

ASSESSMENT OF PRIMARY HEALTH CENTER SERVICES AND CLIENT'S SATISFACTION

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Abstract

Patients' satisfaction is a valuable tool to assess the quality service of primary health care hospital. The study aimed at assessing the satisfaction level of patients among health care services provided by various primary health centers. Cross-sectional study was conducted in the study. The primary data was collected from the respondents of ten primary health centers out of seventy four primary health center 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 300 sample respondents. The respondents were selected by using simple random sampling method from the select primary health centers. The result indicated that the facility '24 hours medical care service' is found to be the most satisfactory item among the various services and facilities offered by the primary health centers made by the respondents with the highest mean rating of 4.46. The study concluded that the policy makers should take necessary steps to solve the problems of patients with providing more satisfaction and to retain them with primary health center.

Keywords:

Satisfaction, Patients, Health Care, Service, Retain

1. 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 [1]. 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 [2]. 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 [3]. 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. Providing high quality of patient care is always prime goal of hospital. Nowadays, hospital exists to achieve its goal. Customers' expectations of services are influenced by various intrinsic factors which are helpfulness, efficiency, reliability, confidence and personal interest. They manipulate the response of the hospital staff to the patients and their relatives.

Intrinsic factors are liable to training. They can be enhanced by training when the performance does not accomplish the set standards. Accordingly, external factors exist. These are the exterior reasons given by the employee. They include media influence, experience of others and contribute to customers expectations [4].

2. NEED FOR THE STUDY

The success and failure of any hospital mainly depends on the satisfaction of the patients on various health care services provided. Satisfaction of patients is a combination of physiological, psychological and other health care factors that make a customer to feel happy. Satisfaction of patients has been considered as a state where patients articulate their thoughts, prepares to go for same health care centre more number of times, accept the services and promote the goodwill and image of the hospital more happily [5]. The views of patient become a most important tool in the process of controlling and improving healthcare services [6] and patient satisfaction is positively related with health service which may cause to increase medical tourism industry [7]. Health care is a basic need of the human being. Providing healthcare is a responsibility of state through adequate health care centers to prevent from common and fetal diseases [8]. The perception and measuring service quality and patients' satisfaction as realized by the patient is evenly important to health care deliverance because it is a concept essential to the provision of a better and more focused quality service for patients. In order to attain this, it is clearly essential to capture information on needs, expectations and perceptions of patient so as to appraise their satisfaction among the service they receive. It helps to health professionals for identifying where the improvement of services is needed [9]. Mismatch between the expectation of patients and services they received from health care organization are related to decreased satisfaction [10]. So, assessing the perspective of patients gives them a voice and it helps to make more responsive public health services to the people's expectations and needs [11], [12].

3. STATEMENT OF THE PROBLEM

In all developed and developing countries, public hospitals are not satisfactory in providing health care services. Particularly in developing countries, a huge population lives in rural areas and they are suffered by lot of diseases due to low diet, lack of education, unhygienic living conditions and some other reasons. They are not able to go to cities for their better health condition. It is commonly believed that the poor services are provided by public sector hospitals and it is mismanaged due to lack of responsiveness, absence of empathy, insufficient medicines,

insufficient infrastructure facilitates and lack of responsiveness. There is no public trust confidence in government hospitals. Most of the patients of government hospitals are socially deprived, poor, ignorant are vulnerable part of society. The majority of the patients are not having additional savings to fulfill their medical emergencies [8].

4. 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.

5. 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 [13]. 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 [14]. 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 [15].

It is obvious to note that many researchers have attempted to conduct the research on satisfaction of patients towards primary health center at national and international level. None of the

studies have highlighted specifically, the issues faced by the patients and their satisfaction on facilities provided by primary health center in Tamilnadu especially Erode district at macro level. The acute poverty and lack of employment opportunities in rural areas forced them to go for government hospitals for their illness. This study mainly focuses on the satisfaction of patients towards primary health center on various dimensions such as social, economic and psychological aspects.

6. 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 [16]. 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 300 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 dis-satisfied: 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.

