

Patient's Satisfaction: Insight into Access to Service, Interpersonal Communication and Quality of Care Issues

Abdulaziz Al Odhayani (1)

Rajab Ali Khawaja (2)

(1) Dr Abdulaziz Al Odhayani, Assistant Professor¹, SBFM, ABF, MRCGP
Department Of Family Medicine, King Khalid University Hospital, King Saud University

(2) Dr Rajab Ali Khawaja, FCPS, MRCGP, Consultant Family Physician
Family & Community Medicine, King Saud Medical City Riyadh,

Correspondence:

Dr Rajab Ali Khawaja, FCPS, MRCGP

Consultant Family Physician

Family & Community Medicine, King Saud Medical City Riyadh,

Kingdom Of Saudi Arabia

Mobile No: 00966-502704266

Email: rajab99@hotmail.com; rajabali999@yahoo.com

Abstract

Objective: To assess patient satisfaction and expectations from the family medicine department at a newly established public sector hospital in Riyadh.

Methodology: A cross sectional study. Pre tested, pre designed, well structured questionnaire written in English with Arabic translation was administered to randomly selected volunteer patients, who presented to family medicine clinics of a tertiary care hospital from February to March 2014. A total of 148 anonymously completed questionnaires were returned to the investigator. Data were analyzed using SPSS-21 and the results expressed as counts and percentages.

Results: The overall level of patient satisfaction on a Likert scale from 1 to 5 was indicated by a mean score of 3.84 ± 1.27 for pre-consultation process and 4.63 ± 0.75 for process of consultation by family physicians. The highest satisfaction was with family physicians who clearly explained what is wrong before giving any treatment (4.72 mean points) and the lowest for availability of reading material in the waiting room (2.93 mean points).

Conclusion: Consultation by family physicians followed by nursing services were highly satisfactory whereas the satisfaction score and written comments of some of the participants reflected a need to improve some infrastructure and administrative aspects.

Key words: Patient's satisfaction, Likert Scale, Family Medicine, Primary Care

Introduction

Patient satisfaction is deemed to be one of the important factors which determine the success of a health care facility and has long been considered as an important component when measuring health outcomes and quality of care (1-4). Health care consumers today, are more sophisticated than in the past and now demand increasingly more accurate and valid evidence of health plan quality. Hence, basic to the success of any practice is to satisfy patients by thoroughly understanding their needs, which definitely can make a big impact on the service and improves the overall quality of care (5-9).

Patient satisfaction survey is an effective tool to either design a new practice plan or to improve a practice plan in which stakeholders are already participating (10).

Studies have shown, that patient satisfaction is directly related to adherence with the pharmaceutical and non pharmaceutical advice; it improves trust and loyalty and decreases the number of lawsuits (11, 12).

A well established process to measure client satisfaction is by a survey, which is usually performed by using a short and easily administered questionnaire, that provides information and insight on patients' views of the services they receive (13).

We conducted this study due to the increasingly competitive environmental and global trend in healthcare development towards integrating client satisfaction into the evaluation of medical service quality. The Family Medicine Department at Prince Mohammad Bin Abdulaziz hospital (PMAH) is considered to act as a gatekeeper of treatment for patients. Thereby, Family Medicine must achieve customer satisfaction by providing quality services. This study was therefore undertaken with the aim to find out the level of patient satisfaction related to different parameters of quality of health.

Subjects and Methods

This cross sectional study was conducted among patients of Prince Mohammad Bin AbdulAziz Hospital (PMAH) during their visit to the family medicine clinics. PMAH is a community based tertiary care hospital with 500 beds. This hospital serves the referral patients from 21 public primary health care centers of Riyadh. The study was conducted from February to March, 2014 to assess the patient's satisfaction related to the service being provided at family medicine clinics at PMAH. A systematic randomized sampling technique was used to select the participants irrespective of their gender, nationality, age, marital status, educational level or Bio-Psycho-Social status. A pre tested, pre designed well structured questionnaire containing open-ended and close-ended questions written in English with Arabic translation, was administered to every 5th volunteer patient, during working hours i.e. 8:00 Am - 4:00 Pm from Saturday to Wednesday. The covering letter of the questionnaire outlined the title and the purpose of the study and the identity of the researcher. Participants

