

Patients' Perception, Views and Satisfaction with Community Health Center Services at Mardan District of Khyber Pakhtunkhwa

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Abstract The study was conducted during December, 2015 at the Community Health Center (CHC) of Human Development Foundation (HDF), Mardan Khyber Pakhtunkhwa, Pakistan with the objectives to study the services delivered by the CHC to the rural poor's. For this primary data were collected by means of questionnaires from 120 female respondents and were analyzed by descriptive statistics. Findings pointed that that all of the respondents were satisfied for the medical care provided to them at the CHC and pointed that CHCs contribute in significant ways to the growth and stability of low-income neighborhoods. All of the respondents preference CHC for treatment even if another facility is made available and they are willing to always recommend CHC to her friends, relatives, family for treatment and they are more satisfied from CHC treatment rather than others. In conclusion it is to be said that the CHC plays a pivotal role in enhancing the health status of the rural population in district Mardan by providing all health care facilities to the rural population at the centers and the community/patients in majority situation were satisfied from the health care system of CHC. It was recommended that that the CHC project must be extended to other rural areas of the district, so that majority of the population will be benefited from its interventions and also more attention should be given to the patient care by introducing modern health care facilities at the door step to the needy patient.

Keywords: *patient satisfaction, health services, community development, maternal health care*

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1. Introduction

Community Health Centers (CHCs) play a critical role in assuring access to health care for those who are uninsured or who experience other barriers to care. The health care access strategies assure that CHCs are prepared to continue and expand their role as a cornerstone of health care system, especially for the state's most vulnerable communities. In any community, people become ill and require access to health care facilities and treatment. The problem may be physical, such as diarrhea, fever or injury, or mental, e.g. psychosis, epilepsy or a learning difficulty. Women have special needs related to pregnancy and childbirth and children require immunization against common diseases. Regardless of the nature of the health issue, the health outcomes depend to a large degree on individuals' ability to access health care services. Unfortunately, health services are often planned without consulting the

community members who use and pay for such services, particularly in rural areas.

Provision of public health facilities is one of the important requirements of all human beings in the developing and underdeveloped world. Improvement in the health conditions of the people by establishing health services centers essential for social and economic development. The health concept not only includes freedom for communicable and other diseases but also availability of facilities and infrastructure for the public health sector [4].

Public health facilities is a challenging problem in Pakistan and it is estimated that around 1.5 million children under five years of age die of diarrhea and many other disease every year around the world due to less access to health facilities. Poor health practices are also proving the barrier against tackling polio, as the virus has been found to be transmitted through feces of infected people then passed to others especially in situation of poor health situation (UNICEF, 2010).

CHCs are nonprofit, tax-exempt community-based and community-governed providers of primary and preventive

health care for the nation's most vulnerable, including the uninsured and other medically underserved populations. CHCs also offer preventive dental care, mental health, substance abuse, pharmacy, and enabling services aimed at responding to disparities in access to health care and disparities in health status [2,7].

CHCs identify the most promising advances for bringing health gains to the poor and underserved and to accelerate the development and deployment of these advances to reduce disparities. Low-income populations in particular tend to be at greater risk for undiagnosed diseases than the general population. Such disparities are compounded by a number of factors, including inadequate or no health insurance, lack of access to health care professionals, the high cost of treatments, and lack of understanding of the importance of routine comprehensive care. Although undiagnosed and untreated medical, mental health and oral health problems are understood to be serious health threats to quality of life and health status, undetected and untreated eye and vision problems also have grave consequences [8].

Typically, CHCs provide primary and preventive care to medically underserved and uninsured people. The intent of CHCs differs from other health care clinics in several ways i.e CHCs are mandated to improve the health status of the entire community in addition to the health of individual patients, CHCs provide services that are accessible to their target population and are comprehensive and coordinated with other community services and CHCs are accountable to the communities they serve and community members are involved in program planning and organizational governance. The Human Development Foundation (HDF) was formed in 1997 as the HDF of North America by a group of committed individuals as a gift to Pakistan on the 50th anniversary of its independence. The HDF Board of Trustees, who among other tasks manages the foundations endowment fund and long-term strategy is currently developing a Global Council which will have an advisory and strategic role with all HDF affiliate organizations. For the past 18 years HDF has been fighting extreme poverty through a unique holistic model of development focused on lasting change. The cornerstone of HDF's efforts is our commitment to working directly with communities through social mobilization program. In this, HDF facilitates the formation of democratic community organizations which empower individuals to have a say in the decisions that affect them.

