

TOURIST SATISFACTION WITH PRIMARY HEALTH CARE SERVICES IN ASEER REGION

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هدف الدراسة: يهدف هذا البحث إلى تقييم رضا ومعرفة آراء ومقترحات السائحين تجاه خدمات مراكز الرعاية الصحية الأولية المستخدمة من قبلهم خلال صيف 2000م.

طريقة الدراسة: أجريت هذه الدراسة في خمسة من مراكز الرعاية الصحية الأولية بمنطقة عسير خلال شهر يوليو من عام 2000م. تم توزيع استبيان صممه الباحثان من خلال هذه المراكز الخمسة وذلك لجميع السائحين الذين تزيد أعمارهم على خمسة عشر عاماً، يستطيعون القراءة والكتابة، ولديهم الرغبة في الرد على هذا الاستبيان. اشتمل الاستبيان على مدى رضا السائحين عن الخدمات الصحية المختلفة التي تقدمها المراكز الصحية وعن اقتراحاتهم لتحسين خدمات هذه المراكز. تم إدخال بيانات الاستبيان وتحليلها بواسطة حاسب آلي مزود ببرنامج إحصائي.

النتائج: بلغ العدد الإجمالي للسائحين المشاركين في هذه الدراسة و الذين انطبقت عليهم شروط الاختيار 413 سائحاً ، بلغ متوسط أعمار المشاركين في البحث 29.2 سنة، كما أن نسبة الذكور قد بلغت 81.4% كما أن 37.3% من المشاركين يحملون شهادات علمية عالية ،تمثلت نسبة السائحين القادمين من المنطقة الغربية ما نسبته 32.7% . أشار 87% بأن الوصول إلى مراكز الرعاية الصحية كان سهلاً، كما أشار 88.6% بأن وقت الدوام بهذه المراكز كان مناسباً . ذكر أكثر من 75% من المشاركين في هذه الدراسة بأنهم قدموا للمراكز لأسباب علاجية.

تفاوت معدل الرضا عن مختلف الخدمات الصحية من 4.63 نقطة لتوفر الدواء إلى 4.85 نقطة لتعامل الطبيب المعالج.

قدم 26% من المشاركين في هذه الدراسة 17 اقتراحاً لتحسين الخدمات الصحية بالمراكز التي استخدموها.

الخلاصة: وجد في هذه الدراسة أن معظم السائحين المشمولين بهذه الدراسة كانوا راضين عن مختلف الخدمات الصحية المقدمة لهم من قبل المراكز الصحية المشمولة بالدراسة ، مع ذلك فقد قدم أكثر من ربع السائحين اقتراحات وملاحظات قيمة يمكن أن تؤخذ في الحسبان لتقديم خدمات صحية ذات جودة عالية خلال الأعوام القادمة.

الكلمات المرجعية: الرضا، السائحين، مراكز الرعاية الصحية الأولية، منطقة عسير.

Objective: The objective of this study was to assess the satisfaction of tourists who utilized health care services of five selected primary health care centers in Abha, Aseer region of Saudi Arabia in the summer of the year 2000.

Methods: This study was conducted during July of 2000 in five primary health care centers (PHCCs) in Aseer region, Saudi Arabia. Self-administered questionnaire designed by the investigators was distributed to all tourists who fulfilled the

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following criteria: aged above 15 years, can read and write and has intent on participating voluntarily. The questionnaire concerned satisfaction with different health care services delivered by the PHCCs and suggestions for the improvement of the services. Data was entered and analyzed using SPSS.

Results: *A total of 413 tourists fulfilled the selected criteria. The mean age of the participants was 29.2 years; 81.4% were males, 37.3% were highly educated and 32.7% came from western province. PHCCs services were accessible to 87% and the working hours at PHCCs were suitable for 88.6% of the tourists. More than three-quarters of the visitors came for cure. Satisfaction with the different health services on a 5-point scale ranged from 4.63 points for availability of medications to 4.85 points for cooperation of treating doctors. Seventeen suggestions and comments were reported by 26% of the participants. Most of these suggestions and comments were about providing an adequate number of female doctors and medications.*

Conclusion: *This study revealed that most of the tourists who utilized the selected PHCCs in Aseer region were satisfied with most of the different PHCCs services. However, many tourists gave valid suggestions and comments which should be considered for the improvement of the quality of care in these PHCCs in the future.*

