

# **Client Exit Survey on Satisfaction with Primary Health Care Services and Perception of Antenatal Care and Child Care in Basrah, Iraq**

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**LIST OF CONTENTS**

**1. Introduction ..... 3**

**2. Objectives ..... 3**

**3. Methods of Assessing Satisfaction ..... 4**

**4. Results ..... 4**

**4.1 Section One ..... 4**

**4.2 Section Two ..... 4**

**4.3 Section Three ..... 4**

**5. Discussion, Conclusions, and Recommendations ..... 15**

**References ..... 17**

**Acknowledgements ..... 17**

## 1. INTRODUCTION:

Patient satisfaction has been recognized as an essential component of several methods of assessing quality of health care. Many investigators and policy makers feel that its role in the assessment of quality of care is crucial (*Clearly and McNeil, 1988*). According to *Donabedian (1988)*, “achieving and producing health and satisfaction is the ultimate validation of quality of care”.

Satisfaction may be defined as “a continuing evaluation and an emotional reaction to the structure, process and outcome of services” (*Pasco, 1988*). Some researchers refer to client satisfaction as a measure of attitude, beliefs, and perceptions.

The study of clients’ satisfaction may help service providers to:

- 1- Determine the extent to which satisfaction can influence behavior during the care-seeking process, compliance with treatment, or maintenance of a continuing relationship with providers.
- 2- Assess perceived quality of care.
- 3- Better understand the client’s point of view about the care they receive.

In general, client satisfaction assessments explore only a limited number of the dimensions of care. The most frequently measured aspects are:

- a- The personal aspect of care. Satisfaction is related to attitudes, expectations, and socio-demographic and psychological factors.
- b- The technical quality of care, as, for example, adequacy of structure, adequacy of procedures and activities, and outcomes within the context of clients’ expectations.
- c- Accessibility and availability of care. Available and continuous care is positively related to satisfaction.
- d- Clients’ convenience. Certainly, excessive waiting times and administrative obstacles are reasons for dissatisfaction with care.
- e- Physical setting and adequacy of structure.
- f- Financial consideration. High cost of care and low income of people is known to reduce the client satisfaction with, and use of, care.
- g- Efficacy. Perceived improvement in health in response to service use is considered as a predictor of clients’ satisfaction (*Clearly and McNeil, 1988*).

## 2. OBJECTIVES:

The present study attempts to achieve the following objectives:

1. To determine the extent to which users of Primary Health Care (PHC) Centers are satisfied with the care provided.
2. To obtain their opinions on major deficiencies, as identified by the clients themselves.
3. To gather clients’ suggestions for further improvements of quality of care provided at PHC Centers.

### 3. METHODS OF ASSESSING SATISFACTION:

Various methods have been used to assess client satisfaction, including questionnaires and patient interviews, scaling for patient satisfaction, tape recording of patient-doctor interactions, and others. The exit interview is a common method used to assess satisfaction. It allows for information gathering immediately after the client-provider interaction takes place.

In the present survey, the exit interview method was used. The survey is cross-sectional, covering 453 pregnant women, and 1697 women with children aged less than five years (2150 women total). The sample was drawn from clients of Primary Health Care Centers in Basrah Governorate who had visited the centers either for antenatal care or for childcare. A questionnaire form was used to obtain the information from each woman in the sample.

### 4. RESULTS:

In this report the analysis of the data, and hence the results presented, is restricted to the absolute and relative frequency of alternative answers obtained in each question. Only the main issues are considered.

#### 4.1. SECTION ONE

A total of 2,150 women of reproductive age who attended Primary Health Care Centers were interviewed. Some of the characteristics of these women are as follows:

**Age:** Their age ranged from 15 to 46 years. The details of women's age are given in Table 1 and Figure 1.

**Education:** The distribution of women in the sample according to their education is presented in Table 2 and Figure 2. About 11.5% were illiterate, 46.4% had completed their primary education, 33.3% had completed secondary education, and the remaining 6.6% had education above secondary level.

**Number of children:** The majority of women interviewed (83.5%) had 1-4 children. The remaining 16.5% had five children or more (see Table 3).

**Residency:** The majority (93.4%) was from the immediate catchment areas of the Primary Health Care Centers they had visited, and only 6.6% were from outside those areas (Table 4, Figure 3).

