Clients Perception of Family Physician Working in a Family Medicine Centre in Baghdad

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Summary:

Background: Patient evaluation of the healthcare provided by his/her family doctor is a multidimensional concept, its main component being the doctor-patient interaction.

Materials and Methods: a total of 200 client chosen by systematic random sampling were successfully interviewed immediately after having the contact with the family physician in the family medicine center.

Results: The present study showed that the majority of the clients were young age, most of them were female, completed secondary education and the majorities were unemployed. This study determined the client general satisfaction the services provided by the physician the overall satisfaction was high (98%), the most significant statistical association was found between general satisfaction and the client age, gender and education. The evaluation of the physician interaction to the client was mostly positive regarding the doctor courtesy and humaneness, skills and continuity of care, comprehensiveness of care, in formativeness and doctor advice. Regarding client preferences most of the clients prefers female doctor, family physician specialty, and prefers being checked by the same doctor in each visit.

Conclusion the client generally was satisfied with the services provided by the physician, a strong statistical association was found between satisfaction and some client sociodemographic characteristics like age, gender and the level education.

Keywords: family physician, client, satisfaction, perception

Introduction:

The World Health Organization declaration of Alma Ata stated that primary health care (PHC) was the key to achieving ' Health for all by the year 2000' and that it should be an integral part of a country's health care scheme(1). Patients have a legitimate and important role as evaluators of healthcare. Obtaining feedback from patients about the quality of primary healthcare is a powerful way to develop more patient-centered approaches to healthcare delivery (2). Patient satisfaction has been recognized as an essential component of several methods of assessing quality of health care. Many investigators and policy makers feel that its role in the assessment of quality of care is crucial (3) .Patient satisfaction is generally considered as the extent to which the patients feel that their needs and expectations are being met by the services provided, satisfaction is the judgment of the patient on the care that has been provided. The physician remains a key element in patient satisfaction (1). The family physician provide primary continuing and comprehensive health care, health maintenance and preventive services to each member of family regardless of sex, age or type of the problem, be it biological, behavioral or social. Those physicians usually working in a family medicine centers (4). Information about community perception with a thorough understanding of the needs and expectations of the community about the health care services can help in better delivery and higher

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utilization of health services (5).satisfied patients are more likely to maintain consistent relationships with their care provider leading to improved compliance, continuity of care and ultimately better health outcomes(6). The purpose of this study is 1) to assess the client perception to the family physician providing care in the family medicine center.2) to assess the overall satisfaction of client and any association between the satisfaction and client sosciodemographic characteristics.

Materials and Methods:

A cross- sectional study was carried out during the period from November 2009 to January 2010 in AL-Mustansyria Family Medicine Center in Baghdad where clients using the family medicine center were expected to be found. A simple random sampling was used to select 200 clients aged 18 years and above who attended the health center. Patients were excluded from the study if they were outside the catchment area that covered by the centers and if their age were under 18 years of age. The data was collected using a questionnaire which was filled by the researcher through a direct exit interview with each client who had just completed his(her) visit or contact to his (her) family physician. Clients were informed about the study objectives and procedures prior to the interview and that data collected would be used only for the stated research purpose. The final format of the questionnaire includes information under 3 main headings:

1. Information related of socio-demographic characteristics of the client; these include general information: (age, sex, level of education, occupation, reason to visit the center, residency in relation to the center, and time needed to reach the center).
2. Information related to the client perception to various aspects related to client interaction with the physician working in the centre; these included: (courtesy and humaneness, skills and continuity of care,comprehensiveness of care and informativeness and advices).
3. Preference of client to certain things related to the physician.
4. The overall satisfaction to the physician

The data collected was entered the computer using SPSS version 17.0 and were handled using descriptive statistics (Frequencies and Percentages) and were analyzed using the chi- square (X^2) test to determine the association between variables .P<0.05 was considered as a cut-off value for significance.

Result:

The Family Medicine Center in AL-Mustasyria in Baghdad was chosen to evaluate the family physician by the client visiting this center .All physician working in family medicine center are family medicine specialist, the family medicine center apply the family medicine programme including the family health record beside other health programmes that applied in any primary health care center in Iraq. Table (1) shows that the majority of clients were young (20-29) years of age, (34.5%) completed secondary level of education. Of the respondents; (86%) were female and (14%) were male. Most of males (82%) were employed and most of females were housewives (86%). Most of the clients190 (95%) reporting their residency near the center (within the catchment area covered by the center), the remaining (5%) were considered as visitors. The clients evaluations are reported after their contact with the family physician were sited mostly to the following issues: Doctor courtesy and humaneness, Skills and continuity of care, Comprehensiveness of care and In formativeness and doctor advice Table 2 shows that most clients reporting that the physician was positive regarding greeting, being nice to the patient, using privacy during examination and listing to the patient complain with the following percentage respectively (93%), (91%), (81%) and (65%) ,Regarding that the physician introducing himself to the patient, the clients reported that only (21.5%) do introduce himself to the patient before they interact with the patient. Table2 also shows that most of clients reported that the physician do perform physical examination, sending the patient for investigation, prescribing drugs and giving an appointment to follow up with the following percentage respectively(89%), (70.1%), (69.5%)and (74.5%). The client reported that the physician do asked about

the present complain, the social problems, the psychological problems and asking about the clients family members with the following percentage Respectively (95%),(19.5%),(14%)and(42%).