Pakistan has a mixed health care delivery system, with an increasing number of programs, projects, interventions and facilities, many of them on a fragmented and time bound basis. These are supported by different levels of government and/or development partners with overlapping geographical and thematic areas, leading to duplication and wastage of resources. The health care delivery system includes both state and non-state; and profit and not for profit service provision. The provincial and district health departments, para-statal organizations, social security institutions, non-governmental organizations (NGOs) and private sector finance and provide services mostly through vertically managed disease-specific mechanisms. The country's health sector is also marked by urban-rural disparities in healthcare delivery and an imbalance in the health workforce, with insufficient health managers,

nurses, paramedics and skilled birth attendants in the peripheral and rural areas (WHO, 2012).

HDF Pakistan was registered in 1999 as an independent organization in an effort to better deliver program services. HDF Pakistan is primarily responsible for program delivery but also forms partnerships with other organizations including international agencies like World Food Program (WFP) and United Nation Development Program (UNDP). HDF is aligned with the Millennium Development Goals and has been certified by Pakistan Center for Philanthropy (PCP) and Non Governmental Organization Resource Center (NGORC) under their Institution Management and Certification Program (IMCP). HDF provides people with the skills necessary to make use of their available resources. It empowers the communities that help initiate a change in society. This approach of utilizing integrated program services includes social mobilization, education, health, economic development and sustainable environment initiatives. Presently, HDF is represented in all the four provinces of Pakistan and Azad Jammu and Kashmir through its eight regions i.e. Mardan, Tando Muhammad Khan, Rahim Yar Khan, Zhob, Karachi, Islamabad, Lahore and Muzaffarabad Complex. Through its integrated program services, HDF is directly supporting over 28,000 households that make over 200,000 people and another over 100,00 people are also being supported indirectly through its partner organizations. Looking in to the role of the HDF in building the human capital of the country this internship is design with the objectives, to find out the community health center services imparted to the rural poor's and to study the patients satisfaction at community health center available for their health in Mardan district of Khyber Pakhtunkhwa.

2. Research Methodology

This study was confined to Community Health Centers (CHC) of Mardan district of Khyber Pakhtunkhwa-Pakistan. The respondents of the study were the female visiting the centers for health treatment regarding different disease and maternity care. For this primary data were collected in pre and post phases' visit of the respondents to the CHCs Mardan from a total of 120 randomly selected female having different ages and health problems by means of questionnaires having both close and open ended questions. The data were analyzed by using graphs i.e. percents and frequencies as it was of qualitative nature.

3. Results and Discussion

This research describes the types of health care services provided and the quality and cost-effectiveness of their care to the low income female of the rural areas. So this section start form the patient overall satisfaction level regarding the services provided by the CHC Mardan to the females regarding different diseases.

3.1. Patient Overall Satisfaction Level

Patient satisfaction measures key aspects of the quality of services as perceived by patients. Poor patient satisfaction contributes to patient turnover and poorer

compliance with treatment plans. Assessment of patient satisfaction offers a way of optimizing health status and prevents waste of medical resources. In this regards [Figure 1](#) show the overall patient satisfaction level for their monthly checkup during their reproductive age. The figure pointed that all of the respondents were satisfied for the medical care provided to them at the CHC during their

pregnancy. This implies that the patients prefer CHC for treatment as it is one of the cheap source for the rural poor female in the area. Also the reason of preferring CHC for treatment is that they give complete facilities to the patients at the center and take great medical care during their visit.



Figure 1. Respondents overall satisfaction level during monthly visit to CHC (Source: HDF, Field Survey)

3.2. Patient Age Visited CHC

Knowledge about the socio-economic and demographic characteristics of health center patients and how they use care is important for several reasons such as to inform policy specifically related to the establishment, operation, payment, and funding of community health centers. Looking to the importance of age in the health care of the individual the respondent's age visited the CHC during the month of August, 2015 presented in [Figure 2](#). It is evident from the figure that the total number of patients visited CHC were 120. Age of the patient's in years was categorized in four groups i.e. 15-25, 26-35, 36-45 and 46-55.

The percentage on the figure pointed that 28% respondent visited CHC were in the age group of 15-25 years, while 52% patients visited CHC having age group of 26-35. The figure also shows that 13% patients visited CHC for treatment having age group 36-45 years. In age of 46-55 years only 7% patients visited CHC. This shows that mostly those female visited the CHC for the monthly checkup having at the peak of the reproductive age. This implies that the HDF having a great contribution towards the maternal health by providing the reproductive health care services to the respondents.

