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REVIEW ARTICLE ON PERCEPTION OF OPD ATTENDEES IN PRIMARY HEALTH CENTRES

KEYWORDS

perception,OPD attendees,primary health centres

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ABSTRACT Facilities for providing health care do not get the desired acceptance of the community, and are therefore rendered unsuccessful.The quality of service in health means an inexpensive type of service with minimum side effects that can cure or relieve the health problems of the patients.It is easier to evaluate the patient's satisfaction towards the service than evaluate the quality of medical services that they receive.Therefore, a research on patient satisfaction can be an important tool to improve the quality of services.Patient satisfaction with the healthcare services largely determines their compliance with the treatment. Accessibility is one of the principles of Health for All, as stated in Alma Ata declaration on primary health care. The aim of this study was to review the literature on perception of OPD attendees in primary health centres.

INTRODUCTION

According to WHO, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity**(6).**Facilities for providing health care do not get the desired acceptance of the community, and are therefore rendered unsuccessful.The quality of service in health means an inexpensive type of service with minimum side effects that can cure or relieve the health problems of the patients**(8).**It is easier to evaluate the patient's satisfaction towards the service than evaluate the quality of medical services that they receive**(9).**Therefore, a research on patient satisfaction can be an important tool to improve the quality of services**(10,11).**Patient satisfaction with the healthcare services largely determines their compliance with the treatment. Accessibility is one of the principles of Health for All, as stated in Alma Ata declaration on primary health care**(12).**

The aim of this study was to review the literature on perception of OPD attendees in primary health centres.

REVIEW OF LITERATURE

A study(1) was conducted at three Community Health Centres(CHCs) in the Tshwane Region.The majority of participants were females at the time of the study. The services provided were mostly for females like antenatal care, family planning; Pap smear and immunization.There were no specialized male services.In this study majority of the participants indicated that they had access to the primary health care which significantly helped in the utilization rates of these services.In terms of distance, the clinics were accessible as most of the participants lived within 5 km of such a facility. Majority of the participants were satisfied with the service and hours of operation. However few participants stated that they were not satisfied because of the long queues of people at the CHCs. Also, the diagnostic procedure, such as X-rays were not always available. A few respondents reported that in one or two centres a dentist was not present for most of the time and that staff shortages; slow service delivery and negative attitude of health care staff prevailed. Despite those health care barriers, a significant number of participants had access to the health care facilities and were satisfied with available services and said they would recommend to a friend or family to utilize the clinic when sick.

Another study(2)reported that 74.2% of patients were satisfied with the skill and competence of the doctors.The average duration of an examination by a doctor was three minutes, and the average waiting time before examination was 2 hours 40 minutes; this contrasts with the waiting time of 30 minutes reported in a primary care setting in a more developed country **(3).**Over 70% of the respondents were satisfied with the service given.Satisfaction and positive perception increased with the age of the patients.This study also indicates a higher level of satisfaction with nurses than with the other health professionals considered. On average, nurses had satisfaction ratings for skill and competence, willingness to listen, courtesy and consideration, and advice which were about 10% higher than those attributed to doctors. It is possible that the long waiting periods preceding consultations and the short consultation times contributed to the lower satisfaction rate for doctors as well as pharmacists.

Another study(4) reported that the participants reported that staff shows different attitudes. Some staff members are reported to be polite whilst some are very insensitive to patients. Male staff is reported to be less harsh than female staff. There were reports also of some insensitivity towards patients who needed urgent attention as well as general laxity in dealing with patients in very long queues. The nurses used to discriminate the patients according to their class distinction. The higher the level, the better the service was perceived.Respondents complained of having small buildings that force them to queue outside sometimes in the sun or rain. There were no resting places, people have to sit under tree shadows. Beds are only available for pregnant women. Water was reported to be available and toilets which are reported not to be very clean. According to a respondent ***they treat you depending on your background, i.e. it depends on the kind of family you come from ; your appearance also contributes towards the whole thing. If you come wearing nice clothes and jewelery they will give you first preference. If you come in tattered clothes, then things are different. Its as if they are smelling something bad(ba a nkgelwa)***.Consultation is reported to be brief with no thorough examination except for discussions around the patient telling what is wrong with him/her and then given medication on the basis of those reports.Some respondents reported that on many occasions, they were not attended to urgently and the nurses were engaging in social interaction with each other and not giving them urgent attention. Respondents report that there is little communication between the service providers and the patients about their disease, the cause and medication thereof. The patients are only given the instructions on how to drink the medication. Long queues are also experienced on antenatal and postnatal days.There is too much waiting where nurses take long breaks at teatime and lunchtime.The attitude of the nurses was found to be very poor in dealing with patients that needed urgent attention and the long queues that were caused by the nurses'delays at tea and lunch breaks.There was also a problem of lack of waiting space.People wait under tree shades.

