



## Original Research Article

### Clients' Satisfaction with Primary Health Care in Jahrom: A Cross-Sectional Study on Iranian Health Centers

Azam Zare<sup>1</sup>, Leila Taheri<sup>2</sup> and Marzieh Kargar Jahromi<sup>2\*</sup>

<sup>1</sup>Medical-Surgical Nursing, Shiraz University of Medical Science, Shiraz, Iran

<sup>2</sup>Faculty of Nursing and Paramedical, Jahrom University of Medical Sciences, Jahrom, Iran

\*Corresponding author

#### A B S T R A C T

In improving the service delivery in primary health care clinics, there is a need to place high priority on the clients and their level of satisfaction with the provided services. This study aimed to assess clients' satisfaction with primary health care in Jahrom. Through a cross-sectional study in 2014, four urban primary health care centers were selected through stratified random sampling. 302 participants were interviewed in the selected clinics about their satisfaction with the primary health care services. The questionnaire contains 40 items in four major domains including health education, vaccination, family planning and child-maternal health care. Data were analyzed by SPSS software (Version16.0). The descriptive statistics, t-tests and spearman correlation coefficient were used when appropriate. Most of the clients were satisfied by the vaccination unit of health care centers. In a question about overall satisfaction with primary health care system, results of Likert scale were 15 (3.9%) very much, 57 (19.3%) much, 200 (66.7%) suitable, 20 (6.7%) few and 10 (3.4%) very few. Overall satisfaction ( $P>0.05$ ) and different domains of satisfaction ( $P>0.05$  for all) were not affected by gender and child number ( $P=0.04$ ). There was a significant correlation between domains of satisfaction. Primary health care could be recommended as a comprehensive and suitable strategy to provide health services in public health. Paying attention to clients' satisfaction is a basic step for quality improvement and should be done intermittently.

#### Keywords

Primary health care,  
Client satisfaction,  
Jahrom,  
Iran

#### Introduction

Many factors affect the population's health that can be divided under four headings: heredity, environment, lifestyle and health care service (Seyediandi, 2009). Public health services are provided through a nation-wide network which is established based on primary health care (PHC) system. Healthcare is the fastest growing service in both developed and developing countries.

The primary goal of healthcare is to offer services to people that help to improve the quality and health of their daily lives (Dey *et al.*, 2006). Clients are the primary focus of healthcare systems. Healthcare needs to be sustainable because it faces increasing demands and diminishing resources. The current generations need to be served and future generations need to be considered

when offering services in healthcare (Faezipour and Ferreira, 2011). One of the ways to determine if the services are effective is to ensure that clients are satisfied (Daoud-Marrakchi *et al.*, 2009).

The measurement of client satisfaction is becoming increasingly popular because of its role in quality assurance and continuous quality improvement systems (Glajchen and Magen, 1995). Among adult clients, research has shown that client satisfaction is an integral component of service quality (Aharony and Strasser, 1993). Clients have a wealth of information regarding the functioning of social service programs, and gathering their views can provide insight and information useful for improving services (Glajchen and Magen, 1995).

Client satisfaction evaluations can address:

1. The reliability of services, or the assurance that services are provided in a consistent and dependable manner;
2. The responsiveness of services or the willingness of providers to meet clients/customer needs;
3. The courtesy of providers; and
4. The security of services, including the security of records.

Client satisfaction surveys are most useful when they are designed to meet specific objectives and when they use appropriate methods and measures (Chiu *et al.*, 2010). According to a survey was conducted by Khodaveisi on the satisfaction of health centers, 83% of clients satisfied with service, and 17% were dissatisfied. Most components of satisfaction and dissatisfaction were access to centers 89/3%, and cost of dental services 35/5% respectively (Khodaveisi and Alahverdipour, 2002). In another study was conducted by Seyediandi and colleagues in

496 women referred to health centers, the overall satisfaction rate was estimated 60% (Seyediandi *et al.*, 2009).

Studies have demonstrated that a satisfied client is more likely to comply with medical treatment, more likely to provide medically relevant information to the provider, and more likely to continue using the health services (McPake, 1993). Thus, according to the client's rights in benefit from appropriate health services and their ability to assessment of the quantity and quality of services, there should be used clients expectations and views in the planning and evaluation of health service.