Key Words: *Satisfaction, tourists, PHCCs, Aseer Region.*

INTRODUCTION

During the last decade, Aseer Region has become one of the most popular resorts in Saudi Arabia to which thousands of tourists come every summer to enjoy its pleasant weather and participate in various recreational activities.¹ In 1998, it was reported that 7.4% of the total number of summer visitors utilized the primary health care services resulting in an increase in the demand on the primary health care services by 33%, as well as an additional 50,808 US Dollars on the cost of the dispensed drugs.^{2,3}

Customers' satisfaction is considered to be an important tool and indicator for measuring and evaluating the quality of health services in general and in the primary health care (PHC) in particular.⁴ One decade after the first report on the utilization of the PHC services was presented, the opinions and suggestions of the summer visitors on these services are worth noting.⁵ The aims of this study are to assess the satisfaction of tourists who utilized PHC services in Aseer Region in the summer of

2000, and use the results obtained to improve the services.

MATERIAL AND METHODS

This cross-sectional study was conducted in five primary health care centers in Abha, the capital city of Aseer Region, Southwest Saudi Arabia. The first two PHCCs are located within the city while the other three PHCCs are in the resort areas. Tourists were defined as persons who came from outside Aseer Region to spend part or the whole of the summer season. Those who fulfilled the following criteria were included in the study population: above 15 years old, able to read and write, attended any one of the above mentioned PHCs during July of the year 2000, willing to respond to this questionnaire voluntarily. The questionnaire designed by the investigators was based on valid satisfaction questionnaires which were previously used in local and international studies.⁶⁻¹¹

It consisted of six parts; the socio-demographic data, including age, sex,

nationality, residence and occupation; the second part was on the accessibility of different PHC services (car park, availability of chairs in the waiting rooms and health education materials); the next was on the reasons for visiting PHC centers and utilizing clinics; part four concerned the satisfaction with the politeness and sensitivity of all the PHCC staff, the availability of drugs and waiting time. These questions were scored on a 5-point Likert scale as follows: 5 = very satisfied, 4 = satisfied, 3 = neutral, 2 = not-satisfied, 1 = not satisfied at all. The mean score of satisfaction of each service was calculated by adding together the degrees of satisfaction and dividing by the total number of respondents of each item. The fifth part was directed to evaluate specific processes during consultation. Four sub-questions eliciting Yes-No responses were included; (Did the physician respond to your enquiries and conduct the relevant physical examination, did nurses measure vital signs, did pharmacists explain how to use medications). The last question was an open-ended one about the client's suggestions to improve PHC services or any other comments he/she may have. The medical record receptionists explained the purposes of the study and asked the tourists who fulfilled the selection criteria to complete the questionnaire at the end of the visit to PHCC for collection and return to The Directorate General of Health Affairs every week.

Data were entered into and analyzed by means of the statistical package for social sciences (SPSS) software. Appropriate significant tests were used accordingly and the p-value was considered significant if less than 0.05.

RESULTS

The total number of tourists who fulfilled the selection criteria of this study during the

study period was 413. Table 1 shows the characteristics of the tourists who participated in this study. The mean age was 29.2 ± 13.9 years. Eighty one point four percent were males and Saudis, 37.3% were highly educated, 60.3% were married, 21.1% were students, 13.8% were teachers, 32.7% and 22% came from the Western and Central regions respectively. Primary health care centers (PHCCs) were accessible to 87%, 78% reported that parking area was

Table 1: Characteristics of summer visitor to Aseer Region, July 2000 (N=413)

Variables	No. (%)
Sex:	
Male	336 (81.4)
Female	60 (14.5)
Unknown	17 (4.1)
Nationality:	
Saudi	336 (81.4)
Non-Saudi	42 (10.2)
Unknown	35 (8.5)
Educational status:	
High education	154 (37.3)
Secondary	95 (23)
Primary/Intermediate	59 (14.3)
Unknown	105 (25.4)
Marital status:	
Married	249 (60.3)
Single	120 (29.1)
Unknown	44 (10.8)
Occupation:	
Clerk	94 (22.8)
Student	87 (21.1)
Teacher	57 (13.8)
Military	43 (10.4)
Housewife	18 (4.4)
Businessman	9 (2.2)
Retired	4 (1.0)
Others	16 (3.9)
Unknown	85 (20.6)
Residency place:	
Western region	135 (32.7)
Central region	91 (22.0)
Southern region	74 (18.0)
Eastern region	26 (6.3)
Gulf states	38 (9.0)
Unknown	49 (12.0)