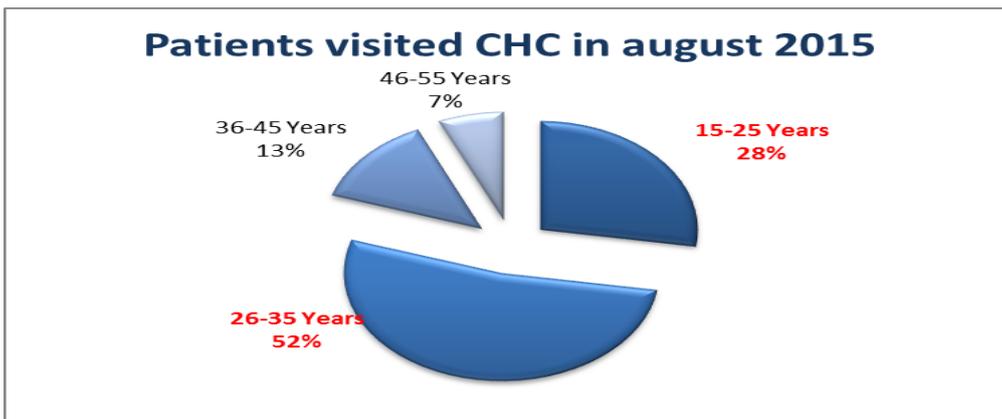


Figure 2. Age wise distribution of the patient visited CHC in august-2015 (Source: HDF, Field Survey)

3.3. Patients Visits Trend to CHC

The CHC can help to ensure the effective seamless community linkages needed for good chronic care of the different health related issues. Regular and on time visit of the patient to the CHC will help them to diagnose the problem within the initial time and also will developed the strategies to overcome it at their starting time. In this regards [Figure 3](#) shows that patient's visits trend to CHC

is increasing with passage of time. The data was categorized in four groups less than year, 1 year, 2 years, and 3 years. From the graph it is cleared that 20% patients visited CHC less than year followed by 34% patients visited CHC from 1 year while 32% patients visits CHC from 2 years and 14% patients visits CHC since 3 years. This shows the popularity of the HDF-CHC is increased with passage of time and more patients are attracted for the health care of CHC for treatment.

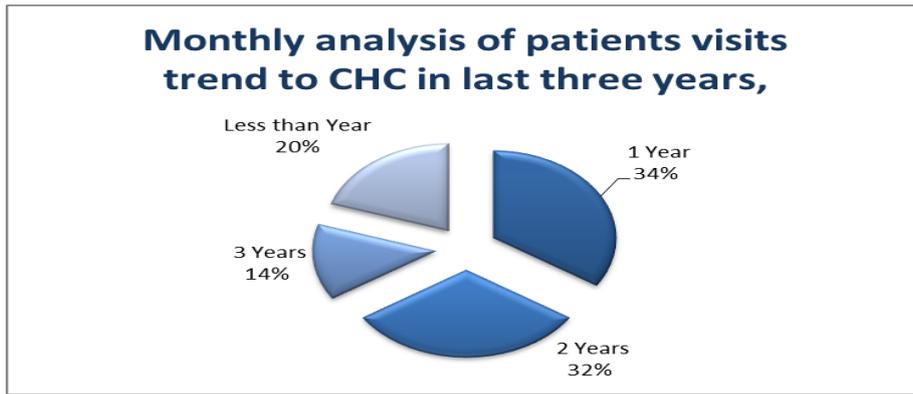


Figure 3. Distribution of respondents on patient's visits trend to CHC in last 3 years (Source: HDF, Field Survey)

3.4. Patient Satisfaction with Laboratory Tests

Laboratory tests are often part of a routine checkup to look for changes in individual health. The tests also help doctors to diagnose medical conditions, plan or evaluate treatments, and monitor diseases. Medical tests are an important part of medical care. It provides objective information about a person's health i.e. patient's history and other medical information helps the physician work with the patient so they can decide what might be the appropriate actions for additional testing or treatment.

Diagnostics can help assess information that has an impact on the public health as well as individual patient health. Looking in to the importance of tests in medical checkup the respondents was asked about their level of satisfaction. The data in Figure 4 states that over all patients' satisfaction with laboratory test. The figure explain that 98% patient's reported for positive response with laboratory tests while only 2% patients' pointed for not satisfied with the test performed at the laboratory of CHC. This implies that there is chance for improvement.

