

Female patients' expectations of General Practitioner Care at primary healthcare in Hail City, Saudi Arabia

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Abstract

Objective: To examine female patients' expectations of general practitioner care during consultations at Primary Health Care Clinic (PHCC) in Hail city, Saudi Arabia.

Method: Qualitative and quantitative methods were used. Focus group discussion was conducted followed by a questionnaire survey.

Results: This study showed that good doctor-patient relationship is essential for the successful outcomes of the medical consultation. The female patients requested Arabic speaking GPs rather than dealing with interpreters and recognized the importance of their social and mental functioning as much as their physical functioning. Most of the participants agreed that they should be involved in decision making with the GP and felt it would improve their healthcare outcomes.

Conclusion: The expectations of Patient are an increasingly important matter, both in evaluation and in the shaping of health care to improve the quality of medical services provided. The study results showed that many aspects of GP care need modification and strengthening. Therefore, these findings can be used to facilitate change and improve healthcare services as well as encourage GPs to audit their work and identify their strong and weak points.

Key words: expectations, Female patients', General Practitioner and Primary Health Care.

Introduction:

The Kingdom of Saudi Arabia has experienced dramatic improvement in economic status and development during the last decades. There has also been a marked improvement in the delivery of health care and in health indicators, such as mortality, morbidity, and life expectancy (Al-Faris et al. 1996; Al-Doghaither et al. 2000). The Declaration of Alma-Ata in 1978 advocated Primary Health Care (PHC) as the main strategy for achieving The World Health Organization's goal of "health for all by the year 2000" and that primary care has a vital role in the healthcare system (World Health Organization, 1978). Therefore, Saudi Arabia provides massive support to healthcare facilities in order to expand and access all levels of care, especially at primary care level (Abdalla et al. 2002). In recent years, the evaluation of healthcare services has been increasingly emphasized (Williams et al. 1991; Calnan et al. 1994). Exploring patients' expectations of general practice services is considered a useful means of identifying patients' needs and enable healthcare teams to change in order to achieve the highest standards of care (Fitzpatrick R, 1991). This also reflects the environment existing at Health Care Centres which in turn has a major influence on quality improvement of healthcare services provided and strategic planning of PHCCs (Fitzpatrick R, 1991).

Aim:

To examine female patients' expectations of general practitioner care provided at PHCC in Hail City, Kingdom of Saudi Arabia.

Methods:

Both qualitative and quantitative methods were used. Former included a focus group discussion and the later a questionnaire survey during the period from June till November 2008. The target population was 20 years of age and above participated in the study.

Focus Group: A focus group discussion took place at Almatar PHCC in Hail City, Kingdom of Saudi Arabia. The patients were invited by letter to participate in addition to an announcement been placed on the notice board in the female area of the clinic. All of the patients were female because the PHCC system in Saudi Arabia separated male and female care because of religious and cultural factors. Mixing both genders together was impossible. The focus group discussion was recorded and analysed to gain insights into significant aspects that need extra investigation and intervention.

Questionnaire Survey: A questionnaire survey was developed and distributed to 10 patients. These participants were randomly selected according to their order of attendance at the female area in the same centre where the focus group discussion was conducted. The design of the questionnaire was based on the literature and the information gained from the focus group discussion (McWhinney I, 1997; Willcan et al. 1998; Albaz R, 1992; Dryden, J, 2001). To ensure reliability and validity of the survey instrument two patients from PHC were asked to pilot the questionnaire. These participants could understand all the questions asked, and there was no repetition. The questionnaire was completed in the allocated timeframe.

The questionnaire was translated from English to Arabic language. It was divided into three parts; the first inquired about demographic data, the second about expectations of GP care and the final part sought opinions on how services provided could be improved by the health centre. The questionnaire consisted of 28 items both categorical and non-categorical based on 6 sub-scales. Demographic information was asked from the patients using ordinal scale. Patients' expectations of general practitioner care were examined by using 6 subscales comprising of 23 items. These subscales included doctor-patient relationship, communication characteristics, Social and psychological concern, the clinical decision making, health promotion and disease prevention and finally the referral system. In addition, patients were asked to rate their responses on a 5 point Likert scale. To obtain information about barriers faced by patients in getting high-quality GP care, two open ended question were asked.