**Time taken to reach the local PHC Center:** Nearly 43.6% of women could reach their local center within 15 minutes, while another 39.7% took 15-30 minutes to arrive there. The remaining 16.7% needed more than 30 minutes to reach their PHC Center (Table 5).

**Reported reasons to use the PHC Center:** Women were asked whether they always visited the local PHC Center and for what reasons. Their answers are summarized in Table 6 and Figure 4. Most of them (65.1%) used the PHC Center for both prenatal care and sickness. Another 19.7% used the center for sickness only, and 15% used it for prenatal care only.

**Use of antenatal care during first trimester (first three months) of pregnancy:** Only 21% of interviewed women reported that they had obtained antenatal care during the first trimester of their pregnancies, while the majority (78.8%) did not seek such care (see Table 7-a for details). This low rate of antenatal care usage reflects the lack of knowledge and information about the importance of this type of health care. Table 7-b shows that only 60.9% of the interviewed women received information on the importance of prenatal care during the first three months of pregnancy.

**Source of care for a sick child:** PHC Centers were most commonly cited as the source of care for sick children (63.2%), followed by private clinics (23.6%) and hospitals (12.1%) (see Table 8).

## 4.2. SECTION TWO

**Complication during pregnancy:** Of the 453 pregnant women interviewed, 219 (48.3%) reported having some complications during pregnancy, while 234 (51.7%) reported no complications. The results are illustrated in Table 9 and Figure 5.

**Extent of services provided by doctors:** Table 10 summarizes the various services expected to be provided by physicians to their clients (women and children) at PHC Centers. Explanations about complications during pregnancy were given in 66.7% of instances, and 87.9% of the women reported that they have been immunized. Similar percentages reported that they have been given appointments for next visits (89.1%), or that their blood pressure and body weight were measured (87.8%). A relatively low percentage, 68.9%, reported that they had received instructions about the importance of breast feeding, and only 52.2% reported that they had received instructions about hygiene measures at home. Most of the women (91.1%) reported that they understood their doctors' instructions on the various components of their care.

More than three quarters of the children (78.8%) covered in this study had been fully immunized at the time of the data collection.

## 4.3. SECTION THREE

**Client Satisfaction:** Tables 11-14 and Figures 6 and 7 examine certain aspects of service at the PHC Centers that may suggest the degree of client satisfaction as expressed by clients themselves. In 89.9% of cases, the doctors explained to the clients the results of examinations, and 91.1% of the clients understood those explanations. The waiting time (or more precisely the time spent at the

health center) seems a bit long given the fact that most of the attendants are housewives who reported that they are usually very busy with work at home. Table 12 shows that more than one third of the clients (35.3%) spent more than one hour at the PHC Center to receive their care. However, most of the clients (64.7%) reported a waiting time of less than one hour.

Clients rated their doctors' treatment very positively. Nearly 95.6% reported good treatment, and only 2.2% reported bad treatment (see Table 13). The clients' rating of the overall services provided by PHC Centers (presented in Table 14) support this view, where 79.8% were either satisfied or very satisfied with the services received, 17.7% expressed the need for service improvement, and only 2.4% expressed dissatisfaction or unacceptability of services.

**Clients' suggestions to improve the care:** Areas of improvement suggested by clients are described in Table 15. Increased staff courtesy was the most frequent suggestion (69.5%), followed by an improvement in the infrastructure (15.9%), and reduction of the waiting time (11.7%).

**Planned place for future delivery:** Table 16 and Figure 8 show the places where most of the pregnant women were planning to have their next delivery. Hospitals are the most favored, as was mentioned by 72.7%, followed by home (15.8%). Actually these are the usual places for delivery in Iraq. The health center is not a preferred place for deliveries, for many technical reasons.