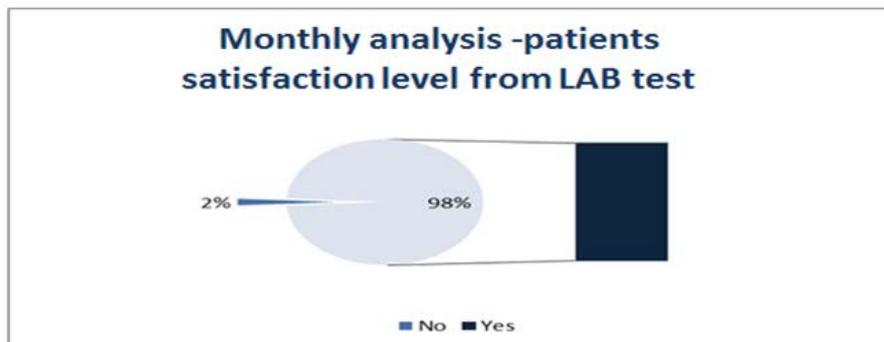


Figure 4. Respondents distribution on satisfaction with LAB tests at CHC (Source: HDF, Field Survey)

3.5. Patient's Satisfaction with Ultra Sound Facilities

Ultrasound has now become an integral part of medical practice. It is used for diagnosis of many medical

conditions as well as the assessment of treatment. The response of the patients about Ultra sound was 100%. Patients were satisfied from ultra sound in CHC and therefore patients prefer to diagnose their disease through ultra sound in CHC.

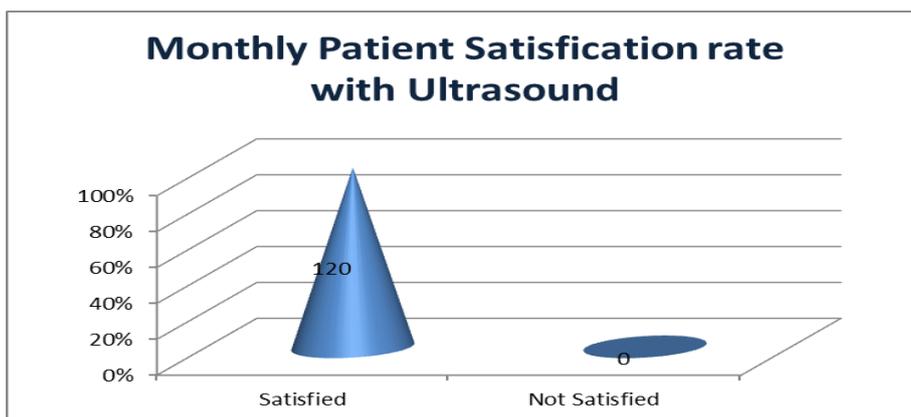


Figure 5. Patient's distribution of satisfaction with Ultra sound at CHC (Source: HDF, Field Survey)

3.6. Patient’s Satisfaction with Medicine Availability in CHC Pharmacy

Patient satisfaction can be defined as patients' personal evaluation of health care services and providers [9]. Patient satisfaction is an essential tool for measuring the performance of health plans and health care programs [1]. It reflects the provider's ability to successfully deliver care that meets patients' needs [3]. The response of the sample

patient’s satisfaction level is satisfactory as reported by 96% patient at Figure 6, while only 4% of the respondents pointed for non satisfaction over the facilities of pharmacy at the CHC Mardan. This was attributed by the fact that the reasons of not satisfaction was that the patient required medicines were not available at pharmacy or the patient does not purchase from CHC pharmacy.

