

Patients satisfaction with consultation at primary health care centers in Abha City, Saudi Arabia

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ABSTRACT

Aim of Study: This study aims to assess patients satisfaction regarding consultations at the General Clinics of primary health-care (PHC) centers, in Abha City. **Patients and Methods:** This cross-sectional study design was conducted among adult patients attending training PHC centers in Abha City, Saudi Arabia during September 2016. The researcher designed a data collection sheet that comprised patients' personal characteristics and the consultation satisfaction questionnaire, which contained 18 questions within four dimensions, i.e., general satisfaction; professional care; depth of relationship; and length of consultation. **Results:** The total number of the patient included in this study was 400, more than half of them were male (54%). Most of them were Saudi (90%), married (79%), and educated (93%). More than half 53% were dissatisfied, 20% were satisfied with consultation while 27% were neutral. The most important factor affecting satisfaction with consultation was age, education level and income. **Conclusions:** Patients satisfaction toward their consultation experience at general clinics of training PHC centers in Abha City was suboptimal. Total consultation scores differ significantly according to their age groups, education level, and monthly income. **Recommendations:** PHC physicians should be more concerned with improving medical consultations provided to their patients. Continuing medical education and training of PHC physicians about provision of medical consultation.

Keywords: Consultation, Consultation Satisfaction questionnaire, Patients satisfaction, Primary Care

Introduction

Patients satisfaction regarding health care has often been considered as an objective of the health care. It has also been considered as one of the most important measures for evaluating the health care. It constitutes a complex relationship between patients' perceived needs and expectations from the health services received. Therefore, satisfaction is one of the main variables affecting the outcomes of health care and use of services.^[1]

Patient satisfaction is a special form of consumer attitude – that is, as postexperience phenomenon reflecting how much a patient

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liked or disliked the service. It has been a widely recognized indicator of quality of care in medical practice.^[2,3]

Assessments of patients satisfaction regarding primary health-care (PHC) physicians is important, not only as a measure of the quality of care patients receive, but also in identifying potential areas for improving the content of care provided by PHC physicians. Research proved that improving patient satisfaction with physician consultation increases the likelihood that a patient will return to a given health-care provider.^[4,5]

A widely accepted model views patients' consultation as a dialogue between the patient and the physician which takes variable durations and involves elements of negotiation to create

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a common reality to which agenda setting is paramount.^[6] Wilson and Childs^[7] noted that there had been a general increase in the length of consultation time over the prevailing 20 years. However, consultation length still remains insufficient.

During medical consultation, both the physician and the patient meet on common grounds with tolerance for each other's rights. This consultation, by necessity, requires a physician who is expected to possess the requisite knowledge which will be useful in solving the problems the patient presents with the assumption that the doctor will act in the best interest of the patient. Guided by rules of professional conduct, objectivity, and being emotionally detached the physician is guaranteed the right to examine the patient physically and to proceed into intimate areas of the patient's physical and emotional life.^[8]

Since the core activity in PHC is the "consultation," irrespective of whether patients consult for cure, services, counseling, prevention, or care, there is an increasing interest in the study of the consultation process and patients satisfaction with it.^[9]

Therefore, this study aims to assess patients' satisfaction regarding provided consultations at the General Clinics of PHC centers, in Abha City.

Patients and Methods

Following a cross-sectional study design, 400 adult attendants of four PHC centers in Abha City were interviewed by the researcher.

The researcher designed a data collection sheet that comprised the following two parts:

Personal characteristics

age, gender, nationality, educational status, marital status, and monthly income.

The consultation satisfaction questionnaire

The researcher professionally translated the consultation satisfaction questionnaire (CSQ) into simple Arabic language to be used with Arabic speaking attendants of PHC centers in Abha City. This questionnaire was designed to measure patient satisfaction with recent consultations. It contains 18 questions, and the results of these are combined to produce the following four dimensions/scales: general satisfaction, professional care, depth of relationship, and length of consultation.^[10]

Within each domain of the CSQ, some of the statements are "positive," i.e., while others are "negative.," as shown in Table 1.