**Table 1: Age distribution of women attending prenatal care.**

Age in years	Numbers	Percentages
Less than 20	57	12.6
20-29	261	57.6
30-39	120	26.5
40 and above	15	3.3
<b>Total</b>	<b>453</b>	<b>100</b>

**Table 2: Education status of the women surveyed**

Education	Number	Percentage
Illiterate	52	11.5
Primary	210	46.4
Secondary	151	33.3
Higher	40	8.8
<b>Total</b>	<b>453</b>	<b>100.0</b>

**Table 3: Distribution of women accessing prenatal care according to the number of their children**

<b>No. of children</b>	<b>No. of mothers</b>	<b>Percentages</b>
1-2	186	47.8
3-4	139	35.7
5-6	44	35.7
7-8	15	3.9
9 and above	5	1.3
<b>Total</b>	<b>389</b>	<b>100</b>

**Table 4: Place of residence**

<b>Place of residence</b>	<b>Number</b>	<b>Percentage</b>
Catchment area of local PHC Center	2008	93.4
Other areas	142	6.6
<b>Total</b>	<b>2150</b>	<b>100.0</b>

**Table 5: Time taken to reach the PHC Center**

<b>Time in minutes</b>	<b>Number</b>	<b>Percentages</b>
Less than 15	937	43.6
15-29	853	39.7
30-59	297	13.8
60 minutes and above	63	2.9
<b>Total</b>	<b>2150</b>	<b>100.0</b>

**Table 6: Reported reasons to visit local PHC Center**

<b>Reported reason</b>	<b>Number</b>	<b>Percentage</b>
For sickness	424	19.7
For antenatal care	323	15
For both	1399	65.1
Unknown	4	0.2
<b>Total</b>	<b>2150</b>	<b>100</b>

**Table 7: Use of antenatal care during first trimester of pregnancy and receipt of information about antenatal care from physicians.**

<b>Variable</b>	<b>Number</b>	<b>Percentages</b>
<b>a. Use of antenatal care during first trimester of pregnancy:</b>		
Use	135	29.8
No use	318	70.2
<b>b. Information about antenatal care:</b>		
Received	276	60.9
Not received	177	39.1
<b>Total</b>	<b>453</b>	<b>100.0</b>

**Table 8: Source of care for a sick child**

<b>Source of care</b>	<b>Number</b>	<b>Percentages</b>
<b>PHC Center</b>	<b>1358</b>	<b>63.2</b>
<b>Hospitals</b>	<b>261</b>	<b>12.1</b>
<b>Private clinic</b>	<b>507</b>	<b>23.6</b>
<b>Unknown</b>	<b>24</b>	<b>1.1</b>
<b>Total</b>	<b>2150</b>	<b>100.0</b>

**Table 9: Complications during pregnancy**

<b>Delivery Complications</b>	<b>Number</b>	<b>Percentages</b>
<b>Present</b>	<b>219</b>	<b>48.3</b>
<b>Absent</b>	<b>234</b>	<b>51.7</b>
<b>Total</b>	<b>453</b>	<b>100</b>

**Table 10: Services expected to be provided by doctors to clients**

<b>Variable</b>	<b>Number</b>	<b>Percentages</b>
<b>a. Explanation about complications:</b>		
Yes	302	66.7
No	151	33.3
<b>b. Immunizations:</b>		
Yes	398	87.9
No	61	13.5
Unknown	6	1.3
<b>c. Checking of blood pressure and body weight:</b>		
Yes	1888	87.8
No	258	12.0
Unknown	4	0.2
<b>d. Fixing next appointment:</b>		
Yes	1916	89.1
No	232	10.8
<b>e. Education about importance of breast feeding:</b>		
Yes	1170	68.9
No	461	27.2
Unknown	66	3.9
<b>f. Instructions about hygiene:</b>		
Yes	885	52.2
No	812	47.8
<b>g. Understanding of instructions:</b>		
Yes		
No	1546	91.1
Unknown	79	4.7
<b>h. Full child immunization:</b>		
Yes		
No	1337	78.8
	361	21.2

**Table 11: Doctors' explanation of examination results and whether they were understood by client or not**

<b>Explanations by doctor</b>	<b>Number</b>	<b>Percentages</b>
<b>Were given</b>	1933	89.9
<b>Were not given</b>	217	10.1
<b>Were understood</b>	1548	91.1
<b>Were not understood</b>	79	4.7
<b>Unknown</b>	72	4.2

**Table 12: Time spent in the PHC center during the current visit (waiting time)**

<b>Waiting time ( minutes)</b>	<b>Number</b>	<b>Percentages</b>
<b>Less than 60</b>	<b>1391</b>	<b>64.7</b>
<b>60-120</b>	<b>650</b>	<b>30.2</b>
<b>More than 120</b>	<b>109</b>	<b>5.1</b>
<b>Total</b>	<b>2150</b>	<b>100.0</b>

