

Clients Perspective for Quality of Services at One of the Urban Primary Health Centres (U-PHC) at Municipal Corporation Area in One of the Cities of Western India

Dharati Jani¹, Rashmi Sharma²

¹MO- RBSK, Government of Gujarat

²Associate Professor, Community Medicine Department, GMERS Medical College & Hospital, Sola, Ahmedabad

Correspondence : Dr. Rashmi Sharma, Email: drrashmicm@gmail.com

Abstract:


Introduction: Client satisfaction surveys are central to quality improvement at health facility. It helps in identifying areas of low satisfaction and steps to maximize patient satisfaction. **Objectives:** To assess client satisfaction towards services at Out Patient Department (OPD) of at an U-PHC under Ahmedabad Municipal Corporation (AMC), identify areas of low satisfaction and suggest feasible remedial measures for improvement. **Method:** Out of 74 U PHCs under AMC, 1 was selected through simple random sampling. Quality of care was evaluated through client's feedback which was gathered through 10 check points (on structure, process and outcome) developed by state level quality team. Responses of 300 adult (> 18 years) subjects and their mean \pm standard deviation scores were calculated. These subjects were selected consecutively as 25 cases (new cases who came first and were willing) on every 2nd and 4th Mondays for 6 months (Sep 2019 – Feb 2020). **Results:** While availability of drugs was perceived as very satisfying that of investigations was relatively an area of concern. Overall, only 1 client rated the services as average while all rest (99.6%) rated services as very good to excellent. **Conclusion:** Quality of services at this U PHC was good to excellent and had wider acceptability among its client.

Keywords: Client satisfaction, Quality evaluation, Urban Primary Health Centre (U-PHC)

Introduction:

Factors to avail urban health services through Urban Primary Health Centre (UPHC) are different from conventional rural PHCs in term of size, functions, focus on ambulatory care, limited staff/ infrastructure and the presence of more private providers.^[1] As per UN estimates by 2030, proportion of urban population in India will be 46%. Low awareness about the available services and a trust deficit in the public facilities are the common barriers. Quality care system should keep in mind the users of public health facilities to meet the expectations of patients/ beneficiaries and

community at large and the services should remain accessible, affordable, dignified and user-friendly.^[2] Patient satisfaction, is a mean of evaluating the performance of a health facility. It is a proxy indicator to measure the success of doctors as well as the hospital.^[3] According to Donabedian's declaration for inclusion of patient's perception in quality - assessment of care, healthcare managers incorporate patient centric care as a major component of healthcare mission.^[4] In view of this, present study was undertaken amongst the beneficiaries of OPD services of an U PHC under the AMC with the objectives to assess Client satisfaction level towards

Quick Response Code	Access this article online	How to cite this article :
	Website : www.healthlinejournal.org	Jani D, Sharma, R. Clients perspective for Quality of services at one of the Urban Primary Health Centre (U-PHC) at Municipal Corporation area in One of the cities of Western India. Healthline. 2022; 13(1) : 41-46.
	DOI : 10.51957/Healthline_310_2021	

services available at OPD specially for routine medical services, case Registration and Reception, laboratory services and pharmacy. An additional objective was to identify areas of low satisfaction to suggest feasible remedial measures for improvement in current system.

Method :

Study area : Ahmedabad is the largest city of Gujarat, with a population of 57 lakhs (Census 2011)^[5] which is served by 74 U PHCs spread over in 7 administrative zones of AMC.^[6]

Reference population & Study population : Adult patients (>18 years) attending Jodhpur U PHC for OPD services during OPD hours on all working days between Sep 2019 and Feb 2020

Sampling Technique and Selection of study subjects : Out of 74 U PHC under the AMC, 1 was selected through simple random sampling. Thus, U PHC Jodhpur located in South West Zone of AMC was selected. In order to ensure the representativeness, it was decided to collect the responses from 50 subjects per month 25 subjects on every 2nd and 4th Monday. In case if the pre-determined day had a public holiday, responses were collected on the next working day. Similarly, if there were less than 25 consenting subjects, remaining responses were collected on the next working day. Study subjects were selected serially among those who came first of all in the morning OPD at the registration counter.

Inclusion criteria : All adult (> 18 years) subjects reporting at the registration counter for some medical problem and who have not visited this facility in last 6 months for the same problem. Idea of including those who have visited within 6 months is to ensure only new cases and avoid including twice, those who have repeat visits. Only those who have come for their own consultations willing to participate were included.

