

PATIENTS SATISFACTION SURVEY AT A RURAL PRIMARY HEALTH CENTER: A SOCIOLOGICAL STUDY

Bharti Saini¹, Prof. Sujata Mainwal²

^{1,2}Dept. of Sociology, Meerut College Meerut, CCS University, Meerut, India.

ABSTRACT

Primary health care requires a sustained partnership between patients and service providers that addresses the majority of people's health needs over time. Respondents' views of satisfaction are an aspect of primary healthcare quality that is being increasingly acknowledged for its significance. The objective of the study to assess the socio-economic profile of the respondents and to examine the quality of health care services and patient satisfaction in a rural primary health center in Lawar, Meerut. This is a descriptive cross-sectional study from November to December 2022. A sample of one hundred patients selected by the purposive sampling technique. Each patient was asked to fill up an interview/schedule guide. This process was continued until the sample size was complete. The data was analysed in figures and tables. The analysis findings were described using descriptive summary measures, expressed as frequency and percentage for categorical variables. The majority of respondents were in the younger age group (21-40 years). They were mostly illiterate Muslim females, married females, and labourers by profession. According to this study, the majority of the respondents agreed with the availability of toilets, waiting rooms, and chairs but strongly disagreed with the cleanliness and hygiene of the waiting area. Most of the respondents gave a neutral rating to staff behaviour due to the availability of prompt reports about referring to another PHC. The majority of the respondents reported that they were not informed about the health and side effects of the disease by service providers. There was no appropriate number of staff, and no appropriate medicines or vaccinations were available in the PHC. The respondents were highly dissatisfied with the quality of services.

Keywords: primary health, patients, level of satisfaction, quality of healthcare.

1. INTRODUCTION

Health is a basic need for every person, which mainly depends on the primary health care services of each country. Primary health care requires a sustained partnership between patients and service providers that addresses the majority of people's health needs over time. Service providers must be engaged in ensuring that patients are able to timely access diagnostic, therapeutic, and rehabilitative services. There is increasing confirmation that the service quality of primary health care is mainly related to health care effects, and this problem has caught the attention of the government. Patient satisfaction has emerged as an increasingly crucial framework in the evaluation of primary health care quality.

Thornton (2017) well-known initial idea explained the significance of health and supplied plenty of inspiration for fitness studies. The importance of measuring patient satisfaction in healthcare has been validated (Jha Nutan, 2012). Patient delight has been broadly researched and measured as an independent and positive outcome concept (Sunder, 2012). It requires exact upkeep (Garg, 2014). Moreover, the literature tells us that the idea of satisfaction is hard, no matter technology (Gupta, 2008). It's a multidimensional concept; I virtually failed to say that; it's a part of a complicated structure that has not yet been decided. (Bitner, 1993). A full-size-of words can be found in recent scientific literature; for example, Gonzalez et al. (2005) pointed out that the trouble of relevance is the most essential hassle. Sultan et al. determined patients' satisfaction with health services during COVID-19 at Jammu Tertiary Hospital, J.K. Thornton et al. (2017) influenced the level of satisfaction in primary health centres: a semi-structured study over five years. Midele et al. (2011) investigated the quality of health care services at a primary health centre in Botswana. In ameliorating the quality of service in primary health care, there is a requirement to place high priority on the patients and their level of satisfaction with the provided services. (Bamidele, 2011) examines the subsequent health literature: Criticizing the ancient idea of patient businesses; reviewing and presenting meta-analytic outcomes of affected person populations and measures; reporting on operational troubles surrounding sufferers and their views on remedy; and seeing the modern remedy awareness.

It additionally considers the role of information services in growing interest and presenting nice records and concludes that, after three years of studies, that is nevertheless not universally popular. Given the importance of theoretical work in provider know-how, it shows that integration and fitness researchers now need to look past the fitness sciences, analyzing clean consumption, breaking down silos, and its impact and information on healthcare through direct links to carrier know-how evaluate the affected person. Diehl (1987) found that about eighty percent of patients have been satisfied with the treatment. The complaint casts doubt on the idea of patient delight. The appropriateness of the