7. RESULTS AND DISCUSSION

The respondents were asked to indicate their opinion in the five point scale for the satisfaction items, arranged as strongly agree, agree, neither agree nor disagree, disagree and strongly disagree. The ratings for each item were assigned as strongly agree-5, agree-4, neither agree nor disagree-3, disagree-2 and strongly disagree-1. The rating on a particular item indicates that the respondent is more in agreement on that particular item. The descriptive statistics mean, S.D, minimum and maximum were found out for each item and are tabulated in the table given below.

Table.1. Client's Satisfaction on Services and Facilities of Primary Health Centers

Services and Facilities	N	Minimum	Maximum	Mean	S. D
24 hours medical care service	300	1	5	4.46	0.827
Providing awareness about unknown diseases	300	1	5	3.68	0.928
Post treatment service	300	1	5	3.59	1.089

Availability of all kind of medicine	300	1	5	3.48	1.143
Professionalism in the treatment	300	1	5	3.42	1.212
Respecting ethics in service	300	1	5	3.48	1.083
Infrastructure and equipment facility	300	1	5	3.56	1.118
Cleanliness in the ward	300	1	5	3.39	1.066
Attention and medical care of the doctors	300	1	5	3.53	1.052
Rounds made by the doctor to meet admitted patients	300	1	5	3.52	1.126
Waiting time for medication and tests	300	1	5	3.55	1.073
Availability of the sweepers and nurses	300	1	5	3.50	1.071
Basic amenities in PHC	300	1	5	3.66	1.121

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 '24 hours medical care service' 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 4.46. 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 clients and their satisfaction among the services and facilities provided by the primary health 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.

7.1 HYPOTHESIS

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

Alternative Hypothesis (H1): There is a significant relationship between age, gender, marital status, residential area, community, education, family members, income level of the clients and level of satisfaction among the services and facilities provided by the primary health centers.

Table.2. Socio Economic Factors and Client's Satisfaction on Services and Facilities of Primary Health Centers (Chi-square test)

Factor	Calculated χ^2 Value	Table value	D.F	Remarks
Age	7.513	5.991	2	Significant
Gender	4.369	3.841	1	Significant
Community	6.806	9.488	4	Not Significant
Education	2.324	5.991	2	Not Significant

Residential area	10.760	10.597	2	Significant
Family size	1.037	5.991	2	Not Significant
Occupation	1.538	7.815	3	Not Significant
Income	1.115	5.991	2	Not Significant

It is highlighted from the Table.2 that the calculated chi-square value is greater than the table value for three factors viz., age, gender and residential area and the results of the chi-square test is significant at 1% and 5% level. Hence, the null hypothesis (H0) is rejected and the alternative hypothesis (H1) is accepted. The hypothesis, "Age, gender and residential area of the respondents and the level of satisfaction among the services and facilities provided by the primary health centers" are associated, holds good. From the analysis, it is identified that there is a close relationship between age, gender and residential area of the respondents and the level of satisfaction among the services and facilities provided by the primary health centers. On the other hand, the calculated chi-square value is lesser than the table value for five factors viz., community, education, family size, occupation, income and the results of the chi-square test is not significant at 5% level. Hence, the null hypothesis (H0) is accepted and the alternative hypothesis (H1) is rejected. The hypothesis, "Community, education, family size, occupation and income of the respondents and their level of satisfaction among the services and facilities provided by the primary health centers" are associated, does not hold good. From the analysis, it is identified that there is no close relationship between Community, education, family size, occupation and income of the respondents and their level of satisfaction among the services and facilities provided by the primary health centers.

8. SUGGESTIONS

Due to importance of patient's 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.