## **Material and Methods**

Through a cross-sectional study, clients of four urban health centers of primary health care in Jahrom (of Shiraz) participated in this study. These centers were supervised by Jahrom University of Medical Sciences and Health Services which is responsible for health provision of different socio-economic classes in most areas of Jahrom. These centers were randomly selected through strata of different socio-economic classes. The study was conducted in the waiting room of the health centers over a period of 120-days in 2014. 302 participants were selected through a convenient sampling. They lived in the geographic zone of the health center and registered in the center and were included in the study after signing informed consent agreement to be as a participant. The questionnaire contains 40 items in four major domains including 11 items for health education, 9 items for vaccination, 9 items for family planning and 11 items for child-maternal health care. Each item was scored using a five-point Likert scale. Then, mean of each domain divided by the number of items in each domain and the domains ranked based on

point of 100. To assess the content validity, the questionnaires were sent to lecturers of the nursing and midwifery school and were edited according to their comments. To assess the reliability with test-retest method, 25 clients filled out the questionnaires with two weeks interval. The correlation between the two measurements was 0.87 which were acceptable.

Data were analyzed by SPSS software (Version16.0). The descriptive statistics, t-tests and spearman correlation coefficient were used when appropriate.

## **Result and Discussion**

Table 1 represents summary data on the background characteristics of the respondents. The mean age of all the respondents was 32.64 years (SD = 6.25). Minimum and maximum age of participants was 20 and 52 years, respectively. Only 9.6 percent of users of health services were male. Among participants, 79.7% were housewife, 45.7% educated under diploma, and 90.4.2% have given birth one to four children.

Means for domains of satisfaction in the selected health centers in Jahrom is shown in table 2. Most of the clients were satisfied by the vaccination unit of health care centers.

In a question about overall satisfaction with primary health care system, results of Likert scale were 15 (3.9%) very much, 57 (19.3%) much, 200 (66.7%) suitable, 20 (6.7%) few and 10 (3.4%) very few. Overall satisfaction and different domains of satisfaction ( $P>0.05$  for all) were not affected by gender and child number ( $P= 0.04$ ).

As shown in table 3, there was a significant correlation between domains of satisfaction. Level of satisfaction was not high with respectful behavior of staff for checking temperature, weight, and blood pressure in all visits, description on the way of taking drug, educational materials, helpful education and advice, and facilities of clinic and the educational program in the health centers.

The purpose of this study was to assess the satisfaction of clients with the primary health care system in Jahrom of Shiraz (Iran). The results showed that overall satisfaction was suitable (66.7%).

Emadi and colleges found the overall satisfaction of 75% which was less than ours (80%) (Emadi *et al.*, 2009). In our study highest score of satisfaction domains was for vaccination unit and the lowest was for family planning clinic. Our study supported the Margolis's finding that reported child-maternal of care scores as the lowest although its overall satisfaction was lower than that in our study (Margolis *et al.*, 2003).

Extension of primary health care in Iran mainly focused on rural areas. Its primary health care coverage increased to more than 95% in rural areas as health houses and rural health centers since 1972 (Barzegar and Djazayeri, 1981). In urban areas, access to health care services through private sector has been reported good; so extension of urban public health centers have been considered only during last few years. This policy has been led to higher levels of equity in health between rural and urban areas (World Health Organization [WHO], 2008).

**Table.1** Demographic characteristic distribution of clients in the Health Centers in Jahrom

Variable	Number	Proportion
<b>Sex</b>		
Female	273	90.4
Male	29	9.6
<b>Employment</b>		
Housewife	240	79.7
Employed	61	20.3
<b>Education</b>		
Under diploma	138	45.7
Diploma	105	34.8
Associated Degree	28	9.3
Higher education	31	10.3
<b>Child number</b>		
Less than 4	273	90.4
4 and more	29	9.6

**Table.2** Means for domains of satisfaction in the Health Centers in Jahrom

Variable Domain	Mean	Standard deviation
Mother-child unit	64.94	25.96
Family planning unit	63.99	25.99
Vaccination unit	65.09	26.47
Health education unit	64.90	23.91
Total	64.73	25.58

**Table.3** The correlation between mean score for domains of satisfaction in the Health Centers in Jahrom

Domain	Mother-child unit	Family planning unit	Vaccination unit	Health education unit
Mother-child unit	r= 1	r=0.93**	r=0.92**	r=0.90**
Family planning unit	r=0.93**	r= 1	r=0.93**	r=0.88**
Vaccination unit	r=0.92**	r=0.93**	r= 1	r=0.87**
Health education unit	r=0.90**	r=0.88**	r=0.87**	r= 1

Note: significant level of Spearman correlation test for numbers that are marked with \*\*, considered by and  $P < 0.05$ .

Most Iranians get to the primary health care centers for vaccination and family planning. Private sector in Iran has an important role in lesser utilization of public services in men and highly educated people in Iran as men are at work during the day and prefer to use private sector services. Treatment of the inpatients and even outpatients is not the main concern in public health centers, as the private sector covers most of them especially in urban areas (Mehrddad, 2009).