Exclusion criteria : Those who are minor (< 18 years), did not give consent or have visited the facility earlier too within 6 months. People who

accompanied the patients or attendants were excluded.

Ethical issues : Since it was an evaluation of an ongoing national health program on a proforma designed by state government team^[7] therefore, ethical clearance was not required. However, permissions from state level in charge of quality control services and local authority in charge Medical Officer of concerned U PHC were obtained. Also, informed oral consent was taken from each subject who was assured of the confidentiality and also that his/ her responses will not influence the treatment at this facility.

Data collection and analysis : Information was gathered from each subject regarding 10 checkpoints/ questions framed with relation of each area of care. Questions were asked in Hindi or Gujarati. Responses were gathered on Likert scale (ranging from 1 - 5 where 1 represent worst experience/ totally disagree and 5 represent the best experience or totally agree) Data was entered in excel sheet and tables were prepared. Qualitatively and quantitative data were analyzed as proportion and mean ± standard deviation.

Study tool : The study tool used, consists of 10 check points and is adopted from the manual from NUHM-NQAS.^[7] (Responses were gathered from 300 subjects and responses were interpreted as per the points/scores assigned. So, after the interview of 300 subjects the responses as per the checklist were entered in an excel file. Here, every patient is asked to give points out of 5 for each check point. Following table shows interpretation of each point in context of their feedback.

Scoring Point	Interpretation
1	Poor or totally dissatisfied
2	Fair or somewhat dissatisfied
3	Good or satisfied
4	Very good or adequately satisfied
5	Excellent or fully satisfied

Results:

Study aims to assess the client satisfaction by soliciting the response through face-to-face interview method on 10 vital questions covering various aspects of OPD services of a UPHC. Assessment was done on a Likert visual analogue scale where the subject is asked to give his/ her score between 1 to 5. Healthcare quality comprises of 3 components – structure, process and outcome hence it was analyzed accordingly.

Structure :

Facility is spacious with adequate waiting area at different sub stations. By and large Clients were satisfied with the required information from registration counter to collection of drugs (4.7 + 0.5). Based on the perception of 298 (99.3%) clients, score was highest for availability of drug (4.9 + 0.4) followed by availability of sufficient information in the form of signages for ease of clients to access various services within the premises. Only 12 (4%) clients gave the score of 3 indicating good or satisfied, rest 288 (96%) gave score of 4 or 5 showing very good to adequately satisfied. While for availability of laboratory test and X ray within an U PHC, 154 (51.3%) scored 1 – 3 (3.4 ± 0.8) indicating very poor to somewhat dissatisfied or just satisfied. (Table 1)

Process:

Client's perception about the staff was very good, none of the client spoke bad or poor about them. Overall score for behavior of staff was 4.8 ± 0.5 indicating adequately/ fully satisfied. Except 4, all (98.6%) rated communication from doctors as very good to excellent. Here too barring 1, all clients were satisfied for time spent on consultation, examination and counseling with a score of 4 - 5 reflecting very good or excellent quality of care, accordingly, overall score was 4.9 ± 0.3. In terms of waiting time till the point of care at various sub stations, mean score was 3.2 ± 0.7. None of them gave score of 1 or 2 indicating that they had no serious issues with communication from doctors. For promptness at pharmacy counter,

254 (78%) rated between 1 and 3 with mean score 3.2 ± 0.6, indicating that on this service was between very poor to average; only 66 (22%) rated it as very good to excellent.

Outcome :

In terms of outcome indicators, overall impression of the facility was very good to excellent as all clients except 1, rated overall services as 4 or 5 with a mean score of 4.9 ± 0.4. It is surprising that except 2 clients, 298 (99.3%) rated this area as very good to excellent. Accordingly, the overall score was 4.8 ± 0.4. For Cleanliness (OPD toilets, overall facility etc.) clients were fully satisfied and mean score was 4.8 to 4.9 with a standard deviation of 0.4. (Table 2)

Discussion:

