CLIENT'S SATISFACTION WITH THE HEALTHCARE SERVICES PROVIDED IN PRIMARY HEALTHCARE   CENTERS IN THE AL-QADISIYAH GOVERNORATE

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Abstract

Background: Patient satisfaction is important for assessing healthcare systems and forecasting health outcomes.
Objective: This study aims to determine the degree of satisfaction among clients and visitors to primary healthcare centers in the Al-Qadisiyah Governorate, and find out relationships between client satisfaction and socio-demographic characteristics.
Methods: A cross-section study included a random sample of(401) patients and attendants from 14 primary healthcare centers in five different sectors in Al-Qadisiyah Governorate. A questionnaire was created to assess the Client's satisfaction with the healthcare services.
Results: the study revealed that 58.4% of the study population were fairly satisfied with the services provided at the primary healthcare centers in comparison, 10.7% expressed dissatisfaction. The results also indicated statistical associations between socio-demographic characteristics with satisfaction, except for gender and the mean to reach the primary healthcare center.
Conclusions: The majority of patients and attendees were fairly satisfied with the healthcare services at primary healthcare centers, but a notable percentage expressed dissatisfaction.
Keywords: *Clients' satisfaction, Primary health care centers, AL-Qadisiyah Governorate.*

INTRODUCTION

Primary healthcare (PHC) is one of the most important sites within healthcare systems where patient contacts can lead to differences in their perceptions of the quality of service or their level of satisfaction**.** (Huan et al., 2023) . The healthcare system must act as the foundation for obtaining optimal patient health. Access to the availability of frontline primary health care services should be extended to all persons, regardless of economic or social position or geographic location (Alenazi et al., 2021). Patient satisfaction indicates the delight a customer feels after using a health service. It denotes the gap between the delivered service and the patient's impression of it. Patient happiness is increasingly quantified as a component of worldwide healthcare service objectives. (Biresaw *et al*., 2021) Patient satisfaction is an indication of healthcare quality that is increasingly being used to evaluate medical care in many nations throughout the world. Until recently,

normal medical care evaluations were primarily based on technical and physiological reports of results. (Hussien et al., 2008). Receiving care that fulfills their expectations enhances the possibility that patients will create a good relationship with the healthcare system, resulting in better adherence, continuous care, and the greatest health results. Patient satisfaction is very important in choosing health care providers and keeping patients. Patients who are satisfied with their healthcare providers are more likely to refer them to others and to continue using their services. (Prakash, 2010) Maintaining customer happiness is crucial for a successful business or government strategy, and it requires providing high-quality services that enhance customer pleasure. Excellent service administration and management skills are necessary for the execution of these upgraded provisions. (Sun *et al*., 2017). Patient satisfaction evaluation serves two primary purposes: first, to assess the quality of healthcare services; and second, as an indicator of service flaws

that require improvement. (Al-Doghaither & Saeed, 2000).

MATERIALS AND METHODS

Study period:
The sampling collecting period began in August 2023 and ended in January 2024, following a preset data collection plan.

Study design:
A descriptive cross-sectional study was carried out at primary healthcare centers in Al-Qadisiyah province.

Study population:
Attendees of Al-Qadissiyah primary health care centers between the ages of 18 and 65.

Inclusion criteria:
The study involved patients and visitors aged 18-65 visiting healthcare centers, who were willing to agree and capable of listening and understanding information.

Exclusion criteria:
Individuals with mental problems, or severe illness, failed to complete the interview process, and those aged less than18and more than 65 were excluded from the study.

Sample technique:
The study used cluster sampling methodology, dividing Al-Diwaniya province into health districts/sectors. 401 participants were randomly selected from each PHCC.

Questionnaire design:
Based on the pilot testing feedback, the study questionnaire was refined to obtain demographic information about participants such as age, gender, education, and occupation. It also assessed patient satisfaction with healthcare services, focusing on satisfaction-related questions.

Ethical consideration:
Each participant was questioned after ensuring his/her agreement through informed consent and verbal acceptance of his/her participation. in addition, the patient's trust was guaranteed after confirming the confidentiality of their information. The ethical agreement of the local official health authorities was obtained before conducting the study.

Statistical analysis:
The study was carried out rigorously carried out data arranging and organizing in this study using Excel, confirming the integrity of the dataset. The statistical analysis utilized SPSS.

