

Client Satisfaction in Rural India for Primary Health Care – A Tool for Quality Assessment

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Abstract

Introduction: The hospital market has today changed from a seller's market to a buyers' market, where the patient is all-important. One needs to understand the fact that patients do not flock to a hospital just because its services are cheap, but because of its good name and good image. *Objective:* To evaluate client satisfaction with the government approach in primary health care. *Materials and Methods:* Study design: Cross sectional study Sampling: Multistage sampling. *Procedure:* 1) The district was stratified into taluks 1 Primary Health Center and 1 Primary Health Unit or 1 Community Health Center (where there is a CHC) from each taluk was selected using random numbers. 2) Client satisfaction was determined by systematic random sampling of clients attending the basic health services *Results:* Client satisfaction in availability of service was above 90% in all services except in accident care where 30% were dissatisfied. Client satisfaction for facilities and equipments was good in all services except leprosy care and tuberculosis care where it was poor. Clients were mainly unhappy with the waiting time in all the services; in few services they expected speciality care like in child care and antenatal care. High risk care during delivery was not much appreciated. Other major problem was unavailability of the health care provider which led to dissatisfaction. Family planning services were graded excellent without any drawbacks. Except for few setbacks all the services had good satisfaction by majority of clients. *Conclusion:* Client satisfaction is good on a whole. *Key words:* Client satisfaction, primary health care, efficacy to treat, antenatal care, child care *Key Message:* The hospital market has today changed from a seller's market to a buyers' market, where the patient is all-important in that context we prioritize clients in primary health care too. Clients attending primary health care were mainly unhappy with the waiting time in all the services; in few services they expected speciality care as in child care and antenatal care. Other major problem was unavailability of the health care provider at night times which led to dissatisfaction. Family planning services were graded excellent by the clients.

Introduction

The hospital market has today changed from a seller's market to a buyers' market, where the patient is all-important. Therefore to achieve patient satisfaction, the hospital has to develop itself technologically, as well as become more service oriented. It is essential for a hospital to reach out to its customers (patients), if it wants to survive the competition. This can be achieved only by building a bridge of trust between the hospital and the community, so that the community can cross over to the hospital. One needs to understand the fact that patients do not flock to a hospital just because its services are cheap, but because of its good name and good image due to its quality in service [1]. Today's customers are in favour of quality service. The second differentiating factor is that the customer of the hospital, unlike other industries, gets a close look at all the rungs of the hospital. He gets a chance to

interact with practically everybody from the receptionist, admission staff, doctors, nurses, ward boys, ayahs, ambulance, personnel, billing staff, among others [1]. The workings of the hospital are laid bare to the patient and every interaction the patient has with any staff member is a crucial factor in determining whether he would choose the same hospital again. Customer satisfaction is a person's feeling of pleasure or disappointment resulting from comparing a product / service's perceived performance or outcome in relation to his or her expectations. If the performance falls short of expectations, customer is dissatisfied. If the performance matches the expectations, the customer is satisfied. If the performance exceeds expectations, the customer is highly satisfied or delighted [1]. Those who are highly satisfied or delighted with the hospital are much less ready to shift. High satisfaction or delight creates an emotional bond with the hospital in the mind of the patient, not just rational preference. The result is high patient loyalty, which is what every hospital is looking at, to cut the competition [1].

Aims & objectives:

- To evaluate client satisfaction with the government approach in primary health care.
- To differentiate the satisfaction by health services for different sector of population.

Materials and Methods

Study Design: Cross-sectional observational study

Settings: Field settings, Patients attending PHC

Source of Data: Davangere district

Selection of Participants:

Sampling: Multistage sampling.

1st stage – stratified sample, 2nd stage systematic sample within stratified sample.

Procedure: The district was stratified into taluks 1 Primary Health Center and 1 Primary Health Unit or 1 Community Health Center (where there is a CHC) from each taluk was selected using random numbers. As district had 6 taluks 6 PHC and 5 PHU and 1 CHC. Total 12 health centres were selected. The sample constituted 12.25% of total health centers of Davangere [2]. Client satisfaction was determined by systematic random sampling of clients attending the basic health services i.e. every 3rd patient was considered for interview. The attendance of selected health centre were interviewed on the day of visit [2] If there were no large number of patients all of them were taken for interview without waiting for 3rd patient. (This was done for Malaria clients). The clients were interviewed outside the hospital with strict confidentiality that their wordings are not passed on to service provider, and also interview was not in front of service provider. It was determined for all basic health services. We had different number of clients for different diseases. 1) Immunization and 2) Antenatal care – 90 clients, 3) Tuberculosis – 30 clients, 4) Minor ailments – 100 clients, 5) Leprosy – 26 clients, 6) Child examination – 90 clients, 7) Accidents and injuries – 24 clients, 8) Delivery process- 40 client, 9) Family planning – 60 clients, 10) Fever / Malaria – 4 clients. So on total we had 574 clients as our sample [3].

