Patient satisfaction with primary care: are there differences between the approaches in family and general medicine?

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ABSTRACT

Aim To examine patients’ satisfaction with health care services in primary care, and to determine a difference of attitudes towards the work of general and family medicine offices.

Methods This descriptive analytical study was conducted among patients of the Primary Health Care Zenica, who had had recent experience with the work of family or general medicine. The questionnaire for the evaluation of general and family medicine by patients was made on the basis of standardized European Project on Patient Evaluation of General Practice Care questionnaires (EUROPEP). Random sampling was used, and the patient population was divided into two clusters: patients treated in general and family practice. Respondents in the offices were selected by simple random sampling.

Results The study included 100 subjects, 50 for general and 50 for family medicine. There were 56 (56.0%) males, and the most common age group was 41-60 years with 42 (42.0%) subjects. Differences in patient satisfaction in favor of family medicine were statistically most significant when it came to scheduling examinations at times convenient to the patient (p=16.28), the possibility of telephone links with the office (p=32.55) and long waiting in waiting room (p=30.42).

Conclusion Collected data confirm the high level of patients’ satisfaction with the family medicine units of primary health care. Elaborated EUROPEP questionnaire seems to be a useful tool for the study of patients’ satisfaction with health care services.

Key words: satisfaction, health care quality, EUROPEP questionnaire

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**INTRODUCTION**

One of the key indicators used to measure quality in health care is the patients’ satisfaction with services and care (1,7). Great attention is given to studies on patient satisfaction in the past few decades, especially in the US, South America and Europe (1,8,9). According to literature data, several scales to measure patient satisfaction with health care has been defined and applied in practice, most of which are quoted Likert’s scale and standardized questionnaire of the European Project on Patient Evaluation of General Practice Care (EUROPEP), recommended by the Expert Group of the World Health Organization (1). In Bosnia and Herzegovina until now, EUROPEP scale and the scale of Mašić et al were used most often (1-5). The last one has been tested in research studies of Toromanović and colleagues (1,3,5).

Also, associates of the Department of Family Medicine, School of Medicine, University of Sarajevo, Jatić et al tested the EUROPEP-questionnaire for patients’ satisfaction with Primary Health Care in the Sarajevo Canton, Educational Center Vrazova Family Medicine (1,5). The survey showed that 60% of the patients gave the highest score for the involvement in making decisions about their treatment by health workers, 77.6% of the patients reported that health workers listen carefully as they share their problems, 72.1% were satisfied with the cooperation with other health professionals (except physicians), 76.4% of the patients reported that they can make an appointment when it suits them, 65.5% can establish a telephone connection with the clinic, and 67.9% did not wait long in the waiting room (1).

In France, a survey of patient satisfaction with hospital health care was conducted, and the scale of 26 items related to medical information, the relationship with the staff and daily routine was used (10,11). In the UK in Newcastle satisfaction with nursing care was examined by scales of nursing in acute or home environment (12-14).

The aim of this study was to examine patients’ satisfaction with primary care, and to determine whether patients show different attitudes towards general and family medicine as units of primary health care. This is the first investigation relating to patient satisfaction and quality of health care in the Zenica Doboj Canton.

** PATIENTS AND METHODS **

This descriptive, analytical study included citizens of Bosnia and Herzegovina, intellectually capable adult patients of both sexes - every person aged 18 and over was considered as an adult. The study was conducted in the Primary Health Care Centre Zenica, providing services to the entire population of Zenica municipality.

Respondents in the offices were selected by simple random sampling. Patient population was divided into two clusters: patients who were treated in general medical practice and patients who were treated in family medicine. Offices were selected according to their geographical location, according to cardinal points, in order to obtain a representative sample for Zenica municipality. In family medicine, in which multiple teams exist, it was considered that a similar number of respondents is represented from each team.

Anonymous “Questionnaire for the evaluation of general and family medicine by patients” was made on the basis of EUROPEP standardized questionnaire (11,15,16). It contained the most important issues related to the patient’s perception of services in primary health care: six general questions related to the patient, and 9 declarative sentences that the respondent should evaluate (totally disagree, disagree, hesitant, agree, totally agree). (The statements were the following: physician devotes sufficient time during the examination, physician and nurse show interest in patient’s problem, physician and nurses involve the patient in making decisions about patient’s health care and treatment, physician’s examination of the patient, other health care professionals (nurses, lab technicians) (Table 1).

