

ASSESSMENT OF CLIENT SATISFACTION AND CLIENT'S PERSPECTIVE FROM THE RURAL HEALTH SERVICES OF MEERUT

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ABSTRACT:

Objective: To assess the client satisfaction and client's perspective from the rural health services of Meerut.

Study Design: Cross-sectional study.

Study Setting: Department of Community Medicine, L.L.R.M. Medical College, Meerut.

Study Subject: 500 women of reproductive age group taking services from 25 subcentres of Meerut.

Study Period: 1996-97

Study Variables: Client satisfaction about health centre and their opinion.

Results & Observation: Study reveals that presence of health centre in village brings higher level of satisfaction among clients than non subcentre village. The client satisfaction can be improved by improving availability of facilities and workers at the health centre.

Introduction:

Since independence there have been a spectrum of changes dating from antiquity to the most recent development of RCH programme. But any programme however relevant its components are, likely to fail unless it succeeds in improving the knowledge and achieving satisfaction of its clients.

Assessment of client satisfaction has been identified as most important tool for assessing the quality of care in health perspective. It is an indirect indicator of clinical performance of service provider and also represents the compliance to various treatments regimes². In the present study the client satisfaction was assessed from the facilities available at the health centre to the client.

The present study was done with the following objectives:

1. To assess and compare the client satisfaction from the health services in sub centre and non sub centre villages of Meerut.
2. To find out the client's perspective to improve the provision of health care from health centre.

Methodology:

The study was done in 50 villages being 25 randomly selected sub centre villages, which were also catering to the 25 non sub centre villages. From each village 10 clients, women of reproductive age group having child than two years of age were selected on the basis of random house selection. A pretested format was used to assess client satisfaction from the service delivery point. The findings were tabulated and were analyzed by the chi-square test. Apart from client satisfaction, main source of provision of health care service was also assessed client's opinion regarding improvement in the provision of health care from subcentre was also taken.

Results & Observations:

In the present study following findings were seen. It was found that out of total 500 clients (women of reproductive age group having child less than two years of age) total 250 each clients were interviewed from subcentre and non subcentre village.

It was found that in all only 84.0% clients visited subcentre in spite of belonging to subcentre village while in non subcentre village only 35.5% clients visited subcentre from nearly non subcentre village as shown in table 1.

The source of health care though ANM was significantly higher in subcentre village than in non subcentre village (as shown in table 2). Which is comparable to findings of Paul et al³. The reason for high utilization of health workers at subcentre was stated to be higher availability and accessibility to clients. The majority of clients in non subcentre village received their health care from local practitioner of the village, who are easily available to them.

Table 3 shows that in all 500 clients only 294 clients were visited once or more to any government health facility including subcentre, PHC and government hospitals. In fact the utilization of government health facility was significantly higher in sub centre village due to presence of centre in the village. Table 3 shows that among those who visited centre, the level of satisfaction in relation to well equipped centre, presence of health personnel, availability of medicine, cleanliness, maintenance of privacy and proper examination was significantly higher in subcentre village and when it was directly asked from clients to state their level of satisfaction from subcentre, it was found only in subcentre village clients were significantly satisfied from health care than at non subcentre village. In non subcentre village majority of visitors were not satisfied from services of subcentre and suggested

various opinions which were, more regular supply of medicines and regular visit of ANM to the village. ANM & subcentre facility are not easily available to the clients of non subcentre village due to the distance.

Conclusion & Suggestions :

The present study indicated that in rural area the women clients are getting major portion of health care from nearby private health facility. Even in the subcentre village the utilization of health care from subcentre and from local practitioner is almost equal. It is recommended that female health worker should be available at subcentre even for

emergency purpose and should visit non subcentre village regularly. Client satisfaction in rural area can be improved by easy accessibility to subcentre and female health workers. Availability of regular health care from a well functioning and well equipped subcentre along with provisions of medicines, can attract more clients towards subcentre or government health facility. The present study recommends that the service provider in the rural area should be residing in the village only so the government should make an effort to improve the logistic support, infrastructure of subcentre and also proper residential facility for the health worker.

