

Short Communication

## Client satisfaction and perceptions about quality of health care at a primary health centre of Delhi, India

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### ABSTRACT

**Background:** Quality of services shows a variation between the client and the provider. Therefore, it needs to be explored whether the quality of care or the lack of quality can explain the utilization of government health care.

**Objectives:** This paper attempts to assess the utilization of health services and client satisfaction for services provided by a Primary Health Centre (PHC) at Delhi, India.

**Setting and design:** The study was a facility based cross sectional study. Exit interviews were conducted among 400 patients seeking outdoor patient department (OPD) services of the PHC Palam, New Delhi from May 2010 to November 2010.

**Material and Methods:** Exit interviews were conducted among the patients at each of the service delivery points in the PHC to assess the utilization of services and the satisfaction of clients with the available services.

**Results:** Most respondents rated the services to be of good quality on various parameters of health delivery. The PHC was the preferred health facility (98%) for treatment seeking in comparison to other healthcare facilities in the area. The main factors affecting utilization of primary health care services provided by the government were easy accessibility, low cost, less waiting time, and presence of co-operative health personnel.

**Conclusion:** Provision of quality primary healthcare services to clients can result in better utilization of services at the primary level, thereby reducing the unnecessary burden of secondary and tertiary level facilities in addition to improving the health status of the community.

**Key-words:** Community Health Services, Consumer Satisfaction, Healthcare Evaluation Mechanisms, Delivery of Healthcare, Healthcare Quality, Access, and Evaluation

### Introduction:

The Alma Ata declaration in 1978 gave an insight into the understanding of primary health care. It emphasized the need for strong first-level care with strong secondary and tertiary level care linked to it<sup>1</sup>. In the way of providing primary health care services, the Government of India has made impressive growth in establishment of primary health care institutions across rural, tribal and hard-to-reach areas. However, shortcomings in the delivery of primary health care services have resulted in lesser utilization rates. All healthcare providers and programmes in our country have overwhelming emphasis on quantitative aspect of service delivered, which means that, in a quest to chase runaway targets, we neglect the concept of quality of care, which is also a right of clients<sup>2</sup>.

People's perception about quality of care often determines whether they seek and continue to use

services<sup>3</sup>. The public health sector is plagued by uneven demand and perceptions of poor quality. The situation is further compounded by lack of drugs, long travel and waiting times. Such failures can play a powerful role in shaping patients' negative attitudes and dissatisfaction with health care service providers and health care itself<sup>4</sup>. It is easier to evaluate the patients' satisfaction towards the service than evaluate the quality of medical services that they receive. Such studies can provide useful input to health planners about the lacunae in the existing health services. Studies to assess these parameters are limited for this region; therefore this study was conducted to assess the utilization of health services provided in OPDs in a Primary Health Centre (PHC) of Delhi(Palam) and to ascertain the satisfaction of clients with the provided services.

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### Subjects and Methods:

The present study was an outpatient-based cross-sectional study conducted in PHC Palam at Delhi between May- December 2010. Health services at PHC are provided by their staff and by a team of doctors from a Medical College. The PHC was established for catering to rural population but with increasing urbanization and migration of people from neighbouring states and increasing density of population of Delhi, new urban colonies have developed in the surrounding area.

Keeping feasibility and logistics in mind, it was decided to include 400 exit interviews. For exit interviews, random selection of clients was carried out at each service delivery points in the morning OPD hours during the study period. It was ensured to include all days of the week and also to include special activities like immunization, antenatal clinics, Malaria clinic, Directly Observed Treatment Short course clinic for Tuberculosis patients and Integrated Counselling and Testing Centre for HIV. The interview schedule was pre-tested and covered the information related to patient's demographic profile, awareness and utilization, choice of health facility, level of satisfaction, behaviour of doctors and other staff, reasons for dissatisfaction and suggestions. Informed written consent was taken from all study participants.

### Results:

A total of 400 exit interviews were conducted among service beneficiaries. In scenarios where children were the patients, their caregivers were interviewed. The response rate of users was 95%. The socio-demographic profile of the study subjects showed that 70% of respondents were females, mostly Hindus (95.8%); most respondents were young belonging to the age group of 20 to 39 years (70.3%). Majority of respondents (36.8%) belonged to Upper-lower socio-economic status according to modified Kuppuswamy scale. Approximately three fourth of respondents had primary or higher level of education. Most subjects who were interviewed were from the general OPD. In 43% of cases the clients were themselves the decision maker for deciding upon the healthcare facility to seek services. Most (71.3%) patients were aware of the opening and closing timings of the dispensary. A large number of respondents (98%) preferred taking treatment from the dispensary. The satisfaction of patients with the services was reflected by the number of visits made by them in

the last one year as five or more visits were made by 38% of patients.