**Table 13: Rating of doctor treatment to the client**

<b>Treatment</b>	<b>Number</b>	<b>Percentages</b>
<b>Good</b>	<b>2056</b>	<b>95.6</b>
<b>Bad</b>	<b>47</b>	<b>2.2</b>
<b>No comment</b>	<b>47</b>	<b>2.2</b>
<b>Total</b>	<b>2150</b>	<b>100.0</b>

**Table 14: Client rating of services received**

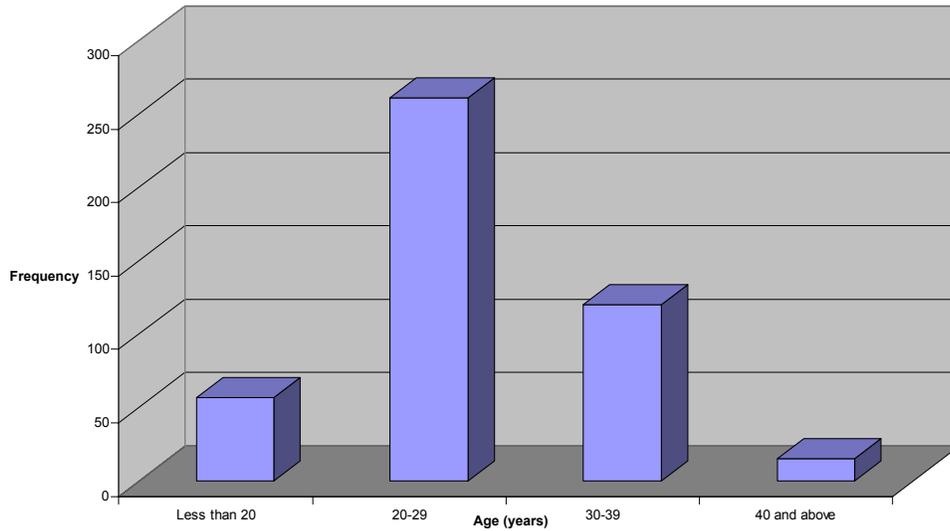
<b>Client rating</b>	<b>Number</b>	<b>Percentages</b>
<b>Very satisfactory</b>	<b>418</b>	<b>19.4</b>
<b>Satisfactory</b>	<b>1299</b>	<b>60.4</b>
<b>Need improvements</b>	<b>381</b>	<b>17.1</b>
<b>Not acceptable</b>	<b>32</b>	<b>1.5</b>
<b>Very unsatisfied</b>	<b>20</b>	<b>0.9</b>
<b>Total</b>	<b>2150</b>	<b>100.0</b>

**Table 15: Suggestions for improvement of care at PH C centers**

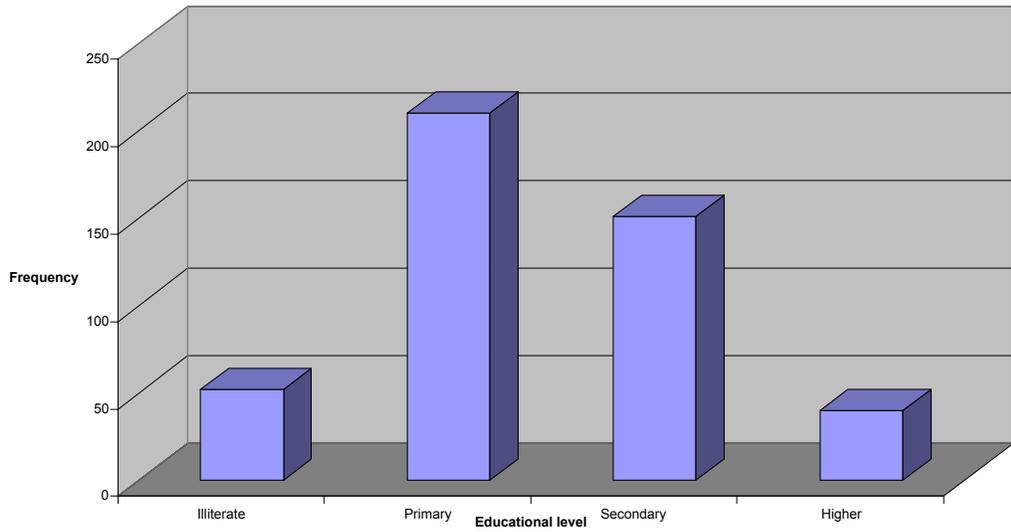
<b>Area of improvement suggested</b>	<b>Number</b>	<b>Percentage</b>
<b>Infrastructure</b>	<b>341</b>	<b>15.9</b>
<b>Waiting time</b>	<b>251</b>	<b>11.7</b>
<b>Staff courtesy</b>	<b>1495</b>	<b>69.5</b>
<b>Information</b>	<b>8</b>	<b>0.4</b>
<b>Services improvement</b>	<b>7</b>	<b>0.3</b>
<b>Unknown</b>	<b>48</b>	<b>2.2</b>
<b>Total</b>	<b>2150</b>	<b>100.0</b>

