

## Factors influencing patient's satisfaction toward primary health care: Systematic review

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### Abstract

**Background:** PHC position has become increasingly important since it serves as the community's initial and continuing point of contact, acts as a gatekeeper to higher levels of care, and provides coordinated and all-encompassing treatment. The purpose of this study was to evaluate patients' level of satisfaction with the caliber of care they receive at PHC.

**Method:** We carefully searched Google Scholar, EMBASE, and PubMed for original research publications, we took into account articles that were released between 2013 and 2021. We included studies focusing on patients' perceptions and expressions of satisfaction, and contained information on these topics, as well as aspects of primary care that patients consider important.

**Result:** Although the included studies reported a high overall level of satisfaction, we discovered that there is a need for quality improvement in the following areas: access to specialized services such as dental clinics, availability of doctors in all specializations, and provision of appropriate diagnostic methods. It was shown that patients' satisfaction was highly correlated with sociodemographic traits like age and gender as well as services like PHC employees and area pharmacies. It is important to consider further that patients place a great importance on the moral character and interpersonal skills of PHC staff.

**Conclusion:** Specifically at PHC, patient satisfaction in primary care were mostly established by their interactions with the physician.

**Keywords:** Primary Health Care; Patients; Satisfaction; Physician; Interaction

### 1. Introduction

Many nations are shifting their health systems' resources in the direction of universal health coverage, which calls for the effective distribution of resources, long-term health funding, and a robust primary healthcare (PHC) as the cornerstone (1,2). Because PHC is the first and ongoing point of contact for patients, and offers coordinated care to the community, its role has grown to be vital (3). The PHC's guiding concepts include community involvement, health

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promotion, prevention, and fair access to care (1). In order to address the needs of its users, PHC service providers must strike a balance between social and medical components.

From patient perspective, PHC might not be able to completely meet their demands. There is evidence to show that some people prefer alternative healthcare options, such as emergency rooms, or traditional healers, even in the absence of significant impediments like cost and geography (4). Due to communication problems or a lack of faith in the knowledge and abilities of the physicians, primary care is perceived as being of poor quality (5). Additional obstacles include of expenses and duration, apprehensions over a patient's medical condition or operations, and a low perceived need (6).

It has also become essential to comprehend what patient's satisfaction in primary care in order to provide patient-centered services. In order to continue improving care quality, this data can be used to determine which PHC features are significant to patients. The definitions and ideas of patient preferences were studied in earlier systematic reviews on patient satisfaction (7). Information regarding patient satisfaction in relation to basic healthcare is lacking. Assessing patients' degree of satisfaction with the PHC quality of care was the aim of this study.

## 2. Method

Research on satisfaction or values as perceived and articulated by patients—that is, patients as study participants—contained data on satisfaction, values, and elements that patients deem significant in primary care—were qualified for inclusion. employed mixed-method, qualitative, or quantitative study designs. Research omitted if they were briefings and abstracts from conferences, as these frequently provide preliminary results and inadequate information synthesis.

We methodically searched PubMed, EMBASE, and Google Scholar for original research articles in order to gather evidence. We considered articles published in the period from 2013 to 2021. We determined the values and preferences that patients hold dear in relation to PHC services. The inclusion criteria were expanded to include papers that might implicitly investigate and explain patient values because values are a complicated idea. The main terms that are frequently used in the literature to describe patients' values—such as satisfaction, significant elements or factors, priorities, expectations, preferences, and experiences—were utilized to choose the search terms. Primary health care, satisfaction, patient, access, and value were the key search phrases. We used broad search criteria in order to find as many relevant publications that fit the goals of our study.

All authors were involved data extraction which was performed using a predesigned table include; citation; method; sample size; age of inclusion; country; outcome and main findings. Google sheet and Google documents were used with access for all authors.

## 3. Results

We included 7 studies (Fig 1) with a total of 1428 patients, studies were conducted in Saudi Arabia (8), Iraq (9), Indonesia (10), Poland (11), Brazil (12), Canada (13), and Australia (14) (Table 1).

According to Makeen et al., 2020 (8) study, thirty-one of their study sample had overall participant satisfaction ratings of at least 70%. High levels of satisfaction with healthcare professionals (91.6%), patient treatment from PHCCs (84.2%), cooperation between reception staff (83.5%), and privacy concerns (81.0%) were reported by participants. The least satisfied with regards to healthcare services was the availability of specialist treatment, such dental care (56.7%), which was followed by the ease of accessing clinical examinations (62.1%) and the availability of doctors in all specializations (57.7%) (Table 2).