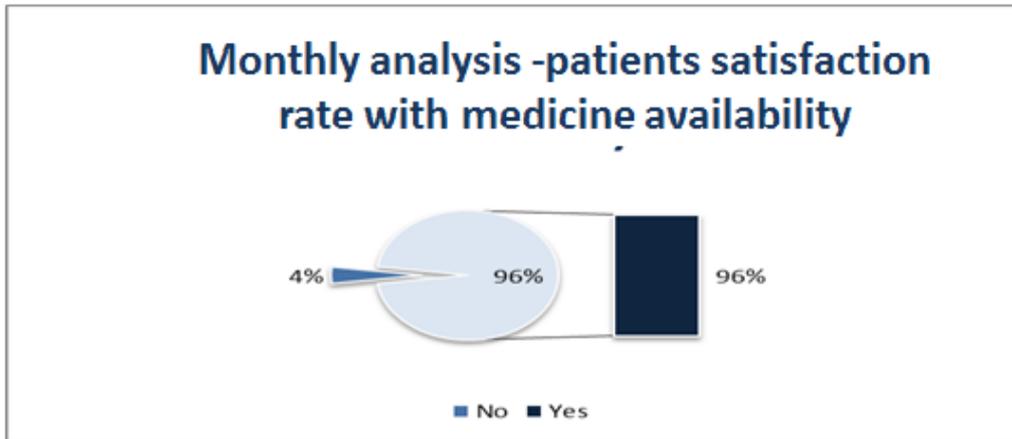


Figure 6. Patient’s satisfaction with medicine availability in CHC pharmacy (Source: HDF, Field Survey)

3.7. Patient’s Feedback about Community Health Workers Visits

Community Health Workers (CHWs) can make a valuable contribution to community development and, more specifically, can improve access to and coverage of communities with basic health services. There is robust evidence that CHWs can undertake actions that lead to improved health outcomes, especially, but not exclusively, in the field of child and maternal health. However, although they can implement effective interventions, they do not consistently provide services likely to have substantial health impact and the quality of services they

provide is sometimes poor (WHO, 2007). The patient satisfaction from the visit of the CHWs is presented in Figure 7. The figure explains that 96% patients answer for satisfaction while only 4% pointed for the non satisfaction from the visit of CHWs. The reasons for the non satisfaction was that most patients reported that in previous months CHWs did not visit their village and also sometimes the area was not part of the officially allowed areas for CHWs visits. To overcome this situation there is a dire need that the management of CHC revises the list of areas for CHWs visits, in order to obtain 100 % patient satisfaction.



Figure 7. Patient’s feedback about CHWs visits (Source: HDF, Field Survey)

3.8. Patient’s Satisfaction with CHWs Work

CHWs can assume a wide variety of roles in healthcare. CHWs remove the problem of the last mile, but that they could also provide prevention, which is a significant yet overlooked aspect of healthcare. The respondents satisfaction from the work of the CHWs are demonstrate

in Figure 8 which pointed that an overwhelming majority (97%) of patients were satisfied from the work of CHWs while the rest percent of patient were not satisfied because of general requests like CHWs cannot make her child birth certificate, vaccination etc.

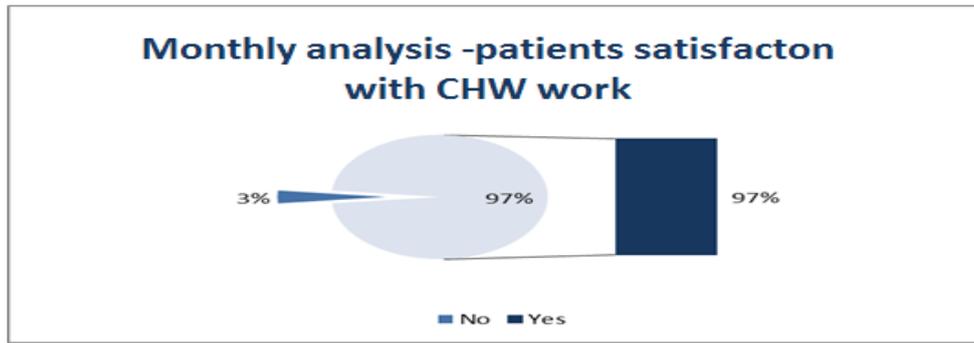


Figure 8. Patient’s satisfaction with CHWs work (Source: HDF, Field Survey)

3.9. Satisfaction about CHC Staff Interaction

Behaviors of healthcare staff centers can influence patient perceptions of discrimination and quality of care. Solid interpersonal skills are especially necessary for handling the types of problems that may arise during hospitalization. Overall patient experience was driven by events that didn’t occur during the care process in the

hospital. More specifically, satisfaction was driven by patients’ experiences with admission and discharge. The perception of patient satisfaction with interacting the staff of CHC are presented in Figure 9 which shows that 100% of the patient were satisfied were satisfied while interacting with the staff of CHC. This implies that the CHC staff is dealing the patient in a respectable way.

