ABSTRACT

This study aimed to explore factors associated with patient satisfaction of primary health care centers in Erode district, Tamilnadu. A cross-sectional exit survey was conducted among 70 patients after successful clinical consultations and treatment acquirements using convenience sampling at the primary health care centers in 14 blocks of Erode district, Tamilnadu. A survey that consisted of sociodemography, socioeconomic, and health characteristics and the validated Short-Form Patient Satisfaction Questionnaire scale were used. Patient satisfaction was the highest in terms of service factors or tangible priorities, particularly “technical quality” and “accessibility and convenience,” but satisfaction was low in terms of service orientation of doctors, particularly the “time spent with doctor,” “interpersonal manners,” and “communication” during consultations. Gender, income level, and purpose of visit to the clinic were important correlates of patient satisfaction. Effort to improve service orientation among doctors through periodical professional development programs at hospital and national level is essential to boost the country’s health service satisfaction.

Keywords: Patients satisfaction, Clinical consultation, Quality of service, HealthCare systems

Introduction

Satisfaction of the patient is a major issue for providing healthcare services. It is an intricate attitude because a huge number of variables have been identified as its predictors. Multiplicity in demographics of patients also shapes their perceptions, services and facilities provided by the hospitals. Patients are the main beneficiaries and prime consumers in health care services provided by the hospitals. Patients are globally expecting high quality of health care services they receive. Measuring quality of services from satisfaction of patients on health care will help in various plans on promote change and overcome barriers. Hospitals should periodically evaluate their quality of services and ensure that the health care consumers are satisfied. Satisfied consumers in health care are more likely than the unsatisfied patients to continue using the healthcare services and maintaining relationship with specific health care providers. It is important to have an overview of theoretical notions of expectations and satisfactions of the customers, generalities in social system, planning intensive care units, doctor patient relationships, physician role and behavior, patient role and opinions, nurse behavior and doctor patient relationships.

The modern approach to healthcare seeks to engage the attention of both patients and the public in developing healthcare services and equity of access, but this is not easy to achieve, requiring time, commitment, political support and cultural change to overcome barriers to change. Improvement in selected aspects of health care delivery through quality assurance and outcome assessment has been driven by political expediency. While this is important, a 'bottom up' assessment of patient satisfaction seems preferable if service improvement is to be translated into outcomes meaningful to patients, especially improved quality of life. Satisfaction can be defined as the extent of an individual's experience compared with his or her expectations. Patients' satisfaction is related to the extent to which general health care needs and condition-specific needs are met. Evaluating to what extent
patients are satisfied with health services is clinically relevant, as satisfied patients are more likely to comply with treatment, take an active role in their own care, to continue using medical care services and stay within a health provider (where there are some choices) and maintain with a specific system. In addition, health professionals may benefit from satisfaction surveys that identify potential areas for service improvement and health expenditure may be optimized through patient-guided planning and evaluation. Critics draw attention to the lack of a standard approach to measuring satisfaction and of comparative studies and so the significance of the results of those surveys that do exist in the literature is often ignored. There is less controversy with respect to clinical outcome measures, as health-related quality of life (HRQL) is not only widely regarded as a robust measure of outcome assessment but also is extensively used in several clinical areas.

Need for the Study

Patients’ satisfaction has long been considered as an important component when measuring health outcome and quality of care in both developed and developing countries and constitutes a significant indicator of the health care quality. Literature showed that satisfied patients are more likely to develop a good relationship with the health system, leading to improve compliance, continuity of care and ultimately better health outcome. Identification of patient’s needs and assessment of the health services provided is the starting point of a patient centred approach in providing health care. Therefore, patients’ satisfaction is considered as an important measure to evaluate the quality of health services and can predict both compliance and utilization. The function of health care services is to improve the health status of the population, so the stakeholders in health are conscious about the reforms in the healthcare system globally in order to enhance patient satisfaction with healthcare services, so the restructuring of health systems running all over the world concentrated on the ways to increase patients’ satisfaction. A better appreciation of the factors pertaining to client satisfaction would result in implementation of custom made programs according to the requirements of the patients, as perceived by patients and service providers. The patients are the best judge since they accurately assess the services provided and their inputs help in the overall improvement of quality health care provision through the rectification of the system weaknesses by the concerned authorities. Patient satisfaction is considered by some to be of dubious benefit in facilitating the process of clinical care, as patients have no specific clinical expertise and are -perhaps- readily influenced by non-medical factors; in addition, there are few reports on the reliability of satisfaction surveys. Nevertheless, satisfied patients are more likely to comply with medical treatment and therefore ought to have a better outcome.