Descriptive statistics and chi-square test ($\chi^2$) were used for statistical analysis at significance level of $p=0.05$.

Demographic data on the respondents were obtained during the research: gender, age and education level. Also, information on the length of treatment in the office, the number of office visits in the past 6 months, and personal opinion of the respondents about their own health were obtained (Figure 1).

The Ethics Committee of the Primary Health Care Zenica gave its consent for the performance
of the survey in selected offices. Respondents answered the questionnaire only after their oral voluntary consents were obtained. Written consent was not used because of questionable anonymity. Respondents were given a short written material about the research.

Of the total number, 11 (22%) respondents from the general practice did not express a positive opinion about involvement of patients in decision-making by health professionals about their medical care and treatment, as opposed to family medicine, where 23 (46%) respondents expressed their positive opinions (p<0.05).

When it comes to listening carefully to the patient presenting his/her problems by health professionals, 12 (24%) respondents from the general practice expressed undetermined attitudes, while 28 (56%) of participants in family medicine were satisfied with this issue (p<0.05).

Of the total number, 35 (70%) respondents from the general practice expressed positive attitudes related to helping patients by other health professionals other than physicians (nurses, lab technicians), while 24 (48%) patients from family medicine reported highly positive opinion on this issue (p<0.05).

In general practice, 15 (30%) respondents were not satisfied with the possibility of arranging an appointment with the physicians, in contrast to family medicine where 16 (32%) respondents reported very positive experiences (p<0.05). In general practice, 15 (30%) respondents said that they were not satisfied with the possibility of phoning the healthcare professionals, and 17 (34%) respondents claimed that they waited too long in the waiting room. In family medicine, 32 (64%) respondents have positive experience with the possibility of telephone contacts with doctor’s offices, and 21 (42%) respondents claimed they did not wait long in the waiting room (p<0.05) (Table 1).

![Graph showing subjective opinion of the respondents about their own health](image)

**Figure 1. Subjective opinion of the respondents about their own health**

### RESULTS

Of 100 respondents, 56 (56%) were males and 44 (44%) females. The largest number of respondents was in the age group of 41-60 years of age, 42 (42%) patients. Most respondents had a high school education, 65 (65%) patients. Of the total number, 63 (63%) respondents went to the doctor’s office 1-3 times in six months, 27 (27%) of them 4-6 times (data not shown). Figure 1 shows the subjective opinion of the respondents about their own health. Most respondents, 56% from the general medicine and 58% from the family medicine, gave a moderate score.