Scoring of CSQ responses was carried out as follows:

- 100% for strongly agree (for positive statements) or for strongly disagree (for negative statements)

Table 1: Classification of statements according to different domains of the Consultation Satisfaction Questionnaire

Statements	Type
General satisfaction	
I am totally satisfied with my visit to this doctor	Positive
Some things about my consultation with the doctor could have been better	Negative
I am not completely satisfied with my visit to the doctor	Negative
Professional care	
This doctor was very careful to check everything when examining me	Positive
I will follow this doctor's advice because I think he/she is absolutely right	Positive
This doctor told me everything about my treatment	Positive
This doctor examined me very thoroughly	Positive
I thought this doctor took notice of me as a person	Positive
I understand my illness much better after seeing this doctor	Positive
This doctor was interested in me as a person, and not just my illness	Positive
Depth of relationship	
I felt able to tell this doctor about very personal things	Positive
This doctor knows all about me	Positive
I felt this doctor really knew what I was thinking	Positive
There are some things this doctor does not know about me	Negative
Would find it difficult to tell this doctor about some private things	Negative
Length of consultations	
The time I was able to spend with the doctor was a bit too short	Negative
The time I was allowed to spend with the doctor was not long enough to deal with everything I wanted	Negative
I wish it had been possible to spend a little longer with the doctor	Negative

- 75% for agree (for positive statements) or for disagree (for negative statements)
- 50% for neutral (for both positive or negative statements)
- 25% for disagree (for positive statements) or agree (for negative statements)
- 0% for strongly disagree (for positive statements) or strongly disagree (for negative statements).

Statistical analysis

The Statistical Package for the Social sciences (SPSS version 21, IBM, California, Los Angeles, USA). Statistical tests of significance, (e.g. Student's independent *t*-test and ANOVA) were applied. *P* < 0.05 was considered as statistically significant.

Results

Table 2 shows that about one-third of participants (33.5%) aged 25–34 years, while about one-fourth of them (25.5%) aged 35–44 years. About one-half of participants (53.8%) were males, while the majority (89.8%) was Saudi. Less than half of the participants (45.3%) had university level of education, while

Table 2: Sociodemographic characteristics of participants

Personal characteristics	n (%)
Age groups (years)	
<25	85 (21.2)
25-34	134 (33.5)
35-44	102 (25.5)
45+	79 (19.8)
Gender	
Male	215 (53.8)
Female	185 (46.2)
Nationality	
Saudi	359 (89.8)
Non-Saudi	41 (10.2)
Educational level	
Illiterate	30 (7.5)
Primary	21 (5.3)
Intermediate	31 (7.8)
Secondary	109 (27.2)
University	181 (45.2)
Postgraduate	28 (7.0)
Marital status	
Single	91 (22.8)
Married	297 (74.2)
Divorced	6 (1.5)
Widow	6 (1.5)
Monthly income (SR)	
<5,000	138 (34.5)
5,000-10,000	180 (45.0)
>10,000	82 (20.5)

Table 3: Satisfaction with consultation among attendees of primary health-care centers

Grades of satisfaction	n (%)
Very satisfied	17 (4.3)
Satisfied	60 (15.0)
Neutral	109 (27.3)
Dissatisfied	150 (37.5)
Very dissatisfied	64 (16.0)

Table 4: Participants' satisfaction scores for different components of consultation

Components	Mean±SD
General satisfaction	60.0±12.7
Professional care	80.1±17.1
Depth of relation	68.5±15.7
Length of consultation	22.4±19.5
Total consultation	57.7±6.3

SD: Standard deviation

27.3% had secondary education. Most participants (74.3%) were married. The monthly income of 45% of participants was 5,000–10,000 SR.

Table 3 shows that 37.5% of participants were dissatisfied and 16% were very dissatisfied with consultation, while 15% of participants were satisfied and 4.3% were very satisfied.

Table 4 shows that the participants' satisfaction was highest regarding professional care (80.1 ± 17.1), while it was least concerning the length of consultation (22.4 ± 19.5). The total score for participant satisfaction toward consultation was 57.7 ± 6.3.

Table 5 shows that participants' total consultation scores differed significantly according to their age groups ($P = 0.031$), with lower satisfaction scores among younger participants. However, their component scores did not differ significantly according to their age groups. Participants' scores for their consultation satisfaction did not differ significantly according to their gender. Participants' scores for their consultation satisfaction did not differ significantly according to their nationality. Participants' scores for the length of consultation differed significantly according to their educational status ($P = 0.049$), with lower satisfaction scores among higher educated participants. However, their scores for other components of consultation satisfaction did not differ significantly according to their educational status. Participants' scores for their consultation satisfaction did not differ significantly according to their marital status. Participants' general satisfaction scores differed significantly according to their monthly income ($P = 0.028$), with lowest scores among those with monthly income 5,000–10,000 SR and highest scores among those with monthly income >10,000 SR. Conversely, their total consultation scores differed significantly according to their monthly income ($P = 0.025$), with lowest satisfaction scores among those with monthly income >10,000 SR and highest among those with monthly income 5,000–10,000 SR. However, other component scores did not differ significantly according to their monthly income.