Among respondents, majority (73%) of them preferred the services of primary health centre as a first choice followed by facility of higher government hospital (13.3%). Seeking services through Private practitioners or nursing homes was preferred by only 12.3% clients. Some clients (1.3%) tried out home remedies before opting for conventional healthcare facilities. Reasons for preferring the dispensary were availability of free and effective treatment, proximity from home, provision of good quality drugs, good doctors, faith in the government health care system and many facilities being available under one roof. Waiting time as reported by the respondents and captured in categories is shown in Table 1.

Among the clients 97% were satisfied with the staff of PHC. Some clients expressed discontent with pharmacist (1.5%) and doctors (1%). Reasons of dissatisfaction were insufficient time given by doctors for consultation and inadequate dispensing of drugs by pharmacist. The degree of satisfaction of clients is shown in Table 2.

Reasons for dissatisfaction with health facility included unavailability of medicines, long waiting time, paucity of investigations, unavailability of radiological investigations like x-ray and ultrasound, lack of 24 hour services and deliveries not being conducted at the PHC.

**Table 1:** Demographic details of study respondents (N=400)

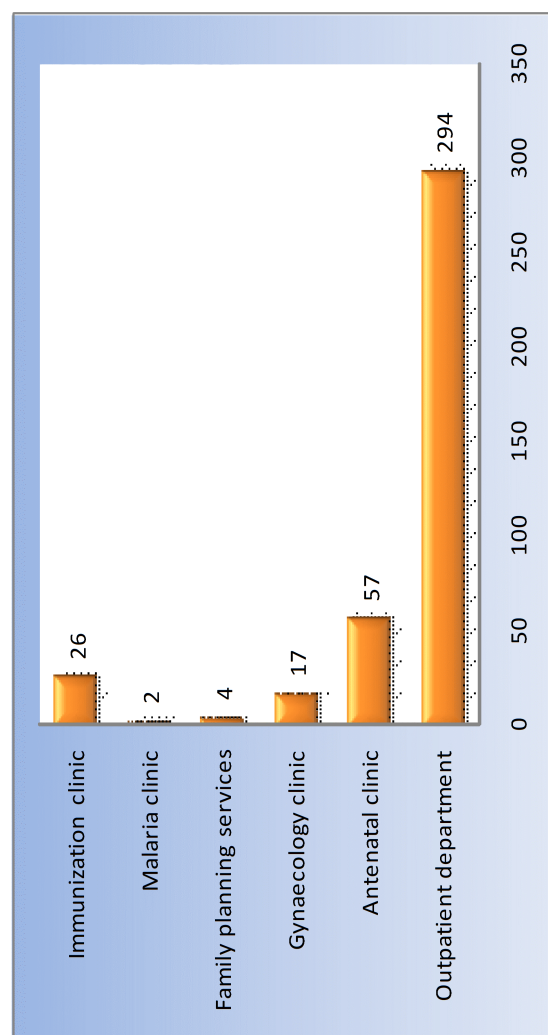
Variables	Number	Percentage
<b>Age group</b>		
<20	28	7.0
20-39	281	70.3
40-59	73	18.3
60-79	18	4.5
<b>Sex</b>		
Male	120	30.0
Female	280	70.0
<b>Religion</b>		
Hindu	383	95.8
Muslim	16	4.0
Sikh	1	0.3
<b>Marital status</b>		
Married	349	87.3
Unmarried	39	9.8
Widow	7	1.8
Not applicable	5	1.3
<b>Education</b>		
Illiterate & just literate	114	28.6
Primary school	50	12.5
Middle school	59	14.8
High school	75	18.8
Senior secondary	52	13.0
Graduate and above	50	12.5
<b>Socio-economic status*</b>		
Upper	3	0.8
Upper middle	134	33.5
Lower middle	113	28.3
Upper lower	147	36.8
Lower	3	0.8

\*according to modified Kuppuswamy socio-economic scale

**Table 2:** Waiting and consultation time (N=400)

Duration(in minutes)	Number (%)
<b>2.1 Waiting time for consultation</b>	
<15min	76(19.0)
15-30min	208(52.0)
30-60min	90(22.5)
>60min	26(6.5)
<b>2.2 Waiting time for getting drugs</b>	
<10	93(23.3)
10-15	160(40.0)
15-30	121(30.3)
>30	26(6.5)
<b>2.3 Time given for consultation</b>	
<5min	86(21.5)
5-10min	225(56.3)
10-15min	76(19.0)
>15min	13(3.3)