RESULTS
Table 1 shows that (28.4%) of the study sample are within age (>45) years old with almost an equal percentage of males and females respectively (50.9% and 49.1%). (60.8%) of the study sample was found the study urban residents with (21.2%) of them having a Bachelor's degree or above. In regards to occupation, marital status, and education, the study shows that (38.7%) of the study group were unemployed, (72.8%) were married and (64.4%) had completed an intermediate level of education. In addition, it was found that (62.1%) of the study population visited the PHC center 2 to 4 times a year, and (60.6%) used private transportation ways to reach the PHCC.

Table (1): Socio-demographic characteristics of participants in the study (n=401)

Variables	Category	Frequency	%
Age	≤25	106	26.4%
	26-35	86	21.5%
	36-45	95	23.7%
	>45	114	28.4%
	Mean± SD(Range) 37.13±12.85(18-63)		
Gender	Male	204	50.9%
	Female	197	49.1%
Residence	Urban	244	60.8%
	Rural	157	39.2%
Educational	Illiterate	55	13.7%
	Read &write	79	19.7%
	Primary	65	16.2%
	Secondary	82	20.5%
	Diploma	35	8.7%
	Bachelor's or above	85	21.2%
Occupation	Employee	128	31.9%
	Unemployed	155	38.7%
	Self-employed	48	12%
	Student	37	9.2%
	Retired	33	8.2%

Marital status	Single	109	27.2%
	Married	292	72.8%
socioeconomic status	Low	134	33.4%
	Moderate	258	64.4%
	High	9	2.2%
Number of visits to PHCC	Once	70	17.5%
	2-4 times	249	62.1%
	≥5 times	82	20.4%
The means used to reach the health center	Walk	86	21.5%
	Private car	243	60.6%
	Taxi	57	14.2%
	Motorcycle	15	3.7%

Figure 1 shows that most clients who attended the primary health care centers in AL-diwaniyah governorate have an overall "fair-satisfied" level of assessment respectively (58.4%, 30.9%). On the other hand, 10.7% of the study population was found to be dissatisfied with the overall provided health care services.
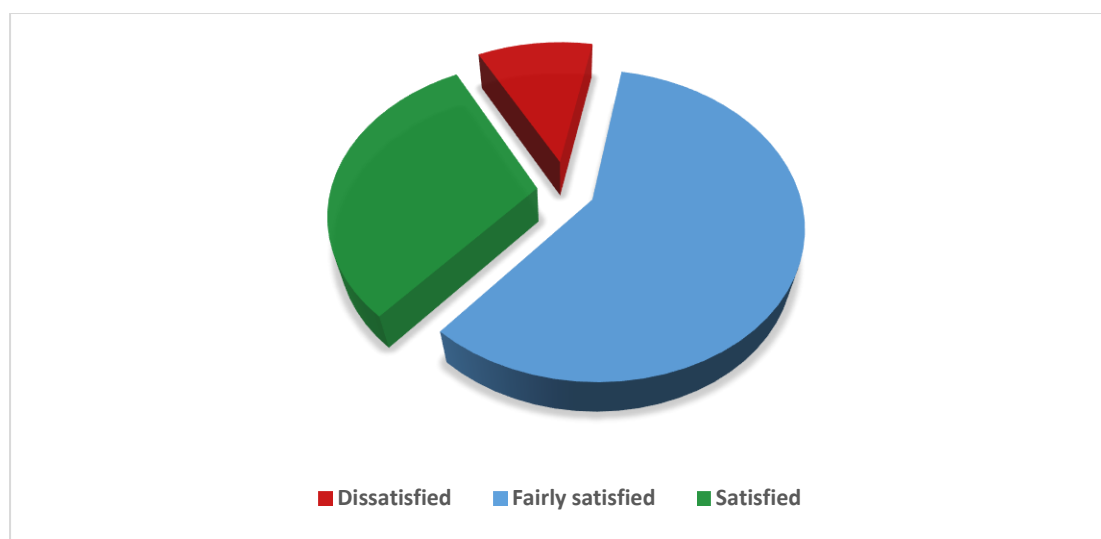

Figure (1) Overall satisfaction (Means scores (3.7±0.55, fairly satisfied))

Table 2: shows the association between demographic characteristics And the overall patients' satisfaction. The study found that there is a significant correlation (p.value <0.05) between overall satisfaction and demographic characteristics, except for gender and the means used to reach the health center (p.value >0.05).