Discussion

Results of this study revealed that participants' satisfaction toward their medical consultation experience at the General Clinics of PHC centers in Abha City was suboptimal. More than 50% of participants were either dissatisfied or very dissatisfied, while <20% were either satisfied or very satisfied. Out of a possible score of 100 for each satisfaction component, participants' total score for their satisfaction toward consultation was 57.7 ± 6.3. Satisfaction was highest regarding professional care (80.1 ± 17.1), while it was least concerning the length of consultation (22.4 ± 19.5).

These findings indicate lower levels of patients satisfaction compared with those reported by some other studies.^[11-13]

Harrison,^[14] in the United Arab Emirates stated that patients satisfaction during medical consultation has been shown to be affected by factors such as waiting time, amount of information provided, and the time devoted to psychosocial and biomedical discussions, health education, physical examination, history-taking, and discussion of treatment effects.

Kabatooro *et al.*^[11] reported that 53.9% of patients attending the Mulago Assessment Centre at a teaching hospital in Kampala, Uganda were satisfied with their received medical consultations.

Table 5: Participants' satisfaction with different components of consultation according to age groups

Personal characteristics	General satisfaction	Professional care	Depth of relation	Length of consultation	Total consultation
Age groups (years)					
<25	58.3±16.2	78.7±19.0	65.0±16.1	23.6±22.2	56.4±7.2
25-34	58.8±12.0	79.7±17.6	68.8±16.4	22.4±18.1	57.4±6.5
35-44	61.6±12.0	82.5±13.7	69.3±14.9	19.4±16.1	58.2±5.8
45+	61.7±10.3	79.2±17.9	70.7±14.6	25.0±22.3	59.2±5.1
<i>P</i>	0.125	0.412	0.100	0.252	0.031
Gender					
Males	59.8±12.8	81.1±18.3	67.7±16.5	22.4±22.2	57.7±6.5
Females	60.1±12.7	79.0±15.4	69.4±16.5	22.5±15.8	57.8±6.1
<i>P</i>	0.821	0.223	0.264	0.954	0.976
Nationality					
Saudi	60.3±12.2	79.7±17.5	68.7±15.9	22.7±20.1	57.8±6.1
Non-Saudi	57.5±16.5	83.6±11.8	66.5±13.2	19.9±12.9	56.9±7.7
<i>P</i>	0.193	0.163	0.384	0.386	0.353
Education					
Illiterate	61.7±10.9	75.7±20.5	66.5±17.0	30.6±23.2	58.6±6.3
Primary	60.7±12.7	77.4±13.1	71.2±16.4	26.6±15.1	59.0±6.0
Intermediate	62.1±10.7	81.8±14.6	70.6±17.8	20.7±16.6	58.8±5.7
Secondary	59.4±12.8	78.7±16.8	68.2±15.5	24.4±21.4	57.7±6.4
University	59.1±13.3	81.5±16.7	68.2±15.5	20.4±17.1	57.3±6.3
Postgraduate	63.4±13.1	81.6±21.0	69.3±13.7	17.9±24.8	58.0±6.3
<i>P</i>	0.468	0.427	0.869	0.049	0.649
Marital status					
Single	59.2±15.9	78.0±17.1	65.7±15.1	23.5±19.3	56.6±7.3
Married	60.1±11.3	80.7±17.0	69.2±15.8	22.1±19.6	58.0±5.8
Divorced	59.7±25.5	77.4±14.6	68.3±13.7	29.2±18.8	58.7±7.2
Widow	66.7±10.5	85.1±19.7	73.3±20.4	15.3±13.4	60.1±9.2
<i>P</i>	0.580	0.500	0.251	0.592	0.221
Income (SR)					
<5,000	61.5±11.8	81.5±15.6	70.3±13.2	21.9±17.4	58.8±5.2
5,000-10,000	58.1±13.5	78.3±17.6	67.3±17.3	23.9±20.6	58.9±7.1
>10,000	61.6±12.2	81.7±18.0	68.0±15.8	19.9±20.1	57.8±5.9
<i>P</i>	0.028	0.147	0.220	0.282	0.025

In Trinidad and Tobago, patients' satisfaction with medical consultation reached 74%,^[12] while in the Netherlands, Van Uden *et al.*^[13] reported 84% rate of satisfaction among PHC patients toward consultation.