In the recent past, studies on patient satisfaction gained popularity and usefulness as it provides the chance to health care providers and mangers to improve the services in the public health facilities. Patients’ feedback is necessary to identify problems that need to be resolved in improving the health services. Even if they still do not use this information systematically to improve care delivery and services, this type of feedback triggers a real interest that can lead to a change in their culture and in their perception of patients.

Statement of the Problem

Patient satisfaction is one of the important goals of any health system, but it is difficult to measure the satisfaction and gauge responsiveness of health systems as not only the clinical but also the non-clinical outcomes of care do influence the patients satisfaction.(1) Patients’ perceptions about health care systems seem to have been largely ignored by health care managers in developing countries. Patient satisfaction depends up on many factors such as: Quality of clinical services provided, availability of medicine, behavior of doctors and other health staff, cost of services, hospital infrastructure, physical comfort, emotional support, and respect for patient preferences. Mismatch
between patient expectation and the service received is related to decreased satisfaction. Therefore, assessing patient perspectives gives them a voice, which can make public health services more responsive to people's needs and expectations.

The present paper is based on an inclusive study conducted at the satisfaction of primary health care centers for patients in the Erode district, Tamilnadu, to measure patient satisfaction.

Objectives of the Study

1. To know the satisfaction level of patients among health care services provided by various primary health centers especially in Erode district.
2. To provide better ways and means for increasing the satisfaction level of patients towards better services and facilities.

Review of Literature

Albalushi et al. (2010) aimed to measure the satisfaction of clients on primary health care in Muscat and identified the factors affecting their satisfaction. The study concluded that primary health care were accepted as a suitable strategy for providing health care to the clients of urban health centers of Muscat and also the study recommended to other countries for use this as a choice for health care provision.

Alhashem et al. (2011) conducted a study in Kuwait. In order to identify factors affecting patient’s satisfaction at primary health care clinics. The study findings showed that there is a significant relationship of patient satisfaction with nationality of the patients and overall health status. Their results showed that non-Kuwaitis, particularly Asian’s, showed lower mean satisfaction score in comparison with Kuwaitis.

Leiyu Shi (2012) Primary care serves as the cornerstone in a strong healthcare system. However, it has long been overlooked in the United States (USA), and an imbalance between specialty and primary care exists. The objective of this focused review paper is to identify research evidence on the value of primary care both in the USA and internationally, focusing on the importance of effective primary care services in delivering quality healthcare, improving health outcomes, and reducing disparities. Literature searches were performed in PubMed as well as “snowballing” based on the bibliographies of the retrieved articles. The areas reviewed included primary care definitions, primary care measurement, primary care practice, primary care and health, primary care and quality, primary care and cost, primary care and equity, primary care and health centers, and primary care and healthcare reform. In both developed and developing countries, primary care has been demonstrated to be associated with enhanced access to healthcare services, better health outcomes, and a decrease in hospitalization and use of emergency department visits. Primary care can also help counteract the negative impact of poor economic conditions on health.

Merkouris et al. (2013) assessed medical and surgical patient satisfaction with nursing care in the public hospitals of Cyprus and explored its possible correlation with background factors. The study found that patients were more satisfied with the technical aspect of care and less satisfied with the provision of information and hospitalization and most particularly with food and resting time. The study concluded that nurses need to confirm great interest to give information and autonomy of the patients. In addition, an effort must be made to develop hospitalization services. Assessing patients’ satisfaction should be stable so as to reformulate the baseline and to be able to assess interventions and changes in nursing care provision.

Peprah (2014) stated some factors that play a vital role in patients’ satisfaction viz., the attitude of nurses towards patients, ability to propagate information to patients, the capacity to deliver
prompt service without wasting time, the availability of up-to-date equipment, ability of the hospital to render 24 hour services, detail information to the patients about their treatment and clearly explain the mistakes of the patients before giving treatment.

