concept of developing

healthcare services especially for patients on herbal medication treatment. The focus of patients using herbal medicines and having the specialized organization can help reducing some side effect that may cause because Thai traditional healthcare service center is the patient-closer who patients can easier get into the Thai traditional services.

Concept of satisfaction

Maslow's hierarchy of needs is a motivational theory in psychology comprising a five-tier model of human needs, often depicted as hierarchical levels within a pyramid.

Maslow (1943, 1954) stated that people are motivated to achieve certain needs and that some needs take precedence over others. Our most basic need is for physical survival, and this will be the first thing that motivates our behavior. Once that level is fulfilled the next level up is what motivates us, and so on.

This five-stage model can be divided into deficiency needs and growth needs. The first four levels are often referred to as deficiency needs (D-needs), and the top level is known as growth or being needs (B-needs).

Deficiency needs arise due to deprivation and are said to motivate people when they are unmet. Also, the motivation to fulfill such needs will become stronger the longer the duration they are denied. For example, the longer a person goes without food, the more hungry they will become.

Maslow (1943) initially stated that individuals must satisfy lower level deficit needs before progressing on to meet higher level growth needs. However, he later clarified that satisfaction of a needs is not an "all-or-none" phenomenon, admitting that his earlier statements may have given "the false impression that a need must be satisfied 100 percent before the next need emerges" (1987, p. 69).

When a deficit need has been 'more or less' satisfied it will go away, and our activities become habitually directed towards meeting the next set of needs that we have yet to satisfy. These then become our salient needs. However, growth needs continue to be felt and may even become stronger once they have been engaged.

Growth needs do not stem from a lack of something, but rather from a desire to grow as a person. Once these growth needs have been reasonably satisfied, one may be able to reach the highest level called self-actualization.

Every person is capable and has the desire to move up the hierarchy toward a level of self-actualization. Unfortunately, progress is often disrupted by a failure to meet lower level needs. Life experiences, including divorce and loss of a job, may cause an individual to fluctuate between levels of the hierarchy. Therefore, not everyone will move through the hierarchy in a uni-directional manner but may move back and forth between the different types of needs.

Johnson and Clark (2008) define service concept as a shared understanding of the service nature provided and received. They also state that service concept has to provide information about the essence of the service, service experience, and service outcome.

Parasuraman et al (1991) divide customer service expectations into two levels: desired and adequate. Desired level of service expectations is a state of service the customer desires to receive, whereas adequate level of customer expectation is the level of service the customer can only "accept" without being too satisfied with it.

If desired and adequate levels of service expectations are to be explained in case of London Underground and National Rail Services customers, desired level of customer expectation would be to go from one destination to the other with no crowded train as quick as possible, whereas, adequate level of customer expectation would be just to go to destination even if the train carriage is crowded, and the train is not moving too fast.

Kotler (2003) described that the definition of satisfaction is the level of personal perception which is the result of the comparison between experience or feeling after a customer use a product or service and the customer's expectation. The level of satisfaction is directly depended on the customer's needs and degrees of feedback to a product or service. Whether a customer has less response, it will be a negative satisfaction. In contrast to this, a customer has much or quick response, it will be a positive perception and satisfaction. There are 3 levels of satisfaction (1) Not satisfied (2) Satisfied (3) Very satisfied.

Hulka and her associates attempted to undertake the initial steps in the conceptualization of the patient satisfaction concept (Hulka, Zyzanski, Cassel and Thompson 1970; Zyzanski, Hulka and Cassel 1974). These researchers defined "satisfaction" as the patient's "attitudes toward physicians and medical care." (p. 430; Hulka et al. 1970). More specifically, a composite index of an individual's evaluative judgments concerning the quality of medical care received from physicians, nurses and other relevant sources is hypothesized to represent the individual's level of "satisfaction". Within the patient satisfaction literature, this conceptual definition has been widely accepted (Wolinsky 1976; Hines et al. 1977; Doyle and Ware 1977; Ware et al. 1978; Locker and Dunt 1978).

More recent research has challenged this conceptual definition from at least three perspectives The first perspective notes that the episode (or situation) is a major source of variation in "satisfaction" evaluations. Thus, it posits that patient satisfaction is better defined as an individual's evaluation of the quality of care in a specific medical-care situation; and not just as a global attitude aggregated across episodes. This argument is exemplified by a recent paper by Shore and Fran;;s (1986). These researchers note that individual patient-physician encounters are "she basic unit of medical care" (p. 580) and, therefore, assessing satisfaction for "individual encounters may contribute so a fuller understanding of the nature of physician-patient relationship" Similar arguments have been advanced by Inui and Carter (1985).

