

Original Article

Patient Satisfaction According to Type of Primary Healthcare Practitioner in the Capital Health Region, Kuwait

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ABSTRACT

Objectives: To evaluate patient satisfaction according to the type of primary healthcare practitioners (family medicine versus general practice physicians) and study the relationship between patients' socio-demographic characteristics and their level of satisfaction with primary healthcare services

Design: Cross-sectional questionnaire based survey

Setting: Four family medicine and four general primary care practice centers in the Capital Health Region in Kuwait

Subjects and Methods: Four hundred patients of 15-years-and-above age reporting to the selected centers. Data were collected through personal interview using a questionnaire that included socio-demographic characteristics of patients and practitioners.

Main Outcome Measure: Patient satisfaction was measured through 20 items using a five point Likert scale.

Results: In the family medicine setting, Kuwaiti

practitioners were prevalent (60%), while non-Kuwaiti practitioners were predominant in general practice (74%, $p < 0.001$). Old practitioners (50 years old and above) were more prevalent in general primary care than in family medicine setting ($p = 0.001$). The patients mean satisfaction score in family medicine (78.4%) was higher than that in general practice (75.2%). Females with higher income and with more follow up visits reported higher levels of satisfaction ($p = 0.013, 0.02, \text{ and } 0.019$ respectively). Patient satisfaction was not affected by gender, nationality or age of the treating practitioner in both practices

Conclusion: Patients attending family medicine clinics reported higher satisfaction than those attending general clinics. There is a need to remedy the areas that received low levels of patient satisfaction, and to continue the upgrading of the general and family medicine practitioners.

KEY WORDS: family practice centers, patient satisfaction, primary health care centers

INTRODUCTION

Studies of patient satisfaction towards health services, health personnel and resources constitute important elements in the extent to which health services received meet consumers' expectations and needs. They can be used as a means to assess the quality of health care provided. They also help providers to better understand consumers' views^[1].

A sustained partnership distinguishes the patient – physician relationships in primary care from other settings. These relationships are characterized by providing support and empathy, communication, mutual trust, and a physician's whole – person knowledge of the patient^[2].

Primary healthcare as a concept and strategy for providing community health services has

been accepted and adopted by many countries, particularly the developed ones. Affluent Gulf countries including Kuwait have established their healthcare systems where first contact comprehensive services are offered to all eligible individuals through a network of primary healthcare centers (PHCCs) serving defined catchment areas according to residence^[3].

The PHCCs have an important role in providing the basic healthcare services and in reducing the pressure on the secondary and tertiary healthcare facilities. Hence, if these PHCCs fail to provide satisfactory services to patients, this will lead to excessive utilization of emergency rooms in hospitals and adverse patients attitudes towards the healthcare system^[4].

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Patient satisfaction studies started to appear in the literature about half a century ago. With the growing awareness of the patient as an evaluator of healthcare, more sophisticated and specialized multidimensional scales for measurement of satisfaction were suggested^[3]. In Kuwait, such studies are scarce and are of a general nature. Medline search revealed only one study conducted in 2000 to determine factors affecting patient satisfaction with physician services in a primary healthcare center in Kuwait. It concluded that females, married, laborers and patients with higher income levels had the highest satisfaction scores. However this study did not take into consideration family medicine qualification of physicians nor their general characteristics^[1].

There is a difference in patient satisfaction according to type of practitioners attending (PHCCs) in Kuwait. Patients registered in family medicine (FM) clinics are hypothesized to be more satisfied than those attending the general practitioner (GP) clinics.

This study aims to evaluate patient satisfaction according to type of practitioners (FM versus GP) in primary healthcare practices in Kuwait and to study the relation between patient socio-demographic characteristics and level of their satisfaction with the primary healthcare services.

SUBJECTS AND METHODS

Setting:

Healthcare system in Kuwait is divided into five regional health authorities in the five governorates. Health services are provided at three levels. Primary healthcare is the first level and is provided by 77 PHCCs served by either FM practitioners in FM centers or GPs in primary healthcare or GP centers. The Capital health region, at the primary level, served about 474,600 inhabitants in 2005 with 184 physicians. They were classified into 58 FM physicians and 126 GPs. Kuwaitis represented 80% of FM qualified physicians and 32% of the other GPs. Females constituted 81% of FM physicians and 44% of the GPs^[5].