Method of Collection of Data: Module 6 of Agha Khan Foundation was used for client satisfaction for the services. The questionnaires were modified according to local needs and were pretested before data was collected [3]. The sample health centres were situated in different angles of the district within the diameter of 85 – 52 km X 67 – 84 kms. The minimum distance of a health centre was 6 kms and maximum was 45 kms. *Statistical Analysis:* Proportions of client satisfaction under different headings. Ethical clearance was taken for interview from institutional ethical committee.

Results

*Main finding of this study-*Fulfillment of health care facility was average as many felt need of specialist care for antenatal purpose. People were not told about the need for good care. Clients were not satisfied with high risk care and competence of service provider in high risk pregnancy. Primi's were referred most of the time to higher centre. Professional competence and skill though considered good, still had drawbacks. Satisfaction of efficiency to treat was very good (85%). People say that they need lady doctor and lot of them had a complaint that doctors don't examine them and semiprofessional people examine them. Duration of waiting for service provider was not satisfactory for 20% of people coming for delivery as they had to wait for more than 2-3 hours to be attended during delivery. 10% of people were unhappy as doctors were not available at night and some areas didn't even have JHW (F) at night. Professional competence and skill was not appreciated by 20% of clients as high risk was not identified in early intranatal period and were referred late. Clients were satisfied and graded family planning as excellent. Except 7% people were unhappy that IUD's were not available always also queries and side effects were not answered appropriately. Waiting duration was long for certain people in immunization process. On an average 30 minutes was not acceptable. Some have to wait for 1-2 hours. Facilities and equipments were average because of which people (30%) were unhappy for non availability of disposable needle and syringes always and non availability of T.T. and BCG in certain places in certain timings. Satisfaction of efficiency to treatment was poor for 20% of clients as many times their queries were not answered and sometimes Thursday sessions of immunization were missed out 9% of clients were unhappy about waiting time in child care as there was no importance for sick child. 22.22% were unhappy with interpersonal quality as there was no proper answer to queries and they were not allowed to ask questions. 13.33% were not satisfied with professional competence as they felt children need specialist care and service provider was not competent to cure the disease. 16.67% were not satisfied with efficiency to treat. Availability of services and facilities and equipments were 100%. Facilities and equipments satisfaction were poor for 3.49% of people in tuberculosis care, because most of the center's did not have microscope and were referred to other centers which they feel was not appropriate, also the clients were not happy with time of referral. Interpersonal quality was unsatisfactory for 20% of them as the clients were dissatisfied that their questions were not answered, queries about treatment and side effects were not told properly. Clients were dissatisfied (50%) as there was no proper diagnostic facility for tuberculosis and leprosy.

Table 1: Client Satisfaction Regarding Rch Care

| Sl. No | | % satisfied with ante natal service | % satisfied with family planing service | % satisfied with delivery service | % satisfied with immunization service | % satisfied with child care |
|--------|--|-------------------------------------|---|-----------------------------------|---------------------------------------|-----------------------------|
| 1 | Duration to wait & fulfillment of health care facility | 79% | 100% | 82.5% | 92% | 91.11% |
| 2 | Availability of services | 90% | 100% | 90% | 100% | 100% |
| 3 | Facilities & equipments | 100% | 93.33% | 100% | 70% | 100% |
| 4 | Interpersonal quality | 93% | 93.33% | 100% | 100% | 77.78% |
| 5 | Professional competence & skill | 90% | 100% | 80% | 100% | 86.67% |
| 6 | Satisfaction of efficiency to treat | 85% | 100% | 100% | 80% | 83.33% |

Table 2: Client Satisfaction Regarding Communicable Disease/ Accidents & Injuries

| Sl. No | | % Satisfied with malaria service | % Satisfied with Tuberculosis Service | % Satisfied with Leprosy service | % Satisfied with accidents & injuries Service | % Satisfied with Minor eliments care |
|--------|---|----------------------------------|---------------------------------------|----------------------------------|---|--------------------------------------|
| 1 | Duration to wait & fulfilment of health care facility | 87.5% | 86.67% | 92.3% | 100% | 98% |
| 2 | Availability of services | 100% | 100% | 100% | 79.2% | 85% |
| 3 | Facilities & equipments | 100% | 46.67% | 50% | 87.5% | 100% |
| 4 | Interpersonal quality | 87.5% | 80% | 100% | 100% | 88% |
| 5 | Professional competence & skill | 91.67 % | 100% | 84.64% | 95.83% | 100% |
| 6 | Satisfaction of efficiency to treat | 83.33% | 100% | 100% | 91.67% | 83% |

