

ASSESSMENT/EVALUATION

Evaluation of Senior Citizens' Satisfaction in Primary Health Centres as Assessment of the Academic Model

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ABSTRACT **Context:** *Satisfaction is nowadays a valid measure of quality of care. Senior citizens are increasing in Chile and their treatment in primary care clinics, as well as the education of new professionals must take into consideration their special characteristics.*

Goal: *Our intention was to investigate the degree of satisfaction senior citizens had with their health service and to identify those aspects able to be modified at the Medical Faculty in order to improve education of health professionals.*

Approach: *Three hundred elderly attending Primary Care Outpatient Clinics of the city of Temuco, Chile, were interviewed using a satisfaction questionnaire developed by the Medical Outcomes Study carried out in USA.*

Findings: *Senior citizens experience a high level on dissatisfaction with the health care they receive at the primary level. Doctors and nurses had a high qualification in relation to their technical skills, but a lower score if considering the education and information they give to patients. These results shall be used in order to modify attention to senior citizens as well as to include problems related to this group in the curricular reform plan and to improve attitudes of nursing and medical students.*

KEYWORDS *Elderly, satisfaction, primary care, UNI-project, curricular reform.*

Introduction

Today, health service providers recognize patient satisfaction as a tool for measuring the quality of medical attention, defined as: patient assessment of the quality of his interaction with a provider of health care or with the health system (Kirsener & Federman, 1997).

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However, according to WHO/PAHO, quality is not limited to medical aspects, but also includes clinical efficiency and results, and the degree of satisfaction experienced by the patient.

A range of monitoring methods have been applied in order to obtain this information, since it would appear very difficult to devise an error-free method of measuring satisfaction. Various levels of satisfaction need to be evaluated, from the individual care given by health service professionals (doctors, nurses, etc.) to that given by the health system (hospitals, health centres, etc) (Fitzpatrick, 1991a; Carr-Hill, 1992; Bozzo *et al.*, 1995; Brook & McGlynn, 1996; Kirsener & Federman, 1997).

Several studies have shown that health service professionals are already familiar with this concept, but that it has only been accepted slowly (Fitzpatrick, 1991b; McKinley, 1997; Poulton, 1996).

The aspect of patient satisfaction among senior citizens has steadily gained importance in our Faculty, due to the development of the UNI-Kellogg Project (1991); the multi-professional activities of the Interdisciplinary Rural In-patient Programme; and the guidelines for curricular reform recommended by the Office of Education in Health Sciences (Stockins & Pantoja, 1997). A further factor has been the great number of demographic studies which demonstrate the growth of this sector of the population in Chile, associated with a significant increase in life expectancy and a fall in the rate of mortality, especially in the over-65 age group. This represents a challenge for the health system, and for the education of health professionals.

Objectives

- (1) To investigate the degree of satisfaction of senior citizens with the attention received at the Primary Care Health Centres (PCHC) where students of the Faculty of Medicine of the University of La Frontera are being trained.
- (2) To identify what aspects can be modified at a clinical level and in the education given to health professionals at the Faculty of Medicine of the University of La Frontera.

Material and Method

The Municipality of Temuco, of the Araucania Region, Chile, has a population of 17,246 persons aged over 65 (10,528 women). More than 70% of these make use of the Public Health System (Regional Hospital and six PCHC); only 7.7% are affiliated to a private health care service (SSAS, 1997).

A poll was carried out of 50 senior citizens, who were not suffering from cognitive deterioration, selected at random from each of the senior citizens'

clubs linked to the PCHC, giving a sample of 300 senior citizens. This figure represents 25% of the members of senior citizens' clubs linked to the PCHC of the city.

We used the satisfaction questionnaire of the Medical Outcomes Study (MOS) (Stewart *et al.*, 1989; Tarlov *et al.*, 1989) carried out in the USA, whose validity has been sustained over a long period of time and in a large number of publications (Rubin *et al.*, 1993; Ware *et al.*, 1995; 1996). The questionnaire includes several items which are ranked according to the Likert scale, offering five possible answers. This questionnaire was translated into Spanish and applied to a sample of 10 senior citizens to identify areas of comprehension difficulties. This exercise was carried out three times, finally including a comprehension test using elements of everyday life. The questionnaire was applied by three pollsters who did not work in the consultancies, in a separate location away from the PCHC over a period of 3 months, respecting the principles of anonymity, confidentiality and impartiality (Weingarten *et al.*, 1995).

The poll covered five areas, with a total of thirteen questions, as shown in Table 1, the answers being expressed on an evaluation scale of 1 to 5.

