

## Client Satisfaction with Services Provided at Integrated Counselling and Testing Centre in a Rural Hospital, Panvel, Maharashtra, India

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### Abstract:


**Introduction :** HIV is a global pandemic and has been a serious concern for public health among individuals and communities. Measuring client satisfaction can help the country to carry out an evaluation of the health service system as well as, clients can develop a long-lasting relationship with the service provider. **Objectives:** 1) To assess the client satisfaction by the services provided at the Integrated Counselling and Testing Centre at the Rural Hospital, Panvel. 2) To provide recommendations to improve the services provided at the Integrated Counselling and Testing Centre. **Method:** A descriptive, cross-sectional, facility-based study was conducted in an Integrated Counselling and Testing Centre (ICTC) at a Rural Hospital, Panvel using simple random sampling technique. Exit interviews were conducted for three hundred clients after the required consent was obtained. Clients were stratified into pregnant and non-pregnant females. All clients above 18 years were included in the study however, clients not giving consent or severely ill were excluded. The data was analyzed using Microsoft Excel, and Epi Info Version 7.2. **Results:** Among 300 clients, 66% (198) of the clients belonged to the age group of 18-28 years and 54.3% (163) were literate. The study found that nearly 74% (222) of the clients were referred and about 71.7% (215) clients were unsatisfied with the ICTC services. **Conclusion:** Majority of the clients were unsatisfied with the services provided at ICTC. Literate clients were more unsatisfied as compared to illiterate clients. It is further recommended that the counsellors at ICTCs should spend more time with the clients and there should be a mandatory requirement of female counsellors.

**Key-words:** Client satisfaction, HIV, Integrated Counselling and Testing Centre (ICTC)

### Introduction:

The Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) is a global pandemic and has been a serious public health concern.<sup>[1]</sup> HIV counselling and testing services is a key entry point in prevention and treatment of HIV infection. With the initiative of preventing the spread of HIV infection, HIV counselling and testing services were started in India

in 1997. An ICTC is a place where a person is counselled and tested for HIV, by his own free will or as advised by the medical provider.<sup>[2]</sup> India is a signatory toward the global vision to end HIV/AIDS as a public health threat. Satisfied clients are more likely to develop a stronger and longer-lasting relationship with the service provider, leading to better compliance with community care, which in effect, can lead to better health outcomes.<sup>[3]</sup>

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Measuring a client satisfaction can help the country to carry out an evaluation of the health service system.

The present study would highlight the client satisfaction at a single ICTC at a rural hospital to understand the present condition and would further draw recommendations for improving the centre.

#### Method:

The institutional ethical committee approval was obtained prior to the commencement of the study (N-EC/2019/SC/8/115). A facility-based, cross-sectional study was conducted in an ICTC set up at Rural Hospital, Panvel. The study was carried out from September 2019 to February 2020. The clients were divided into general clients and pregnant females. Approximately 120 clients attend the ICTC centre monthly. All the clients attending the services in that duration were included in the study. Those clients not giving consent or severely ill were excluded from the study. The sample size was determined presuming the lowest possible level of client satisfaction with ICTC as 50 percent.<sup>[4]</sup> Holding the confidence level at 95 percent and 6 percent of the error margin, the sample size was 267. The final sample size was calculated accounting for a non-response rate of 10% as 294.

Client exit interviews were undertaken immediately after post-test counselling. The data was collected through a structured face to face interview schedule using validated questionnaire. The required data was collected twice weekly. Simple Random sampling technique was used in the study. A pilot study of 25% of study subjects was carried out to see the feasibility of the study. Pilot study subjects were also included in main study subjects and there was no modification. An informed consent was taken from the study participants after explaining the objective of the study and ensuring the confidentiality of the data. The questionnaire was designed to capture: -

- Socio-demographic profile of clients attending ICTC

- Time spent in availing the services
- Satisfaction and counselling

The interview took approximately 15-20 minutes per client. Client exit interviews were performed using tool 7 of the Joint United Nations Programme on HIV/AIDS (UNAIDS), this tool was developed to evaluate the Voluntary Counselling and Testing (VCT).<sup>[4,5]</sup> The tool is a generic tool which is standardized and validated. Literate is defined as a person aged seven years and above who can both read and write in any language.<sup>[6]</sup> The tool for assessing client satisfaction was modified with the addition of 3-point Likert scale (Disagree, Neutral and Agree) with eight statements.<sup>[7]</sup> The total maximum score of eight statements will be 24. The client's satisfaction will be graded as satisfied (score >16) and not satisfied (score <16).<sup>[1]</sup> The data was analysed on Microsoft Excel, SPSS (V27.0.1.0) and Epi Info (V7.2.0.1) Chi-square was used for the comparison of categorical variables; values less than 0.05 was considered significant.

#### Results:

A facility-based cross-sectional study was conducted among 300 clients in a Rural Hospital of Panvel, to assess the socio-demographic characteristics, time spent in availing the services and client satisfaction at the ICTC.

