

The Level of Satisfaction of the Health Services Offered by the Comprehensive Health Care Center

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Abstract: Problem statement: Health care in Jordan and planning for health policies especially in sector of comprehensive health centers. **Approach:** This study aimed to explore the level of satisfaction of those who beneficiaries from services which offered by health care center at Suweileh region, west Amman. The study was implemented on four controlled variables: Transportation means to medical center, distance from home to center, number of visits the center, and waiting time at center .A system random sample estimated 25% of services recipients, author analyzed the data used: frequencies, percentages, means, standard deviation, and T test for one sample. **Results:** The results revealed that 50% of beneficiaries used public transportation buses, average of distance from home to center was between 4_6 kilometers , more than 62% of people included in sample visited the center 2_3 times , 80% of them waited in center not more than half an hour. **Conclusion/ Recommendations::** The study revealed that an excellent of health care services offered by the center, there was a strong relationship between center and recipients of health services. Specialists in this area of study must conduct more studies on such centers which give decision makers headlines to improve planning towards enhancement and development comprehensive health care centers.

Key words: Health services, satisfaction degree, health care, comprehensive health, demographic factors, social characteristics

INTRODUCTION

Health care had been considered a cornerstone in communities, for its relationship with level at life, deaths, and population growth averages. There for most world countries, rich and poor witnessed a considerable progress in the field at healthcare last decades. As health care needed more money to address the different aspects of care: patients, employers, providers. Insurance , and due to the decrease in reimbursements for medical care, physicians found it necessary to see more patients in their day, leaving less time for each so patients feel as they didn't had time to talk their doctors or asked questions.

Improvement of medical services could be achieved by the use of Geographical information systems (GIS) as techniques and functions for health services planning, and focused on presenting GIS application created for the purpose at exploring the demand and supply on health services in Jaddah city (Murad, 2011).

Choi *et al.* (2010) study suggested that the effective intervention for home health care services should focus on elders' service awareness, low income and education and elders

living along to maximize the use at home health care services along with increasing number of physicians, hospitals and the spread of vaccination and the availability of drugs especially the antibiotics ,unfortunately the level at healthcare services is still very low in some countries mainly in rural areas(West, 2010). Many studies showed that healthcare effected with socioeconomic and demographic factors, such as education, income (Liu, 2010).

Health comprehensive centers focused on meeting the basic health care of individual communities, those who had fewer resources and faced of growing economic challenges. The ministry of health in Jordan seeks to cover all citizens, where ever they live, with medical services through established comprehensive health centre (mini-hospitals), especially in crowded areas to save the costs of treatment in private sector hospitals. This policy as well helps in decreasing the number of patients who visit public hospitals in Jordan. This trend comes as a reply to the development plans which insist on spreading health care services easily to all who need them. To achieve such goals, the Jordanian ministry of health has established comprehensive medical centers (mini-hospitals).

Therefore, the significance of this study is an attempt to examine the strength and weakness of the quality of health care services offered to the public that needed by patients at Suweileh region in West Amman. This study took Suweileh as a wide geographical area which is 12 kilometers north the capital, Amman. It is one of the populated and crowded places in Jordan. It is considered as a junction between al Jubaiha in the east and Fuhais town in the west and extended to of Biader Wadi Alseer, the total size of this area is 12 square kilometers and its population according to the last population census is 68952 citizens. The study seeks to reveal out the degree of satisfaction of health care services received by patients, through answering the following questions:

- What are the demographic and social characteristics of the beneficiaries of health care services offered by the comprehensive health care centre in Sweileh
- What is the relationship between the transportation means and distance with the level of satisfaction of beneficiaries of health care services offered by the comprehensive health centre in Sweileh
- Is there a relationship between number of visits to the health care center and the waiting time and beneficiary's satisfaction
- What is the degree of satisfaction of beneficiaries of health care services with the performance of medical staff working at the comprehensive health care services center at Sweileh

MATERIALS AND METHODS

The study manipulated a field survey sample to collect data from population. The researcher took a random sample which constitutes 25% of the whole study population. The recipients were those who visited the centre on Saturdays and Thursdays which considered as the most crowded days in the week. This survey provided the researcher with the needed data which was analyzed statistically followed by interpretation of the results of statistical analysis. The study also applied the several statistical methods such as, frequencies and percentages, means and standard deviations and T test for one sample data was also based on estimated population census conducted by the General statistics Department Jordan.

