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ASSESSMENT OF PATIENTS' SATISFACTION IN REGARDS TO THE "RESPONSIVENESS" INDICATORS IN AL QADISIYAH PRIMARY HEALTH CARE CENTERS

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ABSTRACT

Background: *Patient satisfaction is essential for assessing healthcare systems and predicting health outcomes. One of the most important settings within healthcare systems is primary health care (PHC), where patient interactions may result in gaps in their perceptions of the quality of care or their level of satisfaction.* ***Objective:*** *This study aimed to assess patient satisfaction with the extent of responsiveness in primary healthcare centers and to find the relationship between Socio-demographic characteristics and overall satisfaction of Responsiveness in PHC centers.* ***Methods:*** *This cross-sectional study utilized a random sample of 401 patients and attendants chosen from 14 primary healthcare centers across five sectors in Al-Qadisiyah Governorate. An interview-based questionnaire was developed to assess the respondent's satisfaction after receiving healthcare services. The data were gathered from August 1st to the end of January.* ***Result:*** *Most of the participants expressed their satisfaction with the extent of the responsiveness in the primary health care centers. The overall satisfaction level assessment was found to have an average score of (4.1 ± 0.54). As our results showed, there are statistical relationships between the extent of responsiveness and Socio-demographic characteristics, except for gender and residence.* ***Conclusions:*** *This study summarizes that most participants expressed their relative satisfaction with the extent of responsiveness in primary health care centers.*

INTRODUCTION

Patient satisfaction is the indicator of the provider's success in meeting patient's expectations (Esfingi and Vozikis, 2016). Patients generally consider to be the best information source on healthcare services on both quantity and quality. It affects the retention of patients, the outcome of the clinic, and the efficiency of the quality of care (Al-Abri and Al-Balushi, 2014). A successful healthcare firm must offer high-quality services because these offerings increase customer satisfaction and happiness. These reasons make monitoring service essential in healthcare facilities and have generated much interest recently (Abbasi-Moghaddam *et al*., 2019). Patient opinions must be taken more seriously when developing systems for delivering healthcare services because

the patient experience is one of the major factors determining healthcare quality (Prado-Galbarro *et al*., 2020). Several dimensions to evaluate the quality of service came from the essential five dimensions of the original model of Parasuraman (Al-Mhasnah *et al*., 2018). One of the dimensions is Responsiveness: which means the willingness of service providers to help customers and give their services quickly when customers need it (Zun *et al*., 2018). Past research has examined the influence of responsiveness on patient satisfaction, and it has been shown that the level of responsiveness displayed by service providers directly affects overall patient satisfaction. (Bleich *et al*., 2009; Messina *et al*., 2009; (Ali et al., 2015). The health system's responsiveness is contingent upon the patient's realistic expectations for the non-medical aspects of their care. (Karami-Tanha et al., 2014). Individuals assess and analyze many aspects of their experiences during their time in a medical institution. The quality of medical treatment that patients receive depends heavily on the health system's responsiveness. (Adesanya *et al*., 2012). Increased use of health services is a direct outcome of patients' increased satisfaction with their care providers brought about by hospitals' responsiveness. (Naidu, 2009). A positive effect on patient satisfaction may result from an effective approach to patient responsiveness. Encouraging and improving patients' overall health is the importance of patient comfort. Consequently, health systems must prioritize the improvement of responsiveness. (Kashkoli *et al*., 2017).

METHODOLOGY

This study was undertaken as a cross-sectional descriptive study at primary healthcare centers in the Al-Qadisiyah governorate. The sampling collecting period commenced in August 2023 and concluded at the end of January 2024, as per the designated data collection schedule. Attendees at Al-Qadissiyah primary health care centers aged 18 to 65.The study comprised (401) participants who visited Primary Health Care (PHC) Centers in the Al-Qadisiyah governorate. The data was obtained by face-to-face interviews with individual study participants, using a structured questionnaire. The study participants were interviewed upon their departure from the Health care Center, immediately after receiving the service.

Evaluate Patients Satisfaction

Patient satisfaction is evaluated based on indicators approved by the Iraqi Ministry of Health. Responsiveness indicator consists of five questions of patient satisfaction. The patient’s answer was divided into five degrees of satisfaction according to the Likert scale (very satisfied, satisfied, neutral, unsatisfied, and very unsatisfied). Data collection was done through interviews (face-to-face interviews). Likert scale is the most reliable and widely used method of measurement. It is easy to use and can be used widely. It is a simple measure and can be used in different aspects, including health, industry, education, and others (Al Hilfi *et al.*, 2019).

