Client’s satisfaction with breast cancer early detection clinics services in Baghdad, Iraq

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ABSTRACT
Introduction: Client’s satisfaction is an indicator of quality in health care. It is directly connected with the usage of health services. Objective: To analyze and comment on the level of satisfaction of clients attending two breast cancer early detection clinics (EDC) in Baghdad. Materials and Methods: A cross sectional exit survey of clients of selected clinics involves 200 attendants. Satisfaction questions included 40 items covering eight domains (access, facility, cost, time, clients-provider’s relationship, organization, education and personal idea or general impression). Analyses of data were by comparing means of the two hospitals domains. Results: Show significant differences in the means of general impression of the clients toward the clinic and the facilities of the clinics, higher means have been existed in the oncology teaching hospital arm. Conclusion: The overall satisfaction was accepted. The majority of patients were satisfied with health care services received. In compares between the two hospital’s clinics there are differences but statistically significant difference identified only in facilities of the clinics and general impression of clients where higher means exists in the oncology teaching hospital’s clinic.

Key words: client’s satisfaction, early detection clinic, satisfaction, breast cancer

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Introduction
Breast cancer is reported as the most prevalent type of female malignancy in almost all national cancer registries1, 2. Iraqi population is not an exception, breast cancer responsible for about one third of the registered female cancers and almost one quarter of female deaths from the disease3,4. Quality of care is defined by its effect on clients, not on its being recognized as such by professional expert5. Concern over the quality of health care services in Iraq has led to loss of faith in public and private hospitals, and increasing outflow of Iraqi patients to hospitals in nearby countries6. Under these conditions and in the absence of studies measuring health care quality, assessment of the country's quality of health care service has become crucial, in which the patient's voice must begin to play a greater role6. Satisfaction/dissatisfaction is regarded as a 'patient's judgment on the quality of care in all its aspects and about the strengths and weaknesses of the service7.

Evidence has suggested that care, which is less satisfactory for the patients , is also less effective, because dissatisfaction is associated with noncompliance with treatment instructions, delay in seeking further care and poor understanding and retention of medical information8. Some researchers refer to client’s satisfaction as a measure of attitude, beliefs, and perceptions9. The clients are the best evaluator since they accurately evaluate the services provided and their inputs help in the overall improvement of quality health care provision through the modification of the system weaknesses by the concerned authorities10. Client’s satisfaction on EDC of breast cancer is being neglected10 that was the impetus to carry out this research.

Materials and methods
A total of 200 clients were included in this study. They were recruited for the AL-Imamain Al-Kadhimain Medical City EDC and The oncology teaching hospital EDC. They were selected on random working days. The data were collected from July to August 2019. The study was carried out by well-structured patient satisfaction questionnaire (PSQ) adopted from prior study (11). It is with known reliability and validity. Client’s satisfactions were presented in domains and determined by score e.g. accessibility, facilities, cost of services, time, clients-provider’s relationship, organization, health education, client’s general impression. Student’s t-test was done to examine differences between means of satisfaction domains of the two clinics. P<0.05 was considered significant.

Results

One hundred twenty two of the clients were satisfied (61.7%). Table 1 shows the domains of satisfaction in both EDC. The accessibility (easy access and working hours) was 1.5±0.4 and 1.4±0.4 in AL-Imamain Al-Kadhimain Medical City EDC and The oncology teaching hospital, respectively. The difference between two means wasnot significant(t=-1.8, df=138, p=0.6). Organization (appointments and distributions of units) was 1.4±0.4 and 1.3±0.4 in AL-Imamain Al-Kadhimain Medical City EDC and The oncology teaching hospital, respectively. The difference between means was not significant(t=-1.9, df=147, p=0.05). Health education (brochures, folders and breast self-examination(BSE)) was 0.37±0.5 and 0.48±0.5 in AL-Imamain Al-Kadhimain Medical City EDC and The oncology teaching hospital, respectively, however, the difference was not significant(t=1.3, df=138, p=0.1).

Cost (cost of the service to the patients) was 0.5±0.5 and 0.32±0.4 in AL-Imamain Al-Kadhimain Medical City EDC and The oncology teaching hospital respectively, also the difference was not significant(t=-2.4, df=146, p=0.16). Client’s general impression (recurrence of visit to the clinic, recommendation to their families, neighbors and friends, and overall satisfaction about the clinic) was 25.7±3.4 and 27.1±3.4 in AL-Imamain Al-Kadhimain Medical City EDC and The oncology teaching hospital, respectively. The difference have been identified here was significant(t=2.7, df=152, p=0.009).

Health provider’s relationship involves many items (privacy, respecting, clinical examinations and radiological investigations) was 14.7±3.4 and 14.1±3.6 in AL-Imamain Al-Kadhimain Medical City EDC and The oncology teaching hospital, respectively, the difference was not significant(t=-1.2, df=133, p=0.2). Mean of facilities (good waiting rooms, cleanliness of the clinics, availability of cooling systems and supplements) was 3.5±1.3 and 6.19±0.9 in AL-Imamain Al-Kadhimain Medical City EDC and The oncology teaching hospital, respectively. Obvious significant difference had been existed(t=1.6, df=182, p=0.000). Time include (waiting time to the examination room, counseling time, waiting time for breast ultrasound, mammogram and FNA ) was 3.5±0.8 and 3.34±0.9 in AL-Imamain Al-Kadhimain Medical City EDC and The oncology teaching hospital, respectively, the difference is not significant(t=-1.7, df=133, p=0.08).