<table>
<thead>
<tr>
<th>Statement (question)</th>
<th>General</th>
<th>Family</th>
<th>General</th>
<th>Family</th>
<th>General</th>
<th>Family</th>
<th>General</th>
<th>Family</th>
<th>General</th>
<th>Family</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician devotes sufficient time during the examination</td>
<td>0</td>
<td>1 (2)</td>
<td>4 (8)</td>
<td>4 (8)</td>
<td>15 (30)</td>
<td>5 (10)</td>
<td>19 (38)</td>
<td>24 (48)</td>
<td>12 (24)</td>
<td>16 (32)</td>
<td>0.10</td>
</tr>
<tr>
<td>Physician and a nurse show interest in my problem</td>
<td>1 (2)</td>
<td>0</td>
<td>0</td>
<td>2 (4)</td>
<td>12 (24)</td>
<td>6 (12)</td>
<td>26 (52)</td>
<td>19 (38)</td>
<td>11 (22)</td>
<td>23 (46)</td>
<td>0.10</td>
</tr>
<tr>
<td>Physician and nurse involve me in decisions about my medical care and treatment</td>
<td>5 (10)</td>
<td>0</td>
<td>11 (22)</td>
<td>7 (14)</td>
<td>19 (38)</td>
<td>10 (20)</td>
<td>8 (16)</td>
<td>23 (46)</td>
<td>7 (14)</td>
<td>10 (20)</td>
<td>0.01</td>
</tr>
<tr>
<td>Physician and nurse listen carefully when I present my problems</td>
<td>0</td>
<td>1 (2)</td>
<td>2 (4)</td>
<td>1 (2)</td>
<td>12 (24)</td>
<td>7 (14)</td>
<td>26 (52)</td>
<td>13 (26)</td>
<td>10 (20)</td>
<td>28 (56)</td>
<td>0.025</td>
</tr>
<tr>
<td>Physician examines me physically</td>
<td>0</td>
<td>1 (2)</td>
<td>2 (4)</td>
<td>4 (8)</td>
<td>5 (10)</td>
<td>6 (12)</td>
<td>28 (56)</td>
<td>14 (28)</td>
<td>15 (30)</td>
<td>25 (50)</td>
<td>0.10</td>
</tr>
<tr>
<td>Except physicians, other health care professionals (nurses, laboratory technicians) in offices also help patients</td>
<td>1 (2)</td>
<td>0</td>
<td>1 (2)</td>
<td>1 (2)</td>
<td>4 (8)</td>
<td>6 (12)</td>
<td>35 (70)</td>
<td>19 (38)</td>
<td>9 (18)</td>
<td>24 (48)</td>
<td>0.025</td>
</tr>
<tr>
<td>I can make an appointment with physicians when it suits me</td>
<td>4 (8)</td>
<td>6 (12)</td>
<td>15 (30)</td>
<td>5 (10)</td>
<td>20 (40)</td>
<td>8 (16)</td>
<td>6 (12)</td>
<td>15 (30)</td>
<td>5 (10)</td>
<td>16 (32)</td>
<td>0.005</td>
</tr>
<tr>
<td>I can easily make a telephone connection with physician or nurse</td>
<td>3 (6)</td>
<td>0</td>
<td>15 (30)</td>
<td>1 (2)</td>
<td>16 (32)</td>
<td>3 (6)</td>
<td>3 (6)</td>
<td>14 (28)</td>
<td>13 (26)</td>
<td>32 (64)</td>
<td>0.005</td>
</tr>
<tr>
<td>I did not wait long in the waiting room</td>
<td>1 (2)</td>
<td>3 (6)</td>
<td>17 (34)</td>
<td>2 (4)</td>
<td>20 (40)</td>
<td>6 (12)</td>
<td>8 (16)</td>
<td>18 (36)</td>
<td>4 (8)</td>
<td>21 (42)</td>
<td>0.005</td>
</tr>
</tbody>
</table>

**Table 1. Patients' evaluation on the satisfaction with the work of general and family medicine**
There was no statistically significant difference in the ratings of respondents in relation to: dedicating enough time during an examination by a physician, expressing interest to the patient’s problem by a physician and nurses, and conducting a physical examination of the patient.

DISCUSSION

By randomly selected samples this study included 56% males, in contrast to other studies, where males’ average was 30% (16,17). Most respondents in this study were in the age group of 41-60 years, which coincides with the results of other studies (16,17). A majority of patients in this study had a high school (65%). In other studies most of the respondents (48%) had low levels of education (17). Patients in this survey expressed their opinion about their own health as “good” (57%), in contrast to other studies where patients gave this answer in 45% of cases (18).

In other studies, 80% of respondents in average gave the best answers to the question about the length of time spent with physician (19), suggesting that patients were less satisfied with the length of time spent with the physician in this study (only 24% of patients in general medicine and 32% in family medicine gave the best answers). Some studies conducted in the UK led to a result that patients used to spend less than 5 minutes in a physician’s office (12). In our country, in the Central Bosnia Canton some studies have demonstrated that patients remain in the office slightly over 2 minutes, and, consequently, irregular use of drugs, inadequate nutrition, reduced physical activity appeared, because the patients were not able to get all the necessary information from a health professional for such short time (1).

Patients’ complaints were related to frequent visits in order to get prescriptions for chronic diseases (previous recommendation by the Federal Ministry of Health was that the therapy of chronic patients cannot be prescribed for more than 30 days, which is now extended to 90 days) (20). Additionally, patients’ complaints were related to frequent visits to offices for the control of blood pressure and blood sugar, although these services can be performed at home by community nurses (21). This problem could be solved by linking offices and pharmacies using electronic patient records (22). According to some other research, there were approximately 83.8% of respondents who gave the highest marks in relation to the assistance of other health care professionals (nurses, lab technicians) (23), which is consistent with this study.

The highest level of dissatisfaction among survey respondents in some studies was related to the length of waiting for a medical exam, which was up to 60 days, which had different causes (lack of staff, working hours of the office, distance from place of residence to the doctor’s office) (24,25). However, in other studies 78% of respondents in average reported that they could schedule an appointment with the physician when it suited them (24), which shows a huge difference as compared to this research.

