

Primary Health Care Initiatives (PHCI)

Client Satisfaction with Jordan's MoH Services (Community-Based Pretest Phase)

2002

Prepared by:

Richard A. Yoder, PhD, MPH

With collaboration from

Ali Arbaji, MD, MPA

Salah Mawajdeh, MD, DrPH

Dr. Clara Siam, MD

Dr. Mai Al-Saoub, MD

Dr. Hiam Al-Yousef



In collaboration with:

University of Colorado ■ Initiatives, Inc. ■ TransCentury Associates



Funded by:

United States Agency for International Development

Abstract

This study is one of four studies carried out by the Primary Health Care Initiatives project in collaboration with Jordan's Ministry of Health that is designed to evaluate the impact of a set of project interventions on changes in health status, quality of worklife among MOH providers, and client satisfaction with MOH services. This report presents the findings of the pretest phase of the client satisfaction study and has as its primary objective to measure and assess the extent of satisfaction clients have with the services provided by Jordan's Ministry of Health health centers. A quasi-experimental design is followed using providers in UNRWA health facilities as the main control group. Ten dimensions of client satisfaction are examined, with six of these dimensions derived from a composite index consisting of two to five questions. Client responses to these questions were in the form of a ten-point "not at all satisfied" to "very satisfied" Likert-type summated rating scale. The findings indicate that overall client satisfaction with the range of health services provided is relatively favorable. In particular, clients were most satisfied with: the cost of services; being treated with respect; having their conditions treated with confidentiality and privacy; reasonableness of time required for referral or follow-up visits; continuity of care; communicating advice to clients clearly; and health center hours. On the other hand, clients were least satisfied with: the long waiting time required to see medical staff; the short consultation time with medical staff and not having enough time available to ask questions, not feeling comfortable in discussing problems with medical staff, insufficient availability of services required for appropriate treatment – in particular, medicines, specialists' services, and laboratory services, and other equipment and supplies. Recommendations for MOH consideration evolve around building on what is being done well and developing or strengthening programs and practices in areas where clients expressed the most dissatisfaction.

Table of Contents

Appendices.....	iii
List of Exhibits and Tables	iv
Acknowledgments.....	v
Abbreviations.....	vi
Executive Summary	vii
1. INTRODUCTION	1
1.1. Background.....	1
1.2. Purpose and Objectives.....	1
2. METHODOLOGY	2
2.1. A conceptual model	2
2.2. Study Design.....	3
2.3. Sample selection	5
2.4. Calculating weights	5
2.5. UNRWA sampling.....	6
2.6. Variables and Indicators	6
2.7. Data collection	8
2.8. Data analysis.....	8
3. FINDINGS	10
3.1. Background variables	10
3.2. Accessibility of services	11
3.3. Facilities, equipment, and supplies.....	12
3.4. Availability of services	12
3.5. Continuity of care	13
3.6. Interpersonal qualities of the providers	14
3.7. Professional competence and skill of the providers	15
3.8. Cost of services.....	17
3.9. Privacy and confidentiality	17
3.10 Efficacy of treatment.....	18
3.11 Overall Satisfaction.....	18
4. SUMMARY AND IMPLICATIONS	19
4.1. Summary of findings	19
4.2. Implications of findings.....	21

Appendices

Appendix 1: Survey Questionnaire for Community-based Client Satisfaction Interviews.....	22
Appendix 2: Average monthly household income.....	30
Appendix 3: Occupation of head of household, MOH and UNRWA clients.....	31
Appendix 4: Mode of transport to health center.....	32

List of Tables and Exhibits

Table 3.1:	Attitudes of clients towards selected dimensions of satisfaction with MOH health services.....	x
Table 2.1:	MOH health facilities and sample by region and type of facility	5
Table 2.5.1:	Dimensions and indicators of client satisfaction	7
Table 3.1.1:	Characteristics of the sample, MOH and UNRWA.....	10
Table 3.2.1:	Client attitudes towards accessibility of services at MOH and UNRWA facilities.....	11
Table 3.3.1:	Client attitudes towards facilities, equipment and supplies at MOH and UNRWA health centers	12
Table 3.4.1:	Availability of services in MOH and UNRWA health centers.....	12
Table 3.4.2:	Client identified services not available at health center at time of visit, MOH and UNRWA	13
Table 3.5.1:	Continuity of care, seeing same physician or nurse	13
Table 3.5.2:	Continuity of care, having same services available.....	14
Table 3.6.1:	Client attitudes towards being treated respectfully by Providers at MOH and UNRWA health centers	14
Table 3.6.2:	Provider allowing time for clients to ask questions.....	14
Table 3.7.1:	Client satisfaction with selected indicators of “professional competence and skill of providers,” MOH and UNRWA	15
Table 3.7.2:	Reasons for dissatisfaction with services received from providers, MOH and UNRWA	16
Table 3.7.3:	Distribution of clients given information not understood.....	16
Table 3.7.4:	Information given to client that was not understood, MOH and UNRWA	17
Table 3.9.1:	Client satisfaction with privacy and confidentiality, MOH and UNRWA	17
Table 3.10.1:	Client attitudes toward effectiveness of treatment by Providers at MOH and UNRWA health centers	18
Table 3.11.1:	Client attitudes towards overall satisfaction with services provided at MOH and UNRWA health centers	18
Table 4.1	Attitudes of clients towards selected dimensions of satisfaction with MOH health centers	20
Exhibit 1:	Project Evaluation Framework.....	2
Exhibit 2:	Client satisfaction.....	4

Acknowledgments

In a study of this type, there are numerous people and institutions that have contributed in meaningful ways. Special thanks go to Dr. Sa'ad Kharabsheh and Dr. Taher Abu-Samen in the Ministry of Health with assistance in designing the study and facilitating the work. The many discussions that were held with MOH research counterparts, Dr. Clara Siam, Dr. Mai Al-Saob and Dr. Hiam Al-Yousef, were stimulating and important. Mr. Khamis Raddad, from the Department of Statistics, was invaluable in the sampling design.

To the administrative and field staff of UNRWA, deep appreciation is expressed for graciously allowing a sample of their health facility employees to be used as a control group, and in facilitating that process.

In particular, thanks go to Dr. Ali Arbaji and Dr. Salah Mawajdeh; their strong skills in research methodology and knowledge of the health system and culture were invaluable in developing the survey instruments, designing the study, sampling, and all the key areas of completing a research study.

Lastly, thanks go to the 1176 clients using MOH services and the 156 clients using UNRWA services for taking the time to be interviewed. As with the other project evaluation studies, it is our hope that the eventual outcome of this study will be improvements in the health of the people of Jordan.

Abbreviations

CHC	Comprehensive Health Care
DOS	Department of Statistics
HCM	Health Communication and Marketing
HMIS	Health Management Information System
JD	Jordanian Dinar
MOH	Ministry of Health
MRO	Market Research Organization
N	Number of subjects in the population
n	Number of subjects in the sample
PHC	Primary Health Care
PHCI	Primary Health Care Initiatives
QA	Quality Assurance
QWL	Quality of Worklife
SPSS	Statistical Package for the Social Sciences
UNRWA	United Nations Relief and Works Agency
USAID	United States Agency for International Development

Executive Summary

1. Purpose and Objectives

This study is one of four evaluation studies carried out by the Primary Health Care Initiatives project in collaboration with Jordan's Ministry of Health. They are designed to evaluate the impact of a set of project interventions on changes in health status, quality of worklife among MOH providers, and client satisfaction with MOH services.

This report presents the findings of the pretest phase of the client satisfaction study and has as its primary objective to measure and assess the extent of satisfaction clients experience with the services provided by Jordan's Ministry of Health health centers.

