



An Assessment of Satisfaction Level and Perception of Patients' Regarding Primary Health Care Services

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ABSTRACT

Introduction: Primary Health Centre (PHC) is the cornerstone of rural health services. The utilization of services at these centres is important for proper functioning of health care delivery system as it reduces unnecessary load to higher centre and improves their functioning besides minimizing inconveniences to people. This study was carried out at two PHCs with the aims and objectives 1. To assess satisfaction level and perception of patients regarding PHC services 2. To find out reasons for non-utilization of health services and suggest remedial measures for the same. Materials and Methods: This was a cross sectional study on 200 respondents selected randomly for interview, recorded on validated proforma. Descriptive analysis was used. Results: Demographic profile reflects that services of PHC were being utilized by mainly people belonging to lower strata of society. Despite poor and patchy services provided by these PHCs most of the respondents were satisfied with the behaviour of doctors and staffs and 100 percent respondents wanted to utilize the services again in future.

KEYWORDS : Satisfaction Level, Perception of Patients', Primary Health Care Services

Introduction

Primary health centre (PHC) is the cornerstone of rural health services. PHCs and their sub centres are supposed to meet the health care needs of rural population which is 72 per cent of total population. It is the first port manned by a qualified doctor in health care delivery system. The aim is to provide as close to people as possible a basic and comprehensive health services with emphasis on curative, preventive and promotive aspects. A PHC caters to a population of 20,000-30,000 with 6 indoor/observation bed. It acts as a referral unit for 4-6 sub centres and refers out cases to community health centres and other higher centre. PHCs should become functional for round the clock with provision of 24X7 nursing facilities¹.

Increasingly these centres came under criticism as they were not able to provide adequate health coverage partly they are poorly staffed and equipped and lack basic amenities and partly due to little or no community involvement². The utilization of services at these centres is important for proper functioning of health care delivery system as it reduces unnecessary load to higher centres and improves their functioning besides minimizing inconveniences to people. This study was carried out at Thatiya and Umarda. PHCs in Tirwa block of Kannauj District with the **Aims and Objectives**

- To assess satisfaction level and perception of patients regarding PHC services
- To find out reasons for non-utilization of health services and suggest remedial measures for the same.

Material & Methods:

This was a cross sectional study done at two PHCs for 4 months (July to October 2015). We selected two PHCs and 100 patients or their guardians from each PHC randomly (total 200). Information from respondents was taken on background characteristics like age, sex, religion, caste education, socioeconomic status. Their experiences and perceptions about health services provided at PHCs. For assessment of socio-economic status updated and modified B G Prasad classification was used. Respondents were explained the nature of study thereby getting their implied consent. The information was recorded on predesigned, precoded and pretested proforma for its validity. Both open and closed ended questions were asked during interview. Ethical approval for study was taken from the Ethics Committee of the college. For data collection transmission and management, data was entered on standardized formats by investigator. Each patient was

given a unique identifier and personal name of the patient was not used in data analysis. The data captured through questionnaire was entered in a computer generated excel sheet. For statistical analysis SPSS was used. Descriptive analysis was used as per study requirement.

Results:

Table1: Some Background Characteristics of Study Respondents

SN	Variables	Thatiya N=100 No. (%)	Umerda N=100 No. (%)	Total N=200 No. (%)
1.	Age	N=100	N=100	N=200
	<25 yrs	40 (40)	40(40)	80(40)
	26-60 yrs	47 (47)	57(57)	104(52)
	>60 yrs	13 (13)	03(03)	16(8)
2.	Sex			
	Male	53 (53)	55(55%)	108(54%)
	Female	47(47)	45(45)	92(46)
3.	Religion			
	Hindu	84(84)	86 (86)	170(85)
	Muslim	16(16)	14 (14)	30(15)
	Sikh	00	00	-
	Others	00	00	-
4.	Caste			
	General	25(25)	20(20)	45(22.5)
	OBC	37(37)	48(48)	85(42.5)
	SC/ST	38(38)	32(32)	70(35)
5.	Marital Status			
	Married	60(60)	56(56)	116(58)
	Unmarried	34(34)	39(39)	73(36.5)
	Widow/ widower	06(6)	05(5)	11(5.5)
6.	Education			
	Illiterate/just literate	38(38)	39(39)	77(38.5)
	Primary	10(10)	11(11)	21(10.5)
	Middle school	24(24)	18(18)	42(21)
	High school	10(10)	14(14)	24(12)