Table 2: Satisfaction of summer visitors about different health care services at PHCCs, Aseer Region, July 2000

Services	Mean score (± SD)	Degree of satisfaction*					No response No. (%)
		5 No.(%)	4 No.(%)	3 No.(%)	2 No.(%)	1 No.(%)	
Cooperation of Receptionists	4.8 ± 0.45	288 (15.5)	64 (15.5)	6 (1.5)	-	-	55 (13.3)
Cooperation of physicians	4.85 ± 0.44	330 (80.0)	41 (10.0)	4 (1.0)	2 (0.5)	-	36 (8.7)
Cooperation of nurses	4.8 ± 0.45	319 (77.2)	61 (14.8)	8 (2.0)	-	-	25 (6.0)
Cooperation of pharmacists	4.8 ± 0.43	264 (64.0)	54 (13.0)	4 (1.0)	-	-	91 (22.0)
Availability of drugs	4.6 ± 0.86	243 (59.0)	46 (11.0)	20 (5.0)	11 (3.0)	-	93 (22.5)
Reasonable waiting time†	4.63 ± 0.65	225 (54.5)	66 (16.0)	20 (5.0)	3 (1.0)	-	99 (24.0)

*Degree of satisfaction on 5 points scale: 5=very satisfied, 4=satisfied, 3=neutral, 2=not satisfied, 1=not satisfied at all.

†Mean and median of waiting time (8.2 & 5 minutes respectively).

adequate, 90% said that chairs were available in the sitting area, 71% indicated that health education materials were present, 88.6% of the tourists indicated that the duty hours at PHCCs were suitable.

Statistical analysis revealed that more patients who were single did not find parking space as compared to married visitors ($X^2=9.4$, $P=0.02$) and Non-Saudis compared to Saudis ($X^2=7.6$, $P=0.02$) pointed that the working hours of PHCCs were inappropriate.

With regards to the main reasons for visiting PHCCs, 76.5% of the tourists came for consultation and treatment, 6.5% for follow up, 3.6% to get a referral, 1% came to get a refill of their prescription, but 12% did not indicate the reason for their visits.

Satisfaction of the tourists with various aspects of health services at PHCCs is shown in Table 2. Seventy percent were very satisfied with the reception, 80% with the consultation process, 77.2% with the nursing care, 64% with the pharmacist and 59% were very satisfied with the availability

of drugs. Generally, the mean overall satisfaction was 4.8 points.

On the fulfillment of tourists' expectations towards consultation and treatment, 88% and 86% respectively mentioned that physicians had answered their enquiries and carried out physical examination, 81% reported that the nurses had taken their vital signs and 78.5% had been given instructions on their medications by the pharmacists.

The mean and the median duration of the waiting time were 8.2 ± 8 and 5 minutes respectively. Fifty-four point five percent were satisfied with the waiting time. Males had a longer wait than females. However, it was not statistically significant (8 ± 8.3 vs 7.9 ± 6.5 min, $p>0.05$).

Table 3 shows the 17 different suggestions and comments made by 28% of the tourists for improvement of the delivery of health services in the PHCCs. The vast majority of these suggestions and comments were about having continuous working hours at PHCCs (22.4%), the provision of

Table 3: Suggestions of tourists to improve PHC services in Aseer Region, July 2000

Suggestions	No. (%) (N=116)*
24-hour duty	26 (22.4)
Providing female doctors	19 (16.4)
Putting guidance signboards	18 (15.5)
Extension of PHCC	16 (13.8)
Increase of staff numbers	14 (12.0)
Providing adequate drugs	11 (9.5)
Improving doctors	8 (6.9)
Providing dental clinics	8 (6.9)
Bigger parking area	5 (4.3)
Providing X-rays	5 (4.3)
Providing pediatricians	4 (3.5)
Separate entrances for both sexes	3 (2.6)
Putting female area on the first floor	2 (1.7)
Providing Lab services	2 (1.7)
Providing drinking water	1 (0.9)
Putting welcoming notice	1 (0.8)

*Some tourists gave more than one suggestion or comment.

female doctors in the PHC (16.4%), provision of signboards (15.5%), extension of the PHC (14%) and increasing the number of physicians at PHCC (12%).