Assessment of client satisfaction is crucial to ensure the quality services and client retention. Health administrators increasingly incorporate patient's perspective in determining a health care organization's competitive advantage and survival in terms of patient's satisfaction^[8,9,10,11] If monitored it is likely to increase compliance, greater patients' retention,^[12, 13] and fewer malpractice suits.^[14, 15] Inadequate availabilities of Primary Health Care and sub-optimal quality, is commonly responsible for the poor access to the Public Health facilities. Unlike most U PHCs in the city located in or around slums catering to either slum dwellers or those from low social class, this one is located in slightly posh area and caters also to urban middle-class segment with good acceptability. At times health facilities function in rented accommodation, which is not inadequate to deliver full range of services. Score as per Likert scale was highest for availability of drug which is great relief for catchment population largely daily wage earner or working unorganized sector. While visiting health facility and fear of losing earning of that day further impedes their access to the facilities. Barring few everyone was satisfied about the drugs. Those not satisfied maybe asking for the drugs prescribed

Table 1: Score distribution as per client's perception (n=300)

Score \ Check point	Service provision Direction, Location & Department signage	Waiting time at registration Counter	Behavior & Attitude of staff of UPHC	Cleanliness of the OPD, toilets and overall facility	Attitude and communication of doctors	Time spent on Consultation, examination and counselling	Availability of laboratory test and x ray within UPHC	Promptness at Pharmacy counter	Availability of prescribed drugs at UPHC	Overall impression of the facility
1	0	2	0	0	0	0	8	0	0	0
2	0	23	0	0	0	0	16	20	0	0
3	12	205	10	2	4	1	130	214	2	1
4	71	52	51	63	50	21	134	53	40	36
5	217	18	239	235	246	278	12	13	258	263

Table 2: Scores (Mean ± Standard deviation for each checklist) (n= 300)

Variables	Mean ± Standard Deviation
Structure	
Availability of sufficient information in Hospital (Direction, Location & Department signage etc.)	4.7 ± 0.5
Availability of laboratory test and x ray within UPHC	3.4 ± 0.8
Availability of prescribed drugs at UPHC	4.9 ± 0.4
Process	
Waiting time at registration Counter	3.2 ± 0.7
Behavior & Attitude of staff of UPHC	4.8 ± 0.5
Attitude and communication of doctors	4.8 ± 0.4
Time spent on Consultation, examination and counselling	4.9 ± 0.3
Promptness at Pharmacy counter	3.2 ± 0.6
Outcome	
Cleanliness of the OPD, toilets & overall facility	4.8 ± 0.4
Overall impression of the facility	4.9 ± 0.4

by their private doctors or in a definite combination which was not available here. Guiding Signages for at various points could make the clients satisfied which was better than study carried out by Kravtiz ^[16] as

only less than half signboards were present. Poor availability of investigations was the main reason for poor to average satisfaction (1-3) of half of clients. This facility needs strengthening as routine

investigations like Complete Blood Count, X ray etc. are being done outside this facility and clients have to come to collect the report next day or at times after 2 days or more. Strengthening of lab services and providing the reports of investigation on the same day is also essential for prompt treatment and also to reduce the Out-of-pocket Expenditure (OOPE) of patients. Client is more convinced of diagnosis if supported with the investigation, moreover record of such investigations can help to find out the prevailing endemic disease and can be helpful for surveillance and mapping of other health problems. Though structure is important component to quality, National Quality Framework is predominately relying on improving the outcome by us, gender and literacy level and the same determine the expectations too. Thanks to implementation optimizing the processes within given structural limitations. This is achieved by through assessment, improvement and standardization healthcare processes. However, desired outcome can only be achieved when optimal infrastructure/ human resources are utilized by efficient processes.

Absenteeism among the facility staff, inconvenient timing, poor availability of medicines, apathy, rude behavior of providers, week coordination among stakeholders, week referral linkage from community to U PHC or higher facilities are few other issues of prevailing Urban Health System. But in current study in spite of issues of manpower and overburdened staff it was good to hear very good or excellent from the clients (for service provided). It includes range of services from waiting period at different stations till collection of drugs. Similar response from clients was observed by another study where almost all participants expressed satisfaction with the behavior of doctors/ staff nurses,^[17] The most important motivating factor for the visit to the tertiary (48.2%) and secondary level (71.9%, 67.1%) of health facilities reported by Kumari R was the faith on doctors or health facility.^[18] Satisfaction at pharmacy counter was poor in present

study as only 1 person was engaged in registration as well as drug dispensing. Client satisfaction is a perception which depends upon age, socioeconomic status of Kayakalp and NQAS, cleanliness of facilities has improved tremendously. People from all walks of society avail this service for the reason of good quality of services.