were informed about the importance of the study and were encouraged to participate. The questionnaire was divided into various sections with 26 items to highlight the most important issues related to the quality of care, accessibility to the service and interpersonal attitude and etiquette. Closed question responses requested for items were in a 5-point Likert scale, ranging from 'poor =1' to 'excellent = 5'. In a section at the end of the survey questionnaire, comments/suggestions were requested from the participants to improve the quality of service. Various steps were taken to increase the content validity of the questionnaire. Firstly, a comprehensive review of the relevant literature was carried out. Secondly, a pilot survey of 30 participants was conducted and on the basis of that a few questions were reformed, added or deleted. Lastly, all participants were informed and assured about the issue of anonymity and no identifying information was included in the questionnaire. The pilot survey questionnaires were not included in the main survey. The data for this study were collected by staff nurses working in the primary care clinics of PMAH.

Statistical Analysis

The Likert scale was used in this survey research. It is often used to measure respondents' attitudes by asking the extent to which they agree or disagree with a particular question or statement. A typical scale of "poor, fair, good, very good and excellent" was used. Data was entered into a spread sheet and processed on Statistical Package for Social Sciences-21 (SPSS-21). Demographic data and answers to the questions in the questionnaire were analyzed in a descriptive fashion. Results were expressed as counts and percentages. When necessary, data were also presented in Mean \pm SD.

Results

Out of 200 administered questionnaires, one hundred and forty eight (74%) anonymously completed questionnaires were returned to the investigator. Fifty seven respondents were men and 91 women.

The mean age of respondents was 37.40 ± 14.87 years.

The majority of the respondents refused to answer their educational and job status. Participants, who responded were university level education (31.8%) and were professionals (20.9%).

The questionnaire was divided into two main parts:
A). PRE-CONSULTATION PROCESS AND AVAILABLE FACILITIES,
B). CONSULTATION PROCESS.

When items of Likert scale for areas of satisfaction were recorded, the mean and standard deviation for overall level of satisfaction was 3.84 ± 1.27 for pre-consultation process and 4.63 ± 0.75 for process of consultation by family physicians.

Table 1: Demographic Details Of Participants

Age	37.40 ± 14.87 years
Gender	
Men	57 (38.5 %)
Women	91 (61.5 %)
EDUCATION	
No response	59 (39.9%)
Illiterate	04 (2.7%)
Primary	06 (4.1%)
Secondary	21 (14.2%)
College	11 (7.4%)
University	47 (31.8%)
JOB	
No response	62 (41.9%)
House wife	14 (9.5%)
Student	17 (11.5%)
Retired	07 (4.7%)
Jobless	02 (1.4%)
Managerial	06 (4.1%)
Professional	31 (20.9%)
Technician & associate professionals	04 (2.7%)
Service & sales worker	02 (1.4%)
Skilled agricultural, forestry and fishery worker	01 (0.7%)
Plant and machine operator and assemblers	02 (1.4%)

The respondents reported their highest level of satisfaction with the quality of the services provided by doctors followed by registered nurses. The lowest level of satisfaction was for access to medical care, waiting time, appointment time and comfort of waiting room.

Table 2A presents the results of the pre consultation process and available facilities. The main area of less satisfaction were enough reading material in waiting room, waiting time, pleasant environment of waiting room and to get an appointment at a convenient time. Most of the patients were satisfied with the nurses who listened to them carefully and addressed their concerns carefully. Their response also showed that nurses were very reassuring.

Table 2B (page 22) presents data for consultation process. Patients were satisfied with all the attributes of consultants. Mean response was greater than 4.5 out of 5 for all the questions.

Discussion

Consumer's satisfaction is generally considered as the extent to which the consumers feel that their needs and expectations are being met by the services provided. Patients usually express their views through complaints procedures (12), changing doctors (14) and by expressing their opinion on the quality of services received (15).

