

Original Article

Patient Satisfaction with Primary Health Care Services in Kuwait

¹Sadika Bu-Alayyan, ²Abdelrahman Mostafa, ³Bader Al-Etaibi, ⁴Eman Sorkhou, ⁴Homood Al-Taher, ⁴Adnan Al-Weqayyan

¹Al-Shaab Family Practice Health Center, ²Capital Health District, ³Farwania Health District, ⁴Mishref Family Practice Health Center, Ministry of Health, Kuwait

Kuwait Medical Journal 2008, 40 (1): 25-30

ABSTRACT

Objectives: To evaluate patient satisfaction with respect to primary health care (PHC) services in Kuwait.

Design: A cross sectional sample survey conducted from November 2003 to February 2004.

Setting: PHC centers, Kuwait.

Subjects: A total of 1255 Kuwaiti patients, 16 years of age and above attending selected PHC centers.

Intervention: A self administered Arabic language questionnaire with two components, the socio-demographic characteristics and overall satisfaction rating with particular services in the selected PHC centers, was generated and used.

Main Outcome Measure(s): Patient's satisfaction with respect to PHC services, consultation skills and nursing care.

Results: Overall satisfaction was 60.7%. Females were

more satisfied than males, and elder age group more satisfied than middle-and young-age groups. 59% rated receptionist's care excellent and 47% rated physician's consultation skills excellent. The main dissatisfaction from services was about discontinuity of care; only 30.0% admitted their ability to see their regular physician always and 33.0%, sometimes. Only 31% reported the care given by practice nurse as excellent.

Conclusion: Although patients are satisfied with PHC services in Kuwait, areas such as: physicians rendering more attention to the patient's beliefs, anxieties, and opinion regarding the management plan, skill training to physicians for better communication and practice nurse services require more improvement. Setting standard target for all services and encouraging all PHC providers to achieve these targets is also recommended.

KEYWORDS: communication skills, Kuwait, nurse, physician, primary health care, satisfaction

INTRODUCTION

Primary Health Care (PHC) service is the most frequently used in any health care system. It is defined by the World Health Organisation (WHO) as essential health care made universally accessible to individuals and families in any community by means acceptable to them. The objective of primary health care is to deliver integrated health care services for the population^[1]. Patient satisfaction surveys have a long history in the assessment of consultations and patterns of communication and are amongst the best means of assessing the interpersonal aspect of care^[2]. It is defined as "an evaluation based on the fulfilment of expectations". Evaluation of patient satisfaction has become a standard part of evaluation of a health care system, and meeting patient expectations has become one of the main objectives of health care providers^[3]. The importance of meeting the expectations of the population by health care providers is widely accepted as one of the indicators of a functioning system^[4]. It is becoming increasingly recognised that patient's views should

be taken into account as a part of comprehensive assessment of quality of care^[5]. Satisfied patients are more likely than dissatisfied ones to continue using health care services, maintain their relationships with specific health care providers and comply with care regimens^[3]. Patient satisfaction can be utilised for three main purposes, first: as an evaluation of quality of care, second: as an outcome variable in its own right and third: as an indicator of weaknesses in service that is in a process of change^[6].

Assessment of patient satisfaction offers a way of optimising health status and prevents waste of medical resources. It is a systematic and permanent process that should be integrated and implemented effectively in the everyday work of all health care system members. The aim of this study was to evaluate satisfaction levels of the Kuwaiti patients with regard to selected PHC services in Kuwait.

SUBJECTS AND METHODS

One-thousand two-hundred fifty-five patients attending 15 PHCs participated in this survey

Address correspondence to:

Dr. Eman Sorkhou, Consultant Family Physician, Mishref Family Practice Health Center, Ministry of Health, Kuwait. PO Box 4561- Salmiya - 22046, Kuwait. Tel: +965-5385397, Fax: +965- 5385397, E-mail: drsorkhou@hotmail.com

conducted in Kuwait during the period from November 2003 to February 2004.