The present study design is a cross sectional survey conducted in the Capital health region from March to May 2005. Four FM centers (Keifan, Shameya, Surra, and Mansoriya) and four GP centers (Sulaybekhat, Adeliya, Nuzha, and Dae'a) were randomly selected for the study.

Subject identification and recruitment:

In each center, a sample of 50 patients was selected. Subjects were eligible for the study if they were 15 of age or older within the enrollment period. Every third patient was asked to participate in the study after obtaining his / her verbal consent, and

was assured of the anonymity and confidentiality of his / her responses. Data was collected through personal interview with patients who were chosen to participate using a structured questionnaire. The study sample included 461 patients. However, 61 (13.2%) of them refused to participate, due to shortage of time on their part, or they were too sick to be interviewed. Hence, data on 400 participants were used in the final analysis, with a response rate of 86.8%.

Research instrument:

The research instrument (questionnaire) items were selected from published patient satisfaction questionnaires^[6,7]. Selection of items was based on their relevance to the primary healthcare setting in Kuwait. It included two sections: 1) Socio-demographic characteristics, number of previous visits, and reasons for the current visit; and 2) A scale to measure patient's satisfaction which included 20 items about various areas desired in a clinical practice such as professional behavior of the treating practitioner, knowledge, clinical skills, doctor-patient communication, and technical aspects including the area of disease prevention. A five point Likert scale was used for each item with the extremes labeled "strongly disagree" scored 1 and "strongly agree" scored five. Scoring was reversed in five out of 20 items (Strongly Disagree 5, Disagree 4, Neutral 3, Agree 2, Strongly Agree 1) since these items were addressed in negative way. The highest percentages of participants were in the category "Agree" and in reversed items were in the category "Disagree".

Interviews were conducted in the healthcare center by the investigator immediately following the visit. The validity of the instrument was assured through translation of the original English version into Arabic and then independent back-translation into English. The questionnaire was pre-tested by administering it to 10 patients in various healthcare centers before preparing the final version in order to ascertain its clarity comprehended by participants and to estimate the time required for completing it. It was found that all items of the questionnaire were clear, and the average time required to complete it was between 5 - 8 minutes.

Statistical methods:

Coded data were keyed in the computer using the "Statistical Package for Social Science" (SPSS) software version 12.0 for windows (Chicago, Illinois, 2003). The value $p < 0.05$ was used as the cut-off level for statistical significance. Chi-square test was used to detect associations between categorical variables. Mann-Whitney test was used to detect significant difference between two groups regarding the number of visits and satisfaction score.

