

Original Research Article

The people Knowledge and satisfaction with the primary health care centers services provided to them in Buraydah, Onizah and Albukairyah in Al Qassim region, Saudia Arabia

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Abstract: To measure the people knowledge about PHCC services & the satisfaction of people about PHCC services. A cross-sectional study done with simple random sampling technique the data has been collected by distributing an Arabic language questionnaire to users who had utilized health services provided by the primary health care centers in the following cities Buraydah, Onizah and Albukairiah in Al- Qassim reigon. A total number of 384 participants were enrolled in this study. The data was collected over a 3 months period (December 2014 to February 2015). Of 500 questionnaires distributed 384 (76.8% response rate) were collected and analyzed. Findings from the study showed that 297 (77.3%) of the subjects knew the difference between PHCC and hospitals, and 295 (76.8 %) knew the role of PHCC in immunizations. Less than half of the respondents 173 (45.1%) knew the role of PHCC in follow-up of chronic diseases. The overall reported satisfaction score was 50% of the participants were unsatisfied with the services .The study has concluded that the responder's knowledge is sufficient about the PHCC services. On the other hand, the study showed that most of the responders were unsatisfied toward the PHCC services. Factors causing poor satisfaction were attributed to lack of qualified staff & adequate supervision.

Keywords: PHCC services, satisfaction, participants.

INTRODUCTION

The Alma-Ata international conference defined Primary Health Care as –the essential health care made universally accessible to individuals and acceptable to them, through their full participation and at a cost the community and country can afford [1].

In recent decades, the vision of the health-disease process has undergone tremendous changes, health systems of the countries have reoriented handling health of their populations in the belief that improving the quality of life is crucial to focus on measures and actions for prevention, detection and appropriate management of the risk of illness [2].

Primary care is the level of a health services system that provides entry into the system for all new needs and problems, provides person-focused (not disease-oriented) care over time, provides care for all but very uncommon or unusual conditions, and coordinates or integrates care, regardless of where the care is delivered and who provides it. It is the means by which the two main goals of a health services system,

optimization and equity of health status, are approached [3].

In KSA, primary healthcare has received increasing attention in both political and organizational arenas [4].

Community participation is one of the key principles on which primary health care is established—others being equitable distribution, inter-sectoral coordination, and appropriate technology [5].

Satisfaction is defined as a psychological situation, which are upshots when the emotion surrounding disconfirmed expectations is combined with consumer's prior feelings about the consumption experience [6].

Patient satisfaction with health care is important for consistent relationships with care providers, identifying source of dissatisfaction, improved compliance, continuity of care, and ultimately better health outcomes. Patient satisfaction with PHC services has been measured in many countries with a

wide range of methods including a questionnaire that was based on five-point Likert scale [7]. Patient satisfaction is an important indicator of quality of PHC and health care performance [8].

METHODOLOGY

Study design

The study design is a cross-sectional study. The data has been collected by distributing a questionnaire to users who had utilized health services provided by the primary health care centers in the following cities Buraydah, Onizah, and Albukairiah in AlQassim reigon which is located in the central north of Saudi Arabia.

Study population

The target population of this study includes all patients who had utilized health services of PHCC in the included cities. The three cities together have population of 850,000 people.

Sampling technique

The sampling technique is simple random technique.

The study sample size:

- Confidence level: 95 %
- Marginal of error: 5%
- Population: 850,000

The sample size needed is 384 participants.

DATA COLLECTION

The data has been conducted using a structured questionnaire. The questionnaire was made by the students under supervision from the proposal advisor. The questionnaire is in the Arabic language. The words chosen are simple words that do not make confusion to the participants. The questionnaire has been made short as possible yet important data had been collected. It

contains four main types of questions for data collection:

Personal data of the participant (age, gender, social state, education level) Questions for measuring the participants knowledge about PHC services Questions to reflect the satisfaction of the people with these services

Data analysis

- Quality control check: checking had been done for completion of the questionnaire, its accuracy and clarity.
- Data collected had been coded and entered into the computer.
- The statistical package for social science (SPSS) software is suggested to be utilized for data capture and statistical analysis.

RESULTS

Out of 500 questionnaires distributed 384 were collected and analyzed (76.8% response rate). The sample was composed of 243 males (63.3%) and 141 females (36.7 %). 220 (57.3%) were in the age group of 21- 35 years old. The majority of the responders were married (52.3%). Educational level of respondents showed that 271 (79.7%) were holders of university degrees and few 4 (1 %) had primary school education only. The majority of the responders (70.8%) from Buraydah, (19%) from Albukairyah and (10.2%) from Onaizah (20.6%) of the participants have chronic diseases. The majority of the responders (79.7%) visit PHCC for treatment only. (91.9%) visit the PHCC when they have an illness. (58.1%) they said the PHCC are near to their houses. Findings from the study showed that 297 (77.3%) of the subjects knew the difference between PHCC and hospitals.