The target population was obtained from the PHCs including all Kuwait governorates. The health centers were selected randomly using random tables and the number of practices selected was almost 20% of the total population of that governorate. The criteria for selection was any Kuwaiti patient aged 16 years and above registered in the same health center area and who had visited the health center more than twice to enable him to evaluate the services precisely. He should have visited the health center for any reason and must be willing to participate and complete the questionnaire before and not after consultation, because the aim was to evaluate the services not for this visit only but for all previous visits. All participants were informed that the purpose of the study was to evaluate and assess their satisfaction as regards the PHC services.

Patients were assured that questionnaires will not be seen by their physicians. We decided with the receptionist to select every seventh patient satisfying the required criteria for contribution. Verbal consent was taken and those who refused participation were excluded. Data were collected via a self-administered pilot tested questionnaire which included socio-demographic information as well questions related to the overall and thorough satisfaction with the services. The questionnaire used was developed by a group of family physicians guided by the questionnaire of General Practice Assessment Survey (GPAS)^[7]. We preferred not to use the GPAS questionnaire itself as being a long questionnaire; it would affect the response rate. Besides, some points in the GPAS questionnaire were not appropriate for the PHC system in Kuwait. The points selected were the socio-demographic characteristics, the access, the receptionist, continuity of care, physician's communication skills, practice nurse care plus overall and thorough satisfaction with the health care services in the selected health centers. A four and sometimes five point rating scale was used to elicit the opinion from the patients (poor, fair, good and excellent or poor, fair, good, excellent and I don't know).

A total of 1314 questionnaires were collected out of which 59 were rejected because they were incomplete. The total number of completed questionnaires was 1255 and the response rate was 76%. SPSS software version 11 was used for the analysis of the data. Chi-square test was used to compare between two variables. A p-value of < 0.05 was considered as a cut off point for significance.

RESULTS

The results revealed that among the 1255 participants, 47.3% were male and 52.7% were

Table 1: Overall satisfaction according to patient's demographic variables

Variables	Total n (%)	Satisfied n (%)	Dissatisfied n (%)	Neutral n (%)	*p-value
Sex					
Male	594 (47)	354 (59.5)	171 (28.7)	69 (11.6)	NS
Female	661 (52)	409 (61.8)	180 (27.2)	72 (10.9)	
Age					
16-40	827 (65.8)	501 (61.0)	229 (28.0)	97 (12.0)	NS
> 40-60	392 (31.2)	238 (61.0)	114 (29.0)	40 (10.0)	
> 60	36 (2.8)	24 (67.0)	8 (22.0)	4 (11.0)	
Job					
Working	851 (67.8)	493 (58.0)	272 (32.0)	86 (10.0)	< 0.001
Not working	242 (19.3)	159 (66.0)	54 (22.0)	29 (12.0)	
Retired	162 (12.9)	111 (69.0)	25 (15.0)	26 (16.0)	
Education					
Primary & middle school	138 (11.0)	86 (58.0)	39 (26.0)	24 (16.0)	< 0.001
High school	550 (43.8)	308 (56.0)	170 (31.0)	72 (13.0)	
University	556 (44.3)	369 (66.0)	142 (26.0)	45 (8.0)	

* Chi-square test

female. 65.9% of the participants were from the 16-40 age group, 31.2% between 40 – 60 years and only 2.9% were > 60 years. The overall satisfaction rate for PHC services was 59.5% and 61.8% among male and female patients respectively. Although satisfaction was almost the same among the three age group, it was the highest among the elderly age group (67.0%). It was also the highest among the retired population (69.0%) and those with university or higher degree of education (66.0%). Table 1 profiles the socio-demographic characteristics and the overall satisfaction among them.

Table 2 shows the results of different services studied in this survey. As regards the evaluation for the waiting time before consultation begins, 25.0% consider it excellent and 26.0% consider it poor. Regarding the care offered by receptionists 58.7% considered it excellent. The overall satisfaction rate was 60.7%. 27.9% were dissatisfied.

Regarding satisfaction with physicians' consultation skills, 30.0% declared that they are always able to see their doctor whenever they want, 47.0% declared that their doctor asked thoroughly about their symptoms, 51.0% also found him to be an excellent listener and 49.0% found that their doctor explained their problem and treatment at the end of consultation. Tables 3 and 4 show the evaluation results of physician's consultation skills. Evaluation of practice nurse services showed that only 31.0% of the patients found that the quality of care offered by nurses was excellent. Table 4 shows the evaluation of the practice nurse care.