	Intermediate	10(10)	12(12)	22(11)
	Graduate & above	08(8)	06(6)	14(7)
7.	Socio-economic Status			
	Upper	00	00	-
	Upper middle	00	00	-
	Lower middle	09(9)	11(11)	20(10)
	Upper lower	45(45)	24(24)	69(34.5)
	Lower	46(46)	65(65)	111(55.5)
8.	Occupation			
	Service	01(1)	01(1)	02(1)
	Business	01(1)	02(2)	03(1.5)
	Agriculture	22(22)	29(29)	51(25.5)
	Students	33(33)	31(31)	64(32)
	Others (specify)	43(43)	37(37)	80(40)

Maximum respondents were between 26-60 years of age, followed by less than 25 years (40%) and more than 60 years (8%). Male respondents (54%) outnumbered females (46%). Eighty-five per cent respondents belonged to Hindu religion while rest fifteen per cent to Muslim religion. More than three fourth respondents were OBC (42.5%) and SC/ST (35%), 58 per cent were married, 5.5 per cent widow/widower while rest 36.5 percent were unmarried. Maximum (38.5%) respondents were illiterate or just literate, only 7 per cent were graduate and above. Majority (55.5%) of the respondents belonged to lower class followed by upper lower (34.5%) and lower middle (10%). Regarding occupation it was found that one-fourth were farmers having some land, 40 per cent were labourers followed by students (32%). Very few numbers were doing service or business (2.5%).

Table 2: Waiting Time and Consultation Time

SN	Variables	Thatiya No. (%)	Umerda No. (%)	Total No. (%)
1.	Waiting time for consultation			
	<15 minutes	85 (85)	86(86)	171(85.5)
	15-30 min	11(11)	11(11)	22 (11)
	30-60 min	04(4)	02(2)	06(3)
	>60 min	00	01(1)	1(0.5)
2.	Waiting Time for Getting Drugs			
	<10 min	95(95)	84(84)	179(89.5)
	10-15 min	03(3)	14(14)	17(8.5)
	15-30 min	02(2)	02(2)	4(2)
	>30 min	00	00	--
3.	Time Given for Consultation			
	<5 min	68(68)	84(84)	152(76)
	5-10 min	32(32)	16(16)	48(24)
	10-15 min	00	00	-
	>15 min	00	00	-
4.	Distance from Home			
	<2 km	35(35)	36(36)	71(35.5)
	2-5 Km	51(51)	57(57)	108(54)
	6-10 Km	11(11)	05(5)	16(8)
	11-15km	01(1)	02(2)	3(1.5)
	16-20 km	02(2)	00	2(1)
	>20 km	00	00	-

The **Table 2** reveals that around 85 per cent patients at both the PHC had to wait for less than 15 minutes for consultation, around 11 per cent 15-30 minutes and very few (3.5%) had to wait for more than 30 minutes for consultation. Similarly within 10 minutes majority of them (89.5%) got medicines at pharmacy and none of them had to wait for more than 30 minutes. The time given for consultation was less than five minutes in 76 per cent of cases. None of them had more than 10 minutes for consultation. Around one-third (35.5%) patients who availed services were living within 2 km of radius of PHC. Maximum respondents (54%) were living within 2-5 km. Only a small number (2.5%) of patients were coming to PHC from more than 10 km distance.