Table 1: Socio-demographic characteristics as reported by participants

Variable	Primary Healthcare Practitioner						p-value**
	Total (n = 400)		FM (n = 200)		GP (n = 200)		
	n	(%)	n	(%)	n	(%)	
Age (in years)							
< 30	143	(35.7)	68	(34.0)	75	(37.5)	0.43
30-49	196	(49.0)	97	(48.5)	99	(49.5)	
≥ 50	61	(15.0)	35	(17.5)	26	(13.0)	
Median (Min- Max)	35	(15 - 77)	36	(15 - 77)	33	(15 - 70)	
Gender:							
Male	162	(40.5)	70	(35.0)	92	(46.0)	0.03
Female	238	(59.5)	130	(65.0)	108	(54.0)	
Marital status:							
Single	124	(31.0)	67	(33.5)	57	(28.5)	0.02
Married	258	(64.5)	119	(59.5)	139	(69.5)	
Divorced/Widowed	18	(4.5)	14	(7.0)	4	(2.0)	
Nationality:							
Kuwaiti	320	(80.0)	159	(79.5)	161	(80.5)	0.80
Non-Kuwaiti	80	(20.0)	41	(20.5)	39	(19.5)	
Educational level							
Illiterate	10	(2.5)	8	(4.0)	2	(1.0)	0.02
Elementary	14	(3.5)	9	(4.5)	5	(2.5)	
Intermediate/Secondary	211	(52.7)	92	(46.0)	119	(59.5)	
University and above	165	(41.3)	91	(45.5)	74	(37.0)	
Occupation:							
Unemployed*	184	(46.0)	94	(47.0)	90	(45.0)	<0.001
Laborers	23	(5.8)	14	(7.0)	9	(4.5)	
Semi-skilled	84	(21.0)	29	(14.5)	55	(27.5)	
Skilled	14	(3.5)	2	(1.0)	12	(6.0)	
Semi-professional	68	(17.0)	45	(22.5)	23	(11.5)	
Professional	27	(6.8)	16	(8.0)	11	(5.5)	
Family income KD:							
< 500	76	(19.0)	41	(20.5)	35	(17.5)	0.01
500-1000	138	(34.5)	54	(27.0)	84	(42.0)	
> 1000	186	(46.5)	105	(52.5)	81	(40.5)	
Type of visit:							
First	92	(23.0)	41	(20.5)	51	(25.5)	0.24
Follow-up	308	(77.0)	159	(79.5)	149	(74.5)	
Number of visits last year:							
Median (Min- Max)	6	(0 - 99)	7	(0 - 99)	6	(0 - 97)	0.03 [§]

*Unemployed patients include students, housewives, and retired categories
 **p- values were generated from chi-square test; [§]Mann-Whitney test was used; FM = Family Medicine; GP = General Practitioner

RESULTS

Socio-demographic characteristics of patients and practitioners:

Table 1 presents reported socio-demographic characteristics of the 400 participants in the patient

Table 2: Socio-demographic characteristics of the treating practitioners

Variable	Primary Healthcare Practitioner						p-value**
	Total (n = 400)		FM (n = 200)		GP (n = 200)		
	n	(%)	n	(%)	n	(%)	
Gender:							
Male	199	(49.8)	97	(48.5)	102	(51.0)	0.617
Female	201	(50.3)	103	(51.5)	98	(49.0)	
Nationality:							
Kuwaiti	172	(43.0)	120	(60.0)	52	(26.0)	< 0.001
Non-Kuwaiti	228	(57.0)	80	(40.0)	148	(74.0)	
Age (years):							
< 30	51	(12.8)	31	(15.5)	20	(10.0)	< 0.001
30-49	321	(80.3)	165	(82.5)	156	(78.0)	
> 50	28	(7.0)	4	(2.0)	24	(12.0)	

**Chi-square test; FM = Family Medicine; GP = General Practitioner

satisfaction study according to type of primary healthcare practitioner (FM or GP). Nearly half of participants (49%) were 30 - 49 years old with mean age equal to 36.2 ± 14.3 in FM and 33.4 ± 12.3 years in GP respectively (p = 0.04). Females were predominant in both settings, but were more prevalent in FM (65%) than in GP (54%) settings (p = 0.03). Two thirds of the participants (64.5%) were married, but a larger proportion consulted in GP (69.5%) than in FM (59.5%, p = 0.02). As the study was conducted in the capital governorate where most inhabitants were Kuwaitis, non-Kuwaiti patients represented only about one quarter of the participants in each setting. University graduates represented a higher proportion in FM (45.5%) than in GP setting (37%), while the participants with an intermediate level of education represented a higher segment (59.5%) in GP than in FM (46%) setting (p = 0.02).

There was a significant association between occupation and the type of primary healthcare setting (p < 0.001). Students, housewives, and retired patients (unemployed category) represented 46% of all participants, and they were nearly equally prevalent in FM (47%) and GP (45%) settings. Semi-professionals were more prevalent in FM (22.5%) than in GP (11.5%) while semi-skilled patients were more prevalent in GP (27.5%) than in FM (14.5%). There was a significant association between family income and type of primary healthcare setting (p = 0.02). Patients who reported family income exceeding KD 1000 constituted 46.5% of the participants, with a higher proportion of them in FM (52.5%) as compared to 40.5% in GP setting. The majority of participants reported for a follow-up