DISCUSSION

The measurement of patient satisfaction has

Table 2: Evaluation of patient satisfaction with respect to primary health care services

Variables	Total n (%)	Male n (%)	Female n (%)	p-value
How do you rate the convenience of your practice location?				
Poor	150 (12.0)	67 (11.3)	83 (12.6)	< 0.05
Fair	229 (18.0)	101 (17.0)	128 (19.4)	
Good	465 (37.0)	248 (41.8)	217 (32.8)	
Excellent	411 (33.0)	178 (30.0)	233 (35.2)	
How long do you usually have to wait until your consultation begins?				
10 minutes or less	510 (41.0)	235 (39.6)	275 (41.6)	NS
10-20 minutes	322 (26.0)	154 (25.9)	168 (25.4)	
20- 45 minutes	321 (26.0)	157 (26.4)	164 (24.8)	
> 45 minutes	102 (8.0)	48 (8.1)	54 (8.2)	
How do you rate the waiting time before consultation?				
Poor	330 (26.0)	146 (24.6)	184 (27.8)	NS
Fair	348 (28.0)	157 (26.4)	191 (28.9)	
Good	259 (21.0)	138 (23.2)	121 (18.3)	
Excellent	318 (25.0)	153 (25.8)	165 (25.0)	
How do you rate the ability to get through in to the practice on the phone?				
Poor	227 (18.0)	131 (22.1)	96 (14.5)	< 0.05
Fair	166 (13.0)	75 (12.6)	91 (13.8)	
Good	125 (10.0)	54 (9.1)	71 (10.7)	
Excellent	163 (13.0)	63 (10.6)	100 (15.1)	
Don't know	574 (46.0)	271 (45.6)	303 (45.8)	
If you want to see a particular doctor how quickly do you usually see him?				
Same or next day	891 (71.0)	419 (70.5)	472 (71.4)	NS
Within 2-3 days	202 (16.0)	103 (17.3)	99 (15.0)	
After 4 days or more	25 (2.0)	12 (2.0)	13 (2.0)	
Don't Know	137 (11.0)	60 (10.1)	77 (11.6)	
If you need to see a GP urgently, can you normally get seen on the same day?				
Yes	729 (58.0)	360 (60.6)	369 (55.8)	< 0.05
No	178 (14.0)	69 (11.6)	109 (16.5)	
Don't know	348 (28.0)	165 (27.8)	183 (27.7)	
How do you rate the way you are treated by receptionists in your clinic?				
Poor	53 (4.2)	34 (5.7)	19 (2.9)	< 0.05
Fair	196 (15.6)	94 (15.8)	102 (15.4)	
Good	269 (21.4)	137 (23.1)	132 (20.0)	
Excellent	737 (58.7)	329 (55.3)	408 (61.7)	
Overall, how satisfied are you with your practice?				
Not satisfied	351 (27.9)	171 (28.7)	180 (27.2)	NS
Satisfied	763 (60.7)	354 (59.5)	409 (61.8)	
No comment	141 (11.2)	69 (11.6)	72 (10.8)	

become a common way to elicit patient's views about the health care delivered. This study is an effort to evaluate patient's satisfaction for a better patient focus. The overall satisfaction score in this study was 60.7% for all services. This result was compared to results of two other studies; one, assessing patient's satisfaction in Kuwait where the

Table 3: Patient satisfaction as regards physician's consultation skills in primary health care

Skills	Total n (%)	Male n (%)	Female n (%)	p-value
How often do you see your regular doctor?				
Always	377 (30.0)	189 (31.8)	188 (28.4)	NS
Usually	349 (28.0)	147 (24.7)	202 (30.6)	
Sometimes	410 (33.0)	203 (34.2)	207 (31.3)	
Rarely	119 (9.0)	55 (9.3)	64 (9.7)	
How thoroughly does your doctor ask about your symptoms?				
Poor	41 (9.0)	72 (12.1)	41 (6.2)	< 0.001
Fair	254 (20.0)	130 (21.9)	124 (18.8)	
Good	296 (24.0)	141 (23.7)	155 (23.4)	
Excellent	592 (47.0)	251 (42.3)	341 (51.6)	
How well the doctor listens to what you had to say?				
Poor	322 (26.0)	189 (31.8)	133 (20.1)	< 0.001
Fair	24 (2.0)	13 (2.2)	11 (1.7)	
Good	268 (21.0)	122 (20.5)	146 (22.1)	
Excellent	641 (51.0)	270 (45.5)	371 (56.1)	
How well the doctor explained your problems?				
Poor	120 (10.0)	76 (12.8)	44 (6.7)	< 0.001
Fair	256 (20.0)	126 (21.2)	130 (19.7)	
Good	261 (21.0)	135 (20.5)	126 (19.1)	
Excellent	618 (49.0)	257 (43.3)	361 (54.6)	

