

Outpatient Satisfaction with Health Centers in Urban Areas

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Abstract: Objective: The purpose of this study was to estimate the level of patient satisfaction with health center services and related factors.

Methods: This study was performed on eight randomly selected health centers in urban areas of Ankara and Konya by interviewing patients who were about to go home after examination. The questionnaire consisted of demographic data and a four-point rating scale of 13 items measuring the satisfaction of outpatients. The chi-square test was used to assess differences in proportions.

Results: Satisfaction score was 3.11 ± 0.41

and 70% of the patients were satisfied with the patient care of health centers. The level of satisfaction was related to educational level and age. The ratio of satisfaction was very high regarding the courtesy of physicians and nurses, but was the lowest with regards to technical adequacy. In general, outpatients were satisfied with health centers, and described them as humane.

Conclusion: The complaints of patients should be taken into consideration by the administration and staff of health centers.

Key Words: Satisfaction, outpatient, health center, urban

Introduction

Patient satisfaction is deemed an important outcome measure for health services (1). In addition, the health care industry defines quality by attending to consumer satisfaction (2). Researchers need to go beyond the identification of socio-demographic and institutional variables associated with satisfaction (3,4). Patient satisfaction varies from country to country, and its content also depends on many patient characteristics such as age, gender, educational level and socio-economic status (5). Moreover, the determination of satisfaction includes methodological difficulties (6,7).

Satisfaction surveys aim to identify the ways and terms in which patients perceive health services (1). These studies allow community voices to be heard and affirm the importance of their experience for health care planning (8).

Some causes of the increasing importance given to patient satisfaction include attaching importance to the views of citizens because of consumerism and democratic values, and being influenced by the advice of friends or relatives about preferred physicians or hospitals (5). It is understood that it is impossible to talk about qualified utility without patient satisfaction.

There are some expectations of patients. For example, they want a wider range of services to be easily available and they seek to be listened to about their demands for health care. However, patients often report that they express their views to members of primary care teams but are ignored (9). If patients were given information about their condition and about how to look after themselves in future, it would help patients assume greater responsibility for their health (10).

It was reported that patient satisfaction is influenced by communications, cost, continuity of service and providers, physical environment of clinic, humanity, information, time spent on patient, technical quality, official procedures, doctor's gender and nursing care (3,8,11-16). It was reported that waiting for long periods, having no alternative appointment and possessing insufficient information are the sources of dissatisfaction in outpatient clinics (12,17,18). Additionally, an important determinant of adolescents' satisfaction with their health care is provider behavior (19).

There are a wide variety of methods available for measuring patient satisfaction, including both qualitative and quantitative approaches (20). Patient satisfaction

could have been appraised by using a number of methods such as interviews, self-completed questionnaires, telephone surveys, observations and comment cards some of which have advantages over the others and some of which complement each other; however, the use of closed questionnaires is practical (14,16,20-22).

Research data related to patient satisfaction with health centers is scarce. A search of Medline, Turkish Medline and the Turkish Medical Index (manually) identified some studies conducted on patients from university hospitals in Turkey (23-25); however, no literature related to consumer opinion or outpatient satisfaction regarding primary health care centers in Turkey was found.

This study was performed to determine the level of outpatient satisfaction and related factors in health centers in Turkey.

Materials and Methods

A descriptive study of medical care satisfaction was carried out in primary health care centers (called "health center" by the Turkish Ministry of Health) (26) distributed in urban areas of Konya and Ankara, where the investigators live. The study, whose preliminary research was applied on a small sample in Ankara and presented at the sixth National Public Health Congress (27), was carried out on a large sample in these city centers.

Health centers are the basic healthcare units in Turkey. Health centers serve a population of 5,000-10,000 (up to 30,000 in city centers) and are staffed by a team consisting of a physician, nurse, midwife, health technician and medical secretary. The main functions of health centers are patient care without beds, the prevention and treatment of communicable diseases, immunization, maternal and child health services, family planning, public health education, environmental health, and the collection of statistical data concerning health (26,28).

Sample size was determined by using a formula for a confidence level of 95% and a power of hypothesis of 80%. It was suggested that the satisfaction ratio of outpatients who receive service from health centers is lower ($d = 0.10$) than the satisfaction ratio of outpatients (75%) who receive service from university hospitals

(23,24). The cluster effect was considered to be 2 because one cluster was included from each health center and independent variables taken into consideration can have three categories approximately. Thus, interviews with 576 patients were planned ($n = 96 \times 2 \times 3$). We considered it adequate to include patients who attended health centers on a specific day. A total of 574 patients were involved (parents were questioned if the patient was a child) on a randomly selected day during the second week of May 2001.