Table 3: Distribution of participants according to their answers (in percentages) and mean satisfaction score

Item	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean score		
						FM	GP	Both
My doctor has a good understanding of my problem	2.3	5.0	5.0	66.3	21.4	4.09	3.91	4.00
My doctor tells me about medicines prescribed in a language that I understand	0.8	4.7	2.3	68.2	25.0	4.28	3.93	4.10
My doctor always takes me seriously	1.8	4.2	8.8	64.2	21.0	4.08	3.90	3.99
My doctor answers all my questions and concerns	2.0	7.0	1.8	63.8	25.4	4.20	3.88	4.04
My doctor doesn't listen to me with attention and patience*	29.7	46.0	4.0	16.0	4.3	3.73	3.89	3.81
My doctor examined me properly as I expect	2.8	9.5	6.7	58.3	22.7	3.98	3.80	3.89
My doctor showed good knowledge in his field	1.0	5.0	19.7	52.3	22.0	3.99	3.80	3.89
My doctor gave me appropriate follow up appointment	1.8	12.5	25.5	43.2	17.0	3.80	3.43	3.61
My doctor gave me privacy during my visit	1.8	6.5	4.5	63.0	24.2	4.13	3.91	4.01
My doctor looks neat with professional outlook	0.8	2.8	5.7	65.7	25.0	4.28	3.96	4.12
My doctor did his best to keep me from worrying about my problem	1.8	5.3	8.5	60.2	24.2	4.14	3.86	4.00
My doctor was interested in all my health problems	1.8	9.3	7.4	59.3	22.2	4.04	3.79	3.91
Some of the examination procedures my doctor used were unnecessary*	20.2	46.0	27.0	6.0	0.8	3.94	3.65	3.79
My doctor treated me with respect and concern	1.3	1.0	1.3	59.7	36.7	4.43	4.16	4.30
I think my doctor office has everything needed to provide good medical care	5.5	8.5	15.3	53.5	17.2	3.54	3.84	3.69
My doctor made me feel foolish*	56.0	39.4	2.3	2.0	0.3	4.49	4.50	4.49
My doctor did not give me suggestions on what I could do to help my problem*	28.0	51.5	5.5	12.5	2.5	3.94	3.87	3.90
My doctor gave me advice on how to prevent health problems from occurring.	4.0	13.3	6.0	57.7	19.0	3.84	3.65	3.75
I think my doctor should have spent more time with me*	10.5	48.7	12.3	25.0	3.5	3.37	3.39	3.38
Overall I am satisfied and I will recommend this doctor to others.	2.3	6.3	8.8	59.4	23.2	4.07	3.83	3.95
Overall mean score						4.02	3.85	3.93

*Scores were reversed (Strongly disagree 5, Disagree 4, Neutral 3, Agree 2, Strongly agree 1)
FM = Family Medicine; GP = General Practitioners

visit (77%). The median number of visits last year was higher in FM than GP setting ($p = 0.03$).

Table 2 shows characteristics of the treating practitioner as reported by participants. There was no significant difference in practitioners' gender between FM and GP healthcare settings. However, Kuwaiti practitioners were more prevalent in

FM (60%) while non-Kuwaiti practitioners were predominant in GP setting (74%), a difference which was statistically significant ($p < 0.001$). Also, there was a significant difference between the two settings regarding age whereas older practitioners (≥ 50 years old) were more prevalent in GP (12%) than in FM setting (2%, $p = 0.001$).

Table 4: Comparison between patient satisfaction of FM and GP practitioners

Patient satisfaction	Primary Healthcare Practitioners				p-value
	FM (n = 200)		GP (n = 200)		
	n	(%)	n	(%)	
Dissatisfied (Satisfaction score < 60)	12	(6.0)	11	(5.5)	< 0.001 ^a
Satisfied (Satisfaction score 60 - 80)	100	(50.0)	154	(77.0)	
Highly satisfied (Satisfaction score > 80)	88	(44.0)	35	(17.5)	
Overall satisfaction score (out of 100) Mean ± SD	78.4 ± 10.7		75.2 ± 8.2		

FM = Family Medicine; GP = General Practitioners; a = chi-square test.