Table 1
RELATIONSHIP OF VISIT OF WOMEN CLIENTS TO ANY GOVERNMENT HEALTH FACILITY
IN SUB CENTRE AND NON SUBCENTRE VILLAGE

Visits to government health facility	Sub Centre village (n=250)	Non Sub centre village (n=250)
Visited	210 (84.0%)	84(33.5%)
Not Visited	40(16.0%)	166(66.5%)

$$\chi^2 = 131.07, df = 1, p < 0.001$$

Table 2
UTILIZATION OF HEALTH CARE SERVICES BY WOMEN LIENTS

Source of Health care Services	Sub Centre (n=250)	Non Sub centre (n=250)	Total (n=500)
ANM/FHW	88(35.2%)	36(14.4%)	124(26.0%)
PHC/Govt. Hospital	67(26.8%)	54(21.6%)	121(23.0%)
Private Health Facility	13(5.2%)	63(25.2%)	76(15.2%)
Local Practitioners	82(32.8%)	97(38.8%)	179(35.8%)

Table 3
CLIENTS OPINION ABOUT THE FACILITY AVAILABLE AT SUB CENTRE
OR NEARBY GOVERNMENT HEALTH FACILITY

	Sub Centre Village	Non Sub Centre Village	Total	P value df = 1	χ^2
Well Equipped	59(23.6%)	21(8.4%)	80(16.0%)	14.69	<.001
Availability of health worker or health personnel	64(25.8%)	18(7.2%)	82(16.0%)	22.59	<.001
Privacy maintained	121(48.4%)	50(20.0%)	171(34.2%)	29.55	<.001
Properly examined	134(53.6%)	12(4.8%)	146(29.2%)	120.79	<.001
Medicines available	35(14.0%)	17(6.8%)	52(10.4%)	3.97	=.05
Satisfied with cleanliness	110(44.0%)	57(22.8%)	167(33.4%)	14.02	<.001
Never visited to sub center	40(16.0%)	166(66.4%)	206(41.2%)	20.76	<.001

Table 4

LEVEL OF CLIENT SATISFACTION OF THOSE WHO VISITED SUBCENTRE

Level of Satisfaction	Sub Centre (N=250)	Non Subcentre (N=250)	Total (N=500)	P value df = 1	χ^2
Highly Satisfied	43(20.4%)	00(0.0%)	43(14.6%)	72.77	<.001
Satisfied	100(47.5%)	11(13.1%)	111(37.8%)		
Not Satisfied	67(31.9%)	73(86.9%)	140(47.6%)		
Total	210	84	294		

Table 5

SUGGESTIONS GIVEN BY WOMEN CLIENTS

Suggestion*	Subcentre Village	Non Subcentre Village
Health worker should visit frequently	74(29.36%)	52(20.8%)
Medicines to be supplied regularly	235(94.0%)	139(55.6%)
HW should visit all house	18(7.8%)	5(2.0%)
Residence of skilled HW in Village	7(2.8%)	11(4.4%)
Emergency Facility - Availability	81(32.4%)	95(38.0%)
Reduce the distance of Subcentre	9(3.6%)	138(55.2%)
Facility for Delivery at subcentre	15(6.0%)	21(8.4%)
Subcentre to Open Everyday	52(28.8%)	0(0.0%)

*Multiple response

References :

1. Banerjee B. - A qualitative analysis of maternal and child health services of in urban health centre, by assessing client perception in terms of awareness, satisfaction and service utilization, IJCM Volume - 28 No. 4, Oct-Dec. 2003.
2. Thakur JS, Kaf SS, Status of operationlization of Community Need Assessment Approach in selected subcentres of North India IJCM, Vol 3, No.-4 Pg.-262, Oct-Dec.2006.
3. Paul D-Assessment of working of subcentre in PHC Machhara MD Thesis - 1982 Chaudhary Charan Singh University.

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