2. Methodology

This study is a quasi-experimental design in which there is random selection of clients as well as a pretest and post-test with two control groups: clients of UNRWA health facilities and clients of "non-certified" MOH health facilities. A stratified two-stage cluster sampling design was used where the first stage involved selection of the health facilities (98 in the sample: 75 PHCs and 23 CHCs), while the second stage involved selection of households in the catchment area surrounding the sampled health facility from which clients were selected. At this second stage, area probability sampling methods were used to select and interview 12 clients in each health center catchment area who have used an MOH facility within the last six months. The total number of MOH clients in the sample is 1176.

The sample of facilities was weighted, using expansion weights methods, so that the sample mirrors as closely as possible the population from which it was drawn. This sampling method leads to a confidence level of 95 percent with a precision level of five percent. For UNRWA, the 156 clients in the sample were drawn from the catchment area of all thirteen of their health facilities providing a full set of services using the same methods as with MOH clients. Data collection was contracted out to the Market Research Organization and was done during the period of November 5-22, 2000.

3. Findings

The data in Table 3.1 summarizes the major findings with respect to the extent of satisfaction clients have at both MOH and UNRWA health centers with the ten different dimensions of health services. From this data, several observations are made:

- First, overall client satisfaction with the range of services provided is relatively favorable.
- In examining the other nine major dimensions of satisfaction, clients are *most satisfied* with (a) the cost of services, (b) respectful treatment they receive from the medical staff, and (c) the privacy and confidentiality that is kept of their condition.

- Clients are *least satisfied* with (a) accessibility of services, (b) efficacy of treatment received, and (c) condition of the facilities, equipment, and supplies. It should be noted, however, that while these are dimensions with which clients are *least* satisfied, they all fall within the “relatively satisfied” range.
- In examining the 15 scalar questions from which the ten dimensions are derived, clients are *most satisfied* with (a) skills of medical staff in treating problems, (b) measures taken to assure confidentiality about clients’ conditions, (c) reasonableness of time for referrals or follow-up visits, and (d) adequacy of health center hours. Most (96%) of the information given by providers was understood, while approximately two-thirds of clients felt there was satisfactory continuity of care (i.e., seeing the same providers and having same services available).
 - Clients are *least satisfied* with (a) waiting time to see medical staff, (b) limited time in consultation with medical staff, (c) ease of reaching health center, and (d) comfort in discussing problems with medical staff. In addition, nearly one-half (43%) of the clients stated that services needed for treatment were not available during their visit and many clients (40%) felt there was not sufficient time allowed to ask questions.

In general, the analysis suggests relative satisfaction with MOH services. In spite of this, the tendency to speak favorably and gloss over problems when true feelings may be otherwise (“courtesy bias”) should not be overlooked. Methodologically, efforts have been made to reduce courtesy bias by randomly sampling clients in their homes in the communities rather than in the health centers, and by having a 10-point satisfaction scale (rather than the more typical 5-point scale) that allows for more discrimination in responses. Thus, while one should not discount the relatively favorable findings, a healthy caution is always appropriate, along with continuous efforts towards quality improvements.

Dimensions of client satisfaction	MOH ¹		UNRWA ²	
	Mean	Std. Deviation	Mean	Std. Deviation
1. Accessibility of Services	6.95		5.98	
Adequacy of health center hours	7.28	1.81	6.80	1.93
Ease of reaching health center	6.87	2.23	7.02	1.77
Time waiting to see medical staff	6.58	2.01	4.42	2.17
Time for referral or follow-up visit to see physician	7.33	1.86	6.08	1.84
Time with medical staff during visit	6.69	2.02	5.60	2.25
2. Facilities, equipment and supplies	7.07		6.16	
Cleanliness of the center	7.21	1.97	5.75	1.97
Feeling comfortable at the health center and waiting area	6.98	1.93	6.11	1.63
Condition of instruments or equipment used to treat or examine client	7.01	2.17	6.63	1.98
3. Availability of services needed for treatment	Yes: 57.4%		Yes: 43.6%	
4. Continuity of care: same physician or nurse/services available	Yes: 67.4%/69%		Yes 61.5%/40.4%	
5. Interpersonal qualities of medical staff				
Respectfulness of treatment by the medical staff during visit	7.52	1.66	6.72	1.66
Allow time for questions	Yes: 60.3%		Yes: 41%	
6. Professional competence and skill of medical staff	7.12		6.61	
Overall services received from the medical staff	7.13	1.90	6.7	1.85
Comfort in discussing problem with the physician or nurse	6.89	1.79	6.41	1.86
Skills of the medical staff in treating problem?	7.38	1.67	6.86	1.79
Sufficiency of information given about problem?	7.07	1.87	6.47	2.01
Information understood by client	Yes: 96.1%		Yes: 96.2%	
7. Cost of services				
Reasonableness of cost of services received at the health center	8.30	1.67	NA	NA
8. Efficacy of treatment				
Effectiveness of services received at the center in solving problem?	6.95	1.80	6.75	1.82
9. Privacy and confidentiality	7.23		7.06	
Privacy during consultation with the physician or nurse	7.10	1.96	7.00	2.30
Measures taken to assure confidentiality about client's health situation?	7.35	1.99	7.12	2.43
10. Overall satisfaction				
Strength of recommendation to others to use services at health center,	7.16	2.13	7.08	2.33
* mean scores: 1 = very unfavorable attitude, 10 = very favorable attitude; ¹ N = 1176; ² N = 156				

In light of the above summary of findings, the following recommendations are offered for consideration by the MOH as a means of improving client satisfaction with services received in MOH health facilities.

- Build on and promote those areas with which clients currently express relatively strong satisfaction: treating clients with respect, treating clients' conditions with confidentiality and privacy, reasonableness of time required for referral or follow-up visits, continuity of care, communicating advice to clients clearly, and health center hours.
- Develop and/or strengthen programs and procedures that will improve those services with which clients express the least satisfaction. Specifically, this includes:
 - Long waiting time required to see medical staff (such as an appointment system)
 - Short consultation time with medical staff and having more time available for clients to ask questions (such as an appointment system)
 - Discomfort in discussing problems with medical staff
 - Insufficient availability of services required for appropriate treatment – in particular, medicines, specialists' services, and laboratory services, and other equipment/supplies.

1. Introduction

1.1. Background

In cooperation with the Hashemite Kingdom of Jordan, USAID/Jordan has developed a program to improve basic primary health care through an integrated package of family health services in which reproductive health, child health, adult health and health prevention and promotion will be delivered by a family health provider team. This project, called Primary Health Care Initiatives (PHCI), is being implemented throughout the country by the international consulting firm Abt Associates, Inc. in cooperation with Ministry of Health.

The project has six major interventions which include: (a) quality assurance, (b) training, (c) health communication and marketing, (d) management information systems, and (e) applied research. In addition, all primary care facilities will receive a basic set of equipment and supplies while approximately 40 facilities will be physically upgraded. The combination of these inputs is designed to increase access to and quality of health services in Jordan. In turn, this is expected to lead to improvements in client and provider satisfaction as well as more appropriate utilization of health services and, ultimately, improvements in health status indicators. The five-year life of this project presents the opportunity to empirically test the validity of these assumptions. This study, along with the "health status"¹ study and "Quality of Worklife"² study, are three of the studies evaluating the overall impact of the project.

1.2. Purpose and Objective

This study is one of four evaluation studies carried out by the Primary Health Care Initiatives project in collaboration with Jordan's Ministry of Health. They are designed to evaluate the impact of a set of project interventions on changes in health status, quality of worklife among MOH providers, and client satisfaction with MOH services.

This report presents the findings of the pretest phase of the client satisfaction study and has one primary objective:

- To measure and assess the extent of satisfaction clients experience with the services provided by Jordan's Ministry of Health centers.