Out of 300 clients, 213 (71%) were females. 198 (66%) of the clients attending the ICTC centre was belonged to the age group of 18-28 years and was found to be significantly higher than other age groups. Majority of the study participants i.e. 235 (78.3%) were Hindus and the remaining fell in other denominations. The percentage of single clients was found to be low with about 19 (6.3%) as compared to married clients. Out of the total number of clients, 180 (60%) were unemployed. It was observed that 163 (54.3%) were literate clients (Table 1).

Out of the 300 clients, it was observed that the mean time spent in locating ICTC site was 25 minutes; however, it ranged between 2-180 minutes.

The mean time period spent in waiting to see the counsellor was 8 minutes, however it ranged between 1-30 minutes. The mean duration spent in the counselling session was 4 minutes; however it ranged between 1-15 minutes. The time duration taken to collect the results by the clients was less than 24 hours was observed to be 192 (64%) and 108 (36%) clients collected the test results after 24 hours (Table 2).

It was observed that almost 222 (74%) of the clients were referred to the ICTC centre through health workers and the remaining 78 (26%) were self-referred/direct walk-in.

Among the referred clients, 192 (86.5%) females were referred more as compared to the male clients and most of the referred clients were from Gynaecology department. The main sources of information among the clients regarding ICTC was from health worker 244 (81.3%) followed by family and friends 39 (13%) and the least was found to be through media 17 (5.7%).

Out of the total study participants, 215 (71.7%) of the clients were unsatisfied with the ICTC services provided. There was a statistically significant difference between literate and illiterate clients (chi-square: -24.35, p-value<0.005). On calculating the association between attending the ICTC centre as per first contact and satisfaction with ICTC services was found to be significant (chi-square: 4.062, p-value: 0.04, Table 3).

**Discussion:**

The present study evaluated client satisfaction with services provided at ICTC and is believed to be one of the most reliable methods to evaluate any programme<sup>[8]</sup> and could contribute in improving the counselling services.

The present study highlights the fact that, 66 (66%) clients belonged to 18-28 years age group which is considered as the most sexually active age group which is in agreement with the National AIDS Control Organization (NACO) report 2018-19 and was similar to another study by Chourasiya SK et al.<sup>[3]</sup> It was

**Table 1: Distribution of clients as per the Socio-demographic Characteristics**

Socio Demographic Characteristics	Range	n (%) [n =300]
Age (years)	18-28	198 (66)
	29-38	83 (27.7)
	39 and above	19 (6.3)
Gender	Male	87 (29)
	Female	213 (71)
Religion	Hindu	235 (78.3)
	Muslim	60 (20)
	Christian	5 (1.7)
Marital Status	Married	281 (93.7)
	Single	19 (6.3)
Occupation	Semi profession	2 (0.7)
	Clerical, Shop-owner, Farmer	6 (2)
	Skilled worker	32 (10.6)
	Semi-skilled worker	23 (7.7)
	Unskilled	57 (19)
	Unemployed	180 (60)
Education	Literate	163 (54.3)
	Illiterate	137 (45.7)

**Table 2: Time spent in availing services**

Time Spent in availing services	Range	n (%) [n =300]
Location Time	Less than 30 minutes	258 (86)
	More than 30 minutes	42 (14)
Waiting Time	Less than 15 minutes	273 (91)
	More than 15 minutes	27 (9)
Counselling Time	1 to 4 minutes	106(35.3)
	5 to 15 minutes	194 (64.7)
Time duration to collect results	Less than 24 hours	192 (64)
	More than 24 hours	108 (36)

**Table 3: Satisfaction of the clients with counselling session at ICTC (n=300)**

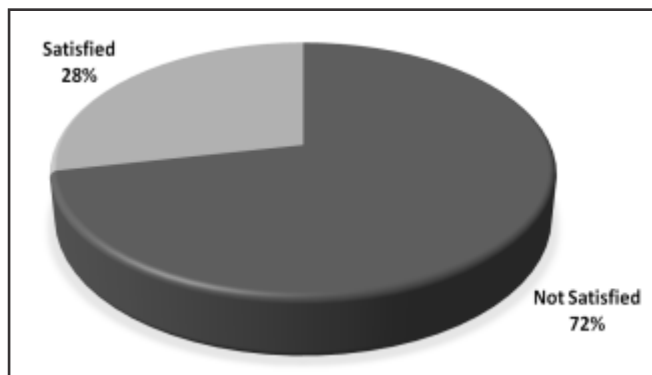
No.	Client Satisfaction (n=300)	Disagree Freq. (%)	Neutral Freq. (%)	Agree Freq. (%)
1.	Satisfaction with the Audio-Visual privacy	58 (19.3)	80 (26.7)	162 (54)
2.	Satisfaction with counselling by opposite gender	13 (4.3)	75 (25)	115 (38.3)
3.	The counsellor showed interest in explaining issues pertaining to HIV that I was not aware of	192 (64)	48 (16)	60 (20)
4.	During the session I was given the opportunity to ask questions and clarify my doubts	121 (40.3)	103 (34.3)	76 (25.4)
5.	The counselling provided to me was very helpful	65 (21.7)	170 (56.7)	65 (21.6)
6.	The counselling session had brought change in my perspective about HIV/AIDS	192 (64)	47 (15.7)	61 (20.3)
7.	If I had attended HIV counselling sessions earlier, it would had been more beneficial for me	155 (51.7)	72 (24)	73 (24.3)
8.	I feel counselling session was good	33 (11)	197 (65.7)	70 (23.3)

