

Satisfaction among patients attending the continuity of care clinic in West Bay health center in Qatar

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Abstract

Background: Patient satisfaction is an important element into assessing quality of health care facilities. Levels of satisfaction affect the shaping of the health system. A satisfied patient is more likely to develop a deeper and longer lasting relationship with their medical provider, leading to improved compliance, continuity of care, and ultimately better health outcomes.

Objective of the Study: To assess the level of patient satisfaction in continuity care clinics at Wwest Bbay health center.

Methods: Descriptive cross-sectional study to assess patient satisfaction regard continuity care clinics in Wwest Bbay health center; two hundred patients were asked to fill out the short form of patient satisfaction questionnaire (PSQ 18).

Results: Patients were satisfied in all domains of patient satisfaction questionnaire however the lowest scores in the domains were for interpersonal manner (3.54 ± 0.74) and time spent (3.80 ± 0.78). Females have a significant score (4.6 ± 0.6) in general satisfaction domain while chronic patients report borderline significant score (4.1 ± 0.5) in technical quality domain.

Conclusion: Patient satisfaction scores were appropriate in all domains of care in continuity care clinics but more attention must be focused on training in regard to interpersonal communication and quality projects to improve time spent in health centers.

Key words: Patient Satisfaction, Continuity Care, Qatar

Background

Continuity of care is considered a cornerstone of family medicine (1). It is described as a longitudinal relationship between patients and caregivers that transcends multiple illness episodes and includes responsibility for prevention and care coordination (2).

Continuity of care is considered as a hallmark and primary objective of family medicine and is consistent with quality patient care provided through a patient-centered medical home. The continuity of care inherent in family medicine helps family physicians gain their patients' confidence and enables family physicians to be more effective patient advocates (3).

It represents an essential aspect of good quality primary care, as is involving patients in assessing, developing, and improving of it (4). Continuity of care can be assessed by the general population, the users (patients), or the providers (professionals or organizations), and is continuity of care is related to other healthcare dimensions and outcomes (5).

Patient satisfaction is an important element of assessing quality of health care facilities. Levels of satisfaction affect the shaping of the health system (6) as well as some predictors (e.g. educational level).

A satisfied patient is more likely to develop a deeper and longer lasting relationship with their medical provider, leading to improved compliance, continuity of care, and ultimately better health outcomes (7).

Patients' own experiences may not directly relate to the quality of the care provided, but rather their expectations of what they believe should be provided or their expectations of their prognosis, treatment, family interaction, and environment. And yet, there is much still unknown (8).

The main aim of this study is to assess the level of patient satisfaction in continuity care clinics at West Bay health center

This research was conducted to answer the question: How are the patients attending the Continuity of Care Clinic satisfied with the available care provided?

Methods

Study Design: Descriptive cross sectional study

Study setting:

This study was conducted in West Bay Training Health Center affiliated to Primary Health Care Corporation in Qatar where the Family Medicine Residency Program runs its activity in the form of academic days and continuity care clinic which is run by residents of family medicine and supervised by faculties from the family medicine department.

Study Subject:

Two hundred patients were asked to fill out the short form of patient satisfaction questionnaire (PSQ 18) (9) in the period from April-May 2018.

Data Collection Methods:

The PSQ 18 is an instrument that contains 18 items tapping each of the seven dimensions of satisfaction with medical care: general satisfaction, technical quality, interpersonal manner, communication, financial aspects, time spent with doctor, and accessibility and convenience.

Data analysis :

Data was collected and analyzed using Mean \pm SD for total score in each dimension and relation between patient character and scores for dimensions analyzed by (STATA 9) and P value \leq 0.05 was considered significant.

Results

Table 1: Shows the sociodemographic character of the sample population. There were 47.5% below 40 years, 56.6% were females, 71% were married, 50% were Qatari, and 61% had a chronic medical condition.

Table 2: Shows the patient satisfaction subscale

Patients showed high scores in all domains of patient satisfaction dimensions however the lowest scores in domains were for interpersonal manner (3.54 ± 0.74) and time spent (3.80 ± 0.78).

Table 3: Shows the relation between patient satisfaction and sociodemographic characters.

Females had a significant score (4.6 ± 0.6) $P \leq 0.02$ in general satisfaction domain while chronic patients reported borderline significant score (4.1 ± 0.5) $P \leq 0.05$ in technical quality domain.

Table 1. Description of patient Socio-demographic characteristics (N=200)

No.	Character		Frequency	Percentage
1.	Age Group (Years)	< 40	95	47.5
		≥ 40	105	52.5
2.	Gender	Female	113	56.5
		Male	87	43.5
3.	Educational level	Primary	32	16.0
		Secondary	79	39.5
		University	89	44.5
4.	Marital Status	Ever-married	142	71.0
		Never-Married	58	29.0
5.	Nationality	Qatari	101	50.5
		Non-Qatari	99	49.5
6.	Medical Problem	Acute	78	39.0
		Chronic	122	61.0

Table 2. Summary of Patient Satisfaction subscales (N=200)

	Factor	Median	Mean ± Standard Deviation
1.	General Satisfaction	4.50	4.37 ± 0.65
2.	Technical Quality	4.25	4.19 ± 0.65
3.	Interpersonal Manner	3.50	3.54 ± 0.74
4.	Communication	4.50	4.26 ± 0.72
5.	Financial aspects	4.50	4.25 ± 0.69
6.	Time spent	4.00	3.80 ± 0.78
7.	Accessibility & Convenience	4.00	3.89 ± 0.65

Table 3: Relationship between patient sociodemographic characteristics and patient satisfaction sub-scales (N = 200)

