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Research Paper

Satisfaction with Healthcare Services at the Bangladesh Open University Medical Center: An Exploratory Study

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Abstract: Client satisfaction is a key indicator for measuring healthcare service quality, reflecting users' perceptions of accessibility, availability, responsiveness, and overall service delivery. This paper presents an exploratory qualitative study using in-depth interviews with 22 (twenty-two) KII participants to examine how community members of Bangladesh Open University (BOU) experience healthcare services at the medical center (MC). Participants perceived positive experiences of the provided healthcare services at the Bangladesh Open University Medical Center (BOU MC) in general, specifically regarding provider competence, respectful communication, and responsiveness. However, inadequate critical care conditions, insufficient healthcare personnel, lack of specialists, long waiting time while visiting a particular healthcare provider, referrals, and limited emergency services limit the care provided by the MC. Strengthening those areas, along with regular client feedback, emergency preparedness, and a dedicated infrastructure, could enhance the quality and satisfaction of the provided healthcare services at the MC.

Keywords: Satisfaction, BOU, medical center, healthcare, perception

Introduction

Client satisfaction is widely regarded as an important patient-centered indicator for assessing healthcare quality. It reflects users' perceptions of communication, behavior of healthcare service providers, accessibility, responsiveness, physical facilities, waiting time, and availability of medicines and diagnostic services. Thus, satisfaction is influenced by both interpersonal and structural characteristics in delivering healthcare services.

Bangladesh Open University (BOU) started its academic activities in 1992 and aims to provide opportunities for lifelong learning through an open and distance learning (ODL) approach. The university offers flexible learning opportunities that allow learners to get an education irrespective of time and geographical constraints. In particular, BOU serves people who face socioeconomic, geographic, occupational, or other barriers to accessing conventional educational institutions. BOU, the country's only public university dedicated to an open and distance learning (ODL) approach, provides academic and administrative services to learners across Bangladesh. Consequently, learners from different parts of the country visit the university's main campus in Gazipur for a range of academic, administrative, and other institutional purposes.

Following the establishment of the university, a medical center (MC) was subsequently established at the BOU campus to provide basic healthcare services to learners, faculty members, staff, and other members of the university community. Over the years, the MC has continued to provide healthcare services to a considerable number of service users. However, despite growing demand for healthcare services, the MC is functioning with the existing facilities of the university and does not yet have dedicated infrastructure. Consequently, the center faces various infrastructural

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and operational limitations that may affect users' experiences while providing healthcare services. In this context, assessing clients' satisfaction with the healthcare services provided by the Bangladesh Open University Medical Center (henceforth, BOU MC) is significant for understanding users' perceptions and identifying areas for improvement in service quality. An exploratory qualitative study can generate valuable evidence for BOU authorities by systematically examining service users' perceptions. Thereby, this study aimed to explore clients' satisfaction with healthcare services provided by BOU MC, focusing on their perceptions and experiences of medical care quality, communication and interpersonal relationships with healthcare providers, accessibility, waiting times, and the availability of medicines, equipment, and diagnostic services. It also seeks to identify clients' expectations and recommendations for improving the quality and delivery of healthcare services at BOU MC.

Literature Review

Recent evidence indicates that satisfaction does not depend solely on clinical treatment; rather, attitudes of healthcare service providers, communication, responsiveness, accessibility, waiting time, physical facilities, medicines, diagnostic services, and perceived quality of care. A study in Bangladesh expressed that attitudes and responsiveness of healthcare service providers were important factors influencing satisfaction with Upazila Health Complexes in Bangladesh (Rumi et al., 2021). Besides, the study found that tangibles and accessibility significantly contributed to patients' perceptions of service quality. Another study in Bangladesh expressed that providers' attitudes, communication, waiting time, and facility-related factors were important factors of patient satisfaction (Aldana et al., 2001; Andaleeb, 2001; Andaleeb et al., 2007; Adhikary et al., 2018). Satisfaction varied across staff courtesy, hospital environment, physician care, and overall satisfaction at public and private tertiary hospitals in Bangladesh (Begum et al.,2022). The study also found associations between satisfaction and treatment-related factors, healthcare expenditures, and the hospital environment, and identified overall satisfaction at approximately 65%.

Hasan et al. (2024) found relatively lower satisfaction with illness-related information, cleanliness, and waiting-related aspects among users of a government-financed health protection scheme. Satisfaction was found to be higher among users who received medicines and diagnostic services properly.