Oliver (1980) defined that the definition of customer satisfaction is the expression of experiences between purchasing and using product and service. Before buying, a customer normally has an expectation on a product he want to buy. Whether, a customer uses the high-expected product and feels it can achieve his requirement, the perception or satisfaction will be positively released.

Nattaphiboon (2008) also described that the satisfaction is a personal expression once customer has a right experience on product or service which is also right to customer's expectation.

Apipratchayasakul (2014) explained that the satisfaction is a situation that a customer expresses a positive perception. Satisfaction is from a comparison between experience and response which is right or higher than the level of expectation.

In summary, the satisfaction is a how to generate the first impression and positive experience with the service seeking for the customer's repetition which makes a positive satisfaction.

Levels of service satisfaction are following:

1. Staff or service provider – for example, there staff quantity is enough to customer's need. A staff is wearing clean uniform. A staff is service-minded.
2. Types of service and service quality – car parking is prepared suitably.
3. Service duration – queue management.
4. Convenience in service – facility and good escort.
5. Service information – a good advisor with good and correct comment.

Concept of Demography

Demography is rooted from "Demo" means people or population, and "Graphy" means writing up or description. Shiffman and Kanuk (2007) defined a definition of demography is a personal data such as age, education, income, occupation, nationality, religion which is the factor influencing on the personal behavior.

Samerjai and Somi (2005) describe that demography is the variable using for generate the marketing objectives and goals. Demography characteristics are consisted of sex, age, education, income, domicile, nationality and religion.

Market share is followed by a concept of demography subject to general information of customer. Producer can access to customer's general information and needs from the demography. This can also help the producer to create the marketing goals. Demography is comprised of these.

- 1.Age – customer's perception or taste is varied by age. Thus, a product can different response to the different age-level. For example, elderly people needs any products to support their health, in contrast to teenagers, they need the fashionable product.
- 2.Sex – there are different behaviors and attitude between male and female. Male wants to be a leader, conversely, female would like any kindness.
- 3.Education – customer with high level of education need high quality products with high price.
- 4.Occupation – people from different fields of work has a different requirement and product. For example, business man may want branded luxury product, which is different to workers who needs a daily used product. This also classify a class level in each society as well.
- 5.Income – a variable is normally used to generate marketing goals. It can link to other demographic characteristics. For example, to plan a marketing goals for products served to boards of director (yuppies) who earn high salary a month, the criterions of income and age are significant. Product and service to serve this group can be generated at high price level such as house, car, mobile, trip, high-end cosmetic and cloth.
- 6.Marital status and family – these are significant factors. This characteristics is related to buying decision.

As the demography is a significant factor that is influenced on the customer's decision and the satisfaction, this concept will be able to analyze the level of satisfaction of patients on herbal medication treatment at the Applied Thai Traditional Medicine Clinic of Suan Sunandha Rajabhat University.

3.The Methodology and Model

The study is a survey research. The targeted population in this research is 128 patients who are health service users on herbal medication treatment at the Applied Thai Traditional Medicine Clinic of Suan Sunandha Rajabhat University. According to Yamane's method (1970), sample size of this paper is 97 patients which are referred by probability sampling (systematic sampling).

- 1.The variables in this research comprise of independent and dependent variables. Independent variable is demographic characteristics which is consisted of sex, age, occupation, and income, whereas the dependent variables are:
 - 1.1 Satisfaction on services are sub-divided into 4 parts of service, service duration, service area, and service provider.
 - 1.2 Treatment suitability are concentrated to skill, convenience, instrument, and herbal products.
- 2.The research instrument is a satisfaction evaluation form (questionnaire) which is distributed to the patients at Suan Sunandha Applied Thai Traditional Medicine Clinic. The questionnaire has three series of questions.

Series 1, questions are about demographic characteristics; sex, age, occupation, and income. There is 4 check-list questions.

Series 2, questions are about the levels of satisfaction on the health service at Suan Sunandha Applied Thai Traditional Medicine Clinic to measure 4 parts. There are totally 20 questions which the rating scales are followed the Likert's method. Likert scale format is "Very satisfied", "Satisfied", "Neither satisfied nor dissatisfied", "Dissatisfied", and "Very dissatisfied".

Series 3, focuses on the treatment suitability. There is also divided into 4 parts and 20 questions in total which the rating scales are followed the Likert's method; "Extremely", "Very", "Moderately", "Slightly", and "Not at all".

