

*Research Article***Attendants' satisfaction regarding health services in primary health care centers in Mallawi district.****Amany E. Seedhom, Nashaat N. Kamal, Shimaa A. Emam and Cherstine N. Fahim.**

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Abstract

Background: Patient satisfaction is an essential component of people-centered care and an important quality of care indicator. **Objectives:** To assess attendants' satisfaction and their perception of PHC services in Mallawi district and to detect the association of attendants' satisfaction and sociodemographic characteristics. **Methodology:** The study was conducted in two randomly selected PHC centers in Mallawi district, Minia governorate, Egypt using a cross-sectional design on 418 attendants 200 were from Mallawi health care center and 218 were from El-rayramoun health care center during the period from December 2017 to March 2018. **Data collection tool:** Data were collected by structured questionnaire that included socio- demographic data and 45 questions subdivided into six categories. The 5-Point Likert Scale was used to determine the perceived levels of patient satisfaction. **Results:** Overall, 42.6% of the patients were satisfied with the services received from PHCCS. Age and education were significantly associated with attendants' satisfaction. Highest satisfaction scores were observed among (25-) years and secondary educated patients. **Conclusion:** The level of attendants' satisfaction with primary health care services was modest. The results revealed there were some shortcomings in the quality of care. **Recommendation:** This study revealed areas for improvement. Some organizational changes should take place like improving appointment system and telephone access, shortening waiting times, providing regular appointments with the same doctor and encouraging.

Key words: primary healthcare; patient satisfaction; Service quality.**Introduction**

Patient satisfaction is an important indirect measure of quality of care because it directly impacts on the perceived quality of care and outcome of treatment; holding great value for the clinician (Moore et al., 2012).

Measured patient satisfaction scores are based on patient's experiences that occurred before, during, and after a care visit at various levels of expectations (Berkowitz, 2016), hence patient satisfaction varies from patient experience in that it is a judgment formed by the patient about the accomplishment of the end goal (LaVela et al., 2014).

Factors influence patients' satisfaction with healthcare services can be classified into two broad categories: provider-related and patient-related, since health care service engages both health care providers and patients, it is crucial to measure patients' satisfaction in relation to

patients' socioeconomic characteristics (Batbaatar et al., 2017).

Patient's satisfaction was a reflection on quality of primary health care (PHC) provided, so they have been used to help government agencies identify target groups, clarify objectives, define measures of performance and develop performance information system (Jani & Han, 2011).

Aim of the study

To assess attendants' satisfaction and their perception of PHC services in Mallawi district.

Study hypothesis

There was a significant association between socio-demographic characteristics and patients' satisfaction.

Study question

What is the level of attendants' satisfaction with health services in primary health care centers in Mallawi district?

Methodology

Type of the study:

This study was a cross-sectional study conducted among a sample of attendants of two primary health care centers in Mallawi District during the period from December 2017 to March 2018.

Study population:

The study population were recruited from two primary health care centers in Mallawi District; one urban (Mallawi health care center) which was conducted among 235 (106 males and 129 females) attendants and one rural (El-rayramoun health care center) which was conducted among 183 (74 males and 109 females) attendants. The response rate was 95.2%.

Tool of Data collection:

Data were collected by structured questionnaire that included socio- demographic data and 45 questions subdivided into six categories. The 5-Point Likert Scale was used to determine the perceived levels of patient satisfaction (Carr-Hill R, 1992).

Scoring system:

- a) Sorting the statements into groups associated with each aspect of care.
- b) Re-coding some of the scores so that all scores are in the same "sense".
- c) Normalizing the scores in each group so that satisfaction with all aspects of care can be compared directly.
- d) Combining the scores to arrive at a figure for overall satisfaction.

Pilot study:

Based on a pilot study that was Carried out on 25 participants from both Mallawi health care center & El-rayramoun health care center who were not included in the main study. Pilot study also the aim of estimating the exact time needed for data collection and detecting any problems related to its application.

Ethical consideration:

Official permissions were obtained from relevant authorities to proceed with the study. Prior to embarking on the study, ethical approval was obtained from the Scientific Research Ethics Committee of El-Minia University, Faculty of Medicine.

Official permission was obtained from the manager of the PHCC and the head of each center before data collection. In addition, informed consent was secured from each participant. All the participants were explained about the purpose of the study and were ensured strict confidentiality and anonymity before proceeding in the interview.

