

Utilizers' Satisfaction with Health Care Services Provided By New Damietta General Health Center

Omar Omar Zidan

Public Health and Community Medicine Department,
Damietta Faculty of Medicine, Al- Azhar University

ABSTRACT

Utilizers' satisfaction is a multifaceted and a very challenging outcome to define. Patient expectations of care and attitudes greatly contribute to satisfaction. Other psychosocial factors, including pain and depression, are also known to contribute to utilizer's satisfaction scores. **Objectives:** Were to assess the utilizers' satisfaction with health care services provided by New Damietta Health Center and to determine health care providers' opinions about the causes of the users satisfaction from their points of view and how to improve it. **Methods:** A cross sectional study was conducted on the attendants of New Damietta General Health Center. The study included 130 health care utilizers and 49 health care providers from first of April to end of June 2014. Data collection was performed by an interview questionnaire. **Results:** The results showed that out of 130 health care utilizers, 96 (73.8%) were females, 91 (70.0%) were in the age group 19-45 years, and the overall rating of services as reported by the users was 62.46%. About half (46.2%) of the respondents reported that they had a good care at the center. While, a minority (3.8%) recorded that the center's services were poor. The users illustrated that the health care services and health care providers were the best items in the center, 53.9% and 46.0%, respectively. The cheap services were considered the commonest cause of satisfaction as reported by 47.9% of females and 53.0% of males. While, drug deficiency was the commonest cause of dissatisfaction as mentioned by 73.0% of females and 55.9% of males. **Conclusion:** The majority of our respondents were relatively satisfied regarding different aspects of care. However, still there are many efforts (e.g. drug adequacy) needed for improvement of patient satisfaction. **Recommendation:** Health authorities should paid attention to overcome causes related to utilizers' dissatisfaction as drug unavailability.

Key words: Satisfaction, utilizers, health center and New Damietta.

INTRODUCTION

Utilizers' satisfaction is better defined as utilizers' emotions, feelings, and their perception of delivered health care services.⁽¹⁾ On the other hand, other authors' defined utilizers' satisfaction as a degree of congruency between patient expectations of ideal care and their perceptions of real care received.⁽²⁾ Historically, patients place great value on the physician-patient interaction. While, physicians have focused on technique and objective outcomes as measures of patient satisfaction. Improving utilizer-physician communication has been shown to be the key in improving patient satisfaction. Utilizers-physician communication can be challenging, but presents a tremendous opportunity for improvement.⁽³⁾

The "First Law of Service" provides a useful, simple mathematical model of satisfaction. The formula for this model is Satisfaction equal Perception in relation to Expectation. If a patients' perception of their hospital experience meets or exceeds the expectation, there will be a corresponding

degree of satisfaction. However, if the perception does not meet the expectation, there will be resulting dissatisfaction. Appropriate discussions are necessary to address the patient's concerns and priorities, due to the distinct differences that exist between patients and physician regarding expectations and outcomes. Ultimately, when patient expectations are met, patients are more satisfied and have better outcomes.⁽⁴⁾ Research of patient satisfaction in advanced as well as developing countries has many common and some unique variables and attributes that influence overall patient satisfaction.⁽²⁾

Generally, health care uses the Serv-Qual process in determining patient satisfaction scores. Serv-Qual, short for service quality, is the "most complete attempt to measure quality". Serv-Qual was originally measured on 10 aspects of service quality: reliability, responsiveness, competence, access, courtesy, communication, credibility, security, understanding the customer and tangibles. It measures the gap between

customer expectations and experience.^(5,6) Patient assessment of satisfaction has strong correlation with the physician's interpersonal skills and less with whether or not the physician met the expectation of diagnosis and therapy.⁽⁷⁾

The objectives of this study are to assess the utilizers' satisfaction with health care services provided by New Damietta Health Center and to determine health care providers' opinions about the causes of the users' satisfaction and dissatisfaction from their points of view and how to improve the satisfaction.

METHODOLOGY

Study population

This research is basically a descriptive study based on a cross sectional approach. It was conducted among health services utilizers in New Damietta Health Center at year 2014. A total of 130 utilizers attending the center from the first of April to the end of June 2014 were included in the study in addition to all the health service providers (49) in centers at the time of study.

Data collections and tools

An interview questionnaire included questions about demographic characteristics, ease of getting care, waiting time, time spent on examination, courtesy and competence of the health care providers, cost of health services, facilities at health care center, confidentiality (privacy during examination), if the center is the usual source of care to patients, the best and the worst items in the center, overall rating of care and their recommendations. The validity of the questionnaire was established by basing it on literature reviews of issues related to the topic, the experience of the researcher and consultation with experts working in this field.