Australia's indigenous responders emphasize how important autonomy is. They thought they had no other options, received little information, and lacked the cognitive capacity to comprehend information pertaining to medicine (14).

Two studies highlighted the importance of being taken seriously (10,11), and four studies showed the advantages of treating patients as individuals (11–14). Patients would prefer to be seen and treated as a whole person, that is, as an individual with needs pertaining to their medical conditions, rather than being viewed as merely a medical case. Patients believe that their complaints, illness, and medical situation frequently become the doctor's only focus without taking into adequate consideration their psycho-social needs. It also meant that the patient would be asked about their feelings and concerns.

For their well-being, people with mental illness or substance abuse frequently have intricately linked physical, physiological, and psychosocial requirements that must be addressed as a whole (13). Being listened to also included asking follow-up questions regarding specifics, as patients may find it difficult to express themselves at all because of their incomplete knowledge of their conditions (11).

In Indonesia, some people only visit PHC for minor ailments. They believe the general practitioner lacks the knowledge and expertise necessary to manage more severe illnesses (10). According to a research on patients with mental illnesses, patients may opt to quit seeing their general practitioner and never return if they feel insulted and mistreated (13).

PHC physicians are supposed to promote and exhibit virtues, such as inclusive and nondiscriminatory attitudes. Three studies (12–14) stressed how crucial it is for GPs to treat patients without bias and without passing judgment in order to provide a positive experience with care.

**Table 1** Characteristics of the included studies

Citation	Method	Sample size	Age for inclusion	Country	Outcome
Makeen et al., 2020	A cross- sectional interview questionnaire survey	837	More than or equal 15 years	Saudi Arabia	Patients satisfaction predictors
Al-Ali et al., 2020 (9)	Cross-sectional study	400	All age categories	Iraq	Patients satisfaction
31 Ekawati et al., 2017	Phenomenological interpretative analysis	23	18 to 85 years	Indonesia	Views of patients regarding primary care services
26 Marcinowicz et al., 2014	Thematic analysis	30	65 to 87 years	Poland	The most crucial facets of GP behavior in the elderly.
30 Chauhan et al., 2018	Semi-structured interviews	19	22 to 70 years	Brazil	Perceptions and experiences with primary care quality and accessibility.
27 Ross et al., 2015	Praticipatory action research	85	20 to 83 years	Canada	Obstacles and impediments to primary care access for those with mental illness or substance addiction.
33 Artuso et al., 2013	Descriptive study; focus groups, semi-structured interviews, and unstructured interviews.	34	38–54	Australia	Factors affecting the use of healthcare

**Table 2** Main findings of the included studies

Citation	Main findings
Mafeen et al., 2020 (8)	Out of the 38 measures used to measure patient satisfaction, participants were generally satisfied with 31 of them (gain satisfaction higher than 70%). Participants expressed high levels of satisfaction with healthcare providers (91.6%), patient care provided by PHCCs (84.2%), reception staff collaboration (83.5%), and privacy concerns (81.0%). The availability of specialized healthcare services, such as dental care, was rated as having the lowest level of satisfaction (56.7%), followed by the availability of doctors in all specializations (57.7%), and the ease of accessing clinical examinations (62.1%).
Al-Ali et al., 2020 (9)	Patient satisfaction was high overall. The majority of the sample survey expressed satisfaction with the services provided by health workers, including their knowledge, demeanor, and immunization records. Patients' satisfaction with health care in PHCs was significantly correlated with sociodemographic characteristics including age and gender.
Ekawati et al., 2017 (10)	Interviews were conducted with twenty-three individuals from eight primary care clinics. Although primary care facilities were conveniently placed, participants stated that long wait times and limited opening hours frequently made access difficult. In addition, participants said they trusted primary care physicians less than they did hospitals and specialty care. The patients appreciated having access to healthcare near their homes, but the acceptance of health insurance appears to have been hampered by their lack of confidence in primary care physicians and anxiety that they may eventually lose their hospital care. The full potential of the health insurance scheme in primary care is unlikely to be achieved unless concerted efforts are made to address these perceptions through ongoing public education and additional capacity building in primary care.
Marcinowicz et al., 2014 (11)	This study demonstrated that elderly patients evaluate general practitioners' "task performance" as well as "affective performance" behaviors. In comparison to task performance behavior, affective performance behavior received almost twice as many patient comments. Elderly patients need their doctors to be clearly personable, compassionate, humorous, and to give them ample time for consultations.
30 Chauhan et al., 2020 (12)	The results indicate that although there may be racial discrimination in Brazilian society, it is thought to have less of an immediate effect on access to healthcare. Rather, it was believed that problems at the organizational level contributed to the difficulty in getting care. Respondents believed that racial prejudice could have an impact on the standard of care, especially for people classified as "black." It was believed that socioeconomic variables affected healthcare prejudice.
Ross et al., 2015 (13)	Accessibility hurdles for clients, service providers, and the health system were identified. Client-related issues, such as psychological and economical impediments, make it challenging for patients to prioritize their own health care, schedule visits, and/or obtain primary care. The degree to which patients report that their unique requirements are satisfied in the primary care context is influenced by a variety of provider characteristics, such as expertise and personal beliefs toward mental health and drug abuse. Factors related to the health system, such as primary care delivery models, establish the framework in which client and service provider factors function.
Artuso et al., 2013 (14)	At the Primary Care and Hospital System levels, persuasive obstacles to health care utilization were found, including racism, organizational issues, and communication. The use of health care was influenced by individual level variables such as language, past experiences, perceived need, and illness knowledge. Patients have to rely on using alternative family-level supports at the interpersonal level in order to facilitate their trip because of these obstacles at the individual and health system levels.