**Table 4: Association of client literacy with satisfaction of services at ICTC (n=300)**

Variables	Satisfied clients (%)	Unsatisfied clients (%)	Total (%)
<b>Education</b>			
Illiterate	58 (68.2)	79 (36.7)	137 (45.7)
Literate	27 (31.8)	136 (63.3)	163 (54.3)
Total	85 (28.4)	215 (71.6)	300 (100)

Chi-square: -24.35, p-value<0.005, df = 1 and Odd's ratio: 3.698

**Figure 1: Client Satisfaction with the services**



also observed that 163 (54.3%) clients were literate and a similar finding was observed by Kabash I.A. et al.<sup>[9]</sup>

In this study we found that, the mean time spent in locating ICTC service was 25 minutes, which

ranged from 2-180 minutes. This shows a large time spent in travelling to ICTC. It can be reduced by advising the clients to visit the nearest ICTC centre and also by placing sign boards in the hospital. A similar study by Chellaiyan et al<sup>[11]</sup> showed a different finding. The present study showed mean time spent by the clients in waiting to meet the counsellor was 8 minutes, which ranged from 1-30 minutes. A similar study by Lyatuu MB et al<sup>[10]</sup> with mean waiting time higher than the present study was observed. However, waiting time can be further reduced by recruiting an additional counsellor at the centre when the client load is high.

The present study highlights the mean time duration spent by clients with the counsellor was 4

minutes, which ranged from 1-15 minutes. It was observed that counselling on HIV was not done on the guidelines provided by NACO. Training can also be provided to the counsellors on how to provide adequate counselling to the clients and reviewing of the counselling content by NACO supervisors on timely basis. Papanna et al<sup>[4]</sup> found the finding to be higher than the present study. This study also highlights the time duration to collect the post-test results was, 64.5% (n=192) in less than 24 hours and 36% (n=108) in more than 24 hours. Training of the counsellor should be done on timely basis. This finding is completely in disagreement with the Operational Guidelines of ICTC.<sup>[11]</sup>

64% clients disagreed to the satisfaction statement that “The counsellor showed any interest in explaining issues pertaining to HIV”. This was due to lack of trained counsellor and overload of clients at the ICTC. Chellaiyan et al<sup>[1]</sup>, Papanna et al<sup>[4]</sup>, Lyatuu MB et al<sup>[10]</sup>, Ginwalla S et al<sup>[12]</sup> showed a similar finding. 40.3% clients disagreed to the statement that “during the session I was given the opportunity to ask questions and clarify my doubts.” This was observed due to the inadequate time spent by the counsellor with the clients. This finding was found different from the present study. Study highlights the fact that, 51.7% clients disagreed to the statement which stated that “If attending HIV counselling session earlier, it would have been more beneficial” as they commented that counselling was not done at all and there was staff ignorance due to which there would not have been any change in their perspective if it was attended prior.<sup>[1,4,9,12]</sup> This result was found to be different in Papanna et al<sup>[4]</sup> from the current study. Present study highlights the fact that, 24.3% clients agreed to the statement “The counselling session had brought change in my perspective about HIV/AIDS” as they did not know what are the Operational guidelines of ICTC<sup>[1]</sup> on which counselling has to be done and was not aware on what testing was been suggested by the staff and what was the reason for the test. Papanna et al<sup>[4]</sup> showed a finding than the current study. The client satisfaction found in the present study is 28.3% (n=85) which is low due to

majority being literate clients and lack of adequate time spent with the counsellor and inadequate awareness about HIV given by the counsellor which was in accordance to the previous studies.<sup>[4,9,12]</sup> Out of 300 clients who accessed the ICTC services, 215 (71.66%) were unsatisfied with the services. It was observed that there was statistically significant difference between literate and illiterate clients with the level of services at ICTC. (p value < 0.005) which was in contrast to another study<sup>[1]</sup> where the authors had a higher level of satisfaction.

### **Conclusion and Recommendations:**

Majority of the clients were unsatisfied with the services provided at ICTC. Literate clients were more unsatisfied as compared to illiterate clients.

Thus, following are the recommendations from the present study-

- Recruiting additional counsellor in the centres where the client load is high could reduce the waiting time.
- Counsellors should be advised to spend more time with the clients to discuss the implications of the disease.
- It is mandatory requirement of both male and female counsellors in all the ICTCs so that clients do not feel hesitant to express themselves to the counsellor of the opposite sex.
- The results should be provided on the same day to the clients to avoid unnecessary travel to the hospital again.

### **Declaration:**

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Conflict of Interest: Nil

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