Data Analysis: NVivo 7 software program was used to enable the focus group discussion record to be coded, retrieved and stored more effectively. SPSS also was used to analyze the quantitative research findings. A serial identifier code was used for each respondent, to identify the study variables. The answers of open-ended questions were listed; categorized and coded similar answers to provide descriptive information.

Results:

Socio-demographic characteristics: All the respondents were female as previously explained. Forty percent were in the age between 30-39 year and 80% were married. Table 1 summarizes the socio-demographic characteristics of participants.

Table 1: Characters and demographic status

	No. of patients (n=10)
Age (years):	
Under 29	2
30-39	4
40-49	3
Over 50	1
Marital status:	
Single	1
Married	8
Widowed	0
Divorced	1
Educational:	
Illiterate	3
Primary	1
Secondary	1
University and beyond	5

Doctor-patient relationship: This sub scale received the highest mean score which was (4.9). It reflects the importance given by the patients to a good doctor-patient relationship and interpersonal manner during consultation. Frequency analysis of various items in this sub-scale showed that attentive listening to patients' complaints, respectful and caring attitudes are very important for developing good doctor-patient relationship.

Communication characteristics: The value of effective and understandable communication during consultation was important to most patients and the mean score for this sub-scale was 4.1. All respondents were of the opinion that the GP should use the language the patient understands (score 5). Patients agreed that misunderstanding and misinterpretation of patients' complaints or physician' views may result when dealing with interpreters during consultations (score 3.6).

Social and psychological concern: Most of the participants believed that the GP should focus on social and psychological aspects of patients care (mean score 4.5). Providing emotional support and alleviating patients' anxieties were also considered a part of a general practitioner's roles by the participants (score 4.6 and 4.2 respectively).

The clinical decision making: Patients' involvement in a management plan for their health conditions was regarded as vital and obtained a mean score of 4.4. Patients expressed the need to discuss all issues and concerns openly with their general practitioners (score 4.9).

Health promotion and disease prevention: Health promotion and disease prevention were considered very important for health maintenance (mean score 4.1). Participants expected their GPs to be actively involved in health education and disease prevention (score 4.5). Also, health promotion was seen as integral component for health maintenance (score 4.3).

Referral system: Participants showed overall dissatisfaction with the referral system to secondary care and its mean score was 3.7. They also found that referring system from primary care clinic to the hospital was not easy (score 2.1). Participants strongly agreed that the GP must accelerate and coordinate the process of the referral system to other multidisciplinary health care services (score 4.9). The general practitioner relationship with patients obtained the highest mean score (4.9) while the referral system has the lowest mean score (3.7).

Table 2: Patients expectations of general practitioners care by using 5 point Likert scale

Sub - scales(factors)	Mean score
Doctor-patient relationship	4.9
Communication characteristics	4.1
Social and psychological concern	4.5
The clinical decision making	4.4
Health promotion and disease prevention	4.1
Referral system	3.7

Open Questions: Two open ended questions were enquired to discover the barriers faced by patients in getting high-quality GPs care and their view on improving healthcare services. Only four participants answered these questions and there were different opinions. The first participant believed that buildings needed renovation because they are old and designed for purposes other than healthcare sources. Second patient agreed that some medications were unavailable and need to be provided in reasonable charges. Third participant found difficulty with the transportation and need to travel from one place to another to get secondary care services. The last patient suggested the presence of specialists' services at primary healthcare centres to facilitate referral system and to decrease unnecessary referrals.

Discussion:

There are growing demands on general practice care due to the changing expectations of patients. The need for recognizing patients' agenda is considered an important step for PHCCS systems to improve patients' care and other health care outcomes. Different studies have suggested that identifying patient expectations can lead to best medical care and that from 15 to 25% of primary care patients have unmet expectations (Staniszewski A, 1998; Kinley R and Steransan K 2002). Therefore, in order to measure patients' expectations of GP care, a survey was conducted using both qualitative (focus group) and quantitative method (questionnaire survey). This study showed that the participants expressed diverse expectations of GP care and other services provided at PHCC in Hail City. This gives a valuable insight to address patients' concerns and needs in order to improve the quality of medical services.