overall satisfaction rate was 62.0%, and the other done in Saudi Arabia where the overall satisfaction rate was 49.0%^[1,8].

Socio-demographic characteristics of patients as a significant factor in evaluating patient satisfaction with health care services in general have been researched in many studies. In this study, patient's age, occupation and educational level were more consistently correlating variables than gender. The study concluded that older age group were more satisfied with the services than the young or middle age group. This could be due to higher morbidity and consulting rates among older patients which means that this group may have more contact with PHC services and thus have more opportunity to be favourably influenced by the services provided. This finding was similar to findings of other studies in which the satisfaction was more among the old age groups^[1,9-12]. We noticed that the satisfaction among the young age group was more in females than males, while in the middle age group, males showed more satisfaction than females. Among the old age group, males and females were nearly equally satisfied. In our study, although generally females show more satisfaction than males, they are both nearly equally satisfied with the services. This result is similar to results of other studies^[1,13].

Table 4: Patient's satisfaction as regards practice nurse services in primary health care

Skills	Total n (%)	Male	Female n (%)	p-value n (%)
Have you seen a nurse from your practice in the last 12 months?				
Yes	856 (68.0)	433 (72.9)	423 (64.0)	< 0.001
No	399 (32.0)	161 (27.1)	238 (36.0)	
How many times have you seen a nurse from your practice in the past 12 months?				
1-2 times	358 (29.0)	165 (27.8)	193 (29.2)	< 0.05
3-4 times	317 (25.0)	166 (27.9)	151 (22.8)	
≥ 5 times	164 (13.0)	92 (15.5)	72 (10.9)	
Don't know	416 (33.0)	171 (28.8)	245 (37.1)	
How well does the nurse listen to what you say?				
Poor	61 (5.0)	32 (5.4)	29 (4.4)	< 0.05
Fair	215 (17.0)	112 (18.9)	103 (15.6)	
Good	209 (17.0)	105 (17.7)	104 (15.7)	
Excellent	365 (29.0)	183 (30.8)	182 (27.5)	
Don't know	405 (32.0)	162 (27.3)	243 (36.8)	
How do you rate the quality of care they provide?				
Poor	147 (12.0)	74 (12.5)	73 (11.0)	< 0.05
Fair	192 (15.0)	102 (17.2)	90 (13.6)	
Good	125 (10.0)	65 (10.9)	60 (9.1)	
Excellent	391 (31.0)	191 (32.2)	200 (30.3)	
Don't know	400 (32.0)	162 (27.3)	238 (36.0)	
How well do they explain your health problem?				
Poor	45 (4.0)	20 (3.4)	25 (3.8)	< 0.05
Fair	169 (13.0)	86 (14.5)	83 (12.6)	
Good	66 (3.0)	34 (5.7)	32 (4.8)	
Excellent	540 (43.0)	277 (46.6)	263 (39.8)	
Don't know	435 (35.0)	177 (29.8)	258 (39.0)	

As regards occupation, it was seen that retired patients showed higher satisfaction whereas those in service were least satisfied. This is similar to findings in another study^[14] and this could be due to the fact that working patients may sometimes not achieve their objective during consultation, especially if the reason for consultation was to get a sick leave from work and they are confronted with physician's refusal to sign unreasonable sick leaves leading to a conflict in physician - patient communication and relationship. In Kuwait, we as physicians are aware about the magnitude of this problem. We also noticed that satisfaction was more among those with high school and university degree of education. This finding is supported by another study^[14].