Table (2): Association between demographic characteristics and level of satisfaction.

Variables	Category	Level of satisfaction						X^2	p-value
		Dissatisfied N= 43		Fairly satisfied N=234		Satisfied N=124			
		N	%	N	%	N	%		
Age	≤25	17	16.0%	63	59.4%	26	24.5%	24.534	0.000*
	26-35	17	19.8%	48	55.8%	21	24.4%		
	36-45	7	7.4%	56	58.9%	32	33.7%		
	>45	2	1.8%	67	58.8%	45	39.5%		
Gender	Male	27	13.2%	117	57.4%	60	29.4%	2.822	0.224
	Female	16	8.1%	117	59.4%	64	32.5%		
Residence	Urban	48	19.7%	131	53.7%	65	26.6%	30.565	0.000*
	Rural	5	3.2%	103	65.6%	49	31.2%		
Education level	Illiterate	2	3.6%	18	32.7%	35	63.6%	93.122	0.000*
	Read &write	0	0	52	65.8%	27	34.2%		
	Primary	1	1.5%	49	75.4%	15	23.1%		

							Chi-square	p-value
	Secondary	6	7.3%	56	68.3%	20	24.4%	
	Diploma	7	20.0%	19	54.3%	9	25.7%	
	Bachelor's or above	27	31.8%	40	47.1%	18	21.2%	
Occupation	Employee	30	23.4%	68	53.1%	30	23.4%	
	Unemployed	6	3.9%	88	56.8%	61	39.4%	
	Self-employed	3	6.3%	34	70.8%	11	22.9%	39.69	0.000*
	Student	3	8.1%	25	67.6%	9	24.3%	
	Retired	1	3.0%	19	57.6%	13	39.4%	
Marital status	Single	18	16.5%	71	65.1%	20	18.3%	13.515	0.001*
	Married	25	8.6%	163	55.8%	104	35.6%	
socioeconomic status	Low	2	1.5%	80	59.7%	52	38.8%	
	Moderate	38	14.7%	153	59.3%	67	26.0%	28.828	0.000*
	High	3	33.3%	1	11.1%	5	55.6%	
Number of visits to PHCC	Once	19	27.1%	45	64.3%	6	8.6%	
	2-4 times	24	9.6%	158	63.5%	67	26.9%	72.672	0.000*
	≥5 times	0	0	31	37.8%	51	62.2%	
The means used to reach the health center	Walk	8	9.3%	55	64.0%	23	26.7%	
	Private car	32	13.2%	140	57.6%	71	29.2%	10.503	0.105
	Taxi	2	3.5%	29	50.9%	26	45.6%	
	Motorcycle	1	6.7%	10	66.7%	4	26.7%	

The Chi-square statistic is significant at the .05 level.

DISCUSSION

Indicates that the age group with the largest proportion of participants is individuals over 45 years old. This could be attributed to the fact that primary healthcare centers tend to attract a substantial number of senior individuals, particularly those with chronic illnesses. Furthermore, these healthcare centers offer a wide range of healthcare services catering to individuals of all age groups, with a particular focus on the elderly, pregnant women, and children. The findings of our study align with those of a previous study conducted in Ethiopia (Eshetie et al., 2020), which examined (408) participants, the study reported that the largest proportion of participants, specifically 31.9% (n=130), were aged 45 years or older. In regards to age, a similar result to the present study was found in a study conducted in China in 2018 (He et al., 2018). The current study found that a substantial number of participants were from urban. this finding is consistent with the findings of the cross-sectional study conducted by(Hussien et al., 2008). Furthermore, In the current study, the largest proportion of patients and visitors had attained a Bachelor's degree or a higher education with a similar percentage having a secondary education. The results of our investigation were comparable to those of a study conducted in Saudi Arabia (Alenazi et al., 2021. The findings of this study can be ascribed to the considerable variation in patients' educational backgrounds, which can be influenced by factors such as geographic location and socioeconomic status.

In terms of occupation, the current study discovered that the majority of participants were unemployed. This finding contradicts (Qadir et al., 2020) which discovered that 57% (n=247) of the participants were housewives.

