# Patients' Satisfaction Towards Primary Health Care Center in Cuddalore District

#### Sree Varshini.R

MBA, Department of Management Studies Bharath Institute of Science and Technology, Selaiyur, Chennai, Tamil Nadu 600 073 Bharath Institute of Higher Education and Research

#### **ABSTRACT**

This study aimed to explore factors associated with patient satisfaction of primary health care centers in cuddalore district, Tamil nadu. The sampling procedure, data collection method and analysis procedure was conducted among 80 patients after successful clinical consultations and treatment acquirements using convenience sampling at the primary health care centers in 4 blocks of cuddalore district, Tamilnadu. A survey that consisted of socio demography, socioeconomic, and health characteristics and the validated Short Form Patient Satisfaction interview schedule were used. Patient satisfaction was the highest in terms of service factors or tangible priorities, particularly, technical quality, and accessibility and convenience, but satisfaction was low in terms of service orientation of doctors, particularly the time spent with doctor, interpersonal manners, and communication during consultations. Gender, income level, and purpose of visit to the clinic were important correlates of patient satisfaction. Effort to improve service orientation among doctors through periodical professional development programs at hospital and national level is essential to boost the country health service satisfaction.

## **INTRODUCTION**

Patient's satisfaction is therefore of high value and it is useful to understand the need of patient. By understanding the importance of satisfaction and determining its existing level, health care services can be made relevant to the requirement of people and patients. A review of relevant literature supports that assessment of level of patient satisfaction is the tool to determine the level of health care delivery, analyze the existing situation and workout strategy to improve it. This is supported and emphasized by Fitzpatrick Ray (1991) who stated that patient satisfaction provides potentially a direct indicator of system performance and in health care provision. Hence assessing satisfaction is not one time action; Instead, it needs continuous monitoring and evaluation by adopting this procedure, services providers are able to learn about deficiencies in health delivery system and will be able to take timely appropriate alternative steps. Karrmet al, 1996 stated that studies related to the patient satisfaction are important, but this topic has always been ignored by the service providers. Therefore, it is important that regular internal audit should be conducted to assess the patient behavior and satisfaction. Linder - Peltz 1992 mentioned that patient satisfaction with health care its getting attention from administrators, practitioners, patients and evaluators of health care.

The modern approach to healthcare seeks to engage the attention of both patients and the public in developing healthcare services and equity of access, but this is not easy to achieve, requiring time, commitment, political support and cultural change to overcome barriers to change.

## Thematics Journal of Geography

ISSN:2277-2995 Vol-8-Issue-12-De cember-2019

Improvement in selected aspects of health care delivery through quality assurance and outcome assessment has been driven by political expediency. While this is important, a 'bottom up'

assessment of patient satisfaction seems preferable if service improvement is to be translated into outcomes meaningful to patients, especially improved quality of life. Satisfaction can be defined as the extent of an individual's experience compared with his or her expectations. Patients' satisfaction is related to the extent to which general health care needs and condition-specific needs are met. Evaluating to what extent patients are satisfied with health services is clinically relevant, as satisfied patients are more likely to comply with treatment, take an active role in their own care, to continue using medical care services and stay within a health provider (where there are some choices) and maintain with a specific system. In addition, health professionals may benefit from satisfaction surveys that identify potential areas for service improvement and health expenditure may be optimized through patient-guided planning and evaluation. Critics draw attention to the lack of a standard approach to measuring satisfaction and of comparative studies and so the significance of the results of those surveys that do exist in the literature is often ignored. There is less controversy with respect to clinical outcome measures, as health-related quality of life (HRQL) is not only widely regarded as a robust measure of outcome assessment but also is extensively used in several clinical areas.

#### **NEED FOR THE STUDY**

Patient's satisfaction has long been considered as an important component when measuring health outcome and quality of care in both developed and developing countries and constitutes a significant indicator of the health care quality. Literature showed that satisfied patients are more likely to develop a good relationship with the health system, leading to improve compliance, continuity of care and ultimately better health outcome. Identification of patient needs and assessment of the health services provided is the starting point in providing health care. Therefore, patient's satisfaction is considered as an important measure to evaluate the quality of health services and can predict both compliance and utilization.

A better appreciation of the factors pertaining to client satisfaction would result in implementation of custom made programs according to the requirements of the patients, as perceived by patients and service providers. The patients are the best judge since they accurately assess the services provided and their inputs help in the overall improvement of quality health care provision through the rectification of the system weaknesses by the concerned authorities. Even if they still do not use this information systematically to improve care delivery and services, this type of feedback triggers a real interest that can lead to a change in their culture and in their perception of patients.

## STATEMENT OF THE PROBLEM

The health care managers in developing countries. Patient satisfaction depends upon many factors such as, Quality of clinical services provided, availability of medicine, behavior of doctors and other health staff, cost of services, hospital infrastructure, physical comfort, emotional support, and respect for patient preferences. Mismatch between patient expectation and the service received is related to decreased satisfaction. Therefore, assessing patient perception can make public health services more responsive to public needs and expectations. The present paper is focused to survey the satisfaction of primary health care centers patients in the cuddalore district, Tamil nadu.