Conclusion and Recommendations:

Overall, the quality of services at this U PHC has wider acceptability among its client base. While overall the services need to be sustained at the same level, laboratory services need strengthening. Staff at this center needs to be appreciated and incentivized (not necessarily financially). Putting an extra person whereby separate persons can do registration and dispensation of drugs, will take care of a major grievances of people. In order to get more understanding, these surveys should be done on regular basis along with few interviews of key informants (KI) and focal group discussion (FGD) of different stakeholders. These surveys on their own are not remedial but should be followed up by actions which should be cross checked in the next satisfaction survey. Lastly the findings and action taken and their impact (if any) must be reviewed by the authorities.

Limitations:

Survey done in a single U PHC which is otherwise also perceived as a better run facility cannot be considered as representative for all U PHCs of the city. Despite our best efforts to ensure the confidentiality of feedback, a courtesy bias on the part of subjects cannot be ruled out. Also, the Likert scale used here is not fully objective in assessment. Rush of clients in the OPD and also clients with repeat visits are also indicative of client satisfaction which have not been studied here. Sociodemographic details were not included as the tool was adopted from manual from NUHM-NQAS.

Declaration:

Funding: Nil

Conflict of Interest: Nil

References:

1. Banerjee S. Determinants of rural-urban differential in healthcare utilization among the elderly population in India. *BMC Public Health*. 2001;21:939
2. NHRC India: <http://nhsrcindia.org/quality-improvement/> (last accessed on 12 Aug 2021)
3. Prakash B. Patient Satisfaction. *Journal of Cutaneous and Aesthetic Surgery*. 2010;3:151-155.
4. Dawn AG, Lee PP. Patient satisfaction instruments used at academic medical centers: results of a survey. *Am J Med Qual*. 2003;18:265-9
5. Census: Ahmedabad City Census 2011 data. Available from: <https://www.census2011.co.in/census/city/314-> (last accessed on 11 Aug 2021) https://ahmedabadcity.gov.in/portal/jsp/Static_pages/ccj.jsp
6. Citizen facility, City Civic Center, Ahmedabad Municipal Corporation. https://ahmedabadcity.gov.in/portal/jsp/Static_pages/ccj.jsp (last accessed on 11 Aug 2021)
7. National Quality Assurance Standards for Public Health Facilities 2020. <http://qi.nhsrcindia.org/sites/default/files/National%20Quality%20Assurance%20Standards%202020.pdf> (last accessed on 11 Aug 2021)
8. Davies AR, Ware JE Jr. Involving Consumers in quality-of-care assessment. *Health Aff*. 1988;7:33-48.
9. Laine C: Laine C, Davidoff F. Patient -centered medicine. A professional evolution. *JAMA*. 1996;275:152-156.
10. O'Brien MK, Petrie K, Raeburn J. Adherence to medication regimens: updating a complex medical issue. *Med Care Rev*. 1992;49:435-454.
11. Sherbourne CD: Sherbourne CD, Hays RD, Orway L, et al. Antecedents of adherence to medical recommendations: results from the medical outcomes study. *J Behav Med*. 1992;15:447-468.
12. Ware JE Jr, Davis AR. Behavioral consequences of consumer dissatisfaction with medical care. *Eval Prog Plan*. 1983;6: 291-297.
13. Marquis MS, Davis AR, Ware JE Jr. Patient satisfaction and change in medical care provider: a longitudinal study. *Med Care*. 1983;21:821-829.
14. Levinson W, Roter DL: Levinson W, Roter DL, Mullooly, et al. Physician -patient communication. The relationship with malpractice claims among primary care physicians and surgeons. *JAMA*. 1997;277:553-559.
15. Hickson GB: Hickson GB, Federspiel CF, Pichert JW, et al. Patient complaints and malpractice risk. *JAMA* 2002;287-2957.
16. Kravitz RL. Patients' expectations for medical care: an expanded formulation based on review of the literature. *Med Care Res Rev*. 1996;53(1):3-27
17. Sharma Rashmi, Bhatt Gneyaa, Patel Bharat H; Client Satisfaction Survey - Gateway of Quality Care: Mixed Type Study from a Tertiary Care Centre of Ahmedabad, Gujarat. *National Journal of Community Medicine*. 2019;10 (9): 507-13
18. Kumari R, Idris M Z, Bhushan V, Khanna A, Agarwal M, Singh S K. Study on patient satisfaction in the government allopathic health facilities of Lucknow district, India. *Indian J Community Med* 2009; 34:35-42.