Table 3: Patient's Experience and Satisfaction with PHC Services:

SN	Variables	Thatiya No. (%) N=100	Umerda No. (%) N=100	Total No. (%) N=200
1.	Behaviour of doctor			
	Good	98 (98)	100(100)	198 (99)
	Bad	01(1)	00	01(0.5)
	No comment	01(1)	00	01(0.5)
2.	Behaviour of Staff			
	Good	97(97)	91(91)	188(94)
	Bad	03(3)	09(9)	12(6)
	No comment	00	00	-
3.	Availability of doctor			
	Always	70 (70)	00	70(35)
	Some times	16(16)	100 (100)	116 (58)
	Never	01(1)	00	01 (0.5)
	Don't know	13(13%)	00	13(7.5)
4.	Competence of doctor			
	Satisfied	97(97)	100(100)	197 (98.5)
	Not satisfied	03(3)	00	03(1.5)
5.	Physical examination done			
	Yes	31(31)	25(25)	56 (28)
	No	69(69)	75(75)	144(72)
6.	Availability of investigations			
	Yes	20(20)	00	-
	No	80(80)	100(100)	-
7.	Availability of immunization			
	Yes	00	100(100)	-
	No	100 (100)	00	-
8.	Relief of symptoms			
	No relief	39(39)	13(13)	52(26)
	25%	19(39)	19(19)	38(19)
	50%	31(31)	38(38)	69(38.5)
	75%	05(5)	12(12)	17(8.5)
	100%	06(6)	18(18)	24(12)
9.	Cleanliness of PHC			
	Excellent	04(4)	02(2)	06 (3)
	Good	56(56)	29(29)	85(42.5)
	Average	25(25)	32(32)	57(28.5)
	Poor	15(15)	37(37)	52(26)
10.	Water facility			
	Yes	00	100(100)	-
	No	100(100)	00	-
11.	Provision of health information			
	Yes	18(18)	16(16)	34 (17)
	No	82(82)	84(84)	166 (84)
12.	Would they want to utilize it again?			
	Yes	100(100)	100(100)	200 (100)
	No	00	00	-
	Not sure	00	00	-
13.	No. of visits during last one year			
	1-5	67(67)	51(51)	118(59)
	5-10	08(8)	22(22)	30 (15)
	10-20	13(13)	16(16)	29(14.5)
	20-30	04(4)	04(4)	08(4)
	>30	08(8)	07(7)	15(7.5)
14.	*Any other place where they take treatment			
	No other place	30(30)	27(27)	57(28.5)
	Private doctors	46(46)	44(44)	90(45)
	CHC/Distt hospital/ Medical college	45(45)	47(47)	92(46)

*Multiple answers

Table 3 shows patients' experience and satisfaction with PHC services. Behaviour of doctor was reported to be good by almost all the respondents (98% at Thatiya and 100% at Umerda PHC). Behaviour of the staffs was found to be bad by 3 per cent patients at Thatiya PHC and 9 percent at Umerda PHC. Regarding availability of doctors,