Analysis of the description statistics for data collected from the sample the indicated a satisfied description that contribute to reach the study objectives and answer the study question; What are the demographic and social characteristics of the beneficiaries of health care

services offered by the comprehensive health care centre in Sweileh

RESULTS

- The highest percentage of the sample according to the educational level were those who have the first university degree, which means the trust of the respondents in the offered health care services
- More than 50% of the subjects who visited the centre seeking treatment belong to the moderate monthly income, because treatment in such centers does not cost much
- Half of the sample members take the public transportation "the bus" to reach the health care center. This is an indicator to be excellence of the offered services and evidence to the previous result that their income is moderate
- Most of the sample subjects' travel covers 4-6 kilometers to reach the centre. This is an important reason for the recipients' satisfaction because of the strong relationship between this (satisfaction) and distance
- The highest percentages of those who visit the centre were those who need some kind of treatment, 67% Therefore, it is good to upgrade the emergency services and to provide the centre with specialists to aid a higher number of patients
- 62% of the subjects referred to the medical centre 2-3 times and 80% waited for their turn for about half an hour. This is clear evidence for satisfaction with the offered medical services due it's to the strong relationship between the number of visits and the waiting time on one hand and the recipients satisfaction on the other, especially that 81% of the subjects stated that they prefer to wait rather than to go to another medical centre

DISCUSSION

Table 1 shows that 25% of the sample is under 25 years old, 32.5% are between 25-35 years old and 42.5% are above 35 years old. 37.5% of the samples are males and 62.5% are females as 75% of the sample subjects are married, 20.8 are single, 2.1 are widows and 2.1% are divorced (Table 3). Table 4 shows that 25% of the subjects belong to families that have less than 3 members, 62.5% belong to families that have 4-7 members and 12.5% belong to families that have more than 7 members.

Table 1: Sample distribution according to age variable

Age	Frequency	Percentage
<25	10	25.0
25-30	13	23.5
>30	17	42.5
Total	40	100

Table 2: Sample distribution according to gender

Gender	Frequency	(%)
Male	18	37.5
Female	30	62.5
Total	48	100

Table 3: Sample distribution according to marital status

Marital status	Frequency	(%)
Married	36	75.5
Single	10	20.8
Widower	1	02.1
Divorced	1	02.1
Total	48	100

Table 4: Sample distribution according to number of family members

Number of family member	Frequency	(%)
<3	10	25.0
4-7	25	62.5
>7	1	12.5
Total	5	100

Table 5: Sample distribution according educational level

Educational level	Frequency	(%)
Primary	7	15.6
Secondary	11	24.4
Undergraduate	24	53.3
Graduate	3	06.7
Total	45	100

Table 6: Sample distribution according to type of medical insurance

Type of medical insurance	Frequency	(%)
Private	6	15.8
Public	32	84.2
Total	38	100

Table 7: Sample distribution according to income variable

Income (JD)	Frequency	(%)
<200	7	18.4
200-400	19	50.0
>400	12	31.6
Total	38	100

Table 8: Sample distribution according to type of transportation means

Transpiration	Frequency	(%)
Bus	20	45.5
Private car	15	34.1
On-foot	9	20.5
Total	44	100

Table 9: Sample distribution according to distance between residence and centre

Distance	Frequency	(%)
3 km	15	34.9
4-6 km	18	41.9
>6	10	23.3
Total	43	100

Table 10: Sample distribution according to cause of the visit to the centre

Cause of visit	Frequency	(%)
Treatment	41	67.21
Diagnostic	5	8.20
Primary aid	6	9.84
Toothaches	9	14.75
Total	61	100

It clearly indicated from Table 5 that 15.6% of the subjects have primary education, 24.4% have a secondary level, 53.3% are undergraduates and 6.7% are graduates. The undergraduates constitute the highest percentage which means that respondents trust the services offered by health care centers that are spread in Jordan, especially in the region of study (Sweileh) which has many private hospitals and clinics and considered as one of the largest areas in Amman. Table 6 shows that 15.8% of the subjects have private medical insurance while 84.2% have public insurance. This shows that medical insurance: whether it is private or public covers a big number of these region inhabitants.

Table 7 shows that 18.4% of the subject earns less than JDs 200 per month, 50% of them have an income average of JDs 200-400 monthly and 31.6% earn more than JDs 400. The results indicate that the majority of health care centers belong to the poorer class as a result of the high cost of private medical services. Also the results give an answer about the following question; what is the relationship between the recipient degree of satisfaction and the other variables: means of transpiration and distance?

Table 8 shows that 45.5% of the subjects take the bus to the health care centre, 34.1% come by their own cars and 20.5% come on foot. This indicates that the majorities of health care centre visitors belong to those whose monthly income is fair and do not own private cares. It is means the excellence of the services offered by the centre, which encourage the recipients to take the public transpiration (bus) to reach the centre.

Table 9 shows that 34.9% of the subjects live 3 km away from the centre, 41.9% are 4-6 km away while 23.3 are more than 6 km away. These results are in congruence with the results of the related studies that emphasized the relationship between the place of living and the distance of the health care centre.

Table 10 shows that 67.21% of the sample subjects visit the centre to receive treatment, 8.20% to have laboratory diagnostic tests, 9.84% to receive primary care and 14.75% to visit the dentists, the results evoke the need to specialist physicians in health care centre to serve more people in Sweileh.

Table 11 shows that 9.3% of the respondents visited the centre once. 48.8% twice, 14% three times and 27.9% more than three times. The

results indicate there is a kind of satisfaction because the majority of the respondents visited the centre twice. This also indicates a direct correlation between the number of visits to the centre and recipients acceptance of the services. The better the quality of services is the more the number of visit by recipients.