Results

Table 2 shows the Demographic Characteristics of The Group, with a heavy preponderance of women (75%) as compared to men (25%). The average age

Table 1. Questionnaire areas

Satisfaction	Questions
(A) With the PCHC	Service when making an appointment Waiting time to obtain an appointment Time taken to find the statistics office Waiting time to receive medical attention
(B) With the auxiliary and administrative staff	Personal treatment by the staff Technical skills of the staff
(C) With the attention of the doctor	Personal treatment by the doctor Technical skills of the doctor Information about the patient's clinical condition
(D) With the attention of the nurse	Personal treatment by the nurse Technical skills of the nurse Information about the patient's clinical condition
(E) With the attention in the PCHC	Overall satisfaction with attention in the PCHC

Scale of Satisfaction: 1 (bad), 2 (indifferent), 3 (good), 4 (very good), 5 (excellent)

Table 2. Description of the group ($n=300$)

Characteristics		%
Sex	Men	25
	Women	75
Age	65–70 years	53
	71–75 years	20
	76–80 years	16
	>80 years	11
Marital Status	Married	39
	Widowed	43
	Single	18
Level of Formal Education	0 years	23
	1–6 years	62
	7–12 years	14
	>13 years	01
Literacy	Illiterate	31
	Literate	69

was 72.2 ± 1.7 years, with a preponderance of age group 65–70 years (53%). The number of widowed was 43%, and 31% were illiterate.

Table 3 shows the results of the four questions corresponding to the area Satisfaction With The Health Centre, with an average of 1.78 ± 0.92 points. Of those polled 75% marked the waiting time to obtain an appointment and the waiting time to receive medical attention as bad or indifferent.

Table 4 gives the results of the area Satisfaction With The Auxiliary and Administrative Staff. The question on personal treatment by the staff received an average mark of 2.76 ± 0.97 points. Those polled recognized a high level of technical skills (71%), but this fell to only 58% in the question on personal treatment by staff.

In Table 5, Satisfaction With the Attention of the Doctor, personal treatment by the doctor was marked at 3.03 ± 1.03 points. High marks were given for personal treatment and technical skills (80 and 78% respectively). The mark fell to 67% with respect to the information and education given to the patient by the doctor.

Table 6, Satisfaction With the Attention of the Nurse, received an average mark of 3.08 ± 0.91 points. As in the previous item, marks of good through excellent were given for personal treatment in 79.33% and for technical skills in 81.33% of those polled. This percentage was lower, 67.34%, for information and education given by nurses.

In Table 7, Overall Satisfaction With Attention in the Health Centre, the result for overall satisfaction was an average mark of 2.72 ± 1.06 points. 62.66% Marking the service as good through excellent at 62.66% and 37.33% as bad or indifferent.

Table 3. Satisfaction with the primary care health centre

Question	Bad	Indifferent	Good	Very		Total
				Good	Excellent	
Service when making an appointment	50.67	24.33	21.33	3.00	0.67	100%
Waiting time to obtain an appointment	53.33	28.33	15.00	1.33	2.00	100%
Time taken to find the office	26.00	26.33	38.67	7.67	1.33	100%
Waiting time to receive medical attention	51.67	29.67	14.00	3.67	1.00	100%

Table 4. Satisfaction with the auxiliary and administrative staff

Question	Bad	Indifferent	Good	Very		Total
				Good	Excellent	
Personal treatment by staff	12.67	29.33	41.00	13.67	3.33	100%
Technical skills	7.33	21.67	51.67	14.67	4.67	100%

Table 5. Satisfaction with the attention of the doctor

Question	Bad	Indifferent	Good	Very		Total
				Good	Excellent	
Personal treatment by the doctor	7.33	14.33	49.00	17.33	12.00	100%
Technical skills	7.00	12.67	50.33	16.33	13.67	100%
Information given	13.67	24.33	39.00	14.33	8.67	100%

Table 6. Satisfaction with the attention of the nurse

Question	Bad	Indifferent	Good	Very		Total
				Good	Excellent	
Personal treatment by the nurse	4.00	16.67	53.00	18.00	8.33	100%
Technical skills	4.00	14.67	51.33	19.67	10.33	100%
Information given	6.67	26.00	41.00	16.67	9.67	100%

Table 7. Satisfaction with the attention in the PCHC

Question	Bad	Indifferent	Good	Very		Total
				Good	Excellent	
Overall satisfaction	14.33	23.00	47.00	7.33	8.33	100%

Discussion

In Temuco, the question of user-satisfaction acquired a special importance from 1991, when the UNI-Kellogg Project got under way in the Faculty of Medicine of the University of La Frontera. This led to a re-assessment of the education of health professionals, making it more complete and integrated, and basing the learning process on the common axis formed by teaching-service-community.

The results of this research have made it possible to evaluate the interaction of senior citizens linked to the PCHC of Temuco, with the various aspects of the health service which they use.

This study is the first to be carried out in Temuco, and senior citizens were selected because they are seen as a sector of the community at special risk.

The replies with respect to the structure and accessibility of the health system make clear that a large majority of patients have a low level of satisfaction, especially with regard to the waiting times and service when making an appointment, with the majority of replies (75%) in the lowest satisfaction levels. A similar response has been found in other studies, probably because the system does not take the limitations of senior citizens into account (Linn *et al.*, 1982). This result reflects common characteristics of primary care in Chile, with bureaucratic systems for booking appointments, a shortage of qualified doctors and nurses relative to the expected demand, and an insufficient number of PCHC for the number of population served. Also, as members of this group are not in gainful employment, they are more vulnerable and therefore the feeling of dissatisfaction is likely to be stronger.