**Table 16: Planned place for next delivery**

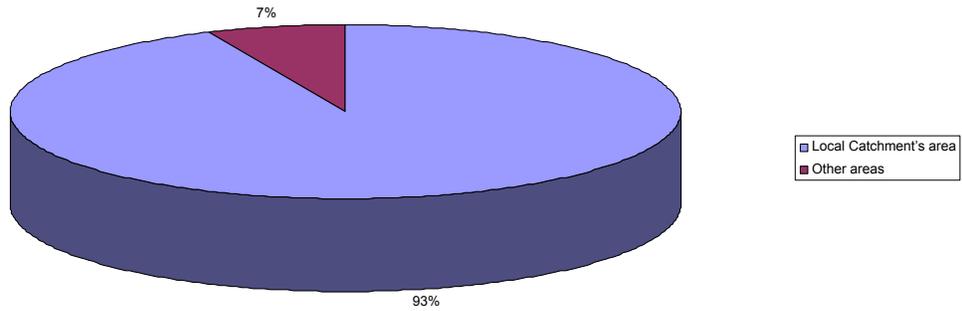
<b>Planned place</b>	<b>Number</b>	<b>Percentages</b>
<b>At PHC Center</b>	<b>19</b>	<b>4.2</b>
<b>At hospital</b>	<b>331</b>	<b>72.7</b>
<b>At other facilities</b>	<b>22</b>	<b>4.8</b>
<b>At home</b>	<b>72</b>	<b>15.8</b>
<b>Do not know</b>	<b>11</b>	<b>2.4</b>
<b>Total</b>	<b>2150</b>	<b>100.0</b>