The doctor-patient relationship, one of the six scales used for measuring patients' expectations of GP care, received the highest score (mean score 4.9). The participants viewed attentive listening to patients' complaints, and respectful and caring attitudes as very important in developing good doctor-patient relationship. Good relationships should characterize all health care professionals because despite advancement in medical technology the healing relationship between physicians and patients remains vital in medical care (Jullia P, 1998; Farooqi J, 2005). The participants in the focus group also recognized attentive listening, respectful and caring attitudes as most important manners of general practitioners. The view was reflected in the questionnaire survey where good physicians manners were considered a key element during consultations, ranked highest score (5).

Besides this, patients expect optimal communication through speaking the same language with their GP, rather than an interpreter, as it creates better understanding of their medical concerns. This can be facilitated by recruiting more Arabic speaking physicians. This is related to that most of physicians working at PHCCS in the kingdom of Saudi Arabia, especially in the small cities such as Hail City, are nonnative speakers and do not speak Arabic language well. This result reflects and supports a previous study (Al-Doghather et al. 2000).

The results also reflect the importance of recognizing the psychological and social problems of patients. Also, they expressed a preference for physicians who support their patients emotionally and empathetically in difficult situations. This seemed to be a significant issue because it helps patients to cope with their emotional and social problems. Patient involvement in decision making is regarded as an important factor for patients' care. Patients want to be able to discuss all issues and concerns openly with their general practitioners [score 4.9]. Starfield et al (1981) claimed that clinical decision making process is considered crucial in improving patient care and clinical outcome. In addition, health promotion and disease prevention have been evaluated as imperative issue for health maintenance. This is because most illnesses at present are behaviourally determined 11-16. Participants strongly expected that their GPs should be actively involved in health education to empower health maintenance. Therefore, there is a need to enhance the role of preventive services in primary care centres and educating masses in this regard.

It should be noted that referral systems also plays an important role in general practice care. The need to keep effective referral system is by far the most remarkable result of this study since it has the lowest mean score of (3.7). Patients found that referring system from primary to secondary care was difficult and this might related to reluctance of GP to offer referral to secondary care.

Overall results of this study revealed that there was a high level of dissatisfaction with the referral system at PHCC in Hail City (mean score 3.7). These results contrast the results of a study by Al-Faris et al² that showed patients were satisfied with the referral system in Riyadh health centres, in Riyadh City. This could be caused by the accessibility of secondary and tertiary cares in Riyadh City in contrast to the Hail region. The study showed a significant correlation between understandable communication during consultation and educational level. The illiterate and low educated patients were less satisfied with their care and demanded more requirements with communication and language items. On the other hand, highly educated patients were more satisfied and less demanding. This is related to the fact that highly educated person can speak English and hence communicate easily with an English speaking physician. Therefore, these outcomes give us a new insight of the care provided in PHCC, besides they are potentially useful in improvement of the quality of healthcare services and the value of meeting patients' needs and expectations.

The study limitations were small sample size and the short time frame for data collection, analysis and reporting. The outcomes should not be exercised in generalizing the results to represent that of all of the female patients in Hail city in Saudi Arabia. This study has only been conducted in one PHCC in Hail City, Saudi Arabia. More research is needed to understand the strategies and processes required for successful implementation of better quality. Therefore, future research should also include a longitudinal study in different PHCC in Saudi Arabia.

Conclusion: Patient expectations are an increasingly important issue, both in evaluation and in the shaping of health care to improve the quality of services. The results of this study showed that good doctor-patient relationship is essential for the successful outcome of the medical consultation. Also, it emphasized that patients are wishing to deal with an Arabic speaking GPs rather than dealing with interpreters. Also, patients recognized the importance of their social and mental functioning as much as their physical functioning. Most of the participants agreed that patients should be involved in decision making and felt it will improve healthcare outcome. Moreover, the results of study revealed that patients willing to have more accelerated and coordinated referral system at PHCC in Hail City. The study findings can be used to facilitate change and improve healthcare services as well as encourage GPs to audit their work and identify their strengths and weaknesses.

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