With regard to relations with administrative and auxiliary staff, 42% of those polled registered levels of satisfaction 1 or 2 (bad or indifferent). This may be accounted for by insufficient training of the staff in how to handle patients, a lack of understanding of their role in the health service, and possibly by frustration over unattractive workplaces and levels of pay. The technical skills of these staff received a better rating, with 71% rated as good through excellent.

The degree of satisfaction with the personal treatment and technical skills of doctors was rated as good through excellent by some 79%. However a lower level of satisfaction was expressed with the explanations given by doctors of the details of the consultation and the treatment to be given for the patient's problem. Of those polled 38% rated this aspect as bad or indifferent, and this may be related to structural aspects of the planning of out-patient treatment, where a limited time is allocated to each consultation (hourly yield), and to specific characteristics of senior citizens who need more time to assimilate information. This does not exclude possible problems in the training of doctors, where the importance of giving explanations during consultation has been underestimated, and is frequently limited to simply handing out a prescription.

Senior citizens are attended by General Practitioners, and more recently by Family Doctors, who attend the patient over a long period, thus strengthening the doctor–patient relationship. Other studies have highlighted this relationship as being a determining factor in the patient’s appreciation of the doctor, and these conditions may be taken as being present in this study also (Snider, 1980; Linn *et al.*, 1982; Robbins *et al.*, 1993; Weingarten *et al.*, 1995).

A very similar picture appears in the patients’ evaluation of the qualified nurses attending them. High levels of satisfaction with personal treatment and technical skills were expressed by over 80% of those polled. As in the previous case, lower marks were awarded for the explanations given by the nurse during the consultation, with 32.67% giving marks of 1 or 2 on the scale of satisfaction. This is striking, considering that nursing is by its nature strongly oriented towards attention in all aspects, and this is implicit in all programs for attention to senior citizens.

The aspects evaluated above are merged in the final question in the questionnaire, where the senior citizen was asked to give an overall opinion of the level of satisfaction with his/her PCHC. Ratings of bad or indifferent were given by 37.33%, with a significant 14% giving the lowest rating, while only 15.66% gave ratings of 4 or 5 (very good and excellent). To summarize, the investigation shows a lack of satisfaction among senior citizens with their medical attention. Considering the diverse causes of the social aspects involved in the evaluation of a service, it is not surprising that this rating is not significantly different from that found in the majority of the specific areas researched (Calnan *et al.*, 1994; Cohen *et al.*, 1996; Concato & Feinstein, 1997).

For future projections, it is to be hoped that these results will make it possible to identify which aspects can be modified: in the administration of PCHC; in the health team; and in interdisciplinary work, both in the PCHC and in educational programs for students on health-related courses.

With regard to the former, it may be possible to create preferential access for these patients; to promote preventative actions in associations closely linked to the consultancies, such as senior citizens’ clubs; to improve basic health education; and to promote fund-raising programmes by organizing their own activities or by competing for outside funding. It should also be possible to investigate which elements of the professional team are responsible for the areas where dissatisfaction was detected.

The information obtained will serve as a basis for academic decisions on course curricula under the process of curricular reform currently being undertaken, heavily influenced by the UNI–Kellogg Project. The goals of the Project are: modifications in the education of health professionals, bringing it more into line with the needs of the population (more extra-hospital training, teamwork, problem-based learning); better primary care; and the involvement of the community in health problems. In this context, priorities must be to support plans for the improvement of medical attention, and in the teaching

environment, to achieve better training with a strong influence of proposals coming from the community.

At the University, the following concrete initiatives have started:

- Improvement of communication skills: multiprofessional integrated modules with students from different schools (including Social Work and Psychology) have been created, starting at the first level of the curricula.
- To increase the importance of problems related to elderly: traditionally much more importance has been given to the field of mother and child problems. In the future clinical problems related to geriatrics will receive more time and credits.
- To create an ethical view of senior citizen problems: the Faculty created an Ethics Educational Committee in order to increase these concepts in students. Geriatric situations will be discussed as relevant problems.
- To involve students in the geriatric environment: students will attend senior citizen homes, and assist them in health as well as social problems. Additionally they will assist meetings of their clubs, in order to identify their problems and receive suggestions about their solutions.
- Research in geriatrics and primary care will be promoted at the time students develop their research proposals in the Clinical Epidemiology Unit.

Conclusions

The results of this study have enabled us to assess the degree of satisfaction experienced by senior citizens with the health care which they receive at a primary level, showing a high level of dissatisfaction. This result enables us to identify possible areas for improvement in undergraduate education, introducing modifications to place more emphasis on handling senior citizens and on more complete training. As a Faculty we must direct the learning process towards the common axis formed by teaching–service–community.

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