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Research Article

Patient satisfaction with primary healthcare services in a rural area of Hadim county, Konya

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Abstract

Objective: Evaluation of patient satisfaction is widely used as a tool to measure healthcare quality. The aim of this study is to evaluate patient satisfaction with Family Health Centre services (FHC) in a village of Hadim county, Konya province, Turkey. **Methods:** This study was carried out in a rural area and data was collected using self-administered questionnaires and face-to-face interviews with people who live in Gezlevi village, Konya. Turkish versions of the Patients Evaluate General/Family Practice (EUROPEP) questionnaire was used. The study sample was randomly selected among adults (>18) who live in the village who visited the FMC within a one-year period. **Results:** The mean age of the 230 participants was 38.2 ± 1.1 years and ranged from 18 to 88 years. More than half of the participants were males (62.6%). A majority of the patients were satisfied for the domains: "the doctor listens to them, 96.5%"; "Physical examination, 96.1%"; "Keeping their records and data confidential, 90.4%"; "Enough time during consultation, 89.6%"; "Making it easy to tell him or her about their problem, 86.1%". However, the participants were less satisfied with the domains: "Being able to speak to the GP on the telephone, 75.2%"; "Getting through to the practice on the telephone, 72.6%"; "Suitable appointment, 62.2%"; "Helping deal with emotional problems related to health status, 65.7%"; "involved in decisions about their medical care, 55.2%".

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Conclusion: Overall satisfaction level was 78.7% with primary healthcare services. Among the investigated domains, highest satisfaction was observed in the 'doctor–patient relationship' while dissatisfaction was observed in the involvement of patients about decisions regarding their medical care.

Keywords: Family health centre, patients satisfaction, rural residents

Konya'nın Hadim ilçesi kırsal kesimindeki birinci basamak sağlık hizmetlerinden hasta memnuniyeti

Öz

Amaç: Bu çalışmanın amacı Konya ili Hadim ilçesinin bir mahallesinde bulunan Aile Sağlığı Merkezi'nin (ASM) çalışmaları ile buradan hizmet alan hastaların memnuniyetinin değerlendirilmesidir. **Yöntem:** Çalışma, kırsal yerleşim olan Konya ili Hadim ilçesine bağlı Gezlevi mahallesinde yaşayan kişilerin anket sorularını kendilerinin yanıtlaması ve araştırmacıların yüz yüze görüşmeleri ile verilerin toplanması şeklinde gerçekleştirilmiştir. Hasta görüşlerinin değerlendirilmesi için Genel/Aile Hekimliği(EUROPEP) anketinin Türkçe versiyonu kullanılmıştır. Çalışma grubu, ASM'nden bir yıllık süre içinde hizmet alan ve mahallede ikamet eden 18 yaş üstü kişiler arasından rastgele seçilmiştir. **Bulgular:** 230 katılımcının yaş ortalaması 38.2 (± 1.1 yıl) olup, 18 ile 88 arasında değişmektedir. Katılımcıların yarısından fazlası erkektir (% 62.6). Hastaların çoğunun memnun olduğu alanlar "Doktorunun onları dinlemesi %96.5"; "Fiziki muayene %96.1"; "Kayıtlarını ve verilerini gizli tutması %90.4"; "Muayene esnasında yeterli zaman ayırması %89.6" ve "Ona sorunlarından bahsetmeyi kolaylaştırması %86.1" olmasına rağmen memnun olmadıkları alanlar ise şu şekildedir: "Aile hekimiyle telefon aracılığıyla konuşabilmesi %75.2"; "Muayene için telefonla ulaşabilmesi %72.6"; "Uygun randevu %62.2"; "Sağlık durumu ile ilgili duygusal problemleriyle başa çıkması %65,7"; "Tıbbi kararlara katılabilmesi %55.2". **Sonuç:** Birinci basamak sağlık hizmetlerinden genel memnuniyet düzeyi % 78,7'dir. İncelenen alanlar arasında en yüksek memnuniyet 'doktor-hasta ilişkisinde' gözlenirken 'tıbbi kararlara katılım' konusunda memnuniyet düşüktür.