Khan et al. (2025) found issues related to the health workforce, infrastructure, and service utilization by analyzing 11,604 messages submitted through Bangladesh's Health Ministry Grievance Redress System. Extracted suggestions included appointment systems, storage, cleanliness, and service utilization. These findings showed that user feedback can identify deficiencies and ensure quality in delivering healthcare services.

Bhowmick et al. (2026) found that assurance, empathy, tangibility, and responsiveness were significant predictors of overall satisfaction among patients and attendants at a medical college hospital in Bangladesh. The study also paid attention to physical facilities and equitable treatment.

Despite existing research on patient satisfaction in Bangladesh, relatively less attention has been paid to healthcare services provided by university-based medical centers. Studies have examined Upazila Health Complexes (Rumi et al., 2021), tertiary hospitals (Begum et al., 2022), government-financed health protection schemes (Hasan et al., 2024), secondary-level public hospitals (Roy et al., 2024), and medical college hospitals (Bhowmick et al., 2026) in Bangladesh. However, the healthcare needs of university communities may differ from those of patients attending general (conventional) hospitals that serve a distinct population. Unlike general hospitals, service users of university-based medical centers may seek treatment for minor illnesses, first aid, preventive care, routine consultations, medications, and referrals while remaining within the university environment. Consequently, the availability of healthcare personnel, waiting times, medication supply, referral arrangements, and the facility's accessibility within the university may be particularly important.

However, limited empirical evidence exists regarding perceptions of the quality and responsiveness of the healthcare services, particularly medical centers on university premises.

The present study addresses this research gap by using an exploratory qualitative approach to investigate the healthcare experiences of learners and employees at the BOU MC that provides healthcare services to the university community.

Conceptual Framework

A patient-centered interpretation of healthcare quality has been used for the study. The study incorporated dimensions emerging from recent empirical research. Hence, a flow chart of client satisfaction is as follows:

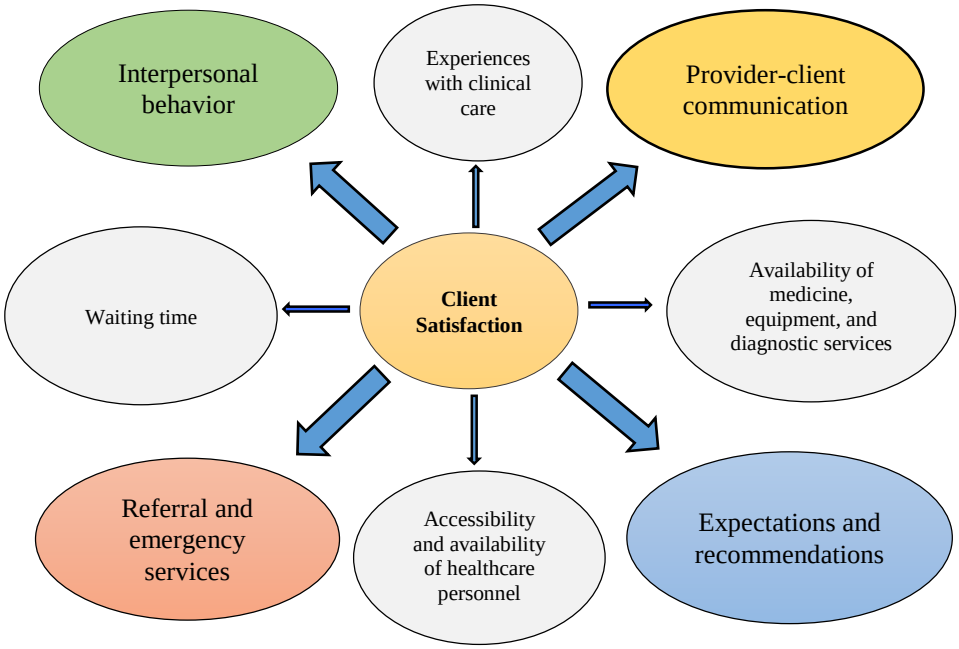


Figure 1. Flow chart of client satisfaction

Methodology

Research Design and Setting

The study was conducted using exploratory qualitative research methods. A qualitative method is more appropriate, as the objective of the study is to explore clients' satisfaction through experiences, perceptions, and expectations rather than quantifying satisfaction. Qualitative research can provide contextual information about how and why particular aspects of healthcare delivery influence clients' satisfaction (Braun & Clarke, 2021). The study was conducted at the BOU MC. The MC provides healthcare services to members of the university community.