#### **OBJECTIVES OF THE STUDY**

1. The objectives of the study primarily aimed to identify and assess the patients satisfaction of health care services in cuddalore district and to provide various suggestions to improve the services and facilities of primary health care centers.

#### **METHODOLOGY**

Research methodology is a way to find solutions for the research problems systematically. It contains the overall research design, the sampling procedure, data collection method and analysis procedure. This research is based on descriptive research design. The study used both primary as well as secondary data. The primary data was collected from the respondents of four primary health centers in four blocks of cuddalore district. The four primary health centers were chosen randomly. Field survey method was employed to collect first hand information. For this purpose, a well structured interview schedule was used for collecting the pertinent data from the 80 sample respondents. The respondents were selected by using simple random sampling method from the select primary health centers.

#### ANALYSIS AND INTERPRETATION

The demographical variables of the patients is considered to be important as perception varies according to the profile status, hence the study categorized respondent under various variables such as .gender, age, marital status, occupation, residential area.

TABLE –1

DEMOGRAPHIC PROFILE OF THE RESPONDENTS

FACTORS	PARAMETERS	NO OF RESPONDENTS	PERCENTAGE
Gender	Male	48	60%
	Female	32	40%
Age	Below25 years	19	23.75%
	26 to 35 years	11	13.75%
	36 to 45 years	8	10%
	46 to 55 years	19	23.75%
	Above56 years	23	28.75%
Marital status	Married	68	85%
	Un married	12	15%
Occupation	Agriculture	26	32.5%
_	Govt, employees	9	11.25%
	Private employment	14	17.5%
	House wife	14	17.5%
	Student	8	10%
	Others	9	11.25%
Residential area	Rural	52	65%
	Urban	17	21.25%

ISSN:2277-2995

Vol-8-Issue-12-December-2019

	Semi urban	11	13.75%
Total		80	100%

Table, show that among 80 respondents the 48 respondent were male and it accounted to 60 per cent, and 32 respondents were female which accounted for 40 per cent of the total gender patients. It was observed that majority of sample were male patients and age is the factor of the patients the sample which has been categorized under a five group, (i.e., below 25 years and 26to35 and 36to45 and 46 to55 and above 56 years. It exhibited that majority of 23 respondent belonged to the age group of above 56 years which was 28.75 per cent of the respondent and only and only 8 respondent i.e.,10 per cent of the total respondent were middle age group 36 to 45 years which was least age group using this services. Next marital status indicated majority 85 per cent of the respondent using the services were married which were 68 patients and 15 per cent of respondent unmarried category. In regard to occupation status is concerned 32.5 per cent respondent were agriculture, 17 per cent were private and housewife, 9 per cent of the respondent were government employee,10 per cent of respondent are professional patients. Another in residential factors majority patients of 52 belongs to rural area and only low level of patient si.e., 11 are in semi urban areas.

TABLE – 2

PATIENTS SATISFACTION ON SERVICES OF PRIMARY HEALTH CARE CENTRES SERVICES

SERVICES AND FACILITIES	TOTA L PATIE NTS	HIGHLY SATISFIE D	SATISFI ED	NEUTR AL	DISSATI SFIED	HIGHL Y DISSATI SFIED
Services for Post Treatment	80	25%	19.75%	24%	18.75%	12.5%
Basic Amenities in PHC	80	24%	16.75%	27.5%	19.25%	12.5%
Treatment Quality	80	19%	25%	37.%	8.75%	10.25%
Fast in completing test	80	20%	17.5%	22.5%	21.75%	18.25%
Privacy and Secrecy of female patients	80	30%	25%	24.5%	10.25%	12.70%
24 Hours services	80	43%	27.5%	12.5%	3.70%	13.75%
Advanced technology	80	37%	18.75%	15.5%	12.75%	16.%
Frequent round by doctors to meet patients	80	22%	12.5%	38%	6.25%	21.25%
Dedicated care of doctors	80	10%	27.5%	30%	15.%	17.5%
Awareness about unknown Diseases	80	26.25%	19.75%	25.5%	19.75%	8.75%
Professionalism in the Treatment	80	33%	26.25%	23.75%	8,%	9.%
Cleanliness in the hospital	80	27%	33.75%	19%	17.75%	2.5%
Availability of all medicine	80	19.5%	27.5%	22.5%	20%	10.50%

# Thematics Journal of Geography

ISSN:2277-2995 Vol-8-Issue-12-De cember-2019

It is seen from the above table 2the patients satisfaction in regard to Services for post Treatment, that most of the respondent (i.e.)25% are highly satisfied, followed by the respondent Neither