A cross sectional study(5) was conducted among attendees of General OPD at Urban Health Center,Dharavi, Mumbai.There was positive health seeking behavior to access the government health facility in major illness because of their trust among the staff and services.Both sexes were attending to utilize services.More than 3/4thwere married, Muslims were dominating.Though they may

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have to purchase medicines but still had trust in government health facility hence visiting this center. More than 3/4th preferred government hospital in case of major illness while during minor illness home remedies due to trust in the health care services offered by them. The time gap between the symptoms and seeking health care services was ≥2days, which may cause delay in treatment and cure too.

In a **study in Uttar Pradesh(7)**,below are various statements.
"We serve approximately 250-300 patients on the average in a daily OPD but due to lack of doctors the present staff is over-burdened and patients have to wait for hours. Sometimes our ANMs work for double shifts."-

Public health program manager at a Community Health Centre
Many ANMs expressed their concern about local residents going to big hospitals and medical colleges which are generally far away from their villages (approximately 10-12 Kms).They perceive that it is mainly due to instability and lack of medical staff at local health facility. Apart from these, many respondents observed that local people perceive that government facilities do not offer them choices in terms of timing, quality and capabilities desired by them.

"In government CHCs or PHCs we have qualified doctors, whose diagnoses of the disease is always correct, accordingly they give medicine which should be taken for some time as it has a course but usually people don't believe and go for local jholachap (untrained) doctors who gave them strong medicines like steroids and injections which may show effect immediately and people don't understand the side-effect hidden behind it and later on they came back to us with a worse situation".-

Superintendent of Community Health Centre
"*For common disease like cough-cold, fever and for immunization people use to go to government hospitals but in case of long duration disease or any specialist care they prefer private hospitals and doctors as at government hospitals these cares are generally available to those who had some approach there ".–*

Sarphanch (A village head)
Most of the respondents agree that type of services provided at government health facilities are not adequate. Some of the providers pointed out that due to lack of ultra-sound facilities it has become very difficult to chase population for ANC care.Many described the hospital staff as very caring and attentive to the patients needs specially ANMs and ASHAs who bring some of local residents from their area but when we go lower level facilities like PHCs and SCs the local residents are not satisfied with the activities of field worker or even to the physician.Most of the respondents believe that if the facility of blood testing or other tests will be available at PHC level than it will bring more people towards government facility. A few respondents (basically villagers and other users) demand for evening Out Patient Department (OPD).

Women were asked to state what they felt were obstacles that stood in the way of accessing available government facilities and its utilization. Their responses were categorized into the following barriers, listed in order of descending frequency:(a)Lack of Doctors(b)Waiting time at facility(c)Timing of the facility (opening hours)(d)Distance to facility(e)Private practioner and local healers(f)Lack of medicine (g)Lack of knowledge(h)Lack of personal approach in the facility for secondary and tertiary level care(i)Lack of transport facility(j)Lack of Infrastructure facilities(k)Poor quality of services.

CONCLUSION
There should be general physician and lady doctors in Primary Health Centres.Barriers like doctors availability,waiting time,timing of facility etc are present usually. Assessment of ANMs and ASHAs should be done periodically to know whether they are efficient and trained; and also able to fulfill their role. Certain improvements are also needed in the waiting area by making it comfortable. Also, there is need to communicate effectively with the patients about their disease and the treatment.Removal of misconceptions and fears regarding disease should be done.

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