Sampling and Instrument

The study population was learners and employees of BOU who had experience in using the MC. However, a few learners who were unaware of the MC were also interviewed. Besides, the healthcare personnel (doctors and nurses) of the MC were interviewed. Participants were selected through purposive sampling. Selection criteria included participants with direct experience of using the MC and sufficient ability to explain their experiences. The sample was selected based on the richness and adequacy of the information obtained rather than by statistical power calculations.

Twenty-two (22) key informant interviews (KIIs) were conducted with selected participants to gather relevant information and insights.

Data Collection

Data were collected through semi-structured in-depth interviews. The interview guide included client satisfaction with clinical care, availability of medicine, equipment, and diagnostic services, accessibility, waiting time, interpersonal behavior, provider-client communication, referral, and emergency services. In addition, the study extracted clients' expectations and recommendations. The collected qualitative data were carefully reviewed and organized to identify common patterns and key themes. The findings were then interpreted in alignment with the study objectives.

Ethical Considerations

Participants were informed of the purpose and objectives of the study. Their confidentiality and the privacy of the provided information were strictly maintained. Participation was entirely voluntary, and participants were informed of their right to withdraw from the study at any stage without providing a reason. Written or verbal informed consent was obtained from all participants prior to data collection.

Findings

Face-to-face interviews were conducted at a time and location convenient for the KII participants, using a semi-structured interview guide to explore their experiences and perspectives in depth. The frequency of KII participants is shown in Table 1.

Table 1. Frequency of KII Participants

KII participants	Number
Teacher	3
Officer	7
Office Assistant	6
Learners	3
Nurse	1
Doctors	2
Total	**22**

A total of 22 KII participants attended the interviews. The results from KIIs regarding client satisfaction from the viewpoint of the above-mentioned KII participants are as follows:

Experiences with Clinical Care

This is reflected in statements from a teacher and an officer as follows:

"The doctor prescribed medicine and required investigations for my health. However, I had to seek treatment outside the medical center for more complicated health problems."

"I seek healthcare services only for routine check-ups."

Interpersonal Relationships

This is reflected in statements from an officer and an office assistant as follows:

"The doctor listened carefully to my health problems and explained the treatment clearly."

"The doctor explained how to take the medicine and maintain a healthy lifestyle. I felt comfortable discussing my health problems."

Provider-Client Communication

This is reflected in statements from a teacher and an officer as follows:

"The doctor usually listens to my problems carefully and explains the illness and treatment in a way that I can understand. I feel comfortable asking questions when I am confused about my medication or treatment."

"When some patients are waiting, the consultation is sometimes quite brief, which limits the opportunity to discuss my concerns in detail".

Waiting Time

This is reflected in a statement from an officer and an office assistant as follows:

"The medical center is convenient because it is inside the university. Waiting time is very low here, although sometimes a few patients are waiting to visit the specific doctor in a rare situation."

Availability of Medicine, Equipment, and Diagnostic Services

This is reflected in statements from a teacher, an officer, and an office assistant as follows:

"Some prescribed medicine and diagnostic services are most of the time unavailable here. I have to purchase some medicines and diagnostic services from outside. In addition, there is a lack of cleanliness in the MC premises."

"When the prescribed medicine is available, it reduces my burden of going outside. However, the diagnostic facilities are very limited here."

"When the prescribed medicine is available here, it reduces my expenses. However, sometimes I have to purchase medicines from outside."

Accessibility and Availability of Healthcare Personnel

This is reflected in a statement from learners (2), an officer, and an office assistant as follows:

"I never heard of getting medical services from the MC. If I have access to get the service when needed, it will be beneficial for a large number of learners, particularly those who come from different corners of the country."

"Whenever I need medical attention, I can usually consult the doctor at the MC without having to go outside the university, although after finishing office hours, the MC closes, and they are not available physically."

"Sometimes the doctor whom I want to consult or other healthcare personnel are not available; I have to wait or come back later. The doctors provide their healthcare services on a call basis even after office hours, although I have never received the service".

"I think having sufficient healthcare personnel and availability of adequate equipment regularly would make the service more convenient for us."

Referral and Emergency Services

This is reflected in a statement from office assistants (2), an officer, doctors (2), and a nurse as follows:

"In an emergency, the medical center has limitations in providing immediate treatment or specialized care. Patients have to arrange transportation and seek healthcare in another hospital in some cases, which can be difficult when the situation is urgent."