Satisfaction items and score:

Table 3 exhibits the percentages of participants who answered patient satisfaction items and the mean score for each item. Item mean scores ranged from 3.38 out of five in the item "I think my doctor should have spent more time with me" to 4.49 in the item "My doctor made me feel foolish" where 56% strongly disagreed, 39.4% disagreed and only 2.3% agreed. The satisfaction mean score was also low in the items "My doctor gave me appropriate follow-up appointment" (3.61), "I think my doctors office has everything needed to provide good medical care" (3.69) and "My doctor gave me advice on how to prevent health problems from occurring" (3.75). Of those satisfaction items which received high mean scores were "My doctor treated me with respect and concern" (4.30), "My doctor looks neat with professional outlook" (4.12), and "My doctor tells me about medicines prescribed in a language that I understand" (4.10). The overall satisfaction mean scores were 4.02 in FM, 3.85 in GP ($p = 0.001$) and 3.93 out of 5 in both settings.

Table 4 compares between patients satisfaction scores in FM and GP settings. The total satisfaction score ranged from 20 to 100 for the 20 satisfaction items. The level of satisfaction significantly varied between FM and GP settings ($p < 0.001$). In FM 44% of participants reported to be highly satisfied compared to 17.5% in GP practice. The mean total satisfaction score in FM (78.4 ± 10.7 out of 100) was higher than that of GP (75.2 ± 8.2 , $p = 0.047$).

Variation of satisfaction score according to socio-demographic characteristics and the type of treating practitioner:

Table 5 presents the variation of the mean patient satisfaction score according to socio-demographic characteristics of patients and treating practitioners in FM and GP settings. In GP, female patients reported higher satisfaction score (78.4 ± 8.3) than males (75.2 ± 9.7 , $p = 0.02$), whereas in FM no difference could be detected. In the family medicine setting, the extent of patient satisfaction

Table 5: Variation of the mean patient satisfaction score according to socio-demographic characteristics of patients and treating practitioners

Variable	FM			GP		
	Mean	SD	p-value	Mean	SD	p-value
Patient age (in years):						
< 30	80.4	10.2		76.4	9.9	
30 - 49	80.2	12.2	0.989	76.4	8.7	0.121
≥ 50	80.5	12.7		80.3	7.3	
Gender:						
Male	79.9	13.4	0.719	75.2	9.7	0.013
Female	80.5	10.6		78.4	8.3	
Marital status:						
Single	80.4	10.7		75.8	9.3	
Married	80.9	11.9	0.193	77.3	9.1	0.537
Divorced/Widowed	74.9	12.8		78.5	4.4	
Nationality						
Kuwaiti	81.1	11.8	0.060	76.9	9.1	0.905
Non-Kuwaiti	77.3	10.6		77.0	9.2	
Educational level						
Illiterate	81.0	7.9	0.329	78.2	7.2	0.121
Elementary	79.4	9.7		77.8	7.3	
Intermediate/Secondary	78.8	10.8		75.8	8.7	
University and above	81.9	12.7		77.9	11.0	
Occupation						
Unemployed	80.3	10.9	0.280	77.3	8.6	0.309
Laborers	83.1	14.3		77.0	12.7	
Semi-skilled	82.4	12.7		76.4	8.2	
Skilled	70.5	2.1		71.1	11.7	
Semi-professional	77.9	12.3		77.3	9.3	
Professional	70.0	6.5		79.4	3.7	
Family income:						
< 500	76.3	10.6		77.1	6.2	
500 -1000	79.6	10.8	0.020	76.4	9.0	0.832
> 1000	82.2	12.1		77.3	10.2	
Type of visit:						
First	79.8	9.8	0.747	74.3	10.1	0.019
Follow-up	80.4	12.1		77.7	8.6	
Practitioner						
Male	80.3	11.5	0.986	76.2	8.6	0.325
Female	80.3	11.8		77.5	9.6	
Practitioner's nationality						
Kuwaiti	80.7	11.5	0.540	78.6	11.5	0.191
Non-Kuwaiti	79.7	11.8		76.3	8.0	
Practitioner's age (in years)						
< 30	79.8	7.0		77.9	9.2	
30-50	80.3	4.8	0.877	76.4	9.2	0.377
> 50	83.0	9.3		79.0	8.3	

