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Research Article

**SATISFACTION OF PATIENTS ATTENDING PRIMARY
HEALTH CARE CENTERS IN AL MADINAH PROVINCE,
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⁴Ibn Sina National College****Abstract:**

Objective: the objective of the study is to assess the satisfaction of patients with their consultation in primary health-care (PHC) centers in Al Madinah province.

Study design: cross-sectional study.

Place and duration of the study: this study was conducted in Al Madinah province for the period of three months starting from April, 2018 to June, 2018.

Material and methods: our research sample was 800 adults attending eight PHC centers in Al Madinah province. We designed a data-collecting sheet that included the patient characteristics with a questionnaire that had 18 questions about the satisfaction of the consultation.

Results: The total number of the patient included in this study was 800, more than half of them were male (51.2%). Most of them were Saudi (91%), married (75.6%), and educated (91.2%). More than half 53.3% were dissatisfied, 21.1% were satisfied with consultation while 25.6% were natural. The most important factors affecting satisfaction with consultation was age, income and educational level.

Conclusion: the satisfaction of patients visiting PHC centers in Al Madinah province is suboptimal.

Keywords: primary care, satisfaction, Al Madinah, consultation, patients.

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INTRODUCTION:

Patients satisfaction is considered as a measurement for evaluating health care that is provided by PHC centers, and the satisfaction of the patients Is an objective that must be reached by the health care providers, it's a relationship between what the patients received in the PHC and what he expected to be done.

Assessment of patient satisfaction is important because it provides evaluation of the quality of care that has been received by the patient and in identifying areas for improvement for caregiver, physicians and PHC centers in general.

Patients satisfaction affect the outcome of health care and the use of the services[1], research proved that improving patient satisfaction with physician consultation increases the likelihood that a patient will return to a given health-care provider.[2][3]

Consultation is a dialogue between the physician and the patient witch takes variable duration involving verbal and non-variable communication.[4] it was observed that the length of the consultation has increased in the past 20 years.[5]

Consultation requires a physician who should have sufficient knowledge that will be useful in solving the patient's problems and acting in the best interest of the patient. Since the main objective of PHC is

consultation irrespective of the cause, PHC centers should focus on the satisfaction of the patients about their consultations.[6]

The aim of the study is to assess the satisfaction of patients about their consultations.

MATERIAL AND METHODS:

The researchers interviewed 800 adults attending eight PHC centers in Al Madinah province.

A data-collecting sheet was designed by the researchers that had the following information:

Personal facts:

Gender, age, nationality, marital status, educational level and monthly income.

The consultation satisfaction questionnaire (CSQ):

The questionnaire was translated into the Arabic language to be filled by patients attending PHC.

The researchers designed the questionnaire to measure the satisfaction of the patients with the consultation. It had 18 questions witch was subcategorised into four categories: general satisfaction, depth of relationship, length of consultation and professional care.[7]

Within each category of the CSQ, some of the statement are positive while other are negative as shown in [table 1].

General satisfaction	
I am totally satisfied with my visit to this doctor	Positive
Some things about my consultation with the doctor could have been better	Negative
I am not completely satisfied with my visit to the doctor	Negative
Professional care	
This doctor was very careful to check everything when examining me	Positive
I will follow this doctor's advice because i think he / she is absolutely right	Positive
This doctor told me everything about my treatment	Positive
This doctor examined me very thoroughly	Positive
I thought this doctor took notice of me as a person	Positive
I understand my illness much better after seeing this doctor	Positive
This doctor was interested in me as a person, and not just my illness	Positive
Depth of relationship	
I felt able to tell this doctor about very personal things	Positive
This doctor knows all about me	Positive

I felt this doctor really knew what i was thinking	Positive
There are some things this doctor does not know about me	Negative
Would find it difficult to tell this doctor about some private things	Negative
Length of consultations	
The time i was able to spend with the doctor was a bit too short	Negative
The time i was allowed to spend with the doctor was not long enough to deal with everything i wanted	Negative
I wish it had been possible to spend a little longer with the doctor	Negative

CQS responses were scored as follows:

- 100% score for strongly agree for positive statement and strongly disagree for negative statements.
- 75% score for agree for positive statement and disagree for negative statements.
- 50% score for neutral for both positive or negative statements.
- 25% score for disagree for positive statement and agree for negative statements
- 0% score for strongly disagree for positive statement or strongly agree for negative statements.

RESULTS:

[Table 2] shows one third of the participants (33.9%) aged between 25-34 years and one-fourth (25.8) aged between 35-44 years. About one half of the participants (51.2%) were male, and most of the participants (91%) were Saudi. Less than half (44.6%) had university educational level, while (27.9%) had secondary education. Majority of the participants (75.6%) were married. (46.1%) of the participants had monthly income between 5,000-10,000 SR.