Professional competence and skill for leprosy was graded good but some clients were dissatisfied as the referral was late, diagnosis was late and sometimes never. Clients were highly satisfied with other elements of leprosy care. 12.5% people were unhappy as they had to wait for more than 1 – 1 ½ hours and doctors are unavailable most of times if they come for fever treatment. 12.5% are also unhappy that their queries were not answered and they did not get proper guidance about malaria. 84% were unhappy with professional competence and skill as they feel treatment given was not appropriate regarding malaria. 16.27% were not satisfied with the efficiency of treatment and grade it average because of non appropriate referral and follow up of malaria. Facilities equipments and interpersonal qualities were graded excellent (100%). Fulfillment of accident care was 100%, even interpersonal quality was considered 100%. 20.8% of clients were un-satisfied with availability of services as no doctor was available after 5 p.m. and they have to go to district headquarters. 12.5% clients felt facilities to treatment were inappropriate as there were no suture materials, no X-ray facilities and no bandages. 4.17% clients felt the need of specialists as competence of the service providers was considered low. 8.33% were unhappy regarding efficiency for treatment as their referral was late and sometimes inappropriate. 22% of clients felt that they have to wait for long hours 1 – ½ hours. 15% of them felt service providers were not available always and if available were busy in meetings. 22% were unhappy with queries being not answered, time spent with them being not satisfactory. 17% of clients were dissatisfied with efficiency to treat but lack of money made them to return to service provider. Client satisfaction always had importance in reducing the waiting time.

Discussion

It is an evident picture most of us carry is that when it comes to primary health care in India all our clients are dissatisfied and they go for private clinics, but our study differently spots out that over satisfaction among the clients is good except for some smaller issues which can be handled in the local level, earlier study [4] points out that educational difference makes a bigger impact on client satisfaction which might have given a skewed distortion as we did not compare the educational status. Major client dissatisfaction was with waiting time >30 minutes which is similar to Jorge Mendoza, Aldana, Helga Piechulek and Ahmed Al-Sabir (2001) [5] where clients asked for reduction in waiting time to less than 30minutes. Clients more than 80% were satisfied with consultation time in our study similar to Jorge Mendoza et al (2001) [5] in which 75% clients were satisfied. Personal interaction was stressed by the clients as the clients coming for primary health care set up wanted their queries to be answered, again we find that though we turn over primary health care as preventive, promotive and curative care with lot of emphasis is on health education this study reveals it is not yet been implemented in micro level which is expressed as client dissatisfaction. Overall high satisfaction was found in Mohammed Iqbal Afridi (2002) [6] which is similar to our study. The answer to waiting time reduction and spending more of time in queries can be addressed with appointments, availability of more doctors and availability for more time. Here in the primary health care settings of the government we cannot address the issue saying visit through appointment

basis only, but there are certain drawbacks like the non availability of doctors after certain time and all out patients within 4-5hrs, long meetings as he is the administrative incharge can be definitely addressed with the help of doctor, local community and district authorities which need to be emphasized. Availability of more doctors may not be fisible but the new proposal of attaching 3-4 PHC's to medical colleges may turn off this problem to some extent.

Limitations: Client satisfaction was done by thumb rule as sample size, so this gives rough estimate. Sample size should be increased to get an accurate estimate. Estimation was done on people attending the centres on the day of visit which differed for different centres as there was only one interviewer which might have had a difference in estimation.

References

1. Nair KG. Customer satisfaction in hospitals. Editorial in Express Health Care Management. 2005; 3-6.
2. Mahajan BK. "Methods in Biostatistics", 6th Edition, Jaypee Brothers, Medical Publishers (P) Ltd, New Delhi, 1999.
3. Sharples J. Assessing the quality of service. Module 6, Aga Khan foundation, Geneva, 1993.
4. Lyatuu MB, Msamanga GI, Kalinga AK. Clients' satisfaction with services for prevention of mother-to-child transmission of HIV in Dodoma Rural district. East Afr J Public Health 2008 ;5(3):174-179
5. Aldana JM, Riechubek H, Al-Sabir A. Client satisfaction and quality of heath care in rural Bangladesh. Bulletin WHO, 2001; 7a (6) : 512-17.
6. Afridi MI. Consumers satisfaction towards health care services, provided by the health centres at Salaya sub-district Nashon Palthom Province. Thesis paper for Master of Primary Health Care Management, 2002.

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