The client reported that the physicians were positive regarding the willingness to reply to patient question, explains the problem to the patient, giving advices (mostly advices related to drugs), with the following percentage respectively (90%), (84.5%) and (92%). Regarding the client preferences, table (3) shows that the majority (64%) of clients prefer a female doctor,(31%) show that it makes no difference while the remaining (5%) prefer a male doctor. Most of the client (87%) preferred a family phycians specialty,(7.5%) report that it makes no difference and only(5.5%) preferred general practice. Table (3) also shows that the majority of clients (67.5%) reported their preference to be checked by the same doctor in each visit, (62%) preferred the same for their family member. Most of the client (69.5%) preferred the presence of the paramedical staff during the physical examination

Table (4) illustrate that out of 200 clients studded the overall satisfaction regarding the family physicians was (98%).Significant association was found between the overall satisfaction and certain variable like client's age, education and gender. The female were more satisfied (86%) than the male (57%) with statistical significant association (x^2=4.39, p <0.05). Regarding the age it was found that the overall satisfaction was found to be more for the clients aged more than 40 years of age (90.6%),

Table 1: distribution of the clients according to some sociodemographic characteristics

Sociodemographic characteristics	Frequency	Percent
Age		
20-29	76	38
30-39	38	19
40-49	17	8.5
50-59	59	29.5
60-69	10	5
total	200	100
Gender		
Male	28	14
Female	172	86
total	200	100
Education		
0-6	67	33.5
7-12	69	34.5
+13	64	32
total	200	100
Occupation		
Employed	47	23.5
Non employed	153	76.5
total	200	100
Residency		
Near	190	95
Far	10	5
Total	200	100

Table 2: distribution of client perception according to the aspects of interaction of doctor and clients

Aspects of Interaction of doctor and client	Client evaluation		
	Positive No. (%)	Negative No. (%)	total
Doctor courtesy and humaneness			
Greeting the client	186 (93)	14 (7)	200
Introduce himself to client	43 (21.5)	157 (78.5)	200
Nice to client	183 (91.5)	17 (8.5)	200
Willingness to listen	190 (95)	10 (5)	200
Privacy with examination	158 (79)	42 (21)	200
Skills and continuity of care			
Perform physical examination	178 (89)	22 (11)	200
Sending to investigation	162 (81)	38 (19)	200
Drug prescription	190 (95)	10 (5)	200
Follow up appointment	149 (74.5)	51 (25.5)	200
Comprehensiveness of care			
Ask about present complain	190 (95)	10 (5)	200
Ask about related social problem	39 (19.5)	161 (80.5)	200
Ask about related psychological problem	28 (86)	172 (86)	200
Ask about client family member	85 (42.5)	15 (57.5)	200
Informativeness and doctor advice			
Reply to client question	180 (90)	20 (10)	200
Willingness to explain the problem	169 (84.5)	31 (15.5)	200
Willingness to give advice	184 (92)	16 (8)	200

Table 3: distribution of client according to their s

Client preferences	No. (%)
Preference to physician's gender	
Female	110 (55)
Male	85 (42.5)
Do not care	5 (2.5)
Total	200 (100)
Preference to physician specialty	
General pracitionnaire	11 (5.5)
Family physician	174 (87)
Makes no difference	15 (7.5)
Total	200 (100)
Preference to visit the same physician	
yes	135 (67.5)
no	65 (32.5)
total	200 (100)
Preference that their family member visit the same physician	
Yes	85 (42.5)
No	110 (55.1)
Do not care	5 (2.5)
Total	200 (100)

Table4: distribution of client according to their overall satisfaction

Client overall satisfaction	Frequency	percent
satisfied	196	98
Not satisfied	4	2
total	200	100

Table 5: association between the overall satisfaction and some clients' sociodemogaphic characteristics

sociodemogaphic characteristics	The overall satisfaction		total	
	Yes No. (%)	No No. (%)		
Age (years)				
<40	86 (75.4)	28 (24.6)	114	X^2=15.2,
>40	78 (90.6)	8 (9.4)	86	df=1,
Total	164 (100)	36 (100)	200	p<0.05
Gender				
Female	48 (86)	24 (14)	172	X^2=13.6,
Male	16 (57.1)	12 (42.9)	28	df=1,
Total	146 (100)	36 (100)	200	p<0.05
Level of Education (years)				
0-6	61 (91)	6 (9)	67	
7-12	55 (79.8)	14 (20.2)	69	X^2=6.7,
+13	45 (70.3)	19 (29.7)	64	df=1,
Total	164 (100)	36 (100)	200	p<0.05

the statistical analysis shows a significant increase in satisfaction with increase the client age(x^2= 15.7 , df=2,p<0.05) Regarding the level of education, client who are illiterate or having primary education were more satisfied (91%) than more educated clients. Statistical analysis show significant association between the increase of satisfaction with the decrease of the client years of education(x^2=6.7, df=2 p<0.05)