<table>
<thead>
<tr>
<th>Domains</th>
<th>Satisfied No. (%)</th>
<th>Mean ±SD (score of satisfaction)</th>
<th>t</th>
<th>df</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>AL-Imamain Al-Kadhimain Medical City</td>
<td>The oncology teaching hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessibility</td>
<td>151(75.5)</td>
<td>1.5±0.4</td>
<td>1.42±0.4</td>
<td>-1.8</td>
<td>138</td>
</tr>
<tr>
<td>Organization</td>
<td>139(69.5)</td>
<td>1.4±0.4</td>
<td>1.34±0.4</td>
<td>-1.9</td>
<td>147</td>
</tr>
<tr>
<td>Health education</td>
<td>41(20.5)</td>
<td>0.37±0.5</td>
<td>0.48±0.5</td>
<td>1.3</td>
<td>138</td>
</tr>
<tr>
<td>Cost of services</td>
<td>88(44)</td>
<td>0.5±0.5</td>
<td>0.32±0.4</td>
<td>-2.4</td>
<td>146</td>
</tr>
<tr>
<td>Personal general impression</td>
<td>150(75)</td>
<td>25.75±3.4</td>
<td>27.19±3.4</td>
<td>2.7</td>
<td>152</td>
</tr>
<tr>
<td>Health provider's relationship</td>
<td>161(80.9)</td>
<td>14.79±3.4</td>
<td>14.14±3.6</td>
<td>-1.2</td>
<td>133</td>
</tr>
<tr>
<td>Facility</td>
<td>116(58)</td>
<td>3.5±1.3</td>
<td>6.19±0.9</td>
<td>1.6</td>
<td>182</td>
</tr>
<tr>
<td>Time</td>
<td>140(70)</td>
<td>3.5±0.8</td>
<td>3.34±0.9</td>
<td>-1.7</td>
<td>133</td>
</tr>
</tbody>
</table>

Discussion

Evaluation of client’s satisfaction offers an approach of optimizing health status and prevents waste of medical resource (12). Consumer’s satisfaction with health system has been widely studied in developed
countries where health systems are largely supported through tax revenue or where access to health is assured by the constitution. Surveys of patient’s satisfactions can give the population an opportunity to express its opinion about an important social plan and consequently about the ability of government to deliver on a key obligation (13). Majority of women reach the EDC easily and reported no access difficulty. Larger part was satisfied with services collection.

In this study, clients express more satisfaction with accessibility and services collection than the previous studies reported in Baghdad (11). In the present study, BSE was practiced on a regular monthly basis by a low percent of female even in those know it. These findings are similar to those reported in other studies (11, 14). Correspondingly, in 2005 a cross-sectional study at three large cities in Jordan was carried out which showed results similar to our study results (15). Majority of the respondents obtained their first information from the media. It is in contrast with that in Karachi, Pakistan, where doctors and friends were the main source of information (16). The difference might be attributed to economic differences.

Satisfaction with treatment cost in this study showing lowered satisfaction than previous literatures (11, 17). Comfortable situation was directly affecting patient’s satisfaction (18). However; this relation was more obvious in the oncology teaching hospital. It was clear that the circumstances is better (p=0.000). Good infrastructures affect positively the general impression which is in turn raise satisfaction. It was demonstrated by the significant association between the oncology teaching hospital and AL-Imamain AL-Kadhimain Medical City EDC(p=0.009). Nearly all of women reported that they would recommend the clinic to their friends and families which is similar results to other studies conducted by Chetwynd SJ (21) and Ibrahim A et al reported lower total satisfaction in comparison to other studies (22).

Satisfaction with physician competence and humanity in this study was high agreeing with results reported in other studies from different countries including Iraq (11, 23) It is well known that the good communication between clients and healthcare providers is very important as it might affect the outcome, which is why patients are usually intense to build a good relationship with their healthcare providers (24). In Pakistan, patients facing problems in doctor–patient relation due to less time for consultation, physical examination, discussion about health, and use of medicine (25) in contrast to our study results, where a good relationship had been manifested.

In our study, no significant association was found between long waiting time and overall level of satisfaction (p≥0.05) and findings of this study are in contrast with the study from United States in which longer waiting times were associated with lower patient satisfaction (p < 0.05) (26). Previous studies have found that interpersonal relationships are very important in client’s satisfaction, and therefore patients who had to wait but then had a good experience with their doctor are still likely to be satisfied (27).

Conclusions
The overall satisfaction was accepted. More than half of clients were satisfied with health care services they received. The lowest satisfaction level was for cost of service to the patients and health education. Facilities of the clinics and general impression of clients toward the clinics were significantly affecting women’s satisfaction.

Ethical Clearance: The Research Ethical Committee at scientific research by ethical approval of both environmental and health and higher education and scientific research ministries in Iraq.

Conflict of Interest: The authors declare that they have no conflict of interest.

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References