

Patient Satisfaction in Kuwait's Primary Healthcare Centers

Hendi B¹, Hunaidi M², Duwaisan H³, Khaja A^{4*}

Ministry of Health, Kuwait

Abstract

Objective: To compare the level of patient's satisfaction between family healthcare centers and general practitioner healthcare centers throughout the 5 governorates of Kuwait.

Method: A questionnaire was issued, available in both Arabic and English depending on the patients' preference, between 12/3/2013 and 17/4/2013 throughout the five governorates of Kuwait. The patient was asked to complete an online form, via the iPad, through which his satisfaction was rated for each question from 1-5, the higher the score the higher level of satisfaction. A sample of 476 patients, 265 subjects from general practitioner health centers and 211 subjects from family medicine health centers.

Results: The overall level of patient satisfaction in general practitioner health centers was 82.5 whilst at family medicine healthcare centers the overall level of satisfaction was 82.1. Female subjects represented 52% of the total sample collected at family medicine health care centers and the majority of patients were between 31-50 years of age, representing 49% of the sample. The majority of subjects were graduates with a bachelor's degree, representing 42% of the sample. However, the great majority attending general practitioner healthcare centers were Males, representing 67%. The majority of the subjects were undergraduates, representing 42% of the overall sample. The great majority of subjects were Kuwaiti nationals representing general practitioner and family medicine health care centers 94% and 90% respectively. General practitioner healthcare center subject's age, educational qualification and nationalities were not significantly related to the overall level of satisfaction as overall the levels of satisfaction were equally high between the various groups. On the other the older patients, above 50, and undergraduates were more satisfied with family medicine healthcare centers.

Conclusion: Patient satisfaction is regarded as an outcome of care itself and one of the major contributions towards better patient compliance leading presumably to better clinical outcomes.

Keywords:

Introduction

Primary healthcare is the cornerstone towards providing healthcare for all and through its services a healthcare system is best organized and burdens of diseases are best tackled as Dr. Margret Chan, the director general of the world health organization stated in her speech dedicated to the 30th anniversary of the Alama-Ata declaration, "A primary health care approach is the most efficient, fair, and cost-effective way to organize a health system. It can prevent much of the disease burden, and it can also prevent people with minor complaints from flooding hospital emergency wards" [1].

Kuwait is a small rich country situated in the north east of the Arabian Peninsula, the latest data shows that it has a population of 3.3 million people of which 1 million are Kuwaiti and the majority are youth [2]. Kuwait is divided into 5 health regions, Al-Asma'a, Hawali, Al-Ahmadi, Al-Jahra and Al-Farwaneya, with a total of 74 healthcare centers which provide healthcare to the population. Services provided by Primary healthcare nowadays is seen as a substitute to many services provided by hospitals in the past. In Kuwait both the public and private sectors provide healthcare, all Kuwaitis have access to public primary health care services. There are two main primary health care center models that divide Kuwait's primary healthcare, these are the family medicine healthcare centers and general practitioner healthcare

centers. Family medicine centers have to have family physicians, who are graduates of family medicine programs, representing 50 percent or above of the practicing doctors in the center. On the other hand, general practice centers are composed of general practitioners who do not possess a specific degree and therefore have undertaken less years of education and practice than family physicians. General practitioners deal with many areas of medicine as they treat both acute and chronic disorders in patients and implement preventive care with regard to at risk individuals. Family physicians deal with the overall health of a family or individuals of both sexes and all ages [3].

Patient satisfaction in itself should serve as a measure of quality of care and not only measures of clinical effectiveness should count. This study serves as a comparison of patient satisfaction throughout the different primary health care centers in Kuwait via conducting a survey which measures the patient's satisfaction. The survey shall include a minimum of 50 consecutive patients from various healthcare center throughout Kuwait, one family medicine center and one general practice centers from each district area, the centers were selected randomly from a list of the centers [4].

Our aim is to provide this study in order to help improve and unify the quality of services provided throughout primary health care centers in

*Address for Correspondence: Khaja A, Ministry of Health, Kuwait E-mail: aliaa.khaja@gmail.com

Copyright: ©2020 Khaja A. This is an open-access article distributed under the terms of the creative commons attribution license which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

Received: 03 June 2020; Accepted: 03 August 2020; Published: 10 August 2020

Kuwait. The importance of patient satisfaction resides in its effect on better patient compliance leading to presumably better clinical outcomes [5].

Methods and Materials

A cross sectional study of 476 patients who attended the various primary health care centers throughout the 5 governorates of Kuwait was obtained throughout 6 weeks during the period from 12/3/2013 to 17/4/2013. An online questionnaire was available in both Arabic and English languages for the patients, depending on the patient preference, which was completed online via an iPad. The inclusion criteria included adults above 18, patients are residents of the same area as the general practitioner or the family medicine centre according to their ID, patients are visitors during the working days of the week and that the patients consent to take part in this study. The exclusion criteria included patients who are mentally disabled, patients attending the emergency departments and patients attending the primary healthcare centers during weekends or public holidays.