Series 4 is an open-end questionnaire for outpatients which requires the patients' comments.
- 3.Research instrument assessment
Research instrument assessment is to determine the validity and reliability on the questionnaire. Assessment is required from 3 experts and 30 try-out cases at the reliability .9502.
- 4.Data collection – distributes 97 questionnaires to patients who are served by herbal medication treatment at SuanSunandha Applied Thai Traditional Medicine Clinic.
- 5.Research analysis - rechecks the completion of the returned questionnaires and analyzes and interprets by using the statistic package.
 - 5.1.Descriptive statistics are used to describe the basic features of the personal data. There are percentage, mean and standard deviation.
 - 5.2.Inferential statistics are used to deduce from the sample data. This statistic is to investigate the difference between 2 sample groups which is consisted of independent sample t-test and one-way analysis of variance. In case, there are the significant differences, the Least Significant Difference (LSD) will be tested at the significant level .05.

4. The Findings

1.97 patients served by the herbal medication treatment at Applied Thai Traditional Medicine Clinic of Suan Sunandha Rajabhat University are mostly 41-50 years old women, who are working in private company and earning 25,001-35,000 THB a month.

2. The results are found that health care users/patients at Applied Thai Traditional Medicine Clinic of Suan Sunandha Rajabhat University are “Satisfied” to the overall parts. Thoroughly, the satisfaction on services of Service provider is the highest, ahead of service, service duration, and service area, respectively. See table 1.

Table 1 Descriptive statistics of satisfaction on services of herbal medication treatment at the Applied Thai Traditional Medicine Clinic of Suan Sunandha Rajabhat University.

Satisfaction on services	Levels of Satisfaction		
	\bar{x}	S.D.	Data interpreting
1. Service	3.99	.099	Satisfied
2. Service duration	3.98	.139	Satisfied
3. Service area	3.98	.094	Satisfied
4. Service provider	3.99	.158	Satisfied
Overall	3.99	.090	Satisfied

1. According to treatment suitability, 4 parts including 20 questions are investigated. The results informed “Very” suitable. Elaborately, 5-points scales of Likert’s are reference. The format is “Extremely”, “Very”, “Moderately”, “Slightly”, and “Not at all”, respectively. See table 2.

Table 2 Descriptive statistics of treatment suitability of herbal medication treatment at the Applied Thai Traditional Medicine Clinic of Suan Sunandha Rajabhat University.

Treatment Suitability	Level of suitability		
	\bar{x}	S.D.	Data interpreting
1. Proficiency/skill	3.98	.150	Very
2. Convenience	3.95	.171	Very
3. Tools/instrument	3.93	.189	Very
4. Herbal products	3.88	.195	Very
Overall	3.93	.133	Very

2. Factors that effect to the levels of satisfaction on herbal medication treatment at the Applied Thai Traditional Medicine Clinic of Suan Sunandha Rajabhat University are categorized by demographic characteristics of sex, age, occupation and income.

The results proved that there is no significant difference of the satisfaction on services varied by sex. Conversely, there is significant differences of satisfaction on services when is varied by ages, occupations, and income. See table 3.

Table 3 Inferential statistics of the satisfaction on services and demographic characteristics.

Factor	Service		Service duration		Service area		Service provider	
	Statistic result	p-value						
Sex	t=1.626	.111	t=-.577	.565	t=-.244	.808	t=-1.813	.078
Age	F=5.837*	.001	F=.533	.661	F=1.244	.298	F=7.671*	.000
Occupation	F=1.624	.189	F=3.738*	.014	F=1.511	.217	F=3.632*	.016
Income	F=.281	.839	F=2.440	.069	F=3.749*	.014	F=1.306	.277

* at significant level .05

5. Summary and Conclusions

97 patients on herbal medication treatment at the Applied Thai Traditional Medicine Clinic of Suan Sunandha Rajabhat University are mostly 41-50 years old women who work for company and earn salary 25,001-35,000 baht a month. Overall result of the satisfaction on services is in the “satisfied” level. Thoroughly, the service provider is the most satisfied of all satisfaction on services, ahead of service, service duration and service area, respectively. This implies that the significance of service could be mainly focused on the personal enthusiasm, service mind, hospitality, information, service speed, personality, attitude and providers’ behavior. These are affected on the customers’ perception. In addition, relationship between service provider and patient are the necessity. This is related to Suwaree’s study (2007).