¹ Arabaji, Ali, *Utilization of Health Services Delivery and Health Status Study (Pretest Phase)*, Primary Health Care Initiatives, Abt Associates Inc. and Ministry of Health, Government of Jordan, January 2002

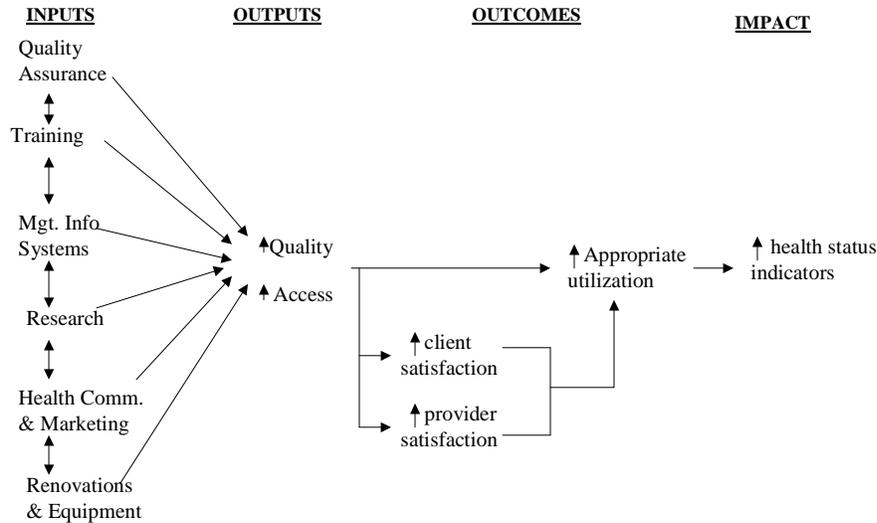
² Yoder, Richard, *Quality of Worklife in the Ministry of Health, Government of Jordan (Pretest Phase)*, Primary Health Care Initiatives, Abt Associates Inc. and Ministry of Health, Government of Jordan, June 2002

2. Methodology

2.1. A conceptual model

A model for conceptualizing the relationship between project inputs and impact is shown in Exhibit 1.

Exhibit 1: Project Evaluation Framework



The project design assumes that inputs of Quality Assurance, training, MIS, etc., will improve access to and quality of health services – two key goals of the project. In turn, this will lead to improvements in client and provider satisfaction as well as appropriate utilization of health services and, ultimately, improvements in health status. The three evaluation research studies will test the validity of these assumptions.

The subject of this current study falls under the client satisfaction component of the model. The “Utilization of Health Services...” study prepared by Arbaji (see footnote 1) is an outcome study and falls under the “appropriate utilization” and the “health status indicators” components of the evaluation framework in Exhibit 1. The “Quality of Worklife” study, including its focus on job satisfaction, prepared by Yoder (see footnote 2) is an outcome measure as can be seen in Exhibit 1. As can be observed in the framework above, the primary intended impact, and concern, of the project is improvements in health status indicators.

2.2. Study design

This study is a quasi-experimental design in which there is random selection of respondents as well as a pre-test and post-test with two control groups. This is illustrated as follows:

		Sept 2000		May 2004
Clients using certified MOH facilities (experimental group):	[R]	O ₁	X	O ₂
Clients using non-certified MOH facilities (control group)	[R]	O ₃		O ₄
Clients using UNRWA facilities (control group):	[R]	O ₅		O ₆

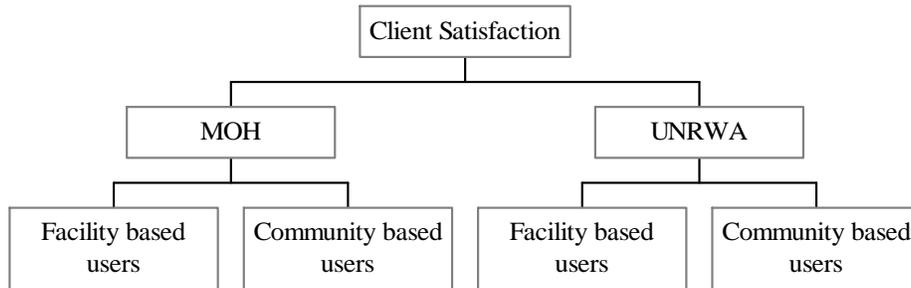
where,

- O₁ = Satisfaction scores of clients using certified MOH facilities (experimental group) *before* project interventions
- O₂ = Satisfaction scores of clients using certified MOH facilities (experimental group) *after* project interventions
- O₃ = Satisfaction scores of clients using non-certified MOH facilities (control group) *before* project interventions
- O₄ = Satisfaction scores of clients using non-certified MOH facilities (experimental group) *after* project interventions
- O₅ = Satisfaction scores of clients using UNRWA facilities (control group) *before* project interventions
- O₆ = Satisfaction scores of clients using UNRWA facilities (control group) *after* project interventions
- X = PHCI interventions (Q.A., training, research, HMIS, HCM, renovations and equipment). A certification system has been designed to score achievements from the interventions at each health facility on a scale of 0 – 100. When the interventions result in a score of 80% or more, the health facility is considered certified. Health facilities that achieve a score of 40% or less will be considered non-certified.
- R = Random selection of clients drawn from the catchment area surrounding the sampled health facility, so long as client has used facility within last six months.

Satisfaction with Jordan's MoH Services (Community-Based)

The overall design and structure of the client satisfaction studies can also be understood through the diagram shown in Exhibit 2. Comparisons with respect to the different dimensions of client satisfaction are made at two different levels. First, satisfaction scores are compared between clients using MOH facilities and UNRWA facilities where the clients are drawn from the sampled facility's catchment area so long as they have used the facility within the previous six months; these are called community based users. Second, satisfaction scores are compared between clients using MOH facilities and UNRWA facilities where the clients are randomly selected from those leaving the health facility – called facility-based users. This study considers only community-based users, i.e., those sampled from the health center's catchment area. The rationale for two sets of samples is that the community-based sample of clients may have less bias in their responses since they are less likely to be influenced by a just completed visit.

Exhibit 2: Client Satisfaction Study Design Structure



2.3. Sample selection

Since this report focuses on clients drawn from the community surrounding the sampled facility's catchment area (rather than facility-based users), description of the sampling design and process will be limited to the community-based sample.

For the community-based clients, a stratified two-stage cluster sampling design was used. The first stage involved selection of the health facilities while the second stage involved selection of clients who have used the sampled facility at least once within the previous six months. For the first stage, the country was divided into its three regions: north, central and south. Within each of these regions, all Primary Health Care facilities (PHCs) and Comprehensive Health Care facilities (CHCs) were listed for inclusion into the sampling frame; this is shown in column 2 and column 3 of Table 2.1.

Of the total 471 facilities used in the sampling frame, 42 were CHCs and 329 were PHCs. From this population of facilities, the sample was drawn systematically using probability proportionate to size methods (column 4 of Table 2.1) and then adjusted slightly to give the final number of facilities, by type, to sample from each stratum (column 5).

Table 2.1: MOH health facilities and sample by region and type of facility

Region	Health facility type	Number of Facilities (N)	Sampled Facilities (n)	Adjusted Sample (adj n)	
North	CHC	11	6	6	
North	PHC	141	30	29	
Central	CHC	20	11	11	
Central	PHC	124	30	31	
South	CHC	11	6	6	
South	PHC	64	16	15	
	Subtotal	CHC	42	23	23
	Subtotal	PHC	329	76	75
Total			371	99	98

Sampling of clients, the second stage, was carried out using area probability sampling methods. With census maps provided by the Department of Statistics (DOS), 12 clients, who had used a facility at least once over the previous six months, were selected from households in the catchment area surrounding the sampled facility. The total number of clients in the MOH sample is 1176.