The current study indicated that the majority of participants had a moderate socioeconomic status. These findings corresponded with those of research done in Iraq's Najaf District. (Mahmood et al., 2021), According to the findings of this study, the majority of attendees and patients were married. This finding was compared to 61.5% (n=155) of a previous study in Makkah. (Khogeer et al., 2020).

The current study found that more than half of the study population went to primary healthcare centers two to four times a year. Which indicates their confidence in the health services provided by the health care center.

Demonstrate the overall rating of the patient's satisfaction with the health services offered in the 14 healthcare centers in the AL-diwaniyah governorate. The study discovered that more than half of the customers attending the primary healthcare centers had a fairly satisfied evaluation score. These results confirm the findings of a cross-sectional study conducted in Iran (Kabir et al., 2022), which reported that The mean score of satisfaction in the overall population was 3.74 ± 0.7. But, our result when compared with a previous study conducted on 400 patients in the waiting room of the four PHC centers in Kerbala City/ Iraq was disagreement 77% (n=308) were satisfied while 5.3% (n=21) were not satisfied with their PHCs in their city. This difference in results may be due to a difference in demographic factors of the sample participating in the study. The satisfaction of patients' expectations and demands depends on the quality of the services being given (Ferreira et al., 2023).

There was a significant relationship (p.value < 0.05) between overall satisfaction and demographic factors, except for gender and the means used to reach the health care center (p.value >0.05). In regards to age, our findings revealed a significant number of participants of various ages were fairly satisfied. In our study, there was a statistically significant relationship between age and degree of satisfaction (p-value = < 0.001). The findings of a Saudi Arabian study showed similar results. (Alhajri et al., 2023), There was a significant relationship between age and mean satisfaction score (p-value= 0.001). The current study found that the majority of attendees and patients of both sexes (male and female) who took part in the study were fairly satisfied. This study discovered a convergence in the degrees of satisfaction between the genders (male and female). As a result, no association between gender and overall satisfaction was discovered in this study (p-value= 0.224). These findings, on the other hand, contradicted the findings of Jalil *et al.* (2017) in Pakistan found that the degree of satisfaction was significantly associated with gender (p-value=<0.001). The study revealed a significant link between residence and satisfaction levels, with 65.6% of rural participants being "fairly satisfied" and 19.7% dissatisfied, compared to 53.7% in urban areas who were fairly satisfied. This conclusion is consistent with a previous study done in the governorate of El-Beheira. (Shehata et al., 2023). The study found that 75.4% of primary education participants were "fairly satisfied" with health services, while 63.6% of illiterate were satisfied with these services. The study found a significant correlation between education level and patient satisfaction, which agrees with a previous study in Makkah. (Khogeer et al., 2020), which found the same results. Our study found a significant association between patient satisfaction with health services in primary healthcare centers and occupation, consistent with a similar finding in Al-Anbar governorate, Iraq (p-value= <0.001). (Altaha et al., 2022). The study found that marital status significantly correlated with patient satisfaction with healthcare, with 59.3% of married participants having a fairly satisfied level, while 65.1% of single participants were fairly satisfied. Another study showed that marital status did not affect patient satisfaction. (Khogeer et al., 2020) About socioeconomic status, the current study found a significant connection between socioeconomic status and client satisfaction. These findings are congruent with those of a study conducted in Baghdad, Iraq, to measure clients' satisfaction with primary health care center services. (YassenTaha, 2017). The study indicates a significant positive correlation (P-value <0.001) between the number of visits to primary healthcare centers and patient satisfaction. The study reveals that patient satisfaction in primary health care centers is influenced by age, residence, education, occupation, marital status, and economic status, and is not influenced by gender or means to reach PHCs.

CONCLUSIONS

The majority of patients and visitors were generally satisfied with the services given by primary health care centers, There was a significant relationship between overall satisfaction and demographic factors, except for gender and the means used to reach the health care center.

RECOMENDATIONS

Implementing mechanisms for ongoing monitoring and evaluation of patient and client satisfaction, such as organized surveys or interviews, to gather input and identify areas for improvement. Reducing wait time, simplifying administrative processes, providing clear instruction, and awareness education in simple language that patients comprehend, all to make patients feel supported and welcome when they arrive.

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