Inclusion and Exclusion Criteria of study

Patients and visitors aged 18 to 65 years old were attending. Health care facilities. Individuals who were willing to agree. Participants who can listen and comprehend the content.

Exclusion Criteria:

Those who had mental illnesses. People who are unable to respond effectively owing to serious disease. Those who did not finish the interview procedure. The individual's age is less than 18 or greater than 65 years.

Statistical analysis

The study involved thorough data arrangement and organization using Excel, which ensured the dataset's integrity. The acquired data was subjected to statistical analysis using SPSS-26. This analysis comprised calculating the frequency, percentage, mean, and standard deviation to provide a full summary of the data. To compare the degree of satisfaction with demographic characteristics and provide insights into potential correlations, the Chi-square test with Yate correction or the Fisher exact test was used. The significance level was equal to or less than 0.05.

RESULTS AND DISCUSSION

1- The patient's satisfaction related to the responsiveness indicator:

Table 1: shows the patients' satisfaction level in regards to the "Responsiveness" indicator. The majority of the respondents were "satisfied" on the first 4 questions of the "Responsiveness" indicator which includes:

1. How quickly they got medical and supporting examinations
2. Getting the ticket easily and quickly
3. How satisfied they were with the waiting time for medical advice?
4. The method of arranging the beneficiaries to obtain the health service is regular and according to attendance.

However, they were "Fairly satisfied" with the fifth question of the indicator which include: "The health center administration responded to your complaint quickly and without delay".

Table (1): Assessment of the patient's satisfaction related to responsiveness indicator.

Responsiveness Item		Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Mean±SD	Assessment
		N %	N %	N %	N %	N %		
Q1	How quickly you can get medical and supporting examinations	8 2.0%	8 2.0%	43 10.7%	231 57.6%	111 27.7%	4.07±0.8	**Satisfied**
Q2	Get the ticket easily and quickly	0 0	3 0.7%	15 3.8%	192 47.9%	191 47.6%	4.42±0.6	**Satisfied**
Q3	How satisfied are you with the waiting time for medical advice?	2 0.5%	5 1.2%	44 11.1%	248 61.8%	102 25.4%	4.1±0.67	**Satisfied**
Q4	The method of arranging the beneficiaries to obtain the health service is regular and according to attendance	0 0	7 1.7%	65 16.2%	242 60.3%	87 21.8%	4.02±0.67	**Satisfied**

Q5	The health center administration responded to your complaint quickly and without delay	6 1.5%	12 3.0%	75 18.7%	226 56.4%	82 20.4%	3.91±0.8	**Fairly satisfied**
				Overall Assessment			4.1±0.54	**Satisfied**

Dissatisfied (<3 MS), fairly satisfied (3-4 MS), Satisfied (>4 MS)

2-The association between Socio-demographic characteristics and overall satisfaction of Responsiveness in PHC centers:

Table 2: There's a significant statistical association between the "Responsiveness" indicators of the quality satisfaction with the respondents' age, their educational level, their marital status, occupation and their socioeconomic status.

Table 2: Association between Socio-demographic characteristics and *overall satisfaction of* Responsiveness (n=401)