Using the above methods, PHCI provided MRO with the list of all sampled facilities. The actual interviewing and collection of data was contracted out to the Market Research Organization (MRO).

2.4. Calculating weights

In drawing a sample of clients for interviewing, it is important that this sample mirrors as closely as possible the population from which the sample was drawn. The most common way of doing this is by weighting the sample of study subjects after they have been drawn. The type of weighting procedure used in this study is expansion weights and is calculated as follows:

$$EW = W^1$$

where

EW = the expansion weight for each study subject (client),

W^1 = the expansion weight for each health center selected from the stratum which is the inverse of the probability of selecting a health center in the stratum. The probability of selecting a health center is calculated by dividing the size of each health center in a stratum by the sum of the sizes of all health centers in the same stratum.

Weighting the sample in this way is designed to reflect the actual number and distribution of cases (clients) in the population, and leads to a confidence level of 95 percent with a 5 percent precision level.

2.5. UNRWA Sampling

According to the 1999 Annual Report of UNRWA,³ there are 23 health centers in Jordan. Thirteen of these are inside official refugee camps and ten are outside camps. As of 31 December 1999, there were 1,541,000 registered refugees with 278,000 (18%) in ten camps. The majority of the camps are in the Central region; none are in the South. Thirteen of the health centers provided the full set of services and are most similar to those of the MOH. In that the population of the health centers was relatively small, all thirteen facilities were used from which to randomly select clients for community-based interviews. The sampled health centers included the following: Irbid, Amman New Camp, Jebal Hussein, Baqaa Camp, Zarqa Camp, Marka - Hittin Camp, Husn - Azmi Al Mufti Camp, Jerash Camp, Suf Camp, Amman Town - Al Weibdeh, Amir Hassan, Quarter, Awajan, and Talbieh Camp.

The second stage, that of selecting UNRWA clients, was similar to that used with MOH clients. Since the population of facilities was used to draw the sample, weighting was not necessary. A total of 156 interviews were conducted in the catchment area surrounding the UNRWA clinic using the same methods as with the MOH. This sampling method leads to a confidence level of above 95 percent with a precision level of five percent.

2.6. Variables and indicators

There are 10 variables in this study that measure different aspects, or dimensions, of client satisfaction with health services. Five of these dimensions are derived from a composite index consisting of two or more questions. In total, there are 21 indicators of client satisfaction.

While there are a variety of variables and indicators that theoretically can be used to measure different aspects of client satisfaction, those used in this study were derived from the "Primary Health Care Management Advancement Programme."⁴ These were adapted

³ United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA), "Annual Report of the Department of Health 1999", p. 78.

⁴ Primary Health Care Management Advancement Programme, "Assessing the Quality of Service," Module 6, User's Guide, (Aga Khan Foundation, USA and Aga Khan Foundation, Switzerland), 1993.

to the Jordanian context and tested with MOH and university colleagues before field-testing them. These dimensions, or variables, and their indicators are summarized in Table 2.5.1, with the full questionnaire shown in Appendix 1.

Table 2.5.1: Dimensions and indicators of client satisfaction

1. Accessibility of services

- Adequacy of health center hours
- Ease of reaching health center
- Time waiting to see medical staff
- Time for referral or follow-up visit to see physician
- Time with medical staff during visit

2. Facilities, equipment, and supplies

- Cleanliness of the center
- Feeling comfortable at the health center and waiting area
- Condition of instruments or equipment used to treat or examine client

3. Availability of services needed for treatment

- Services needed for treatment available

4. Continuity of care

- Same physician or nurse seen in last two visits
- Same services available during last two visits

5. Interpersonal qualities of medical staff

- Respectfulness of treatment by the medical staff during visit
- Allow time for questions

6. Professional competence and skill of medical staff

- Overall services received from the medical staff
- Comfort in discussing problem with the physician or nurse
- Skills of the medical staff in treating problem?
- Sufficiency of information given about problem?
- Information understood by client

7. Cost of services

- Reasonableness of cost of services received at the health center

8. Efficacy of treatment

- Effectiveness of services received at the center in solving problem?

9. Privacy and confidentiality

- Privacy during consultation with the physician or nurse
- Measures taken to assure confidentiality about client's health situation?

10. Overall Satisfaction

- Strength of recommendation to others to use services at health center
-

In addition to the dimensions and indicators of client satisfaction, eleven biographical and background variables were included as a means of controlling for extraneous affects on the main variables. These included:

- Age
- Gender
- Marital status
- Years and level of education
- Salary – monthly
- Governorate
- Insurance status
- Profession of head of household
- Social status: occupation was used as the proxy variable, and included five categories:
 - **Upper middle class:** higher managerial and administrative positions, professionals such as physicians, dentists, pharmacists and lawyers
 - **Middle class:** intermediate managerial, administrative or professional in government, commercial and industrial sectors, officers in armed forces, land owning farmers, executives and managers in skilled industries
 - **Lower middle class:** supervisory or clerical and junior administrative or professional positions; draughtsman, equipment operators, supervisor, assistant nurses, non-officer in military
 - **Skilled working class:** foreman, carpenter, mechanics, technicians, practical nurses
 - **Semi and unskilled working class:** cleaners, laborers, messengers.

The survey instrument, shown in Appendix 1, was translated into Arabic and pilot tested among 20 randomly selected clients covering three MOH health centers in the Amman area. Questions that were redundant, not clearly understood, or questions that did not elicit the intended information were revised or eliminated. The Arabic questionnaire was then back translated into English to verify accuracy and consistency. For the UNRWA questionnaire, names and terms were adjusted to fit the UNRWA context. Otherwise, it was the same as the MOH questionnaire.

2.7. Data collection

Five teams of interviewers collected the data in November 2000. To reduce bias in administering the questionnaire and other forms of non-sampling error, several measures were taken. First, MOH personnel were not used as data collectors. Rather, an independent research firm, Market Research Organization, was contracted. Secondly, all questionnaires were completed independently as a means of avoiding “group think.”

2.8. Data Analysis

Following collection of the data, it was entered, coded, and cleaned by the contractor. The contractor did validation and consistency checks. Once the raw data sets were delivered to PHCI, rechecks were done for various kinds of errors or inconsistencies such as data entry errors, missing data or outliers in the data.

Satisfaction with Jordan's MoH Services (Community-Based)

The data were analyzed using primarily means and proportions. Statistical testing of differences will await the post-test. Statistical Package for the Social Sciences (SPSS) was used to analyze the data.

3. Findings

3.1. Background Variables

The data in Table 3.1.1 summarize the key characteristics of the sample for both MOH and UNRWA. For the MOH, two-thirds of the sample is female; three-fourths are married; just over one-half completed an intermediate education with 85 percent completing secondary education (mean years completed = 9.17); the largest share of clients are from Amman, Irbid, Karak and Balqa governorates; nearly 90 percent have medical insurance – the majority with the civil service, RMS and a White Card; and the majority (91%) fall in the lower middle class or below.

Approximately three-fourths of the sample has an average household monthly income of less than JD 200 (see Table A3.1.1 in Appendix 2), with the largest percentage having income between JD 100 – JD 150.

Table A3.1.2 in Appendix 3 shows the occupation of head of household.

