Original Article

Satisfaction of Attendants to a Family Medicine Training Center and a Primary Health Care Center in Baghdad

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Summary:

Background: In Iraq, Primary Health Care (PHC) services are provided trough a network of about 1900 PHC Centers (PHCC). Recently, attempts were made to enhance the practice of primary health care to encompass the family health model. Expressed attendants' satisfaction and opinion about provided care at any health care setting is an important predictor of utilization and continuity of obtaining care from the same source. The objective: is to describe and compare satisfaction of attendants of a Family Medicine Training Center (FMTC) and a PHCC in Baghdad.

Subjects and Methods: a comparative cross sectional study conducted on a random sample of 300 attendants from each center. Attendants' satisfaction towards the center's building; doctor's approach, provided medical services and attendants' continuity manner were studied.

Results: About 53% of FMTC attendants and 40% of PHCC attendants stated a very good building's location. Around 7.3% of PHCC attendants, and 3.7% of FMTC attendants considered hygienic standard as "poor", (P=0.05). Doctor reception was considered as "poor" in 2.7% of FMTC attendants compared to 0% for the PHCC, (P=0.000). Around 16% of FMTC attendants considered the time spent by the doctor as "inadequate" compared to 4.7% of PHCC attendants, (P=0.000). Around 48% of PHCC attendants were given appointment for follow up, compared to 19% of FMC attendants (P=0.000). About 58% reported availability of investigations and drugs in FMTC compared to 40.3% for PHCC attendants, (P=0.000).

Conclusion: FMTC attendants are more satisfied to building's related variables and availability of medical services but less satisfied by doctor's approach with less intention to continue attending the center.

Keywords: Patients Satisfaction, Family Medicine Center, Primary Health Care Center

Introduction:

Across the world, health care is being transformed and delivered in a decentralized fashion. Accordingly, primary care especially family medicine are no longer discrete enterprises, but have to define their roles within the new world of partnerships, public health improvement, popular trust, and potential profitability (1). Primary health care (PHC) is a phrase often used to describe medical care in the community (2). Since late 1960s when family practice was first recognized as specialty, considerable intellectual and organizational changes had occurred especially during 1990s(3) and family physician became at the center of the health care system and has a major role in integrating and coordinating care provided to the patients and their families (4). Family medicine which is a comprehensive medical care with particular emphasis on the family unit is usually referred to as the key element of the PHC system (5).

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In Iraq, recently attempts to enhance the practice of PHC to encompass the family health model initiated with WHO support (6).The concept of patient or consumer satisfaction defined as the multiple evaluations of different aspects of health care which is determined in some way by the individual expectation, attitude and comparison process. It represents a general patient overall assessment of physician care and other related activities within a given setting (7). The assessment of patient satisfaction has become an important concern in the evaluation of health services (8), and a term to characterize the differences between family practice and non-family practice health care delivery (9). The objective of the study is to describe and compare satisfaction of attendants to a FMTC and a PHCC in Baghdad.

Subjects and Methods

This is **a** comparative cross-sectional study, conducted in Al- Mustansiriya FMTC and Zayona PHCC, during the period Nov 1st /2007-Jan/ 31st/2008. The two centers are located in Ressafa side of Baghdad, and had almost similar socio-demographic characteristic of

catchment's population. The study sample is composed of 600 attendants, 300 from each center. The attendants were randomly selected using a systematic random sampling technique, where the duration of filling the questionnaire was used as a system for inclusion of the study participants. A structured questionnaire was used and filled through direct interview with study participants who accept to participate on exit from the health center. It includes questions to determine attendant's satisfaction with different aspects of the health center including the building, (location, size, security, cleanliness, waiting space), doctor's approach and attitude (reception, time spent, listening, understanding the complaint, responding to inquiries, minimizing worry, explaining the condition, explaining reasons for medical tests, provision of preventive advice, and providing appointment for follow up), medical services (availability of medical equipments in the examination room, and availability of investigations and drugs), and continuity manner of the attendants (reason of the current visit whether it is for new complaint or as a follow up, attending other health care facilities in the preceding three months, preference of attending different health care facilities in the future, and if he will advise a friend to attend this health center). **Statistical Analysis:** The Statistical Package for Social Science (SPSS) version (16) was utilized for the statistical analysis of the data. Chi-square test was used to analyze qualitative data. $P< 0.05$ was considered significant.