Personal characteristics	n (%)
Age groups (years)	
<25	165 (20.6)
25-34	271 (33.9)
35-44	206 (25.8)
45+	158 (19.7)
Gender	
Male	410 (51.2)
Female	390 (48.8)
Nationality	
Saudi	728 (91)
Non-Saudi	72 (9)
Marital status	
Single	170 (21.3)
Married	605 (75.6)
Divorced	11 (1.4)
Widow	14 (1.7)
Educational level	
Illiterate	70 (8.8)
Primary	37 (4.6)
Intermediate	57 (7.1)
Secondary	223 (27.9)
University	357 (44.6)
Postgraduate	65 (7)
Monthly income	
<5,000	285 (35.6)
5,000-10,000	369 (46.1)
>10,000	146 (18.3)

[Table 3] shows (5.5%) of participants were very satisfied and (15.6%) were satisfied with the consultation, while (36.8%) were dissatisfied and (16.5%) were very dissatisfied.

Grades of satisfaction	n (%)
Very satisfied	44 (5.5)
Satisfied	125 (15.6)
Neutral	205 (25.6)
Dissatisfied	294 (36.8)
Very dissatisfied	132 (16.5)

[Table 4] shows the satisfaction was highest with the professional care (78.3±12.5), while it was lowest with the length of the consultation (24.2±17.3). the total satisfaction with the consultation was (53.7±7.5).

Components	Mean±SD
General satisfaction	69.1±16.5
Length of consultation	24.2±17.3
Depth of relation	63.5 ±8.7
Professional care	78.3±12.5
Total consultation	53.7±7.5

SD: Standard deviation

[Table 5] shows total consultation score differed significantly according to their age groups ($P = 0.038$), with lower satisfaction scores among younger participants. However, other component scores did not differ significantly according to the age groups. Consultation satisfaction of the participants did not differ significantly according to their gender. The scores did not differed significantly according to the nationality. The scores for the length of the consultation differed significantly according to the educational status ($P=0.049$) with higher satisfaction scores among higher educated individuals. However, the scores did not differ with other component of the

educational level. The scores did not differ significantly according to the marital status. Participants' general satisfaction scores differed significantly according to their monthly income ($P = 0.028$), with lowest scores among participants with monthly income between 5,000-10,000 SR and highest scores among those with monthly income >10,000 SR . the total consultation scores differed significantly according to their monthly income ($P = 0.024$), with lowest satisfaction scores among those with monthly income >10,000 SR and highest among those with monthly income 5,000–10,000 SR.

Personal characteristics	General satisfaction	Professional care	Depth of relation	Length of consultation	Total consultation
Age groups (years)					
<25	61.8±13.1	77.3±19.3	67.5±12.3	22.6±6.8	54.7±7.8
25-34	64.3±13.6	80.0±20.3	66.5±16.8	25.6±8.9	55.7±6.3
35-44	66.5±12.8	78.5±18.7	64.3±14.8	23.8±6.7	57.8±9.7
44+	66.8±11.3	79.3±17.2	68.5±13.8	24.5±5.7	58.1±7.6
P	0.126	0.423	0.102	0.249	0.038
Gender					
Male	58.3±12.5	81.4±18.5	65.7±14.9	22.9±9.2	56.6±8.4
Female	64.7±11.7	80.4±19.5	67.9±13.5	25.3±6.8	59.7±7.8
P	0.872	0.249	0.287	0.917	0.842
Nationality					
Saudi	61.8±11.9	78.2±18.8	66.3±14.7	25.1±5.9	58.6±7.4
Non-Saudi	65.4±13.4	80.3±17.3	64.8±12.9	24.1±7.8	57.6±7.2
P	0.192	0.162	0.354	0.358	0.349
Marital status					
Single	59.3±14.2	76.9±16.7	65.4±12.8	21.6±6.0	53.8±6.4
Married	64.2±12.5	79.7±18.6	66.4±13.7	24.7±8.4	58.4±7.4
Divorced	66.3±11.4	79.8±17.5	64.2±13.4	23.9±5.2	57.4±7.8
Widow	67.5±13.0	79.6±19.1	68.4±12.8	24.3±6.6	58.1±7.9
P	0.573	0.501	0.252	0.598	0.255
Educational level					
Illiterate	67.6±11.8	80.5±18.4	68.6±12.2	24.4±8.3	58.5±9.0
Primary	64.5±13.1	79.5±17.9	66.3±13.7	23.3±5.5	56.6±7.7
Intermediate	59.3±12.1	77.8±17.7	66.9±12.8	22.9±8.5	55.3±7.1
Secondary	61.1±12.7	79.9±19.9	68.8±12.1	24.8±6.6	58.4±7.8
University	65.6±10.7	80.3±16.9	66.7±14.7	25.5±5.9	58.2±8.3
Postgraduate	63.8±10.8	81.3±15.1	64.7±13.3	24.8±7.6	57.7±5.7
P	0.486	0.482	0.897	0.049	0.699
Income (SR)					
<5,000	61.3±11.2	81.3±16.6	70.5±14.4	21.9±9.6	58.5±7.4
5,000-10,000	58.3±13.5	78.3±17.6	67.3±17.4	23.9±8.3	58.9±7.1
>10,000	61.6±12.3	81.7±18.0	68.8±15.8	19.9±7.1	57.8±5.9
P	0.028	0.157	0.258	0.274	0.024

