Volume : 3 | Issue : 6 | June 2014 • ISSN No 2277 - 8179

Research Paper

Client satisfaction with Primary Health Care services

Medical Science

KEYWORDS : Client satisfaction, Patient care services , Primary health center, Primary health care

Nikcy N M — D/o Jancy Thomas, Addahole House, Gundia P.O, Puttur T Q, Dakshina Kannada dist. Karnataka.

Mrs. Jenifer D'Souza. — Professor, Department of Community Health Nursing, Laxmi Memorial College Of Nursing, Mangalore, Karnataka. India.

ABSTRACT

Client satisfaction is an important quality indicator in the health care . The aim of the study was to assess the client satisfaction with patient care services provided at selected Primary Health Centres in Mangalore. Descriptive survey approach was adopted. Purposive sampling technique was used to select 100 sample. The results revealed that majority (76%) of the clients were satisfied with services provided at PHC. The clients were fully satisfied with accessibility (99.2%), immunization (96.6%), MCH (93.2%), family planning (90.1%), laboratory (98.9%) and general infrastructure of PHC. Clients were moderately satisfied in the areas of pharmacy (85.15%) and home visits of personnel (88%). Clients were satisfied with the communication skills (75.3%) and were unsatisfied with the basic health services (59.3%) and referral services (67.9%) . There was a significant association of satisfaction scores with client's age ($\chi 2=13.7$) and number of previous visits ($\chi 2=4.1$).

Introduction:

During a man's life span his health oscillates on the health-illness continuum, which makes him seek help from the health care providers and healers to reach the goal of happiness, peace and satisfaction. In India over 74% of population lives in rural area. Primary Health Centres are the cornerstones of rural health services- a first port of call to a qualified doctor of the public sector in rural areas for the sick and those who directly report or referred from sub-centres for curative, preventive and promotive health care.[1]

The concept of Primary Health Centre (PHC) is not new to India. The Bhore Committee in 1946 gave the concept of a PHC as a basic health unit to provide as close to the people as possible, an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care. A typical Primary Health Centre covers a population of 20,000 in hilly, tribal, or difficult areas and 30,000 populations in plain areas with 4-6 indoor/observation beds. It acts as a referral unit for 6 sub-centres and refer out cases to CHC (30 bedded hospital) and higher order public hospitals located at sub-district and district level.[2]

Being a tax payer, the clients are consumers of health services provided through PHC's. Patient satisfaction is an important quality indicator in the health care settings. There are several factors which promote client satisfaction with care rendered at primary health centres. Some studies state that demographic factors like younger the age, lower the ethnicity, education, and socio-economic status, lower is the satisfaction. There are also gender differences related to satisfaction. Another contributing factor for client satisfaction is the communication and coordination of health personnel. patients' expectations , time spent chatting during the visit, physicians' technical skills, effective referrals and continuity of care was related to higher rates of satisfaction.[3]

PHCs are not spared from issues such as the inability to perform up to the expectation due to inadequate physical infrastructure and facilities, insufficient quantities of drugs, lack of accountability to the public and lack of community participation, lack of set standards for monitoring quality care etc. According to the World Health Report 2008, Primary Health Care, in developing countries have not responded adequately to people's needs. The report argues that health systems are failing because they have not kept abreast of the challenges of a changing world. [4] This motivated the investigator to conduct this study to better understand the clients satisfaction of care rendered at PHC and thus help in making recommendation for promise of better care.