	General Satisfaction		Technical Quality		Interpersonal Manner		Communication		Financial Aspects		Time spent		Accessibility & Convenience	
	X \pm σ	P-value	X \pm σ	P-value	X \pm σ	P-value	X \pm σ	P-value	X \pm σ	P-value	X \pm σ	P-value	X \pm σ	P-value
Age Group (Yrs)	<40	0.90	4.2 \pm 0.7	0.73	3.5 \pm 0.7	0.73	4.3 \pm 0.6	0.30	4.3 \pm 0.7	0.58	3.8 \pm 0.8	0.89	3.9 \pm 0.7	0.58
	\geq 40		4.2 \pm 0.6		3.6 \pm 0.8		4.2 \pm 0.8		4.2 \pm 0.7		3.8 \pm 0.7		3.9 \pm 0.6	
Gender	Female	0.02*	4.5 \pm 0.6	0.61	3.5 \pm 0.7	0.85	4.3 \pm 0.7	0.81	4.3 \pm 0.7	0.32	3.9 \pm 0.8	0.15	3.9 \pm 0.6	0.72
	Male		4.2 \pm 0.7	4.2 \pm 0.5	3.5 \pm 0.8		4.2 \pm 0.7		4.2 \pm 0.7		3.7 \pm 0.7		3.9 \pm 0.7	
Educational level	Primary	0.47	4.3 \pm 0.6	0.30	3.5 \pm 0.8	0.58	4.1 \pm 0.7	0.62	4.1 \pm 0.8	0.26	3.8 \pm 0.7	0.75	3.9 \pm 0.6	0.78
	Secondary		4.4 \pm 0.6	4.1 \pm 0.5	3.5 \pm 0.7		4.3 \pm 0.7		4.3 \pm 0.7		3.8 \pm 0.7		3.9 \pm 0.6	
	University		4.4 \pm 0.6	4.3 \pm 0.8	3.6 \pm 0.7		4.3 \pm 0.8		4.3 \pm 0.7		3.8 \pm 0.9		3.9 \pm 0.7	
Marital Status	Ever-M	0.14	4.4 \pm 0.6	0.77	3.5 \pm 0.8	0.92	4.2 \pm 0.8	0.79	4.2 \pm 0.7	0.69	3.8 \pm 0.8	0.61	3.9 \pm 0.6	0.26
	Never-M		4.3 \pm 0.8	4.2 \pm 0.9	3.5 \pm 0.7		4.3 \pm 0.6		4.3 \pm 0.7		3.8 \pm 0.8		3.8 \pm 0.6	
Nationality	Qatari	0.08	4.3 \pm 0.7	0.17	3.4 \pm 0.7	0.06	4.2 \pm 0.8	0.35	4.3 \pm 0.7	0.72	3.8 \pm 0.7	0.92	3.9 \pm 0.7	1.00
	Non-Qatari		4.4 \pm 0.6	4.3 \pm 0.7	3.6 \pm 0.8		4.3 \pm 0.7		4.2 \pm 0.7		3.8 \pm 0.8		3.9 \pm 0.6	
Medical Problem	Acute	0.48	4.3 \pm 0.7	0.05	3.5 \pm 0.7	0.31	4.2 \pm 0.7	0.14	4.2 \pm 0.7	0.24	3.7 \pm 0.8	0.34	3.9 \pm 0.7	0.98
	Chronic		4.4 \pm 0.6	4.3 \pm 0.7	3.6 \pm 0.8		4.3 \pm 0.7		4.3 \pm 0.7		3.8 \pm 0.7		3.9 \pm 0.6	

X: Mean, σ : Standard Deviation | P-value <0.05

Discussion

The current study aimed at determining the level of patients' satisfaction with continuity of care clinics. The level of satisfaction with the services provided showed high scores in all domains reaching 4.37 ± 0.65 representing 90% in the general satisfaction domain. These findings match satisfaction of care in Majmaah in Saudi Arabia reaching 81.7% (10). In another study in Kuwait satisfaction reached 96.5% (11). The high satisfaction rate may be due to that continuity of care has advantages such as being more organized with a good appointment system and patients can see the same physicians each time.

However the lowest scores in domains of satisfaction were for interpersonal manner (3.54 ± 0.74) and time spent (3.80 ± 0.78) which warrant great emphasis upon these domains as cleanliness, competence of the staff, along with respect and good handling are the drivers behind the high level of satisfaction in the Qatar study (12).

With regard to time spent, lower scores of satisfactions could be explained by Generally, during the evaluation of PSQ-18 estimates, we noticed the remarkably low satisfaction estimates of Accessibility and Convenience, and Time Spent with Doctor confirmed in many studies (13). A study found that the shorter consultation time was the strongest prognostic index causing poorer satisfaction (14).

In this study, females have a significant score (4.6 ± 0.6) $P \leq 0.02$ in the general satisfaction domain.

This finding matches a study conducted in Kuwait where females were more satisfied with the health services provided than the males (11), while males were more satisfied than females about the provided PHC centers' services in a Saudi Study (10). This could be explained by that the high level of satisfaction among the females may be due to the fact that the work load on female staff is high and moving them into the continuity care side saves time and gives more care.

The present study stated that there is no significant relation in regard to age, gender, marital status and satisfaction domains. This matches with a Saudi study (15) showing no association between patients' satisfaction and gender, marital status and average monthly income.

Conclusion

Patient satisfaction scores were appropriate in all domains of care in continuity care clinics but more attention must be focused on training regarding interpersonal communication and time spent in consultation with physicians.

Competing interests: No conflict of interest

Ethical Considerations: This research project is approved from IRB (Institutional Review Board) in Primary Health Care Corporation

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