Sampling

The sample included:

I – Health services utilizers

One hundred and thirty utilizers were selected after service provision. Systematic sample technique was used, every third patient was interviewed. The data collection was two days/week for three months.

Clarification of points related to presentation of users satisfaction

- The type of rating scales selected was the quality scale. Response format of excellent (5), very good (4), good (3), fair (2) and poor (1).
- The mean percentage score was calculated by multiplying the "excellent" column by 5, "very good" column by 4, "good" column by 3, "fair" column by 2 and "poor" column by 1. Then assuming the resulting figures. After that, dividing the sum by the total number of respondents (130). The resulting figure (which may range between 1 and 5) then divided by 5 and multiplied by 100 to convert the score into percent for meaningful presentation.⁽⁸⁾

II - Health services providers

All the health service providers (49) in the studied center at the time of study whether medical (physicians, pharmacist, and nurses) or paramedical (laboratory technicians) were interviewed and asked about the causes of the utilizers' satisfaction and dissatisfaction from their points of view and also, asked to give their opinions to improve the utilizers' satisfaction.

Pilot study

A pilot study was conducted on 10 utilizers (included in the total number) in order to test the questioner to insure its suitability for data collection (the piloted questioner was suitable so no corrections were made). The data were collected by an interview questionnaire for the utilizers and a self-administrated one for the health care providers. The questioner took approximately 10 minutes to be completed.

Ethical considerations

All participants were asked to complete a questionnaire designed to assess their satisfaction and they informed that the participation was purely voluntary and no names or IDs were asked for. And they told that the data, which will obtain from the present study, will be in private consideration and for scientific purpose only. Formal consents was also, obtained from the health care center directorate before data collection, aims and methodology of the study were also explained before conducting the field work.

Data analysis

Statistical analysis of data was performed including coding, entering, sorting, and statistical manipulated by Microsoft office 2010 and statistical analysis program SPSS (Statistical package for social studies) version 21 (IBM Inc., Chicago, Illinois, USA). For categorical variable, the number and percentage were calculated. Analytical statistics was also used, chi square (χ^2) was calculated. Differences were considered statistically significant at P value < 0.05.

RESULTS

The sample was randomly chosen (130 health care utilizers) from those receiving health care services at New Damietta Health Care Center. The majority (70%) of utilizer's age was between 15-49 years and nearly three quarters (73.8%) of them were females. The majority of them (80.70%) had visited the center 1-4 times in the last 12 month, while 15.4% of cases had visited the family planning clinic, 34.60% had visited the family medicine clinic, and 23% had visited the laboratory and the other clinics e.g. emergency and dental units were visited by 27% of the utilizers. Majority (81.60%) of the utilizers had no difficulty in accessibility. While, 65.4% of them considered the center is the usual source of care. As regard waiting time for receiving the services, waiting time <15 minutes was mentioned by 78.5% of the users. Concerning, time spent in examination, 39.70% of cases spent 5-9 minutes in examination, 33.5% of them spent <5minutes, while 26.8% spent more than 10 minutes in examination (**table 1**).

The overall rating of services as reported by the users was 62.46%. About half (46.2%) of them reported that they had a good care at the center. A minority (3.8%) of respondents recorded that the center's services were poor. Most patients were satisfied regarding the following aspects of care, which had the highest mean percent score (in descending order) e.g. confidentiality 95.23%, courtesy of the center staff 82.61%, staff competence 82.30%, health care process as whole 81.43%, suitable cost of services 80.79%, time spent in examination 80.15% finally, facilities and equipments 73.53% (**table 2**).

As regard the best items they illustrated that the health care services and health care providers were the best items (53.9% and 46.0%, respectively). Concerning the worst items they reported that the cost of the services and hygiene is the worst items (46.2% and 30.8%) respectively (**table 3**). Regarding causes of satisfaction from utilizer's point of view, a cheap service was the commonest cause of satisfaction as reported by 47.9% of females and 53.0% of males (with no statistical significant difference). Concerning causes of dissatisfaction, the drug deficiency was the commonest cause as mentioned by 73.0% of females and 55.9% of males (with no statistical significant difference). As regard opinions of the utilizers to improve their satisfaction; drug adequacy was the commonest recommendation either by males or females (69.8% of females and 50.0% of males) (with a statistically significant difference) (**Table 4**). Regarding causes of patient's satisfaction from providers point of view, cheap services was the commonest cause of the user's satisfaction as reported by 64.7% of physicians and pharmacists but the proper care was the commonest one as reported by 50.0% of the nurses and technicians (with no statistical significant difference). As regard causes of utilizers dissatisfaction, defect in drugs was the main cause of patient's dissatisfaction as reported by 76.6% of physicians and pharmacists and 72.0% of nurses and technicians (with no statistical significant difference). Concerning opinions of the providers to improve patients' satisfaction; increasing the resources was the most common recommendation by doctors and pharmacists as 47.1% of them recommended by increasing the resources (material, manpower, and money) but drug adequacy was the most common recommendation by the nurses and technicians as 53.1% of them recommended by increasing the amount of the drugs (with no statistical significant difference) (**Table 5**).