**Methodology**

Research methodology is a way to solve the research problems systematically. It may be identified as a science of studying how research is done systematically. It contains the overall research design, the sampling procedure, data collection method and analysis procedure. Cross sectional study was conducted for this work. This research is based on descriptive research design. The study used both primary as well as secondary data. The primary data was collected from the respondents of ten primary health centers out of seventy four primary health centers located in Erode district. The ten primary health centers were chosen randomly. Field survey method was employed to collect first hand information. For this purpose, a well structured questionnaire was used as a tool for collecting the pertinent data from the 75 sample respondents. The respondents were selected by using simple random sampling method from the select primary health centers. The questionnaire was prepared in their local vernacular language. Five-point Likert scale was employed for the area of satisfaction and it was re-coded as Highly Satisfied: 5, Satisfied: 4, Neutral: 3, Dissatisfied: 2, and Highly dissatisfied: 1. Then the mean value of all area was identified and they were ordered by new criteria. Chi-square test also applied for socio economic factors and P-value of less than 0.05 was considered as significant level.

**Results and Discussion**

Table – 1

<table>
<thead>
<tr>
<th>Services and Facilities</th>
<th>N</th>
<th>Minimum Score</th>
<th>Maximum Score</th>
<th>Mean</th>
<th>S.D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality in the treatment</td>
<td>75</td>
<td>1</td>
<td>5</td>
<td>3.49</td>
<td>1.25</td>
</tr>
<tr>
<td>Speed and ease in completing test</td>
<td>75</td>
<td>1</td>
<td>5</td>
<td>3.93</td>
<td>1.21</td>
</tr>
<tr>
<td>Ensure privacy and dignity of female patients</td>
<td>75</td>
<td>1</td>
<td>5</td>
<td>4.08</td>
<td>1.05</td>
</tr>
<tr>
<td>24 hours medical care service</td>
<td>75</td>
<td>1</td>
<td>5</td>
<td>4.14</td>
<td>1.06</td>
</tr>
<tr>
<td>Providing awareness about unknown diseases</td>
<td>75</td>
<td>1</td>
<td>5</td>
<td>3.38</td>
<td>1.29</td>
</tr>
<tr>
<td>Post treatment service</td>
<td>75</td>
<td>1</td>
<td>5</td>
<td>3.68</td>
<td>1.32</td>
</tr>
<tr>
<td>Availability of all kind of medicine</td>
<td>75</td>
<td>1</td>
<td>5</td>
<td>4.43</td>
<td>0.70</td>
</tr>
<tr>
<td>Professionalism in the treatment</td>
<td>75</td>
<td>1</td>
<td>5</td>
<td>3.72</td>
<td>0.83</td>
</tr>
<tr>
<td>Respecting ethics in service</td>
<td>75</td>
<td>1</td>
<td>5</td>
<td>3.95</td>
<td>1.19</td>
</tr>
<tr>
<td>Infrastructure and equipment facility</td>
<td>75</td>
<td>1</td>
<td>5</td>
<td>4.03</td>
<td>1.01</td>
</tr>
<tr>
<td>Cleanliness in the ward</td>
<td>75</td>
<td>1</td>
<td>5</td>
<td>4.16</td>
<td>0.98</td>
</tr>
<tr>
<td>Attention and medical care of the doctors</td>
<td>75</td>
<td>1</td>
<td>5</td>
<td>4.26</td>
<td>1.05</td>
</tr>
<tr>
<td>Rounds made by the doctor to meet admitted patients</td>
<td>75</td>
<td>1</td>
<td>5</td>
<td>4.01</td>
<td>1.19</td>
</tr>
</tbody>
</table>
It is seen from the above table that all the items were having ratings ranging from a minimum of 1 to maximum of 5. The average rating for all the items varied between 3 and 4. However, the item, “availability of all kind of medicine” is found to be the most satisfactory item among services and facilities offered by the primary health centers made by the respondent with the highest mean rating of 4.43. This shows that respondents agree on this item. All the other items had mean rating between 3 and 4 showing that the ratings for most of the items on average fall between, “neither satisfied and nor dissatisfied” and “satisfied”. The standard deviations of most of the items centered around one indicating that the variation in the responses varied between a minimum of 3 and maximum of 5 for most of the respondents.

In order to find the relationship between the select socio economic factors of the patients and their satisfaction among the services and facilities provided by the primary health care centers, a chi-square test was employed and the result of the test is shown in the Table.2. As to prove the significance of the hypothesis, null hypothesis and alternative hypothesis was framed.

