

Patients' satisfaction with government health care and services in the Taung district, North West Province

MA Bediako (MFamMed)

Department of Family Medicine, Faculty of Health Sciences, University of the Free State, Bloemfontein

M Nel (MMedSc)

Department of Family Medicine, Faculty of Health Sciences, University of the Free State, Bloemfontein

LA Hiemstra (MBChB, MPraxMed, MFGP)

Department of Family Medicine, Faculty of Health Sciences, University of the Free State, Bloemfontein

Keywords:

Patient satisfaction

Abstract: Curationis 29(2): 12-15

This was a descriptive study that determined patients' satisfaction with health care in the Taung district state health institutions, North West Province. One hospital, three health centres and five clinics were randomly selected, and consecutive patients were recruited at outpatients during 17 May 2000 – 17 June 2000. The patients completed a questionnaire regarding the service or care provided. Five hundred and sixty seven patients participated in the study. The median age was 30 years, and most patients were female (76.7%). More than half of patients (56.8%) were not satisfied with the availability of medicines and other supplies. Approximately two thirds of patients (65.2%) did not know about the quality of telephone services rendered. There was a high level of dissatisfaction (63.1%) among patients regarding accessing doctors after hours. Most patients were satisfied with the general attitude of health workers (62.1%) but 21.2% were dissatisfied. Few (11.7%) patients felt rushed during consultation. Most patients felt they received good health education when their illness was discussed (74.6%). Words and explanations used were easy to understand (76.7%); and they were not discouraged from asking questions (69.9%, n=539). Generally the level of satisfaction among the patients was high except for difficulty in accessing doctors after hours and lack of medicines.

Introduction

Historically, patients were regarded as passive recipients of health care (Larrabee, 1995). Despite the passive recipient role, patients have become more educated, aware of their rights and are able to demand quality and adequate information to make informed choices about their health care (Lumsdon, 1993).

In South Africa, the authoritarian approach to patient care is being replaced by a patient centred approach as reflected in the Batho Pele policy and Patients Rights charter (Department of Health, 2000). Every patient has a right to complain about the health service they receive (Department of Health, 2000). The patients' rights, responsibilities and procedure for complaint encourage patients' involvement in assessing the quality of health care they receive.

One of the measurements of health care quality is patient satisfaction. There are various reasons why health professionals should take patient satisfaction

Correspondence address:

Miss M Nel
Department of Biostatistics
Faculty of Health Sciences
University of the Free State
PO Box 339(G31)
BLOEMFONTEIN, 9300

Tel: (051) 401 3116
Fax: (051) 401 2939
E-mail: gnbsmn.md@mail.uovs.ac.za

measurements seriously: they reflect outcome measures, may be used in assessing consultations, and enable the patient to choose between alternative treatments (Fitzpatrick, 1991).

This study grew out of concern about the patients' satisfaction with health care available in the Taung district state health institutions, North West Province.

Methods

A descriptive observational study was conducted using a structured questionnaire, which was compiled after a literature study. In order to produce additional data, open-ended questions were also included.

The only hospital, three health centres and five clinics were randomly selected from five health centres and eleven clinics. Consecutive patients day were recruited as they waited in the outpatients department to see a nurse or doctor at the health facility. This recruitment was continued for each hospital/health

centre/clinic for the duration of the study period (17 May 2000 – 17 June 2000). Participation was voluntary and patients who were older than 18 years, not too ill and literate, were offered questionnaires by the trained research assistant at each facility. In order to limit recall bias, only patients who had visited any of the selected state health institutions at least once in the previous year were included. Completed questionnaires were folded and deposited in a marked box. The boxes were only opened at the end of the collection period.

A pilot study included 10 patients visiting a district clinic (not included in main study) after which only the coding blocks had to be amended. The Ethics Committee of the Faculty of Health

Table 1: Health institution attendance (n=566)

Institution	Percentage
Taung district hospital	30.1
Pampierstad clinic	13.9
Mokareng clinic	2.6
Taung gateway clinic	18.5
Pudimong clinic	13.0
Dryharts clinic	5.8
Magogong clinic	3.2
Cokonyane clinic	7.9
Buxton clinic	6.3

Sciences (University of the Free State) and the Taung District Manager approved the study. The recruited patients gave written informed consent after they were informed of the study and confidentiality was ensured. The questionnaire was anonymous and presented in English and Tswana. Regarding the service or care provided, patients could indicate whether they did

Table 2: Patient satisfaction with services

Service	n	Response (%) Don't know	Dissatisfied	50/50 satisfied (Unsure)	Satisfied
Medicine and supply availability	555	4.3	56.9	14.2	24.5
Telephone services	555	65.2	14.4	7.6	12.8
Ancillary services	560	32.9	10.4	27.5	29.3
Service charge	558	8.4	21.2	7.7	62.7
Waiting room facilities	551	4.0	20.5	19.2	56.3
Consulting room facilities	550	3.6	16.2	27.1	53.1
Over prescribing	555	12.4	11.9	21.8	53.9
Time spent in waiting room	543	3.7	29.1	10.9	56.4
Doctors' availability after hours	548	7.5	63.1	12.6	16.8
Doctors' availability after 19h00 or weekends	555	15.3	55.7	6.7	22.3
Referral to Taung hospital	555	24.3	10.6	20.5	44.5
Referral to other specialists	545	54.3	13.4	10.5	21.8
Referral to support services	557	59.6	10.0	10.0	20.3