Although a general question about services at the primary health care indicated good level of satisfaction from participants, the level of satisfaction was invariably less when specific items of PHC were considered. One of the items evaluated in this survey was access and the convenience of the clinic location; the results demonstrate that

the majority of participants were satisfied with the location of their clinic. Regarding how quickly they can see a specific physician if they need that, the majority response was on the same day or next day. Regarding the evaluation of waiting time, patients were moderately satisfied with the waiting time before consultation. Patients are more likely to be satisfied when they do not wait too long and this result is comparable to results of other studies^[15,16]. About the ability to contact the clinic by phone, most patients were unable to evaluate as they had not tried it. As regards evaluation of access in case of emergency and the possibility of being seen on the same day, 58% of patients thought they could see a general physician on the same day. This result was surprising as we expected higher rates of satisfaction regarding this service simply because in Kuwait there is no appointment system in PHC and any patient can be seen at any time even without an emergency.

The co-operation of the receptionists in the health center was also evaluated. The results showed that majority of the participants were satisfied with the receptionist's care and co-operation during their visit to the health center. Thus, receptionist's care is a good predictor for patient's satisfaction in PHC in Kuwait. However, results of a study done Saudi Arabia showed that the majority of PHC patients were dissatisfied from receptionist services^[8].

Continuation of care is one of the most significant points for evaluation in PHC; patients expect to see their physician at each consultation to ensure the continuation of care, and they are disappointed if they are not able to see their usual physician during their visit. In this survey, only 30% of the patients were able to see their usual physician always and 27.8% admitted that they were able to see their physician most of the time. Although this result is similar to that from another study^[17], it is still undesirable. We have to admit that physician's responsibilities are sometimes complicated to a level that he is unable to be available for his patients all the time. In our opinion, the best way out for this problem is to apply the appointment system in PHC for non-emergency cases. This will limit the size of the problem giving better chance for both the patient and the physician to meet each other more frequently.

Physician's consultation skills are considered to be the core of patient satisfaction, not only in PHC but also in secondary health care. Although there are many areas that need evaluation, in this study we decided to evaluate the consultation skills. We chose communication skills such as history taking, listening to patients attentively, and explaining to them about their health problems as these factors significantly influence the degree of satisfaction.

The results demonstrate that the majority of patients agreed that physicians asked about their symptoms thoroughly, listened to them and explained their problems well. Patients expect from their physician an explanation of what is happening to them; they want to feel that their physician understands their problem. Patient's dissatisfaction with the consultation skills is a multi-factorial problem. Either the physician lacks appropriate communication and knowledge skills or the patient comes with unrealistic expectations. Since the PHC system is free of charge for Kuwaiti patients, this encourages the patients to come frequently for minor problems, leading to crowded clinics and lack of enough time for each patient. In this opinion, the presence of certain amount of disagreement between the physician and his patient due to their different expectations and experiences is inevitable and it would be unrealistic to expect a total absence of conflict between them. This study has shown that physician's communication skills and the time spent in talking, listening, explaining and offering enough space to answer their queries and relieve their anxieties were strong and important correlates of patient's satisfaction. This result is in agreement with that from another study^[18].

As regards practice nurse services, our study showed that patients were not very satisfied (with reference to listening to patients, quality of care given to them and explanations offered). This result was similar to the finding of another study^[19]. In our opinion, this result is the outcome of the Ministry of Health regulations through which nurses in PHC are not able to use their skills fully even if they are highly skilful. There are limitations to their responsibilities, especially as regards communication with patients. We believe that there should be a drastic change regarding practice nurse services in PHC in Kuwait. The decision makers in the Ministry of Health should review these regulations giving the PHC nurses more responsibilities, training them in new skills, encouraging them and trusting their abilities. Patient satisfaction surveys are in many ways an inactive rather than active form of participation and are fraught with difficulties^[20]. Nevertheless, such surveys yield valuable but variable information. The results show many areas in which quality improvement is required.

CONCLUSION

This survey concluded that no one factor alone could provide satisfaction with primary health services in Kuwait.

There is a need for corrective intervention in some services such as the waiting time for consultation and the continuity of care. Better services can be

offered by increasing the numbers of clinics and applying the appointment system in PHC centers, principally for chronic diseases.