**Figure 1:** Distribution of service visited by respondents (N=400)

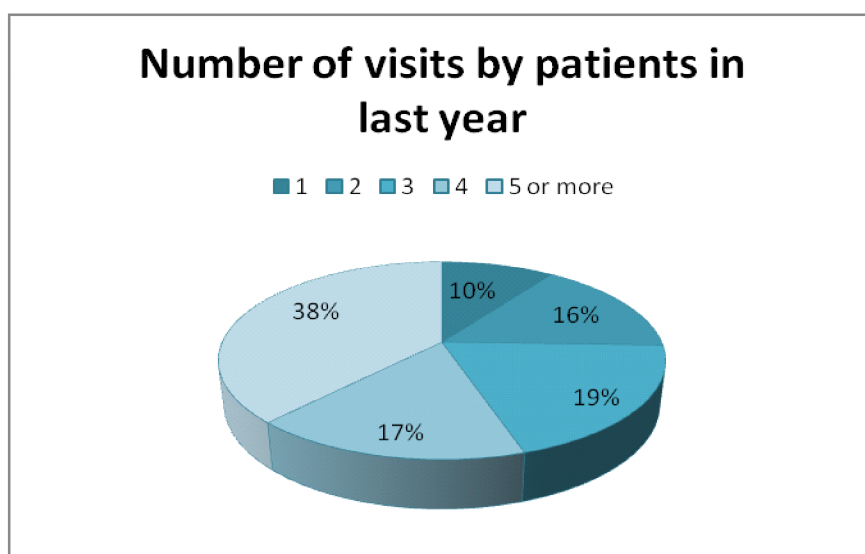


**Table 3:** Degree of satisfaction of clients for various parameters in exit interviews (N=400)

Parameter	Excellent (%)	Good (%)	Average (%)	Poor (%)	Need improvement (%)	Do not know (%)	Total (%)
Waiting time for drugs	75 (18.8)	184 (46.0)	111 (27.8)	22 (5.5)	8 (2.0)	-	400 (100)
Attitude of doctors	132 (33.0)	162 (40.5)	60 (15.0)	35 (8.8)	11 (2.8)	-	400 (100)
PHC staff	71 (17.8)	165 (41.3)	116 (29.0)	24 (6.0)	24 (6.0)	-	400 (100)
Timings of dispensary	75 (18.8)	168 (42.0)	112 (28.0)	26 (6.5)	18 (4.5)	1 (0.3)	400 (100)
Waiting area	94 (23.5)	156 (39.0)	118 (29.5)	23 (5.8)	9 (2.3)	-	400 (100)
Drinking water facility	87 (21.8)	154 (38.5)	130 (32.5)	21 (5.3)	7 (1.8)	1 (0.3)	400 (100)
Cleanliness of dispensary	118 (29.5)	136 (34.0)	113 (28.3)	27 (6.8)	6 (1.5)	-	400 (100)
Investigation facilities	87 (21.8)	153 (38.3)	127 (31.8)	18 (4.5)	12 (3.0)	3 (0.8)	400 (100)
Preventive health education	142 (35.5)	147 (36.8)	70 (17.5)	20 (5.0)	5 (1.3)	16 (4.0)	400 (100)

Percentages indicated in parenthesis

**Figure 2:** Distribution of patients showing the number of visits to the health centre in last one year (N=400)



## Discussion:

Subjects interviewed preferred the services of the PHC over other forms of healthcare delivery like private practitioners whereas studies conducted in other similar settings showed that private health facilities score over public health care facilities among people<sup>5,6</sup>. Preference for public health care facilities was observed to be more among people belonging to rural areas than from urban India<sup>7</sup>. Reasons for this difference in preference could be due to provision of skilled services which are free and within close reach of people.

Among the reasons quoted by clients for preferring the services of the PHC, less distance from their homes emerged as a common reason. Others also observed that proximity to the health facility is a key factor which influenced patient's preference for it<sup>8,9</sup>. The waiting time for consultation reported in our study was close to that found in other studies<sup>5,10</sup> although instances of lesser time was also reported<sup>11</sup>. Most patients reported that they had to wait for around 10-15 min to get medicines, similar waiting time was reported from other parts of the country<sup>5</sup>. In our study the time given by the physician for consultation reported commonly was 5-10 min which is consistent with previous work<sup>5,10</sup>. The services were rated to be of good quality by 46% respondents in relation to waiting period at the pharmacy, however higher satisfaction levels with pharmacy were noted in PHCs from other parts of the country<sup>12</sup>.