Some weak points of service provision may be related to this fact that in Iran the main activity of health centers is towards health promotion and disease prevention but in other countries which use primary health care as the core of care provision, like Oman, health centers cover inpatient and emergency situations and have more physicians and more working time (Ministry of Health Sultanate of Oman, 2008).

Continuity of care was one of the partially strength points of primary health care system in urban area. The best description might be existence of the family physician. All the villages and cities with a population of less than 20,000 were covered by family physicians and now it is in extension phase to larger cities. It will cover the gap of service provision in urban areas and in future can improve the patient's view on the acceptability of the primary care (WHO, 2000).

In Iran, female staffs are responsible for vaccination, family planning, health education and other women cares. Hansen *et al.* found that for female patients, being visited by a female provider was associated with higher perceived quality as we found in Iranians. This study paid attention to users of health services in urban area and had no focus on people did not use the primary

health care services at all. As this is a different target population, further studies should develop to assess this issue.

Public health authorities can use the results of this study for evidence based policy making on service provision. The results showed the weaknesses of primary health care system on some domain from client's viewpoints. For quality improvement, it is important to consider all views of all stakeholders in a systematic way. This study focused on clients as one of the main stakeholders of service provision process.

Primary health care could be recommended as a comprehensive and suitable strategy to provide health services in public health. Paying attention to clients' satisfaction is a basic step for quality improvement and should be done intermittently. In Jahrom and most different areas, the overall satisfaction had acceptable situation from users' perspective. Package of services in primary health care may affect clients' satisfaction degree. By using the clients and public health authorities' viewpoints can improve the quantity and quality of services and ultimately increase client satisfaction.

## References

- Aharony, L., Strasser, S. 1993. Patient satisfaction: what we know about and what we still need to explore. *Med. Care Rev.*, 50: 49–79.
- Barzegar, M.A., Djazayeri, A. 1981. Evaluation of rural primary health care services in Iran: report on vital statistics in West Azarbaijan. *Am. J. Public Health*, 71(7): 739–42.
- Chiu, H., Hu, S., Cheng, C., Hsieh, Y. 2010. A Study on investigating patient satisfaction of medical centers using Taiwan customer satisfaction index

- in Taiwan. *Afr. J. Business Manag.*, 4(14): 3207–3216.
- Daoud-Marrakchi, M., Fendri-Elouze, S., Bajer-Ghadhab, B. 2009. Development of a Tunisian measurement scale for patient satisfaction: Study case in Tunisian private clinics. *Int. J. Hum. Soc. Sci.*, 4(8): 565–573.
- Dey, P.K., Hariharan, S., Brookes, N. 2006. Managing healthcare quality using logical framework analysis. *Manag. Service Quality*, 16(2): 203–222.
- Emadi, N.A., Falamarzi, S., Al-Kuwari, M.G., Al-Ansari, A. 2009. Patients' satisfaction with primary health care services in Qatar. *MEJFM*, 7(9): 4–9.
- Faezipour, M., Ferreira, S. 2011. Applying systems thinking to assess sustainability in healthcare system of systems. *Int. J. Sys. Sys. Eng.*, 2(4): 290–308.
- Glajchen, M., Magen, R. 1995. Evaluating process, outcome, and satisfaction in community-based cancer support groups. *Soc. Work Groups*, 18: 27–40.
- Khodaveisi, M., Alah verdipour H. 2002. The study of knowledge and satisfaction of Hamedan residents about the city health care centers. *Teb Va Tazkieh J.*, 44: 64–71.
- Margolis, S.A., Al-Marzouq, S., Revel, T., Reed, R.L. 2003. Patient satisfaction with primary health care services in the United Arab Emirates. *Int. J. Qual. Health Care*, 15(3): 241–9.
- McPake, B. 1993. User charges for health services in developing countries: a review of the economic literature. *Soc. Sci. Med.*, 36(11): 1397–405.
- Mehrdad, R. 2009. Health system in Iran. *JMAJ*, 52(1): 69–73.
- Ministry of Health Sultanate of Oman, 2008. Department of Health Information and Statistics, Annual Health Report.
- Ministry of Health Sultanate of Oman, Masghat.
- Seyediandi, S., Shojaeizadeh, D., Batebi, A., Hosseini, S.M., Rezaei R. 2009. Client satisfaction with health system services offered by urban health care centers of Shahid Beheshti University of Medical Sciences, Tehran, Iran. *J. Babol Univ. Med. Sci.*, 10(6): 80–87.
- World Health Organization, 2000. World health staff. The world health report - health systems: improving performance. World Health Organization, Geneva.
- World Health Organization, 2008. The world health report - primary health care (now more than ever). World Health Organization, Geneva.