Statistical design

The collected data were thoroughly cleaned and then, tabulated, analyzed, and interpreted by using frequency distribution percentages, chi-square test. All data were analyzed by using the Statistical Package for Social Sciences (SPSS-20) software and $P < 0.05$ was used as the definition of statistical significance.

Results

This study included 418 participants who were seeking PHCC services at Mallawi health care urban center (200 attendants 47.8%) and rural unit (218 attendants 52.2%), and (35.4%) of participants were in the age group 25- years. Regarding sex it was found that a large percent of participants were females (56.7%). The majority of participants were married (87.6%). (34.2%) had secondary education (Table 1).

More than half of participants (52.9%) were generally satisfied with care in PHCC. However, (59.8%) of participants were unsatisfied with explanation given to them about their disease and treatments. In addition, (56.9%) of respondents were unsatisfied about the way of dealing and interest in patients' feelings and they were unsatisfied with the technical quality and competence in PHCC. On the other hand; it was found that more than half of participants (57.4%) were unsatisfied about health care workers' attitude towards them and about access and continuity of care in PHCC (Table 2 & Figure 1).

The adjusted odds ratio and 95% CI that quantified the association between the combined effects of sociodemographic variables and satisfaction. These estimates were obtained using logistic regression analysis. Age ($p=0.04$) and education ($p<0.001$) were significantly associated with satisfaction (Table 3).

Table (1): Socio-demographic distribution of the studied PHCC's attendants, Mallawi District, December 2017 to March 2018:

Socio-demographic characteristics	No.	(%)
Age groups		
18- years	86	20.6%
25 - years	148	35.4%
35- years	114	27.3%
45- years	52	12.4%
≥ 55 years	18	4.3%
Sex		
Male	181	43.3%
Female	237	56.7%
Marital status		
Single	25	6%
Married	366	87.6%
Widow /divorced	27	6.5 %
Education		
Illiterate	112	26.8%
Read and write	41	9.8%
Primary	46	11%
Secondary	143	34.2%
University	76	18.2%
Occupation		
Not working	248	59.3%
Manual work	71	17%
Employee	57	13.6%
Professional	42	10%
Residence		
Urban	200	47.8%
Rural	218	52.2%

**Table (2): Satisfaction scores of the studied attendants in PHCCs;
Mallawi District, December 2017 to March 2018:-**

Item	No.	(%)
General satisfaction		
Satisfied	221	52.9%
Not satisfied	197	47.1%
Giving information.		
Satisfied	168	40.2%
Not satisfied	250	59.8%
Empathy with the patient.		
Satisfied	180	43.1%
Not satisfied	238	56.9%
Technical quality and competence		
Satisfied	180	43.1%
Not satisfied	238	56.9%
Attitude towards the patient		
Satisfied	178	42.6%
Not satisfied	240	57.4%
Access and continuity of care		
Satisfied	178	42.6%
Not satisfied	240	57.4%
Overall satisfaction		
Satisfied	178	42.6%
Not satisfied	240	57.4%