A questionnaire consisting of demographic data and a four-point Likert-scaled 13 items measuring the satisfaction of outpatients was developed by investigators to obtain the opinions of patients. The items measured concerned accessibility, humaneness, technical quality, courtesy of relations between patient and physician or health staff, and general satisfaction. The response scale included four categories, as in other studies (25,29,30), from very satisfied (4 points) to very dissatisfied (1 point).

Data were collected through by face-to-face interviews. Each subject who received outpatient services and was ready to leave the health center was interviewed by the co-investigators (Y.E.Ö. and F.K.) after seeing the physician.

The independent variables of the study are demographic features such as age, gender, marital status and education level. The dependent variables are satisfaction score with health center services and ratio of satisfaction.

All data were analyzed by computer. Satisfaction score was expressed as mean and standard deviation. Responses had to be 3 (satisfied) or 4 (very satisfied) to be classified as "satisfied", and 1 (very dissatisfied) or 2 (dissatisfied) to be classified as "dissatisfied". The chi-square test was used to compare the proportion of satisfied persons according to demographic features.

Reproducibility and internal consistency were presented as different aspects of reliability. Cronbach's reliability coefficient (α) was computed to define a level of internal consistency. In addition, the relationship between the general satisfaction score of patients and the average of all scores was computed by using Spearman's rank correlation coefficient because obtained points were in ordinal data.

Results

Interviewed patients (n = 574) were predominately female (68.3%). The ages of the patients were between 18 and 75 years (36 ± 14 yrs).

The mean of the satisfaction score was 3.11 ± 0.41 according to the four-point Likert scale for all patients who made use of a health center for outpatient medical care. The average scores of all patients for each item constituting satisfaction are shown in Table 1.

The ratio of patients satisfied with outpatient medical care from health centers was found to be 70.0%. This ratio was compared according to independent variables, though no relation was detected between the ratio of satisfaction and gender and marital status ($P > 0.05$). The ratio of satisfaction among elderly and illiterate subjects was found to be higher than for younger and educated subjects ($P < 0.01$, $P < 0.05$ respectively) (Table 2).

Table 1. Responses to questionnaire items (n = 574 respondents).

| Opinion | Mean score | Standard deviation |
|---|------------|--------------------|
| 1. Transport to health center | 2.98 | 0.69 |
| 2. Waiting time for examination | 3.01 | 0.63 |
| 3. Official procedures | 3.09 | 0.59 |
| 4. Humane nature of physician | 3.23 | 0.55 |
| 5. Listening to patient by physician | 3.46 | 0.77 |
| 6. Understanding mutually with physician | 3.39 | 0.74 |
| 7. Examination time | 2.93 | 0.66 |
| 8. Information given by physician | 3.24 | 0.83 |
| 9. Professional adequacy of physician | 3.51 | 0.71 |
| 10. Adequacy of equipment | 2.48 | 0.83 |
| 11. Attitude of nurse regarding humane nature | 3.16 | 0.58 |
| 12. Solution of health problem | 2.93 | 0.58 |
| 13. General satisfaction with service provided in health center | 3.05 | 0.54 |

Table 2. The satisfaction percentage of outpatients with health centers.

| Variables | n | Satisfied | | Dissatisfied | | χ^2 | P |
|--------------------|-----|-----------|-------|--------------|------|----------|-------|
| | | Number | % | Number | % | | |
| Gender: | | | | | | 2.14 | 0.144 |
| Male | 182 | 120 | 65.9 | 62 | 34.1 | | |
| Female | 392 | 282 | 71.9 | 110 | 28.1 | | |
| Age group: | | | | | | *11.91 | 0.003 |
| 18-39 | 334 | 236 | 70.7 | 98 | 29.3 | | |
| 40-59 | 172 | 108 | 62.8 | 64 | 37.2 | | |
| 60 and over | 68 | 58 | 85.3* | 10 | 14.7 | | |
| Marital status: | | | | | | 3.72 | 0.156 |
| Single | 100 | 64 | 64.0 | 36 | 36.0 | | |
| Married | 442 | 312 | 70.6 | 130 | 29.4 | | |
| Divorced | 32 | 26 | 81.3 | 6 | 18.8 | | |
| Educational level: | | | | | | *6.75 | 0.034 |
| Illiterate | 68 | 56 | 82.4* | 12 | 17.6 | | |
| Primary school | 258 | 182 | 70.5 | 76 | 29.5 | | |
| Secondary and over | 248 | 164 | 66.1 | 84 | 33.9 | | |
| Total | 574 | 402 | 70.0 | 172 | 30.0 | | |



Figure. Ratios of outpatient satisfied in health centers according to sub-matters.