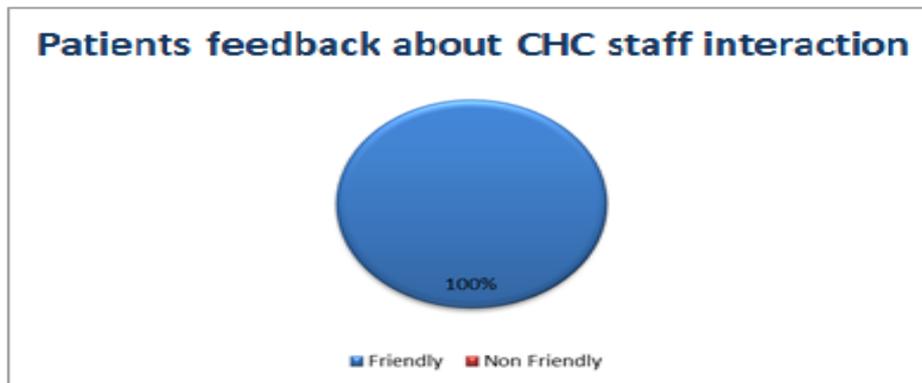


Figure 9. Distribution of respondents on satisfaction about CHC staff interaction Source: HDF, Field Survey)

3.10. Patient’s Satisfaction about CHC Staff Cooperation

Enhancing quality of health care delivered in public health facilities in developing countries is a key prerequisite to increase utilization and sustainability of health care services in the population [5]. The patient satisfaction perspective of hospital care had gained more

attention in recent years and studies have shown that patients are most satisfied with interpersonal interactions, such as staff-patient relationships [6]. In the present investigation the responses of sample patients about CHC staff cooperation presented in Figure 10. The figure shows that 100% of the respondents were satisfied with staff of CHC.

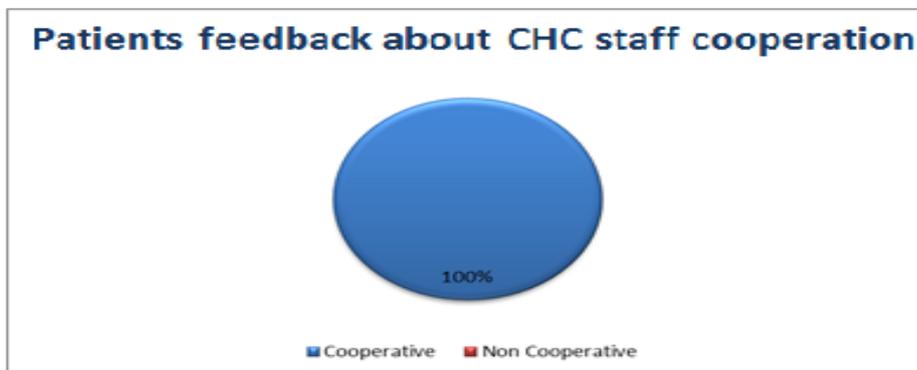


Figure 10. Distribution of patient’s satisfaction about CHC staff cooperation (Source: HDF, Field Survey)

3.11. CHC Environment and Patient’s Perceptions

Patient safety is dependent upon both the caregiver and the environment in which care is provided. Therefore, the

environment of care can play a key role in providing appropriate visual and audio safety cues. Promoting patient safety from an environmental standpoint requires active attention to the daily circumstances that increase risks to both patients and staff. Regarding the environment

of the CHC, [Figure 11](#) shows feedback of the sample respondents. As per patient’s feedback, the CHC is kept

clean and 100% of the respondents were satisfied from CHC environment.

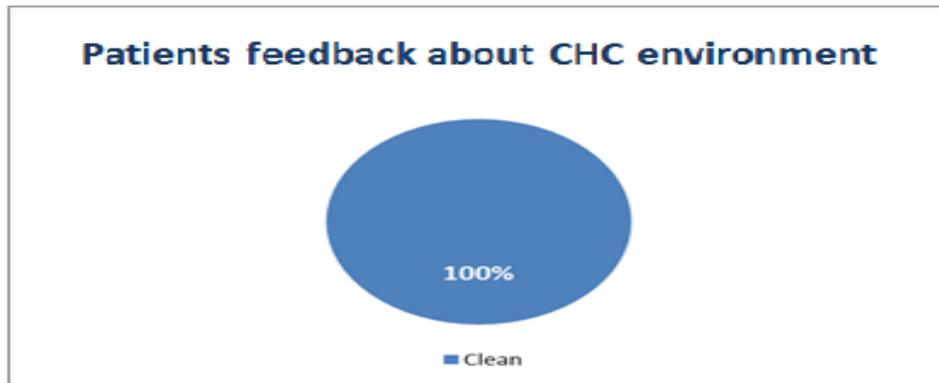


Figure 11. Distribution of respondents on feedback about CHC environment (Source: HDF, Field Survey)