Anahtar Kelimeler: Aile sağlığı merkezi, hasta memnuniyeti, kırsal bölge sakinleri

Introduction

A good primary healthcare system is central to improving the health of the population and tackling inequalities in health. The World Health Organization (WHO) conceptualized primary healthcare (PHC) in the late 1970s, attempting to draw attention to the social causes of poor health, such as poverty and lack of access.[1] Since the declaration of Alma-Ata in 1978[2], a growing body of research demonstrates the positive effects of PHC on health outcomes and wider health system functions (Alma Ata Declaration on Primary Health Care). The declaration highlighted primary healthcare as the means to maintaining better health standards for all people by the year 2000, stating: "primary health care is essential health care based on

practical, scientifically sound and socially acceptable methods and technology".[3] They point out that PHC is the first contact of individuals with the country's health system. According to Gillam, PHC is also considered a critical base for extending care to communities and vulnerable groups.[4] Thus, it can be defined as the corner stone for national health. It has been reported that the cost-efficiency of healthcare would be better by transitioning the focus towards primary healthcare.[5] Most health systems around the world remain heavily focused on illness and do relatively little to optimize health and thereby minimize the burden of illness, especially for vulnerable groups.[6,7] The Republic of Turkey implemented major health system reforms in 2003, the Health Transformation Programme (HTP), with a particular emphasis on expanding PHC through organizational, financing and service delivery changes to achieve UHC. Prior to the reforms, Turkey had an inequitable health system: almost a quarter of the population lacked health insurance and there were large variations in health service coverage and health outcomes by regions.[8] Turkey introduced the new family-medicine (FM) model (Panel 3. Key changes to health system functions related to primary health care implemented in Turkey), the FM pilot model was approved in November 24, 2004 after initially being piloted in the Düzce province in 2005.[9] The FM model replaced the historic PHC system with FM teams offering - free of charge - an increased range of services, including immunizations, monitoring of children and pregnant women, family planning, home visits and regular annual health checks.[10] By 2011, the entire population of Turkey (all 74 million in 81 provinces) was covered by the FM programme, with 20, 243 FM doctors working in 6,463 family health centres around the country.[11] According to the literature, most studies focus on patient satisfaction with polyclinics and hospitals in urban areas. However, there is relatively little research focusing on the rural areas of the country. The aim of this study is to evaluate patient satisfaction with Family Health Centres (FHC) in a village of Hadim county, Konya province Turkey.

Methods

Study design and study location

A cross-sectional survey was conducted among rural residences in the rural area of Hadim county, Konya province, Turkey. Data was collected in 2017 from 230 rural residences who live in the Gezlevi village in Konya province by trained researchers. Gezlevi is a village in Hadim county, Konya, Turkey. The village is 16 km away from centre of Hadim county, with a total population of 1,445 in 2016.[12]

Study sample and data collection

A total of 230 people from a population of 1,445 from the Gezlevi village participated in this study. The targeted sample size was obtained after considering sample size calculations based on sample size estimation for proportion in survey type studies.[13] Assuming the level of significance is 0.05, power of 95%, anticipated population proportion 15%. Additionally, 20% subjects were added to allow adjustment of other factors such as withdrawals during the survey or missing data. The study sample was randomly selected among those who lived in the village, visited the FM centre within one-year period and were above 18 years old. People who came to the village as guests and people who were not willing to participate in the study were excluded. The questionnaire was distributed to study participants to fill in and face-to-face interviews were also conducted if the participants could not read the questions due to illiteracy or poor eye vision and each interview took around twenty minutes.

Study questionnaire and scoring

The study questionnaire contained two parts, the first part related to participant's socio-economic information and second part related to patient satisfaction with FHC centres. Patients Evaluate General/Family Practice (EUROPEP) questionnaire 14. was translated into Turkish, validity and reliability was ascertained 15. The Turkish version of the questionnaire was used for data collection. The questionnaire consists of 23 questions, the questions are under four different subtitles; relationship and communications (6 questions), medical care (5 questions), information and support (4 questions) and continuity and co-operation (8 questions). For patient evaluate family practice questions, 1 was given if participants were satisfied with FHC centre health services while 0 was given if they were not satisfied. Total satisfaction ranged between 0-23, scores 0 to 13 were consider as dissatisfied while 14 to 23 consider as satisfied with health services given by FHC centre.

Statistical analysis and ethic clearance

The data was analysed using SPSS version 22. Descriptive statistics were used to describe the study population's socio demographic information and respondents' answers to patient satisfaction questions. The Chi-square test was used to determine the relationship between patients' satisfaction and sociodemographic factors.