DISCUSSION:

Results of this study revealed the participants' satisfaction toward their medical consultation experience at the Clinics of PHC centers in Al-Madinah City was suboptimal. More than half of the participants were either dissatisfied or very dissatisfied, while <21% were either satisfied or very satisfied. Participants' total score for their satisfaction toward consultation was (53.7±7.5). Satisfaction was highest regarding professional care (78.3±12.5), while it was lowest with the length of the consultation (24.2±17.3).

Compared with other studies [8][9] these findings indicate lower level of patient satisfaction about the consultation they received in the PHC centers.

In Kampala, Uganda Kabatooro *et al.* [8] reported that 53.9% of patients attending the Mulago Assessment Centre at a teaching hospital were

satisfied with their medical consultations.

patient's satisfaction with the medical consultation in Trinidad and Tobago reached 74%.[9] While Van Uden *et al.*[10] reported 84% rate of satisfaction among PHC visitors in the Netherlands.

Harrison.[11] in the United Arab Emirates stated that patients satisfaction after the medical consultation has been shown to be affected by many factors such as waiting time, amount of information provided, the time devoted to psychosocial and biomedical discussions, health education, history-taking, physical examination and discussion of the treatment. Moreover, Bener *et al.*[12] stated that longer consultations are associated with handling of psychosocial problems.

In our study we found that the total consultation score differed significantly between the age groups, with

lower satisfaction scores among young percipient. However, the satisfaction scores did not differ significantly with gender, nationality, or marital status.

The scores for the length of the consultation differed significantly regarding educational status, with lower satisfaction scores among poorly educated patients. Regarding the income the total consultation scores differed significantly according to their monthly income, with lowest satisfaction scores among those with monthly income >10,000 SR and highest among those with monthly income 5,000–10,000 SR.

The dissatisfaction toward received medical consultation among patients may be explained by their higher expectations. Unmet high expectations may provoke the sense of dissatisfaction toward the received medical consultation.

In Norway, Danielsen *et al.*[13] reported younger participants scored less in the patient satisfaction score compared with elderly who had higher satisfactory scores. Caused by younger patients demanding more from their physicians.

Kabatooro *et al.*[8] reported higher satisfactory scores among the elderly compared with younger participants. In wales, UK, Kinnersley *et al.*[14] reported that older participants had higher scores of satisfaction regarding their medical consultations at PHC centers than younger participants, with no differences between male and female patients.

Al-Shahrani *et al.*[15] In Ahad Rufeida, Saudi Arabia, reported that age and gender did not impact the satisfaction of the participants toward their medical consultation.

In Calabar Teaching health-care facility, Nigeria, Udonwa NE and Ogbonna UK.[16] found that none of the participants sociodemographic data (e.g., age, gender, and marital status) impacted the satisfaction of the consultation.

Lemon and Smith.[17] reported that doctor-specific factors explain 22.5% of the length of the consultation in comparison to 2.9% regarding the age of the patient and 11.6% regarding the complaint.

Study limitations:

The satisfaction of the patients need to be periodically monitored to be more informative whereas this study was a cross-sectional study, it could only capture one visit of the participants to the PHC centers.

CONCLUSION:

The satisfaction of the patients toward their medical consultation experience at the primary health care centers in Al Madinah city is suboptimal. More than half of the participants are either dissatisfied or very dissatisfied. Total consultation scores differ significantly according to the age groups, with lower satisfaction scores among younger participants. Gender, nationality, or marital did not have an effect on the satisfaction of the consultation. Highly educated patients have lower satisfaction scores toward the length of the consultation. General satisfaction and total consultation scores differ significantly according to patient's monthly income. Therefore, it is recommended for the physicians working in PHC centers to be more concerned about improving consultation provided to the patients, and to be educated and trained about provision of medical consultation.

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