3.12. Patient’s Feedback about CHC Surrounding Environment

The environment has an impact on our lives and there is a growing acceptance of the vital role patient centered design plays in shaping the environment. The physical environment is always present and can affect the body both physiologically and psychologically by what we take in and interpret through our senses. A caring environment intends to promote acts of caring. There is a growing

awareness internationally of the need to create functionally efficient and human centered health- care environments. Patients are those who are most influenced of the healthcare environment. An aesthetic and supportive healthcare environment enhances people’s capability to better cope with stress. The data in [Figure 12](#) states patient’s feedback about CHC surrounding environment and pointed that 100% positive response for the CHC surrounding environment for the health care.

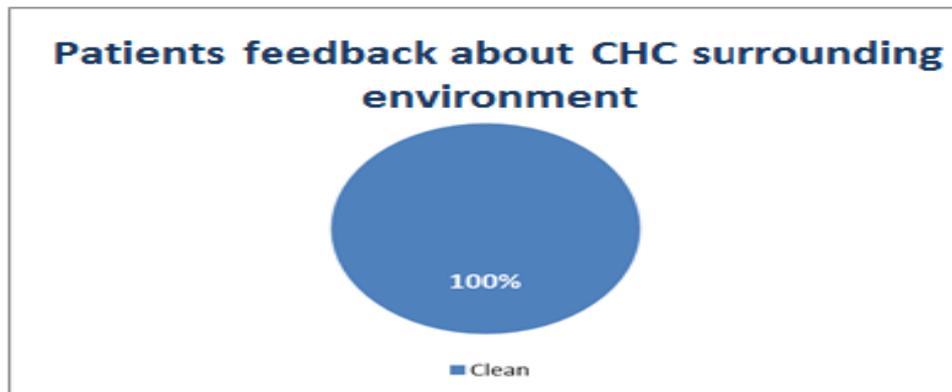


Figure 12. Distribution of patient’s feedback about CHC surrounding environment (Source: HDF, Field Survey)

3.13. Patients Feedback about 24/7 service Requirement

The data in [Figure 13](#) explain the patient’s response about timings of CHC. It indicates that more patients’

demand 24/7 CHC service as shown in graph. This shows that CHC need more management attention to attract more patient and serves the community in a diverse way.

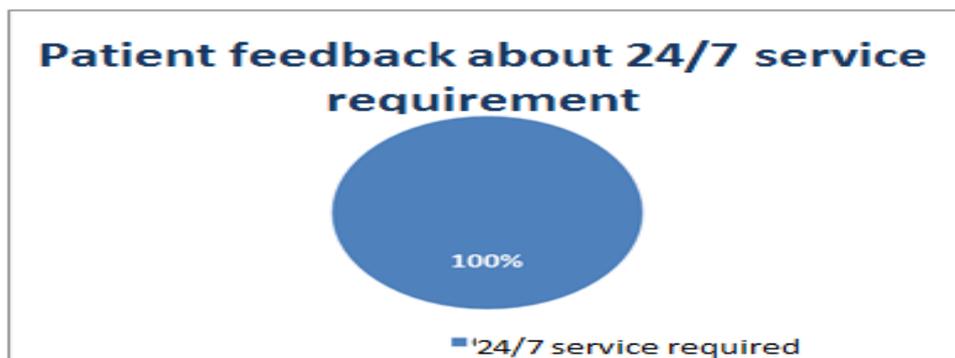


Figure 13. Distribution of patient’s feedback about 24/7 service requirement (Source: HDF, Field Survey)

3.14. Preference of CHC if Another Facility is Made Available

The data in Figure 14 states patient’s feedback about the preference of CHC if another facility is made available.

All patients’ pointed that HDF-CHC provided facility for their village as a pioneer. This figure shows that 100% of the respondents for preference of CHC for treatment even if another facility are made available.