Satisfied nor dissatisfied are 24% and it is found that satisfaction related to basic amenities in PHC majority of the respondent 27.5% per cent are neutral, and 24% of the respondent are highly satisfied, next .37% of the respondent stated neutral for Treatment quality of the respondents following this 25% of the respondent are satisfied, in regard to fast in completing test majority of the respondent ie22.5% are neutral, and the 20% of the respondent highly satisfied, further 30 per cent of the respondent sate that they are highly satisfied with the privacy and secrecy of the primary health centers 43 per cent stated they are highly satisfied with this services and 13.75 per cent stated they are dissatisfied. As for the advance technology is concerned 37 per cent of the respondent are highly satisfied and 16 per cent of respondent highly dissatisfied with this services, in regard to frequent round by doctors to meet patients is concerned 22 percent of the respondent stated that they are highly satisfied 12.5 per cent state they are satisfied, 38 per cent opined that they are neutral i.e neither satisfied by these are nor dissatisfied by these factor and only 6.25 per cent stated they are dissatisfied. Next dedicated involvement of doctors is concerned only 10 per cent of the respondent stated they are highly satisfied and maximum of 30 per cent of the respondent stated neutral in these regale because some doctors take much care on them next in regard to awareness about unknown diseases is concerned the maximum of 25.5 per cent of the respondent stated by the respondent stated they are neutral by the services provided by phc and only the least of 8.75 per cent highly dissatisfied. In case of professionalism in treatment is concerned 33 per cent of the selected. As cleanliness is related most of the respondent are satisfied and only low level of respondent dissatisfied and it shows that hospital cleanness is good, As for as the availability of medicine are available for normal disease and high cost and for harmful disease medicine are not available. Those overall most of the respondent are satisfied by most of the services of the primary health centre.

#### FINDINGS AND SUGGESTION

Based on the above analysis it can be concluded that the patients were mostly satisfied by the many of the services provided by the primary health centers. There are only certain services and the problems to be resolved in improving the healthcare services.

- The non availability of medicines should be avoided with pre-plan in primary health centers which the patients to avoid buying from outside medical shops with high cost.
- Doctors and nurses behavior has the largest effect on patient satisfaction. So proper counseling to treat the patients should be given regularly.
- Periodical assessment is essential to prove the standard of quality of services. At the earlier, the policy makers should set up the standard for primary health centers
- Most of the respondents are opined that they are neither satisfied nor dissatisfied on infrastructure and equipment facilities. So the efforts also needed to develop infrastructure and equipment Facilities in primary health centers.

#### **CONCLUSION**

Patient satisfaction is an important measure of health care. Most of the patients are satisfied with services and facilities provided by primary health care centers. There are some shortfalls in cleanliness and availability of medicines. The study mainly focused the level of satisfaction of

# Thematics Journal of Geography

ISSN:2277-2995 Vol-8-Issue-12-De cember-2019

patients towards services and facilities provided by primary health care centers. Because, the most crucial challenge of health care sector is to provide better services to the patients and to ensure an exclusive standard for quality.

#### **REFERENCES**

- 1. Croucher R. (1991). The performance gap. Patients' views about dental care and the prevention of periodontal disease. London: Health Education Authority, Research Report No. 23.pp.55.
- 2. Curbow B.(1986). Health care and the poor: psychological implications of restrictive policies. Health Psychol: 5.pp. 375-391.
- 3. The Independent: Editorial; Apollo Hospital, 01/04/2005.
- 4. Andaleeb S. S., Nazlee S., Khandakar S. (2007). Patient satisfaction with health services in Bangladesh. Health Policy and Planning: pp.1-11. Oxford University Press in Patient satisfaction with health services association with The London School of hygiene and tropical medicine.
- 5. Ricardo, B., Hussmann, K., Munoz R., Zaman, S. (2004). Comparative advantages of public and private providers in health-care service in terms of cost, pricing, quality, and accessibility. Dhaka: Health economics unit, Ministry of Health and family welfare, Government of Bangladesh.
- 6. CIET, Canada and Ministry Health and Family welfare, Government of Bangladesh, 2004. Bangladesh Health and Population Sector programme, 1998-2003. The third service delivery Survey 2003, final report. Dhaka: CIET Canada and Government of Bangladesh: pp. xi.
- 7. HEU, (2003b). Bangladesh National Health Accounts 1999-2000. Dhaka: Health Economics Unit, Ministry of Health and family welfare, Government of Bangladesh, pp.63-71.
- 8. World Bank, 2003. Private sector assessment for health, nutrition and population (HNP) in Bangladesh. Report NO. 27005-BD. Washington DC: World Bank, pp. 6-7.
- 9. Peoples' Daily Online: Xinhua:. Apollo hospital makes Medicare breakthrough in Bangladesh (September 16, 2005).
- 10. Parasuraman, A., Zeithaml, V.A & Berry, L.L. (1988a, January-February). The Service quality puzzle. Business Horizons: vol. 31.5. pp.34-35.