In our study, the overall level of patient satisfaction with the services before consultation, on an ascending scale from 1 to 5, was indicated by a mean score of 3.84 implying that, in general, they perceived that the quality of the healthcare services before consultation were relatively moderate. They were not entirely dissatisfied with the quality of the services, but they were not entirely satisfied. On the other hand, patients were highly satisfied with all the attributes of consultation by family physicians (mean score 4.63). The findings of this study

related to patient satisfaction are comparable to a similar study from Kuwait (16), Egypt (17) and Nigeria (18). Patients are more satisfied in our study compared with the studies from Hail and Jeddah cities, where the mean score was 3.60 and 3.76 (7, 19).

Physician's good communication skill is a well recognized key component of patient satisfaction (20-22). Based on the results of this study, almost all patients reported a high level of satisfaction with various aspects of family physician's consultation. The most likely explanation for this positive finding could be the excellent communication skills of the family physician. Respondents in the current survey also reported the highest level of satisfaction for the friendliness, courtesy, personal interest, reassurance, respect, support and time offered to the patients by the physicians.

Table 2A: Patient's Satisfaction with Family Medicine Department, PMAH

<i>Characteristics</i>	<i>Poor</i> <i>(1)</i>	<i>Fair</i> <i>(2)</i>	<i>Good</i> <i>(3)</i>	<i>Very good</i> <i>(4)</i>	<i>Excellent</i> <i>(5)</i>	<i>Mean ± SD</i>
PRE-CONSULTATION PROCESS AND AVAILABLE FACILITIES						
Easy to get an appointment	12 (8.12)	13 (8.81)	24 (16.2)	27 (18.2)	72 (48.6)	3.91±1.32
Easy to see a doctor of choice	10 (6.8)	14 (9.5)	34 (23)	22 (14.9)	68 (45.9)	3.84±1.29
Easy to get an appointment at a convenient time	14 (9.5)	12 (8.1)	31 (20.9)	22 (14.9)	69 (46.6)	3.81±1.35
Pleasant environment of waiting room	14 (9.5)	13 (8.8)	27 (18.2)	34 (23)	60 (40.5)	3.76±1.32
Enough seats in waiting room	7 (4.7)	16 (10.8)	20 (13.5)	22 (14.9)	83 (56.1)	4.07±1.25
Enough reading material in waiting room	47 (31.8)	16 (10.8)	23 (15.5)	24 (16.2)	38 (25.7)	2.93±1.61
Waiting time was satisfactory	21 (14.2)	27 (18.2)	25 (16.9)	32 (21.6)	43 (29.1)	3.33±1.43
Receptionists treated me with patience and understanding	7 (4.7)	9 (6.1)	26 (17.6)	24 (16.2)	82 (55.4)	4.11±1.18
Nurses listened carefully	3 (2)	10 (6.8)	24 (16.2)	35 (23.6)	76 (51.4)	4.16±1.05
Nurses were very reassuring	4 (2.7)	10 (6.8)	24 (16.2)	30 (20.3)	80 (54.1)	4.16±1.09
Nurses answered all questions	3 (2)	15 (10.1)	23 (15.5)	27 (18.2)	80 (54.1)	4.12±1.13
Overall mean ± SD						3.84 ± 1.27

Table 2B: Patient's Satisfaction with Family Medicine Department, PMAH (Part A)