Subjects from the present study rated the attitude of doctors as good (40.5%) to excellent (33%) which was also observed in Bangladesh. However 11.6% of clients showed discontent over behaviour of doctors which is a key area of concern, although this was better than Bangladesh where it was found that almost half the clients presenting for female care were not satisfied at all<sup>10</sup>. PHC staff was rated as good by 41.3% clients although higher satisfaction level was reported for doctor/health staff in other scenarios<sup>12</sup>. The respondents who rated dispensary timings as poor or wanted improvement in them were 11% although greater dissatisfaction with the length of time that the facilities were open to the public was reported in other studies<sup>10,11</sup>. Most Patients in our study rated a good level (39%) of satisfaction with the waiting area of clinic, similarly 44% clients perceived sitting arrangement to be adequate in PHCs in Madhya Pradesh<sup>12</sup>. However 73% clients experienced either long queue or uncomfortable waiting hall arrangement in Kolkata<sup>11</sup>. A large majority of respondents (92.8%) felt that the drinking water facility

available at the PHC for patients was average or better however in Madhya Pradesh, drinking water facility not available as reported by 84% respondents<sup>12</sup>. This difference points to better facilities available in healthcare centres in Delhi as compared to other areas. Parameters like cleanliness of the dispensary were rated poor or in need of improvement by 8.3% clients, however it was found inadequate by 49% clients' elsewhere<sup>13</sup>. The laboratory services were labelled as good by 38.3% clients however more than half participants preferred the dispensary's own laboratory at Kolkata<sup>8</sup> although it was observed that 80% respondents ranked private laboratory as superior than that of Central Government Health Services<sup>11</sup>. More than two third clients felt that the health education given at the PHC was of good quality, similar satisfaction with health information were also observed from Community health centres of Bamako, Mali<sup>9</sup>.

Most clients in this study showed dissatisfaction with drug availability. Similar perception of clients about improvement in the system of drug supply and for increased working hour's i.e. 24 hour's service was also reported from Kolkata<sup>8</sup>. A study conducted at Pakistan reported that a low percentage of respondents received free medicine from the health centres<sup>13</sup>.

Delhi being the nation's capital is seen to offer better quality of services than other parts of the country; hence client satisfaction observed in the present study cannot be extrapolated to all regions of the country. The study concludes that if health services are available to people within close reach, are inexpensive and provide comprehensive care for the family group under one roof health seekers would prefer to utilize services at the primary level rather than opting for going to higher facilities.

## References:

1. Nundy M, Primary health care in India: Review of policy, plan and committee reports. Financing and delivery of health care services in India, Section II.
2. National Institute of Health and Family Welfare: Reproductive and child Health Module for Medical Officers (Primary Health Center). New Delhi NIHF2002; XVIII.
3. Fitzpatrick R. Surveys of patient satisfaction: Important general considerations. *BMJ*. 1991; 302: 887-889.
4. Ortolana P, Blanquer JJ, Rodriguez JJ, Rodrigo O, Villagrana F, Climent JA. User satisfaction in primary care: Result of a home survey. *Aten Primaria*. 1993; 12: 578-579.

5. Patro B K, Kumar R, Goswami A, Nongkynrih B, Pandav C S, UG Study Group. Community Perception and Client Satisfaction about the Primary Health Care Services in an Urban Resettlement Colony of New Delhi. *Indian J Community Med.* 2008; 33, (4): 250-254.
6. Dalal K, Dawad S. Non-utilization of public health care facilities: examining the reasons through a national study of women in India. *Rural Remote Health.* 2009; 9: 1178.
7. Government of India. National Family Health Survey (NFHS) III (2005-06), India Report. Bombay: International Institute for Population Sciences, 2007.
8. Haldar D, Sarkar AP, Bisoi S, Mandal P. Assessment of client's perception in terms of satisfaction and service utilization in the Central government health scheme dispensary at Kolkata. *Indian J Community Med.* 2008; 33(2): 121-123.
9. Fomba S, Yang Y, Zhou H, Liu Q, Xiao PM. Patient's utilization and perception of the quality of curative care in community health centres of the fifth commune of Bamako. *Indian J Community Med.* 2010; 35(2): 256-261.
10. Aldana J M, Piechulek H, Sabir AA. Client satisfaction and quality of health care in rural Bangladesh. *Bull World Health Organ.* 2001; 79(6): 512-517.
11. Hossain SKS. Quality assurance in CGHS Kolkata. MD thesis, Kolkata 2002.
12. Sodani PR, Kumar RK, Srivastava J, Sharma L. Measuring patient satisfaction: A case study to improve quality of care at public health facilities. *Indian J Community Med.* 2010; 35(1): 52-56.
13. Rehman MU, Khan N, Abbas M. Availability and utilization of primary health care services in the rural areas of district Peshawar – A case study. *Sarhad J. Agric.* 2007; 23(4): 1217-1224.