Table 3: Health care worker / patient relationship and health promotion / education

	n	Response (%) Don't know	Dissatisfied	50/50 satisfied	Satisfied
Staff's general attitude	557	2.2	21.2	14.5	62.1
Time spent with doctor/nurse	552	4.0	15.4	14.5	66.1
Feeling rushed during consultation	562	6.0	11.7	9.3	72.9
Privacy when discussing problems	561	12.3	9.3	10.3	68.1
Staff cares about you as a person	546	2.9	14.8	12.3	70.0
Illness is discussed enough with you	563	3.2	11.4	10.8	74.6
Words/explanation easy to understand	562	2.9	7.3	13.2	76.7
Discouraged from asking questions	539	8.4	8.0	13.7	69.9

not know of the service (had not used the service before), were satisfied, 50% satisfied (unsure), or dissatisfied. The trained research assistant was available to clarify any questions.

Descriptive statistics, namely frequencies and percentages for categorical data and medians and percentiles for continuous data was calculated.

Results

Five hundred and sixty seven patients participated in the study. The median age (n=559) was 30 years (range 18 – 86 years). Most patients were female (76.7%, n=550). The percentage patient attendance at each health institution is given in Table 1.

Most patients (79.3%) had previously used the same health institution where they completed the questionnaire, 18.6% had not, and 2.1% could not remember. The majority (80.4%, n=567) utilised the health services during weekdays. The median number of visits in the preceding year (n=426) was four (range 1 – 24 visits). Two (20.4%) and eight (25.1%) visits were the most frequent number of visits for the preceding year.

Patient satisfaction with services is given in Table 2. The health care worker / patient relationship and health promotion education responses are given in Table 3.

Discussion

More than half of patients (56.8%, n=556) were not satisfied with the availability of medicines and other supplies. With the contracting of a new medical distributing

agent for the whole of the North West Province it was hoped that the problem would be alleviated.

Approximately two thirds of patients (65.2%, n=555) did not know about the quality of telephone services rendered in various health facilities. This was probably because they did not have a phone at home or easy access to a public phone. Few (14.4%) of the patients were not satisfied with the standard of telephone services. In a study by Bollam, McCarthy and Modell (1988) in London only 2% of clients indicated dissatisfaction with telephone services during business hours.

There was a high level of dissatisfaction (63.1%, n=548) among patients regarding accessing doctors after hours. Patients indicated in the comment section that when they arrived they were made to wait for a long time if their problems were not urgent until there were about three or more patients before the doctor was called in. Our study did not compare well with that of Bollam *et. al.* (1988) where 70% of patients as compared to only 16.8% in this study had a positive experience relating to doctors' availability after hours.

Slightly less than half 44.5% (n=555) of patients felt the referral to Taung Hospital was good, while 13.4% (n=545) were dissatisfied with referrals to specialists at other hospitals. It is important to note, however, that 24.3% and 54.3% indicated that they did not know about referral to Taung and referral to other specialists, respectively. Some of the patients (32.9%, n=560) did not know about the quality of the ancillary services probably because they had never used those services.

Almost two thirds (62.7% n=558) of the patients were satisfied with charges for services rendered. Those (21.1%) who were dissatisfied felt that since they were unemployed they should receive free services.

There was some satisfaction regarding the waiting room (56.3%, n=551) and the consulting room (53.1%, n=550) facilities. In a study by Steven and Douglas (1986) 3% of patients were not happy with the waiting room facilities as compared to 20.5% in this study. Most waiting rooms in government facilities do not have clear directions regarding the availability of toilets, magazines and toys for children.

Only 11.9%(n=555) felt there was over-prescribing on the part of nurses and doctors. Most patients were satisfied with the general attitude of their health workers (62.1%, n=557) but 21.2% stated that they were dissatisfied. This compared poorly with only 2% dissatisfaction in the Steven and Douglas (1986) study. Only 14.8% of patients felt not cared for as people. Few (11.7%) of the patients felt rushed during consultation, which was similar to the Steven and Douglas (1986) study where 14% of patients felt rushed.

Some (29.1%, n=543) patients were dissatisfied with the waiting times. The reasons for the high level of dissatisfaction could be the long waiting times normally associated with consultation without appointment.

Most patients felt they received enough health education when their illness was discussed (74.6%, n=563). Words and explanations used were easy to understand (76.7%, n=562); and they were

not discouraged from asking questions (69.9%, n=539). Even though only a small percentage had a negative experience with health education, attempts should be made to improve communication of illness to patients.

Conclusion

Generally the level of satisfaction among the patients was high except for difficulty in accessing doctors after hours and lack of medicines. Since it is vitally important to manage health care problems, attempts should be made to reduce the percentage that were dissatisfied with services rendered.

References

BOLLAM, MJ; MCCARTHY, M & MODELL M 1988: Patients' assessment of out of hours care in general practice. British Medical Journal. 296(6625): 829-832.

DEPARTMENT OF HEALTH 2000: The primary health care package for South Africa a set of norms and standards. Accessed 23/04/04. Available at: <http://www.doh.gov.za/docs/policy/norms/contents.html>

FITZPATRICK R 1991: Surveys of patient satisfaction: important general considerations. British Medical Journal. 302:887-889.

LARRABEE, JH 1995: The changing roles of the consumer in health care quality. Journal of Nursing Care Quality. 9(2): 8-15.

STEVEN, ID & DOUGLAS, RM 1986: A self-contained method in evaluating patient dissatisfaction in general practice. Family Practice. 3(1): 14-19.