Hypothesis

H₀: There is no significant relationship between age, gender, marital status, residential area, community, education, family members, income level of the patients and level of satisfaction among the services and facilities provided by the primary health centers.

H₁: There is a significant relationship between age, gender, marital status, residential area, community, education, family members, income level of the patients and level of satisfaction among the services and facilities provided by the primary health centers.
Table – 2
Socio Economic Factors and Patients Satisfaction on Services and Facilities of Primary Health Care Centers (Chi-square test)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Calculated Value of $\chi^2$</th>
<th>Table Value of $\chi^2$</th>
<th>D.F</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>4.881</td>
<td>15.507</td>
<td>8</td>
<td>Not Significant</td>
</tr>
<tr>
<td>Gender</td>
<td>6.207</td>
<td>9.488</td>
<td>4</td>
<td>Not Significant</td>
</tr>
<tr>
<td>Marital Status</td>
<td>3.061</td>
<td>7.815</td>
<td>3</td>
<td>Not Significant</td>
</tr>
<tr>
<td>Educational Qualification</td>
<td>13.542</td>
<td>26.296</td>
<td>16</td>
<td>Not Significant</td>
</tr>
<tr>
<td>Community</td>
<td>8.664</td>
<td>21.026</td>
<td>12</td>
<td>Not Significant</td>
</tr>
<tr>
<td>Occupation</td>
<td>29.365</td>
<td>31.410</td>
<td>20</td>
<td>Not Significant</td>
</tr>
<tr>
<td>Type of Family</td>
<td>3.395</td>
<td>9.488</td>
<td>4</td>
<td>Not Significant</td>
</tr>
<tr>
<td>Income</td>
<td>11.873</td>
<td>21.026</td>
<td>12</td>
<td>Not Significant</td>
</tr>
<tr>
<td>Residential Position</td>
<td>9.007</td>
<td>15.507</td>
<td>8</td>
<td>Not Significant</td>
</tr>
</tbody>
</table>

It is highlighted from the Table.2 that the calculated chi-square value is less than the table value for factors viz., age, gender, marital status, educational qualification, community, occupation, type of family, income and residential position and the results of the chi-square test is not significant at 5% level. Hence, the null hypothesis ($H_0$) is accepted and the alternative hypothesis ($H_1$) is rejected. The hypothesis, age, gender, marital status, educational qualification, community, occupation, type of family, income and residential position of the respondents and their level of satisfaction among the services and facilities provided by the primary health care centers” are associated, does not hold good. From the analysis, it is identified that there is no close relationship between age, gender, marital status, educational qualification, community, occupation, type of family, income and residential position of the respondents and their level of satisfaction among the services and facilities provided by the primary health centers.

Suggestions

Due to importance of patients’ feedback, it can be implemented in primary health centers. It is necessary to identify the problems of patients that need to be resolved in improving the health services.

1. Food facilities with good quality should be provided to the patients. It helps to maintain diet condition of patients during the time of hospitalized.
2. Most of the respondents are opined that they are neither satisfied nor dissatisfied on infrastructure and equipment facilities. So the efforts also needed to develop infrastructure and equipment facilities in primary health centers.
3. The non availability of medicines should be avoided with pre-plan in primary health centers and it makes patients to avoid buying from outside medical shops with high cost.
4. Doctors and nurses’ behavior has the largest effect on patients’ satisfaction. So they should mind it at the time of giving treatment and taking care during the time of hospitalized.
5. Periodical assessment is essential to prove the standard of quality of services. At the earlier, the policy makers should set up the standard for primary health center.
6. A health awareness programme can be conducted in rural areas and sufficient information should be provided to the illiterates and rural people on the most communicable diseases.
7. Cleanliness of the ward, bed, bed sheets and pillow covers should be confirmed by the chief doctor in time at primary health center.

Conclusion

Patient satisfaction is an important measure of health care. Most of the patients are satisfied with services and facilities provided by primary health care centers. Yet, there are some shortfalls in cleanliness and availability of medicines. The study mainly focused the level of satisfaction of patients towards services and facilities provided by primary health care centers. Because, the most crucial challenge of health care sector is to provide better services to the patients and to ensure an exclusive standard for quality. The policy makers should take necessary step to solve the patients’ problems with providing more satisfaction and to retain them with primary health center. Gender, age and residential area of the patients were identified to have a significant relationship with patient satisfaction. It is useful to understand that there are some opportunities for improving health care services.

References