Results

In total, 230 village residents participated in the study. The mean age of the 230 participants was 38.2 ± 1.1 years and ranged from 18 to 88 years. More than half of participants were male (62.6%). Only six participants were illiterate, 45% of them finished primary school and 12% of them graduated from university with a Bachelor's Degree (table 1).

Table 1. Socio-demographic characteristics of participants

Factors	Frequency n	Percentage (%)
Gender		
Male	144	62.6
Female	86	37.4
Marital status		
Married	139	60.4
Single	91	39.6
Education		
Illiterate	6	2.6
Primary school	104	45.2
Middle school	84	36.5
Associate Degree	8	3.5
Bachelor's Degree	28	12.2
Age group		
18-24	61	26.5
25-34	51	22.2
35-44	43	18.7
45-54	28	12.2
55 and above	47	20.4

Table 2. Distribution of the respondent's satisfaction towards FHC services

Items	Yes		No	
	n	%	n	%
Relation and communication				
1. Making you feel you had time during consultation?	206	89.6	24	10.4
2. Interest in your personal situation?	188	81.7	42	18.3
3. Making it easy for you to tell him or her about your problem?	198	86.1	32	13.9
4. Involving you in decisions about your medical care?	103	44.8	127	55.2
5. Listening to you?	222	96.5	8	3.5
6. Keeping your records and data confidential?	208	90.4	22	9.6
Medical care				
7. Quick relief of your symptoms?	162	70.4	68	29.6
8. Helping you to feel well so that you can perform your normal daily activities?	187	81.3	43	18.7
9. Thoroughness?	189	82.2	41	17.8
10. Physical examination of you?	221	96.1	9	3.9
11. Offering you services	191	83.0	39	17
Information and support				
12. Explaining the purpose of tests and treatments?	145	63.0	85	37.0
13. Telling you what you wanted to know about your symptoms and/ or illness?	194	84.3	36	15.7
14. Helping you deal with emotional problems related to your health status?	79	34.3	151	65.7
15. Helping you understand the importance of following his or her advice	178	77.4	52	22.6
Continuity and co-operation				
16. Knowing what s/he had done or told you during consultation?	130	56.5	100	43.5
17. Preparing you for what to expect from specialist or hospital care? Availability and accessibility	185	80.4	45	19.6
18. The helpfulness of the staff (other than the doctor)?	166	72.2	64	27.8
19. Getting an appointment to suit you?	87	37.8	143	62.2
20. Getting through to the practice on the telephone?	63	27.4	167	72.6
21. Being able to speak to the general practitioner on the telephone?	57	24.8	173	75.2
22. Waiting time in the waiting room?	167	72.6	63	27.4
23. Providing quick services for urgent health problems?	185	80.4	45	19.6

A majority of patients were satisfied for the domain "the doctor listens them, 96.5%"; "Physical examination, 96.1%"; "Keeping their records and data confidential, 90.4%"; "Enough time during consultation, 89.6%"; "Making it easy to tell him or her about problem, 86.1%" while not satisfied for the domains "Being able to speak to the GP on the telephone, 75.2%"; "Getting through to the practice on the telephone, 72.6%"; "Suitable appointment, 62.2%"; "Helping deal with emotional problems related to health status, 65.7%"; "involved in decisions about their medical care, 55.2%" (table 2). It was found that there is no significant satisfaction difference between gender (P=0.22), age groups (P=0.14), marital status (P=0.38), education background (P=0.62) and occupation (P=0.19) in this study (Table 3)

Table 3. Associations of the study population characteristics and patient satisfaction

Factors	**Satisfaction level**					
	n	**Unsatisfied (0-13)**		**Satisfy (14-23)**		**p-value**
		n	**%**	**n**	**%**	
All	230	49	21.3	181	78.7	
Gender						
Male	144	27	18.8	117	81.2	0.22
Female	86	22	25.6	64	74.4	
Age						
18-24	61	18	29.5	43	70.5	0.14
25-34	51	11	21.6	40	78.4	
35-44	43	10	23.3	33	76.7	
45+	75	10	13.3	65	86.7	
Marital status						
Married	139	27	19.4	112	80.6	0.38
Single	91	22	24.2	69	75.8	
Education background						
Illiterate	6	-	-	6	100	0.62
Primary school	104	22	21.2	82	78.8	
Middle school	84	17	20.2	67	79.8	
Associate Degree	8	2	25.0	6	75.0	
Bachelor's Degree	28	8	28.6	20	71.4	