**Figure 1 Age distribution of women attending ANC**



**Figure 2 Educational status of women attending ANC**



**Figure 3 Place of residence of women attending ANC**

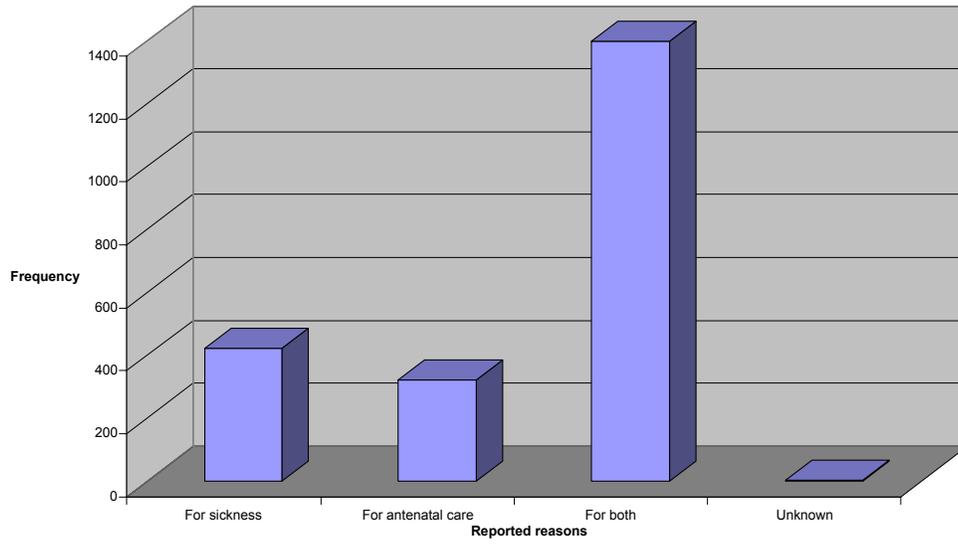


Figure 4 reported reasons to visit local PHC center

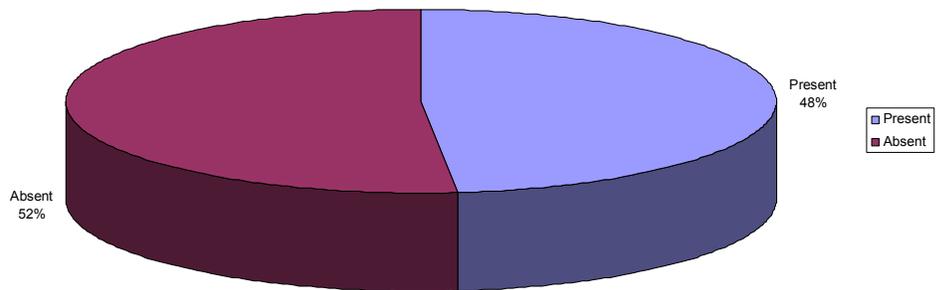


Figure 5 Complications during pregnancy

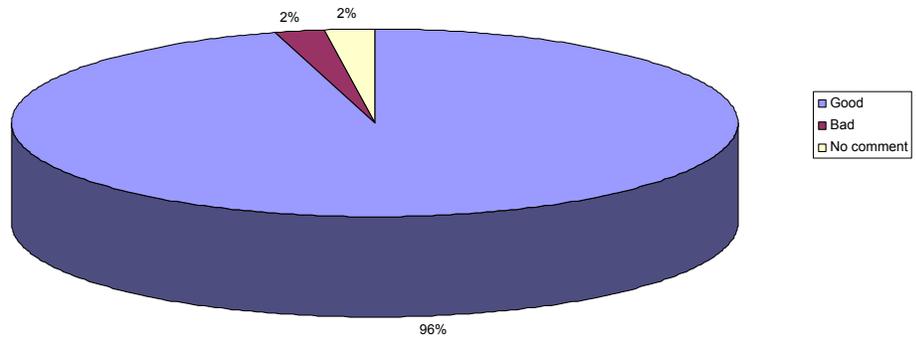


Figure 6 Rating of doctors' treatment by the clients

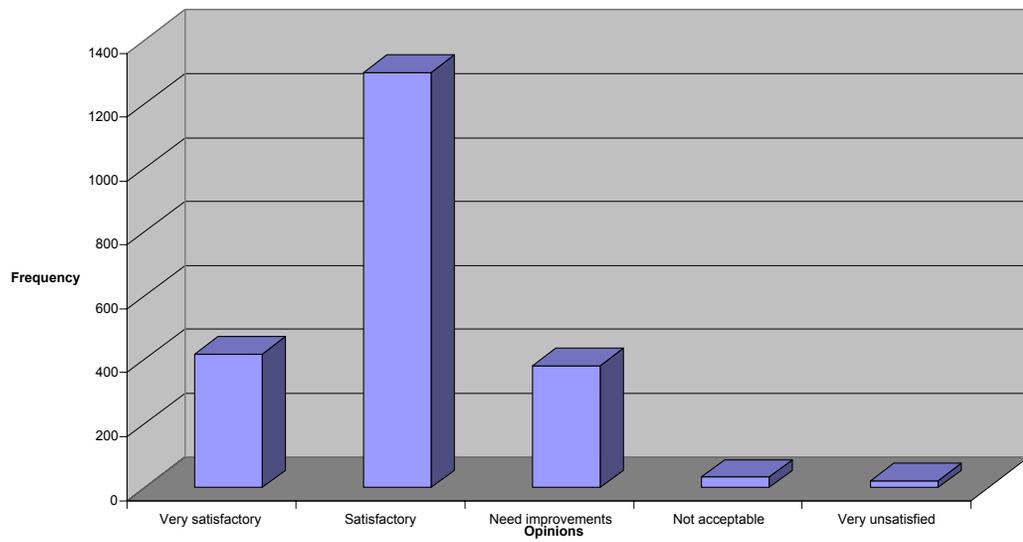


Figure 7 Clients' rating of services received

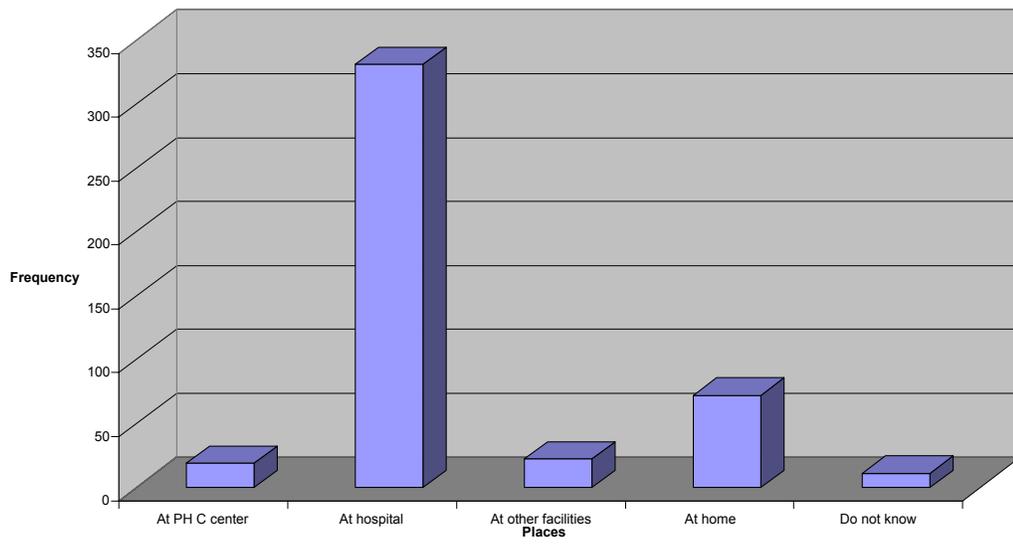


Figure 8 Planned place for the next delivery

## 5. Discussion, Conclusions, and Recommendations:

The results of this survey, in general, agree with many previous studies carried out in different places in Iraq. For example, an existing interview study carried out in Basrah in 1989-2000, reported a wide range of satisfaction with various components of prenatal care.

The degree of satisfaction (percentages expressing satisfaction) ranged from as low as 7.1% regarding time spent in PHC centers, 24.5% regarding accessibility, 36.1% regarding health education to as high as 90-100% with respect to staff courtesy, immunizations and availability of nurses. The present study exhibits the same general picture but the results are more favorable.

The main conclusions are:

1. Most of clients (93.4%) are young, literate, and coming from the catchment area of the PHC Center.
2. For most of the clients (83.3%) the PHC Centers are reasonably accessible in terms of the travel time required to reach those centers.
3. Local PHC Centers are used for preventive care of both mothers and children. They are the main source (63.2%) for curative care of sick children.
4. Use of prenatal care during first three months of pregnancy (first trimester) is very exceptional (21%), and actually is not encouraged by health staff. Women are, however, well informed about the importance of receiving such care as early as possible.
5. Complications during pregnancy are very frequent and women are informed about them by their doctors.

6. Women receive reasonably adequate care and instructions about specific health behavior issues. But deficiencies in PHC Center services are clearly identified. Examples of such deficiencies are the long waiting time at PHC Centers, and the low frequencies of receiving information about important topics like breast feeding and hygiene measures at home.
7. The overall level of client satisfaction, their rating of the quality of care, and of doctors' treatment of their clients are high, but not ideal.
8. The main areas of improvement needed, as suggested by clients, include improving infrastructure, reducing waiting time, and further encouraging staff courtesy.
9. The most likely place for delivery is the hospital, followed by home. PHC Centers are suggested by only small proportion of women to be the place for their next delivery. Actually, the health center, in most instances, is not even envisaged as an option for place of delivery.

We highly recommend:

- 1- That this report be presented to the health authorities in Basrah.
- 2- That the main findings be incorporated into the curriculum of the training course for physicians working in PHC Centers.
- 3- That this survey be repeated after a time to check any change in the clients' perception and satisfaction.

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