Results:

Attendants' opinions about certain characteristics concerning the building are demonstrated in Table 1. Only 1.5% the total study group considered the location of the centers as "poor" with a significantly higher proportion for the PHCC (2.3%) than FMTC (0.7%) attendants (P=0.002). About 23% of PHCC attendants considered the size of the building as "inadequate" compared to 6.7% for the FMTC, (P=0.000). Less than 5% of the total study group described the security situation of the health center as "poor" with a slightly higher proportion for PHCC (6%) than the FMTC (3.3%), (P=0.063). About 7% of PHCC attendants considered buildings cleanliness as "poor" compared to 3.7% of FMTC attendants (P=0.050). Only 3% of PHCC attendants considered the waiting hall as "inadequate" compared to 6% of FMTC attendants (P=0.076). Regarding the waiting time, 10% of FMTC attendants considered it as "long" compared to only 1.3% of PHCC attendants, the differences is significant, (P=0.000). Doctors' approach and attitude towards the patients and were evaluated by a number of variables demonstrated in Table 2. Regarding reception of the doctor, 2.7% of FMTC attendants considered it as "poor" compared to 0% of PHCC attendants (P=0.000). About 16% of FMTC attendants considered the time spent by the doctor as "inadequate" compared to only 4.7% of PHCC attendants, (P=0.000). In FMTC, 7.7% of attendants considered doctor listening to their complaint as "poor" compared to 2.7% of PHCC attendants, (P=0.020). Regarding the privacy during examination, 98.3% of PHCC attendants approved the privacy. This proportion was significantly than FMTC attendants (88%), (P=0.000). About 30% of FMTC attendants considered doctor's explanation of the patient's condition as "poor" compared to 25% for PHCC attendants, (P=0.121). In PHCC, 54.6% of attendants received preventive advice, compared to 40.3% of FMTC attendants (P=0.000). Around 48% of PHCC attendants reported receiving appointment for follow up, this was significantly higher than for FMTC attendants (19%), (P=0.000). About 16% of FMTC attendants and 9.3% of PHCC attendants were sent to the laboratory. About 73% of those sent for laboratory in FMTC were told the reasons for sending to laboratory, compared to 96.4% for PHCC patients (P=0.011) About 76% of FMTC attendants reported availability of medical equipments in the examination room, compared to about 58% of PHCC attendants (P=0.000) (Table 3). About 58% of FMTC attendants reported availability of drugs and investigations, compared to 40.3% for PHCC attendants, (P=0.000) (Table 3). Attendants' continuity manner and type of current visit is demonstrated in table 4. About 88% of PHCC attendants preferred to continue attending the centre compared to 73.3% of FMTC attendants, (P=0.000). About 30% of the study group attended these health centers for follow up, with lower proportion for FMTC (18.7%) than PHCC (40.7%), (P =0.000).

Table (1): Distribution of attendants by their opinions on certain characteristics of the centers' buildings and waiting time:

Attendants' Opinions about Building Characteristics	Health centers FMTC		PHCC		Total		P
	No.=300	%	No.=300	%	No.=600	%	
Location							
Poor	2	0.7	7	2.3	9	1.5	0.002
Good	138	46.0	173	57.7	311	51.8	
Very good	160	53.3	120	40.0	280	46.7	
Size							
Inadequate	20	6.7	68	22.7	88	14.7	0.000
Almost adequate	209	69.7	201	67.0	410	68.3	
Adequate	71	23.7	31	10.3	102	17.0	
Security							
Poor	10	3.3	18	6.0	28	4.6	0.063
Good	191	63.7	205	68.3	396	66.0	
Very good	99	33.0	77	25.7	176	29.3	
Cleanliness							
Poor	11	3.7	22	7.3	33	5.5	0.050
Good	207	69.0	214	71.3	421	70.2	
Very good	82	27.3	64	21.3	146	24.3	
Waiting Space							
Adequate	282	94.0	291	97.0	573	95.5	0.076
Inadequate	18	6.0	9	3.0	27	4.5	
Long waiting time							
Yes	30	10.0	4	1.3	34	5.7	0.000
No	270	90.0	296	98.7	566	94.3	

Table (2): Distribution of attendants by opinion on doctor's approach:

Items	Health centers FMTC		PHCC		Total		P
	No.=300	%	No.=300	%	No.=600	%	
Reception							
Poor	8	2.7	0	0	8	1.3	0.000
Good	144	48.0	111	37.0	255	42.5	
Very good	148	49.3	189	63.0	337	56.2	
Time spent							
Inadequate	49	16.3	14	4.7	63	10.5	0.000
Almost adequate	132	44.0	132	44.0	264	44.0	
Adequate	119	39.7	154	51.3	273	45.5	
Listening							
Poor	23	7.7	8	2.7	31	5.2	0.020
Good	120	40.0	122	40.7	242	40.3	
Very good	157	52.3	170	56.7	327	54.5	
Privacy during examination							
Yes	264	88.0	295	98.3	559	93.2	0.000
No	36	12.0	5	1.7	41	6.8	
Explaining the condition							
Poor	90	30.0	75	25.0	165	27.5	0.121
Good	79	26.3	69	23.0	148	24.7	
Very good	131	43.7	156	52.0	287	47.8	
Providing Preventive Advice							
Yes	121	40.3	164	54.6	285	47.5	0.000
No	179	59.7	136	45.3	315	52.5	
Providing Appointment for Follow Up							
Yes	57	19.0	142	47.7	199	33.2	0.000
No	243	81.0	158	52.7	401	66.8	
Explaining Reason for Sending to Laboratory	No.=48	16	No.=28	9.3	No.=76	12.7	
Yes	35	72.9	27	96.4	62	81.6	0.011
No	13	27.1	1	3.5	14	18.4	