Review of the Literature

A cross-sectional study was done to assess the satisfaction of services provided at the rural health centre Chandigarh, North India. The response was rated on a 5-point Likert scale. The results revealed that the mean waiting time for consultancy was 11.84 ± 8.932 min. The mean consultation time by the physician was 6.06 ± 3.002 min. The mean waiting time for drugs is 5.93 ± 5.213 min. Only 28.5% were highly satisfied with the available lab investigations. 58.5% of the clients were highly satisfied with the doctor's relationship with the patients. 63% felt that adequate privacy was given during consultation. The results of the study showed that although the overall satisfaction was high, some aspects of services indicated some degree of dissatisfaction.[5]

A cross-sectional, observational study was done to find how the Primary Health Centres are functioning in the selected three tribal dominant districts of Karnataka (Mysore, Chamaraja Nagar and Kodagu). A total of 35 medical and 50 Para-medical staff were interviewed with pre tested questionnaires. For qualitative data, 100 tribal beneficiaries were selected (50 men, 50women). The study found that non availability of essential fundamental facility, ill-mannered behaviour of the staff, and absence of adequate man power, were some of the major reasons why tribal's have negative perceptions about the PHCs. Further, this study has shown that there is a need of policy change regarding working style of PHCs.[6]

A study was done to evaluate patients' satisfaction with Primary Health Care Centers' (PHCs) services at Capital Health Region. The mean score of overall satisfaction was 4.59 out of a maximum of 5 points. The highest satisfaction was for pharmacy (4.62 mean points) and the lowest for buildings (3.95 mean points). Clients aged above 50 years showed the highest overall and differential satisfaction. Male clients and those who completed primary school showed the highest overall satisfaction (4.63 mean points and 4.68 mean points respectively). Other socio-demographic characteristics were not significantly related to overall satisfaction scores.[7]

Objectives:

1. To determine the level of client satisfaction with patient care services provided at primary health centres in Mangalore.
2. To associate the level of client satisfaction with patient care services at the primary health centres with selected demographic variables.

Methodology:

Setting: The study was conducted at Suratkal, Kudupu, and Ullal PHC in Mangalore. These PHCs are located around 20-25 km from the city.

Population: Clients above 18 years of age who obtained PHC services for 3 times or more

Sample size: 100

Volume : 3 | Issue : 6 | June 2014 • ISSN No 2277 - 8179

Sampling technique: Purposive sampling technique

Research design: Descriptive research design

Tool:
The tool consisted of two parts:

Part 1: Demographic proforma with 7 items.

Part 2- Client satisfaction rating scale.

The client satisfaction rating scale consisted of 40 items under the following areas: Access to PHC Services, Communication, Basic Health Services, Immunization, MCH Services, Family Planning, Laboratory Services, Pharmacy Services, Referral, Home Visits and General Satisfaction. The interviewer asked questions from the rating scale to the selected clients and placed a tick mark in the appropriate column as per client response which was indicated as 'fully satisfied', 'moderately satisfied', 'satisfied', 'dissatisfied' which was scored as 3,2,1 and 0 respectively. The highest possible score was 160. There was a column for 'not applicable' and it was scored as 'A'.

Data collection method:
- Prior to the data collection, permission was obtained from the District Health Officer and concerned Medical Officers of the PHC$_s$ for conducting the study.
- Subjects were selected based on the set criteria.
- Informed consent was obtained from the sample.
- Rating scale was used to determine the client satisfaction on services provided by PHC

Result of the study:
The highest percentage (75%) of the clients were in the age group of 20-39 years. Majority (83%) of the clients were females. The highest percentages (81%) of the clients were married. Half (50%) of the clients were employed part time and highest percentage (61%) of the clients had visited PHC for more than 6 times.

The overall satisfaction scores of clients with PHC services revealed that majority (76%) of the clients were fully satisfied with services provided at PHC, 18% were moderately satisfied and 6% were satisfied whereas none of them were unsatisfied with PHC services.

Figure 1 shows the percentage distribution of clients according to their satisfaction on PHC services

The areawise satisfaction scores indicated that the clients were fully satisfied with accessibility to PHC (99%), immunization services (97%), MCH services (93%), family planning services (90%), laboratory services (99%) and general infrastructure of PHC. Clients were moderately satisfied in the areas of pharmacy (85%), and home visits of personnel (88%). 75.3% of the clients were just satisfied in the area of communication skills and more than half of the clients i.e. 59% and 68% were unsatisfied with the basic health services and referral services obtained from PHC respectively.