delight dimensions selected in the observe and the failure of the delight device to differentiate satisfied and disenchanted sufferers introduction information satisfaction and provider exceptional have been recognized for some time as critical in the improvement of carrier improvement strategies. The most widely used approach for measuring patients' perceptions of healthcare has been around for more than 30 years, but only in the remaining five years has research been conducted to confirm that the tool works properly suitable. However, in comparison, the primary findings of a 2006 review of the affected person's pride literature (Hawthorne, 2006) concluded that there was no systematic evaluation of the device's working. Hawthorne noted that there are heaps of sufferers without sufficient proof of mental illness who are glad with cutting-edge measures for "long-term" functions. According to Barbara (2015), they have been quite concerned that the context of the affected person's home layout made their evaluation "unreliable" and that their look lacked validity in terms of research investment. Patients' views of satisfaction are an idea of primary health care quality that is being increasingly acknowledged for its significance. Present-day patients are better educated and informed than ever before, and thus, the ideas of service are most readily appreciated. Positive views of patients often translate into appreciative effects in their primary health care experience, and satisfaction is thus ensured.

It is shown that addressing patients' views properly leads to elevated health care, and this will go a long way in growing their level of satisfaction. According to a survey in a rural-based study in India, people who have poor access to medical health care have an expensive rate of hospitalisation for normal health problems. Another study of patients' satisfaction with the quality of primary health care services in India showed that patients were unsatisfied with different aspects of access, including the availability of drugs, the appropriate number of staff, and the cleanliness and hygiene of the environment. With the removal of obstacles to access and the rule of preventive services, it was shown that there would be an elevated quality of health care by affecting earlier diagnosis and beneficial outcomes.

2. METHODS

Study design and setting- A descriptive cross-sectional survey was conducted using a Hindi/English language interview/schedule guide that drew upon concepts of patient satisfaction measurement in rural areas. The study was conducted at the primary health care facility, which is located in Lawar, Meerut. It is the only primary health care facility within a twelve-kilometre radius. Its proximity to most of the village makes it easily accessible during and after hours for most of the workers, housewives, children, etc.

Study Sample- A sample of one hundred patients was selected using the purposive sampling technique. All patients were asked to fill out a schedule/interview guide just before they were discharged. This process was continued until the sample size was complete. There was no specific selection criterion. This study was conducted in the waiting room at a rural primary health care facility. The population of this study comprised all men and women who visited the primary health care facility for health care services and who were registered with the primary health care facility. They were informed regarding the aims of the study, and their participation was voluntary. They were also assured that the data collected would be used only for research purposes.

Data collection- A structured schedule/interview guide and observation techniques were used to collect data from all respondents. The schedule/interview guide consisted of four sections. Section one included the socio-economic profile of the respondents; Section two focused on the criteria used by respondents in choosing PHC. Section three focused on the quality of health care services, and Section four focused on patient satisfaction with doctor-patient interaction. The respondents were asked about their satisfaction level for each of the sections of the service quality they had to go through: reception, pharmacy, nurses, and doctors. For the level of satisfaction, each question was scored using a five-point Likert-type scale ranging from strongly agree to strongly disagree. The schedule/interview guide consisted of a total of 47 items, and it took approximately 30 minutes to complete the interview.

Data analysis- Patient characteristics were recorded using statistical data. All socio-economic data were presented using percentages and frequencies. A satisfaction score was created from patients' ratings of each item in each outcome variable. Average score using a scale from one to five (Likert scale). Satisfaction scores are divided into two parts: unsatisfactory (below average) and satisfactory (above or equal to average part). Analysis (dependent variable) was performed to determine the relationship between the various independent and variable outcomes. Patient satisfaction was compared with adjusted PSQ-12 scores (based on outcome variables) and individual characteristics (such as age, gender, education, marital status, and occupation). The effect of socio-economic characteristics on the results of each PSQ-12 subscale was also determined and compared with mean and standard deviation. All studies were tested for significance using two-sided P values (P) and 95% confidence intervals. Mean item scores in each subscale were calculated and presented in Table 1 as mean \pm standard deviation. Convert this to a satisfactory percentage using the formula $\text{Average} \times 100/5$. A p value of <0.05 was considered significant in the final model. All statistical analyses were performed using the SPSS-IBM 23 statistical software package.