Based on Chi-square test; significant at the 0.05 level

Discussion

Studies evaluating of patients' satisfaction with primary healthcare centre services are mostly conducted in urban areas worldwide, including Turkey. This study was conducted in one of the rural areas in the Anatolia region of Turkey to explore patient satisfactions with FM centre health services. The findings

showed that overall satisfaction, relationship and communications, medical care, information and support, and continuity and co-operation was acceptable for rural residences. The overall satisfaction was 78.7% with services they have received from the FM centre in Gezlevi in this study. The finding was similar to previous studies which reported that the overall patient satisfaction with primary healthcare service are high. A study from Saudi Arabia reported that the overall satisfaction level was 70.0% with primary health care services in Riyadh [16]; Abdullah H. Al-Doghaither and his colleagues reported the overall satisfaction was 62% with primary healthcare centre services in Kuwait City [17]; overall, 96.66% of patients reported being either satisfied (60.23%) or very satisfied (36.43%) with the services provided at the primary healthcare centre services in Lebanon [18]; Mohammad-Reza Sohrabi and his colleagues conducted a study in Iran and they found that 80% patients were satisfied with primary healthcare services in Tehran.[19] Studies from Turkey have also shown a high satisfaction rate (88.3%) with primary healthcare services in Turkey.[20]

Based on the findings among the investigated domains, highest satisfaction was observed in the 'doctor–patient relationship in our study. Nearly all the patients (96.5%) were satisfied that the doctors listened to them during the visit and the doctor's physical examination of the patient (96.1%). The findings show the doctor and patient interaction was good, and that doctors spend enough time listening and conducting a physical examination. Doctor-patient interaction is the most important indicator to determine the patient satisfaction outcome.[21]

All illiterate patients were more satisfied with PHC health services compared with the individuals belonging to other educational categories (Primary school, middle school, diploma and bachelor's degree graduates). Similar findings have been reported that uneducated patients' satisfaction levels tend to be higher than educated patients.[22] Elderly patients were more satisfied than the younger age group. Elderly people have been experiencing health services in many decades, so they evaluate the current health services and compare to the past services. That is one of the main reasons why elderly people's satisfaction level was higher. The four reasons leading to dissatisfaction with HC services included 'Being able to speak to the general practitioner on the telephone' (75.2%); 'Getting through to the practice on the phone' (72.6%); 'Helping you deal with emotional problems related to your health status' (65.7%); and more than half of the patients (62.2%) were not satisfied with getting an appointment suitable for them. To get an appropriate appointment for healthcare services is one of the main issues.[23] To get a primary healthcare appointment can often impose a physical and emotional burden on a patient who is in pain or worried about a serious health condition [24]. Access to primary care appointments has been shown to play a crucial role in reducing mortality rates.[25] Studies have shown that, primary care practices like consultations via telephone calls or follow-ups with favourable results has demonstrated combined effects to the reduction in waiting times in with open access scheduling.[26,27] Consultation via telephone has been shown to be beneficial due to its ability to improve public access to medical information, ensuring adequate follow-ups for individuals affected from chronic care conditions.[28] Patient satisfaction is a widely used measure of healthcare quality that has been linked to other outcome measures and to patients' behavioural intentions. Patient satisfaction is regarded as one of the outcome indicators in evaluating and improving the quality of care of medical services.[29] According to the main findings, a conclusion was made, and recommendations

can be given. A study from Bangladesh reported that regarding overall satisfaction, 44.2% of patients were satisfied with health services and the healthcare delivered at the healthcare centre can be improved.[30] Evaluation of patient's satisfaction is important to explore the good and bad of the health services and the outcome of the evaluation must be taken into consideration by management to improve the services. Outcome of the current study could be useful if the Gazali HC use these findings to improve their services.

The weakness of the study is that most of the data was collected via survey using self-administered questionnaires. Information bias may occur since the questionnaires may generate biased and preconceived answers.

Conclusion

The study was carried out in a rural area in Turkey to find patient's satisfaction with FHC health services. Overall satisfaction level was 78.7% with primary health care services. Among the investigated domains, highest satisfaction was observed in the 'doctor–patient relationship while low satisfaction was observed in 'Being able to speak to the general practitioner on the telephone', 'Getting through to the practice on the phone', 'getting an appointment suitable to the patients' and 'Helping you deal with emotional problems related to your health status'.

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