Table 3.1.1: Characteristics of the sample, MOH and UNRWA

Variable	MOH		UNRWA	
	N*	%	N	%
<i>Gender</i>				
Male	521	33.3	47	30.1
Female	1046	66.7	109	69.9
<i>Marital Status</i>				
Married	1192	76.0	110	70.5
Single	376	24.0	46	29.5
<i>Education</i>				
No formal	268	17.1	18	11.5
Elementary	270	17.2	34	21.8
Intermediate	341	21.8	46	29.5
Secondary	451	28.8	35	22.4
Post secondary/college	195	12.4	18	11.5
University	43	2.7	5	3.2
<i>Clients by health center type</i>				
PHC	1219	77.8	NA	NA
CHC	348	22.2	NA	NA
<i>Governorate</i>				
Amman	341	21.8	60	38.5
Madaba	38	2.4	0	0.0
Zarqa	123	7.8	36	23.1
Balqa	171	10.9	12	7.7
Irbid	304	19.4	24	15.4
Ajloun	52	3.3	0	0.0
Jerash	55	3.5	24	15.4
Mafraq	153	9.8	0	0.0
Karak	182	11.6	0	0.0
Talfileh	43	2.7	0	0.0
Ma an	63	4.0	0	0.0
Aqaba	41	2.6	0	0.0
<i>Medical Insurance</i>				
Yes	1034	87.9	156	100.0
No	142	12.1	0	0.0
<i>Insurance source</i>				
Private	16	1.4	3	1.7
Govt: Civil Service	339	31.7	6	3.4
Govt: Social Dev (green card)	66	6.2	2	1.1
White Card	313	29.3	6	3.4
Royal Medical Society	326	30.5	4	2.3
Other	10	0.9	0	0.0
UNRWA card	0	0.0	156	88.1
Total	1070	100.0	177	100.0
<i>Social status</i>				
Upper middle	38	2.5	3	1.9
Middle	109	6.9	4	2.6
Lower middle	592	37.7	40	25.6
Skilled labor	351	22.4	51	32.7
Unskilled labor	478	30.5	58	37.2
* weighted				

3.2. Accessibility of services

Accessibility of services includes five questions measuring:

- Adequacy of health center hours
- Ease of getting to health center: time and mode of transport
- Reasonableness of time waiting to see medical staff
- Reasonableness of time waiting for follow-up visits or referrals
- Adequacy of time spent with medical staff during the visit

The data in Table 3.2.1 show mean scores regarding accessibility of services of clients who have used the services of MOH and UNRWA health facilities.

Table 3.2.1: Client attitudes towards accessibility of services at MOH and UNRWA facilities*

Indicator	MOH (intervention group) n = 1176	UNRWA (control group) n = 156
Health center hours	7.28	6.80
Ease of reaching health center	6.87	7.02
Waiting time to see medical staff	6.58	4.42
Time (days) for referral or follow-up visit to see medical staff	7.33	6.08
Consultation time with medical staff	6.69	5.60
Average score	6.95	5.98

* 1 = very unfavorable attitude; 10 = very favorable attitude

With an average score of 6.95, clients at MOH facilities have a “relatively favorable” overall attitude towards the extent to which health services are accessible. Clients are most satisfied with the shortness of time needed for follow-up visits or referrals (7.33); the score of 6.58 indicates they are least satisfied with the time they need to wait to see the physician or nurse once they arrive at the health center.

The average amount of time it took clients to reach the MOH health center was 20 minutes (standard deviation = 23 minutes; range = 1 minute to 3 hours). The majority walked (64%) to the health center followed by those taking a bus (18%) – see Table A3.2.1 in Appendix 4.

For clients using UNRWA facilities the average mean score of 5.98 indicates a “neutral” overall attitude towards their accessibility to health services. The factors pulling the average score down are two. First is the average waiting time to see the medical staff, which is 1 hour and 46 minutes. Associated with this waiting time is a mean satisfaction score of 4.42, which is a relatively unfavorable score. Second, time spent in consultation with the medical staff has a mean score of 5.60 that falls in the “neutral” category.

3.3. Facilities, equipment and supplies

Facilities, equipment and supplies includes three questions measuring satisfaction with:

- Cleanliness of health center
- Having a comfortable feeling at health center
- Condition of instruments used in the visit or examination

The data in Table 3.3.1 show mean scores regarding clients' satisfaction with the status of facilities, equipment and supplies at the MOH and UNRWA health facilities.

Table 3.3.1: Client attitudes towards facilities, equipment and supplies at MOH and UNRWA health centers*

Indicator	MOH (intervention group) n = 1176	UNRWA (control group) n = 156
Cleanliness of center	7.21	5.75
Feeling comfortable at center	6.98	6.11
Condition of instruments used	7.01	6.63
Average score	7.07	6.16

* 1 = very unfavorable attitude; 10 = very favorable attitude

With an average mean score of 7.07, clients of MOH facilities have a relatively favorable attitude towards the three aspects of cleanliness, feeling comfortable, and condition of instruments used during the visit. They were most satisfied with the cleanliness of the health center (7.21) and least satisfied with how comfortable they felt at the health center (6.98). UNRWA health center clients had less favorable attitudes. All fall within the "neutral" category – neither favorable nor unfavorable.

3.4. Availability of services

Availability of services measures the extent to which the services that were needed by the client were available at the health center at the time of the visit.

For the MOH, 57 percent of the clients said services were available while 43 percent said they were not (Table 3.4.1). A greater share of UNRWA clients, on the other hand, felt services were not available (56%) with 44 percent stating services were available.

Table 3.4.1: Availability of services in MOH and UNRWA health centers

Services Available?	MOH		UNRWA	
	N	%	N	%
Yes	900	57.4	68	43.6
No	668	42.6	88	56.4
Total	1567	100.0	156	100.0

Satisfaction with Jordan's MoH Services (Community-Based)

For those clients stating that some services were not available, an open-ended question was asked about which services were not available. The responses were then grouped into logical categories and then counted. According to the data in Table 3.4.2, for the MOH shortage or lack of medicines was the item mentioned most frequently (28.5%), followed by specialty services (22%), medical equipment (18%) and laboratory services (16%). For UNRWA, shortage of medicines was the item most often not available as well (52.4%), followed by specialty services (23%), and laboratory (17%).

Table 3.4.2: Client identified services not available at health center at time of visit, MOH and UNRWA

Services not available	MOH		UNRWA	
	N	%	N	%
Medicines	283	28.5%	55	52.4%
Specialists	214	21.6%	24	22.9%
Medical equipment	176	17.7%	5	4.8%
Laboratory	156	15.7%	18	17.1%
X-ray	99	10.0%	2	1.9%
Staff or working hours	8	0.8%	1	1.0%
Difficulty getting referrals	8	0.8%	0	0.0%
Other	49	4.9%	0	0.0%
Total	993	100.0%	105	100.0%

3.5. Continuity of care

Continuity of care is characterized in this study as seeing the same physician with each visit and having the same services available with each visit. Specifically, the questions were:

- “Has the same doctor or nurse seen you during your two last visits?”
- “Were the same services (such as medicines, vaccinations, ultrasound) available during your last two visits?”

Client responses to these two questions are shown in Table 3.5.1 and Table 3.5.2.

Approximately 67 percent (Table 3.5.1) of MOH clients saw the same nurse or physician during the last two visits. UNRWA clients had a slightly smaller percentage seeing the same physician or nurse (62%). The N/A refers to clients on their first visit or those who had a different problem.

Table 3.5.1: Continuity of care, seeing same physician or nurse

See same physician or nurse?	MOH		UNRWA	
	N	%	N	%
Yes	1056	67.4	96	61.5
No	377	24.0	42	26.9
N/A	135	8.6	18	11.5
Total	1567	100.0	156	100.0

Satisfaction with Jordan's MoH Services (Community-Based)

With respect to continuity of services, 69 percent of MOH clients stated the same services were available during the last two visits. This compares with 40 percent of UNRWA clients.