Discussion:

Quality assessment studies usually measure one of three types of outcomes: medical outcomes, costs, and client satisfaction. Clients are asked to assess not their own health status after receiving care but their satisfaction with the services delivered. According to some reports provision of some health care is expected to respond directly to the patient's preference and demand (7).

The result of the present study in general agree with many previous studies carried out in different places in Iraq for example an exit interview study carried out in Basrah in 2004 which reported a wide range of satisfaction with various component of primary health care(3).

The sampling procedure that was used throughout this study was systematic random sampling procedure taking in consideration that we select every two client, weather they were male of female. Our study was limited to the family medicine center to evaluate the family physician regarding the services and the interaction with the client visiting the family medicine center, taking in consideration

that the entire physician worked in this center are family medicine specialist.

The present study showed that the majority of the clients were young age, most of them were female, completed secondary education and the majorities were unemployed. This finding consistent with studies done in Basrah , Bangladesh and United State (4,7, 8) in which most of the client were female (88%) but (66.1%) were below secondary education. these findings were inconsistent with a study held in Kuwait (1) which reported that the majority of the clients were males, of middle age, were employed and less than one third completed secondary school.

The overall satisfaction of the present studywas high, with significant association between the overall satisfactions with some sociodemographic variables. The present study shows increase in the client satisfaction with increase age, being more in female and more in less educated or illiterates' clients. Many studies report the same result (1,8, 9, 10) in which they reported the high satisfaction among female more than males. This may be due to the fact that most of them who attend the primary health care center were poorly educated and were housewives and may have mote acceptance and reliance to the medical system.

Inconsistent to this finding a study done in United Arab Emirates(11) which reported that men and women had equal level of satisfaction, the overall satisfaction was not statistically significantly related to any of the measured demographic variables.

Regarding the age it was found that clients aged over 40 years of age were highly satisfied with significant statistical association this may be probably due to their greater continuity of doctor –patient relationship and their lower expectation when they used to have poor health care in the past, or generally elderly treated with more respect than younger client or are less demanding compaired to young patients.

 This finding supported by a study held in Kuwait (1) which shows that (73%) of the sample aged 50 years and more were highly satisfied with significant statistical association. The same result supported by many studies (8, 9, 10). Regarding education, client who are illiterate or having primary education were more satisfied than more educated clients with significant statistical association .It has suggested that more educated patient have a tendency to be less satisfied because they have higher expectation or apply stiffer standard in their evaluation of care or physician services (regardless the nature of care or service) and consequently disappointed compared to less educated patient. Better educated patient may

participate in diagnosis, treatment and decision more than less educated patient but remain less satisfied and feel that physician are not meeting their high expectations (10, 12).The same finding reported by many studies (1, 10) that percentage of the overall satisfaction was very high among low educated client as compared to well educated. Regarding doctor courtesy and humaneness, the present study shows that most physicians was positive regarding greeting, being nice to the patient, using privacy during examination and willingness to listen to the patient. The same finding reported by the United State and Bangladesh (8,7) which reported that (75%) of the client reported the willingness of doctor to listen to the patient complain. Another study held in Saudi Arabia (13) which reported that doctors were welcoming to (96.4%) of the client. Another study (7) show that privacy was felt to be necessary by (19%) of users however privacy maintained for less than half (45.1%) of these clients. doctor did not introduce himself to the client before providing the service was reported in our study with high percentage .This finding consist with a study held in Tunisia(14) which was (87%), it also reported that greeting was positive for only (15.8%) to the client. Regarding the skills and continuity of care,   the present study shows that most of the physician do perform physical examination, sending the patient for investigation, prescribing drugs and giving an appointment to follow up, this finding confirmed by a study in Saudi Arabia(5) which reported that follow up by the same physician was (92.1%). This finding is inconsist with the finding reported by a study in Bangladesh(16)   in which they reported only (29%)of the client underwent a physical examination, it also report that the optimal care should meet both medical and psychological needs, in reality care that meet a medical , psychological and psychological need.. The client reported that the physician willingness to reply to patient request, explain the problem to the patient, giving advices with high percentages. The same finding reported by many studies (7, 8).

Conclusion:
It was concluded that the overall client satisfaction was high. Female, increasing age and reduced educational level were the most important factors for high client satisfaction. It is recommended that patient satisfaction and evaluation should be carried periodically (annually) in all aspects of health care to improve the quality of service.

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