<i>Characteristics</i>	<i>Poor</i> <i>(1)</i>	<i>Fair</i> <i>(2)</i>	<i>Good</i> <i>(3)</i>	<i>Very good</i> <i>(4)</i>	<i>Excellent</i> <i>(5)</i>	<i>Mean ± SD</i>
CONSULTATION PROCESS						
I felt confident discussing problems with the doctor	2 (1.4)	1 (0.7)	12 (8.1)	24 (16.2)	109 (73.6)	4.60±0.78
Doctor showed a genuine interest in my problem	1 (0.7)	3 (2)	7 (4.7)	21 (14.2)	116 (78.4)	4.68±0.72
Doctor did not feel rush during consultation	4 (2.7)	5 (3.4)	13 (8.8)	25 (16.9)	101 (68.2)	4.45±0.98
Doctor was very careful to check everything important	1 (0.7)	4 (2.7)	12 (8.1)	22 (14.9)	109 (73.6)	4.58±0.81
Doctor treated me in a very friendly and courteous manner	0(0)	1 (0.7)	10 (6.8)	20 (13.5)	117 (79.1)	4.71±0.62
Doctor clearly explained what is wrong before giving any treatment	1 (0.7)	1 (0.7)	10 (6.8)	15 (10.1)	121 (81.8)	4.72±0.68
Doctor explained at the level of my understanding	0(0)	1 (0.7)	11 (7.4)	26 (17.6)	110 (74.3)	4.66±0.65
Doctor requested necessary tests and explained them to me	1 (0.7)	0(0)	11 (7.4)	22 (14.9)	114 (77.0)	4.68±0.67
Doctor gave me good advice and treatment	1 (0.7)	1 (0.7)	12 (8.1)	18 (12.2)	116 (78.4)	4.67±0.71
Doctor took care of my privacy and confidentiality	1 (0.7)	2 (1.4)	11 (7.4)	23 (15.5)	111 (75.0)	4.63±0.74
Doctor respected my cultural and religious norms	2 (1.4)	0(0)	10 (6.8)	21 (14.2)	115 (77.7)	4.67±0.72

Table 2B: Patient’s Satisfaction with Family Medicine Department, PMAH (Part B)

I think my doctor is competent and well trained	2 (1.4)	1 (0.7)	8 (5.4)	24 (16.2)	113 (76.4)	4.66±0.74
I have confidence in my doctor	2 (1.4)	1 (0.7)	11 (7.4)	25 (16.9)	109 (73.6)	4.61±0.77
I am satisfied with the medical care I received	2 (1.4)	4 (2.7)	11 (7.4)	27 (18.2)	104 (70.3)	4.53±0.85
I am satisfied with the consultation time	2 (1.4)	1 (0.7)	10 (6.8)	27 (18.2)	108 (73.0)	4.61±0.76
Overall mean ± SD 4.63 ± 0.75						

Waiting time and waiting room facilities directly influence the satisfaction of patients (10). In our study, patients were least satisfied with waiting time and availability of facilities in the waiting room. Findings of this study are comparable with the study from United States in which longer waiting times were associated with lower patient satisfaction ($p < 0.05$) (23). In another study, availability of a video in waiting room significantly increased the satisfaction score (24).

Some limitations should be considered when evaluating this study. Relatively small sample size, not interviewing patients directly and limiting the study to one institute may influence negatively towards the generalizability of the results. Patient’s satisfaction alone, is not an appropriate indicator to make favorable comments on quality of primary health care services. Therefore, there is a need to assess and evaluate other indicators of quality in depth, like error rate, patient’s complaints, lawsuits, physician’s documentation, etc. However, the significantly high level of patient’s satisfaction, related to various areas which were assessed, justifies a degree of generalizability.

Conclusion

Patient satisfaction is an increasingly important issue, both in evaluation and the shaping of health care. The findings from this study showed that the overall satisfaction with services at the family medicine clinics of a tertiary care hospital (PMAH) was above average, however, we observed varying degrees of dissatisfaction with some services. The results of this study will support policy and decision makers to make better plans to address the attributes falling under satisfaction.

ACKNOWLEDGMENTS: We wish to thank Mr. Munir Chaudri (Bio-Statistician) for contribution in data analysis.