70 per cent respondents at Thatiya PHC told that doctor was always available whenever they came while all (100%) the respondents at Umerda PHC reported that doctor was available only some times. But all the respondents at Umerda were satisfied with the competence of doctor while 3 per cent respondents at Thatiya were not satisfied. Physical examination was done only in about 25-30 per cent of cases at both the PHCs. No investigations were being done at Umerda PHC and at Thatiya only 20 percents reported that they had investigation facility at this PHC. 100 per cent respondents at Umerda PHC told that they had immunization facility there while no immunization was being done at Thatiya PHC. Regarding the perception of relief of symptoms it was found that more patients (39%) at Thatiya PHC felt that they had no relief than at Umerda (13%). About one-fifth of patients at both the PHC felt 25 per cent relief while about one-third (31% at Thatiya and 38% at Umerda) felt 50 per cent relief. More patients at Umerda felt 75 per cent (12%) and 100 per cent (18%) relief of symptoms than at Thatiya (75% relief by 5% and 100% relief by 6%). When inquired about cleanliness of PHC, only about 3 per cent at both PHC rated it as excellent, 56 per cent at Thatiya and 29 per cent at Umerda rated it as good while 25 per cent and 32 per cent at Thatiya and Umerda PHCs rated it as average respectively. More respondents (37%) at Umerda rated cleanliness as poor than at Thatiya (15%). There was no water facility at Thatiya PHC while at Umerda a hand pump was installed. Only about one in six respondents at both the PHCs reported that they were provided some health information. When asked about their wish to utilize the services again in future, 100 per cent at both the PHCs said, "Yes, they would like to utilize it again". When asked to recall number of visits made during last year nearly one-third at Thatiya PHC and half of the respondents at Umerda told that they had made approximately 1-5 visits during last year. While around 15 per cent (8% at Thatiya and 22% at Umerda) had 5-10 visits. While at both the PHCs nearly 14 percent, 4 per cent and 8 per cent had 10-20, 20-30 and more than 30 visits respectively. Nearly 30 per cent respondents at Thatiya and 24 per cent at Umerda PHC told that they have no other place to go for treatment while 36 per cent at Thatiya and 46 per cent at Umerda PHC sought treatment from private village doctors (mostly quacks). Around 45 per cent at both PHCs said that they also seek treatment from CHC, district hospital and medical college.

Table 4: Suggestions given by Patients*:

SN	Variables	Thatiya No. (%) N=100	Umerda No. (%) N=100	Total No. (%) N=200
1.	Availability of medicines	34(34)	09(9)	43 (21.5)
2	More doctors	13(13)	13(13)	26(13)
3	Emergency facility	21(21)	19(19)	40(20)
4	Delivery facility	10(10)	10(10)	20(10)
5	Physical examination should be done	01(1)	00	1(0.5)
6	Lab investigation	26(26)	20(20)	46(23)
7	Nurse	02(2)	08(8)	10(5)
8	In-patient facility	02(2)	01(1)	3(1.5)
9	Waiting room	02(2)	00	2(1)
10	Benches for sitting	02(2)	00	2(1)
11	Water facility	58(58)	04(4)	62(31)
12	Electricity	20(20)	13(13)	33(16.5)
13	Canteen	02(2)	02(2)	4(2)
14	Transport facility	04(4)	02(2)	6(3)
15	Fourth class employee	02(2)	02(2)	4(2)
16.	Don't know	14(14)	11(11)	25(12.5)

***Multiple answers**

As per Table 4, 34 per cent respondents at Thatiya and 9 per cent at Umerda suggested to remove the scarcity of medicines while an equal number of patients (13%) at both the PHCs suggested that there should be more doctors posted at PHC. Various other suggestions were about availability of emergency facility (21% at Thatiya and 19% at Umerda), delivery facility (10% each Thatiya and Umerda), laboratory investigation (26% at Thatiya and 20% at Umerda PHC),

water facility (58% Thatiya and 4% Umerda), electricity (20% and 13% at Thatiya and Umerda respectively) and availability of nurse (2% and 8% at Thatiya and Umerda respectively). Surprisingly only one patient at Thatiya PHC suggested that physical examination should be done. A smaller number of respondents (1%-4%) felt the need of in-patient facility, better waiting areas, benches for sitting, canteen and transport facility. 14 per cent respondents at Thatiya and 11 per cent at Umerda told that they don't know what to suggest.

Discussion:

Maximum respondents were between 26-60 years (52%) of age, male (54%), Hindu (85%), and illiterate or just literate (38.5%). Only 7 per cent were graduate or above. More than three fourth respondents were OBC (42.5%) and SC/ST (35%). Majority (55.5%) of the respondents belonged to lower class followed by upper lower (34.5%), one-fourth was farmers having some land, and 40 per cent were labourers. Demographic profile reflects that services of PHC were being utilized by mainly people belonging to lower strata of society.