9. CONCLUSION

Patient satisfaction is an important measure of health care. Most of the patients are satisfied with services and facilities provided by primary health 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 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

- [1] Iftikhar Ahmad, Allah Nawaz and Sirajud Din, "Dynamics of Patient Satisfaction from Health Care Services", *Gomal Journal of Medical Sciences*, Vol. 9, No. 1, pp. 37-41, 2011.
- [2] G. U. P. Iloh, J. N. Ofoedu, P. U. Njoku, G. O. C. Okafor, A. N. Amadi and E. U. Godswill-Uko, "Satisfaction with Quality of Care Received by Patients without National Health Insurance Attending a Primary Care Clinic in a Resource-Poor Environment of a Tertiary Hospital In Eastern Nigeria in the Era of Scaling up the Nigerian Formal Sector Health insurance Scheme", *Annals of Medical and Health Sciences Research*, Vol. 3, No. 1, pp. 31-37, 2013.
- [3] Yousef Hamoud Aldebasi and Mohamed Issa Ahmed, "Patients Satisfaction with Medical Services in the Qassim Area", *Journal of Clinical and Diagnostic Research*, Vol. 5, No. 4, pp. 813-817, 2011.
- [4] T. Sreenivas and Nethi Suresh Babu, "A Study on Patient Satisfaction in Hospitals (A Study on Three Urban Hospitals in Gundur District, Andhra Pradesh)", *International Journal of Management Research and Business Strategy*, Vol. 1, No. 1, pp. 101-118, 2012.
- [5] D. Rama Mohan and Kanagaluru Sai Kumar, "A Study on the Satisfaction of Patients with Reference to Hospital Services", *Zenith International Journal of Business Economics and Management Research*, Vol. 1, No. 3, pp. 15-25, 2011.
- [6] Judith E. Arnetz and Bengt B. Arnetz, "The Development and Application of a Patient Satisfaction Measurement System for Hospital-Wide Quality Improvement", *International Journal of Quality Health Care*, Vol. 8, No. 6, pp. 555-556, 1996.
- [7] Navid Fatehi Rad, Ahmad Puad Som and Yuserrie Zaimuddin, "Service Quality and Patients' Satisfaction in Medical Tourism", *World Applied Sciences Journal*, Vol. 10, pp. 24-30, 2010.
- [8] Jahida Abro and Amanat Ali Jalbani, "Health care Facilities and Patients Satisfaction: A Case Study of Civil Hospital, Karachi", *Interdisciplinary Journal of Contemporary Business Research*, Vol. 4, No. 1, pp. 781-799, 2012.
- [9] Augustine Awuah Peprah and Bede Akorige Atarah, "Assessing Patient's Satisfaction Using SERVQUAL Model; A Case of Sunyani Regional Hospital, Ghana", *International Journal of Business and social Research*, Vol. 4, No. 2, pp. 133-143, 2014.
- [10] R. McKinley and C. Roberts, "Patient Satisfaction with Out of Hours Primary Medical Care", *Quality Health Care*, Vol. 10, No. 1, pp. 23-28, 2001.
- [11] World Health Organisation, "*The World Health Report 2000-Health Systems: Improving Performance*", Geneva: World Health Organisation, 2000.
- [12] Krishna. Dipankar Rao, David H. Peters and Karen. Bandeen-Roche, "Towards Patient-Centered Health Services in India- A Scale to Measure Patient Perceptions of Quality", *International Journal of Quality Health Care*, Vol. 18, No. 6, pp. 414-421, 2006.
- [13] Rima M Albalushi, Mohammad-Reza Sohrabi and Ali-Asghar Kolahi, "Clients' Satisfaction with Primary Health Care in Muscat", *International Journal of Preventive Medicine*, Vol. 3, No. 10, pp. 713-717, 2010.
- [14] Anastasios Merkouris, Angelki Andreadou, Evdokia Athini, Maria Hatzimbalasi, Michalis Rovithis and Evridiki Papastavrou, "Assessment of Patient Satisfaction in Public hospitals in Cyprus: A descriptive Study", *Health Science Journal*, Vol. 7, No. 1, pp. 28-40, 2013.
- [15] Augustine Awuah Peprah, "Determinant of Patients Satisfaction at Sunyani Regional Hospital, Ghana", *International Journal of Business and Research*, Vol. 4, No. 1, pp. 96-108, 2014.
- [16] P. Mohanraj and L. Manivannan, "Occupational Stress among Migrated Workers in Unorganised Sectors", *International Journal of Research in Management and Technology*, Vol. 3, No. 1, pp. 13-20, 2013.