DISCUSSION

Satisfaction with PHC services in Saudi Arabia has been investigated by many researchers in the last ten years. The total number of tourists who participated in this study was higher than similar studies carried out in Saudi Arabia.^{6,7,10,12}

Most of the respondents were Saudis, middle-aged and males from the central and western regions. These characteristics are similar to those reported by studies dealing with tourists in the Aseer Region in the last ten years.^{1,2,5} Accessibility of supportive services (parking, seats, and health education materials) ranged from 71% for health education to 90% for availability of adequate seats in the waiting area. As health education is an essential element of PHC, it is very necessary to provide PHCCs with adequate posters, pamphlets to disseminate

valid medical information particularly to tourists and travellers to help them to manage their common health problems themselves and take preventive measures. Furthermore, the provision of adequate chairs for seating, large waiting areas and parking are highly recommended.

The current working hours which are from 7:30 AM to 1:00 PM, and 4:30 PM to 10:00 PM is considered short and inadequate particularly during summer months when the workload increases by 33%.² As a result, it is suggested that the afternoon session be extended to 1:00 AM to make PHCCs more accessible and reduce the strain on the hospital services which should be used for real medical emergencies.

More than 75% of study population came for a cure. This is similar to the figures reported by Mahfouz in 1993 and Al-Sharif in 1998.^{2,5} To minimize consultation for simple self-manageable conditions, it is important that tourists take preventive measures including the avoidance of unhygienic food. Satisfaction with different PHC services was found to be good. The mean satisfaction with receptionist was 4.8 points. This score was higher than that reported from Jeddah (1.65-2.68 points)⁷ and Al-Khobar (4.3).¹² Of all the items assessed satisfaction with consultation scored the highest (80%). This high satisfaction score was the result of good histories being taken, and relevant physical examinations being done on 88% and 86% of the respondents respectively. After satisfaction adjustment, our findings were found to be higher than what was reported from three PHCCs in the city of Riyadh (3.57-3.71 points) and one general practice setting in the United Arab Emirates (4.38 points).^{6,8} The difference could be due to the rapid improvement in the quality of health services at PHCCs after the implementation of quality assurance in

1993.⁴ Satisfaction with nursing care scored 4.8 points on the average. Seventy-seven point two percent were satisfied with nursing care, and 81% reported that nurses measured their vital signs. On a four-point scale, Mansour and Al-Osimy found that satisfaction with nursing care ranged from 3.41-3.73 points.⁶

Although, the provision of essential drugs is an element of PHC, satisfaction with pharmacist care and the availability of drugs scored 4.8 and 4.6 points respectively. Among the study population 3% were not satisfied with the availability of drugs. Providing PHCCs with adequate drugs to meet the extra number of patients seen as recommended by previous studies is restated here.^{2,3} It should be emphasized that the major role of pharmacists and their assistants is to instruct patients on the use of medications and their expected and common side effects. The median and mean of the waiting time were 5 and 8.2 minutes respectively. With this, 54.5% and 16% were very satisfied and satisfied respectively and the mean of satisfaction was 4.63 points. Studies from the city of Riyadh revealed that satisfaction with waiting time ranged from 1.37-1.73 on a four-point scale.⁶ Al-Faris found that waiting for a long time was the third commonest problem faced by patients attending PHCCs in Riyadh (47.7%).¹³ General satisfaction with different health services falls within the range reported from United States of America (75%-95%).¹⁴

More than a quarter (28%) of the participants gave 17 suggestions and comments on how to improve various services in PHCCs (Table 3). These suggestions will be studied, evaluated and those that are feasible will be implemented out in order to improve the quality of health services and raise tourists' satisfaction. Since the facilities of the Ministry of Health are the only ones available for the summer

visitors at Al-Soda, Al-Faraa and Al-Habala, action should be taken immediately to improve the PHCC services in these locations.

CONCLUSIONS

This study showed that tourists in Aseer Region were satisfied with the different services of PHCCs. However, there is still room for the improvement of some services such as the provision of an adequate number of female doctors, parking facilities, health education materials and adequate drugs. Suggestions given by the tourists should be implemented to improve the quality of health services and satisfy the users of those services.

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