In 2004 Podžić et al conducted a study with a similar method used in this study (using the same questionnaire), and showed that the highest level of dissatisfaction was expressed for variable of inability to order by phone (no phone line) (1). However, in other studies, 71.3% of respondents gave the best answers for this variable (2,25,26), while the marks in this study were lower.

With a sample of 969 people in 2004 applying EUROPEP-questionnaire (485 respondents in family medicine and 484 respondents in other units of primary health care) the Federal Ministry of Health (FMH) received very positive results in terms of family medicine in B&H (2,5). In the past 15 years FMH initiated a comprehensive reform of activities in terms of the reconstruction of primary health care, remodeling and equipping of family medicine offices, establishment of educational centers of family medicine, implementation of educational programs in family medicine (program of additional training, specialized software, continuous professional development to strengthen the Association of Family Medicine) (1,2,5). Also, the support for professional development of staff in the field of family medicine is provided at the university health and medical schools (Sarajevo, Tuzla, Mostar, Zenica) (1). The reform process in the field of family medicine and primary health care still showed unequal deployment of teams in relation to the population, there were differences in the number of primary health care teams across cantons resulting in uneven quality of medical services (1,4,7).

Systemic changes in the organization and operation of health care have been introduced to
improve the situation in the health sector, thus health of the population in Zenica municipality and beyond (2,5). In fact, it was necessary to find a way to stimulate health workers to remain in the primary health care to make it fulfill its role and relieve the secondary level (1). Furthermore, the opening of family medicine offices in places where general medicine offices are currently located should be encouraged and employment and retention of health workers in these areas should be stimulated (21). And finally, the modalities to bring the private sector into the network of primary health care should be found (1,2,5). In the end, it is necessary to define indicators of quality of care, ways to monitor and constantly work on improving the quality of health services, which will improve patient satisfaction (21,23).

In conclusion, EUROPEP questionnaire is a useful tool for studying patients’ satisfaction with health care services. According to the obtained data, patients’ satisfaction was significantly higher in family medicine than in general medical practice. In the framework of primary health care, it should aim at launching family medicine offices in order to achieve satisfaction of beneficiaries of health services.

FUNDING
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TRANSPARENCY DECLARATION
Competing interests: None to declare.

REFERENCES
Zadovoljstvo pacijenta pruženom njegovom u primarnoj zdravstvenoj zaštiti – postoje li razlike između stavova pacijenata prema radu porodične/obiteljske i opće medicine?

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SAŽETAK

Cilj Ispitati zadovoljstvo pacijenata pruženom zdravstvenom uslugom u primarnoj zdravstvenoj zaštiti, te utvrditi iskazuju li pacijenti različite stavove prema radu ambulante opće i ambulante porodične/obiteljske medicine.

Metode Istraživanje je urađeno kao deskriptivno-analitička studija, koja je provedena među pacijentima Doma zdravlja Zenica, sa skorašnjim iskustvom rada porodične/obiteljske i opće medicine. Prema upitniku Evropskog projekta za evaluaciju opće medicine od strane pacijenata (EUROPEP) napravljen je odgovarajući Upitnik za evaluaciju rada opće i porodične/obiteljske medicine od strane pacijenata. Populacija pacijenata podijeljena je u dva klastera – na pacijente koji se liječe u ambulantama opće, te ambulantama porodične/obiteljske medicine. Ispitanici u ambulantama izabrani su metodom jednostavnog slučajnog uzorka.

Rezultati Istraživanje je obuhvatio 100 ispitanika, 50 iz opće i 50 iz porodične/obiteljske medicine, od kojih je 56 (56,0%) muškaraca, a najzastupljenija doba skupina bila je 41 i 60 godina, 42 (42,0%) ispitanika. Zadovoljstva pacijenta u ambulantni porodične/obiteljske medicine statistički su najznačajnija kada se radi o zakazivanju pregleda kod ljekara u vrijeme koje odgovara pacijentu (p=16.28), mogućnosti ostvarivanja telefonske veze s ambulantom (p=32,55), te dužini čekanja u čekanici (p=30,42).

Zaključak Prikupljeni podaci potvrdili su visoku razinu zadovoljstva pacijenata u primarnoj zdravstvenoj zaštiti. Korišteni upitnik EUROPEP-a čini se korisnim sredstvom za proučavanje zadovoljstva pacijenata zdravstvenim uslugama.

Ključne riječi: zadovoljstvo, kvalitet zdravstvene zaštite, upitnik EUROPEP-a