Besides, the overall treatment suitability is “Very” suitable which the proficiency/skill is the most suitable of all, followed by convenience, instrument and herbal products. This implied that service provider should have the professional experiences. The results are related to Theerawit’s study (2010), he proved that “Very” satisfy are come from the reliability, feature, communication, skill, politeness, safety, duration, speed, conveniences, comprehension, moral and ethics as well as the personal perception to the doctor.

In addition, factors of demographic characteristics are affected the satisfaction on services. Obviously, the different sexes are not affected the satisfaction on services. This is related to the study of reaction and Thai expectation for healthcare system in Thailand that different sexes are not the significant perception, in contrast to age, occupation and income.

The research concludes that the 31-40 years old patients are more satisfied than 41-50, below 30 and more 51 years old patients, respectively. For the service provider, below 30 and 31-40 years old patients are more satisfied than 41-50 years old patients, and more 51 years old, respectively. This investigation is related to Bancha’s (2002) who states different ages, different satisfaction. For occupation, patients who are working in self-business has the higher levels of satisfaction than private officer, no job and officials respectively. For service duration, the officials is more preferable than others in the private company. This is related to Siriwan Sereerat’s paper, she pointed that occupation is a delivered factor to product and service requirement. Thus, buying power of each workers in different occupation is different. For income, the patients on herbal medical treatment at Suan Sunandha Applied Thai Traditional Medicine Clinic who earn 15,001-25,000 baht is more satisfying on service area than patients with 25,001-35,000 below 15,000 and more 35,001 baht a month. This is also related to Monthira Santiparbmonthol’s study (2003).

Acknowledgement

The author would like to thank the graduate school and Suan Sunandha Rajabhat University for the support. The author would also like to thank the university SSRU executives, Associate Professor Dr. Luedech Gerdwichai, the president and assistant professor Dr. Duangsamorn Rungsawanpho, Dean of Graduate School and all the people who are respondents that have participated in the research.

References

- Abdellah, Faye G., and Levine, Eugene.. "Developing a Measure of Patient and Personnel Satisfaction with Nursing Care." Nursing Research 2 1957 : 100-108.
- Barrett, Jean et al. The Head Nurse. New York : Appleton Century Crofts, 1975.
- Chang, K. Dimensions and indications of patients' perceived nursing care quality in Hospital setting. Journal of Nursing Care Quality 11 1997: 26-37.
- Davis, Kaith. Human Relation at Work :The Dynamic of Organizational Behavior. New York :McGraw-Hill Book Company, 1967
- Densky, K.H. Patient satisfaction with ambulatory health care service : waiting time and Filling time. Hospital & Health Service Administration 2 1997 : 165-172.
- De Walfe, Alan S et al. "Patient Variable in Emotional Response to Hospitalization for Physical Illness ," Journal of Consulting Psychology 1 1966 :68-72
- Donabedian, A. Twenty years of research on the quality of medical care. Evaluation and The health Professions 2 1985 : 165-183.
- Durr, Carol A. "Hands that Helpbut How." Nursing Forum 4 1971 : 392-400.
- Hay, Stella I., and Anderson, Helen C. "Are Nurses Meeting Patients 'Needs.'" The American Journal of Nursing 12 1963 : 96-99
- Kraegel, Janet M et al. " A System of Patient Care Based on Patient Needs." Nursing Outlook 4 1972 : 257-264
- Linder-Pelz, Susie. "Toward A Theory of Patient Satisfaction ." Social Science Medicine 16 1982 : 579-582.
- Loeken, K et al. A new instrument to measure patient Satisfaction with mammography. Medical care 35 1997 : 731-741.
- Mangelsdorff, A. "Patient Satisfaction Questionnaire." Medical Care 17 1979 : 86-90.
- Morse, Nancy C. Satisfaction in the White Collar Job. Michigan : University of Michigan Press, 1955.
- Pollert, Irene E. " Expeetation and Discrepancies With Hospital Condition as They Actally Exist." Intarnal Journal of Nursing Studies 8 1971 : 135-144.
- Rine, Alice R., and Montag, Mildred C. Nursing Concepts and Nursing Care. New York : John Wiley and son, 1976.
- Risser, Nancy C. " Development of an Instrument to mwasurePatien Satisfaction with Nurse and Nursing Care in Primary Care Setting." Nursing Research. 24 1975 : 45-51
- Sangvichien S., V. Srisurin, and V. Watthanayingsakul. Estimation of stature of Thai and Chinese from the length of femur, tibia and fibula. SirirajHosp Gaz. 37, 3 1985 : 215-218.