FM = Family Medicine; GP = General Practitioners

significantly increased as family income increased. The mean satisfaction score was 76.3, 79.6 and 82.2 for patients with family income < 500, 500 -1000 and > 1000 KD respectively ($p = 0.02$). In the GP practice, patients who were registered as follow-up visits were significantly more satisfied (mean

score = 77.7 ± 8.6) than those who were coming for the first visit (score 74.3 ± 10.1 , $p = 0.02$). The mean patient satisfaction score did not vary according to other socio-demographic characteristics of patients. Furthermore, patient satisfaction was not affected by gender, nationality or age of the treating practitioner in the FM nor GP settings.

DISCUSSION

The present study was based on the hypothesis that there is a difference in patient satisfaction level according to the type of healthcare practitioner in family medicine as compared to general primary care (GP) settings. Our data supports this hypothesis.

Socio-demographic characteristics:

The age and gender structure of the study group showed that half of the participants were 30 - 49 years old, with females being predominant in both settings. This may be attributed to the composition of the target population as more middle aged married women are expected to utilize the primary healthcare services for themselves as well as their offspring.

The present study showed that university educated, semi-professional patients of middle age and high family income were more prevalent in the FM settings. The rationale behind this may be that the FM primary healthcare services are highly preferred and widely utilized by such category of patients. Furthermore, the median number of follow-up visits was higher in the FM setting since an important role of FM practitioners is to provide continuous follow-up for whole families under their care to assist in monitoring their well-being.

Although there was no significant difference in practitioners gender between FM and GP healthcare settings, there was significant difference in practitioners' nationality among the two settings as well as in practitioner's age structure. Since only Kuwaiti nationals are accepted in the postgraduate FM program, a greater number of Kuwaiti FM practitioners were qualified to operate in the FM setting. As a consequence, more general primary healthcare centers were upgraded to become FM practices, starting with the Capital governorate. As a result, older middle aged non-Kuwaiti practitioners were relocated to the GP setting.

Satisfaction items and score:

In the present study, most participants were satisfied with the items related to "caring and respect" in the questionnaire, followed by "communication" items. The ability of practitioners to treat patients with respect and concern was acknowledged by most patients with mean

satisfaction score of 4.30 out of five. This result is consistent with another study, which concluded that about 36% of patient complaints were related to attitude, conduct or communication of practitioners with patients^[8]. Furthermore, in a study in Saudi Arabia, about two-thirds of patients reported that careful listening of the doctor to patient's complaints is an important characteristic of an ideal physician^[9]. Also, other studies have shown that practitioners communication skills (the length of time spent with patients, explaining and responding to their queries, offering reassurance and support, involving them in decision-making, discussing diagnostic test results and findings from physical examinations) were strong and important correlates of patients satisfaction^[1,10]. In addition, another study reported that patients were more satisfied when their physicians showed more of a customer approach in which they allowed patients to express themselves in their own words during the medical history, part of the interview, and when physicians were more informative in the treatment planning part^[11].

The least satisfied items were "I think my doctor should have spent more time with me" and "My doctor gave me appropriate follow-up appointment" This result is in concert with previous studies^[1,12,13] that the low mean patient satisfaction score in case of not giving follow-up appointment or offering request referral to hospitals was the result of physicians failing to perform according to patients expectations or to accommodate patients' demands. The levels of agreement between patient's expectations from healthcare providers and their perceptions about the actual performance of these providers have been shown to be associated with their level of satisfaction. Patient desires, particularly for follow-up appointments, may not be professionally justified and patients need to be educated about the objectives and limits of the primary healthcare services, and to be assured that all efforts will be undertaken to offer the most appropriate professional care at the primary or secondary healthcare level.