#### 4. Discussion

The purpose of this study was to evaluate patients' values and level of satisfaction with the standard of care received at PHCs. We found that the provision of appropriate diagnostic methods, access to specialized services like dental clinics, and availability of doctors in all specializations are among the items in which quality improvement is necessary, despite the high overall level of satisfaction reported by included studies. Patients' satisfaction was found to be significantly

correlated with sociodemographic factors like gender and age, as well as services like PHC workers and local pharmacies. We also found that patients place a high importance on PHC employees' moral integrity and interpersonal skills, which calls for further consideration. Particular to PHC, patient values in primary care were primarily influenced by their physician interactions. Patients rarely showed a need for privacy in the research, despite our assumption that it would be a fundamental value. Patients may prioritize values differently in various subgroups.

There were consistently substantial variations in patient satisfaction between male and female patients across a selection of questions in the various areas in Alali et al., 2020 study. Alali et al., 2020 evaluated all services offered at the centers, medication available from the neighborhood pharmacy, immunizations available, wait times, and interactions between medical staff and patients as well as other. In Alali et al., 2020, study there were 26.1 percent who were not satisfied.

Participants in the Makeen et al. study (8) expressed an overall satisfaction level of 80% with the services offered by PHC clinics. Other studies in the south and middle regions of Saudi Arabia discovered similar results (15). According to Makeen et al. study (8), administrative satisfaction was the least voiced. The PHCC's diagnostic methods availability (56.8%), specialized health care like dental services (57.3%), and the availability of doctors in all specializations (57.7%) were the areas where participants expressed the least satisfaction.

Vulnerable populations face stigma and prejudice on a daily basis in both healthcare and everyday life. These experiences range from stigma associated with socioeconomic status and criminalization to homelessness, all of which can pose significant obstacles to receiving PHC. Our review shows that, in comparison to general adult patients, vulnerable subpopulation may place a different priority on a given PHC value. The elderly and indigenous people, for instance, emphasized how much they needed autonomy. Mental health patients, on the other hand, placed a higher value on inclusion and being aware of their psycho-social setting. Patients at PHCs in Europe don't experience discrimination (13). Studies from Canada and Brazil, among other regions of the world, show that this is not the case. Thus, it's imperative that PHC operationalize an inclusive care program that incorporates patient input.

Consistent with earlier research findings, continuity of care is considered comparatively more crucial for patients requiring many visits or those suffering from chronic illnesses (16,17). In primary and secondary care, continuity of treatment affects health outcomes and may lower mortality (17). Patients benefit from this continuity of treatment since the doctor retains their medical records, saving them from having to tell the same tale over and over. This can build rapport and trust while sparing the patient from having to go through the awkward process of describing their medical situation (13,18,19). PHC may implement continuity of care in a different way, either at the physician or healthcare facility level.

## 5. Conclusion

Despite the high overall level of satisfaction reported by included studies, we found that among the areas in which quality improvement is required are the availability of doctors in all specializations, access to specialized services like dental clinics, and the provision of appropriate diagnostic methods. It was discovered that sociodemographic characteristics like age and gender, as well as services like PHC staff and neighborhood pharmacies, strongly linked with patients' happiness. Further thought should be given to the fact that patients highly value the moral character and interpersonal abilities of PHC staff. Patient values in primary care, specifically at PHC, were mostly shaped by their encounters with the doctor.

## Compliance with ethical standards

### *Disclosure of conflict of interest*

No conflict of interest to be disclosed.

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