The ratio of respondents satisfied with the outpatient services of health centers is shown in the Figure for each item constituting patient satisfaction. According to this calculation, the ratio of satisfaction regarding the adequacy of equipment was the lowest (57%). On the other hand, the ratio of satisfaction regarding the humaneness of physicians and nurses was the highest (95% and 92%, respectively).

There was no relationship between demographic features and most of these items. However, younger people were significantly satisfied about transport to the centers and the mutual understanding of the physician ($P > 0.05$). Married people were more satisfied ($P < 0.05$) with the waiting time. People having a low educational level were found to be satisfied ($P < 0.05$) with the adequacy of the equipment. Additionally, older people were significantly satisfied about the adequacy of the equipment and the attitude of nurses ($P < 0.05$).

The level of reliability was satisfactory. Cronbach's correlation coefficient (α) was found to be 0.85 for the internal consistency of the subscales. In addition, there was a strongly positive correlation between the point of perceived outcome and the mean score for each respondent ($r_s = 0.66, P = 0.000$).

Discussion

Since internal consistency and the level of reliability of the respondents were satisfactory ($\alpha = 0.85$ and $r_s = 0.66$) it was concluded that the findings were valid.

The satisfaction level of people included in this study is between high and moderate (satisfaction score 3.11 ± 0.41 or 70% satisfied). This ratio is similar to the ratio of outpatient satisfaction (75%) with university hospitals in Turkey (23,24). There might be several reasons for this situation. First, patients obtained health care as soon as they required it. Second, the expectations of people regarding health services in developing countries may be lower. In addition, using the four-point scale may raise the satisfaction score. When the environment is more comfortable and extra time is available it is possible to use a five-point scale. Generally, patients rate health services positively and are very or extremely satisfied with medical care (3,11,31), though patient satisfaction varies from country to country (5).

In a study on primary health care patients in Saudi Arabia, the satisfaction score was found to be between 2.85 and 3.02 using a four-point scale (30) (3.11 in the present study). In contrast, some studies conducted in outpatient clinics and primary health care services showed lower satisfaction rates (from 35% to 60%) (14,32).

Jones et al. (14) and Delgado et al. (15) reported that there was no relation between patient satisfaction and gender, as was found in this study. However, Biderman et al. (33) and Cohen (34) defined that patient satisfaction was higher among men than among women.

Some investigators suggested that the ratio of satisfaction was higher in the elderly than in the young (14,34,35), and there was a relationship between age

group and satisfaction levels in the present study (Table 2).

People with a higher educational level seemed to be more dissatisfied in the present study. In a similar manner, people from higher social classes were found to be more dissatisfied in the studies by Jones et al. (14) and Cohen (34). It can be considered that the expectation of people with higher educational levels is high. In addition, it was reported that patients with better functional status were more satisfied (35).

Some patients complained about the inadequacy of equipment, examination time, transport to center, information given by the physician and solution of health problem in the present study (Figure). In addition, it was reported that patients complained about long waiting times and inadequate information given by physicians (12,14), courtesy of nurses (18), inadequacy of staff and equipment, and health education given by nurses (30), sufficiency of medicine, thoroughness and follow-up by the same physician, transport and availability (32,36) in other studies. Despite some complaints, it can be stated that patients were more satisfied in countries in which priority is given to primary health care among developed

countries (37). As a matter of fact, WHO has suggested improving health centers in rural and urban areas (28).

In conclusion, most outpatients are satisfied with health centers in Turkey. However, important subjects complained about are inadequacy of equipment, inadequate examination time, difficulty of transport, information not given by the physician, health problems not solved completely, and waiting time. According to our results, in order to improve the quality of patient care in primary health services, technical problems such as inadequacy of equipment and transport should be taken into consideration. To overcome the other complaints mentioned above, we believe that health providers in Turkey should be informed about the results of studies on outpatients' satisfaction with health centers.

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