Table 3.5.2: Continuity of care, having same services available

Same services available?	MOH		UNRWA	
	N	%	N	%
Yes	1081	69.0	63	40.4
No	487	31.0	93	59.6
Total	1567	100.0	156	100.0

Thus, the data suggest that approximately two-thirds of MOH clients feel there is continuity of care while for UNRWA clients it is about half the time.

3.6. Interpersonal qualities of the providers

Having good interpersonal skills are important qualities of providers. Two indicators of this are showing respect for the clients, and providing time for them to ask any questions. For respect, the question posed was "were you treated respectfully by the medical staff (doctor or nurse) during your visit?"

According to the data shown in Table 3.6.1, MOH clients had a relatively favorable attitude towards being

Table 3.6.1: Client attitudes towards being treated respectfully by Providers at MOH and UNRWA health centers*

Variable	MOH (intervention group) n = 1176	UNRWA (control group) n = 156
Showing respect	7.52	6.72

* 1 = very unfavorable attitude; 10 = very favorable attitude

treated respectfully with a mean score of 7.52. While UNRWA providers had a somewhat lower score (6.72), it still falls within the relatively favorable category.

Was time made available for the clients to ask questions? The data in Table 3.6.2 show, for MOH, that 60.3 percent of clients felt that the doctor or nurse allowed time to ask any questions they wished. This compares

Table 3.6.2: Provider allowing time for clients to ask questions

Provider allow time for questions?	MOH		UNRWA	
	N	%	N	%
Yes	945	60.3	64	41.0
No	622	39.7	92	59.0
Total	1567	100.0	156	100.0

with 41 percent of UNRWA clients. The lower percentage for UNRWA providers may be a reflection of a heavier patient load.

3.7. Professional competence and skill of the providers

Professional competence and skill of the providers consists of five questions to which clients responded on a 10-point scale. These are paraphrased below:

- Were you generally satisfied with the services received from the medical staff?
If not, give some reasons.
- Did you feel comfortable discussing your problem with the doctor or nurse?
- Were you satisfied with the competence of the medical staff in treating your problem?
- Were you satisfied with the sufficiency of information provided to you about your problem?
- Were you given any information that was not understandable? If so, what?

The results of the first four questions are shown in Table 3.7.1.

Table 3.7.1: Client satisfaction with selected indicators of “professional competence and skill of providers,” MOH and UNRWA*

Indicators	MOH (intervention group) n = 1176	UNRWA (control group) n = 156
Services received	7.13	6.70
Feel comfortable discussing problems	6.89	6.41
Competence of medical staff	7.38	6.86
Sufficiency of information	7.07	6.47
Total	7.12	6.61

* 1 = very unfavorable attitude; 10 = very favorable attitude

With an average mean score of 7.12, clients at MOH facilities have a relatively favorable attitude towards the four indicators of professional competence and skill of providers. They were most satisfied with the competence with which their problem was treated (7.38) and least satisfied with how comfortable they felt in discussing their problems with the providers (6.89). UNRWA health center clients had less favorable attitudes than MOH but still all indicators fall within the “relatively satisfied” category.

Clients that expressed dissatisfaction (those having scores of 1 – 5) with the services received were also asked, in an open-ended question, for some specific reasons for their dissatisfaction. The responses were then grouped into logical categories and then counted. For MOH, the percentage expressing dissatisfaction was 15.7 percent; for UNRWA it was 21.2 percent. The data in Table 3.7.2 show the reasons for dissatisfaction.

Table 3.7.2: Reasons for dissatisfaction with services received from providers, MOH and UNRWA*

Reasons for dissatisfaction	MOH		UNRWA	
	N	%	N	%
Not given thorough exam/not enough time given to patients	50	14.9	4	9.3
Bad treatment of patients; disrespectful	45	13.4	3	7.0
Medical staff give excuses that equipment not functioning properly	45	13.4	9	20.9
Shortage of medicines	40	11.9	9	20.9
Long waiting time	37	11.0	1	2.3
Shortage of medical staff; no specialists	34	10.1	6	14.0
Absence of required equipment to examine patients	29	8.6	4	9.3
Medical staff do not abide by health center hours	20	6.0	0	0.0
Same medicine prescribed for all causes	15	4.5	4	9.3
Favoritism shown by medical staff	6	1.8	1	2.3
Other	15	4.5	2	4.7
Total	336	100.0	43	100.0

* 1 = very unfavorable attitude; 10 = very favorable attitude

For the MOH, the top ranked reason clients gave for being dissatisfied with services was they were not given a thorough exam or did not have enough time with the provider (14.9%). This was followed by bad/disrespectful treatment or excuses from medical staff that the equipment was not functioning properly (13.4%). Shortage of medicines (11.9%), long waiting time to see the physician (11%) and shortage of medical staff (10.1%) were other reasons for dissatisfaction.

For UNRWA, shortage of medicines and equipment not functioning were the top reasons for dissatisfaction at 20.9 percent each, followed by shortage of medical staff and specialists at 14 percent.

As part of the “professional competence and skill” dimension, the question was also asked “Were you given any information that was not understandable to you? If so, what?” Table 3.7.3 shows the results.

Table 3.7.3: Distribution of clients given information not understood

Information understood?	MOH		UNRWA	
	N	%	N	%
No	61	3.9	6	3.8
Yes	1506	96.1	150	96.2
Total	1567	100.0	156	100.0

Approximately four percent (3.9%) of MOH clients were given information not understood with nearly the same percentage for UNRWA clients (3.8%). The specific type of information that was not understood is shown in Table 3.7.4.

Cause of the disease is the commonly cited item not understood for MOH clients (47.1%). The diagnosis (18.6%) and symptoms (17.1%) of the disease were the next most commonly cited followed by how to take medicines (15.7%). For UNRWA clients, 100 percent of the information not understood was for causes of the diseases.

Table 3.7.4: Information given to client that was not understood, MOH and UNRWA

Type of information	MOH		UNRWA	
	N	%	N	%
Causes of the disease	33	47.1	6	100.0
Diagnosis of the disease	13	18.6	0	0
Symptoms of the disease	12	17.1	0	0
How to take the medicines	11	15.7	0	0
Other	1	1.4	0	0
Total	70	100.0	6	100.0

3.8. Cost of services

The cost question asks clients if they felt that “the cost for services received at the health center was reasonable.” For the MOH clients, the mean score of 8.30 shows very favorable attitudes towards the cost of services. This is not surprising in that all costs are highly subsidized. For UNRWA, health care costs are fully subsidized, thus for all clients in the UNRWA sample cost is not applicable.

3.9. Privacy and confidentiality

Privacy and confidentiality consists of two questions to which clients responded on a 10-point scale. These are:

- To what extent were you satisfied with the measures taken to assure privacy during your consultation with the physician or nurse – such as private room, curtained or screened area?
- To what extent were you satisfied with the measures taken to assure confidentiality about your health situation?

The results are shown in Table 3.9.1.

Table 3.9.1: Client satisfaction with privacy and confidentiality, MOH and UNRWA*

Indicators	MOH (intervention group) n = 1176	UNRWA (control group) n = 156
Privacy during consultation	7.10	7.00
Confidentiality regarding health problem	7.35	7.12
Total	7.23	7.06

* 1 = very unfavorable attitude; 10 = very favorable attitude

With an average mean score of 7.23, clients at MOH facilities have a relatively favorable attitude towards the two indicators of privacy and confidentiality. Clients express satisfaction with the extent of privacy during the consultation (7.10) and with confidentiality regarding their health problems (7.35).

For UNRWA clients, the overall mean score of 7.06 also indicates relatively favorable attitudes towards privacy and confidentiality. The mean scores with respect to privacy during the consultation (7.00) and regarding their health problem (7.12) are relatively favorable.