"In a serious health problem, beyond the MC, doctors advised me to go to a hospital or specialist for further care. The referral support is appreciated for seeking proper care".

"There are no barriers to getting services from the MC for students; however, only residential students come here to seek healthcare services such as injury treatment, dressing, or getting medication. Non-residential students are unaware of the healthcare services as they come from different parts of the country."

"Usually, we try to provide healthcare services for those who are seeking care as much as possible, but we are facing many obstacles regarding necessary and adequate medicine, test kits, diagnostic services, adequate equipment, and overall separate infrastructure of the MC."

Expectations and Recommendations

This is reflected in statements from a learner and an office assistant as follows:

"The university should raise awareness of the Medical Center's services, extend service hours while maintaining roster duties, and strengthen referral and emergency support for students who require specialized or urgent care."

"I expect adequate medication facilities, extended diagnostic facilities, necessary equipment, and availability of healthcare personnel at the medical center in receiving necessary care without going outside the university."

Discussion and Recommendations

At the BOU MC, service users receive care for minor illnesses and injuries, first aid, preventive care, routine health check-ups, prescribed medication, and referrals, enabling them to access essential healthcare services on the university campus. The analysis of those statements extracted from the KII participants is discussed as follows:

Experiences with Clinical Care

Participants generally stated that the clinical care provided by the BOU MC was beneficial for basic clinical diagnosis and treatment with relatively less complicated health problems. However, when experiencing more complicated health problems, participants reported limitations of the MC, including when they had to seek treatment outside the MC. This indicates that the MC does not operate as a comprehensive service provider, but rather as a first-contact facility for minor illnesses, routine consultations, preventive care, and basic healthcare needs. These experiences highlight the inadequacy of clinical capacity and diagnostic services when patients need specialized or more complex care. Thus, a gap was found between routine primary care and access to more advanced healthcare at MC. These findings are similar to previous research in Bangladesh, which highlights the importance of perceived service quality in evaluating clients' satisfaction with provided healthcare services (Andaleeb, 2001; Parveen et al., 2024; Ullah & Shaulin, 2026; Melby & Nair, D., 2024).

Interpersonal Relationships

Statements indicated that doctors listened attentively, which was noted as respectful engagement, a sense of trust, and explicit communication. Thus, this helped participants to be comfortable discussing their health problems. In addition, statements included understandable instructions about medication use and healthy lifestyle practices. Evidence suggests that accessibility and provider responsiveness are important dimensions of perceived service quality in healthcare and are associated with patient satisfaction. A study by Adhikary et al. (2018) reported that interpersonal communication and the opportunity to ask questions to healthcare providers were found to be associated with patient satisfaction in Bangladesh. Thus, this may create barriers to effective access to healthcare services and cause dissatisfaction. The findings of the present study indicated that positive interpersonal relationships and effective communication contributed to clients' perceptions of quality care. Thus, it may enhance satisfaction with healthcare services at MC.

Provider-Client Communication

Effective provider–client communication involves not only seeking medical information but also proper listening, opportunities to ask questions, and sufficient time for consultation. The participant's experience indicates that although providers may communicate understandably and respectfully, workload and patient volume can constrain the expected meaningful interaction in a few cases.

Overall, the findings indicate that provider–client communication at the BOU MC is formed by both interpersonal and organizational factors. Evidence suggests that respectful communication and clear explanations of illnesses can enhance users' satisfaction (Hamid et al., 2021; Zakaria et al., 2021; Zakaria et al., 2024; Kabir & Chan, 2022).

Waiting Time

Participants reported positive perceptions regarding waiting time and the accessibility of the BOU MC in general. The on-campus location of the MC was perceived as convenient, which reduced the time and effort required to access healthcare services. Specifically, the statement revealed that waiting time was usually very short, although occasional delays in receiving treatment occur when several patients are waiting to consult a particular doctor. Waiting time may vary due to the occasional concentration of patients for specific doctors, although the MC is generally responsive to clients' immediate healthcare needs and timely access. Previous studies in Bangladesh have identified waiting time as a relevant dimension of patient satisfaction which is similar to the present study (Aldana et al., 2001; Andaleeb et al., 2007).