Around 85 per cent patients at both the PHC had to wait for less than 15 minutes for consultation, very few (3.5%) had to wait for more than 30 minutes for consultation. This may be because the patient load was low. Raghunath E. et al in Puducherry revealed that mean waiting period was 31.2 minutes, 42 per cent patients were not satisfied due to overcrowding. Waiting time for getting medicines was less than 10 minutes in 90 per cent cases accordingly. Time given for consultation was less than 5 minutes in about 2/3rd cases and none of them were given more than 10 minutes for consultation. 90 per cent of the cases were coming from 5 km of distance and none of them was coming from more than 20 km of PHC.

Most of the patients were satisfied with the behaviour of doctor (99%) and staffs(94%) although availability of doctor at Umerda PHC was sometimes (100%) and Thatiya PHC was always (70%), time given for consultation was less than 5 minutes in 90 per cent of cases, physical examination was done only in about 28 per cent of cases, investigations (only sputum) was available at Thatiya PHC only, immunizations were given at Umerda PHC only, relief of symptoms perceived by only 20 per cent patients as 75%-100% yet they were satisfied (98.5%) with the competence of doctors. There are discrepancies that may be because of ignorance and courtesy bias, convenience and no other place to go. They don't know about their rights and what to expect of PHCs. Again the cleanliness was not as good as should be, water facility was available at Thatiya PHC only, health information was given in 17 per cent cases only, yet all of them (100%) wanted to utilize the services again in future. In a study by Rasheed N et al in Delhi, PHC was the preferred health facility (98%) for seeking treatment because of easy accessibility, less cost, less waiting time and presence of co-operative health personnel. 59 per cent patients made 1-5 visits during last year, 20 per cent 5-20 visits and around 8 per cent more than 30 visits during last year. Around 30 per cent told that this is the only place where they seek treatment. 45 per cent went to village doctors mainly quacks and 46 per cent availed government services also when needed.

34 per cent respondents at Thatiya and 9 per cent at Umerda suggested removing the scarcity of medicines while an equal number of patients (13%) at both the PHCs suggested that there should be more doctors posted at PHC. Various other suggestions were about availability of emergency facility (21% at Thatiya and 19% at Umerda), delivery facility (10% each Thatiya and Umerda), laboratory investigation (26% at Thatiya and 20% at Umerda PHC), water facility (58% Thatiya and 4% Umerda), electricity (20% and 13% at Thatiya and Umerda respectively) and availability of nurse (2% and 8% at Thatiya and Umerda respectively). Surprisingly only one patient at Thatiya PHC suggested that physical examination should be done. A smaller number of respondents (1%-4%) felt the need of in-patient facility, better waiting areas, benches for sitting, canteen and transport facility. 14 per cent respondents at Thatiya and 11 per cent at Umerda told that they don't know what to suggest. A study by Raghunath E et al in Puducherry revealed that 43 per cent patients had complained that physicians had not explained about their illness properly, 48 per cent felt that they didn't receive proper advices on preventing similar

illnesses on future. Here the patients were not forthcoming and not aware of their needs which may be because of illiteracy, ignorance and poverty.

Conclusions and Recommendations

It has been found that both the PHCs have fragile infrastructure, are grossly underequipped and understaffed. The services provided by these centres are inadequate. Only OPD services are being provided that too have many missing components like one of the most important MCH and Family Planning. Even the basic amenities of life are lacking here. People want to utilize these services even if they are inadequate, incomplete in our view because of accessibility, conveniences and poverty. There is an urgent need to address these issues. PHC is the cornerstone of providing health services to rural India where more than two-thirds of India lives. By strengthening these services we can achieve many of our National health goals. This can be made possible by strong political will, community participation and ensuring accountability of persons in every rung of ladder.

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