3. RESULTS AND DISCUSSION

A total of one hundred patients were sampled for the study. Table 1 shows the socio-economic profile of the respondents. The majority (52%) of the respondents belonged to the young age group of 21-40 years, while few (12%) were above 61 years. Of the respondents surveyed for the study, 67% were female, while 33% were male. Of the total respondents, 63% were married, 27% were unmarried, and 10% were divorced or widowed. With regards to education, 41% were illiterate, 32% were primary educated, 24% got secondary education, and 3% were graduates or post-graduates. Majority of the respondents (45%) were labourers by occupation, 30% were housewives, 13% were farmers, and 12% were students or unemployed. Of the total respondents, 48% belonged to the income range of 5,000-10,000, 43% belonged to the income range of 0-5,000, and 9% belonged to the income range of 10,000-15,000. The majority of the respondents, 51%, were Muslims, while 49% were Hindus.

4. RATING THE QUALITY OF SERVICES

The respondents' views (agreed or disagreed) of the service quality as provided by the service providers in the facility were shorted. The various aspects of service quality in rural primary health care are shown in Table 1. The respondents were asked to indicate who provided the best services. The majority agreed with the availability of physical facilities (52%: waiting room, chairs, toilets, etc.), and those treated in the absence of the doctor were 57%. The majority of the respondents (52%) strongly disagree about the cleanliness and hygiene of the surrounding area. 41% disagreed with the number of staff, and 45% disagreed with the availability of medicine. The majority of patients (73%) reported that there is no consistency in fees or other charges. Health needs and wishes are based on the patient's general and individual needs. Health services in schools are aimed at meeting health needs that often go unnoticed and cause health problems. Since citizens of the Republic of Serbia meet many health needs through self-medication, their types and needs can only be determined through research (Abu, 2006). Patient satisfaction with general health care services in the population of Vallejo, Republika Srpska, was therefore investigated using the Patient Satisfaction with Doctors and Nurses product evaluation survey. They understand that each patients are interested in the doctor's satisfaction. This study was an attempt to assess the level of satisfaction of the respondents with the different aspects of health care in rural primary health care.

Table 1: Patients views towards various aspects of service quality

| Quality of primary health care services | Mean | S. D. | Score |
|--|------|-------|-------|
| Availability of physical facilities (waiting room, chairs, water, etc.) | 3.12 | 0.92 | 20.45 |
| Peripherals, interiors, and surrounding area are cleanliness and hygiene | 1.56 | 0.98 | 17.42 |
| The time spent in the waiting room for the procedure was long | 3.45 | 0.88 | 12.34 |
| Staff at the primary health care centre treat you well and with respect | 3.20 | 1.00 | 8.65 |
| Appropriate numbers of staff to perform | 2.89 | 0.94 | 18.21 |
| Treatment during the doctors' absence | 4.12 | 0.86 | 16.90 |
| Availability of all vaccinations and medicines | 3.67 | 1.04 | 14.98 |
| Availability of promptly reports | 3.86 | 1.02 | 19.43 |
| Pay consistency fees and any other charges | 4.87 | 0.88 | 9.35 |
| Primary health care provides adequate information about your treatment | 2.12 | 0.94 | 18.43 |
| Possible side effects or adverse reactions are explained | 4.32 | 1.02 | 20.54 |
| Referred to another hospital or a specialist | 3.57 | 0.97 | 12.09 |

Respondents' satisfaction is a multi-dimensional concept that is influenced not only by doctor-related factors but also by aspects of the respondent's experience with the health facility. The present study looked at the level of satisfaction with service qualities, and it was seen that 73% of the respondents who visited the primary health care reported that there was no consistency in fees and other charges. This is a positive effect, and it is this respondent's satisfaction that is in turn responsible for compliance with follow-up visits and prescribed medicine intake. Respondents' views on different aspects of the quality of services were ascertained. The majority of respondents were younger (aged 21-40), female, married, labourers, illiterate, and Muslim. According to this study, the majority of the respondents agreed with the availability of toilets, a waiting room, and chairs but strongly disagreed with the cleanliness and hygiene of the waiting area. Although patient satisfaction is still an important issue in health services, measuring this phenomenon is still far from a concept (Thornton, 2017). A common criticism is that many providers still measure patient satisfaction

using “ad hoc” tools that are just beginning to measure effectiveness (Arasli, 2008). Although debate continues about the precise concept of patient satisfaction in health care, there is consensus that interpersonal and other aspects of care are important to patient care (Sunder, 2012). The present study revealed that the majority of the respondents gave a neutral rating to the staff's behaviour regarding the promptness reports and referred them to another PHC. The majority of the respondents reported that they were not informed about their health by service providers. There were no appropriate medicines and vaccinations were not available in the PHC. The sample was selected from only one rural primary healthcare facility. The results of the present study can therefore not be generalized to other rural primary health care centres in Meerut.