Thus, the data suggest that clients of both MOH and UNRWA facilities are relatively satisfied with the extent of privacy and confidentiality they experience.

3.10. Efficacy of treatment

“To what extent do clients feel that the services received at the health center was effective in solving their particular problem” was a question asked to the clients, with the results shown in Table 3.10.1.

Both MOH and UNRWA clients have relatively favorable attitudes regarding the extent to which

Table 3.10.1: Client attitudes towards effectiveness of treatment by Providers at MOH and UNRWA health centers*

Variable	MOH (intervention group) n = 1176	UNRWA (control group) n = 156
Effectiveness of treatment	6.95	6.75

* 1 = very unfavorable attitude; 10 = very favorable attitude

treatment provided is effective in solving their problem with scores of 6.95 and 6.75 respectively.

3.11. Overall satisfaction

The final question asked of the clients in the sample attempted to get a sense of overall satisfaction with their experience at the health centers. This was done by asking “would you recommend the services of this center to someone else”.

According to the data in Table 3.11.1, clients have relatively high satisfaction with the services they receive at MOH health centers. The

Table 3.11.1: Client attitudes towards overall satisfaction with services provided at MOH and UNRWA health centers*

Indicator	MOH (intervention group) n = 1176	UNRWA (control group) n = 156
Recommend health center to someone else?	7.16	7.08

* 1 = definitely not recommend; 10 = definitely recommend

mean score of 7.16 indicates that approximately 66 percent of the clients would either “definitely recommend” or “recommend” the MOH health services to others.

For UNRWA clients, satisfaction levels are similar. The mean score is 7.08 indicating that approximately 69 percent of the clients would either “definitely recommend” or “recommend” the UNRWA health services to others.

4. Summary and Implications

4.1. Summary of findings

This final section summarizes the major findings of the study. From these findings, some implications for possible action will be identified.

The data in Table 4.1 summarizes in one place the major findings with respect to the extent of satisfaction clients of both MOH and UNRWA health centers have with ten different dimensions of health services. From this data, several observations are made:

- First, overall client satisfaction with the range of services provided is relatively favorable as suggested by the score of 7.16 (dimension # 10 in Table 4.1).
- In examining the nine major dimensions of satisfaction, clients are *most satisfied* with (a) the cost of services, (b) respectful treatment they receive from the medical staff, and (c) privacy and confidentiality of their condition.
 - Clients are *least satisfied* with (a) accessibility of services, (b) efficacy of treatment received, and (c) condition of the facilities, equipment, and supplies. It should be noted, however, that while these are dimensions with which clients are *least* satisfied, they all fall within the “relatively satisfied” range.
- In examining the 15 scalar questions from which the nine dimensions are derived, clients are *most satisfied* with (a) skills of medical staff in treating problems, (b) measures taken to assure confidentiality about clients' conditions, (c) reasonableness of time for referrals or follow-up visits, and (d) adequacy of health center hours. Most (96%) of the information given by providers was understood, while approximately two-thirds of clients felt there was continuity of care (i.e., seeing the same providers and having same services available).
 - Clients are *least satisfied* with (a) waiting time to see medical staff, (b) limited time in consultation with medical staff, (c) ease of reaching health center, and (d) comfort in discussing problems with medical staff. In addition, nearly one-half (43%) of the clients stated that services needed for treatment were not available during their visit and many clients (40%) felt there was not sufficient time allowed to ask questions.

In general, the analysis suggests relative satisfaction with MOH services. In spite of this, the tendency to speak favorably (“courtesy bias”) should not be overlooked. Methodologically, efforts have been made to reduce courtesy bias by randomly sampling clients in their homes in the communities, rather than in the health centers, and by having a 10-point satisfaction scale (rather than the more typical 5-point scale)

Satisfaction with Jordan's MoH Services (Community-Based)

that allows for more discrimination in responses. Thus, while one should not discount the relatively favorable findings, a healthy caution is always appropriate, along with continuous efforts towards quality improvements.

Satisfaction with Jordan's MoH Services (Community-Based)

Dimensions of client satisfaction	MOH ¹		UNRWA ²	
	Mean	Std. Deviation	Mean	Std. Deviation
1. Accessibility of Services	6.95		5.98	
Adequacy of health center hours	7.28	1.81	6.80	1.93
Ease of reaching health center	6.87	2.23	7.02	1.77
Time waiting to see medical staff	6.58	2.01	4.42	2.17
Time for referral or follow-up visit to see physician	7.33	1.86	6.08	1.84
Time with medical staff during visit	6.69	2.02	5.60	2.25
2. Facilities, equipment and supplies	7.07		6.16	
Cleanliness of the center	7.21	1.97	5.75	1.97
Feeling comfortable at the health center and waiting area	6.98	1.93	6.11	1.63
Condition of instruments or equipment used to treat or examine client	7.01	2.17	6.63	1.98
3. Availability of services needed for treatment	Yes: 57.4%		Yes: 43.6%	
4. Continuity of care: same physician or nurse/services available	Yes: 67.4%/69%		Yes 61.5%/40.4%	
5. Interpersonal qualities of medical staff				
Respectfulness of treatment by the medical staff during visit	7.52	1.66	6.72	1.66
Allow time for questions	Yes: 60.3%		Yes: 41%	
6. Professional competence and skill of medical staff	7.12		6.61	
Overall services received from the medical staff	7.13	1.90	6.7	1.85
Comfort in discussing problem with the physician or nurse	6.89	1.79	6.41	1.86
Skills of the medical staff in treating problem?	7.38	1.67	6.86	1.79
Sufficiency of information given about problem?	7.07	1.87	6.47	2.01
Information understood by client	Yes: 96.1%		Yes: 96.2%	
7. Cost of services				
Reasonableness of cost of services received at the health center	8.30	1.67	NA	NA
8. Efficacy of treatment				
Effectiveness of services received at the center in solving problem?	6.95	1.80	6.75	1.82
9. Privacy and confidentiality	7.23		7.06	
Privacy during consultation with the physician or nurse	7.10	1.96	7.00	2.30
Measures taken to assure confidentiality about client's health situation?	7.35	1.99	7.12	2.43
10. Overall satisfaction				
Strength of recommendation to others to use services at health center,	7.16	2.13	7.08	2.33
* mean scores: 1 = very unfavorable attitude, 10 = very favorable attitude; ¹ N = 1176; ² N = 156				

4.2 Implications of findings

In light of the above summary of findings, the following recommendations are offered for consideration by the MOH as a means of improving client satisfaction with services received in MOH health facilities.

- Build on and promote those areas with which clients currently express relatively strong satisfaction: treating clients with respect, treating clients' conditions with confidentiality and privacy, reasonableness of time required for referral or follow-up visits, continuity of care, communicating advice to clients clearly, and health center hours.
- Develop and/or strengthen programs and procedures that will improve those services with which clients express the least satisfaction. Specifically, this includes:
 - Long waiting time required to see medical staff (such as an appointment system)
 - Short consultation time with medical staff and having more time available for clients to ask questions (such as an appointment system)
 - Discomfort in discussing problems with medical staff
 - Insufficient availability of services required for appropriate treatment – in particular, medicines, specialists' services, and laboratory services, and other equipment/supplies.

Appendix 1: Survey Questionnaire for Community-based Client Satisfaction Interviews

S1 – Name and code of center:

S2 – Type of center

- Primary healthcare 1
- Comprehensive healthcare 2

S3 – Governorate:

S4 – Have you ever visited health center before? (mention center)

- Yes 1 (ask S5)
- No 2 (terminate interview)

S5 – When was your last visit to this health center

- Less than a month 1
- 1-2 months 2
- 3-4 months 3
- 4-6 months 4
- More than that 5 (terminate interview)

I will ask you some questions about your last visit to this health center:

1 - (Show card) using a numerical scale from 1-10 where 1 means not adequate at all and 10 means very adequate, do you feel that the working hours at this health center are adequate for your needs?