Table 12 shows that 18.6% wait for 15 min, 79.1% for half an hour, 2.35 more than one hour. The results show that the highest percentage is for those who wait 30 min. This indicates the excellence of the offered medical services and is visitors' satisfaction. Even though, the attribution here is difficult, but it is not easy to deny the strong relationship between the waiting time and the satisfaction of the offered services.

Table 13 shows that 18.6% of the respondents leave for another centre when they feel the waiting time is long, while 81.4% of them wait. The results indicate that the majority of the respondents wait. nothing forces the recipient to wait for a long time unless there is a good service which is not available in another medical center or saving the cost of treatment in private one.

Table 14 shows that 7.7% of the subjects, due to the long period of waiting, go to another health care centre in the neighborhood, but 38.5% of the samples go to public hospitals, 46.2% go to private physicians and 7.7% to private hospitals. There the results give an answer to the following question: "To what extent is the satisfaction of the medical services recipient about the medical centers performance.

Table 11: Sample distribution according to number of visits

Number of Visits	Frequency	(%)
1	12	9.3
2	21	48.8
3	6	14.0
<3	4	27.9
Total	43	100

Table 12: Sample distribution according to waiting time

Waiting time	Frequency	(%)
15	8	18.6
30	34	79.1
<60	1	2.3
Total	8	100

Table 13: Sample distribution according to the waiting time

Filling time	Frequency	(%)
Leave to another centre	8	18.6
Spend the time waiting	35	81.4
Total	43	100

Table 14: Sample distribution according to the subjects' alternatives while waiting

Treatment unit	Frequency	(%)
Going to the nearest centre	1	7.7
Going to a Public hospital	5	38.5
Going to a Private physician	6	46.2
Going to a Private hospital	1	7.7
Total	13	100

Table 15 shows the means for the items concerning satisfaction with the medical staff which is (3.20-3.84). The highest value (3.84) is for the first item which states (the availability of the physician on job duty when a subject visits the centre). The lowest value (3.20) is given to item 4 which concerns (satisfaction with the number of visits to the physician). When applying T (test) for one sample to reveal the satisfaction of the respondents with the services offered by the staff of the centre, the following results appeared in Table 16.

Table 16 shows the mean of the respondents' satisfaction with the items of health care environment is (2.23-2.80). The highest mean (2.80) is for the responses to item 4 which emphasize the availability of the medical laboratories in the centre while the lowest mean (2.23) is given to item 2 which emphasizes the availability of drinkable indicators water supply.

These indicators are in congruence with the previous results. That is, the citizens' satisfaction with the health care centers services comes from being medically and comprehensively equipped to serve the recipients. All items are high except for 2-3 which belong to the sources of water supply and the availability of waiting halls. They have significantly lower means compared to the other items. This necessarily means paying more attention to the internal environment and the infrastructure of the medical centers.

Table 15: Shows standard deviation means of the subjects' responses about their satisfaction with the performance of the medical staff in the centre

Parameter	Mean	Standard deviation
Physician availability	3.84	1.18
In his office		
Time given by physician	3.42	1.37
To patients medical history		
Doing the major pre-tests by nurses	3.53	1.40
Satisfaction with the number	3.20	1.48
Of visits to see your doctor		
Transfer service of transfer to	3.40	1.36
More advanced care centre		
Cost of treatment	3.67	1.30

Table 16: Means and standard deviations of the subjects' responses to the items of belong to their satisfaction with the medical environment at the centre

Parameter	Mean	Standard deviation
Availability of W.C.s	2.62	1.44
Drinkable water supply	2.23	1.55
Availability of waiting halls	2.26	1.39
Availability of medical	2.80	1.47
Diagnostic laboratories		

Table 17: T-test results for one sample

Mean	Standard deviation	T	Significance
3.45	1.05	3.86	0.00

Table 17 shows that the T value is 3.86 and this value is significant at level 0.05. This means the satisfaction of the respondents with the staff performance is high. The results signify the strong relationship between the patient and the physician. Table 17 also shows that some items which belong to the recipient's satisfaction with the performance of the medical staff in the medical centers are low despite the availability of the doctor in his office is high. This indicates to the importance of allocating enough time for communication between the patient and the physician. Such results were supported by the results of all previous related studies, which concentrated on the effectiveness of communication between the patient and his/her doctor. On the other hand, some physicians who work in remote medical centers work dashing and do not give sufficient time to their patients and clinical test.

CONCLUSION

Using these finding, this study recommends the following recommendation:

- Need to select health centers sites to serve the population, following the principles of the theory of sites to benefiting from the services a large possible number of populations.
- Continued monitoring by the Ministry of Health on work and the tasks carried out by the health centers, particularly in the area of the capital city, Amman.
- The need to provide health centers with sufficient medical staff to meet the increasing number of patients and visitors to these centers.

- Working on the availability of drugs especially in the pharmacies of these centers
- Continue to consult the public from time to time to get to know the views of beneficiaries on the level of services provided in these centers, which would benefit the decision-makers to raise the efficiency of services provided by these centers
- The study recommends that researchers and professionals to conduct more studies of such centers to provide information to officials who manage these centers

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