References

1. Al-Abri R, Al-Balushi A. Patient Satisfaction Survey as a Tool Towards Quality Improvement. *Oman Med J*, 2014; 29(1): 3-7
2. Al Yousif N, Hussain HY, Mhkluf MMED. Health Care Services utilization and satisfaction among elderly in Dubai, UAE and some Associated Determinants. *Middle East Journal of Age and Ageing*, 2014; 11(3): 25-33
3. Adamu H, Oche MO. Patient Satisfaction with Services at a General Outpatient Clinic of a Tertiary Hospital in Nigeria. *British Journal of Medicine & Medical Research*, 2014; 4(11): 2181-2202
4. Galhotra A, Sarpal SS, Gupta S, Goel NK. A cross-sectional study on patient satisfaction toward services received at rural health center, Chandigarh, North India, 2013; 6(2): 240-244
5. Cho WH, Lee H, Kim C, Lee S, Choi KS. The Impact of Visit Frequency on the Relationship between Service Quality and Outpatient Satisfaction: A South Korean Study. *Health Serv Res*, 2004; 39(1): 13-33
6. Torres EJ, Guo KL. Quality improvement techniques to improve patient satisfaction. *Int J Health Care Qual Assur Inc Leadersh Health Serv*, 2004. 17(6); 334 - 338
7. Alshammari F. Patient satisfaction in primary health care centers in Hail city, Saudi Arabia. *Am J Applied Sci*, 2014: 11(8); 1234-1240
8. Khan OA. Iqbal M, Waseem AG. Patients Experience and Satisfaction with Healthcare at Pakistan Railways Hospital, Rawalpindi. *Ann. Pak Inst Med Sci*, 2012; 8(2): 122-124
9. Arshad S, Andrabi H, Hamid, Shamila, Masooda S. Measuring patients satisfaction: a cross sectional study to improve quality of care at a tertiary care hospital. *East Afr J Public Health* 2012; 9(1):26-28
10. Michael M, Schaffer SD, Egan PL, Little BB, Pritchard PS. Improving wait times and patient satisfaction in primary care. *J Heathc Qual* 2013; 35(2):50-59

11. Platonova EA, Kennedy KN, Shewchuk RM. Understanding Patient Satisfaction, Trust, and Loyalty to Primary Care Physicians. *Med Care Res Rev.*, 2008; 65(6); 696-712
12. Stelfox HT, Gandhi TK, Orav EJ, Gustafson ML. The relation of patient satisfaction with complaints against physicians and malpractice lawsuits. *Am J Med*, 2005; 118(10): 1126- 33
13. Albalushi RM, Sohrabi MR, Kolahilnt AA. Client's Satisfaction with Primary Health Care in Muscat. *J Prev Med.* 2012; 3(10): 713-717
14. Guo Y, Kuroki T, Yamashiro S, Koizumi S. Illness behaviour and patient satisfaction as correlates of self-referral in Japan. *Fam Pract* 2002; 19(4):326-32
15. Khawaja RA, Qureshi R, Shafae M, Sattar K, Akasha MY, Memon GM. Physician operated medication refill clinics in a primary care setting: patient's views and satisfaction regarding the quality of service. *Medical Channel Journal* 2011; 17(1): 4-8
16. Al-Eisa IS, Al-Mutar MS, Radwan MM, Al-Terkit AM. Patients' Satisfaction with Primary Health Care Services at Capital Health Region, Kuwait. *MEJFM*, 2005; 3 (3): 10-16
17. Gadallah M, Zaki B, Rady M, Anwer W, Salam I. Patient satisfaction with primary health care services in two districts in Lower and Upper Egypt. *East Med Health J* 2003; (3):422-430
18. Okokon IB, Ogbonna UK (2013) The Consultation in Primary Care: Physician Attributes that Influence Patients' Satisfaction in Calabar, Nigeria. *J Gen Pract* 2:135. doi: 10.4172/2329-9126.100013522
19. Al-Doghaither AH, Saeed AA. consumer's satisfaction with primary health services in the city of Jeddah, Saudi Arabia. *Saudi Med J* 2000; 21(5):447-54
20. Clever SL, Jin L, Levinson W, Meltzer DO. Does Doctor-Patient Communication Affect Patient Satisfaction with Hospital Care? Results of an Analysis with a Novel Instrumental Variable. *Health serv Res* 2008; 43 (5): 1505-1519
21. Shukla AK, Yadav VS, Kastury N. Doctor-Patient Communication: An Important but Often Ignored Aspect in Clinical Medicine. *JACM*, 2010; 11(3): 208-11
22. Levinson W, Lesser CS, Epstein RM. Developing physician communication skills for patient-centered care. *Health Aff (Millwood)*, 2010; 29(7):1310-8
23. Anderson RT, Camacho FT, Balkrishnan R. Willing to wait?: the influence of patient wait time on satisfaction with primary care. *BMC Health Serv Res* 2007; 7:31
24. Papa L, Seaberg DC, Rees E, Ferguson K, Stair R, Goldfeder B. Does a waiting room video about what to expect during an emergency department visit improve patient satisfaction?