In our study, the item 'My doctor gave me advice on how to prevent health problems from occurring' received low satisfaction score. This is a very important finding since it indicates that there is a deficiency in the area of disease prevention, and that primary healthcare practitioners did not emphasize it. Indeed, one of the main goals of primary healthcare is disease prevention, and practitioners should assume an active role in that respect.

Our data showed that FM setting had higher patient satisfaction levels as compared to GP practice as denoted by a higher mean satisfaction score in

FM (78.4%) than in GP setting (75.2%). Also, in FM, 44% of patients were highly satisfied whereas the corresponding figure in GP was only 17.5%.

In similar studies conducted in other Gulf Countries such as United Arab Emirates and Qatar, the overall satisfaction scores were reported to be 81% and less than 60% respectively^[14,15]. In developed countries as USA, a satisfaction score of 75% was reported^[12]. This may be due the fact that FM physicians are professionally qualified as primary healthcare practitioners while GPs depend on their own experience and short time training course. Also, as mentioned before, an important role of FM practitioners is to provide continuous follow-up for whole families under their care to assist in monitoring their well-being. One of the reasons that the FM setting received higher patient satisfaction level than GP may be that most of the practitioners in FM setting are Kuwaiti nationals similar to patients in the Capital health region, and hence it may be easier for patients to build good relationships with practitioners of common cultural background. As patients had longer relationship with practitioners in the Family Medicine setting, they tended to perceive that the practitioner's warmth, professional care and communication were better^[13,16].

Variation of satisfaction score according to socio-demographic characteristics of patients and treating practitioner:

Many studies have reported variable association of satisfaction according to socio-demographic characteristics of patients. These studies discussed the association of patients socio-demographic characteristics with the overall satisfaction with services provided in primary healthcare setting rather than comparing patients satisfaction in FM setting to GP setting^[9,14,15,17]. The results of the present study indicated that female patients and patients with frequent follow-up visits were the most satisfied with GP practice. Our data also indicated that satisfaction level in FM practice was directly related to family income, *i.e.*, as family income increased the level of patients satisfaction increased. This may be attributed to the fact that family income is usually associated with a higher level of education and awareness. As a consequence, educated patients tend to be more aware of their rights and the limits of the primary healthcare role. However, other studies reported that females were less satisfied^[2,17] while another study concluded that age and gender of patients were of little importance in determining satisfaction with general practitioners in primary care practice^[19].

In addition, our study showed that patient satisfaction was not influenced by gender, nationality or age of the treating practitioner in either type of

primary healthcare setting which indicated that it is the health system itself that mainly affects patient satisfaction more than physician characteristics.

This patient satisfaction study has provided important information on several aspects of health services, including the quality of healthcare. A study of this nature is expected to help healthcare providers better understand patients' views which can be optimally utilized in planning, controlling and delivering healthcare services. This would eventually improve the healthcare system towards better patient welfare.

CONCLUSIONS

Overall, patient satisfaction score with primary health care practitioners in the capital health region was high. The study supported the hypothesis that patient satisfaction score with FM practitioners was higher than that of the GP due to several factors, an important one being better doctor-patient relationship in FM practice, as shown in the present study. Among the items that received high satisfaction scores were those related to doctor-patient relation: respect, concern, and better communication. However, follow-up appointments or hospital referrals that may not be professionally justified by primary healthcare professionals are perceived by patients as sources of dissatisfaction. Patient's gender, family income, and frequency of visits were significantly associated with satisfaction level. However, patient satisfaction level was not affected by gender, age, or nationality of the treating practitioner in either FM or GP settings.

There is a need to remedy the areas that received low level of patient satisfaction in the present study such as time spent with patients and follow-up appointments. Practitioners in primary health care should be trained and be ready to undertake an active role in disease prevention, since this was one of the areas which received low patient satisfaction in the present study.

Since the study showed low satisfaction with certain items considered as professionally unjustified, patients need to be educated about objectives and limits of the primary healthcare services since this can influence their level of satisfaction. Also, there is a need to continue conversion of GP to FM practice, since this study showed that patient's satisfaction was higher in family medicine than in the general practice setting.

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