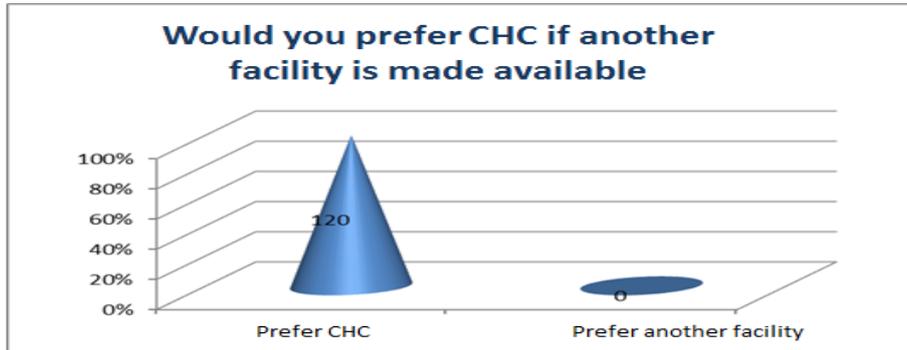


Figure 14. Distribution of respondents on preference of CHC if another facility is made available (Source: HDF, Field Survey)

3.15. Recommendation of CHC for Treatment to Others

The data plotted in Figure 15 shows feedback about CHC recommendation to others for treatment. Patients say

that they always recommend CHC to her friends, relatives, family for treatment and they are more satisfied from CHC treatment rather than others.

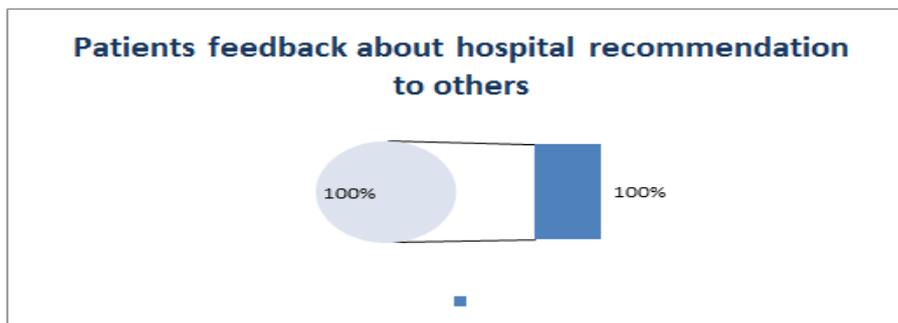


Figure 15. Distribution of respondents on CHC recommendation to others (Source: HDF, Field Survey)

3.16. Patient’s Suggestions about CHC

Patient’s suggestions are important for improving CHC rank. Patient’s suggestions are divided in night shifts, gynecologist for child delivery, free medicines, ambulance and 24/7 shifts. Figure 16 reveals that 15% patients

advised for night shifts. 39% patients suggest gynecologist for child birth. Majority of patients which were 40% demand free medicine in CHC. 15% advised ambulance for emergency purposes. And 13% patients’ wants 24/7 shifts in CHC.

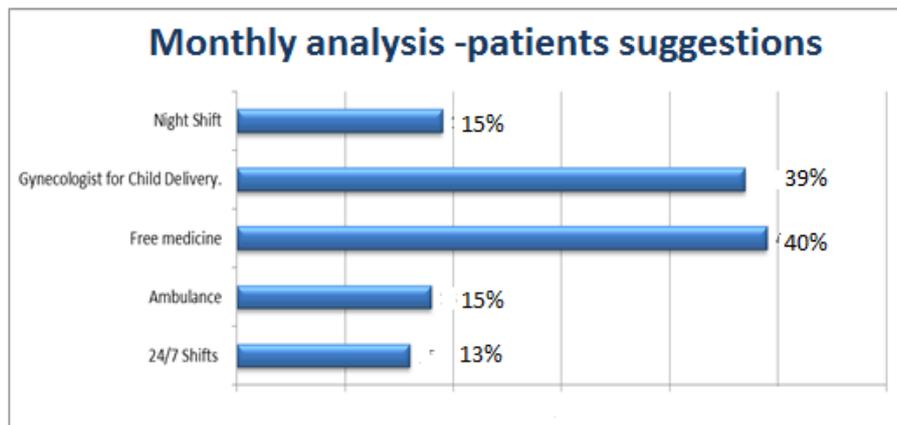


Figure 16. Distribution of respondents on patient’s suggestions about CHC (Source: HDF, Field Survey)

4. Conclusion and Recommendations

From the findings it was concluded that the Human Development Foundation, Community Health Center

(CHC) plays a pivotal role in enhancing the health status of the rural population in district Mardan by providing all health care facilities to the rural population at the centers and the community/patients in majority situation were

satisfied from the health care system of CHC and giving preference to the CHC center for their health care. It was recommended that CHC project must be extended to other rural areas of the district, so that majority of the population will be benefited from its assistance, more skillful persons having specialty in the maternal health care must be higher for the use of modern technology and efforts should make for the more improvements in the primary and maternal health care of the mothers for achieving sustainable health in the area.

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