Not adequate at all									Very adequate
01	02	03	04	05	06	07	08	09	10

2 – (Show card) using a numerical scale from 1 to 10 where 1 means very difficult and 10 means very easy were you able to reach this health center easily?

Very difficult									Very easily
01	02	03	04	05	06	07	08	09	10

3a – How long (minutes/hours) does it usually take you to reach this health center?

3b – By which means of communication do you usually go to this health center?

- | | | | |
|----------------------|---|------------------|---|
| - Walking | 1 | - By bus | 4 |
| - By taxi | 2 | - By private car | 5 |
| - By a (shared) taxi | 3 | | |

4 – (Show card) using a scale from 1 to 10 where 1 means not reasonable at all and 10 means very reasonable, after arriving at the center, have you felt that the time you waited until seeing the medical staff (doctor, nurse or midwife) was reasonable?

Not reasonable at all									Very Reasonable
01	02	03	04	05	06	07	08	09	10

4a – How long (minutes/hours) have you spent in waiting?

5 – (Show card) using a numerical scale from 1 to 10, where 1 means not reasonable at all and 10 means very reasonable, regarding follow-up visits or referrals, did you feel you were able to see the doctor within a reasonable period of time?

Not reasonable at all									Very Reasonable
01	02	03	04	05	06	07	08	09	10

5a – About how many days did you have to wait?

6 – (Show card) using a numerical scale from 1 to 10, where 1 means not sufficient at all, and 10 means very sufficient, did you feel that the medical staff (doctor or nurse) has spent sufficient time with you during the visit?

Not sufficient at all									Very sufficient
01	02	03	04	05	06	07	08	09	10

13 – Were the same services (medicines, vaccination, ultrasound) available during your last two visits to the center?

- Yes 1
- No 2

14 – (Show card) using a numerical scale from 1 to 10 where 1 means with no respect at all, and 10 means with great respect, were you treated respectfully by the medical staff (doctor or nurse) during your visit to the center?

With no respect at all										With great respect
01	02	03	04	05	06	07	08	09	10	

15 – Has the medical staff given you enough time to ask any questions that you wished to ask?

- Yes 1
- No 2

16 – To what extent were you generally satisfied with the services received from the medical staff? (Show card)

Not satisfied at all										Very satisfied
01	02	03	04	05	06	07	08	09	10	

If the answer to question 16 is 1-5, ask:

17 – What are some of the reasons for your dissatisfaction with the services received from the medical staff?

18 – (Show card) using a numerical scale from 1 to 10, where 1 means not comfortable at all, and 10 means very comfortable, did you feel comfortable discussing your problem with the doctor or nurse?

Not comfortable at all										Very comfortable
01	02	03	04	05	06	07	08	09	10	

19 – To what extent were you satisfied with the competence of the medical staff (doctor or nurse) in treating your problem? (Show card)

Not satisfied at all										Very satisfied
01	02	03	04	05	06	07	08	09		10

20 – To what extent were you satisfied with sufficiency of information provided to you about your problem? (Show card)

Not satisfied at all										Very satisfied
01	02	03	04	05	06	07	08	09		10

21 – Were you given any information that was non-comprehensible to you?

- Yes 1 (ask 22)
- No 2 (go to 23)

22 - What information was non-comprehensible to you?

23 – Did you feel that the cost of services you received at the health center was reasonable? (Show card)

Not reasonable at all										Very reasonable	Not applicable
01	02	03	04	05	06	07	08	09		10	

24 – (Show card) using a numerical scale from 1 to 10, where 1 means not effective at all, and 10 means very effective, generally, do you feel the services received at the health center are usually effective in solving your problems?

Not effective at all										Very effective
01	02	03	04	05	06	07	08	09		10

General information:

D1 – Marital status:

- Married 1
- Single 2

D2- Sex:

- Male 1
- Female 2

D3 – Years of education: _____

D4 – Level of education:

- Uneducated 1
- Finished primary education 2
- Finished intermediate education 3
- Finished secondary education 4
- Finished post-secondary education/institute/college 5
- Finished university education/higher education 6

D5 – Age: _____

D6 – Profession of head of household: _____

Top administrative or executive level (department manager & above)	01
Judge, lawyer, doctor, pharmacist, engineer, certified accountant	02
Education inspector, university professor	03
Middle administrative or executive level (unit head), teacher, computer programmer, officer in armed forces or police	04
Low administrative level, small business owner, clerk or chief, secretary or typist	05
Sales representative, draughtsman, machine operator	06
Policeman, security guard, soldier	07
Craftsman, technician, carpenter, dental technician	08
Foreman, labor chief, plumber	09
Laborer, farmer	10
Unemployed	11
Pensioner	12

D7 – What is the family average monthly salary?

- Less than 50 JD	01	- 551-600	12
- 50-100	02	- 601-650	13
- 101-150	03	- 651-700	14
- 151-200	04	- 701-750	15
- 201-250	05	- 751-800	16
- 251-300	06	-801-850	17
- 301-350	07	-851-900	18
- 351-400	08	-901-950	19
- 401-450	09	- 951-1000	20
- 451-500	10	- More than 1000	21
- 501-550	11	- Don't know	22
		- Refused to answer	23

D8 – Social class:

- A	1	Upper middle class
- B	2	Middle class
- C1	3	Lower middle class
- C2	4	Skilled working class
- DE	5	Semi-skilled and unskilled working class

Table A3.1.1: Average monthly household income

Income group	MOH		UNRWA	
	N*	%	N	%
Less than 50	48	3.0	4	2.6
50-100	172	11.0	21	13.5
101-150	486	31.0	47	30.1
151-200	457	29.2	35	22.4
201-250	132	8.4	16	10.3
251-300	93	5.9	7	4.5
301-350	28	1.8	4	2.6
351-400	28	1.8	5	3.2
401-450	11	0.7	0	0.0
451-500	13	0.8	0	0.0
501-550	11	0.7	2	1.3
551-600	8	0.5	1	0.6
651-700	2	0.1	0	0.0
951-1000	1	0.0	0	0.0
No response	71	4.5	13	8.3
Refused to answer	7	0.4	1	0.6
Total	1567	100.0	156	100.0

Table A3.1.2: Occupation of head of household, MOH and UNRWA clients

Occupation	MOH*		UNRWA	
	N	%	N	%
High administrative/Managerial	4	0.3	1	0.6
Professional (doctor, lawyer, pharmacist, engineer, certified accountant)	31	1.9	2	1.3
University professor/Education inspector	4	0.3	0	0.0
Medium level administrative, managerial position (head of section)	108	6.9	4	2.6
Lower level administrative, managerial position/owner of small business	313	20.0	30	19.2
Sales representative/Draughtsman/ Machine operator	20	1.3	5	3.2
Policeman/Soldier	242	15.4	5	3.2
Skilled labour/Technician/Carpenter/ Dental technician	248	15.8	38	24.4
Foreman/Plumber	32	2.0	6	3.8
Labourer	243	15.5	36	23.1
Unemployed	96	6.1	22	14.1
Retired	226	14.4	7	4.5
Total	1567	100.0	156	100.0

Table A3.2.1: mode of transport to health center

Mode	MOH		UNRWA	
	N	%	N	%
Walking	996	63.5	76	48.7
Taxi	53	3.4	3	1.9
Shared cab	100	6.4	18	11.5
Bus	281	17.9	55	35.3
Private car	138	8.8	4	2.6
Total	1567	100.0	156	100.0