Availability of Medicine, Equipment, and Diagnostic Services

Participants noticed the availability of prescribed medicines in general, although some medicines were sometimes unavailable and had to be purchased from outside. Statements indicated that the diagnostic services are particularly limited at the BOU MC. In addition, blood sugar test kits are sometimes unavailable there. Participants also stated that obtaining required medicines sufficiently

from the MC could reduce their out-of-pocket (OOP) expenditures and lessen the inconvenience of visiting external pharmacies. However, the limited availability of diagnostic services bound them to seek investigations elsewhere, which increased both their financial pressure and time burden. Besides, the cleanliness of the MC premises was noted to be strengthened for the physical environment and infection-prevention practices. Therefore, the regular availability of essential medicines, improving adequate diagnostic facilities, and ensuring a hygienic environment of the MC could enhance patient satisfaction. The importance of facility-related perception is supported by Adhikary et al. (2018), who found significant associations between satisfaction and factors such as facility cleanliness and privacy.

Accessibility and Availability of Healthcare Personnel

Some participants noticed that consulting with a doctor at MC within the university premises was a great opportunity for required medical care, rather than seeking care outside the campus. However, mixed experiences were found regarding the accessibility and availability of healthcare personnel at the BOU MC. One group of learners was unaware of the healthcare services provided by the MC, specifically those who came from different parts of the country. Whereas another group among residential learners was seeking care from the MC for various reasons. Hence. The findings suggest an awareness gap. Participants reported that healthcare personnel were generally unavailable after regular office hours. However, doctors reported providing healthcare services on a call basis in various circumstances, although the MC closes physically. In addition, the unavailability of preferred doctors or other healthcare personnel resulted in long waits or returning at a later time in some cases. Thus, limited availability of healthcare personnel when consulting with a particular doctor, lack of test kits, lack of specialists, and difficulties in obtaining timely consultation created an experience of inadequate access and negatively affected users' satisfaction. Hence, to make healthcare services more convenient and responsive to learners and other service users according to their requirements, a consistent availability of essential resources should be ensured (Aldana et al., 2001; Andaleeb, 2001; Biswas et al., 2018; Torsha et al., 2022).

Referral and Emergency Services

Referral and emergency services are an important criterion in ensuring quality healthcare services for primary-level care provided by an MC. In the present study, participants stated referral as a useful mechanism when their health problems exceeded the capacity of the MC. The referral advice by doctors at the MC was appreciated for higher-level care at the same time. However, limited capacity while managing serious and urgent health conditions creates barriers to referral and emergency services at the MC. This includes an inadequacy of emergency services, diagnostic services, medicines, test kits, equipment, specialists, and dedicated infrastructure of the MC for providing comprehensive and immediate care. Moreover, patients had to arrange transportation and seek healthcare services elsewhere in a few cases. Thus, this creates additional difficulties when timely care is critical in emergencies (Ahmed et al., 2019; Hasan et al., 2024; Owad et al., 2022).

Expectations and Recommendations

Participants recommended improving the quality of healthcare services at the MC. This includes the regular availability of essential medicines, additional diagnostic services, improved medical equipment, and the availability of sufficient doctors, specialists, and medical staff. Strengthen appropriate scheduling for the availability of healthcare personnel during and beyond regular office hours. Thus, this will improve timely access and reduce the need to seek care outside the campus. In addition, emergency departments require appropriate staffing, infrastructure, information flow, and coordination to provide timely care. Above all, strengthening referral coordination, emergency preparedness, essential medicines and diagnostic capacity, and awareness among the university community, along with the wider student population, could improve continuity of care and the responsiveness of the MC. Such recommendations are consistent with the literature emphasizing

patient-centered service design and responsiveness to users' experiences (Andaleeb, 2001; Andaleeb et al., 2007).

Conclusion

Participants generally perceived the location of the MC as convenient and expressed their trust in the competency of its healthcare providers. Attentive listening, clear explanations of illness, and the adequate time spent by providers during consultations were experienced positively, although there was limited availability of healthcare personnel at certain times. Accessibility, responsiveness, and availability of healthcare personnel were reported not only in terms of the physical presence of doctors, nurses, and other medical staff but also their ability to provide timely attention and appropriate care when needed. Adequate consultation time and manageable patient workloads are necessary to facilitate more effective communication and patient-centered care. In addition, a lack of specialists, particularly when specialized care was necessary, was limited to the care provided by the MC. Hence, participants emphasized strengthening referral mechanisms and emergency support to ensure timely access to proper care with dedicated infrastructure. However, conducting periodic assessments with engaging clients to assess satisfaction was suggested. Such mechanisms and monitoring will improve the service quality of the BOU MC and enhance satisfaction.

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