5. CONCLUSION

The results of this study have revealed that overall, respondents were quite dissatisfied with the services provided as well as the quality of care provided by the various service providers at the primary health care center. Also, the surrounding area of the primary health care center was not cleanliness and hygiene. There was not an appropriate number of staff, and appropriate medicines and vaccinations were not available in the primary health center. Very few respondents reported that there was even discrimination among Hindu and Muslim patients. It is recommended that further studies be conducted to assess respondent satisfaction in rural and urban PHCs.

6. DECLARATION

The authors wish to thank the Primary Health Care Center management team for their support with the study.

7. REFERENCES

- [1] Diehl, Hans. 1987; To Your Health, How To Eat More and Live Longer and Better, Oriental Watchman Publishing House, Salisbury park(Pune Maharashtra).
- [2] Ovreteit, J. 1992; “Health Service Quality: An Introduction to Quality for Health Services”, IBH Publishing Company Private Limited, New Delhi.
- [3] Bitner, M. 1993; Managing the Evidence of Services, Sage Publications, New Delhi
- [4] Abdalla A. Saeed, et. al. 2002; “Patients’ Perspective on Factors Affecting Utilisation of PRIMARY Health Care Centres in Riyadh, Saudi Arabia”, Saudi Med J, vol-23, No-10, pp:37-42.
- [5] Abu, N. Ahmed, et. al 2006; “Customer Expectations and Perception towards Health Services through Servqual model- An Evaluation Medical Diagnosis Services in Bangladesh”, PJMR, Vol-10, No-1.
- [6] Anderson, R. T. et. al. 2007; “Willing to Wait?: The Influence of Patient wait time on Satisfaction with Primary Care”, BMC Health Services Research, Vol-31, No-7.
- [7] Arasli, H. et. al. 2008; “Gearing Service Quality into Public and Private Hospitals in small Islands: Empirical Evidence from Cyprus”, International Journal of Health Care Quality Assurance, Vol-21, No-1.
- [8] Gupta, H. 2008; “Identifying Health Care Quality Constituents: Service Providers Perspective”, Journal of Management Research, Vol-8, No-1, pp: 18-28.
- [9] Abdd. manf, N.& Nooi, P. 2009; “Patient Satisfaction as an Indicator of Service Quality
- [10] in Malaysian Public Hospitals”, Asian Journal on Quality, Vol-10, No-1.
- [11] Bamidele, AR et. al. 2011; “ Patients Satisfaction with the Quality of Care in a Primary Health Care Setting in Botswana”, S Afr Fam Pract, Vol-53, No-2, pp:237-65.
- [12] Midele, AR et. al. 2011; “ Patients Satisfaction with the quality of Care in a Primary Health Care Setting in Botswana”, S Afr Fam Pract, vol-53, No-2, pp:170-76.
- [13] Porkodi, S. & Haque, A. 2011; “Health Laws and Health Care System”, New Delhi, Global Academic Publishers and distributors.
- [14] I. Sunder, 2012: Principles of Medical Sociology, “Sarub Book Publishers”, New Delhi
- [15] Jha, Nutan et. al. 2012; “ A Comparative Study of Patients Satisfaction between ISO Certified and Non Certified Health Care Units”, Pragmaan: Journal of Management, Vol-10, No-2, pp: 30-37.
- [16] Garg, Neeraj et. al. 2014; “Patient Satisfaction Survey at a Territory Care Speciality Hospital”, International Journal of Research Foundation of Health care Administration, vol-2, No-2, pp:79-83.
- [17] Barbara, B. et. al. 2015; Social Work In Health And Ageing, Rawat publication, New Delhi.
- [18] Cockerham C. William, 2016 : Medical Sociology, Prentice Hall. New Jersey.
- [19] Shantala S. Bhole, et. al. 2017; “ A Survey on Indoor Patients Satisfaction in a Private Tertiary Level Surgical Hospital in Central India”, International Journal of Research in Medical Sciences, vol-5, No-10, pp: 4324-29.
- [20] Thornton D. Ruth, et. al. 2017; “Influences on Patient Satisfaction in Health Care Centres: a Semi- Quantitative study over 5 Year”, BMC Health Services Research, vol-17, No-4, pp:317-61.