Prior to actually answering the questions the patient was asked about his age, nationality, gender and his academic qualification at the top page of every questionnaire which will form the basis on which the results will be divided. The questionnaire included questions related to the overall patient satisfaction with the various services provided by the health centers. The questions addressing the services provided by physicians mainly concentrated on the manner by which they handled their patients, their respect to the patient's privacy, how concentrated they were and how understanding they were towards the patient's needs. The questions addressing the services provided by the pharmacy mainly concentrated on the availability of drugs, the pharmacists' instructions on the administration of the drugs and the waiting time for the drug's dispensation. Questions related to the center itself mainly dealt with the cleanliness of the center, the location of the centre, the cleanliness of the resting rooms the availability of parking and guiding sign boards throughout the centre. Questions regarding waiting times mainly concentrated on the waiting time before entering the doctors room, the time of the consultation, the duration it takes tests to be conducted if applicable, for example blood to be drawn or an x-ray to be taken if available in the centre. Finally, questions regarding the administration staff especially concentrated on the manner by which the staff greeted patients and their guidance and counseling. The patient satisfaction was rated for each question from 1 to 5, the higher the score the higher the level of satisfaction. Patients consenting to take part in this study were informed that the data collected will only be used for the purposes and objectives of the study.

Our approach to the patients was systemic as every 3rd patient was approached. The patients completed an online form, the online form is basically an HTML page that can be used as a questionnaire. The data was collected via an adobe form central server, basically a secure website, which is connected to the results page via a linking code. (6) The results page is accessed via a username and password; the information is viewed to the user in various ways from which the user selects the most appropriate presentation. An online form and method of manipulating and presenting the data proved to be a very efficient form as it saves time and minimizes human error. Our preferred method of presentation was via an excel file through which we were able to manipulate the data and calculate the various ratios.

Separate questionnaires on sheets of paper were available however such papers were not used as most patients were able to use the iPad by themselves or after we instructed them on the manner by which it operates. We produced separate control screens and corresponding excel sheets for each healthcare centre to enable us to compare the results between the 2 types of centers, the family medicine and general practitioner centers.

Results

A total sample of 476 questionnaires were completed, 211 subjects attending family medicine health centers whilst 265 subjects attending general practitioner centers due to the fact that Al-Jahra governorate only possesses general practitioner centers.

The majority of the subjects attending family medicine centers were females, representing 52% of the total sample. The majority were of the age group 31-50, as it represented 49% of the total sample. The great majority of the subjects were Kuwaiti, representing 94% of the sample, and were graduates with a bachelor's degree, representing 42% of the sample. The overall level of patient satisfaction towards family health care centers was 82.1 %.

On the other hand, the great majority of the subjects attending the general practitioner centers were males, representing 67% of the total sample. The great majority attending the general practitioner centers were also Kuwaitis, however they represented a lower percentage of the total sample at 90%. The majority of the subjects attending general practitioner centers did not completing the high school diploma, as they represented 42% of the total sample. The overall level of satisfaction in general practitioner centers was 82.5% which is slightly higher by a non-significant value of 0.4%.

The first set of bar charts below shows the satisfaction scores for various factors affecting the services provided to the patients in general practitioner health centers. Patients at general practitioner health centers had the highest score of satisfaction towards the doctors understanding of the patients' needs and the lowest level of satisfaction was towards the doctor's concentration and attention through the consultation. General practitioner health center's location was more satisfactory than family medicine health center's location. The availability of medication was equal in both health centers however the pharmacist's manner of distribution of drugs was more satisfactory in general practitioner health centers. The nationality of the patient, their age and their educational qualifications was not significantly related to the overall levels of satisfaction.

The second set of bar charts shows that patients of the family medicine centers rated their doctors differently to general practitioner health center patients as the highest level of satisfaction was towards the doctor's respect to the patient's privacy, and the lowest level of satisfaction was towards the doctors understanding to the patient's needs. Overall family medicine health centers patients rated their doctors higher than general practitioner patients. The patients rated the questions relating to waiting times equally in both centers. The older patients, above 50, were more satisfied with their family healthcare centers than younger patients. Furthermore, patients who did not complete their high school diploma had lower levels of satisfaction than people who are high school graduates. The nationality of the patients was not significantly related to the levels of satisfaction.

General practitioner health centers results

The first set of bar charts indicates the level of patient satisfaction towards each individual question, the higher the score the higher the level of satisfaction. The values indicated next to the question itself represents the average value.

Discussion

The results clearly indicate that the overall level of satisfaction was relatively high throughout the 5 governorates, corresponding to results from other studies previously conducted in Kuwait in 2005 were the overall mean score of patient satisfaction was 99.6% [7]. In Saudi Arabia a study was conducted in Riyadh which showed an overall mean patient satisfaction score of 90% [8]. Furthermore, similar European studies conducted in Slovenia showed an overall mean score of patient satisfaction of 88.3% [9].