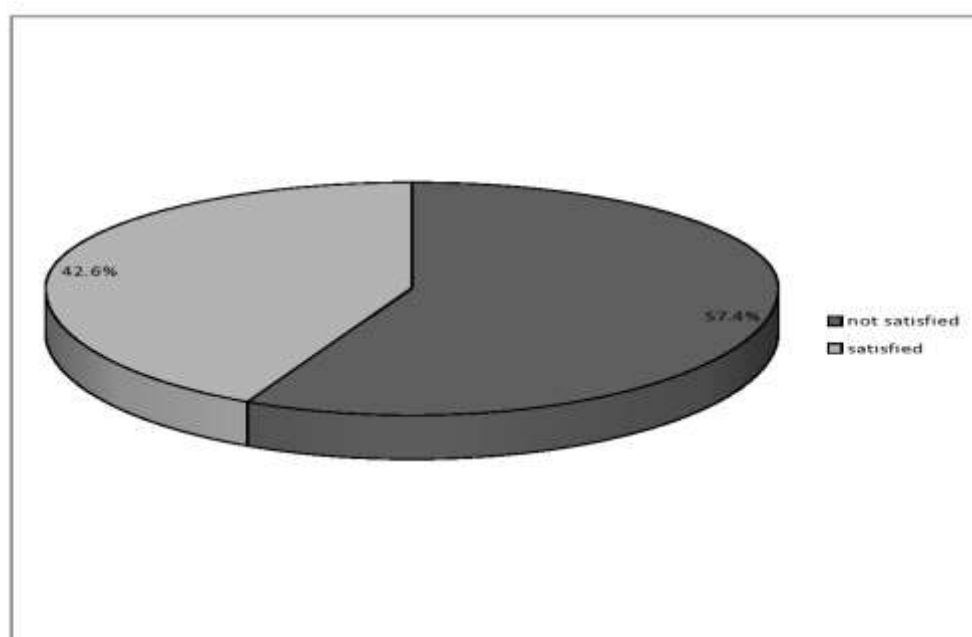


Figure (1): Overall satisfaction of the studied group

Table (3): Multivariate logistic regression analysis of factors associated with overall attendants satisfaction about health care services in PHCC; Mallawi district; December 2017 to March 2018:-

Socio-demographic characteristics	Adjusted OR (95%CI)	P-value
Age groups		
(18 -) years	Ref	0.04*
(25 -) years	1.5 (0.9-2.6)	
(35 -) years	2.07 (1.2-3.7)	
(45 -) years	1.9 (0.96-3.9)	
≥ 55 years	4.218 (1.2-13.9)	
Education		<0.001*
Illiterate	Ref	
Read and write	6+8e (0.000)	
Primary	0.44 (0.22-0.89)	
Secondary	0.24 (0.14-0.40)	
University	0.49 (0.27-0.91)	

Discussion

Patient satisfaction reflects patients' perceptions and needs towards health service utilization. Assessing patients' satisfaction is important since it often helps in absence of health care service quality indicators, to determine the quality of health-care delivery and health system responsiveness (Batbaatar et al., 2015). Studies of patient satisfaction are of special importance to the policymakers and decision takers to know the patients expectations and evaluate their current opinions about the services to be considered in their future plans for development (Johansson et al., 2002).

In this study, we attempted to assess the satisfaction of attendants receiving PHCC services at Mallawi urban and rural PHCC facilities in order to evaluate whether the provided services meet the attendants expectations and to elicit suggestions for improving the services.

Our results described the socio-demographic background of the attendants and six domains that have an influence on attendants' satisfaction with PHCC services.

It was found that more than half of attendants were dissatisfied (55.5%) as they were not appropriately advised on how to cope with their diseases. Contrary to the study conducted by (Galhotra et al., 2013) in Chandigarh, North

India which reported that two thirds of patients were satisfied with the advice they received.

Regarding empathy of the health care providers it was found majority of participants (74.8%) were dissatisfied with lack of empathy and interest of the health care providers. It was supported by another study in Pakistan conducted by (Irfan et al., 2012) who stated that employees including doctors, nurses and staff did not provide individual concern to the patient.

On the other hand, it was found that (56.8%) of participants complained from short consultation time. This was in agreement with a study by Mlenzana & Mwausa, 2012) in Ndola, Zambia. As regard waiting time, (51.2%) of participants were dissatisfied as waiting time was long. Similarly a study in KwaZulu-Natal South Africa by (Bharti, 2015).

Regarding to accessibility satisfaction in this study was (42.6%). In contrast to a study in Saudi Arabia showed that satisfaction to accessibility was (72.7%) (Sabry et al., 2010).

The present findings indicated significant associations between the satisfaction of health care users and some socio-demographic characteristics where the secondary educated patients showed the highest level (62.9%) of satisfaction and middle-aged patients scoring

more highly and being more satisfied than older and young.

Conclusion

Our study we conclude that in our study the level of patient satisfaction was modest and needs more improvement for achievement of optimal health of people. There was low satisfaction of interpersonal relationship (Informativeness), empathy with patient and professional skills (as reflected by low level of satisfaction on competence of doctors, and perceived need for further prescription of drugs and investigations).

Recommendations

- Appropriate motivation of PHCC's staff at all levels. It is only when staff are happy with their work that they can re-enforce patient satisfaction
- Periodic training/retraining of doctors in various specialties may be undertaken.
- Long waiting times was a significant contributor of patient dissatisfaction. This can be addressed by employing more medical doctors and allied health care workers. Incentives to work in this outlying facility should be applied, and could include perks such as a higher rural allowance and improved living conditions for doctors.

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