Table-1

	Agree (I Know)	Do not know	Disagree (I Don't Know)
1. I know the difference between hospital and PHCC.	77.3%	12.8%	9.9%
2. I know the role of PHC in vaccination.	76.8%	16.9%	6.25%
3. I know the role of PHC in Follow-up of chronic diseases	45.1%	33.3%	21.6%
4. All the services performed as required in PHCs	25.8%	24.2%	50%
5. As a chronic disease patient I find the services satisfving	20.8%	49.2%	30%
6. There is a commitment from the staff in work Hours	23.4%	38.5%	38%
7. I find the needed drugs in PHC pharmacy (medications)	59.9%	6.4%	33.7%
8. There is a scheduled monitoring for the pregnant mother	34.4%	43.2%	22.4%
9. There is a scheduled monitoring for the new-born	39.3%	40.1%	20.6%
10. I feel satisfy with the laboratory of the PHC center	27.9%	32%	40.1%
11. I do the dental treatments in the PHC clinic	24.2%	14.6%	61.2%

And 295 (76.8 %) knew the role of PHCC in immunizations. Less than half of the respondents 173 (45.1%) knew the role of PHCC in follow-up of chronic

diseases. The overall reported satisfaction score was low showing that 50% of the participants are unsatisfied with the services. Most of the respondents

are unsatisfied with following-up of chronic diseases services 189 (49.2%). The study showed that only 90 (23.4%) of the subjects were satisfied with commitment of PHCC staff in work hours. Most of the respondents 230 (59.9%) reported that they founded prescribed drugs in PHCC pharmacy. Our data showed that 166 (43.2%) of the respondents didn't know the role of PHCC in following-up the pregnant ladies and 151(39.3%) knew the role of PHCC in following-up newborn babies. (40.1%) of responders are not satisfied with PHCC laboratory. The majority of the responders (61.2%) they did not do dental treatments in the PHCC clinic and are not satisfied with the dental services. (For more details see table 1)

DISCUSSION

Consumer's satisfaction is generally considered as the extent to which consumers feel that their needs and expectations are being met by the services provided. Patients usually express their views through complaint procedures, changing doctors, and by expressing their opinion on the quality of services received [9].

A survey of 384 participants in Qassim region showed that the overall people satisfaction was relatively low. This was consistency with other study done in other countries [10]. Most of our data were collected from Buraydah city which is reflect the two third of the whole sample and the remaining third was relatively distributed between Onizah and Albukairyah. Relatively ages of responders are varied but it's more concentrated around working age. Two third of our sample with high educational level. Our data was not equally distributed between genders, because we found that the male responders more than female. 80% of whole sample is not suffering from any chronic diseases. When we asked the participants about the main reason of visiting PHC centers most of them said they go when they face health problems.

The overall knowledge of the participants about the PHCC was relatively high and that maybe due to the high educational status of sample group.

More than half of our subjects are not satisfied with PHC services and when subjects were asked about satisfaction for each service item individually the mean overall satisfaction dropped this is consistent with the study done by Williams SJ *et al.* [11]. Which showed that general levels of consumer satisfaction are high, however questions of a more detailed and specific nature reveal greater levels of expressed dissatisfaction. This lower level of satisfaction might be due to genuine problems concerning these services like the long waiting time, the issue of continuity of care, congruity between the population size, and the available resources and the lack of a proper appointment system Therefore health administrators and planners should not depend

only on overall assessment of satisfaction so each service needs to be assessed individually using the different service items and components involved. Changes should take place to promote these domains like applying an appointment system, implementing telephone consultation to shortening waiting times, providing personal continuous comprehensive care with the health care provider. The low satisfaction about the services that provided by PHC centers is related to high level of education Similar to our study, Babic-Banaszak *et al.* [12], reported that less educated patients were generally more satisfied, since they are less demanding. When we asked chronic diseases patient for their satisfaction about the services provided to them we found 30% out of them are not satisfy. In our study low satisfaction was scored for some PHC centers staff particularly for working hours. One third of our responders did not find the prescribed medications in the PHC centers pharmacy This is consistent to other study done in Saudi Arabia which showed that pharmacy services scored low satisfaction especially insufficient drug supply [13], and about the services for monitoring pregnant women and newborn, more than 30% of participants know the role of PHC in scheduling and monitoring pregnant women and their babies. Less than half of responders are not satisfied with laboratory services in PHC centers in selected cities. Around two third of our sample did not prefer to visit dental clinics in PHC centers and that maybe due to the low quality of dental services provided there.

There were some limitations to our study, as we used a self-administered questionnaire, which means that only literate patients were included in this study, probably masking a different level of satisfaction with illiterate patients, also we included a large number of patients, and this could dilute the results.

CONCLUSION

The study has concluded that the responder's knowledge is sufficient about the PHCC services. This information could be attributed to the fact that most of our participants are with high level of education. On the other hand, the study showed that most of the responders were unsatisfied toward the PHCC services. Factors causing poor satisfaction were attributed to lack of qualified staff & adequate supervision. However, if we look at the services individually we can see some services with good satisfaction rate.

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