Our data showed that the overall level of satisfaction thought the health centers was equal between both sexes however other studies showed that males satisfaction was higher than females [7], a larger male sample was collected in general practitioner centers whilst a larger female sample was collected in family medicine centers. Younger patients were less satisfied in family medicine healthcare centers it is believed that this is due to the fact that the younger patients are more demanding and require more attention and from physicians. Subjects who did not complete their high school diploma had lower levels of satisfaction this is believed to be the reason of them lacking the education which enables them to understand the limitations of the services provided by primary healthcare physicians [10].

The level of patient satisfaction was equally high in both types of centers, general practitioner health centers had higher satisfaction results but with a non-significant value of 0.4.

It has been noted by the World Health Organization through their Country Cooperation report as well as many patients and healthcare personnel that the main concerns with the Kuwaiti healthcare system was the poor standard of services provided by the hospitals and not primary healthcare center [11].

Healthcare planners and decision-making personnel at the ministry of health should not only depend on the overall levels of satisfaction but must also consider the levels of satisfaction within each service individually. The overall levels of satisfaction were high however certain aspects of the questionnaire scored low levels of satisfaction such as the availability of parking spaces which scored 67% and 66% for General practitioner and family medicine health centers respectively.

The highest level of satisfaction with questions related to the centre itself was with the cleanness of the centre, scoring 92% for both centers. With questions relating to timings patients were most satisfied with the time spent with the doctor during the consultation as it scored 82% and 83% for the general practitioner and family medicine health centers respectively. On the other hand, the patients were mostly dissatisfied with the waiting time to receive the results for tests, many of the patients complained that the dates they were given to receive their results were unrealistic. The questions related to pharmacies rated the availability of drugs the lowest in general practitioner centers whilst however patients of the family medicine healthcare centers rated the manner by which pharmacists dispensed the drug with the lowest satisfaction this was mainly due to the lack of explanation of the route of administration and side effects of drugs as many patients described. The high rates of satisfaction with the health centers themselves maybe mainly due to the fact that most of the centers we visited were newly built or reconstructed. Furthermore, many patients insisted on certain physicians for their consultation as they were given the choice between the available physicians, this is one of the reasons why the satisfaction with the physicians are high. Most of our visits were during the morning hours and therefore some certain criteria of the population we didn't sample to a great extent. Many patients answered the questionnaires based on their single visit despite us explaining that their answer should take into account their past visits.

Conclusion

Patient satisfaction acts as an indicator of the quality of the services provide. It is a chance for physicians and healthcare personnel to asses

themselves and view their weak points in order to improve them. Patient satisfaction surveys should be routinely carried out as they shall act as a guide for decision makers towards improving the standard of services provided and therefore improving the levels of patient satisfaction leading to arguably better clinical outcome.

Throughout the study we have noticed that despite the high level of satisfaction throughout the various health centers in Kuwait many patients lack the understanding of the exact services that physicians and personnel can offer at a Primary healthcare setting. Educating the patients especially on the limitations of the services provided at such a setting will increase the level of patient satisfaction.

It has been clearly identified that the services provided by the various healthcare centers lack certain aspects, such as the long waiting times prior to the patient's consultation or the lack of parking spaces in many of the centers we visited. The issue most patients mentioned is that even though the solutions to such issues might be simple however the main obstacle our health system faces in Kuwait is the problem of actually making the decision and not one of finding the appropriate solution.

References

1. Dr Margaret Chan. Address at the International Conference Dedicated to the 30th Anniversary of the Declaration of Alma-Ata. World Health Organisation 2008.
2. Kuwait Government. Kuwait Government Online. 2008.
3. American Board of Family Medicine. ABFM Official Definition of Family Medicine. 2013.
4. Kuwait Government Online. Government Hospitals. [homepage on the Internet]. 2013.
5. Thomson A. What is patient satisfaction?. 2006.
6. Adobe Forms Central. Easily create PDF and Web forms. 2011.
7. Al-doghaither AH, Abdelrahman BM, Saeed AA. Patients' satisfaction with primary health care centers services in kuwait city, kuwait 2013.
8. Al Faris EA, Khoja TA, Falouda M. Patients' satisfaction with accessibility and services offered in Riyadh health centers. 1996.
9. Kersnik J. An evaluation of patient satisfaction with family practice care in Slovenia. International journal for Quality in Health care 2000.
10. Sitzia J, Wood N. Patient satisfaction: a review of issues and concepts. 1997
11. World Health Organisation. Country Cooperation Strategy for WHO and Kuwait 2005-2009.

How to cite this article: Hendi B, Hunaidi M, Duwaisan H, Khaja A. "Patient Satisfaction in kuwait's Primary Healthcare Centers ". J Gen Pract, an open access journal 8 (2020) doi: 10.37421/jgpr.2020.8.382