Category		**Response**			***P-value***
		Dissatisfied	**Fairly satisfied**	**Satisfied**	
Age group	**<30**	6 (4.3%)	83 (58.9%)	52 (36.9%)	**0.037***
	30-41	1 (0.9%)	53 (50.0%)	52 (49.1%)	
	42-53	1 (0.9%)	53 (50.0%)	52 (49.1%)	
	>53	0 (0.0%)	33 (52.4%)	30 (47.6%)	
Gender	**Male**	7 (3.4%)	106 (52.0%)	91 (44.6%)	0.105
	Female	1 (0.5%)	102 (51.8%)	94 (47.7%)	
Resident	**Urban**	5 (2.5%)	110 (55.3%)	84 (42.2%)	0.255
	Rural	3 (1.5%)	98 (48.5%)	101 (50.0%)	
Education level	**Illiterate**	0 (0.0%)	20 (36.4%)	35 (63.6%)	**<0.001***
	Read write	0 (0.0%)	32 (40.5%)	47 (59.5%)	
	Primary	1 (1.5%)	36 (55.4%)	28 (43.1%)	
	Secondary	4 (4.9%)	43 (52.4%)	35 (42.7%)	
	Diploma	2 (5.7%)	16 (45.7%)	17 (48.6%)	
	Bachelors	1 (1.2%)	61 (71.8%)	23 (27.1%)	
Occupation	**Employee**	4 (3.1%)	78 (60.9%)	46 (35.9%)	**<0.001***
	Unemployed	2 (1.3%)	68 (43.9%)	85 (54.8%)	
	Self-employed	0 (0.0%)	27 (56.3%)	21 (43.8%)	
	Student	2 (5.4%)	19 (51.4%)	16 (43.2%)	
	Retired	0 (0.0%)	16 (48.5%)	17 (51.5%)	
Marital status	**Single**	5 (4.6%)	63 (57.8%)	41 (37.6%)	**0.015***
	Married	3 (1.0%)	145 (49.7%)	144 (49.3%)	
Socio-economic status	**Low**	2 (1.5%)	54 (40.3%)	78 (58.2%)	**0.012***
	Moderate	6 (2.3%)	150 (58.1%)	102 (39.5%)	
	High	0 (0.0%)	4 (44.4%)	5 (55.6%)	

**Significant difference between proportions using Pearson Chi-square test at 0.05 level*

1-The patient's satisfaction related to the responsiveness indicator

Regarding the patient's opinions about responsiveness. **Table (1)** shows that most of the patients' answers about the responsiveness indicator were "Satisfied". On the other hand, the least answers were "Very dissatisfied". However, the mean score of the patient's answer to the first four

questions was >4, which falls within the Satisfied level. This indicates patients' satisfaction with the health services provided in health care centers. While the mean score of the patient's answer to the 5th question was (3.91±0.8). Nevertheless, this indicator has an overall satisfaction (4.1±0.54). One of the patient's rights is that he has the right to know the entities he can turn to, whether for inquiries or complaints. Here, a direct communication mechanism must be provided that allows patients easy access to the health center administration if they need to. The center's management must recognize the aspects of excellence and shortcomings in the service provided by them to patients visiting the center, and also identify the factors affecting the extent of satisfaction with the service provided to visiting patients, and also know the extent of satisfaction of service recipients. A study conducted on patients admitted to West of Iran hospitals found that the mean score of responsiveness from the patient's point of view was (3.75 ± 1.02) (Baharvand, 2019).

2- The relationship between the socio-demographic data and overall assessment of responsiveness in PHC centers

The current study revealed that there's a significant statistical association between the "Responsiveness" indicators of the quality satisfaction with the respondents' age (p-value= 0.037), their educational level (p-value<0.001), their marital status (p-value= 0.015) , occupation (p-value<0.001) and their socioeconomic status (p-value= 0.012).

In contrast to our study, Amporvo found no an important relationship between patient age and healthcare providers' response (Amporfro et al., 2021).

A similar disagreement was also found by Peltzer between the educational level of the respondents and their satisfaction level in correspondence to the "responsiveness" indicators. (Peltzer, 2009).

Furthermore, the present study found that there was a significant statistical relationship between marital status, economic status, and the patient's occupation with the response, this can be attributed to the fact that educated people are more knowledgeable and cultured about health services in a primary health center than the uneducated. Similarly, a study from Nigeria has shown that gender, education status, and marital status were strongly associated with health system responsiveness (Forouzan et al., 2016).

In addition to that, this study did not find any relationship between gender and place of living (p-value= 0.105; p-value= 0.255; respectively. A similar result was found by Kapologwe who confirmed no This finding confirms a study by (Kapologwe et al., 2020), which demonstrated no significant relationship between responsiveness and gender (Kapologwe et al., 2020).

CONCLUSION

The current study showed that the majority of participants expressed their satisfaction with the level of responsiveness in primary healthcare centers, there was also a significant association between demographic characteristics and the respondents' satisfaction regarding the "responsiveness" indicators of satisfaction. In primary healthcare centers, except gender and place of residence, which had no significance with participants' satisfaction.

RECOMMENDATIONS

Reducing the patients' waiting times, simplifying the administrative processes needed for the patients' registration are important recommendation of the present study in addition to using a simple language during the communication with the patients.

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