Table (3): Distribution of attendants by opinion on availability of medical equipments, investigations and drugs:

Items	Health centers FMTC		PHCC		Total		P
	No.=300	%	No.=300	%	No.=600	%	
Medical Equipments							
Available	229	76.3	173	57.7	402	67.0	0.000
Not Available	68	22.7	94	31.3	162	27.0	
Investigations and Drugs							
Available	173	57.7	121	40.3	294	49.0	0.000
Not available	124	41.3	163	54.5	287	47.9	
No response	3	1.0	16	5.4	19	3.2	

Table (4): Distribution of attendants by continuity manner and type of current visit:

Items	Health centers FMTC		PHCC		Total		P
	No.=300	%	No.=300	%	No.=600	%	
Preference to Continue Visiting the Center							
Yes	220	73.3	265	88.3	485	80.8	0.000
No	80	26.7	35	11.7	115	19.2	
Type of Current Visit							
New complaint	244	81.3	178	59.3	422	70.3	0.000
Follow up	56	18.7	122	40.7	178	29.7	

Discussion:

Expressed attendants' satisfaction and opinion about provided care at any health care setting is an important predictor of the level of utilization and the continuity of obtaining care from the same source. They are also used to monitor the quality of care in different sources of care, and in establishing performance standards and thus improving the reputation of health care institutions [(10)]. The categorization of attendant expressed opinion into positive and negative occurs when perceived quality of care match or does not match attendant expectation (11). Patients' satisfaction surveys are being increasingly conducted globally to study patient's view on a number of matters such as information needs, interpersonal and organizational aspects of care and value of medical treatment (12, 13, and 14). The users expressed their satisfaction with some of the components of health care as compared to others; therefore these viewpoints ought to be considered by health planners and health service researchers to work out various strategies and solutions to improve patient satisfaction (15). Building location, size, and cleanliness were significantly better in the FMTC attendants' opinions. The setting in general has an important effect on satisfaction, and care delivered in a reasonably accepted setting is most likely to be accepted (16), although, a study in a Norwegian primary health center, building received no attention (17). Waiting time was significantly shorter in the PHCC since the number of treated patients per doctor in the FMTC was higher compared to PHCC (18). Communication skills and doctor-patient relationship have a great effect on attendants' satisfaction. Reception and welcoming of the doctor makes the first bridge for communication with the consumer, and bring the relief and trust. The time spent by the doctor with the patient is also important; a short time spent with the attendants could reflect an inadequate care and a care that is provided in a hurry with little clinical assessment and health education lead to poor satisfaction (19). All items of doctor attitude and approach were reflected in more positive satisfaction among PHCC than FMTC clients. Again, this could be due to the higher mean attendants per each doctor per day in FMTC (60/doctor/day) than in PHCC (45/doctor/day) (18). Cherkin et al, 1988, studied satisfaction of patients attending general internists and family physicians who usually saw similar type of patients, but they have different approaches. Patients of general internists and family physicians reported similar levels of satisfaction on all dimensions measured (access, humaneness, quality, and general satisfaction), but the fundamental differences in practice style that have been reported between them do not seem to be associated with differences in patient satisfaction (20). Gerace and Sangster, 1987, found that the significant factors determining patient's satisfaction were the adequate time spent with their physician, the clarity of the physician's explanations regarding their health care; and the availability of their physician (21). The intention to continue attending the centre was less in the FMTC than PHCC. We found that the causes

related to instability in the family program in which the attendant may not be seen by the same doctor every time. Availability of investigation and drugs is better in FMTC. Al-Eisa et al study showed that pharmacy services resulted to a high satisfaction level (22). Another study done in Saudi Arabia showed that some aspects of pharmacy services had low satisfaction level because of insufficient drug supply (23). Studies have found that the most important factors influencing patient's choice of clinic are staff attitudes, the clinical environment, the services available and the operating hours (12, 24, and 25). Many studies found that although the overall satisfaction as reported by attendants was high, however a more detailed questions on specific services reveal great level of expressed dissatisfaction–(22, 26).In general, we can conclude that attendants to FMTC were more satisfied to building's related variables, availability of medical services but they were less satisfied by doctor's approach with less intention to continue attending the center. Communication skills of doctors in FMTC need to be enhanced.

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