Attention should be given to the duties of the practice nurses. They should be encouraged to take more responsibilities and to increase both their knowledge and communication skills and to recognize patients' anxieties and needs.

General physicians should be aware of the important predictors for patient satisfaction; they might themselves pay more attention to their patient's opinions by asking patients through a questionnaire about their expectations and perceptions from consultation. It is of great benefit to introduce patient satisfaction studies in their practice group periodically.

Health care providers should put a standard target for all services and encourage all PHC providers to work hard to achieve this target.

REFERENCES

1. Al-Doghaither AH, Abdelrhman BM, Saeed AA. Patients' satisfaction with physician's services in primary health care centers in Kuwait city, Kuwait. *JR Soc Health* 2000; 120:170-174.
2. Donabedian A. The quality of care: how can it be assessed? *J Am Med Assoc* 1988; 260:1743-1748.
3. Labarere J, Francois P. Evaluation of patient satisfaction in health facilities. *Rev Epidemiol Sante Publique* 1999; 47:175-184.
4. McDonald AL, Langford IH. Observations and recommendations for assessing patient satisfaction in a primary care setting using a previously validated questionnaire. *Health Soc Care Community* 2000; 8:109-118.
5. Polluste K, Kalda R, Lember M. Primary health care system in transition: the patient's experience. *Int J Qual Health Care* 2000; 12:503-509.
6. Locker D, Dunt D. Theoretical and methodological issue in sociological studies of consumer satisfaction with medical care. *Soc Sci Med* 1978; 12:283-292.
7. Ramsay J, Campbell JL, Schroter S, Green J, Ronald M. The General Practice Assessment Survey (GPAS): tests of data quality and measurement properties. *Fam Pract* 2000; 17:372-379.
8. Al-Doghaither AH, Saeed AA. Consumer's satisfaction with primary health services in the city of Jeddah, Saudi Arabia. *Saudi Med J* 2000; 21:447-454.
9. Baker R. Characteristic of practices, general practitioners and patients related to levels of patients satisfaction with consultations. *Br J Gen Pract* 1996; 46:601-605.
10. Al-Qatari GH, Haran D. Determinants of users' satisfaction with primary health care settings and services in Saudi Arabia. *Int J Qual Health Care* 1999; 11:523-531.
11. Campbell JL, Ramsay J, Green J. Age, gender, socioeconomic and ethnic differences in patients' assessments of primary health care. *Int J Qual Health Care* 2001; 10:90-95.
12. Margolis SA, Al-Marzouq S, Revel T, Reed RL. Patient satisfaction with primary health care services in the United Arab Emirates. *Int J Qual Health Care* 2003; 15:241-249.
13. Biderman A, Carmel S, Yeheskel A. Measuring patient satisfaction in primary care: a joint project of community representatives, clinic staff members and a social scientist.

- Fam Pract 1994; 11:287-290.
14. Saeed AA, Mohamed BA, Magzoub ME, Al-Doghaiter AH. Satisfaction and correlates of patients' satisfaction with physician's services in primary health care centers. Saudi Med J 2001; 22:262-267.
 15. Kersnik J. An evaluation of patient satisfaction with family practice care in Slovenia. Int J Qual Health Care 2000; 12:143-147.
 16. Bar-dayan Y, Leiba A, Weiss Y, Carroll JS, Benedek P. Waiting time is a major predictor of patient satisfaction in a primary military clinic. Mil Med 2002; 167:842-845.
 17. McKinley R K, Manku-scott T, Hastings AM, French DP, Baker R. Reliability and validity of a new measure of patient satisfaction with out of hours primary medical care in the United Kingdom. BMJ 1997; 314:193-198.
 18. Katic M, Budak A, Ivankovic D, *et al.* Patients' views on the professional behaviour of family physicians. Fam Pract 2001; 18:42-47.
 19. Poulton BC. Use of consultation satisfaction questionnaire to examine patients satisfaction with general practitioners and community nurses: reliability, replicability and discriminant validity. Br J Gen Pract 1996; 46:26-31.
 20. Hannay DR, Sunners CM, Platts MT. Patients perceptions of primary health care in an inner-city practice. Fam Pract 1997; 14:355-360.