DISCUSSION

Measuring utilizer's satisfaction has it's greet impacts on quality improvement of care. Utilizers' evaluation of care is a realistic tool to provide opportunity for improvement, enhance strategic decision making, reduce cost, meet patients' expectations, frame

strategies for effective management, monitor healthcare performance of health plans and provide benchmarking across the healthcare institutions. In addition, due to the tendency of healthcare industries to concentrate on patient-centered care; patient satisfaction reflects patients' involvement in decision making and their role as partners in improving the quality of healthcare services.⁽⁹⁾

David et al.⁽¹⁰⁾ also, deemed the significant correlation between measuring patient satisfaction and continuity of care where the satisfied patients tend to comply with the treatment and adhere to the same healthcare providers.

Most of the studied respondents were females as they came regularly for family planning clinic, antenatal care and postnatal follow up and with their ill children for family medicine clinic. In addition, the morning clinic is not suitable for working males so males represent relatively small percent. More than two thirds of cases were in the age group 15-49 years and this can be explained as females in childbearing period usually need variable health care services. The majorities of cases consider the center is the main source of care and has no difficulty in accessibility to the center and so they frequently visit it to receive the services. Utilizers' satisfaction was significantly more positive among long term patient than among first-time patients as mentioned by *Bergopher et al.*⁽¹¹⁾.

Our results showed high level of utilizers' satisfaction about the different aspects of care specially privacy during examination, courtesy and competence of the staff and also, were satisfied about health care process as a whole. This result may be explained by that, a lot of effort has been done lately from the government specially MOHP to improve quality of health care services with special emphasis on the field of family health by different strategies e.g. training courses of family health physician. This finding in agreement with the study done by *Taman*⁽¹²⁾ to assess the quality of outpatient services in Tanta university outpatient clinics and founded that, aspects of user's satisfaction were courtesy of doctors 71.07%, competence of doctors in diagnosis and treatment 69.9%, courtesy of nurses 57.4%. Also similar findings were reported by *Gurdal et al.*⁽¹³⁾ in Turkey where they mentioned, the most important component of users satisfaction

founded was the relationship between the doctors and patients.

The majority of health care utilizers illustrated that the services and health care providers were the best items in the center. This may be referred to the great efforts done by the healthcare policy makers and health care providers to improve the quality of care. On the other hand, considerable percent of them reported that the cost of the services and hygiene is the worst items. And this may be referred to; some poor patients may consider the cost of services may be expensive for them. And the hygiene in the center may be needs more care and health education to workers and utilizers to avoid bad health habits during waiting and in water closet.

Cheap services were the commonest cause of satisfaction as reported by the majority of utilizers of the center. This may be explained as, the ministry of health makes reasonable and accepted cost for tickets and investigations to decrease economic burden on the people and as a part of health assurance umbrella. On the other hand, drug deficiency was the commonest cause of dissatisfaction as mentioned by great percent of them. Patients in the sample considered treatment and drug list are the worst because drug list doesn't cover all medication needed for treatment of patients plus recurrent shortage in the amount of the already listed drugs so patients have to buy their medications from private pharmacies depending on their own money.

The vision of health care providers regarding causes of patient's satisfaction and dissatisfaction also agree with utilizers reasons.

Also, this study revealed the utilizer's opinion, where the drug adequacy was the first ranked recommendation as recommended by approximately two thirds of female and half of males followed by decreasing the cost of services. *Zastowny et al.*⁽¹⁴⁾ summarized the items of users' satisfaction into: Satisfaction regarding the quality of care, delivery of services and efficacy of services, Satisfaction regarding patient- provider interaction and Satisfactions regarding the needs of special population like low income (more medication). This may coordinate with that found by *Hammouda*,⁽¹⁵⁾ as she noticed that 96.9% of the user's attending to outpatient clinic recommending by increasing medications.

As regard opinion of the health care providers to improve utilizer's satisfaction, increasing the resources was the most common recommendation by doctors and pharmacists. This may be due to; they are frequently suffering from the shortage in resources and equipments. While, drug adequacy was the most common recommendation by the nurses and technicians. This also coordinated with which was said by the users and should be taken in consideration because, the health care providers are the most closely persons to the health services utilizers, react daily with them and they can feel what are satisfy and dissatisfy them. So they considered an essential pillar in assessment of patients' satisfaction.