Al-Shahrani *et al.*,^[15] in Ahad Rufeida City, Saudi Arabia, noted that at PHC clinics, physicians with longer consultation times tend to provide more preventive measures. They can also give more advice on lifestyle and other health-promoting issues. Moreover, Bener *et al.*^[16] noted that longer consultations have been significantly associated with handling of psychosocial problems.

In the UK, Baker.^[17] reported higher mean scores for different components of consultation than those shown in the present study, with general satisfaction (78.1 ± 7.2); professional care (82.1 ± 6.1); depth of relationship (71.2 ± 7.1); and length of consultation time (65.7 ± 7.6).

Regarding factors related to patients' satisfaction with medical consultation at primary care centers' general clinics, the present study showed that participants' total consultation scores differed

significantly according to their age groups, with lower satisfaction scores among younger participants. However, participants' satisfaction scores toward their medical consultation did not differ significantly according to their gender, nationality, or marital status

In addition, regarding participants' educational status, their scores for the length of consultation differed significantly, with lower satisfaction scores among higher educated participants. Participants' general satisfaction mean scores differed significantly according to their monthly income (with lowest scores among those with monthly income 5,000–10,000 SR and highest scores among those with monthly income >10,000 SR). Conversely, participants total consultation scores differed significantly according to their monthly income (with lowest satisfaction scores among those with monthly income >10,000 SR and highest among those with monthly income 5,000–10,000 SR). However, other component scores did not differ significantly according to their monthly income.

The lower levels of satisfaction toward received medical consultation among participants with certain characteristics

may be explained by their higher expectations. Unmet high expectations experienced by educated patients may provoke their sense of dissatisfaction toward the received medical consultation.

Different findings were reported by different studies. Kabatooro *et al.*^[11] reported higher scores among the elderly compared with younger patients. In South Glamorgan, Wales, UK, Kinnersley *et al.*^[18] reported that older patients reported higher levels of satisfaction toward medical consultations at PHC centers than younger patients, but there were no differences between male and female patients.

Danielsen *et al.*,^[19] in Norway, reported younger patients who demanded more from their physicians scored less for patient satisfaction when compared with the elderly who were more conservative toward their consultation and had higher satisfaction scores.

In Ahad Rufeida, Saudi Arabia, Al-Shahrani *et al.*^[15] found that patients' satisfaction toward medical consultation did not differ according to their age or gender.

Udonwa NE and Ogbonna UK,^[8] in Calabar Teaching health-care facility, Nigeria, reported that none of the patients' sociodemographic variables studied (e.g., age, gender, and income) were found significantly associated with their satisfaction toward medical consultations.

However, Rodriguez *et al.*^[20] attributed variations in satisfaction toward received medical consultations among patients visiting primary care centers by that between 28% and 48% of variation were due to system-related factors, with more variation being due to differences between doctors than to differences between localities.

Lemon and Smith^[21] stressed that doctor-specific factors explain 22.5% of the consultation length in comparison to 2.9% of the patient's age and 11.6% regarding the presenting complaint.

Study limitations

The limitations of this study include the fact that, being a cross-sectional design, it only could capture satisfaction for one visit while periodic surveys could be more informative to the center.

Moreover, the study setting of the present study comprised PHC centers' general clinics in Abha City. Therefore, the present study findings are limited to primary care centers and cannot be expanded or generalized to all levels of health care or specific health-care services such as chronic diseases clinics, antenatal care clinics, or well-baby care clinics.

Conclusions

Patients satisfaction toward their medical consultation experience at the General Clinics of training PHC centers in Abha City is

suboptimal. More than half of the primary care patients are either dissatisfied or very dissatisfied. Total consultation scores differ significantly according to their age groups, with lower satisfaction scores among younger participants. All patients satisfaction components toward medical consultation do not differ significantly according to their gender, nationality, or marital status. Highly educated patients have lower satisfaction toward their consultation length of time. General satisfaction and total consultation scores differ significantly according to patient's monthly income.

Therefore, it is recommended that PHC physicians should be more concerned with improving medical consultations provided to their patients. Continuing medical education and training of primary care physicians about provision of medical consultation.

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Conflicts of interest

There are no conflicts of interest.

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