Figure 2 shows the bar diagram depicting area-wise mean percentage of clients according to their satisfaction scores

There was a significant association of satisfaction scores with clients age (χ^2=13.7), number of previous visits (χ^2=4.1). Thus the null hypothesis was rejected for the above variables. However, no significant association was found with education (χ2=0.08) and occupation (χ^2=2.5).

Conclusion:
The findings of the study shows that the clients obtaining services from PHC are satisfied with services in areas of MCH, Immunisation, Laboratory and Pharmacy. However, further improvement in services is needed in the areas of family planning, health education, home visits and provision for ambulance services.

Figure 1: Bar diagram depicting percentage distribution of clients according to their satisfaction scores

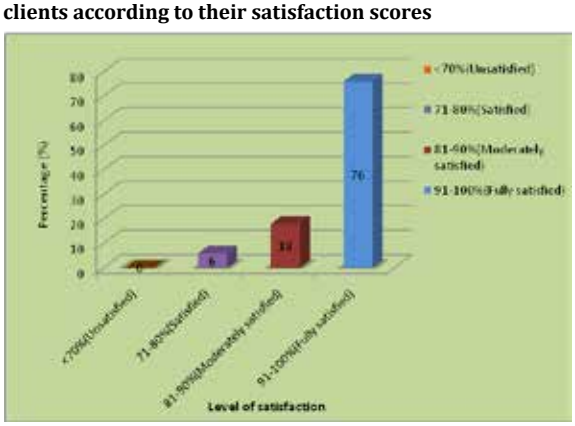
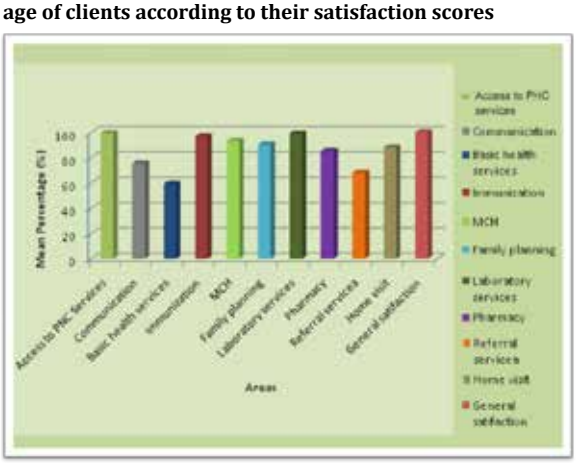


Figure 2: Bar diagram depicting area-wise mean percentage of clients according to their satisfaction scores



REFERENCE

1. Radwin, L. E. (2005). Cancer patients; descriptions of their nursing care. Journal of Advanced Nursing , 50(2):162-9. | 2. Indian Public Health Standards (IPHS) For Primary Health Centres Directorate General of Health Services. (2006). Ministry of Health & Family Welfare Government of India: 3-5. | 3. Salam, A. A. (2010) Patient satisfaction with quality of primary health care in Benghazi, Libya. Libyan Journal of Medicine, 5: 48-73. | 4. Patel, N. (2005) Evaluating the use of Primary Health Center in India. Indian Journal of Community Medicine, 16: 1-16. | 5. Galhotra, A. Singh, S. et al. (2013). A cross-sectional study on patient satisfaction toward services received at rural health center, Chandigarh, North India.Indian journal of community medicine, 6(2): 240-244 | 6. Nanjunda, D. C. (2011). Functioning of Primary Health Centers in the Selected Tribal Districts of Karnataka-India: Some Preliminary Observations. OJHAS,10(2). | 7. Ibrahim, S. Manal, S. M . Patients' Satisfaction with Primary Health Care Services at Capital Health Region, Kuwait . Middle East Journal of Family Medicine. ; 3 (3):75-78 |