CONCLUSION & RECOMMENDATION

The majority of our respondents were relatively satisfied regarding different aspects of care. However, still there are many efforts (e.g. drug adequacy) needed for improvement of patient satisfaction. From our results, we recommend health authorities should paid attention to overcome causes related to utilizers' dissatisfaction as drug unavailability, treatment costs, hygiene and improving facilities, and equipments.

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Table (1): Distribution of the utilizers according to age, gender, number and cause of visits, difficult accessibility, if the center the usual source of care, waiting time, and time spent in examination

Variables	No. (130)	%
Age		
< 15 years	13	10.0
15-49 years	91	70.0
> 49 years	26	20.0
Gender		
Female	96	73.8
Male	34	26.2
Number of visits in the last 12 month		
1-4	105	80.7
5+	25	19.3
Cause of visit		
Family planning	20	15.4
Family medicine	45	34.6
Lab investigations	30	23.0
Other causes	35	27.0
Difficult accessibility		
Yes	24	18.4
No	106	81.6
Is the center the usual source of care?		
Yes	85	65.4
No	45	34.6
Waiting time		
< 15 minutes	102	78.5
15-29 minutes	17	13.0
30-60 minutes	11	8.5
Time spent in examination		
< 5 minutes	43	33.1
5-10 minutes	52	40.0
> 10 minutes	35	26.9

Table (2): Distribution of the utilizers' rating about different aspects of satisfaction

Aspects of Satisfaction	Excellent (5)		Very good (4)		Good (3)		Fair (2)		poor (1)		% score
	No	%	No	%	No	%	No	%	No	%	
Courtesy of the staff	67	51.54	32	24.62	14	10.77	15	11.54	2	1.54	82.61
Ease of getting care	60	46.15	50	38.46	20	15.38	0	0.0	0	0.0	86.15
Waiting time for service	19	14.62	36	27.69	49	37.69	23	17.69	3	2.31	66.92
Time spent in exam.	49	37.69	46	35.38	22	16.92	13	10.00	0	0.00	80.15
Healthcare process	57	43.85	40	30.77	19	14.62	13	10.00	1	0.77	81.43
Staff competence	61	46.92	36	27.69	20	15.38	13	10.00	0	0.00	82.30
Cost of services	52	40.00	42	32.31	25	19.23	11	8.46	0	0.00	80.79
Confidentiality	108	83.08	16	12.31	3	2.31	3	2.31	0	0.00	95.23
Facilities & equipments	36	27.69	47	36.15	18	13.85	27	20.77	2	1.54	73.53
Overall rating of care	17	13.1	20	15.4	60	46.2	28	21.5	5	3.8	62.46

Table (3): Utilizers' opinion about the best and worst items in the center

Opinion about	Staff		Services		Cost		Appointment		Follow up		Hygiene	
	No	%	No	%	No	%	No	%	No	%	No	%
The best item	60	46.2	70	53.9	0	0.00	0	0.00	0	0.00	0	0.00
The worst item	0	0.00	15	11.5	60	46.2	0	0.00	15	11.5	40	30.8

Table (4): Causes of the utilizers' satisfaction and dissatisfaction according to their gender and how to improve satisfaction

Variables	Female No. (96)		Male No. (34)		χ^2	P
	No	%	No	%		
Causes of satisfactions						
Cheap services	46	47.9	18	53.0	4.44	0.80
Proper care	38	39.6	13	38.2		
Others	12	12.5	3	8.8		
Causes of dissatisfactions						
Drug deficiency	70	73.0	19	55.9	3.76	0.15
Long waiting time	15	15.6	10	29.4		
Others	11	11.4	5	14.7		
How to improve dissatisfactions						
Drug adequacy	67	69.8	17	50.0	8.72	0.013*
Decreasing cost of services	12	12.5	12	35.3		
Others	17	17.7	5	14.7		

*significant

Table (5): Causes of the utilizers' satisfaction and dissatisfaction from providers' point of view in relation to provider's jobs and how to improve satisfaction

Variables	Physicians and pharmacists No (17)		Nurses and technicians No (32)		χ^2	P
	No	%	No	%		
Causes of satisfactions						
Cheap services	11	64.7	14	43.7	3.28	0.194
Proper care	4	23.5	16	50.0		
Others	2	11.8	2	6.3		
Causes of dissatisfactions						
Drug deficiency	13	76.6	23	72.0	1.06	0.588
Long waiting time	2	11.7	7	21.8		
Others	2	11.7	2	6.2		
How to improve dissatisfactions						
Increases resources	8	47.1	9	28.1	1.91	0.385
Drug adequacy	6	35.2	17	53.1		
Others	3	17.7	6	18.8		